

CHAPTER 3

Health Care Transfer Process

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall utilize a standardized process to transfer inmate-patients.

II. PURPOSE

To ensure continuity of care is maintained and medically necessary health care is received by each inmate-patient. The completion of the CDC Form 7371 does not apply to emergency transfers to outside hospitals or other medical facilities.

III. PROCEDURE

A. *General Requirements*

- The Unit Health Record (UHR) and transfer envelope shall accompany each inmate-patient when transferring from institution to institution. The CDCR transportation staff shall not accept any inmate-patients for transfer without his/her UHR and a transfer envelope when transferring within CDCR.
- The UHR shall accompany every inmate-patient transferring from one CDCR institution to another CDCR institution including but not limited to Out-To-Court, placement into an Inpatient bed or Outpatient Housing Unit.
- For transfers from a CDCR institution to another correctional or law enforcement entity a medication profile shall be printed and provided in a transfer envelope.
- The CDCR Form 7371, Confidential Medical/ Mental Health Information Transfer, shall be used to communicate health care information to facilitate access to and continuity of care for inmate-patients. The CDCR Form 7371A, Confidential Medical/ Mental Health Information Transfer Summary (front), shall be attached to the outside of each transfer envelope.
- The Receiving and Release (R&R) health care staff at the receiving institution shall immediately contact the Health Records staff at the sending institution if any documentation is missing from the transfer envelope for newly arrived inmate-patients. The sending institution shall fax the necessary information immediately.
- The R&R Registered Nurse (RN) at the receiving institution shall record the date, time, and contact person at the sending institution on the CDCR Form 7277, Initial Health Screening.
- The CDCR Form 7221, Physician Order, and CDCR Form 7321A, Outpatient Medication Administration Record (MAR) shall be honored at the receiving institution to ensure continuity of administration of medication transferred with the inmate-patient until the inmate-patient is evaluated by a Primary Care Provider (PCP) and/or Psychiatrist at the receiving institution.
- Medical interviews shall be performed in a manner that protects the privacy of the inmate-patient's health care information, subject to the safety and security concerns of the institution.
- At the request of the receiving agency (e.g., local jail), medical staff shall provide the requesting entity with a faxed copy of a completed CDCR Form 7371.

B. Sending Institution Transfer Procedure

1. The Classification and Parole Representative (C&PR) or designee shall provide a transfer list to Health Records no later than Thursday PM regarding any inmate-patients scheduled to transfer the following week. The transfer list shall include the inmate-patient name, CDCR number, endorsed institution, and the date and approximate time of transfer. Any modifications to the transfer list shall be handled via telephone contacts between the C&PR office and the Health Records transfer desk.
2. Health Records staff shall notify the R&R RN of the transfer. The R&R RN shall notify the pharmacy of the impending transfer and shall complete the CDCR Form 7371. The R&R RN shall also notify clinic staff to flag all MARs and current Directly Observed Therapy (DOT) and Nurse-Administered medications (excluding narcotics) to be sent to R&R after the last medication dose is administered and prior to transfer.
3. For institutions that utilize bulk medications, the Pharmacy shall be required to send three days worth of DOT and Nurse Administered medication with the inmate-patient upon transfer to another CDCR facility.
4. The R&R RN shall provide the Specialty Clinic scheduler(s) with a list of inmate-patients scheduled for transfer. The Specialty Clinic scheduler(s) (including on-site, off-site and telemedicine) shall advise the R&R RN if an inmate-patient scheduled for transfer has any pending specialty appointments including any outstanding requests for service pending approval or approved requests pending completion of appointment. If the R&R RN identifies an inmate-patient who requires a Medical Hold, the HCM/CMO shall be notified. (Refer to *Medical Hold*.)
5. The R&R RN shall check to see if the inmate-patient is designated as high-risk and if so, that the endorsed institution is appropriate for the inmate-patient's high-risk designation. If the endorsed institution is not a high-risk designated institution, the R&R RN shall refer the UHR to the CMO with a recommendation to place a medical hold on the inmate-patient's transfer. The R&R RN will also advise the C&PR of the recommendation to place a medical hold on the inmate-patient's transfer.
6. If the inmate-patient's UHR contains a CDCR Form 7410, Comprehensive Accommodation Chrono, the R&R RN shall make a copy and enclose the copy in the transfer envelope.
7. Upon notification by the R&R RN, the sending institution's pharmacist shall print and provide to the R&R RN, at least one business day prior to the transfer date, a current pharmacy medication profile for each inmate-patient scheduled for transfer. In order to achieve a proper prescription transfer, the pharmacist shall also provide the following information, which must be exchanged and documented between both the sending and receiving institutions' pharmacists:
 - a. Identification of transferring pharmacists information
 - b. Name and identification code or address of the pharmacy from which the prescription was received, or to which the prescription was transferred, as appropriate
 - c. Original date and last dispensing date
 - d. Number of refills and date originally authorized
 - e. Number of refills remaining but not dispensed
 - f. Number of refills transferred

