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|  <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p> | DAI Policy #: 500.30.17 | Page 1 of 6 |
| | Original Effective Date: 04/01/24 | New Effective Date: 04/01/24 |
| | Supersedes: | Dated: 00/00/00 |
| | Administrator's Approval: Sarah Cooper, Administrator – 3/6/24 | |
| | Required Posting or Restricted: | |
| <input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted | | |
| Chapter: 500 Health Services | | |
| Subject: Delegation Protocols | | |

POLICY

All Division of Adult Institution facilities shall be provided with a process for the development, approval, implementation, and routine multidisciplinary review of delegation protocols that include delegated authority to initiate orders within the Department of Corrections Bureau of Health Services.

REFERENCES

DAI Policy 500.30.18 – Nursing Assessment Protocols and Procedures
Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-E-08 – Nursing Assessment Protocols and Procedures
Wisconsin Administrative Code Ch. N 6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses
Wisc. Stats. s. 302.38 – Medical Care of Prisoners

DEFINITIONS, ACRONYMS, AND FORMS

AMD – Associate Medical Director

Advanced Care Provider (ACP) – A provider with prescriptive authority. For this policy an individual who has the authority to authorize an order or set of orders that are within their scope of practice.

BHS – Bureau of Health Services

DAI – Division of Adult Institutions

Delegation Protocol – A predetermined set of clinical actions that addresses a specified clinical situation allowing the BHS Medical Director to delegate predetermined clinical actions to certain health care staff. A delegation protocol may include items where Nurses, MAs, Pharmacists, and other health care professionals exercise judgment, confirming PIOC condition meets specified inclusion criterion and exclusion criterion are absent, to carry out predetermined clinical actions.

DOC-3797 – Delegation Protocol

HCR – Health Care Record

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|--------------------------------------|-------------------------------------|--------------------|
| DAI Policy #: 500.30.17 | New Effective Date: 04/01/24 | Page 2 of 6 |
| Chapter: 500 Health Services | | |
| Subject: Delegation Protocols | | |

Infection Prevention Committee – A BHS committee that meets regularly to review programs and practices related to infection control.

MA – Medical Assistant

Nursing Protocols – Predefined process which address a specified clinical problem that includes actions within the scope of practice of the Registered Nurse carrying out the care and do not involve delegation of medical acts. Nurses exercise clinical judgement within their license based on the PIOC's condition. Protocols involve prescribing of medications, which require BHS Medical Director delegation within the protocols.

Pharmacy and Therapeutics Committee- A BHS committee that meets regularly to evaluate treatment guidelines, formulary development and prescribing protocols for the DOC.

PIOC – Persons in Our Care

Practice and Protocol Committee – A multidisciplinary committee made up of Physicians, Nurse Practitioners, Nursing Supervisors, Pharmacists, and Registered Nurses responsible to review, approve, and update Nursing Protocols and Delegation Protocols.

RDA – Records Disposition Authorization

PROCEDURE

I. General Guidelines

- A. When delegation protocols are approved, the BHS Medical Director has delegated to the disciplines identified, a predetermined set of clinical actions narrowly defined within the delegation protocol.
- B. The Practice and Protocol Committee is responsible for the final review of delegation protocols.
- C. Delegation protocols shall be designed to apply to the DOC PIOC population and developed in a collaborative fashion in accordance with evidence-based, best practice and DOC policies.
- D. An individual ACP cannot choose to delegate differently from what has been approved in the delegation protocols.
- E. The BHS Medical Director/AMDs provide direct oversight of all delegation protocols.

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|--------------------------------------|-------------------------------------|--------------------|
| DAI Policy #: 500.30.17 | New Effective Date: 04/01/24 | Page 3 of 6 |
| Chapter: 500 Health Services | | |
| Subject: Delegation Protocols | | |

II. Delegation Protocol Development Process

- A. DOC-3797 – Delegation Protocol shall be the template utilized to define delegation protocols.
- B. Delegation protocols shall be designed so they can be carried out safely within the skill set of the health care staff designated to implement the delegation protocol.
 - 1. Special training and demonstrated competency are required to carry out delegation protocols.
 - 2. Delegation protocols shall have sufficient content and guidance, with inclusion and exclusion criterion, to provide appropriate patient care when implemented by the identified health care staff.
- C. Delegation protocols, when changed, shall be developed utilizing up-to-date standards of care, evidence-based practice, and shall have multidisciplinary review. There are certain instances in which additional committee/expert review is necessary prior to review at the Practice and Protocol Committee level.
 - 1. Delegation protocols that involve the ordering of medications shall be reviewed by the Pharmacy and Therapeutics Committee.
 - 2. Delegation protocols pertaining to infection prevention shall be reviewed by the Infection Prevention Committee.
 - 3. Delegation protocols pertaining to wound care shall be reviewed by the wound care certified team.
- D. Approved delegation protocols shall be posted on the BHS Clinical Staff SharePoint site for use.

III. Pilots

- A. There may be instances in which a small-scale pilot of a delegation protocol is appropriate.
- B. Pilots are limited to 6 months.
- C. Pilots are limited to only the facilities involved in the pilot.
- D. Full approval by the Practice and Protocol Committee is required to initiate the pilot.

IV. Delegation Protocol Communication, Training, and Initiation

- A. After approval of the delegation protocol or delegation protocol change, the Practice and Protocol Committee is responsible for communicating the availability of new or updated delegation protocols.

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|--------------------------------------|-------------------------------------|--------------------|
| DAI Policy #: 500.30.17 | New Effective Date: 04/01/24 | Page 4 of 6 |
| Chapter: 500 Health Services | | |
| Subject: Delegation Protocols | | |

- B. The nurse educators are responsible for developing training and demonstrating competency related to the delegation protocols.
 - 1. Training shall include the steps required to activate the delegation protocol for a specific PIOC.
 - 2. Inclusion and exclusion criterion.
 - 3. Specific clinical actions covered by the delegation protocol.
- C. If the clinical situation of the PIOC does not meet the specific criteria of the delegation protocol, the delegation protocol does not apply and any necessary orders shall be given by an ACP.

V. Delegation Protocol Documentation

- A. Individual actions regarding the implementation of a delegation protocol and the relevant clinical information shall be documented, signed, dated and timed in the PIOC HCR.
- B. The working diagnosis, sign or symptom that triggers the use of a delegation protocol shall be utilized.

VI. Review Revision and Discontinuation

- A. Every delegation protocol shall be reviewed by the Practice and Protocol Committee every two years. Normal approval and change processes, as outlined, shall occur.
- B. Changes may be requested outside of the two-year review.
- C. If a delegation protocol is revised, the changes shall be communicated to end users and the new version shall be placed on the BHS Clinical Staff SharePoint site.
- D. All previous versions of delegation protocols shall be archived according to the appropriate RDA.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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|--|---------------------------|--------------------|
| Facility: Name | | |
| Original Effective Date: | DAI Policy Number: | Page 5 of 6 |
| New Effective Date: 00/00/00 | Supersedes Number: | Dated: |
| Chapter: 500 Health Services | | |
| Subject: Delegation Protocols | | |
| 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

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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|----------------------------|---------------------------|--------------------|
| Facility: | | |
| New Effective Date: | DAI Policy Number: | Page 6 of 6 |
| Chapter: | | |
| Subject: | | |