



<b>VOLUME 4: MEDICAL SERVICES</b>	Effective Date: 10/2008
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<b>4.11.6 MEDICATION CONTINUITY WITH PATIENT MOVEMENT: TRANSFER/PAROLE/RELEASE PROCEDURE</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**I. PROCEDURE OVERVIEW**

This procedure provides guidelines for maintaining medication continuity with patient movement to include intrafacility transfers, interfacility transfers, transfers to outside facilities, parole, and release.

**II. DEFINITIONS**

**Intrafacility Transfers:** Transfers occurring within the same institution, (e.g., from A yard to B yard) causing a patient’s medications to be distributed from a different medication administration location.

**Interfacility Transfers:** Transfers occurring from one California Department of Corrections and Rehabilitation (CDCR) institution to a separate CDCR institution (e.g., from Richard J. Donovan State Prison to California State Prison-Sacramento).

**Legend Medications:** Medications that can only be dispensed upon orders of a physician. The labels on these medications include the sentence: “Federal Law prohibits dispensing without a prescription.”

**Outside Facility Transfers:** Transfers to facilities not under CDCR control and/or oversight (e.g., local jails, court, hospitals, etc.).

**Parole Release:** Conditional release of a patient into the community requiring CDCR supervision of the ex-patient to ensure adherence to specific conditions of parole.

**Discharge:** Release of a patient from custody and/or parole supervision after which the full sentence is completed, the patient/parolee can no longer be “violated” and returned to prison, and is completely released from CDCR custody/control.

**III. RESPONSIBILITY**

The Chief Executive Officer or designee and Warden of each institution are responsible for the implementation, monitoring, and evaluation of and compliance with this procedure.

**IV. PROCEDURE**

**A. Parole/Discharge Medication(s)**

1. In accordance with Inmate Medical Services Policies and Procedures Volume 9, Chapter 28, Parole and Discharge Medications, CCHCS patients who are due to parole or discharge from CDCR and are currently receiving medication(s) shall receive a 30 day supply of prescribed legend medication(s), prescribed PRN (as needed) medications which pharmacy has dispensed in the last 30 days, and medications necessary to protect life, prevent significant illness or disability, or to alleviate severe pain, unless clinically contraindicated.
2. Pharmacy staff shall be notified by the Classification and Parole Representative (C&PR) Office at least 14 days prior to scheduled parole or release of patients.

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Pharmacy and custody staff shall ensure the patient receives his/her parole medication(s) at the time of release, along with a list of the medications received.

3. If the patient is transferring to another institution for parole or release, the sending institution's pharmacy shall provide transfer and parole/discharge medications.

## **B. Intrafacility Transfer of Medication (Patient Movement Within the Institution)**

1. Custody-initiated transfers within the institution

Upon the determination that a patient's bed assignment change will cause the patient to receive medications from a different medication administration location, the following procedure shall be followed:

- a. Custody staff shall print out the Pending Bed Assignments (IPTR149) report from SOMS prior to moving any patient whose bed change will result in a change of medication administration location. The report is sorted by the "To" (receiving) facility. Custody staff shall provide a copy by area for each medication administration location change to the medication administration staff (Registered Nurse [RN]/Licensed Vocational Nurse/Psychiatric Technician) in the sending facility clinic. *NOTE: Notification to licensed nursing staff of patient movement that does not change the medication administration location will no longer be required.*
  - b. Licensed nursing staff shall check the patient on the report against the current Medication Administration Record (MAR) to determine the need to have medications relocated with the patient to include Nurse Administered (NA)/Direct Observation Therapy (DOT) and Keep-on-Person (KOP) medications. Licensed nursing staff shall note the number of KOP medications the patient should carry to the new housing assignment, sign off on the front of the report to indicate it has been reviewed, and make a copy of the report for tracking purposes. Licensed nursing staff shall release the medications and MARs in a correctly labeled, sealed envelope/container, along with the signed report, to the custody officer to deliver to licensed nursing staff at the new/receiving medication administration location. The custody officer shall ensure the patient has his/her KOP medications in possession for the bed assignment change.
  - c. The custody officer shall transport the signed report, along with any medications and MARs given to them by licensed nursing staff, to the medication administration location serving the patient's new housing unit. All medications and MARs shall be moved with the patients.
  - d. The custody officer shall notify a nursing supervisor and custody sergeant in the event of difficulties in following this procedure to ensure medications are moved with the patient at all times.
2. Health care-initiated transfers within the institution
    - a. Licensed nursing staff from the sending medication administration location shall collect the patient's MAR and NA/DOT medications in a sealed envelope/container for delivery to the licensed nursing staff in the receiving medication administration location.
    - b. Custody shall retrieve KOP medications from a patient's assigned housing unit when it becomes apparent that the patient will not be returning to his/her housing unit and ensure delivery to the licensed nursing staff in the receiving facility.

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- c. Under no circumstances shall KOP medications be packed with a patient's property.

## **C. Health Care-Initiated Transfers to Non-CDCR Facilities**

1. Licensed nursing staff from the sending facility shall collect the patient's NA/DOT medications in a sealed envelope/container for delivery to the pharmacy per the established process.
2. When the patient is admitted to an outside facility, custody staff shall retrieve KOP medications from a patient's assigned housing unit and ensure delivery to the licensed nursing staff in the sending facility for return to the pharmacy.
3. Under no circumstances shall KOP medications be packed with a patient's property.

## **D. Interfacility Transfer of Medication (Patient Movement Between Institutions)**

When a patient has been medically cleared for transfer to another CDCR institution, continuity of medications shall be maintained.

