DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES	**DAI Policy #:** 500.30.08	**Page** 1 of 14
	Original Effective Date: 02/01/98	**New Effective Date:** 08/31/20
	Supersedes: 500.30.08	**Dated:** 12/01/16
	Administrator's Approval: Makda Fessahaye, Administrator	
	Required Posting or Restricted: [X] **Inmate** [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 and Taycheedah Correctional Institution.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018, P-F-02 Infirmary 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-3619 –Transfer of Care Referral & Report

End of Life Care Program (ELC) – Patient and family centered care that optimizes quality of life by anticipating, preventing and treating suffering. The illness continuum of end of life care addresses physical, intellectual, emotional, social and spiritual needs while facilitating patient autonomy, information access and choice.

HSM – Health Services Manager

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 hospitalization.

IPOC - Interdisciplinary Plan of Care

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 provide quality of life for the patient, family/support system.

RN – Registered Nurse

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

Special needs patients - those with health conditions (to include physical and mental disabilities) that require development of an individual treatment plans for optimum care.

PROCEDURE

I. General Guidelines

A. Infirmary patients are those patients who require frequent skilled/complex care, palliative care, End of Life Care or who have specialized needs.

B. Infirmary care is not used as an alternative to hospital care.

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

D. Clinical operational decisions are the responsibility of the designated HSM as the Responsible Health Authority.

E. An inpatient Health Record is utilized for all Infirmary patients.
   1. The Infirmary stay becomes a closed encounter upon discharge from the Infirmary to a general population setting.
   2. Care provided in the Infirmary is viewable as necessary by other outpatient health care providers.

F. Written and verbal communication between a general population facility and the Infirmary is required for continuity of care with all transfers. Recording of the communication shall be documented in the Health Record.

G. Patients may leave the Infirmary for other facility activities under an ACP order.

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

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. 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.

K. Patients admitted to the Infirmary shall be seen within one working 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.

L. Admission to and discharge from the Infirmary requires an order from an ACP and utilizing the standard Infirmary Admission orders PowerPlan.

M. A discharge note and recommended plan of care shall be completed for all patients released from the Infirmary.

II. Admission

A. Standard Infirmary admissions are scheduled to occur Monday through Friday during business hours.
   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-3619 –Transfer of Care Referral & Report and forward to the Infirmary Nursing Supervisor/designee.
      b. Patients referred from the jail system or other non-DAI correctional facilities shall have a transfer summary.
      c. Communicate patient health needs with the Infirmary Nursing Supervisor/designee.
      d. Communicate with appropriate facility staff to coordinate transportation to the Infirmary on the agreed upon admission date and time.
      e. Communicate appropriate transfer information with BOCM staff to request a temporary hold to Infirmary.

f. 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 vital signs with documentation in the health record.
g. Facilitate preparation of the health record, medications, and medical equipment for transfer. The health record shall be transported with the patient at the time of transfer to the Infirmary or within 12 hours of arrival.
h. Complete and fax to the DCI Infirmary 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.

2. The Infirmary Nursing Supervisor/case manager/charge nurse shall:
   a. Review the referral with the Infirmary ACP(s).
   b. Determine referral status and complete and sign the DOC-3619 – Transfer of Care Referral & Report.
   c. Communicate with the referring facility Nursing Supervisor/designee and the decision to confirm acceptance or decline admission. If patient is accepted, plan a time frame for Infirmary admission.
   d. Upon completion of an accepted Infirmary admission the DOC-3619 shall be scanned into the patient's Infirmary health record.
   e. Declined Infirmary referrals DOC-3619 shall be scanned in to the outpatient health record by referring facility.
   f. Evaluate and determine an appropriate bed assignment.
   g. Notify the institution movement office of the accepted Infirmary patient's name and DOC number, admission date and bed assignment.
   h. Communicate accepted Infirmary referrals and expected admission date with the ACPs, charge RN/designee and other staff as indicated.
   i. Facilitate any unit needs to accommodate admission.
   j. Maintain data of all Infirmary referrals.
3. Infirmary nursing supervisor/case manager/charge nurse shall:
   a. Initiate the inpatient health record utilizing the PM Conversation.
   b. Document home medications on the day of admission.
4. The Infirmary ACP shall:
   a. Admit the patient utilizing the Standard Admission Orders in the health record.
   b. Evaluate the patient the day of arrival or the next working day if not on-site.
   c. Complete an Admission History and Physical Examination.
   d. Order the 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.
   b. Review the health record and off-site schedule.

c. Obtain admission orders from the on-site ACP or the on-call physician if not available.
Initiate patient specific IPOC.
d. Notify the on-site ACP or on-call physician with any patient concerns or needs.

Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Administration

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Dodge Correctional Institution		
Original Effective Date: 02/16/07	**DAI Policy Number:** 500.30.08	**Page** 6 of 14
New Effective Date: 04/30/21	**Supersedes Number:** DCI 900.608.001; DCI 900.609.09	**Dated:** 02/06/14; 11/15/15:
Chapter: 500 Health Services		
Subject: Infirmary Level Care		
Will Implement ☐ As written ☒ With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Jason Benzel, Warden		

REFERENCES

Braden Scale for Predicting Pressure Sore Risk
DAI Policy 300.00.09 – Death of an Inmate
DAI Policy 309.06.01 – Visiting
DAI Policy 500.00.01 – Advance Directives for Health Care
DAI Policy 500.10.27 – Continuous Quality Improvement Program
DAI Policy 500.30.18 – Nursing Protocols
DAI Policy 500.30.59 – Discharge Planning
DCI Procedure 900.609.04 – Infirmary – Patient Falls
Wisconsin Nurse Practice Act — Chapter N6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses
DCI Palliative Care Volunteer Handbook
DCI Palliative Care Volunteer Training Agenda

DEFINITIONS, ACRONYMS, AND FORMS

Admission – An inmate patient being newly admitted to the Infirmary from a level of care less than that of the Infirmary.

Care plan – A plan of care established by nursing based on inmate patient's assessment and needs.

Care vigil – Allows the palliative care inmate patient to receive volunteer services one-on-one. Vigils are scheduled based on the inmate patient condition and staff recommendations.

COIYD – Committee on Inmate/Youth Deaths

Death bed visits – Special visiting hours for the family of the dying inmate patient are initiated by the attending Physician and the Medical Social Worker/Palliative Care Coordinator in compliance with DAI Policy 309.06.01.

Interdisciplinary Team (IDT) Plan of Care (POC) – A multidisciplinary individualized plan based on inmate patient's needs and preferences, identifying appropriate services to be provided. This plan is inclusive of all aspects of the inmate patient's needs, choices and beliefs.

Multi-disciplinary team care conference – Collaborative meeting involving all disciplines active in the care and treatment of an Infirmary patient. Frequency of these meetings is established based on acuity and plan of care needs.

Palliative Care Interdisciplinary Team (IDT) – A group of individuals who meet routinely to coordinate and evaluate palliative care program services. Team members work collaboratively, sharing expertise, insight and information to provide a comprehensive POC.

Readmission – An Infirmary inmate patient who is returning from a higher level of care.

Terminal condition – A condition resulting in a limited life expectancy of one year or less when it runs its normal course.

Therapeutic touch – The act of gently touching an inmate patient to comfort and console, limited to holding or touching the inmate patient's hand, forearm or shoulder.

Volunteer care plan – An inmate patient plan of care established by nursing, appropriately delegating tasks to inmate volunteers to meet inmate patient's needs.

DCI – Dodge Correctional Institution

DNR – Do not resuscitate

DOC-2074 – Medical Alert Wristband Acceptance/Refusal

DOC-3026 – Medication/Treatment Record

DOC-3026A – IV Administration Record

DOC-3326 – Signature Verification

DOC-3334 – Modified Diet Order

DOC-3374 – Flow Sheet – Vitals

DOC-3391A – Advanced Directives Log

DOC-3394 – Patient Assessment

DOC-3395 – Infirmary Patient Care Flow Sheet

DOC-3395A – Patient Care Flow Sheet

DOC-3411 – Patient Care Conference Record

DOC-3534 – Palliative Care Program Patient Bill of Rights

DOC-3535 – Patient Consent for Palliative Care Program and Request to Discontinue

DOC-3539 – Folstein Mini-Mental State Exam (MMSE)

DOC-3635 – Nursing Admission Assessment – Infirmary

DOC-3664 – Fall Assessment Tool

DOC-3707 – Palliative Care Plan for Volunteers

DOC-3739 – Braden Scale

EENT – Eyes, ears, nose and throat

EHC – Extraordinary health condition

F-00085 – Power of Attorney for Health Care

F-44763 –Do Not Resuscitate (DNR) Order

LAN – Local area network

PCP – Palliative Care Program

FACILITY PROCEDURE

I. **Infirmary Admission Assessment, and Admission Documentation**

A. The following items may be considered part of an admission packet:

1. DOC-2074 – Medical Alert Wristband Acceptance/Refusal
2. DOC-3022 – Infirmary Progress Notes
3. DOC-3023C – Prescriber Orders/Infirmary Admission
4. DOC-3026 – Medication/Treatment Record
5. DOC-3026A – IV Administration Record
6. DOC-3326 – Signature Verification
7. DOC-3334 – Modified Diet Order
8. DOC-3374 – Flow Sheet — Vitals
9. DOC-3391A – Advanced Directives Log
10. DOC-3394 – Patient Assessment
11. DOC-3395 – Infirmary Patient Care Flow Sheet
12. DOC-3395A – Patient Care Flow Sheet
13. DOC-3411 – Patient Care Conference Record
14. DOC-3539 – Folstein Mini-Mental State Exam (MMSE)
15. DOC-3635 – Nursing Admission Assessment – Infirmary
16. DOC-3739 – Braden Scale
17. Central Pharmacy Services Reconciliation Record