- g. Identification of medication prescriber, including California prescriber license number and, if applicable, the Federal Drug Enforcement Administration prescriber permit number

The sending institution's pharmacist shall keep a record of prescriptions that are transferred.

8. The R&R RN shall place the CDCR Form 7371 in the transfer envelope and shall indicate on the CDCR Form 7371A if the inmate-patient requires nitroglycerin tablets and/or inhalers during transport or if there are any other special transportation instructions. The R&R RN shall make copies of all active CDCR Form 7221's from UHR and place them in the transfer envelope.
9. The Supervising Registered Nurse (SRN) at the sending institution shall ensure the health care staff at the sending institution include from the UHR, copies of all active CDCR Form 7221s, the original MAR, pharmacy medication profile, the original CDCR Form 7371, and all current DOT and Nurse-Administered medications (excluding narcotics) in the transfer envelope. A copy of the MAR and the CDCR Form 7371 shall be kept in Medical Records for forty-eight (48) hours after transport in the event that the receiving institution calls to reference information on the MAR or the CDCR Form 7371.
10. On the date of departure, custody staff shall instruct inmate-patients scheduled for transfer to take his/her Self-Administered medications to the R&R area. The R&R RN or designated health care staff, upon receipt of the inmate-patient's medications, shall verify the inmate-patient is current with all doses of his/her medications prior to transport. Over-the-counter medications purchased by the inmate-patient shall be packed in the inmate-patient's personal property. Medication no longer in the original container that cannot be identified shall be confiscated and a CDCR Form 1083, Inmate Property Inventory, shall be provided to the inmate-patient. Custody staff shall seal the transfer envelopes in a transport container, which shall accompany the en route Central Files and Unit Health Records.
11. Institution custody staff shall deliver the transfer envelope to county or other law enforcement staff that pick up inmate-patients who are transferring to the custody of another law enforcement entity.
12. The R&R and transportation staff shall allow inmate-patients to keep their nitroglycerin tablets and/or inhalers on their person during transfer. For inmate-patients who pose a security risk if allowed to carry medications during transportation, alternate methods, as determined by health care staff, may be used to transport the medication while allowing the inmate-patient access to the medication.
13. For en route stops or layovers, the RN/MTA/LPT assigned to R&R shall obtain medication from the transfer envelope, the night locker, or the pharmacy for each inmate-patient. The RN/MTA/LPT shall administer the medication and shall document the administration of each medication on the MAR. Self-Administered medications shall be documented on the MAR or on a CDCR Form 7230. The MAR shall be signed and dated by the RN/MTA/LPT and replaced in the transfer envelope.

C. Receiving Institution Transfer Procedure

Licensed health care staff shall complete the screening process for each inmate-patient. The screening process is not necessary for same-day returns to an institution unless the inmate-patient has been out-to-court.

