

 <p style="text-align: center;">Massachusetts Department of Correction</p> <h1 style="text-align: center;">POLICY</h1>	Effective Date  3/18/2024	Responsible Division  Deputy Commissioner, Clinical Services and Reentry	
	Annual Review Date  5/14/2025		
Policy Name  103 DOC 604 OUTSIDE HOSPITAL RELATIONS	M.G.L. Reference: M.G.L. c. 124, §1 c, q, and M.G.L. c. 127, §§49, 117, 118.		
	DOC Policy Reference: 103 DOC 521; 103 DOC 560; 103 DOC 622; 103 DOC 650		
	ACA/PREA Standards: 5-ACI-6A-05; 5-ACI-6A-06; 5-ACI-6A-08; 5-ACI-6C-02; 5-ACI-6C-05; 5-ACI-6D-06; NCCHC Standard, P-30, P-41, P-42		
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Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Location: DOC Central Policy File Institution Policy File Health Services Division Policy File	
<p><b>PURPOSE:</b> 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.</p> <p><b>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:</b> Deputy Commissioner, Clinical Services and Reentry Assistant Deputy Commissioner, Clinical Services Superintendents Program Director of the Contractual Medical Provider</p> <p><b>CANCELLATION:</b> This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding outside hospital relations.</p> <p><b>SEVERABILITY CLAUSE:</b> 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.</p>			

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#### **604.01**

#### **DEFINITIONS**

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.

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.

Emergency Care: Care for an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call or clinic.

Emergency Hospital: The designated hospital for each institution which provides emergency services.

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.

Outside Hospital: Any licensed hospital other than the Lemuel Shattuck Hospital.

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 institution to provide emergency, inpatient and outpatient services to inmates on a twenty-four (24) hour a day basis.

#### **604.03**

#### **LEMUEL SHATTUCK HOSPITAL/SHATTUCK HOSPITAL CORRECTIONAL UNIT**

The Lemuel Shattuck Hospital (LSH) is the designated medical institution 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.

- A. The procedures outlined in 103 DOC 604.04 and 604.05 of this policy shall be followed for all admissions to the SHCU.

- B. Inmates covered under the contractual agreement may be admitted to other outside hospitals for specialty care not available at the Shattuck Hospital.
- C. 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.
- D. 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 institution. 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, Clinical Services.

Inmates housed in institutions that are exempt from the contractual agreement shall have access to hospital care in accordance with the policies and procedures of the institutions where they are housed.

At institutions 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 Institution designee for tracking purposes.

#### **604.05**

#### **EMERGENCY HOSPITALIZATION**

The contractual medical provider shall have written agreements with hospitals in nearby communities to provide each DOC institution 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 institutions 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 institutions where they are housed. Pre-approval shall not be required for emergency services.

The contractual medical provider and Superintendents shall have written and current procedures at each DOC institution 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):

A. For institutions with onsite contractual health services staff 24 hours per day:

1. 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.
2. In life-threatening situations (Code 99), the inmate shall be transferred immediately to the emergency hospital.
3. The institution 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.
4. 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.
5. Upon arrival at the emergency hospital, the accompanying institution correctional staff shall advise hospital personnel that they must be notified prior to the hospital admitting or discharging the inmate.
6. 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:
  - a. Name of the admitting physician;
  - b. Telephone number where the admitting/attending physician can be reached;
  - c. Admission diagnosis.

7. 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.
8. If the correctional staff is notified by hospital staff that the inmate is to be discharged (from emergency setting or admission), the correctional staff shall obtain the following information and report it to the Superintendent, or designee, and the contractual health services staff:
  - a. Name of the admitting physician;
  - b. Telephone number where the attending physician can be reached;
9. 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.
10. The Assistant Deputy Commissioner, Clinical Services, or the health services duty officer, shall always be notified of the final resolution of the inmate's medical situation.
11. Whenever an inmate requires emergency treatment and/or was admitted to an outside hospital, and then returns to the institution, the inmate will be processed through the Health Services Unit (HSU) prior to returning to their assigned housing. 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.

B. Institutions with limited or no contractual health services staff on site (i.e., minimum and pre-release institutions):

1. When it appears to correctional/institution 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.
2. 604.05 (A) (2 – 8) shall then be followed.

3. The contractual medical director, or physician designee, will determine the appropriate placement of the inmate prior to their return to the institution.

## **604.06**

### **MODE OF TRANSPORTATION**

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

A. Institutions with on-site contractual health services staff 24 hours per day:

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.

1. 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.
2. If a state vehicle is deemed appropriate, correctional staff shall arrange for transportation using either an institution vehicle or state transportation. Whenever possible, the contractual health services staff shall provide the institution 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.

B. Institutions 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 the inmate's case.

If the inmate's condition decreases to the point of critical, then the senior officer is responsible for notifying the Superintendent, or their 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 institutions, or discharge back to the sending institution, once medically appropriate.

Prior to discharge from an outside hospital, the Shift Commander of the institution scheduled to receive the inmate, and the Shift Commander of the originating institution, will be notified by the contractual medical provider of the impending discharge. Prior to discharge from the SHCU, the Shift Commander of both the institution scheduled to receive the inmate, and of the originating institution, will be notified by the SHCU Shift Commander of the impending discharge. Additionally, the SHCU medical provider shall notify the receiving institution 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**

- A. 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, *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.



- B. Each institution's written plan for providing emergency medical care during a disaster shall be approved by the Assistant Deputy Commissioner, 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 institution and department personnel;
  7. Maps which diagram the routes from the institution to the designated emergency hospital shall not be included in the emergency plan but shall be immediately available to transportation personnel. Institution procedures shall specify the location of these maps.