

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION - HEALTH SERVICES DIVISION  
OUTSIDE HOSPITAL RELATIONS  
103 DOC 604

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<b>MASSACHUSETTS DEPARTMENT OF CORRECTION</b>	<b>DIVISION: HEALTH SERVICES</b>
<b>TITLE: OUTSIDE HOSPITAL RELATIONS</b>	<b>NUMBER: 103 DOC 604</b>

**PURPOSE:** The purpose of 103 DOC 604 is to establish guidelines for the provision of inpatient and outpatient hospital services to inmates in the custody of the Department of Correction.

**REFERENCES:** M.G.L. c. 124, §1 c, q, and M.G.L. c. 127, §§117, 118.  
NCCHC Standard, P-30, P-41, P-42

**APPLICABILITY:** Public      **PUBLIC ACCESS:** Yes

**LOCATION:** DOC Central Policy File  
Facility Policy File  
Health Services Division Policy File

**RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:**

Deputy Commissioner of Classification, Programs and Reentry  
Assistant Deputy Commissioner of Clinical Services  
Superintendent  
Program Director of the Contractual Medical Provider

**EFFECTIVE DATE:** 09/19/2015

**CANCELLATION:** This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding outside hospital relations.

**SEVERABILITY CLAUSE:** If any article, section, subsection, sentence, clause or phrase of this policy is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of this policy.

604.01 Definitions

1. Contractual Medical Provider: Any provider of treatment, diagnostic service, or health related service who is not an employee of the Department and who provides services through a contractual agreement with the Department.
2. Contract Facility: A facility, other than a state correctional institution, under contract with the Department of Correction pursuant to M.G.L., Chapter 127, Section 49.
3. Routine: Medical care available to inmates in order to correct a functional deficit or an existing pathological process which could threaten the inmate's well being over time.
4. Emergency Care: Care for an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call or clinic.
5. Emergency Hospital: The designated hospital for each institution which provides emergency services.
6. Life Threatening Medical Emergency: Any unusual or sudden medical problem that will, or may end human life. Some examples of life threatening medical problems include: choking, suffocation or strangulation, major burns, falls, poisoning, stab wounds, trauma, etc.
7. Outside Hospital: Any licensed hospital other than the Lemuel Shattuck Hospital.
8. Outpatient Health Services: Health Services Units, or sections of said Units, known as Outpatient Health Service Units ("OHSU") which provide only ambulatory health care services.

604.02 General Policy

The contractual medical provider will have written agreements with licensed general hospitals located near each DOC facility to provide emergency, inpatient and outpatient services to inmates on a 24 hour a day basis.

604.03 Lemuel Shattuck Hospital/Shattuck Hospital Correctional Unit

The Lemuel Shattuck Hospital (LSH) is the designated medical facility for Department inpatient admissions when clinically possible. The Shattuck Hospital Correctional Unit ("SHCU") is located on the eighth floor of the Lemuel Shattuck Hospital in Jamaica Plain, Massachusetts.

1. The procedures outlined in 103 DOC 604 §§ .03 and .04 of this policy shall be followed for all admissions to the SHCU.
2. Inmates covered under the contractual agreement may be admitted to other outside hospitals for specialty care not available at the Shattuck Hospital.
3. Outpatient services will be available to inmates at the Lemuel Shattuck Hospital, and other hospital or clinic locations, as determined by the contractual medical provider.
4. For inmates covered under the contractual agreement, the ultimate decision regarding placement for inpatient hospital care will be the sole responsibility of a contractual medical provider physician.

604.04 Routine Hospital Admissions/Outpatient Consultations

The contractual medical provider shall have written, current procedures for inmate referrals for routine, inpatient and outpatient hospital services. Copies of these procedures will be maintained at each Department facility. A written list of referral sources, including emergency, routine, and specialty care, will be maintained at each DOC site, and reviewed and updated annually.

Surgery shall be provided to inmates in order to correct a physical deficit or when an existing physical process threatens an inmate's well being over a period of time. Surgery deemed to be cosmetic by a contractual physician shall not be provided unless recommended by the Program Medical Director of the contractual medical provider and approved by the Assistant Deputy Commissioner of Clinical Services.

Inmates housed in facilities that are exempt from the contractual agreement shall have access to hospital care in

accordance with the policies and procedures of the facilities where they are housed.

1. At contract houses or facilities not covered under the contractual medical agreement, a staff person shall notify the appropriate Assistant Deputy Commissioner or designee regarding any hospital admission or outpatient consultations for any inmate who requires such services.
  - a. Non-emergency cases are to be reported to the Department or Facility designee for tracking purposes.
  - b. If the routine outpatient or inpatient consultation has been recommended by contract house staff, contract house staff shall contact the Lemuel Shattuck Hospital admissions office to arrange outpatient consultation or inpatient admission.