18. Referral for DNR, POA or guardianship application
19. 3 x 5 index card – TST tracking
20. Lab request form

B. All Infirmary admissions shall have a complete physical assessment on DOC-3394 – Patient Assessment.

C. The assessment shall include:
   1. DOC-3539 – Folstein Mini-Mental State Exam (MMSE)
   2. DOC-3664 – Fall Assessment Tool
   3. DOC-3739 – Braden Scale

D. The DOC-3635 – Nursing Admission Assessment – Infirmary shall be completed upon initial admission to the Infirmary and upon return from a higher level of health care which resulted in a significant change in condition.

E. Upon return to the Infirmary from a facility which offers a higher level of care, the following shall occur:
   1. A complete nursing assessment, to include letter C above.
   2. A complete review of the medical record, all associated discharge paperwork and plan of care recommendations by nursing and the ACPs.
   3. An assessment and documentation by the ACP regarding the inmate patient's return to the Infirmary.
   4. A complete review of the current plan of care with appropriate revisions based on the inmate patient's current status and needs.

II. Nursing Plan of Care

A. Each inmate patient shall have a nursing care plan established within eight hours of admission as specified in DCI Procedure 900.614.01.

B. The current plan of care shall be maintained by nursing through continuous use of the nursing process and relayed through the use of Hand-Over Communication between appropriate disciplines and shifts.
   1. It shall be maintained by nursing to include all current diagnoses, orders and needs as reflected in the medical record to maintain and promote optimal patient outcomes.
   2. It shall be reviewed by nursing to guide their care and treatment daily, during communication hand-over/change of shift report and as needed.

III. On-Going Care

A. Inmate patient admissions to the Infirmary shall receive a complete physical assessment utilizing the DOC-3394 – Patient Assessment each shift for 72 hours.
   1. After 72 hours, a complete physical assessment on DOC-3394 shall be completed based on the ACP ordered skill level (i.e., skilled is weekly, long-term care is monthly and palliative care is weekly).

2. Additional assessments shall be completed with any concern, a change in inmate patient condition or falls.
3. All palliative care inmate patients shall have focused assessments completed every shift and as needed to include comfort and symptom management and psychosocial status. This shall increase in frequency with imminent death and/or lack of symptom management.

B. On a routine basis, the multidisciplinary team care conference shall review the inmate patient's current plan of care, current status, any concerns and potential needs/changes, including the frequency of multidisciplinary care conference meetings.

C. All assessment, interventions and evaluation shall be documented accurately and timely in the medical record by appropriate personnel.

IV. General Guidelines – Palliative Care Program

A. The goal of palliative care is to improve the quality of life through ensuring autonomy, dignity, symptom control, comfort and support with an interdisciplinary approach throughout the dying process.

B. All inmate patients in the PCP are considered to be at the end stages of their illness, not pursuing life-sustaining treatment and must consent to a DNR status.

C. The PCP shall be monitored according to DAI Policy 500.10.27.

V. IDT

A. The Medical Social Worker and the HSM shall be designated as the coordinators of IDT for the PCP.

B. Additional IDT members include:
1. Physician Supervisor
2. ACP
3. Nursing representative
4. Chaplain
5. Psychological Services professional
6. Security Supervisor liaison/designee
7. Administrative Liaison
8. Volunteer Coordinator

C. The roles of the IDT include:
1. Evaluation and coordination of the PCP, which includes:
   a. Planning
   b. Operations
   c. Supervision
2. Initiation of and completion of the hiring process for volunteers.

3. Supervision of the volunteer scheduling process.
4. Provision of approved training and education to staff and volunteers for the PCP.
5. Provision of support and direction for the PCP.
6. Review of volunteer logs and collection of data for quality improvement.
7. Disagreements in PCP operations shall be resolved collaboratively between the IDT coordinators, the Physician Supervisor and the Warden.

VI. Responsibilities

A. PCP Coordinator

1. Schedules and coordinates the IDT meetings and develops the agenda. Ensures service coordination and communication as concerns develop between meetings of the IDT.
2. Ensures the roles of all IDT members are performed satisfactorily.
3. Monitors the PCP and reports issues during IDT meetings.
4. Coordinates education and training related to palliative care for DOC staff, community and palliative care volunteers through routine in-services and as necessary.
5. Coordinates inmate volunteer training, including initial and in-services as scheduled.
6. Ensures appropriate records are maintained for the PCP, including training and expenditures.
7. Promotes the PCP throughout the DOC and the community.
8. Manages PCP resources.