1. The C&PR or designee shall provide a transfer list to designated institution health care staff by no later than Thursday regarding any patients scheduled for transfer the following week. The transfer list shall include the patient's name, CDCR number, and the date and approximate time of transfer. Any modifications to the transfer list shall be promptly communicated by the C&PR office to the designated institution health care staff.
2. The custody officer shall ensure that transferring patients do not pack KOP medications in their property during movement/transpacking. The custody officer shall require that the patient place all medications in plain sight. The custody officer shall instruct the patient to pack all of his/her property into the box provided, with the exception of any medication, which shall be kept separate from any packed property. Upon the custody officer's return, all previously identified medications must still be visible to the custody officer. If not, the custody officer shall require the patient to produce the medication and place it once again in plain sight of the custody officer. Once the custody officer has verified that the patient has all KOP medication(s) outside of the property box both before and after the packing process, the box can be removed for transport.
3. The Receiving and Release (R&R)/Transfer RN shall complete the CDCR 7371, Health Care Transfer Information, and print a current copy of the medication reconciliation sheet (using the pharmacy database) no more than 48 hours prior to the anticipated transfer.
4. The clinic staff, R&R Nurse, or Transfer Nurse shall ensure all NA/DOT medications and the original MAR are delivered to R&R or Triage and Treatment Area (TTA) after the last dose of medication is given on 3<sup>rd</sup> watch on the day prior to transport.
5. The Medication Reconciliation Sheet, CDCR 7371, patient's current MAR, and at least five days worth of all current KOPs and NA/DOTs (excluding narcotics) shall be placed in the transfer envelope along with the KOPs.
6. In the event that KOP medications are not accounted for on the day of transfer (i.e., a patient did not bring his/her KOPs), the R&R/Transfer RN shall make a notation on the CDCR 7371 regarding missing medications. The receiving facility licensed nursing staff shall ensure the prescribed medications are continued following the usual medication ordering processes.

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7. En-rout/layover patients who are missing medications shall be provided with their medications under their current prescription orders. In the event that medication is not available, an equivalent medication substitute order shall be obtained to ensure medication continuity.
8. Pharmacy staff shall review the transfer list for patients who are on high-cost medications or medications not generally stocked by all CDCR pharmacies. When a transferring patient is identified as receiving one of these medications, it is the responsibility of the Pharmacist In Charge (PIC) or designee at the sending institution to contact the pharmacy at the receiving institution. The PIC or designee shall indicate to the receiving institution that the patient is scheduled to transfer, what the medication is that the patient receives, how that medication must be ordered, and determine whether medications need to be shipped to the receiving pharmacy by the sending pharmacy to ensure continuity of care. When medications need to be shipped to the pharmacy at the receiving institution, the contracted overnight package vendor shall be used by the sending pharmacy.
9. In the event that NA/DOT medications order is expiring within five days of transfer, a renewal order shall be obtained to ensure medication continuity. Medication shall be provided to the R&R/Transfer RN prior to the patient's transfer.
10. The 3<sup>rd</sup> watch R&R/Transfer RN shall provide a copy of the transferring patients' MAR to Health Information Management. A missing MAR can be obtained through the Maxor/Guardian system.
11. The 1<sup>st</sup> watch TTA RN/Transfer RN or R&R RN shall administer and document all medications given after the patient is removed from housing to R&R the day of transfer.
12. The R&R RN or designated health care staff shall, upon receipt of the patient's medications, verify that the patient is current with all doses of his/her NA/DOT medications prior to transport.
13. Medication that is no longer in the original container and cannot be identified shall be confiscated. A note shall be included on the CDCR 7371 notifying the receiving institution that unidentified medication has been confiscated and KOP medications may need to be reconciled. Confiscated medications shall be returned to the pharmacy for proper disposal.
14. The morning of the transfer, the TTA RN/Transfer RN or R&R RN shall retrieve the transfer envelopes, seal them, place them in the transport container (file box), and give them to R&R custody staff prior to transfer of the patients. Custody staff shall seal the transfer envelopes in the transport container. Medications shall be packed and transported in the same vehicle as the patient, and shall be made immediately available to the layover or receiving institution upon the patient's arrival.
15. The R&R and transportation staff shall allow patients to keep their nitroglycerin tablets and/or rescue inhalers on their person during transfer. For patients who pose a security risk if allowed to carry medications during transportation, alternate methods may be used to transport the medication while allowing the patient access to it.
16. For en route stops or layovers, the RN assigned to R&R shall obtain medication from the transfer envelope, the onsite medication supply, or the pharmacy for each patient. The RN shall administer the medication and shall document the administration of each medication on the MAR. KOP medications shall be documented on the MAR or

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on a temporary MAR. The MAR shall be signed and dated by the RN and replaced in the transfer envelope.

17. All prescription medications properly labeled and currently prescribed shall be used by the receiving institution. All correctly labeled KOP and any over-the-counter (OTC) medication in manufacturer OTC packaging shall be returned to the patient.

## **E. Out-of-State Transfers**

When a patient has been medically cleared for transfer to an out-of-state correctional facility, the process for interfacility transfer shall be followed, with the following exceptions:

1. Custody staff shall confiscate all KOP medications from the patient's possession and return to licensed health care staff for return to pharmacy.
2. The pharmacy shall dispense a 14-day supply of the current NA/DOT and KOP medications. Medication dispensed excludes DEA controlled substances when the patient is transferring to an out-of-state correctional facility.
3. The pharmacy shall utilize childproof containers suitable for inter-state transport.
4. The Medication Reconciliation Sheet, CDCR 7371, patient's current MAR, and the 14-day supply of the current NA/DOT and KOP medications supplied by pharmacy shall be placed in the transfer envelope.

## **V. REFERENCES**

- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 3, Health Care Transfer Process
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 28, Parole and Discharge Medications
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 39, Transfer Medications