604.05 Emergency Hospitalization

The contractual medical provider shall have written agreements with hospitals in nearby communities to provide each DOC facility with emergency medical and dental services on a 24 hour per day basis. These hospitals shall be licensed and shall maintain emergency room facilities.

Inmates housed in facilities that are not covered by the contractual agreement shall have access to emergency medical and psychiatric hospital services in accordance with the policies and procedures of the facilities where they are housed. Inmates in contract houses shall have access to emergency medical and psychiatric hospital services in the communities where the contract houses are located. Pre-approval shall not be required for emergency services.

The contractual medical provider and Superintendents shall have written and current procedures at each DOC facility for the transfer of inmates to emergency hospitals in accordance with the guidelines below (see 103 DOC 650, Mental Health Services, for access to emergency psychiatric care; see 103 DOC 622, Death Procedure, for instances of death):

1. For facilities with on site contractual health services staff 24 hours per day:

- a. The contractual health service staff shall administer appropriate stabilizing treatment and contact the on-site or on-call contractual physician regarding emergency transfer of the inmate.

In life-threatening situations (Code 99), the inmate shall be transferred immediately to the emergency hospital.

The Facility Superintendent or designee (during business hours), or the Institutional Duty Officer (during non-business hours), shall notify the Department Duty Station of any life-threatening situations as soon as practicable.

- b. Whenever possible, appropriate clinical documentation shall be completed and sent with the inmate to the emergency hospital. At a minimum, the contractual health services staff shall notify the emergency hospital via telephone, of the inmate's transfer, condition, and any pertinent medical information.
- c. Upon arrival at the emergency hospital, the accompanying facility correctional staff shall advise hospital personnel that they must be notified prior to the hospital admitting the inmate.
- d. If the correctional staff is notified by hospital staff that the inmate needs to be admitted, the correctional staff shall obtain the following information and report it to the superintendent, or designee, and the contractual health services staff:
  - i. name of the admitting physician;
  - ii. telephone number where the admitting/attending physician can be reached;
  - iii. admission diagnosis.
- e. Once the inmate is stabilized, if a transfer to LSH is appropriate, the attending physician at the emergency hospital shall notify the contractual health services staff. The contractual health services staff will then follow written procedures

to arrange for the inmate to be transferred to the Shattuck Hospital or the designated hospital.

- f. All efforts shall be made to obtain a copy of the hospital medical record or consultation. Upon receipt, the medical record/consultation shall be placed in the consultation section of the medical record.
- g. The Assistant Deputy Commissioner of Clinical Services, or the health services duty officer, shall always be notified of the final resolution of the inmate's medical situation.
- h. Whenever an inmate requires emergency treatment at an outside hospital, and then returns to the facility, s/he will be processed through the Health Services Unit (HSU) prior to returning to population or segregation. HSU staff will be responsible for determining if it is necessary to monitor the inmate in HSU, and will make arrangements for any necessary after-care.

2. Facilities with limited or no contractual health services staff on site, (i.e., minimum and pre-release facilities):

- a. When it appears to correctional/facility staff that an inmate is in a life threatening (Code 99) medical emergency, the inmate shall be immediately transferred via ambulance to the emergency hospital.
- b. 604.04, §1, steps b.- h. shall then be followed.
- c. The contractual medical director, or physician designee, will determine the appropriate placement of the inmate prior to his/her return to the facility.

3. Contract Houses:

- a. When it appears to correctional/facility staff that an inmate is in a life threatening (Code 99) medical emergency, the inmate shall be immediately transported via ambulance to an emergency hospital.

- b. The Department liaison, or designee to the contract house shall be notified of such transfers.
- c. Once at the emergency hospital, the accompanying CPO or house staff shall advise hospital personnel that they must be notified prior to the hospital admitting the inmate.
- d. If the Correction Officer, Correctional Program Officer (CPO) or contract house staff ("accompanying contract house staff") is notified by hospital personnel that the inmate needs to be admitted, the accompanying contract house staff shall obtain the following information:
  - i. name of the admitting physician;
  - ii. telephone number where the admitting/attending physician can be reached;
  - iii. admission diagnosis.

This information will then be reported by the accompanying contract house staff to the Supervisor/Shift Commander. The Supervisor/Shift Commander shall then report this information to the Superintendent and/or designee , who will then inform the Assistant Deputy Commissioner of Clinical Services. During non-business hours the Department Duty Station shall be notified:

- e. The division of health services shall contact the contractual medical provider who will in turn contact the attending physician at the emergency hospital.
- f. If a transfer to the Lemuel Shattuck Hospital or other hospital is appropriate, the contractual medical provider shall make arrangements for transfer to the Shattuck Hospital or the designated hospital.
- g. All efforts shall be made to obtain a copy of the hospital medical record or consultation. The medical record/consultation are to be placed in the consultation section of the inmate's medical record.

