MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS F-02.0 INFIRMARY LEVEL CARE**
Effective Date:	11/01/2010 Page 1 of 6
Revision Date(s):	12/31/2019; 06/30/2026
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I. PURPOSE

House any inmates who do not require general acute care level of services but need skilled nursing care to manage serious medical needs that cannot be managed safely in an outpatient setting.

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 (see Glossary)

III. REQUIREMENTS

A. Staffing

1. A Provider-On-Call (POC) is available 24 hours a day, 7 days a week.
   a. When health care assistance or guidance from a POC is required, the on duty Registered Nurse (RN) or Licensed Practical Nurse (LPN) will contact the POC.
2. RN coverage will be a minimum of 12 hours per day, 7 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 (QHCPs) based on the number of patients, the severity of illness, and the level of care required for each.

B. Criteria for Infirmary Placement

1. Infirmary placement includes one of 3 categories:
   a. Medical Observation
      1) This is used:
         a) to determine a diagnosis;
         b) to collect biological samples;
         c) to monitor an inmate's food intake prior to an invasive procedure;
         d) for pre-op care;
         e) for behavioral observation; and/or
         f) for other reasons.
      2) Observation status is defined as placement in the Infirmary for less than 24 hours and may be performed by a QHCP other than a physician.

b. Acute Care
   1) An inmate may be placed in an Infirmary bed to diagnose or treat an illness.
   2) Services may include:
      a) postoperative care;
      b) first aid;
      c) isolation;
      d) treatment of minor illness;
      e) short term nursing care (for example, administration of IV medications); and/or
      f) special procedures.
   3) Acute care status may also include individuals admitted for mental health disorders, including suicide observation, psychiatric care, and/or restraint.
   4) Acute care patients are admitted and discharged only by a physician order or by another clinician if permitted by virtue of the clinician's credentials and scope of practice.

c. Chronic Medical Housing
   1) Inmates may be placed in the Infirmary for "medical housing."
   2) This is needed for inmates with chronic medical problems inappropriate for housing in a typical general population bed.
   3) Examples include inmates who are in need of sheltered living, convalescence, end of life, or long-term nursing care.

2. 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 (this list is not exhaustive; other medical conditions may require transfer from the Infirmary, as specified by a physician):
   a. cardiac monitoring
   b. chest tube
   c. hyperbolic oxygen
   d. major surgery
   e. intensive care
   f. ventilator care
   g. central pressure monitoring
   h. transplant procedures

C. General Instructions

1. Only a member of the medical staff within the scope of 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 in the Infirmary Admission Order and Progress Notes of the Electronic Health Record (EHR) within 24 hours of admission by the admitting member of the health care staff.

4. Patients are always within sight or hearing of health care staff; a QHCP 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.
   a. Health care staff will be responsible for the content and completeness of the EHR.
      1) This will include appropriate history, 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. If an inmate refuses 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 will be created in the EHR.
    a. 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 medical staff discretion.

8. Inmates returning from hospitalization, urgent care, emergency room, or specialty visits are seen by a QHCP upon return to ensure proper implementation of any orders and to arrange appropriate follow up.

9. On the day of admission or the first day the inmate is seen by an admitting provider, the provider will complete an admission note in the EHR.

10. Admission orders will contain the following:
    a. admission diagnosis
    b. diet
    c. condition
    d. level of activity
    e. orders for vital signs including frequency
    f. lab and X-ray orders
    g. code status

11. The provider will add admission medications to the patient Electronic Medication Administration Record (EMAR).

12. A Progress Note completed by the provider in the EHR during Infirmary rounds will be required at least every day (excluding weekends) or more often as the inmate's condition requires.
    a. Nursing staff will record events that may require particular attention by the physician in the Progress Note in the EHR in addition to the Infirmary Nursing Care Assessment on a daily basis, when appropriate.

13. Verbal orders by telephone will be signed and confirmed by the licensed nurse to whom the order was given with the name of the provider.
    a. 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 inmates admitted for other services.
    a. Inmates admitted for dental and mental health care are a dual responsibility of the disciplines.
        1) Dentist or Psychiatrist Responsibilities
            a) detailed dental or mental health history justifying admission
            b) detailed description of the examination and diagnosis
            c) operative report describing the findings and technique, where appropriate
            d) progress notes pertinent to the condition
            e) clinical resume
        2) Provider Responsibilities
            a) medical history pertinent to general health
            b) physical examination to determine the inmate's condition
            c) supervision of the inmate's health care while in the Infirmary
            d) discharge summaries

15. When an inmate is transferred to an outside health care facility, a copy of the transfer summary must accompany the inmate and will include the following:
    a. treatment course
    b. dietary requirements
    c. allergies
    d. emergency medical services record
    e. history and physical examination
    f. adequate documentation of the inmate's present status entered by the transfer provider including lab, x-ray, and current medication

16. An inmate will be released from the Infirmary only by written order of the attending provider.
    a. At the time of the release, the attending provider will ensure that the record is complete, state the final diagnosis, and sign the discharge summary.