1. Licensed health care staff shall review and sign the CDCR Forms 7371.
2. Licensed health care staff shall review the CDCR Form 7410, Comprehensive Accommodation Chrono, as applicable, and notify custody staff of necessary accommodations. The reasonable accommodations listed on the CDCR Form 7410 shall remain in force at the receiving institution unless a physician at the receiving institution re-evaluates the inmate-patient and determines that the accommodation is no longer required.
3. While completing the CDCR Form 7277, licensed health care staff shall conduct a face-to-face interview with the inmate-patient to confirm relevant data contained on the CDCR Form 7371. A CDCR Form 7277A, Supplemental Initial Health Screening-Female Inmates, shall be completed upon arrival for each female inmate-patient for obstetric and gynecological conditions.
4. For those inmate-patients on prescribed medication, the licensed health care staff shall document on the CDCR Form 7277 if the medication was received with the inmate-patient.
5. Licensed health care staff shall obtain blood pressure, pulse, and weight for inmate-patients with a history of hypertension or diabetes, or for any inmate-patient who shows signs of acute medical conditions. In addition, finger stick blood glucose shall be obtained for inmate-patients with a history of diabetes. The licensed health care staff shall document the vital signs on a CDCR Form 7277.
6. The MTA/LPT shall contact an RN for assessment and disposition of those inmate-patients who answered “yes” to any questions on the CDCR Form 7277 or CDCR Form 7277A. The contact with the RN shall be documented on a CDCR Form 7230, Interdisciplinary Progress Note, or on the CDCR Form 7277.
7. All inmate-patients shall be screened for TB. (Refer to Volume 10, *Tuberculosis Program Overview*.)
8. Licensed health care staff shall verify current medications by reviewing all health care information received from the sending facility/agency.
9. The sending institution’s CDCR Form 7221 or MAR shall be honored for continuity of administration of medication transferred with the inmate-patient, until the inmate-patient is evaluated by a PCP and/or a Psychiatrist at the receiving institution or until the medication order expires.
10. The Pharmacist at the receiving institution shall make medications available and gather information necessary for a proper prescription transfer by reviewing the CDCR Form 7221, MAR, current pharmacy medication profile, and other information provided by the sending institution.
11. Should the Pharmacist at the receiving institution require verification of prescriber, prescription or administration information beyond the documentation provided, they shall call or fax a request for the necessary information to the sending institution. If no

- response is provided within eight (8) hours, the Pharmacist shall contact a local institution physician for a medication order to ensure medication continuity.
12. Based on RN review of all relevant data, a disposition, including time frame and referral to an appropriate provider, shall be recorded on the CDCR Form 7277. Referrals shall be forwarded to scheduling as appropriate. Dispositions which warrant a referral include, but are not limited to, the following procedural requirements:
 - a. Inmate-patients with acute symptoms or who appear to be in need of urgent treatment shall be escorted to the Triage and Treatment Area (TTA) for further evaluation.
 - b. Inmate-patients who are identified as potential high-risk (HR) who are not enrolled in the HR program shall be referred to an appropriately credentialed provider for a HR intake evaluation within 30 days of arrival.
 - c. Inmate-patients who are identified chronic care and are not enrolled in the CCP will be referred to and seen by a Primary Care Provider within 30 days of arrival.
 - d. If the inmate-patient has been enrolled in the CCP or high-risk program a referral for follow-up will occur based on the orders for follow-up from the previous visit.
 - e. The R&R RN shall review all inmate-patients and determine if the acuity or complexity of their problems requires more urgent referral than 14 days. (e.g., high-risk inmate-patients).
 - f. Inmate-patients for whom laboratory tests and diagnostic studies were ordered at the sending institution and no results are recorded in the UHR.
 - g. Inmate-patients with a scheduled consult pending shall be referred to scheduling to ensure their appointment is completed within the Specialty Services time frame, which shall not exceed 150 days. (Refer to Volume 4, *Specialty Services*).
 - h. Inmate-patients shall be referred immediately to Mental Health Services for evaluation if he/she exhibits any characteristics indicative of mental illness (i.e., abnormal behavior, evidence of hallucinations), suicidal ideations, or evidence of self-harm.
 - i. Inmate-patients enrolled in the Mental Health Services Deliver System (CCCMS or EOP) upon arrival shall be referred to mental health staff.
 13. The health care staff in the R&R area shall maintain the Receiving and Release Tracking System for the R&R area.
 14. Health Records staff at the receiving institution shall file the inmate-patient's MAR used during transport and the CDCR Form 7371, CDCR Form 7277, and the CDCR Form 7277A in the UHR.

D. Medical Hold

The Medical Hold process shall be utilized when an inmate-patient requires medically necessary health care services, and it is medically prudent to provide these services at the CDCR institution where the inmate-patient is currently housed.

1. The RN shall immediately notify the PCP and the HCM/Chief Medical Officer (CMO) when it appears that an inmate-patient should be placed on a Medical Hold.
2. The PCP and/or HCM/CMO shall review the UHR and verify that the inmate-patient's condition warrants a Medical Hold. The following conditions require a Medical Hold for an inmate-patient:

