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DIVISION OF ADULT INSTITUTIONS

POLICY AND PROCEDURES

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Original Effective Date	e: New Effective Date:	
01/25/21	04/08/24	
Supersedes: N/A	Dated: 01/25/21	
Administrator's Approval: Sarah Cooper, Administrator – 03/08/24		
Required Posting or Restricted:		
X PIOC X All Staff Restricted		

Guidance Document: X YES NO

POLICY Division of

Division of Adult Institutions shall provide specialized housing and long-term medical care, which may include palliative care, for PIOC who require more extensive care than what can be provided in general population.

REFERENCES

DAI 500.30.06 - Transfer of Patient

Chapter: 500 Health Services **Subject:** Long Term Care Unit

<u>DAI 500.30.02</u> – Consultation with Offsite Providers or Health Care Providers by Offsite Providers or Onsite Contract or LTE Providers

DAI 500.30.59 - Discharge Planning

DAI 500.80.03 - Medication Reconciliation/continuation of Med

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018, P-F-02 Infirmary-Level Care

Wisconsin Statutes s. 302.85 – Medical Care of Prisoners

DEFINITIONS. ACRONYMS AND FORMS

<u>Advanced Care Provider (ACP)</u> – A provider authorized to write prescriptions.

ADA – Americans with Disabilities Act

<u>Activities of Daily Living (ADL's)</u> – Routine tasks with which individuals may require assistance. These activities may include personal care, ambulation and housekeeping.

<u>Care Conferences</u>- The meeting of Multi-Disciplinary Team members involved in the active care and treatment of PIOC to evaluate their plan of care (IPOC).

DAI - Division of Adult Institutions

DOC - Department of Corrections

DOC-3716 – Assisted Needs Assessment and Referral Form

HCR - Healthcare Record

<u>HSM</u> – Health Services Manager

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HSU - Health Services Unit

<u>Interdisciplinary Plan of Care (IPOC)</u> – Plan developed for each PIOC that details the care to be provided. This plan is based on the understanding, agreement, and involvement of the PIOC and is subject to regular review and adjustment.

<u>Long Term Care Unit (LTCU)</u> – A designated unit used to accommodate Patients who require assistance in activities of daily living or end of life care.

MDT - Multi-Disciplinary Team

<u>Palliative Care Program (PCP)</u> – PIOC centered care that optimizes quality of life by anticipating, preventing and treating suffering. The program addresses physical, intellectual, emotional, social and spiritual needs while facilitating patient autonomy, information access and choice.

PIOC - Persons in Our Care

RN - Registered Nurse

PROCEDURE

I. General Guidelines

- A. The LTCU shall meet the needs of its PIOC and their required care.
- B. At least daily a supervising RN ensures care is being provided as ordered. Staffing shall be based on operational needs.
- C. The number of qualified healthcare professionals providing care is based on the number of patients, the severity of their illnesses, and the level of care required for each.
- D. An RN shall be on site twenty-four hours every day.
- E. PIOC are always within sight or hearing of facility staff. PIOC may leave the LTCU for other facility activities based on care plan.
- F. The PIOC care plan is addressed through the by an MDT.
- G. LTCU MDT Care Conferences may include but are not limited to:
 - 1. Health Services Manager/Assistant Health Services Manager.
 - 2. Corrections Unit Supervisor/Program Supervisor.
 - 3. Advanced Care Provider.
 - 4. Social Worker.
 - 5. Psychologist Liaison.
 - 6. Security Supervisor Liaison.
 - 7. HSU Security Staff.
 - 8. Nursing Staff.

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- 9. Chaplain.
- 10. ADA coordinator.
- 11. Physical Therapist/Occupational Therapist.
- H. Health care delivery shall be completed in a manner which is consistent with professional practice guidelines, DAI policies and procedures.
- I. PIOC receive ACP and nursing assessments based on the current medical needs, condition, and severity of their illness.
- J. An Inpatient Encounter HCR shall be maintained.

