

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Assessment of Patient

POLICY # A - 9

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SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: October 2008
SUPERCEDES DATE: October 2007

PURPOSE

To provide guidelines on:

1. rating inmates using patient acuity,
2. how to properly handle inmates who are housed in facilities with conflicting acuity levels,
3. how to properly transfer level 3A inmates into a chronic disease facility, which assures continuity of care, and
4. how to handle special situations in acuity level 1 facilities.

POLICY

Every inmate will be placed in a prison facility, which is capable of meeting his or her medical and mental health needs. Every facility will be assigned an acuity level to assist in the proper placement of the inmate. Every inmate will have a current and accurate acuity rating, which has been determined by a registered or licensed practical nurse.

Determining acuity levels is a nursing assessment. Intentional falsification of an acuity assessment is grounds for disciplinary action and/or reportable to the Board of Nursing. Attempts to encourage nurses to falsify acuity ratings are also grounds for disciplinary action.

Definition

The levels of patient acuity equate to the number of hours needed for nursing staff to care for the inmate's physical and mental health needs, therefore acuity assessment is a nursing function. This differs from PULHEAT in that PULHEAT rates the inmate's functional abilities and is determined by the provider. While there is typically a need for some degree of nursing care for inmates with high PULHEAT ratings, some inmates with limited functional ability may require minimal nursing care.

Documentation of inmates' special needs in order to facilitate proper placement of the inmate will be entered into OPUS, MS02 screen under COMMENTS, F11 for confidential medical access and F17 for non-confidential custody access, which information automatically transfers to the HS51 screen.

PROCEDURE

I. RATING

- A. Only a registered (RN) or licensed practical nurse (LPN) may rate an inmate using the criteria set forth in this policy.
 1. Should the LPN not be able to determine the rating by the criteria a registered nurse (RN) will be consulted.
 2. LPN acuity assessments will be reviewed and countersigned by a RN as required by the Board of Nursing.
 3. Inmates are to be rated at the time of processing at the diagnostic center, and when the inmate's condition changes, which includes but is not limited to being prescribed DOT medications, assistive devices such as wheelchair or increase in nursing care as specified in the rating criteria.

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The rating will be documented as follows:

- a. on the Patient Acuity Assessment form, DC-950 (see attachment 1) and/or on the Report of Medical History, DC-385, and
 - b. entered into OPUS on the MS02 screen under COMMENTS,
 1. F11 for confidential medical access and
 2. F17 for non-confidential custody access, which information automatically transfers to the HS51 screen.
 - c. At the Diagnostic Centers the DC-950 will not be completed for inmates entering into the system who are identified with an acuity rating of Level 1. The DC-950 must be completed in all other cases when an inmate is a Level 2 or higher or whenever his acuity level changes from a higher acuity to a Level 1.
4. At the diagnostic centers, inmates with chronic diseases are to be identified and entered onto the MS02 screen. Chronic disease work ups do not have to be done at the diagnostic center unless the inmate is housed there.
 5. When orders are written for chronic disease treatment, the inmate is to be entered onto the MS02 screen in order to add inmate to chronic disease clinic list.
 6. Any additions to the Problem List are to be entered onto the MS08 screen.
- B. The acuity criteria set forth in this policy are guidelines which do not negate the need for sound, rational nursing judgment to determine the inmate's overall rating.
1. Each criteria that best describes the inmate is to be indicated on the checklist; therefore, the inmate may have criteria checked under each level of acuity.
 2. If the inmate meets criteria for more than one level, the nurse will determine the amount of nursing time needed by the highest level. If there is significant nursing time involved, the highest level should be chosen as the inmate's overall rating. Example: if only one item under level 3 is checked and other criteria that describes the inmate falls under level 1 or 2, but the level 3 item does not require any significant nursing time, then level 2 should be the overall rating. If only one item under level 2 is checked and all other criteria describing the inmate is checked under level 1, but the level 2 items requires a significant amount of nursing time, then the rating should be level 2.
- C. Each time the rating is done,
1. it will be documented on the Patient Acuity Assessment form, DC-950, and filed in the medical record. (Except in the Diagnostic Centers for inmates entering into the system that are rated an acuity Level 1.)
 2. the level is to be entered into OPUS on screen MSO2 immediately.
 4. additional information not covered in the criteria for determining the rating will be documented:
 - a. on the Patient Acuity Assessment form, DC-950, and
 - b. entered into OPUS on the MS02 screen under COMMENTS,
 1. F11 for confidential medical access and
 2. F17 for non-confidential custody access, which information automatically transfers to the HS51 screen.
 3. Any additions to the Problem List are to be entered onto the MS08 screen.
- D. Acuity ratings are to be reviewed each time the inmate accesses medical and at the time of admission to and transfer out of the facility. If the rating is not accurate, the inmate will be re-rated. If the new