B. HSM

1. Acts as co-coordinator of the PCP with the Medical Social Worker.
2. Develops and implements PCP procedures, guidelines and directives.
3. Reviews program guidelines and directives in accordance with day-to-day practice.
4. Oversees the day-to-day medical/nursing component of the program.
5. Ensures the palliative care checklist is completed within 72 hours of admission to the program.
6. Ensures nursing care provided is delivered according to professional standards and in a manner congruent with IPOC goals, consistent with the inmate patient's IPOC.
7. Ensures completion of the COIYD process post mortem.

C. Medical Social Worker

1. Acts as co-coordinator of the PCP with the HSM.
2. Performs medical chart reviews and recommends appropriate inmate patients for admission to the PCP.
3. Provides education and resources regarding the PCP to appropriate inmate patients, family, responsible party and community.
4. Meets with inmate patients to confirm their decision and discuss their rights and responsibilities as a palliative care inmate patient.

5. Ensures all necessary documents are complete and filed appropriately in the medical chart, which may include:
   a. F-44763
   b. F-00085
   c. Guardianship
   d. DOC-3535
   e. DOC-3534
6. Coordinates visits.
7. Facilitates and coordinates release planning, including EHC petitions.

D. Physician Supervisor
1. Acts in accordance with the established guidelines, delegating an attending ACP to be accountable for the overall care of the palliative care inmate patient.
2. Provides supervision and direction to ensure that all care adheres to ethical, professional and medical standards.
3. Collaborates with the HSM(s) to ensure care is provided per standards.

E. ACP
1. Manages the overall care needs of the inmate patient, ensuring that all cares adhere to ethical, professional and medical standards.
2. Provides advice and consultation to the IDT.
3. Receives and reviews referrals to the PCP.
4. Ensures inmate patient/responsible party has understanding of the PCP.
5. Ensures inmate patient meets admission requirements for the PCP.

F. Nursing Staff
1. Develops, implements and adheres to an individualized nursing care plan on DOC-3707.
2. Coordinates and communicates a volunteer care plan.
3. Collaborates and coordinates care needs with other disciplines.
4. Provides evaluation and input regarding the PCP to one of the IDT members.
5. Works with Medical Social Worker to implement and coordinate care vigils.

G. Chaplain
1. Visits each palliative care inmate patient upon admission to the program to complete a spiritual assessment and offer pastoral care.
2. Facilitates communication between inmate patient, family/responsible party and clergy or spiritual counselor of inmate patient's choosing.
3. Provides bereavement counseling to volunteers and staff as needed.

H. Psychologist Liaison
1. Provides initial evaluation and ongoing psychosocial support of inmate patient.
2. Provides psychological screening of volunteers regarding their appropriateness for the PCP.
3. Provides/facilitates support for volunteers regarding palliative care experience as well as individual sessions as needed and/or identified.
4. Facilitates inmate visits as requested and approved.

I. Security Supervisor Liaison/Designee
1. Provides oversight and supervises the modification of routine security procedures to promote the PCP purpose.
2. Provides security screening of volunteers regarding their appropriateness for the PCP.
3. Facilitates performance evaluation of the PCP volunteers.
4. Facilitates inmate patient visits as requested and approved.

J. Administrative Liaison
1. Advises IDT on facility issues that have the potential to affect the PCP.
2. Facilitates and coordinates release planning, including EHC petitions.
3. Facilitates family visits.
4. Coordinates post-mortem needs.

K. Nursing Representative
1. Ensures nursing care provided by other nursing staff or caregivers is delivered in a manner consistent with PCP and the inmate patient's IPOC.
2. Assists with performance evaluation of the PCP volunteers.
3. Provides unit representation at IDT meetings.

L. Infirmary Security Staff
1. Communicates PCP concerns with the Security Supervisor Liaison.
2. Assists with performance evaluation of the PCP volunteers.

M. Volunteer Coordinator
1. Coordinates selection process of PCP inmate volunteers.
2. Facilitates performance evaluations of each inmate volunteer.
3. Ensures the inmate patient binder is maintained.
4. Maintains volunteer statistics.
5. Coordinates volunteer scheduling to meet inmate patient's needs.
6. Assists in maintaining records for the PCP.

N. Inmate Palliative Care Volunteer(s)
1. Adheres to PCP procedure.
2. Attends PCP volunteer training as outlined in DCI Palliative Care Volunteer Training Agenda.
3. Attends IDT meetings as requested.

4. Communicates promptly with health care staff to ensure inmate patient needs are being met.
5. Completes volunteer logs according to guidelines.
6. Informs Volunteer Coordinator of status changes affecting their availability.