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Standard Operating Procedures</td></tr>
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I. Introduction and Summary:

Augusta State Medical Prison (ASMP) will provide inpatient services to offenders appropriate for admission to nursing units. The ASMP and Utilization Management Medical Directors will utilize this medical bed space in the most clinically appropriate and cost-effective manner possible.

II. Authority:

A. GDC SOP's: 508.31 Mental Health Crisis Stabilization Unit, 507.04.10 Consultations and Procedures, 507.04.11 Referrals for Outside Health Care Services, 507.04.16 Utilization Management, 507.04.42 Infirmary Care, Observation, Accommodative Living Unit, 507.04.53 Transporting Offenders with Infectious Diseases, and 507.04.54 Management of Offenders with Suspected or Active Tuberculosis;

B. NCCHC Adult Standard: P-D-05; and

C. ACA 5th Edition Standards: 5-ACI-6A-06.

III. Definitions:

A. **Inpatient Swing Beds** - A medical bed that may serve a different purpose than the dedicated mission of the unit. For example, a patient with chronic medical needs may be placed in an acute medical bed pending availability of the chronic bed.

B. **Physician Plan of Care** - A progress note that specifies the diagnostic and therapeutic measures to be taken to evaluate and treat the patient. It should include a brief description of patient education and willingness to participate in the plan of care. An inpatient history and physical in and of itself does not constitute a Physician Plan of Care. "See orders" does not constitute a Physician Plan of Care.

C. **Nursing Care Plan** - The Nursing Care Plan encompasses a series of interventions that address the medical and nursing needs of the patient. The plan identifies patient goals, interventions, and how attainment of the goals will be measured.

D. **Kardex** - A document kept for all inpatients by means of Form PI2076.999. Nursing staff pencil in entries to denote the ongoing, current set of medical orders for a given patient. Changed or discontinued orders are erased so as to give room for new, current orders. A Kardex does not constitute a Nursing Care Plan and is discarded after patient discharge.

IV. <u>Statement of Policy and Applicable Procedures</u>:

A. Access to and Utilization of ASMP Medical Bed Space:

1. The utilization of ASMP medical bed space is under the direct responsibility and control of the ASMP Medical Director or designee. Utilization Management (UM) procedures will be implemented in accordance with SOP 507.04.16 (Utilization Management).

2. All external admissions to ASMP will be coordinated through the ASMP Medical Director or designee. The site Medical Director will contact the ASMP Medical Director or designee to discuss the case and determine if the patient is an appropriate candidate for admission to an ASMP medical bed.

3. The ASMP Medical Director, GDC UM, or designee will initiate the communication of a movement order to affect the transfer.

4. If the ASMP Medical Director does not believe the patient is medically appropriate for an ASMP admission, (s)he will refer the site Medical Director to the UM Medical Director or designee for a disposition.

5. The UM Medical Director or UM Nurse Analyst may also contact the ASMP Medical Director to facilitate transfer of a patient from a community hospital. The ASMP Medical Director should communicate directly with the Attending Physician to discuss the case and confirm that the patient is appropriate for admission to ASMP.

6. If the ASMP Medical Director does not believe the patient is medically appropriate for an ASMP admission, (s)he will discuss the case with the UM Medical Director. If no agreement can be reached the matter will be directed to the Contract Vendor Statewide Medical Director, and if unresolved the GDC Statewide Medical Director for final disposition.

7. All internal ASMP admissions will be coordinated through the ASMP Medical Director following the same notification and admission procedures as for external admissions.

8. The ASMP Medical Director or designee will prioritize admissions to ASMP nursing units according to acuity, medical need, and bed space availability.

B. Criteria for Admission to ASMP Medical Bed Space:

Nursing units/beds will be designated according to types of admissions (medical, surgical, chronic, respiratory/medical isolation, CSU, or housing) with the understanding that each unit may contain swing beds. General criteria for each type of admission are described in this section.

1. Acute medical admissions are applicable to patients not requiring hospitalization, but exceeding criteria for admission to a regional infirmary (See SOP 507.04.42 Infirmary Care). Examples of patients appropriate for an acute medical inpatient admission include the following:

   a. Evaluation and treatment of malignancies (that may or may not require radiation or chemotherapy).

   b. Poorly controlled metabolic conditions such as hyperthyroidism, diabetes, unstable angina, congestive heart failure, and seizure disorders.

c. Acute infectious or inflammatory conditions such as pneumonia, viral hepatitis, mild pancreatitis, which require continuous or intermittent intravenous therapy, medical and nursing monitoring.

d. Extensive wound care, dressing changes, or other involved nursing interventions.

2. Surgical admissions are appropriate for patients requiring preoperative preparation and post-operative medical and nursing services. This would include patients being admitted for the following:

   a. NPO status for surgery;

   b. Diagnostic procedure preparation (e.g., colonoscopy); and

   c. Pre- and postoperative medical and nursing care.