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rating is in conflict with the facility the inmate is backlogged to or the admitting facility, the Transfer Coordinator is to be notified immediately. The inmate should not be transferred to a facility with a conflicting acuity rating except under special circumstances as identified in this policy.

REFERRALS AND PLACEMENTS

A. Acuity Levels

Facilities designated as Level 1, may only have Level 1 inmates. Exceptions:

- a. Raleigh Correctional Center for Women and Tillery will house promoted lifers therefore will accommodate Level 2 inmates.
 - b. As specified in this policy such as court hearings, releases and short-term medical conditions.
 - c. Any exceptions must be requested for approval by the Deputy Medical Director, the facility superintendent/designee and nurse manager.
1. Facilities designated as Level 2 will be facilities that administer medications. All Level 2 facilities will receive Level 1 inmates in addition to Level 2 inmates. Level 2A facilities will not have psychiatric coverage therefore they will house no inmates on mental health medications. Level 2B or 2AB facilities will have psychiatric coverage therefore inmates with mental health medications will be received by these facilities. Youthful and minimum custody inmates rated level 2 may reside in level 1 minimum facilities. Accommodations will be made to meet their healthcare needs such as enveloping medications.
 2. Facilities designated as Level 3 will have a chronic disease unit, a long term care unit and/or a residential mental health unit. These facilities will also receive Level 1, 2A, 2B and 2AB inmates.
 - a. Inmates, who rate a level 3B and are not residing in a residential or in-patient mental health unit, need to be referred to the psychologist if that referral has not been done.
 - b. Inmates, who rate a level 3A due to unstable chronic disease or long term care or 3B due to mental illness, should be placed in a facility with a designated chronic disease unit or long term care (3A) or a residential mental health unit (3B).

Exceptions to this are:

 1. HCON inmates. Level 3A, 3B and 3AB HCON inmates will have needs met at their HCON unit.
 2. Youth. Youthful offenders who rate a level 3A, 3B and 3AB will have needs met at their youth prisons.
 3. Facilities designated as Level 4 will receive Level 1, 2A, 2B, 2AB inmates. Level 4 facilities, which have a chronic disease unit or beds will also accept Level 3A inmates, and Level 4 facilities, which have a Residential Mental Health unit will also accept Level 3B and 3AB inmates.
 4. Inmates, who have received treatment in an acute care, skilled nursing or infirmary unit in a prison (4A, 4B, 4AB), will have their acuity rating changed at the time the physician discharges the inmate from level 4 unit. The inmate will not be able to be transferred until the acuity rating is changed by the nurse and entered in OPUS on the MS02 screen. Inmates whose discharge acuity rating is the same as the acuity rating of the facility they were admitted from, may return to that unit; however, if the inmate's discharge rating is in conflict with the rating of the facility they were admitted from, the inmate will not return to that unit. Instead they will be transferred to a facility that is designated to accommodate that acuity rating.

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B. Inmates Pending Discharge From Community Hospitals

1. Inmates pending discharge from community hospitals, will have their discharge acuity rating determined as follows:
 - a. Utilization Review (UR) nurses in the Health Services Central Office will discuss the inmate's condition with the hospital case manager. Acuity rating will then be determined. The Transfer Coordinator will arrange appropriate placement.
 - b. During evenings, nights, weekends and holidays when UR nurse is not available, if an RN or LPN is available at the facility, the RN or LPN will discuss the inmate's condition with the hospital case worker or discharging hospital nurse to determine the inmate's current acuity rating.
 - c. When appropriate medical services are not available at the facility, if a community hospital notifies the facility's Officer in Charge (OIC) of an inmate to be discharged the OIC will refer them to the telephone triage nurse. The triage nurse will discuss the inmate's condition with the caseworker or discharging hospital nurse to determine the inmate's current acuity rating.
2. If the inmate's acuity level is the same as the facility he was housed prior to the hospital admission, the inmate may return to the prison facility.
3. If the acuity level has changed, the new acuity rating will be entered on the MS02 screen.
 - a. The facility or triage nurse will inform the OIC of the inmate's acuity level, and the need for the inmate to be discharged to another prison facility.
 - b. Inmates should not be transferred out of community hospitals until an accurate, current acuity rating is completed and entered on the MS02 screen including additional information under Comments, F11 for confidential medical access and F17 for non-confidential custody access and any additions to the Problem List are to be entered onto the MS08 screen.
 - c. The facility or triage nurse will assist the OIC in identifying the appropriate facility by using the Medical Missions and Accesses spreadsheet.
 - d. The OIC will arrange transportation from the discharging hospital to an appropriate facility based on new acuity rating.

