

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.08	<b>Page</b> 1 of 8
	<b>Original Effective Date:</b> 02/01/98	<b>New Effective Date:</b> 12/01/16
	<b>Supersedes:</b> 500.30.08	<b>Dated:</b> 06/22/15
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Infirmary Care at Dodge Correctional Institution		

**POLICY**

The Division of Adult Institutions shall ensure Dodge Correctional Institution's Infirmary care is appropriate and adequate to meet the serious needs of inmate patients. Care provided in the Infirmary includes skilled specialty health care, sub-acute, long-term and palliative care.

**REFERENCES**

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2014, P-G-03 Infirmary Care  
DAI Policy 500.30.06 – Transfer of Inmate Patient  
DAI Policy 500.50.20 – Infirmary Record

**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 specialties, equipment and medication.

BHS – Bureau of Health Services

BOCM – Bureau of Offender Classification and Movement

DAI – Division of Adult Institutions

DCI – Dodge Correctional Institution

DOC – Department of Corrections

DOC-2077 – Health Transfer Summary

DOC-3022 – Infirmary Progress Notes

DOC-3023C – Prescriber Orders – Infirmary Admission

DOC-3023T – Palliative Care Admission Orders

DOC-3050 – Medical Classification

DOC-3589 – Admission History and Physical Examination – Infirmary

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DOC-3619 –Transfer of Care Referral & Report

HSM – Health Services Manager

HSU – Health Services Unit

HSU Medical Room(s) – An area established within the correctional facility which operates to provide health care services to two or more inmates for 24 hours or more. These services do not meet hospital care or Infirmary level of care.

Infirmary – Designated facility accommodating inmate patients who require a higher level of care beyond what a facility can reasonably and safely provide and who do not require hospitalization.

RN – Registered Nurse

## **PROCEDURE**

### **I. General Guidelines**

- A. Collaboration between the sending facility and the infirmary HSM/designee shall occur to identify inmate patient health care needs.
- B. Admission to and discharge from the Infirmary requires an order from an ACP.
- C. Inmate patients are always within sight and hearing of licensed health care staff. Inmate patients may leave the infirmary for other facility activities under ACP order.
- D. An RN shall be on site twenty-four hours per day.
- E. Infirmary staffing is sufficient with appropriate health care professionals based on the number of inmate patients, acuity of illnesses and the level of care required for each.
- F. A health care record is kept for all infirmary inmate patients as defined in DAI Policy 500.50.20.
- G. A discharge summary and recommended plan of care shall be completed for all inmate patients released from the infirmary.
- H. Inmate patients receive ACP and nursing assessments based on the inmate patient's level of care needs, condition and acuity.
- I. Inmate patients are evaluated by the ACP at least monthly.
- J. The inmate patient's plan of care is addressed by a multi-disciplinary team.

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1. It shall be completed as clinically indicated in a manner which is consistent with professional practice guidelines, DAI policies and procedures.
2. The most current edition of Lippincott's Manual of Nursing Practice shall be utilized as a clinical reference.

## II. Admission

The following serve as guidelines for DCI Infirmiry placement:

- A. Supervision and management with a multi-disciplinary care team and/or specialized equipment to promote and/or maintain optimal outcomes.
- B. Frequent assessment, intervention and evaluation and/or a complex medical and/or surgical condition.
- C. Psychiatric conditions which require medical and/or nursing intervention.
- D. Medication administration which the referring facility is unable to accommodate to meet the identified inmate patient needs.
- E. Parenteral nutrition
  1. Gastric tube feedings
    - a. Newly established which require assessment and monitoring to establish a maintenance program plus inmate patient teaching to gain independence with a need for frequent assessment to establish a maintenance program.
    - b. Inmate patient is unable to demonstrate tolerance and independence.
  2. Total parenteral nutrition.
- F. Rehabilitative service(s) which the referring facility is unable to accommodate to meet the identified inmate patient needs. The expected outcomes of the plan of care shall be reasonable and achievable with a focus on functional improvement with noted inmate patient participation and adherence to the devised plan of care.
- G. Activities of daily living, assistance or provision for which the general population setting is not suited or safe.
- H. Palliative Care.

