

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.08	Page 1 of 9
	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:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> 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.

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HSM – Health Services Manager

HSU – Health Services Unit

Infirmiry-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. Infirmiry patients are those patients who require frequent skilled/complex care, palliative care, End of Life Care or who have specialized needs.
- B. Infirmiry care is not used as an alternative to hospital care.
- C. Clinical decisions in the Infirmiry 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 infirmiry patients.
 1. The Infirmiry stay becomes a closed encounter upon discharge from the Infirmiry to a general population setting.
 2. Care provided in the Infirmiry is viewable as necessary by other outpatient health care providers.

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- F. Written and verbal communication between a general population facility and the infirmery 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 infirmery 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, and a qualified health care professional can respond in a timely manner.
- J. The number of qualified healthcare professionals providing infirmery-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 Infirmery 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 Infirmery requires an order from an ACP and utilizing the standard infirmery Admission orders PowerPlan.
- M. A discharge note and recommended plan of care shall be completed for all patients released from the infirmery.

II. Admission

- A. Standard Infirmery admissions are scheduled to occur Monday through Friday during business hours.
 - 1. After hours and holiday referrals shall be forwarded to the Infirmery Nursing Supervisor for review. Potential Infirmery 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. Infirmery Referrals
 - 1. The sending facility HSM/designee shall :
 - a. Complete the DOC-3619 –Transfer of Care Referral & Report and forward to the Infirmery 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 Infirmery Nursing Supervisor/designee.
 - d. Communicate with appropriate facility staff to coordinate transportation to the Infirmery on the agreed upon admission date and time.

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- e. Communicate appropriate transfer information with BOCM staff to request a temporary hold to infirmiry.
- f. Facilitate a RN to RN report no sooner than 24 hours prior to the planned Infirmiry 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 Infirmiry or within 12 hours of arrival.
- h. 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.
2. The Infirmiry Nursing Supervisor/case manager/charge nurse shall:
 - a. Review the referral with the Infirmiry 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 Infirmiry admission.
 - d. Upon completion of an accepted infirmiry admission the DOC-3619 shall be scanned into the patient’s Infirmiry health record.
 - e. Declined infirmiry 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 infirmiry patient’s name and DOC number, admission date and bed assignment.
 - h. Communicate accepted infirmiry 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 infirmiry referrals.
3. Infirmiry 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 Infirmiry 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 Infirmiry RN shall:

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- a. Complete the Infirmery 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: Wisconsin Women's Correctional System		
Original Effective Date: 02/01/1998	DAI Policy Number: 500.30.08	Page 6 of 9
New Effective Date: 06/25/2021	Supersedes Number: 500.30.08	Dated: 09/15/17
Chapter: 500 Health Services		
Subject: Infirmary Level Care		
Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Warden Jennifer McDermott		

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018, P-F-02 Infirmary Level Care
DAI Policy 500.00.05 Medical Observation and Monitoring
DAI Policy 500.30.06 – Transfer of Patient
DAI Policy 500.50.20 – Infirmary Record
DOC-3619 - Transfer of Care Referral & Report
Wis.Stat. s.302.385 Correctional Institution Health Care
900.50.27 Patient Falls

DEFINITIONS, ACRONYMS, AND FORMS

ACP – Advanced Care Provider

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

TCI - Taycheedah Correctional Institution

DOC – Department of Corrections

DOC-3619 – Transfer of Care Referral & Report

EMR – Electronic Medical Record

GP – General Population

HSM – Health Services Manager

HSU – Health Services Unit

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

Infirmary – Designated level of care accommodating 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 for TCI**

- A. Patients shall receive ACP and nursing assessments based on the patient's level of care needs, condition and acuity.
 - 1. Acute patients weekly.
 - 2. Chronic patients monthly.
- B. The patient's plan of care shall be addressed by a multi-disciplinary team.

II. Admission Guidelines for Infirmary Placement

- A. The patient's condition requires observation, assessment, and monitoring of a complicated or unstable condition, or complex case in which the infirmary may be used for medical observation and monitoring.
- B. When there are questions about a patient's care needs and whether the patient meets criteria for admission, the patient shall be admitted so an appropriate plan of care can be determined through ongoing assessment and evaluation in accordance with DAI 500.00.05.

III. Admission Assessment and Documentation

The Infirmary RN shall:

- 1. Obtain an admission height, weight and full set of vital signs.
- 2. Within 2 hours of the patient's arrival, complete a head to toe physical assessment in the EMR.
- 3. Complete a Mental Status/Cognition Assessment.
- 4. Complete a Braden Skin Assessment.
- 5. Complete a Morse Fall Risk Assessment, implement precautions as outlined in 900.50.27 Patient Falls.
- 6. Review the Health Record, orders and off-site schedule.
- 7. Develop IPOCs to meet the patient needs within 12 hours of admission.
- 8. Complete a full physical assessment with full set of vital signs every shift, at a minimum, for the first 72 hours of admission and until admission assessment is completed by an ACP.

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9. Full physical assessment and full set of vital signs shall be completed with any change of condition and reported to ACP.

IV. Ongoing Assessments, Care and IDT

- A. Health care staff shall complete Caregiver Rounding with each patient. This shall occur, at a minimum, once each shift.
- B. A multidisciplinary team care conference shall be held weekly to review patient's plan of care, current status, any concerns and potential needs/changes, acuity.
- C. Multidisciplinary Team Care Conference discussions shall include how often the patient requires:
 1. Routine nursing assessments.
 2. Discharge/release planning.

V. Non-DOC Facility, After Hours and Holiday Referrals

- A. The onsite infirmiry RN shall communicate with the on-call HSU manager to review patient referral, potential Infirmiry needs, equipment and urgency.
- B. The onsite Infirmiry RN shall communicate with the on call ACP to obtain admission orders to admit the patient to the Infirmiry.

VI. Discharge From the Infirmiry

- A. Once discharge date has been established, the ACP shall complete discharge summary with recommended plan of care no later than 1 business day prior to discharge.
- B. ACP to ACP report shall be provided face to face if the patient is staying at TCI or called to the ACP at the transferring facility and document in the EMR.
- C. A head to toe physical assessment shall be completed and documented in the Health Record by an RN within 24 hours prior to a planned discharge.
- D. If the RN has any concerns about the assessment findings and planned discharge, the RN shall:
 1. Notify the ACP.
 2. Notify the Assistant Infirmiry HSM/designee.
- E. An RN to RN (Infirmiry RN to receiving facility RN) report shall be completed within 24 hours prior to discharge and document in the EMR.

VII. Staff Responsibilities

- A. Assistant Infirmiry HSM/designee

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1. Ensure daily oversight of staff, Infirmary processes and environment.
2. Ensure assessments, caregiver rounding, and quality improvement are completed.
3. Develop and lead the weekly multi-disciplinary team meetings.
4. Participate in hand over communication between shifts.

B. Infirmary ACP

1. Participate in the multi-disciplinary team meetings.
2. Assume primary oversight of patient's medical plan of care.

C. Infirmary RN

1. Assume oversight and supervision of the LPNs and CNAs.
2. Participate in shift to shift report ensuring important handover information is communicated shift to shift.
3. Keep the Assistant Infirmary HSM/designee advised of patient concerns/changes.