C. Inmates Who Are Transferred To An Inappropriate Level Facility For The Purpose Of Court Hearings, Release To The Community, Short-Term Segregation, Floating Work Crews Or For Emergency Placement Due To Jail Backlog

1. The superintendent will insure the nurse at the receiving unit is informed of the impending admission.
2. The sending and receiving nurses will communicate to discuss the inmate's special needs.
3. If the receiving facility is a level 1 facility, the nurse will prepare and envelop any direct observation medication, and will give to the custody officers to distribute.

D. Temporary Medical Conditions

If an inmate has a temporary medical condition, which would change their acuity level, the acuity level is to be changed. However, if the facility is able to handle the medical condition, a medical hold is to be placed in order to prevent the inmate from being transferred. The medical hold must have an ending date.

E. Admission Procedures for Level 3A, Unstable Chronic Disease Inmates or Long Term Care Inmates

1. The facility nurse who rates an inmate as a level 3A:
 - a. Enters the rating and comments regarding any special needs into OPUS.
 - b. Enters comments on the MS02 screen (F11 for confidential medical access and F17 for non-confidential custody access) The non-confidential information automatically transfers

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- to the HS51 screen. Examples: wheelchair bound, need for handicap toilets/showers, needs long term care, etc.
- c. Enters any additions to the Problem List onto the MS08 screens.
 - d. Reviews the PULHEAT ratings for accuracy. The Transportation in PULHEAT for level 3A inmates should be a Grade 5 unless the RN determines that transporting by bus would not place the inmate at risk. In this case, there must be documentation in the medical record why bus transportation was applicable.
2. All facilities with level 3A unstable chronic disease beds, within the appropriate custody level, will be identified.
 - a. the sending nurse manager/designee will fax the inmate's patient acuity form (DC 950) to the nurse manager/designee of these identified facilities.
 3. The sending nurse manager/designee informs their facility's Transfer Coordinator, via email or phone, that the inmate has been rated a 3A, informs them of any special needs the inmate may have, and that the DC-950 form has been faxed to the identified facilities.
 4. The Transfer Coordinator then notifies the Population Management Director/designee in the Randall Building
 5. The Population Management Director/designee reviews the OPUS information (such as HS51) and determines which facility will receive the inmate. This may include calling the nurse managers who received the faxed DC-950 form for information. The chronic disease facility nurse managers will provide information to Population Management as to the appropriateness of the inmate for their facility, such as access to special needs – air conditioning, flat terrain, etc.
 - a. Population Management will notify the sending nurse manager the name of the facility to which the inmate is to be transferred.
 6. **The sending nurse manager will telephone the receiving nurse manager/designee to review the acuity form and OPUS screens (HS51, MS08 and MS02). This is for admission planning purposes. The receiving nurse manager does not have the authority not to accept admissions.**
- F. Inappropriate transfers
Inmates who are inappropriately transferred outside the parameters as specified in this policy are to be reported to the DOP Director of Nursing via the Inappropriate Acuity Level Reporting Form. The form is to be completed by the receiving facility and sent to the respective Assistant Director of Nursing (ADON) or In-Patient Director of Nursing (DON). The ADON and/or In-Patient DON will take appropriate action and submit monthly to the DOP Director of Nursing.

II. SPECIAL SITUATIONS FOR LEVEL 1 FACILITIES

- A. Medical Office hours for Level I facilities will be either 40-hours a week or 16 hours, 5 days a week, depending on the maximum capacity of the facility. If an inmate, residing in a Level I facility, complains of a medical or mental health problem when medical services are not available, the OIC will contact the facility's assigned triage nurse (Refer to Health Services policy, Telephone Triage, TX I-8).
 1. If the situation is an emergency, the Emergency Medical Services (EMS) are called instead of the triage nurse and the inmate is transported to the hospital; however, the OIC will inform the triage nurse of the emergency after the inmate is transported.