3. Chronic admissions are appropriate for patients meeting the criteria for nursing home or hospice care. Examples of appropriate chronic admissions include:

   a. Stroke patients requiring medical treatment and physical rehabilitation to become more independent in activities of daily living;

   b. Quadriplegic or other patients with neurologic conditions requiring total assistance with activities of daily living (e.g., tube feedings, bowel, and bladder care etc.).

   c. Alzheimer’s, organic brain syndrome (OBS) or MH/MR patients with chronic medical problems who require a protected living environment.

   d. Terminally ill (AIDS, End stage liver disease, cancer) patients who may require assistance with activities of daily living (ADL’s) and pain management.

4. Respiratory/medical isolation admissions are appropriate for patients with the following:

   a. Suspected or confirmed tuberculosis;

   b. Disseminated herpes zoster; and

   c. Acute viral hepatitis.

   (**Note:** Admission for medical isolation for suspected, active tuberculosis will take priority over other admission criteria in accordance with 507.04.54, Management of Offenders with Suspected or Active TB.).

5. Crisis Stabilization Unit (CSU) admissions are for offenders who are at risk of self-injury or who are mentally decompensating. These patients will be admitted and monitored in accordance with SOP 508.31 (Mental Health Crisis Stabilization Unit). If mental health patients have medical problems that require admission to an acute medical or chronic unit, the charge nurse on the unit will notify mental health staff for the purposes of providing continuity of care.

6. Medical housing on non-staffed nursing units may be appropriate for the following:

   a. Test preparation (e.g., NPO status, colonoscopy, or 24-hour urine collection etc.);

   b. Initial admission to ASMP for medical diagnostics (these offenders should be discharged from the unit as soon as it is determined that the offender has no acute or communicable disease);

c. Lack of a medically appropriate bed in general population (e.g., mobility impaired, oxygen dependent, etc.) or inability to function in general population due to medical reason;

d. Presence of body appliances unsuitable for the ASMP compound, such as insulin pumps, capped catheters, and the like;

e. Renal dialysis patients in need of strict dietary control to prevent life threatening fluid overload; and

f. Maximum-security offenders with medical and nursing needs that do not require 24-hour nursing care but cannot be housed in general population. Unit 6A should be utilized whenever possible for these offenders.

C. General Requirements for ASMP Inpatient Services:

1. The Medical Director will assign an Attending Physician to each patient admitted to an inpatient unit. If a physician assistant or nurse practitioner is assigned to the patient, their supervising physician is the attending physician for that patient. The Attending Physician is ultimately responsible for the medical care the patient receives.

2. The Attending Physician's name will be displayed on the health record and on a master board in the unit. If the primary care provider is a nurse practitioner or physician assistant, their supervising physician will also be displayed on the board. Responsibilities of the Attending Physician or designee include the following:

   a. Timely completion of admission requirements for each patient. This includes the history and physical within 24 hours of admission;

b. Assignment of the type of admission (acute medical, surgical, chronic, medical isolation, diagnostic or housing). If the reasons for admission are multiple, the clinician will choose the most clinically appropriate;

c. Development of the treatment plan during the inpatient stay. The plan should include medically indicated laboratory/diagnostic tests, consultations, and therapeutic measures;

d. The Attending Physician will note the Approved Length of Stay (ALOS) assigned for the patient by UM and make every effort to complete the plan of care within the assigned time frame;

e. Conduct clinical rounds on all inpatients (according to section [D.4]) and document pertinent clinical findings in the progress notes;

f. Review and renewal of physician orders weekly for acute medical, surgical, and medical isolation admissions, and monthly for chronic and housing admissions; and

g. Prepare discharge summaries and coordination of aftercare plans in collaboration with the ASMP Discharge Planner.

3. A nurse practitioner, physician assistant or physician will be available on-site 24 hours per day, seven days per week. After business hours, weekends and Holidays, this clinician serves as the on-call provider for admissions to ASMP or local hospitals in accordance with SOP 507.04.16 (Utilization Management). In the event of a critical shortage of licensed physician assistants or nurse practitioners, coverage will be provided by locum tenens practitioners (PA, NP, MD) or by ASMP physicians who will not be required to be on-site at all times, but available to return to the facility within 60 minutes to evaluate patients on an urgent basis.

4. The ASMP Medical Director will develop a monthly physician on-call schedule by the 15th day of the prior month. The schedule will be distributed to the Hospital Administrator and Warden and be posted on each inpatient unit. The call schedule will include a primary and secondary physician. Provider telephone numbers will be posted on the schedule. Physicians who are on-call should be available to come into the facility if necessary.

5. A Registered Nurse will be responsible for nursing services in each inpatient unit 24 hours a day. A Nursing Supervisor may provide supervision for more than one patient unit. Inpatients (versus those in housing status) will be within sight or sound of a licensed health care provider 24 hours a day.

6. In-house laboratory services will be available at ASMP from 6 a.m. to 6 p.m. Monday through Friday. Stat (results available within 4 hours) laboratory services will be available after business hours, weekends, and Holidays through the services of a local hospital. On-call staff will be available for stat labs outside of normal business hours.

7. In-house radiology services will be available at ASMP from 6 a.m. to 6 p.m. Monday through Friday. Urgent radiology services will be available after business hours, weekends, and Holidays through the services of a local hospital. On-call staff will be available for stat labs outside of normal business hours.

