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<b>Section-14 Health Services</b>	<b>OP-140119</b>	<b>Page: 1</b>	<b>Effective Date: 07/14/2016</b>
<b>Convalescent and Infirmary Care</b>	<b>ACA Standards: 2-CO-4E-01, 4-4350, 4-4352, 4-4417, 4-4418, 4-4419, 4-ACRS-4C-09</b>		
<b>Joe M. Allbaugh, Director</b> <b>Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Convalescent and Infirmary Care of Inmates

### I. Purpose

Convalescent and infirmary medical care will be available to inmates under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (ODOC). (2-CO-4E-01, 4-4352, 4-ACRS-4C-09) The need for such care will be determined by the medical authority at the facility and approved by the medical services administrator / designee. The responsibility of an infirmary will be assigned to one designated physician. Inmates will be admitted to the infirmary only under medical provider orders. All staff providing care will maintain current licenses in accordance with [OP-140134](#) entitled "Credentialing Process." (4-4352, b #6) The Department of Corrections (ODOC) maintains infirmaries at designated facilities.

#### A. Designated Facilities

##### 1. Oklahoma State Penitentiary

Male inmate unit for maximum, medium and minimum security inmates.

##### 2. R. B. Dick Conner Correctional Center

Male inmate unit for medium, minimum and community security inmates.

3. Mabel Bassett Correctional Center  
Female inmate unit for all security levels.
4. Lexington Assessment and Reception Center  
Male inmate unit for all security levels.

B. Infirmary (4-4352)

1. An infirmary is a specific, yet separate, area that provides medical care for a period of 24 hours or more. The infirmary will be operated for the purpose of providing skilled nursing care, custodial nursing care and special housing of inmates and those who do not require hospitalization as determined by the medical authority. (4-4352, b #1)
2. Procedures for infirmaries will include, but not be limited to, the following:
  - a. Completion of admission and discharge summaries;
  - b. Availability of a manual of nursing care procedures; (4-4352, b #5) and
  - c. Review of infirmary rules, standards for conduct and information for accessing inmate services will be conducted with the inmate upon her/his admission.

C. Minimum Standards for Infirmery Care (4-4417, 4-4418, 4-4419)

1. A provider will be on-call 24 hours per day; (4-4352, b #2)
2. Health care personnel with access to a medical provider or a registered nurse are on duty 24 hours per day when inmates are present; (4-4352, b #3)
3. Inmates will be within sight or sound of a staff person; (4-4352, b #4)
4. Frequency of charting for custodial and handicapped inmates will be designated by the medical authority, but will not be less than monthly;
5. Inspections to ensure adequate health and safety will be in accordance with [OP-130107](#) entitled "Standards for Inspections" to ensure facilities meet the following:
  - a. Operable washbasins with hot and cold running water available 24 hours a day; (4-4418)
  - b. Sufficient bathing facilities to allow inmates to bathe daily to

include those with physical impairments or who need assistance; (4-4417) and

- c. Toilet facilities accessible 24 hours a day. Inmates are able to use toilet facilities without staff assistance when they are confined in the infirmary area. (4-4419)
6. Personal hygiene and appearance will be in accordance with [OP-030501](#) entitled "Personal Hygiene and Appearance Code."

D. Transfer to Infirmary

When an inmate requires short-term care for observation of a medical problem or recovery from an illness/injury, the medical authority will adhere to the following guidelines:

1. An "Infirmary Log" ([DOC 140119A](#), attached) will be utilized to document all inmates who are admitted into the infirmary for admission, observation or convalescent care.
2. An "Infirmary Checklist" ([Attachment A](#), attached) will be available for all QHCP as a resource to assist with quality of care.
  - a. The intra-facility transfer of an inmate to a facility that provides infirmary care will be approved and coordinated through the chief medical officer/designee in conjunction with the Correctional Health Services Administrator (CHSA)/designee and the inmate's healthcare provider. Inmate patients who require complex management will necessitate a medical provider and/or nurse communication prior to transfer to or from an infirmary facility. Examples of such patients would include, but not be limited to: chemotherapy, complex insulin regimens, IV therapies, treatment with uncommon or complex medications, complex wound management, and inmate patients recently discharged from the hospital.
  - b. Upon infirmary discharge, the inmate will be returned to the sending facility unless arrangements have been made through the chief medical officer/designee to be transferred to another facility.
  - c. The sending facility CHSA/designee will provide a verbal inmate status report to the nursing staff at the receiving facility and ensure that all necessary paperwork, documents and supplies are transferred with the inmate.
  - d. The chief medical officer/designee will advise the Population Office and the sending facility of the approval to transfer the

inmate. Should the Population Office be closed, they will be notified the following business day by the sending facility or designee.

- e. The medical record will be transferred in accordance with [OP-140106](#) entitled "Healthcare Record System."

#### E. Convalescent Care

Convalescent care provides custodial care like bathing, dressing and eating, as well as skilled nursing care for inmates who are chronically ill, terminally ill or disabled. When an inmate requires convalescent care, the medical authority will adhere to the following guidelines:

1. An order for convalescent care status will be completed within one working day.
2. An "Infirmity/Convalescent H & P Admission Assessment" note ([DOC 140119D](#), attached) and treatment plan will be completed within one working day. (4-4350)
  - a. An order to discharge upon release from convalescent status.
  - b. Documentation of a daily convalescent care status note by a QHCP.
  - c. All documentation will be maintained in the Electronic Health Record (EHR).