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B. If an inmate, residing in a facility without 24 hour/ 7 day week nursing coverage is seen in an emergency room and given a prescription, prior to having the prescription filled, the OIC will be responsible for insuring the triage nurse is informed, and the triage nurse in turn confirms the prescription with the on-call provider.

1. Guidelines for the Officer-In-Charge (OIC), Transporting Officer and Triage Nurse

a. The OIC will insure the custody officer transporting the inmate to the emergency room will carry a form with the name and phone number of the triage nurse. The officer will give the form to the hospital and ask the nurse or physician to contact the triage nurse directly to discuss discharge treatment and instructions. (Refer to Telephone Triage policy TX I-8)

C. Inmates, who are ordered short-term DOT medications, will be on the 24-hour Self-Med or 30-day Self-Med program as determined by the provider.

1. The facility nurse will prepare doses for the 24-hour self-med inmates, in accordance with DOC Health Services policy and procedures.
2. The nurse will give the envelopes to the OIC for distribution each day. (Refer to Medication Administration policy)
3. Staff will observe the inmate taking his/her medication.

IV. CRITERIA FOR ACUITY LEVELS

A. Level One (1)

1. Self-meds, independent dressing changes, Tuberculosis direct observation meds, which will be administered only twice a week by the facility nurse and/or HIV inmates who are on Keep on Person medications ordered by the Infectious Disease clinic on a case by case basis. Any DOT medication that is ordered once or twice a week during hours of operation of the Medical Department.
2. Independent activities of daily living (ADL's); eats meals independently
3. Stable chronic disease, including
 - a. Diabetics who administer their own sliding scale insulin,
 - b. independent with gastric tube feedings,
 - c. independent colostomies
 - d. episodic oxygen administration for conditions such as asthma not to exceed once a month
 - e. manages incontinence including indwelling catheters
 - f. chronic stasis ulcers with independent dressing changes
4. CPAP without oxygen or CPAP with oxygen at night only
5. Short-term (no greater than 4 weeks) conditions as determined by the RN at the receiving level 1 facility: must be able to meet the needs of the inmate at the level 1 facility. A medical hold will be necessary during this period of time.
6. Labs/procedures/treatments performed by facility nursing staff every month or more except for situations as specified for short-term medical conditions
7. Independent trachs
8. Vital signs monthly; vital signs weekly for short period of time (not to exceed 4 weeks).
9. Independent wheelchair bound. Note: Inmate will need to be in a wheelchair accessible facility.
10. Independent prosthetic devices. Note: Inmate may need to be in a handicap accessible facility i.e. shower with handrails.

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11. Attends activities independently and willingly
12. No thought disorder; no withdrawn or intrusive behavior
13. Oriented; interacts appropriately
14. In segregation – minimal nursing action

B. Level Two (2)

1. Direct Observation Medications (DOT) Level 2A = medical medications only
Level 2B = mental health medications only
Level 2AB = medical and mental health medications
2. DOT prescriptions by mouth, injectables and/or transdermal medications ordered to be administered
PRN prescription medications are not included.
3. Stable chronic disease.
4. Uncomplicated cardiac procedures (placement of stents) and needs a minimum 2 weeks observation to
ascertain stability
5. Transfer from hospital with newly diagnosed heart disease requiring uncomplicated stents, cardioversion,
etc for a minimum of 2 week observation to ascertain stability.
6. Episodic oxygen therapy for acute asthma or respiratory condition no greater than twice a month.
7. Requires oral prn(s) for significant physical symptoms including narcotics. This will require minimal
monitoring.
8. Independent in ADL's
9. Labs/procedures/treatment performed by facility nursing staff weekly for stable chronic disease
excluding diabetic checks
10. Vital signs daily for short period of time (not to exceed 4 weeks) to ascertain stability.
11. Vital signs weekly excluding vital signs taken as required for certain medications such as pulse before
Digoxin.
12. Sliding Scale insulin injections done by nursing but stable diabetes
13. In Segregation requiring daily monitoring by medical staff. .
14. Prosthetic devices with minimal assistance
15. Emergency room trips no more than twice in one week for same chronic disease problem or condition.
16. Has thought disturbance, affectual disturbance, withdrawn or intrusive behaviors requiring only
redirection.

