

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.00.11	Page 1 of 7
	Original Effective Date: 02/22/2023	New Effective Date: 08/20/24
	Supersedes: N/A	Dated: 02/22/23
	Administrator's Approval: Sarah Cooper, Administrator – 08/01/24	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Assisted Needs Unit		

POLICY

Division of Adult Institutions shall provide specialized housing units to provide medical care for those PIOC who require more care than what can be provided in a general population setting.

REFERENCES

DAI 500.30.06 – Transfer of Patient

DAI 500.80.15 – Transfer of Medication

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

Wisconsin Statutes s. 302.85 – Medical Care of Prisoners

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – A Provider with prescriptive authority.

ADA – Americans with Disabilities Act

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

ANU - Assisted Needs Unit

BOCM – Bureau of Offender Classification and Movement

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

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC - 3716 – Assisted Needs Assessment and Referral Form

HCR – Healthcare Record

HSM – Health Services Manager

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HSU – Health Services Unit

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

MDT – Multi-Disciplinary Team

PIOC – Persons in Our Care

RN – Registered Nurse

TRO – Temporary Release Order

PROCEDURE

I. General Guidelines

- A. The ANU shall meet the needs of PIOC and their required care.
- B. A RN shall be on site daily.
- C. PIOC care is addressed by a MDT.
 1. Health care delivery shall be completed in a manner which is consistent with professional practice guidelines and DAI policies and procedures.
 2. Current evidence-based practice shall be utilized as a clinical reference for nursing staff.
- D. ANU Care Conferences may include but are not limited to:
 1. HSM/Assistant HSM.
 2. Corrections Unit Supervisor/Program Support Supervisor.
 3. Advanced Care Provider.
 4. Social Worker.
 5. Psychologist Liaison.
 6. Security Supervisor Liaison.
 7. HSU Security Staff.
 8. Nursing staff.
 9. Chaplain.
 10. ADA coordinator.
 11. Physical Therapist/Occupational Therapist.
- E. The frequency of ACP and nursing assessments is specified based on individuals' needs, clinical acuity, and categories of care provided.
- F. PIOC shall be assessed by the ACP upon admission and at least quarterly thereafter.

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II. **Assisted Needs Unit Referral Process**

- A. Admission shall be decided on an individual basis and an individualized plan of care shall be developed for each PIOC.
- B. The custody of a PIOC placed in the ANU shall not be higher than the facility's designated security. The referring facility shall consult with assigned BOCM staff prior to a referral to ensure the PIOC is able to be assigned the appropriate custody level.
- C. Referring staff shall complete DOC-3716.
 - 1. Collaboration between the sending facility/unit and the ANU HSM/designee shall occur to provide continuity of care for PIOC.
 - 2. Referring staff shall communicate PIOC health care needs that cannot be met at the current site to the HSM/designee, and ensure all information is recorded in PIOC HCR.
 - 3. Referring staff shall identify PIOC goals for returning to the sending site.
- D. Referrals may be completed for PIOC who require:
 - 1. Assistance with activities of daily living.
 - 2. Frequent assessment, intervention, and evaluations the sending facility cannot reasonably and safely provide, and who do not require hospitalization.
- E. The HSM/designee at the ANU shall review referrals and collaborate with ACP's to determine if placement of PIOC in the ANU is appropriate.
- F. The ANU HSM/designee shall communicate with the referring facility's HSM/designee the decision to accept or decline admission.
- G. Acceptance or denial shall be documented in the HCR.
- H. If PIOC is not accepted for admission to the ANU, the HSM/designee shall provide alternative suggestions.
- I. Admission to an ANU requires an order from an ACP.
- J. Upon approval from the ANU HSM/designee, referring staff shall coordinate transfer of PIOC in compliance with DAI 500.30.06.
- K. If approved for admission, the HSM/designee shall:
 - 1. Coordinate an appropriate time frame for admission.
 - 2. Indicate an expected admission date to the MDT.
 - 3. Maintain records of all referrals and admissions.

