DIVISION OF ADULT INSTITUTIONS **POLICY AND PROCEDURES**	**DAI Policy #:** 500.30.08	**Page** 1 of 9
	Original Effective Date: 02/01/98	**New Effective Date:** 04/01/24
	Supersedes: 500.30.08	**Dated:** 08/31/20
	Administrator's Approval: Sarah Cooper, Administrator – 3/8/24	
	Required Posting or Restricted: [x] **PIOC** [x] **All Staff** [ ] **Restricted**	
Chapter: 500 Health Services		
Subject: Infirmary Level Care		

POLICY

The Division of Adult Institutions shall ensure the provision of Infirmary-level care is appropriate to meet the healthcare needs of patients. Infirmary-level care shall be provided at Dodge Correctional Institution, Taycheedah Correctional Institution and Oak Hill Correctional Institution.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018, P-F-02 Infirmary -Level Care
DAI 500.00.01 - Advance Directives for Health Care
DAI Policy 500.30.06 – Transfer of Inmate Patient
Essentials of Correctional Nursing, 2013

DEFINITIONS, ACRONYMS AND FORMS

Acute hospital care – A level of health care provision which treats an episode of illness due to disease, trauma or surgical intervention, requiring a variety of clinical medical sub-specialties, equipment and medications that are not readily available in the DOC.

ACP - Advance Care Provider

ADL - Activities of Daily Living

BHS – Bureau of Health Services

BOCM – Bureau of Offender Classification and Movement

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2077 – Health Transfer Summary

DOC-3716 – Assisted Needs Assessment and Referral Form

Health Care Record (HCR) – Official confidential Electronic DOC health care record created and maintained for each patient. In the Infirmary setting a separate health care record is maintained.

HSU – Health Services Unit

Infirmary-level care - Care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing complex, frequent or skilled nursing intervention, beyond what a general population facility can reasonably and safely provide and who do not require acute hospital care.

NC4 – Nurse Clinician 4

IPOC - Interdisciplinary Plan of Care – Plan developed for each patient that details the care to be provided. This plan is based on the understanding, agreement and involvement of the patient, and shall be reviewed regularly and updated as needed.

Palliative Care - Palliative care is a multi-disciplinary approach to provide specialized medical care to patients living with significant chronic progressive illness, regardless of age. This type of care is focused on relief of symptoms and stress of a serious illness. The goal is to provide quality of life for the patient, family/support system.

PIOC – Persons in Our Care

Placement Review Committee – A Multidisciplinary Committee that reviews and recommends placement location.

RN – Registered Nurse

Responsible Health Authority-Local (RHA-L) - The Director of Healthcare Administration shall designate daily facility level operations to the on-site Health Services Manager within DOC Institutions and the designated Nurse Clinician 4 within the Center System for coordination of healthcare delivery at the local level.

Sheltered Housing – Patients whose health needs require a more protective environment than that in general housing

Short Term Admission - Admission to Infirmary for less than 14 days.

Skilled Care - A level of care that is deemed necessary and is performed or supervised by licensed healthcare staff.

PROCEDURE

I. General Guidelines

A. Infirmary-level care is not used as an alternative to acute hospital care.

B. Clinical decisions in the Infirmary are the responsibility of the designated ACP in collaborations with the healthcare team.

C. Clinical operational decisions are the responsibility of the designated Responsible Health Authority-Local.

D. An Infirmary HCR is utilized for all infirmary patients with the exception of those deemed short term admissions.

E. Written and verbal communication between a general population facility and the infirmary is required for continuity of care with all transfers. Communication shall be documented in the HCR.

F. Patients may leave the infirmary for other facility activities under an ACP order.

G. At least daily a supervising RN ensures care is being provided as ordered. Staffing shall be based on operational needs.

H. The number of qualified healthcare professionals providing infirmary-level care is based on the number of patients, the severity of their illnesses, and the level of care required for each

I. Patients shall be within sight or hearing of a facility staff member, so that a qualified health care professional can respond in a timely manner.

J. Patients admitted to the Infirmary shall be seen within 24 to 48 hours or within next business day for completion of the admission H&P by an ACP. Frequency of routine rounds by the ACP will be according to the complexity of patient healthcare needs for those patients at an infirmary level of care but not less than once per month.
   1. The frequency of provider and nursing rounds for patients who need infirmary-level care is specified based on clinical acuity and the categories of care provided.

K. Criteria for admission to the infirmary includes conditions requiring the delivery of skilled services to meet the patent's needs, promote recovery and ensure patient safety. Such services may include:
   1. IV medications and/or Parenteral IV treatment.
   2. New enteral tube feedings, continuous tube feedings.
   3. Nasopharyngeal and tracheostomy cares.
   4. Negative pressure wound care and/or other advanced wound care dressings.
   5. Rehabilitative nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment, e.g., the institution and supervision of bowel and bladder training programs.
   6. Chest tubes/ Chest Drainage Systems.
   7. High flow oxygen or BiPap oxygen therapy.
   8. Cognitive declines/ altered mental status that presents patient safety concerns.

9. Acute or chronic conditions resulting in fluctuating health status requiring frequent assessment and intervention.
10. Significant ADL deficits, restorative needs not able to be meet in a general population setting.
11. Palliative Care

L. Admission to and discharge from the Infirmary requires an order from an ACP. Admissions shall utilize the Standard Infirmary Admission Orders PowerPlan.