C. Level Three (3)

3A = unstable chronic disease or long term care (rest home level)
3B = residential mental health
3AB = unstable chronic disease and residential mental health

1. Current Unstable Chronic Disease (required for chronic disease unit but optional for long term care unit)
2. Direct observation medication. PRN prescription medications are not included.
3. Requires considerable assistance (minimal of 1 nursing staff person) with ADL's (bathing, feeding,
dressing, toileting, etc)
4. Colostomy and/or Foley catheter care requiring nurse intervention. If patient is stable and treatment is
ongoing consider for placement in LTC facility.
5. Frequent incontinency requiring nursing intervention – criteria for long term care, not unstable chronic
disease.
6. Episodic incontinence including colostomies and indwelling catheters requiring nursing intervention –
criteria for unstable chronic disease.

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7. Three (3) Documented/Witnessed falls secondary to unstable chronic disease or fragility, wandering secondary to dementia or mental illness
 8. Confusion and disorientation secondary to dementia – criteria for long term care only, not unstable chronic disease.
 9. Three (3) or more procedures performed by facility nursing staff, or (1) or more special procedures or treatments weekly for **unstable chronic disease or acute illness/injury** excluding diabetic checks.
Note: Procedure: EKG, lab work, x-ray, illness and treatment secondary to renal dialysis, treatment for acute illness including cancer and moderate ill effects from chemotherapy and/or radiation therapy, etc.
 10. Emergency room trips more than two per week for same problem.
 11. Vital signs daily excluding those required for certain medications such as pulse with Digoxin.
 12. Continuous or intermittent oxygen therapy for chronic disease or episodic oxygen for acute asthma 3 or more times per month.
 13. Fluid restriction, forced fluids, intake/output that requires nursing intervention greater than 2 weeks.
 14. Trachs requiring episodic nursing intervention including suctioning
 15. Wheelchair bound requiring considerable nursing assistance- criteria for LTC placement
 16. New prosthetic devices requiring considerable nursing intervention and patient training on use
 17. Has thought disturbance, affectual disturbance, withdrawn or intrusive behavior, which **does not** respond to redirection; requires referral to psychology for evaluation
 18. Self-injurious (previously known as suicide watch); 1: 1 observation by nursing staff in RMH (assisted by custody)
 19. Mental Health Treatment plan by nursing (initial or special review) required due to change in patient condition
 20. PRN medication for agitation within past 24 hours

D. Level Four (4)

4A = acute medical,
skilled nursing or
infirmary
4B = acute in-patient mental health
4AB = acute medical and in-patient mental health

1. Direct Observation Medications (DOT)
2. Requires total care (bathing, dressing, feeding, toileting, turning and positioning, ambulation, and range of motion) to complete ADL's
3. Hospice or end of life care
4. Pregnancy (housing only at NCCIW)
5. NG tube or G-tube feedings requiring total nursing intervention
6. IV Therapy, blood and blood product transfusions, IV medications
7. Severe ill effects from chemotherapy and/or radiation therapy
8. Medical Isolation
9. Frequent suctioning
10. Ventilator
11. Cardiac monitoring (telemetry)
12. Medical restraint (posey, soft wrist restraints, etc.) required for protection of self or to stabilize medical devices/dressings/tubes
13. Transfer from acute hospital if patient needs close nurse monitoring or status post cardiac and/or respiratory arrest, open heart surgery or other conditions with complications
14. Daily procedures or treatments for acute and unstable chronic disease excluding diabetic checks.
Note: *Procedure: EKG, lab work diabetic checks, x-ray, treatment for acute illness, etc.

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**Treatment: Post-op, soaks, dressing changes, medicated creams, etc.

***Special procedures: 24-hour urine, sliding scales, surgical prep, physical exam.

15. Routinely incontinent requiring total nursing intervention
16. Colostomy and/or foley care that must be done by nurse
17. Trach with extensive nursing intervention
18. Wheelchair bound requiring complete assistance
19. Confusion and disorientation secondary to dementia
20. Initiation of forced medications (in acute mental health only)
21. Thought disturbance, affectual disturbance, withdrawn or intrusive behavior that requires seclusion or restraint for protection of self or others.
22. Self-injurious behavior; 1: 1 observation (for acute mental health facilities only).

Paula Y. Smith, M.D.

10/31/08

Paula Smith, M.D., Director of Health Services

Date

SOR: Director of Nursing