## III. Infirmiry Referrals

- A. The sending facility HSM/designee shall :
  1. Complete the DOC-3619 –Transfer of Care Referral & Report and forward to the DCI Infirmiry Nursing Supervisor/designee.
  2. Communicate inmate patient health needs with the DCI Infirmiry Nursing Supervisor/designee.
  3. Document communication in the inmate patient's medical chart.
  4. Communicate with appropriate facility staff to coordinate transportation to the DCI Infirmiry on the agreed upon admission date and time.

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5. Communicate with appropriate BOCM staff the transfer to DCI Infirmiry is to be considered a temporary placement.
  6. Facilitate a RN to RN report no sooner than 24 hours prior to planned admission date to DCI Infirmiry nursing staff with appropriate documentation in the medical chart.
  7. Facilitate preparation of the Health Care Record, medications, and medical equipment for transfer. The Health Care Record shall be transported with the inmate patient at the time of transfer to the DCI Infirmiry or within 12 hours of arrival.
  8. Complete and fax to the DCI Infirmiry the DOC-2077 – Health Transfer Summary in the event the record will not arrive in the specified time frame per DAI Policy 500.30.06.
- B. The DCI Infirmiry Nursing Supervisor/designee shall:
1. Review the referral with the Infirmiry ACP(s).
  2. Determine referral status and complete and sign the DOC-3619 –Transfer of Care Referral & Report.
  3. Communicate with the referring facility Nursing Supervisor/designee and plan an appropriate and acceptable time frame for DCI Infirmiry admission.
  4. Maintain the original DOC-3619 at the nursing desk for staff completion and filing in the inmate patient’s Infirmiry medical chart.
  5. Communicate accepted Infirmiry referrals and expected admission date with the Infirmiry ACPs, Infirmiry Charge RN/designee and other appropriate staff as identified
  6. Facilitate any unit needs to accommodate admission.
  7. Maintain data of all DCI Infirmiry referrals (e.g., numbers, determination).
- C. The DCI Infirmiry Charge RN/designee shall:
1. Evaluate and assign an appropriate bed.
  2. Communicate with Infirmiry unit staff the accepted referral, anticipated admission date and bed assignment.
  3. Communicate with the Unit Sergeant/designee the accepted referral, anticipated admission date and bed assignment.
  4. Complete and sign the RN to RN report section of the DOC-3619 upon receiving report from the referring facility’s nursing staff
  5. File the completed DOC-3619 in the inmate patient’s Infirmiry medical chart.
- D. The DCI Infirmiry ACP shall:
1. Complete the plan of care orders upon arrival to the DCI Infirmiry.
    - a. The DOC-3023C – Prescriber Orders – Infirmiry Admission shall be used for standard admission orders.
    - b. The DOC-3023T – Palliative Care Admission Orders shall be used for Palliative Care Program admission orders.
  2. Evaluate the inmate patient the day of arrival, or the next working day if not on-site, upon arrival of inmate patient to include completion of:

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- a. An admission note on the DOC-3022 – Infirmary Progress Notes.
- b. Medical Chart Review.
- c. Complete a DOC-3589 – Admission History and Physical Examination or dictate an Admission and History.
- d. Complete DOC-3050 – Medical Classification.
3. The DCI Infirmary RN shall:
  - a. Complete the DCI Infirmary admission procedure when the inmate patient arrives on the unit.
  - b. Review the medical chart and off-site schedule.
  - c. Notify the on-site ACP or on-call physician with any inmate patient concerns or needs.
  - d. Obtain admission orders from the on-site ACP or the on-call physician if not available.
  - e. The DOC-3023C – Prescriber Orders – Infirmary Admission shall be used for standard admission orders.
  - f. The DOC-3023T – Palliative Care Admission Orders shall be used for Palliative Care Program admission orders.

