

**STATE OF ALASKA
DEPARTMENT OF CORRECTIONS**



POLICIES & PROCEDURES

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CHAPTER: 807	NUMBER: 807.04	P&P TYPE: Public
TITLE: Infirmary Scope Of Services		
APPROVED BY: <i>Dean R. Williams</i> Dean R. Williams, Commissioner		DATE: 05/04/18
ATTACHMENTS / FORMS: (A.) Infirmary Admission Form. (B.) Infirmary Discharge Form.		AUTHORITY / REFERENCES: 22 AAC 05.155 AS 33.30.021 AS 13.52 AS 44.28.030 AS 33.05.010 DOC P&P 807.02 AS 33.16.180 DOC P&P 807.14 AS 33.30.011 2014 NCCHC Standards For Health Services In Prisons, [P-G-03]. 2014 NCCHC Standards For Health Services In Jails, [J-G-03].

POLICY:

- I. It is the policy of the Department of Corrections (DOC) to ensure that all prisoners have access to skilled nursing care services for conditions that cannot be managed in general population and do not require hospitalization. This is to be achieved by providing treatment for prisoners within an institution's infirmary.
- II. It is the policy of the Department that the Division of Health and Rehabilitation Services (HARS) shall maintain established standard operating procedures (SOP) for use by infirmary staff.
- III. It is the policy of the Department that oversight of medical care provided in the infirmary shall be provided by the Regional Medical Officer.
- IV. It is the policy of the Department that infirmaries shall be located within an institution with 24-hour nursing coverage. An on-call provider shall also be available to the infirmary nurse by phone for consultation 24 hours per day.
- V. It is the policy of the Department that patients housed in the infirmary shall be monitored at all times by a qualified medical professional or a Correctional Officer (CO) trained in cardio-pulmonary resuscitation (CPR).
- VI. It is the policy of the Department that palliative end-of-life care shall be provided only in those institutions which have an infirmary, unless otherwise determined by the Medical Advisory Committee.

APPLICATION:

This policy and procedure will apply to all Department employees and prisoners.

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DEFINITIONS:

As used in this policy, the following definitions shall apply:

Admission:

Placement in an infirmary by order of an authorized admitting provider.

Admitting Provider:

Providers authorized to admit patients to the infirmary. Admitting Providers include Regional Medical Officers, Regional Health Practitioner IIs, Chief Medical Officer or designee.

Discharge:

An order given by an admitting provider to release a patient out of an infirmary.

Divert:

Transfer of patients from the infirmary to other institutions when, after appropriate triage, there remains a deficit in either space or skilled staff to safely maintain infirmary levels of care.

Infirmary:

A specialized DOC medical unit operated for patients who need skilled nursing care and cannot be managed in open population; these patients do not need hospitalization.

Long-Term Care:

Housing status within the infirmary for extended periods not necessarily requiring 24-hour nursing care.

Medical Advisory Committee (MAC):

- The MAC is comprised of health care personnel to include, at a minimum, the Health Care Administrator, Chief Medical Officer, Chief Nursing Officer, Chief Mental Health Officer, Health Practitioner II(s), Medical Social Worker, and selected collaborating and consulting physicians.
- The MAC shall authorize all non-emergency hospitalizations and surgeries, specialty referrals, complex cases, special studies or treatments, and prisoner health care grievance appeals. (Per DOC P&P 808.03, Prisoner Grievances.)
- The MAC shall review Departmental decisions that deny a prisoner treatment recommended by a consulting physician. (Per DOC P&P 807.02, Access to Health Care Services.)
- The MAC shall review health care policies and procedures, clinical guidelines, medical operating procedures and protocols.

Medical Isolation:

Admission to an infirmary or restricted housing for purposes of controlling the spread of an infectious disease, to protect a vulnerable patient from contact with a communicable disease, observing the response to a treatment, or to prevent the spread of medical contraband in the general population.

Observation:

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Placement of a patient in the infirmary to determine their need for admission or while awaiting further care. Examples include but are not limited to: unstable acute substance withdrawal; diagnostic testing preparation; advanced wound care; or post-operative recovery.

Palliative Care:

Measures taken to diminish pain or discomfort.

Treating Provider:

Provider authorized to treat patients in the infirmary. Treating Providers include Regional Medical Officers, Regional Health Practitioner IIs, Health Practitioner Is associated with the infirmary's institution, the Chief Medical Officer or designee.

PROCEDURES:

I. Admission:

Patients shall be admitted to the infirmary only by an admitting provider, unless specifically stated in IV.B and IV.C below and shall be limited only to those who fall under specific categories of care. See section IV below, for more details.

- A. Only an admitting provider shall issue an admission order.
- B. The admitting provider shall provide specific treatment orders. These orders shall be documented in an electronic *Infirmary Admission Text Order* (use the *Infirmary Admission Form* (Attachment A) during electronic health record (EHR) downtime procedures) and shall include at a minimum: the admission diagnosis; admission criteria; precautions; and associated admission orders.
- C. An admitting provider shall receive a report from the discharging physician before accepting a patient from an outside medical facility or hospital to an infirmary.
- D. In the event that a patient arrives to an infirmary in an unstable medical condition, (s)he shall immediately be transported to the emergency department by emergency medical services (EMS).