- a. An appointment is scheduled that has been marked as “urgent or high priority” on the CDCR Form 7243, Physician Request for Services.
- b. A major medical procedure or Specialty Consult scheduled within the next two weeks that the receiving institution is unable to reschedule within thirty (30) days of arrival. Specific procedures may include the following: surgery, ongoing medical treatments (i.e., chemotherapy or radiation), coronary angiogram, biopsy, or biopsy with referral pending.
- c. A transfer is scheduled and the inmate-patient has had a relapse or is otherwise temporarily medically unable to transfer to the endorsed location (i.e., recuperating from surgery or serious illness).
- d. An involuntary medication or competency determination process is in progress. However, if the inmate-patient decompensates to a level that requires Mental Health Crisis Bed (MHCB) placement, the inmate-patient shall be transferred as “psych and return” to an appropriate MHCB location.
- e. If the Specialty consult has been scheduled with a provider, the HCM/CMO must contact the potential receiving institution’s HCM/CMO to ascertain whether the Specialty Consult can be rescheduled within the policy time frames if the inmate-patient is transferred. (Refer to Volume 4, Chapter 8, *Outpatient Specialty Services* for policy time frames). If the Specialty consult cannot be re-scheduled within policy time frames a Medical Hold shall be placed on the inmate-patient.
- f. When it is determined that continuity requires the current consulting specialist to perform the follow up visit.

3. The HCM/CMO or the PCP shall generate a CDCR 128-C3, Chrono—Medical, Dental, Psychiatric, to initiate a Medical Hold. The CDCR Form 128-C3 shall be sent to the C&PR/ Correctional Counselor III (CCIII). The C&PR shall contact R&R staff regarding the modification to the transfer list due to a Medical Hold.

4. Following completion of the procedure or treatment, the HCM/CMO or PCP shall complete another CDCR Form 128-C3 releasing the inmate-patient for transfer. The CDCR Form 128-C3 shall be forwarded to the C&PR/CCIII who shall arrange transportation.

E. Medical and Return

The Medical and Return process shall be utilized when an inmate-patient requires medically necessary health care services which are only accessible at or via a CDCR institution other than where the inmate-patient is housed. Medical and Return requires an overnight stay at the receiving institution.

The specific date, time, and location of off-site appointments shall not be shared with inmate-patients prior to the service being provided.

The HCM/CMO at both the sending and receiving institutions has overall responsibility for the Medical and Return process.

The HCM/CMO, or designee, at the sending institution shall contact the Health Care Placement Unit (HCPU) if there is not an agreement regarding the inmate-patient’s medical

and return. The sending institution's HCM/CMO, or designee, shall provide the HCPU with a verbal overview of the inmate-patient's diagnosis, current medical condition, and current medical needs. The sending institution's HCM/CMO, or designee, shall also provide hard copies (i.e., facsimile) of the inmate-patient's medical documentation (including recent progress notes and other applicable forms). The HCPU shall coordinate review of the pertinent medical documentation with the UM, DCHCS. The impacted Regional Medical Directors shall make the final clinical determination regarding the placement of the inmate-patient. The Regional Medical Directors shall notify the sending and receiving institution's HCM/CMO and the receiving institution's C&PR regarding the placement of the inmate-patient. The HCM/CMO, or designee, at the sending institution shall contact the HCM/CMO, or designee, at the receiving institution to initiate the transport of the inmate-patient.

1. Sending Institution

- a. When a HCM/CMO or designee determines, after reviewing the CDCR Form 7243, that an inmate-patient requires a Medical and Return, the HCM/CMO, or designee, shall contact the institution's HCM/CMO where the service is available.
- b. The sending institution's HCM/CMO, or designee, shall schedule the appointment with the designated hub institution or with the outside provider and shall coordinate the date of the transfer and the date of the return with the receiving institution's HCM/CMO, or designee.
- c. If necessary, the sending institution's HCM/CMO, or designee, may contact the HCPU, DCHCS, and/or Utilization Management (UM) staff at DCHCS for assistance and/or recommendations of possible institutions for transfer.
- d. If there is a conflict between the sending and receiving institution regarding the inmate-patient's return, the final clinical determination regarding the placement of the inmate-patient shall be made by the impacted Regional Medical Directors who shall notify the HCM/CMO at the institution to which the inmate-patient is to be sent and the receiving institution's C&PR regarding the placement of the inmate-patient. The HCM/CMO, or designee, at the sending institution shall contact the HCM/CMO, or designee, at the receiving institution to initiate the transport of the inmate-patient.
- e. The C&PR shall forward any security concerns regarding the inmate-patient's transfer to the appropriate Warden(s). Security issues that cannot be resolved by the Warden(s) shall be forwarded to the Regional Administrators, DCHCS and the Associate Directors and Classification Services Unit, Division of Adult Institutions, for resolution.
- f. The sending institution's HCM/CMO or designee shall document the HCM/CMO to HCM/CMO agreement on a CDCR Form 128-C3. The CDCR Form 128-C3 shall include documentation, as required by *Department Operations Manual*, Section 62080.15.2.
- g. The sending institution's HCM/CMO shall forward the CDCR Form 128-C3 to the receiving institution's HCM/CMO. Copies of the CDCR Form 128-C3 shall also be forwarded to the sending institution's UM Nurse, C&PR/CCIII, Medical Records, and the R&R RN.
- h. The sending institution's C&PR/CCIII shall forward the CDCR Form 128-C3 to the receiving institution's C&PR/CCIII.

