MONTANA DEPARTMENT OF CORRECTIONS

MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS F-02.0	Subject: **Infirmary Level Care**	
Reference: NCCHC Standard P-F-02, P-E-09, P-D-08, P-A-08, 2018		no attachments
Effective Date: November 1, 2010		Revised December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. / Medical Director		

I. Purpose:

To house inmates who do not require general acute care level of services but are in need of skilled nursing care to manage serious medical needs which cannot be managed safely in an outpatient setting. To provide inmates with inpatient services consistent with their needs that are necessary to protect life, prevent significant illness or disability, or to alleviate significant pain.

Infirmary services consist of isolation, observation, first-aid, preoperative preps, postoperative care, psychiatric care and/or restraint, suicide watch, short- or long-term nursing, treatment of minor illnesses, sheltered living, convalescence, and end-of-life care.

II. Definitions:

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 skilled nursing intervention.

Qualified Health Care Professional – "Provider" is defined as a nurse practitioner, physician assistant, or physician.

Qualified Health Care Professional - includes physicians, PA's, nurse, NP, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

III. Procedures:

A Staffing

1. A Provider-on-call (POC) is available 24 hours a day, seven days a week. When health care assistance/guidance from a POC is required the on duty Registered Nurse (RN) / Licensed Practical Nurse (LPN) will contact the POC.
2. RN coverage will be a minimum of 12 hours per day, seven days a week.
3. A designated call RN (typically a nursing supervisor) will be assigned at all times when an RN is not on site.
4. The infirmary will be staffed appropriately with qualified health care professionals based upon the number of patients, the severity of their illness, and the level of care required for each.

B. Criteria for Infirmary Placement

Infirmary placement includes one of three categories:

1. Medical Observation - this is used to determine a diagnosis, to collect biological samples,

monitor an inmate's food intake prior to an invasive procedure, pre-op care, and behavioral observation or for other reasons. Observation status is defined as placement in the Infirmary for less than 24 hours and may be performed by a qualified health care professional other than a physician.

2. Acute Care - an inmate may be placed in an infirmary bed to diagnosis or treat an illness. Services may include postoperative care, first aid, isolation, treatment of minor illness, short term nursing care e.g. administration of IV medications, and special procedures. Acute care status may also include individuals admitted for mental health disorders, including suicide observation, psychiatric care, and/or restraint. Acute care patients are admitted and discharged only by a physician order, or by another clinician where permitted by virtue of his or her credentials and scope of practice.

3. Chronic Medical Housing - inmates may be placed in the infirmary for "medical housing." This is needed for inmates with chronic medical problems inappropriate for housing in a typical general population bed. Examples include inmates who are in need of sheltered living, convalescence, end of life, or long term nursing care.
4. Inmates whose level of care or medical needs include any of the following will not be housed in the Infirmary, and will be transferred to a general acute care hospital:
   - cardiac monitoring
   - chest tube
   - hyperbolic oxygen
   - major surgery
   - intensive care
   - ventilator care
   - central pressure monitoring
   - transplant procedures

   This list is not exhaustive; other medical conditions may require transfer from the Infirmary, as specified by a physician.

C. General Instructions
1. Only a member of the medical staff within the scope of his/her license may diagnose illness or prescribe treatment.
2. Initiation, transfer, and discontinuation of infirmary level care is by provider order.
3. The inmate's condition and provisional diagnosis will be written on the Admissions Sheet and Progress Notes of the Medical Record within 24 hours of the admission by the admitting member of the health care staff.
4. Patients are always within sight or hearing of health care staff and a qualified health care professional will be available to respond to patient needs at all times as needed.
5. Within 24 hours after admission, every inmate will have an evaluation for immediate care planning. Health care staff will be responsible for the content and completeness of the Medical Record. This will include appropriate history and physical, assessment, and treatment of each inmate who is admitted.
6. At least daily, a supervisory RN will ensure that care is being provided as ordered.
7. Should an inmate refuse medical treatment against the advice of the attending provider, a notation of the incident will be made in the Progress Notes and a Refusal of Medical Treatment sheet will be signed, if possible, and placed in the Medical Record. Although an inmate may refuse all treatment the inmate may not refuse the location in which they are housed and may be required to be housed in the Infirmary at the Medical staff's discretion.
8. Inmates returning from hospitalization, urgent care, emergency department or specialty

visits are seen by a qualified health care professional upon return to ensure proper implementation of any orders and to arrange appropriate follow up. (P-E-09)