D. Admission to an Acute Medical, Surgical, or Chronic Inpatient Unit/Bed:

1. All admissions to an ASMP Inpatient Unit will be made upon the order of physician, nurse practitioner or physician assistant.

2. Upon the patient's arrival to the unit, the charge nurse will contact the primary or on-call provider to brief the clinician and obtain physician orders.

3. Within 24 hours of admission, the primary or on-call provider will formally admit the patient to the unit. An inpatient record will be established for each admission and at a minimum, contain the following:

   a. Reason for admission;

   b. History of the present illness;

   c. Past medical history including allergies;

   d. Complete review of systems;

   e. Vital signs and weight;

   f. Physical examination;

   g. Assessment/diagnosis; and

   h. Treatment Plan that includes diagnostic and therapeutic measures and patient education. If a specialty consultation is appropriate, it should be requested and entered into SCRIBE as soon as possible.

4. At the time of admission, the clinician should thoroughly review the outpatient record noting all prior and current medical problems, medications, pending tests and consultations, so as to ensure continuity of care and a comprehensive treatment plan.

5. Clinical rounds will be conducted and documented in the record using SOAPE format by a physician, physician assistant or nurse practitioner according to the following schedule:

   a. Daily for acute medical and surgical admissions (a minimum of every 72 hours by a physician).;

b. Three times weekly for chronic admissions (a minimum of once weekly by a physician); and

c. Weekly for housing admissions (a minimum of monthly by a physician).

6. The admitting nurse will conduct a nursing assessment for each patient and develop a Nursing Care Plan (P32-0001.4) appropriate to the admitting diagnosis and the condition of the patient.

7. A Kardex, (PI2076.999), may be kept at the Nurses Station for convenience but does not substitute for a Nursing Care Plan as above.

8. Nursing rounds will be made according to the following schedule:

   a. A minimum of once per shift or more frequently as clinically indicated for acute medical admissions, surgical admissions, chronic and respiratory/medical isolation admissions;

   b. A minimum of once weekly for housing admissions; and

   c. CSU rounds will be made in accordance with SOP 508.31.

9. A Graphic Chart (P32-0001.03) will be used to record vital signs, weights, and intake and output, as ordered by the primary care provider.

E. Housing at ASMP Nursing Units without Nursing Coverage:

1. Within 24 hours of admission to a unit for housing purposes, a clinician will assess the patient and document the reason for housing, pertinent clinical findings and plan of care in the patient's outpatient health record.

2. A clinician will conduct clinical rounds a minimum of weekly or as clinically indicated for patients who are admitted for housing purposes. The Attending Physician will make rounds a minimum of once monthly.

F. ASMP Inpatient Tracking System:

1. The ASMP Hospital Administrator will ensure that an ASMP inpatient tracking system is put into place and monitored daily.

G. Discharge from an ASMP Inpatient Unit:

1. Discharge planning will begin as soon as possible after the patient's arrival using the approved length of stay (ALOS) as the target for discharge.

2. The ASMP discharge planner will initiate discharge planning for each patient admission on the day of arrival to ASMP. Discharge planning will include documentation of the patient's clinical status and discharge arrangements in the inpatient Progress Notes.

3. As the date of patient discharge approaches, if the patient will require a medical bed following discharge from the unit, the discharge planner will work with the clinician or designee to determine the most appropriate bed assignment. The ASMP Discharge Planner will document the plan in the Progress Notes.

4. Prior to discharge from an inpatient unit, it will be the attending physician's responsibility to ensure that the patient has been re-profiled, if clinically indicated. Re-profiling is needed when the current profile does not accurately reflect the offender's condition.

5. Offenders discharged from an inpatient unit will have a Discharge Summary on their health record at the time of discharge. The Discharge Summary will include:

a. Offender name, ID number and demographic information;

b. Date;

c. Admission and discharge dates;

d. Admitting diagnosis;

e. History of present illness;

f. Initial physical examination;

g. Pertinent initial laboratory and diagnostic test results;

h. Hospital course, including surgeries, consultations, surgeries, and treatments;

i. Discharge diagnoses and medications;

j. Disposition and plans for future care, if applicable; and

k. Physician signature.

6. After discharge from an inpatient unit, the complete inpatient record will include all documentation of care delivered to the patient (MAR's, laboratory tests, procedures, etc.) and a discharge summary. The completed inpatient record will be filed in the health record under the Infirmary Admission divider.

H. Outpatient Medical Bed Space:

1. The Assistant Medical Director or designee, under the supervision of the ASMP Medical Director and Hospital Administrator will ensure that a tracking system is in place to monitor the medical status of offenders at ASMP who are

receiving medical care. The tracking system should monitor the following offender/patients:

a. All transient offenders except those who arrive for same day consultations and then return to their permanent facility.

b. Permanent party offenders who are in the chronic illness program.

c. Permanent party offenders who have a medical consultation pending or completed and require follow-up care.

d. Permanent party offenders requiring periodic physicals or TB skin testing.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.