Chapter 3
Health Care Transfer Process

- i. The R&R RN shall complete the CDCR Form 7371 and shall include the date, time, and location of the appointment. The R&R RN shall place the CDCR Form 7371 in the transfer envelope.
 - j. The UM staff at each institution shall maintain a Medical and Return tracking system.
2. Receiving Institution
- a. The receiving institution shall accept all inmate-patients as determined by the impacted Regional Medical Directors.
 - b. Upon arrival of the inmate-patient at the receiving institution, the designated health care staff shall review the CDCR Form 7371 in the R&R area and identify Medical and Return inmate-patients.
 - c. The R&R custody and clinical staff shall determine appropriate housing.
 - d. The R&R RN shall notify the UM Nurse, the Specialty Clinic Nurse, and the HCM/CMO of the Medical and Return inmate-patient's arrival and appointment date and time. (Refer to Volume 4, *Specialty Services*, for additional information regarding inmate-patients receiving specialty services.)
 - e. The HCM/CMO is responsible for ensuring necessary follow-up is completed prior to the return of the inmate-patient to the sending institution. Upon completion of necessary follow-up, the inmate-patient shall be returned to the sending institution as soon as possible.
 - f. The receiving institution's HCM/CMO, or designee, shall notify the sending institution's HCM/CMO, or designee, of any additional follow-up and shall discuss the inmate-patient's treatment plan. If future transfers are necessary to achieve long-term follow-up at the receiving institution, the receiving institution HCM/CMO shall notify the sending institution's HCM/CMO. The discussion between the HCM/CMO shall be documented on a CDCR Form 128-C3 and placed in the UHR.
 - g. If follow-up care which requires the inmate-patient to remain at the receiving institution for longer than thirty (30) days is necessary, the inmate-patient shall be seen by a PCP at the receiving institution within fourteen (14) calendar days of completion of the service/procedure. The PCP shall continue to see the patient every thirty (30) days to evaluate the status of and treat clinical conditions. The PCP may discontinue the 30-day follow-up consults when the PCP determines that the consultation is no longer needed. (Refer to Volume 4, *Specialty Services*, for additional information).
 - h. If a permanent transfer to another institution or retention at the current location is necessary to achieve longer-term or ongoing care, the HCM/CMO at the receiving institution shall forward to the C&PR a CDCR Form 128-C3 indicating the need for a permanent endorsement for transfer or retention.
 - i. When an inmate-patient is cleared for return to the sending institution, the receiving institution's HCM/CMO, or designee, shall ensure a CDCR Form 128-C3 is completed and forwarded to the C&PR/CCIII, Medical Records, UM Nurse, and the R&R RN. The receiving institution's HCM/CMO shall forward the CDCR Form 128-C3 to the sending institution's HCM/CMO.
 - j. The receiving institution's C&PR shall forward the CDCR Form 128-C3 to the sending institution's C&PR.

- k. The R&R RN shall complete the CDCR Form 7371 and shall specify any necessary follow-up. The R&R RN shall place the CDCR Form 7371 and any additional medical documentation in the transfer envelope.
3. Return to Sending Institution
 - a. The Medical and Return inmate-patient shall be seen by the R&R RN at the sending institution immediately following return. The R&R RN shall immediately forward a copy of the CDCR Form 7371 and any additional documentation to the HCM/CMO and to the UM Nurse.
 - b. Within fourteen (14) calendar days of an inmate-patient's return to the sending institution from a Medical and Return appointment, the inmate-patient shall be seen by the PCP to ensure necessary follow-up is accomplished.