#### **IV. Non-DOC Facility, After Hours and Holiday Referrals**

- A. The referring facility shall contact the DCI Infirmary Nursing Supervisor/designee to review inmate patient referral, potential Infirmary needs, equipment and urgency. The information provided shall include medical, surgical and psychiatric history.
- B. The DCI Infirmary Nursing Supervisor/designee shall:
  1. Review the referral with the Infirmary ACP(s) or on-call ACP as applicable.
  2. Determine referral status.
  3. Communicate referral status with referring facility and other pertinent parties (e.g., home facility, inpatient hospital, BOCM, case management vendor, BHS).
  4. Request a completed DOC-3619 –Transfer of Care Referral & Report from the assigned facility’s HSU Nursing Supervisor/designee if applicable.
  5. Inform the referring facility of the DCI Infirmary contact information to ensure completion of transfer of care communication (e.g., discharge summary, discipline specific report).
  6. Maintain the original DOC-3619 at the nursing desk for staff completion and filing in the inmate patient’s Infirmary medical chart, if applicable.
  7. Communicate accepted Infirmary referrals and expected admission date with the Infirmary ACPs and Infirmary Charge RN/designee.
  8. Facilitate any unit needs to accommodate admission.
  9. Maintain data of all DCI Infirmary referrals (e.g., numbers, determination).
- C. The assigned facility HSU Nursing Supervisor/designee shall:
  1. Communicate with appropriate facility staff to coordinate transportation to the DCI Infirmary on the agreed upon admission date, arriving prior to 1500 unless the DCI Infirmary Supervisor approves a later arrival time.

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2. Communicate with appropriate BOCM staff the transfer to DCI Infirmiry is to be considered a temporary placement. DCI Infirmiry shall determine length of stay.
  3. Provide a RN to RN report to DCI Infirmiry nursing staff no greater than 24 hours prior to planned admission date. This action shall be documented in the inmate's progress note section of the medical chart.
  4. Prepare the Health Care Record, medications and medical equipment for transfer. The Health Care Record shall be transported with the inmate patient at the time of transfer to the DCI Infirmiry or within 12 hours of arrival.
  5. Complete and fax to the DCI Infirmiry the DOC-2077 – Health Transfer Summary in the event the record will not arrive in the specified time frame per DAI Policy 500.30.06.
- D. The DCI Infirmiry Charge RN/Designee shall:
1. Evaluate and assign an appropriate bed.
  2. Communicate with Infirmiry unit staff the accepted referral, anticipated admission date and bed assignment.
  3. Communicate with the Unit Sergeant/designee the accepted referral, anticipated admission date and bed assignment. The Unit Sergeant/designee shall communicate further with the Transportation Department.
  4. Complete and sign the RN to RN report section of the DOC-3619 – Transfer of Care Referral & Report upon receiving report from the referring facility's nursing staff.
  5. File the completed DOC-3619 in the inmate patient's Infirmiry medical chart.
- E. The DCI Infirmiry ACP shall:
1. Complete the plan of care orders upon arrival to the DCI Infirmiry.
    - a. The DOC-3023C – Prescriber Orders – Infirmiry Admission shall be used for standard admission orders.
    - b. The DOC-3023T – Palliative Care Admission Orders shall be used for Palliative Care Program admission orders.
  2. Evaluate the inmate patient the day of arrival or the next working day if not on-site upon arrival of inmate patient to include completion of:
    - a. Admission note on the DOC-3022 – Infirmiry Progress Notes.
    - b. Review of the Medical Chart.
    - c. DOC-3589 – Admission History and Physical Examination or Dictate an Admission and History.
    - d. DOC-3050 – Medical Classification.
- F. The DCI Infirmiry RN shall:
1. Complete the DCI Infirmiry admission procedure when the inmate patient arrives on the unit.
  2. Review the medical chart and off-site schedule.

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3. Notify the on-site ACP or on-call physician with any inmate patient concerns or needs.
4. Obtain admission orders from the on-site ACP or the on-call physician if not available.
  - a. The DOC-3023C – Prescriber Orders – Infirmary Admission shall be used for standard admission orders.
  - b. The DOC-3023T – Palliative Care Admission Orders shall be used for Palliative Care Program admission orders.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Jim Schwochert , Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
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<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**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