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III. **Transfer Process for ANU**

- A. When the PIOC has been accepted for placement in the ANU, the referring facility HSM/designee shall contact their assigned BOCM staff and security staff and advise them of the following:
 - 1. Date the referral was accepted.
 - 2. Name and title of the staff member approving the referral.
 - 3. Need for temporary placement
- B. Individuals shall be placed in ANU under a TRO, unless there is a change in custody required prior to the transfer.
- C. The referring facility shall coordinate the transfer date and time with the ANU HSM/designee.
- D. Within 30 days of admission to the ANU a determination shall be made whether the placement is temporary or permanent, and communicated to BOCM staff.
- E. A classification hearing shall be conducted within 45 days upon arrival to the ANU.
- F. If the PIOC requires permanent placement, BOCM staff shall request a transfer of supervision.
- G. PIOC requiring a change in custody prior to placement in the ANU shall:
 - 1. Have a classification hearing completed prior to transfer.
 - 2. Have the receiving facility designated as the permanent placement.
 - 3. Have the transfer scheduled in WICS upon completion of the classification hearing.
- H. A classification hearing may be initiated when medical needs no longer require ANU placement.

IV. **Admission**

- A. Healthcare staff referring PIOC shall:
 - 1. Provide a nurse to nurse report to include recent assessment findings and vital signs, within 24 hours of the projected transfer
 - 2. Facilitate communication between the sending facility ACP and the receiving ANU ACP, no later than 72 hours prior to the projected admission date.
 - 3. Prepare medications and medical equipment for the transfer according to DAI Policy 500.80.15.
- B. The ANU ACP's shall:
 - 1. Admit PIOC utilizing the Standard Admission Orders in the HCR.
 - 2. Evaluate PIOC within two business days.
 - 3. Complete an Admission History and Physical Examination.

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4. Order Medical Classification/Medical Hold.
 5. If the referral occurs after hours, on the weekend, or on holidays, the charge nurse shall contact the on-call Physician for consultation and to obtain Standard Admission Orders.
- C. The ANU Nurse Clinician shall:
1. Complete the ANU admission procedure when PIOC arrives on the unit.
 2. Evaluate and assign new PIOC bed based on their needs. Send notification to security.
 3. Review the HCR care record and off-site schedule.
 4. Notify the on-site ACP or on-call Physician with PIOC concerns as needed.
 5. Complete the appropriate section of DOC-3716 from sending unit/facility and scan the completed document in the PIOC HCR.
- V. Discharge to Another Facility**
- A. The MDT is responsible for recommending PIOC for discharge.
 - B. When PIOC medical needs are met and transfer back to referring facility is appropriate, the HSM/designee shall contact the referring HSU and classification staff to initiate a classification hearing.
 - C. If PIOC is ready for discharge but is not appropriate for return to referring facility, PIOC case shall be discussed with BHS Leadership.
 - D. The HSM/designee will advise BOCM staff of approved facility placements.
 - E. Upon completion of the classification action, BOCM staff shall contact the HSM/designee to advise that the classification action is complete.
 - F. The HSM/designee shall notify the BOCM Transportation office at: DOCDAlBOCMtransportation@wisconsin.gov to coordinate and schedule the transfer. The notification shall include any transportation requirements, i.e. wheelchair van and anticipated discharge date.
 - G. The ANU HSM/designee shall collaborate with the receiving site health care staff prior to PIOC discharge and/or transfer to ensure continuity of care at the receiving site.
 - H. PIOC discharge from the ANU requires an order from an ACP.
 - I. A discharge summary shall be completed by an ACP.
 - J. A RN shall complete an assessment and nurse to nurse report within 24 hours of planned discharge. Assessment and report shall be documented in the health care record.

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- K. Nursing staff shall prepare and review all medications, medical equipment, and any other items pertinent to PIOC care for the transfer to ensure continuity of care at the receiving facility.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.00.11	Page 7 of 7
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Assisted Needs Unit		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> with below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. PIOC

III. Other