F. Psychiatric and Return Policy

1. The process to transfer an inmate-patient from a CDCR institution to a Department of Mental Health (DMH) bed or to a Mental Health Crisis Bed (MHCB) is described in the CDCR Mental Health Program Guides. This section addresses the return of those inmate-patients to a CDCR institution at a lower Level of Care (LOC).
2. DMH or MHCB staff shall document that the inmate-patient has been clinically discharged from the inpatient DMH or MHCB LOC and shall designate the inmate-patient's current LOC on a CDCR Form 128-C. A copy of the CDCR Form 128-C shall be forwarded to the institution's C&PR. The C&PR shall make arrangements for the inmate-patient's transfer to the appropriate institution, based on the following policy.
3. Upon discharge from DMH or MHCB, inmate-patients endorsed and transferred as "Psych and Return" will be returned to their originating institution as soon as possible. Inmate-patients who are discharged to a LOC that is not available at the originating institution cannot be returned to that institution, except inmate-patients who are going through the Reception Center (RC) process.
4. RC inmate-patients discharged from DMH or MHCB at the EOP level of care shall be transferred back to the originating RC to complete the RC processing. The RC staff shall expedite the transfer to comply with the 30-day timeline as required per the Mental Health Program Guides. If the inmate-patients LOC is CCCMS, the transfer shall occur within 60-days as required by the Mental Health Program Guides.
5. If the inmate-patient is discharged as an EOP who is an Administrative Segregation Unit (ASU) case, the inmate-patient shall be transferred to the originating institution's EOP ASU hub.
6. The transporting of ASU-EOP inmate-patients to the ASU-EOP hub institution is the responsibility of the receiving ASU-EOP hub institution. The receiving institution shall coordinate the transfer with the Classification Services Unit and Transportation Unit in headquarters to ensure the inmate-patient is not scheduled on regular CDCR buses and that a bed is available at the receiving hub institution.

G. Return from a Correctional Treatment Center (CTC), General Acute Care Hospital (GACH), or Community Hospital

1. The UM Nurse shall notify the HCM or designee that an inmate-patient is ready to be discharged from a GACH, CTC, or community hospital.

2. In order to expedite the return of the inmate-patient, the UM Nurse shall request the sending location to fax discharge documents (Active problems, medication, comprehensive treatment plans, equipment needs and follow up).
3. Transfers within the CDCR: The sending UM Nurse shall advise the receiving institution HCM/CMO or designee of the clinical condition/needs of the inmate-patient and obtain a decision as to accept or reject the inmate-patient. If the receiving HCM/CMO denies the return of the inmate-patient, the HCM/CMO must have a discussion with the sending physician and the sending physician must document this discussion in the UHR.
4. Transfers from Community Hospitals: The UM Nurse shall obtain the relevant clinical information and arrange a linkage for a conference call between the HCM/CMO, treating physician and the UM Nurse. During the call, the HCM/CMO or designee shall determine acceptance or rejection of the inmate-patient returning to the institution.
5. The UM Nurse shall coordinate the transfer of the inmate-patient with the appropriate staff.
6. Inmate-patients accepted to return, must be reviewed at the five-day follow-up visit to determine if they need to be evaluated for Chronic Care, high-risk enrollment or any other medical needs.
7. The UM Nurse shall identify medical equipment needs and applicable training issues and shall notify the SRN or designee of transfer and health care needs of the inmate-patient. The SRN or designee shall obtain necessary equipment and shall coordinate required training. The inmate-patient shall be educated regarding necessary medical equipment.
8. Prior to transfer of the inmate-patient, the CTC/GACH staff shall complete an assessment and document the discharge diagnosis and instructions (as required by *California Code of Regulations*, Title 22). The discharge documentation shall indicate any additional health care needs of the inmate-patient. The discharge summary and any other relevant medical documentation shall be transferred with the inmate-patient.
9. Upon return from the GACH/CTC/community hospital, the inmate-patient shall be processed through the TTA. The TTA RN shall review the discharge plan and any other medical documentation.
10. The TTA RN shall complete an assessment for inmate-patients returning from a community hospital and shall ascertain any additional health care needs of the inmate-patient. The assessment shall be documented on a CDCR Form 7230 and filed in the UHR.
11. The TTA RN shall notify the PCP or physician on call (POC) if after hours, that the patient has returned to the institution. The PCP or POC shall indicate orders for appropriate housing.
12. The TTA RN shall forward a referral for the inmate-patient to scheduling, indicating that the referral is follow-up needed after an inpatient stay.
13. The inmate-patient shall receive a follow-up appointment with his/her PCP within five (5) calendar days of discharge from a GACH/CTC/community hospital to provide follow-up and evaluate the need for chronic care/high-risk enrollment or other medical needs.