M. A discharge summary and recommended plan of care shall be completed for all patients discharged from the infirmary.

II. Standard Admissions

A. Standard Infirmary admissions are scheduled to occur Monday through Friday during business hours whenever possible.
   1. After hours and holiday referrals shall be forwarded to the Infirmary Nursing Supervisor for review. Potential Infirmary needs, equipment, and the urgency of admission shall be considered.
   2. The on-call provider shall be contacted for consultation and admission orders as indicated.

B. Infirmary Referrals
   1. The sending facility HSM/designee shall:
      a. Complete the DOC DOC-3716 infirmary HSM/designee.
      b. Patients referred from the jail system or other non-DAI correctional facilities shall have a DOC- 2077.
      c. Communicate patient health needs and goals for discharge with anticipated date with the Infirmary HSM/designee.
      d. Scan DOC-3716 into the outpatient HCR if patient is declined admission.
      e. Facilitate an ACP to ACP report no later than 72 hours prior to the planned Infirmary admission.
      f. Communicate appropriate transfer information with BOCM staff to request a temporary hold to Infirmary. Determinations for change in classification shall be recommended by the Infirmary.
      g. Facilitate a RN to RN report no sooner than 24 hours prior to the planned Infirmary admission. RN report shall include recent assessment findings and current vital signs.
      h. Facilitate movement of the paper HCR if applicable, medications, and medical equipment for transfer. The health record shall be transported with the patient at the time of transfer to the Infirmary or mailed next business day.
   2. The Infirmary HSM/designee shall:
      a. Review the referral with the Infirmary ACP(s).
      b. Determine referral status and complete document the decision on the DOC-3716.

c. Communicate with the referring facility. HSM/designee the decision to accept, add to watch list or deny admission. If patient is accepted, coordinate admission with PRC and transportation details.
d. Upon acceptance the scan the completed DOC-3716 into the patient's Infirmary HCR.
e. Evaluate and determine an appropriate bed assignment.
f. Notify the institution movement office of the accepted infirmary patient's name and DOC number, admission date and bed assignment.
g. Communicate accepted infirmary referrals and expected admission date with the ACPs, NC4 designee and other staff as indicated.
h. Facilitate any unit needs to accommodate admission.
i. Maintain data of all infirmary referrals.

3. Infirmary NC4/charge nurse shall:
   a. Initiate the inpatient HCR, if appropriate.
   b. Document current medications on the day of admission.
4. The Infirmary ACP shall:
   a. Admit the patient utilizing the Standard Admission Orders in the HCR.
   b. Evaluate the patient within 24 to 48 hours/ next business day.
   c. Complete an Admission History and Physical Examination.
   d. Order Medical Classification/medical hold.
   e. 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.
5. The Infirmary RN shall:
   a. Complete the Infirmary admission procedure when the patient arrives on the unit. Including a Head to Toe Assessment.
   b. Review the HCR and off-site appointment schedule.
   c. Obtain admission orders from the on-site ACP or the on-call physician if not available.
   d. Initiate patient specific IPOC
   e. Notify the on-site ACP or on-call physician with any patient concerns or needs.
   f. Review existing advance directives. Provide education on advance directives if patient currently has none.
   g. Complete a Head to Toe Assessment at a minimum of monthly.
   h. Review IPOCs at a minimum monthly.
6. The Infirmary Social Worker shall:
   a. Review existing advance directives. Provide education on advance directives if patient currently has none.
   b. Facilitate witness and signing Advanced Directives.
   c. Communicate with healthcare agent.

III. Short-term Admission

A. Admission duration of less than 14 days. Examples of short- term admissions may include:
   1. Home site needs time to make reasonable accommodations
   2. IV antibiotics

3. Deconditioning or acute post- op therapy need
4. Stabilize a wound.
5. Facilitate a specific short-term plan of care when nursing staff would not be available.
6. Conduct an assessment upon discharge from the hospital and assess what they need to determine safest housing location.

B. The outpatient chart shall continue to be utilized.

C. All medications shall be ordered as nurse controlled unless it is determined for KOP by an ACP. Initiate patient specific IPOC as medically indicated.

D. The ACP shall complete an initial evaluation and determine frequency of ongoing evaluations. Progress note documentation shall be completed with evaluations.

E. Nursing shall follow standard admission processes. Every shift assessment shall be completed until evaluated by the ACP and other orders are received.

IV. Discharge

A. Discharge planning shall be initiated at the point of admission to the Infirmary.

B. The discharge planning process requires regular re-evaluation of the patient's condition to identify changes that may require modification of the 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 patient's participation in the discharge planning process.

D. Discharge is appropriate when the patient's health has improved sufficiently, making the Infirmary services unnecessary. Patient goals for discharge have been met.

E. The discharging facility shall communicate with the receiving facility the patient's 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 individual's needs will be met after discharge from the facility into another location.

I. If there are concerns regarding discharge, the infirmary ADON and AMD shall be contacted. If necessary, the patient shall be placed on the Placement Review Committee for further review and recommendations.

V. Release Planning

Follow DAI Policy 500.30.59

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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Original Effective Date:	**DAI Policy Number:** 500.30.08	**Page** 8 of 9
New Effective Date: 00/00/00	**Supersedes Number:**	**Dated:**
Chapter: 500 Health Services		
Subject: Infirmary Level Care		
Will Implement ☐ As written ☐ 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. Inmate

III. Other

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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