II. Long Term Care Unit Referrals

- A. Collaboration between the sending facility/unit and the LTCU HSM/designee shall occur to provide continuity for PIOC.
- B. Referrals may be completed for PIOC who are in need of:
 - 1. Assistance with activities of daily living.
 - 2. Frequent assessment, intervention, and evaluation that the general population facility can reasonably and safely provide and who do not require hospitalization.
 - 3. Palliative care.
- C. Referring staff shall complete a DOC-3716.
- D. Referring staff shall communicate PIOC health needs to the HSU Manager/designee, ensuring all information is recorded in the PIOC HCR.
- E. HSU Manager/designee at Long Term Care Site shall review all referrals to accept, place on watch list or deny.
- F. HSU Manager/designee shall maintain a record of all referrals.
- G. Upon approval from the HSU Manager/designee at the Long-Term Care Site referring staff shall coordinate with PRC and transfer of the PIOC in compliance with DAI 500.30.06.

III. Admission

- A. The HSU Manager/designee in collaboration with the ACP shall be responsible for approving admission to the LTCU.
- B. Admission to and discharge from the LTCU requires an order from an ACP.
- C. Admission shall be decided on an individual basis and a plan of care, including IPOC shall be developed for each PIOC.

IV. Staff Responsibilities

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A. HSU Manager/Designee shall:

- 1. Communicate with the referring facility Health Services Manager/designee the decision to confirm acceptance, add to watch list or decline admission.
- 2. Coordinate with the referring facility Health Services Manager/designee to plan an appropriate time frame for admission.
- Communicate accepted LTCU referrals as well as expected admission dates to the MDT.
- 4. Maintain records of all admissions.

B. Health Staff referring patient shall:

- 1. Provide a nurse to nurse and ACP to ACP report to include recent assessment findings and vital signs.
- 2. Facilitate communication between the sending facility medical staff and receiving medical staff at least 24 hours before the projected admission date.
- 3. Prepare medications and medical equipment for the transfer.

C. The LTCU Advanced Care Providers shall:

- 1. Utilize the appropriate standard admission order set.
- 2. Evaluate each PIOC upon arrival or the next business day if not on-site and complete:
 - a. Medication reconciliation.
 - b. HCR review.
 - c. Complete history and physical exam.
 - d. Review Medical Classification and revise if necessary.
 - e. Admission notes in the Electronic Medical Record.

D. The LTCU Nurse Clinician shall:

- 1. Complete the LTCU admission procedure when the PIOC arrives on the unit.
- 2. Evaluate and assign new PIOC rooms based on their needs.
- 3. Review the HCR and off-site schedule.
- 4. Notify the on-site ACP or on-call physician with PIOC concerns as needed.
- Complete the appropriate section of DOC-3716 from sending unit/facility when nurse to nurse report is received and scan the completed document in the PIOC HCR.
- 6. Obtain admission orders from the on-site ACP, if unavailable; call the on-call physician.

V. Discharge

- **a.** Discharge planning shall be initiated at the point of admission to the LTCU.
- **b.** The discharge planning process requires regular re-evaluation of the PIOC condition to identify changes that may require modification of the

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discharge plan and all evaluations and plans shall be included in the patient's HCR.

- c. Pre-discharge patient preparation and education shall be provided. Sites shall document in the HCR the level of the PIOC participation in the discharge planning process.
- d. Discharge is appropriate when the PIOC health has improved sufficiently, making the LTCU services unnecessary. PIOC goals for discharge have been met.
- e. The discharging facility shall communicate with the receiving facility the PIOC discharge plan of care. A nurse to nurse report, in addition to the advanced care provider report, shall be provided.
- f. BOCM staff shall be consulted, as needed, with transfers of care.
- g. Facility security staff shall assist with coordination of transportation.
- h. The post-discharge plan of care includes assessing continuing care needs and developing a plan designed to ensure the PIOC needs will be met after discharge from the facility into another location.
- i. If there are concerns regarding discharge, the PIOC shall be placed on the Placement Review Committee for review and recommendations.
- VI. Release Planning Follow DAI Policy 500.30.59.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Long Term Care Unit		
Will Implement As written With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

A.

B.

1.

2.

a.

b. C.

3.

C.

II.

III.

RESPONSIBILITY

- I. Staff
- PIOC II.
- III. Other

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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