#### F. Observation Status

1. Observation status may be used in cases that do not require 24-hour nursing care. Observation status may include but not be limited to; inmate recovering from a surgical procedure, being treated for noncritical illnesses, receiving intravenous infusions, or to ensure that an inmate is prepared properly for a medical/dental procedure.
  - a. Observation services will be provided within the system for inmates determined not to require admission to the infirmary or hospital for up to 72 hours.
  - b. Observation status may exceed seventy-two (72) hours under extenuating circumstances for which medical and safety issues prohibit release of the inmate. Should an inmate require more than 72 hours of observation status the facility medical provider will complete the "Infirmity-Observation Status Daily Note" (located in the EHR) and assign to the CMO for approval to extend the observational status, be admitted to the infirmary or transfer to a hospital.

### G. Observation Status Requirements

1. When an inmate requires observation status, the medical provider will adhere to the following guidelines:
  - a. An order for observation status will be completed within one working day.
  - b. Minimum documentation for observation status will include an "Infirmiry-Observation Status Daily Note" by a QHCP and daily vital signs.
  - c. An order to discharge upon release from observation status.
  - d. All documentation will be maintained in the EHR.

### H. Special Visits While Assigned for Infirmiry Care

Exceptions to the facility inmate visitation procedure may be granted at the discretion of the facility head and the facility medical authority.

## II. Documentation Requirements

### A. Medical Provider

1. Infirmiry admission orders will be written within one working day to include:
  - a. Diagnosis;
  - b. List of Medication(s) (located under "Medications" in the EHR);
  - c. Diet;
  - d. Activity restrictions; and
  - e. Vital sign frequency.
2. An "Infirmiry/Convalescent H & P Admission Assessment" note ([DOC140119D](#)) and treatment plan will be completed by the medical provider within one working day of admission to the infirmiry.
3. A "Provider Assessment Note" (located in the EHR) will address the inmate's current health status as indicated by the medical provider.

4. Frequency of charting for custodial and handicapped inmates will be designated by the facility medical authority, but will not be less than monthly.
5. An order to discharge will be written when the medical provider determines that infirmary care is no longer required.
6. An "Infirmary Discharge Summary" ([DOC 140119C](#), attached) will be completed by the medical provider within three working days of the inmate's discharge. The discharge summary will include:
  - a. Admission diagnosis;
  - b. Discharge diagnosis;
  - c. Brief history including chief complaint and any essential physical findings discovered;
  - d. All diagnostic tests;
  - e. List of medications prescribed (located under "Medications" in EHR);
  - f. Brief summary of care provided, the inmate's response to treatment, medical complications encountered, and any outside health care referrals that may have interrupted the infirmary period; and
  - g. Follow-up care.

**B. Nursing**

1. A "RN Admission Assessment and Healthcare Plan" (located in the EHR) will be completed within one working day. RN's and LPN's will ensure continuity of care by implementing the care plan as written. The RN will update the care plan on an as needed basis.
2. "RN Daily Shift Assessments" (located in the EHR) will be conducted and completed on each infirmary patient by an RN every 24 hours.
3. An RN/LPN shift note will be completed on the remaining shifts by the nurse on duty.
4. Vital signs will be obtained and documented as ordered by the medical provider.

**C. Outside Hospitalization**

1. If an inmate is transferred to an outside hospital, the "Transfer to

Hospital” form (located in the EHR) form must be completed within one working day.

2. When an inmate returns to the facility from an outside hospital, the “Post Hospitalization Assessment” form (MSRM 140117.01.54) must be completed within one working day.

### III. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health and Dental Care"

OP-030106 entitled “Recreation Activity Programs”

OP-030501 entitled “Personal Hygiene and Appearance Code”

OP-130107 entitled “Standards for Inspections”

OP-140106 entitled “Healthcare Record System”

OP-140134 entitled “Credentialing Process”

### IV. Action

The chief medical officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140119 entitled "Chronic, Convalescent, and Infirmary Care of Inmates" dated April 15, 2016

Distribution: Policy and Operations Manual  
Agency Website

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
<a href="#">Attachment A</a>	"Infirmery Checklist"	Attached

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140119A</a>	"Infirmery Log"	Attached
<a href="#">DOC 140119B</a>	"Infirmery Health Care Plan"	Attached
<a href="#">DOC 140119C</a>	"Infirmery Discharge Summary"	Attached
<a href="#">DOC 140119D</a>	"Infirmery/Convalescent H & P Admission Assessment"	Attached

MSRM 140117.01.54	"Post Hospitalization Assessment"	MSRM
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<u>EHR Forms</u>	<u>Title</u>	<u>Location</u>
	"Provider Assessment Note"	EHR
	"RN Admission Assessment and Healthcare Plan"	EHR
	"RN/LPN Shift Note"	EHR
	"RN Shift Assessment"	EHR
	"Transfer to Hospital"	EHR
	"Infirmery-Observation Status Daily Note"	EHR