- h. The Assistant Deputy Commissioner of Clinical Services, or the health services duty officer, shall always be notified of the final disposition of the inmate. During non-business hours the Department Duty Station shall be notified.

604.06 Mode of Transportation

Each facility shall have written procedures for the transportation of inmates to medical or other facilities (See 103 DOC 521, Outside Hospital Security Procedures). Each facility shall have an up-to-date telephone listing of the hospitals and ambulance services in the area, which shall be immediately available to all facility personnel.

1. Facilities with on site contractual health services staff 24 hours per day:

- a. The contractual health services staff shall determine whether the inmate will be transported via state vehicle or ambulance. An inmate will always be transported via an ambulance if a medical escort is required. At all times, contractual health services staff shall cooperate with correctional staff in determining conditions of transportation and necessary security precautions in accordance with the custody classification of the inmate. All transportation restrictions shall be entered in the Medical Restrictions/Special Needs screen in IMS.
- b. When the mode of transportation has been approved, pertinent data, including medication, other treatment, or special requirements for observation and management during transport, shall be documented on the health status report and picked up by transportation personnel.
- c. If a state vehicle is deemed appropriate, correctional staff shall arrange for transportation using either a facility vehicle or state transportation. Whenever possible, the contractual health services staff shall provide the facility transportation staff with an advance schedule of any pre-scheduled, non-emergency trips. This shall be done by entering the medical trip in the Inmate

Schedule screen as soon as possible in the IMS system.

2. Facilities with limited or no contractual health services staff on site:

Correctional staff and the contractual physician on-call shall determine the appropriate mode of transportation for an inmate. An inmate suffering a life-threatening emergency will be transferred to the emergency hospital via ambulance.

604.07 Notification of Next of Kin

The senior officer of the transportation detail is responsible for notifying the shift commander of any change in the inmate's medical condition as assessed by the medical professionals assigned to his/her case.

If the inmate's condition decreases to the point of critical, then the senior officer is responsible for notifying the superintendent, or his/her designee, as soon as possible. It shall be the responsibility of the superintendent/designee to notify the appropriate Department staff and the inmate's next of kin or the emergency notification contact person listed in the Inmate Management System Family/Emergency Contact screen. Whenever possible, permission should be obtained from the inmate prior to notification of the next of kin or the emergency notification contact person.

604.08 Follow-up of Outside Hospital Admissions

The contractual medical provider Program Director or designee shall follow, on a daily basis, the condition of all inmates admitted to outside hospitals. The contractual medical provider shall arrange for transfer of patients to the SHCU, to an infirmary or Special Housing Unit at one of the facilities, or discharge back to the sending facility, once medically appropriate.

Prior to discharge from an outside hospital, the shift commander of the facility scheduled to receive the inmate, and the shift commander of the originating facility, will be notified by the contractual medical provider of the impending discharge. Prior to discharge from the SHCU, the shift commander of both the facility scheduled to receive the inmate, and of the originating facility, will be notified by

the SHCU shift commander of the impending discharge. Additionally, the SHCU medical provider shall notify the receiving facility medical provider of the impending discharge. All efforts shall be made to obtain a copy of the hospital discharge summary for inclusion in the inmate's medical record.

604.09 Medical Disaster Plans

The contractual medical provider and the superintendent, or the appropriate designees, at each site shall develop an integrated medical disaster plan that meets the requirements of the ACA, NCCHC, and 103 DOC 560, the Disorder Management policy. Each plan should be developed to include site specific requirements and to ensure that personnel call-back lists, telephone numbers, and notification procedures must be kept accurate and up-to-date at all times. A copy of the medical disaster plan shall be located in the HSU along with a copy of 103 DOC 560, Disorder Management Manual.

Each facility's written plan for providing emergency medical care during a disaster shall be approved by the Assistant Deputy Commissioner of Clinical Services and the Superintendent. Minimally, each medical disaster plan shall include the following information:

1. internal notification procedures;
2. guidelines for personnel call-back and manpower commitments;
3. designated triage and loading areas;
4. transportation of casualties to nearby hospitals;
5. an up-to-date telephone listing of local hospitals and ambulance services which may be utilized in an emergency situation;
6. a current telephone listing of appropriate facility and department personnel;
7. maps which diagram the routes from the facility to the designated emergency hospital shall not be included in the emergency plan but shall be immediately available to transportation personnel. Facility procedures shall specify the location of these maps.