II. Transfers:

Infirmaries may receive patients from any institution within the DOC system:

- A. The provider at the sending institution shall obtain admission approval from an admitting provider at the receiving institution prior to transfer.
- B. Transfers from one infirmary to another infirmary shall be overseen by the Regional Medical Officer(s) in coordination with the Medical Social Worker and central transportation.
- C. Nursing staff at the sending institution shall complete an electronic health record *Medical Summary for Prisoner Transfer Form* or the sending section of the *Medical Summary For Prisoner Transfer* (Attachment E) to DOC P&P 807.14, Health Examinations, and contact the infirmary to give a verbal

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report.

- D. Upon receipt of the patient, nursing staff at the infirmary shall complete an electronic health record *Health Inquiry Of Received Prisoner Form* or the receiving section of the *Medical Summary For Prisoner Transfer* (Attachment E) to DOC P&P 807.14, Health Examinations.

III. Discharge:

Patients shall be discharged from the infirmary at the earliest possible time at which they are determined to be stable to return to open population:

- A. Only an admitting provider shall issue discharge orders; and
- B. The admitting provider shall provide orders for a specific discharge plan. These orders shall be documented on the *Infirmary Discharge Form* (Attachment B).

IV. Categories Of Care:

Each prisoner housed within the infirmary shall be assigned to a category of care at the time of admission:

A. General Infirmary Care:

Admission to the infirmary for medical care under the supervision of the Regional Medical Officer:

1. An admitting provider may place a patient in the infirmary for general infirmary care with specific treatment orders.
2. An admission note shall be documented in the patient's medical record by the admitting provider.
3. Infirmary nursing care shall be provided per treatment orders and shall be documented in the patient's medical record.
4. The Regional Medical Officer shall evaluate infirmary patients as frequently as the patient's condition requires and at least weekly. Other treating providers may evaluate patients in the infirmary in the absence of the Regional Medical Officer (i.e. weekends, holidays, etc.).
5. Progress notes shall be documented for each evaluation. A weekly provider assessment shall be documented for those patients whose condition does not require more frequent assessments.

B. Observation:

Placement in the infirmary for specific observation purposes:

1. A treating provider or infirmary nurse may place a patient in the infirmary for observation under treatment orders.
2. Observation nursing care shall be provided per nursing protocols, standing orders or treatment orders and shall be documented in the patient's medical record.

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3. The treating provider, admitting provider or infirmiry nurse shall follow the care of the patient placed for observation until release from the infirmiry or until accepted by the next appropriate nurse or provider.
4. An admission order or observation order from an admitting provider shall be obtained to keep the patient longer than 24 hours.
5. No patient may be kept on observation status longer than 72 hours.

C. Medical Isolation:

Patients with a communicable disease or vulnerable patients at risk of acquiring a communicable disease may be placed in an isolation cell or a negative pressure infirmiry cell appropriate to the specific disease:

1. Communicable diseases shall be reported to the Alaska Department of Health and Social Services (DHSS) per applicable state and federal law.
2. Whereas patients retain a right to refuse prescribed medical care, placement in isolation is not dependent on a patient's consent to treatment.
3. A treating provider or infirmiry nurse may place a patient in an isolation cell or negative pressure infirmiry cell appropriate to the specific disease.
4. Isolation nursing care shall be provided per treatment orders and shall be documented in the patient's medical record.
5. The treating provider, admitting provider or infirmiry nurse shall follow the care of the patient placed in isolation until release from the infirmiry or until accepted by the next appropriate nurse or provider.
6. An admitting provider's order shall be obtained to keep the patient longer than 24 hours.
7. The Regional Medical Officer shall see infirmiry patients as frequently as the patient's condition requires and at least weekly. Other treating providers may evaluate patients in the infirmiry in the absence of the Regional Medical Officer (i.e. weekends, holidays, etc.).

D. Long-Term Care:

Admission to the infirmiry for extended medical care or palliative care:

1. An admitting provider may place a patient in the infirmiry for long term care with specific treatment orders.
2. Nursing care shall be provided per treatment orders and shall be documented in the patient's medical

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record.

3. The authorized provider shall see infirmiry patients as frequently as the patient's condition requires and at least monthly.

- a. Monthly treatment summaries by the Regional Medical Officer may replace weekly provider progress notes once the responsible physician confirms and documents that a patient is being housed in the infirmiry for long-term nursing care.
- b. Other treating providers may evaluate patients in the infirmiry in the absence of the Regional Medical Officer (i.e. weekends, holidays, etc.). These evaluations shall not replace the monthly treatment summary.

V. Hospitalized Patients:

An infirmiry nurse shall maintain current status of hospitalized patients per DOC P&P 807.02, Access To Health Care Services. Patient status shall be documented using the *Prisoner Hospital Admission Form* (Attachment D) to DOC P&P 807.02, Access To Health Care Services.

VI. Divert Status:

The Regional Medical Officer, in collaboration with the Chief Medical Officer and the Chief Nursing Officer, may designate an infirmiry to be on divert status:

- A. Each infirmiry shall establish standard operating procedures (SOP) for maintenance of the infirmiry while on divert status.
- B. Patients requiring a higher level of care than the infirmiry can provide shall be transferred to places where the level of care matches the medical need, such as an alternate correctional institution infirmiry or an outside medical facility.
- C. Staff shall ensure notification of intent to divert is given to the Health Care Administrator, Medical Social Worker, institution administration where the infirmiry is located, institution administration where patients may be diverted and outside hospital staff.

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