9. An admission note will be completed, on the Progress Note Sheet, by the admitting provider on the day of admission or the first day the inmate is seen by the provider.
10. Admission orders will contain: admission diagnosis; diet; condition; level of activity; orders for vital signs including frequency; lab and x-ray orders; code status.
11. Admission medications will be added to the patient eMAR on Sapphire by the provider.
12. A Progress Note completed by the provider during infirmary rounds will be required at least every day (excluding weekends) or more often as the inmate's condition requires. Nursing staff will record events that may require particular attention by the physician in the Progress Note in addition to the Assessment Flow sheet on a daily basis, when appropriate.
13. Verbal orders given over the telephone will be signed and confirmed by the licensed nurse to whom the order was given with the name of the provider. All verbal orders will be signed by the prescriber within 48 hours, excluding weekends and holidays.
14. Inmates admitted to the Infirmary for dental and mental health care will be given the same basic medical appraisal as those inmates admitted for other services. Inmates admitted for dental and mental health care are a dual responsibility of the disciplines.
    a. Dentist or Psychiatrist responsibilities:
        - A detailed dental/mental health history justifying admission.
        - Detailed description of the examination and diagnosis.
        - An operative report describing the findings and technique, where appropriate.
        - Progress notes pertinent to the condition.
        - Clinical resume.
    b. Provider Responsibilities:
        - Medical history pertinent to the general health.
        - A physical examination to determine the inmate's condition.
        - Supervision of the inmate's health care while in the Infirmary.
        - Discharge summaries.
15. When an inmate is transferred to an outside health care facility, the transfer summary will include the following: treatment course; dietary requirements; allergies; emergency medical services record; history and physical examination; adequate documentation of the inmate's present status entered by the transfer provider including lab, x-ray, and current medication. A copy of the transfer summary must accompany the inmate.
16. An inmate will be released from the Infirmary only on a written order of the attending provider or his/her designee. At the time of the release, the attending provider will determine that the record is complete, state the final diagnosis, and sign the discharge summary.
17. The discharge summary will provide the provisional diagnosis, the primary and secondary diagnoses, clinical resume. The discharge summary should be concise and will briefly recapitulate the significant findings and events of the inpatient stay, including prescribed medications, aftercare plans, and condition at the time of discharge. In the event of an inmate's death, a summations statement of the circumstances leading to the death will be added to the discharge summary in accordance with MSP HS A-10.0.
18. The Nursing Admission Initial Assessment narrative will commence at the time of admission and will be completed by nursing staff. The Assessment Record will be used for every 24 hour period and will reflect nursing care performed at 12 hour intervals. On

each watch, the nurse responsible for the care of the inmate will complete a systems assessment; document the time of the assessment, and will sign, date, and time the assessment form. Activity, physical care, elimination equipment, and teaching status will also be documented.

19. The Daily Nursing Assessment will contain a head-to-toe assessment which is to be conducted at least each shift. If an abnormality is noted a description of the abnormality, action taken (if necessary) and the inmate's response to the action taken is noted in the narrative nurses notes. The Graphic Record is included in the daily nursing assessment and the documentation of blood glucose checks, diet and percentage eaten, vital signs, intake and output, height, and weight will be included. Weight will be documented for all inmates on admission and as the inmate's conditions warrants but no less than weekly. Where appropriate, the nurse responsible for charting on the inpatient record will be responsible for totaling the inmate's intake and output. The Daily Nursing Assessment and Graphic Record will be used for every inmate admitted to the Infirmary.
20. Nursing assessment of decubitus ulcers will be performed at the first sign of skin breakdown on an inmate and followed by assessments every 12 hours thereafter.
21. Inmates will be afforded a shower at least three times per week unless otherwise indicated by a provider's order.
22. Inmates returning from hospitalization, urgent care, emergency department or specialty visits, who require Infirmary admission, are seen by a qualified health care professional upon return to ensure proper implementation of any orders and to arrange appropriate follow up. (P-E-09)
    - All paperwork and records will be obtained at this time.
    - The inmate's vital signs and assessment will be obtained and documented.
    - The provider will be contacted and given a report on the status of the inmate~~.~~ and will make the determination for placement~~s~~.
    - If the inmate is released to the general population, follow-up instructions for care will be given to the inmate and housing unit staff.
23. When an inmate is discharged from the Infirmary by written, verbal or telephone provider's order, an inmate discharge form will be completed by the provider or RN on duty at the time of the discharge. The form will be completed as follows:
    - Date of discharge
    - Full name and AO number
    - Special Procedures - document any special procedures that the inmate needs to continue after discharge such as: 1) monitoring vital signs, 2) checking wound(s) for bleeding, or 3) reporting chills or fever after surgery. Also, any equipment needed will be noted.
    - Medications - the discharging provider will order any discharge medications, specifying the medication name, dose, frequency, and/or length of administration. If the discharging provider is unable to sign these discharge instructions, as in the case of a telephone order or after hour discharge, the RN will sign under the physician's signature, indicating that the discharge medication was a telephone order. The physician will sign the order within 48 hours.
    - Discharge medications will be ordered using the Sapphire eMar.
    - Activity - as ordered by the provider such as: 1) no lifting, 2) no running, or 3) normal activity.
    - Diet - as ordered by the physician. Nursing staff will instruct the inmate on any dietary restrictions and request a dietitian's consultations as needed.
    - Follow-up - document the timeframes, if applicable, of any follow-up

appointments.

- Special Treatments - document any follow-up treatments such as: 1) dressing changes and 2) wound checks.
- Medical Staff Signatures - provider signature, with date and time will indicate that the instructions are completed. A RN may sign as long as discharge instructions are concurrent with a written discharge or verbal order from the provider.

24. The Discharge Instruction Sheet documentation will include but is not limited to inmate education regarding a specific health problem, medication, or follow-up care appointment.
25. Infirmary admissions, discharges and continued inpatient stays will be monitored for utilization appropriateness and quality of care.
26. Infirmary admissions, discharges, average daily census, and average length of stay will be tabulated on a monthly statistical report submitted to the Clinical Service Division Administration.

D. Responsibilities:

1. The Responsible Health Authority will be a licensed physician. He/she will arrange for all levels of health care and is responsible for the daily administration and clinical management of the MSP Infirmary.
2. The facility, in coordination with the Warden, Associate Warden, security staff and health care staff will be responsible for ensuring that security is maintained in the Infirmary.
3. All staff will be responsible for adherence to these procedures.
4. MSP medical services is licensed by the State of Montana Department of Public Health and Human Services as an infirmary, pursuant to the provisions of Montana Code Annotated; Title 50; Chapter5; part 1 and part 2.

IV. Closing

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. Attachments: None