17. The discharge summary:
    a. will provide the provisional diagnosis, the primary and secondary diagnoses, and clinical resume; and
    b. 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.

18. Assessments
    a. The *Infirmary Nursing Care Assessment* narrative will commence at the time of admission and will be completed by nursing staff.
    b. On each shift, the nurse responsible for the care of the inmate will complete an *Infirmary Nursing Care Assessment* and document it in the EHR.
        1) Activity, physical care, elimination equipment, and teaching status will also be documented.
    c. The Daily Nursing Assessment will contain a head-to-toe assessment conducted at least each shift.
        1) 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 Quick Note in the EHR.
        2) Under the medical section of the EHR, staff should include the diet and percentage eaten, vital signs, intake and output, height, and weight.
            a) Weight will be documented for all inmates on admission and as the inmate's conditions warrant but no less than weekly.
            b) When appropriate, the nurse responsible for charting the record will be responsible for totaling the inmate's intake and output.
    d. Nursing assessment of decubitus ulcers will be performed on wound care documentation at the first sign of skin breakdown on an inmate and followed by assessments every 12 hours thereafter.

19. Inmates will be afforded a shower at least 3 times per week unless otherwise indicated by a provider's order.

20. Inmates returning from hospitalization, urgent care, emergency department, or specialty visits who require Infirmary admission are seen by a QHCP upon return to ensure proper implementation of any orders and to arrange appropriate follow up.
    a. All paperwork and records will be requested at this time.
    b. The inmate's vital signs and assessment will be obtained and documented.
    c. The provider will be contacted and given a report on the status of the inmate and will make the placement determination.
    d. If the inmate is released to the general population:
        1) follow-up instructions for care will be given to the inmate; and
        2) any changes in equipment or needs will be approved with an *HSR* or order as appropriate and reviewed, and copies will be given to the inmate.

e. When an inmate is discharged from the Infirmary by written, verbal, or telephone provider's order, the provider or RN on duty at the time of the discharge will complete an *Infirmary Level Change or Discharge* form.

21. The *Infirmary Level Change or Discharge* form documentation will include but is not limited to inmate education regarding a specific health problem, medication, or follow-up care appointment.

22. The *Infirmary Level Change or Discharge* form will be completed by a nurse as follows:
    a. Patient name and DOC # automatically populates in EHR system.
    b. Discharge date and time.
    c. Notification to the housing unit on patient returning and notification of any additional needs at discharge while in the unit.
    d. Follow-Up Care: Notification if there will be a post-care visit scheduled and to notify medical staff if needs to be seen sooner.
    e. Diet: As ordered by the physician, nursing staff will instruct the patient on any dietary restrictions, will enter new dietary orders, and as appropriate request a dietary consult.
    f. Activity will be as ordered by the provider, such as no lifting, no running, or normal activity.
    g. Bathing will be as ordered by the provider for restrictions to bathing or return to normal.
    h. Medications
        1) The discharging provider will order any discharge medications.
        2) If the discharging provider is not present at discharge (for example, after hours or weekends), the nurse will:
            a) take orders over the phone;
            b) read back the orders; and
            c) enter the medications into the EHR system, noting in the EMAR the order was a telephone order (the ordering provider will have 48 hours to sign off on the order).
    i. Special Equipment or Supplies:
        1) The discharging provider will order needed equipment or other supplies for continued patient care at discharge to unit.
        2) An *HSR* needs to be entered, printed, and given to patient and a copy provided to unit.
    j. Education
        1) Nursing will provide written and verbal education to patient at time of discharge, including:
            a) any special requirements that need to continue after discharge; and
            b) monitoring for signs or symptoms of infections, including fevers and chills, vital sign monitoring, wound checks, and care.
        2) Understanding or re-education will be documented.

23. Infirmary admissions, discharges, and continued inpatient stays will be monitored for appropriateness and quality of care.

24. On a monthly statistical report submitted to the Health Services Continued Quality Improvement (CQI) program, the following will be tabulated:
    a. infirmary admissions
    b. discharges
    c. average daily census
    d. average length of stay

D. Inmate Death

1. 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-09.0 Procedures in the Event of Inmate Death*.

E. Responsibilities

1. The Medical Director will be a licensed physician who will arrange for all levels of health care and is responsible for the daily administration and clinical management of the Infirmary.
2. 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 this procedure.
4. The MSP Infirmary is licensed by the Montana Department of Public Health and Human Services as an Infirmary under the Montana Code Annotated.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *MSP HS A-09.0 Procedures in the Event of Inmate Death*
B. *NCCHC Standard P-F-02, P-E-09, P-D-08, P-A-08, 2018*