

State of Iowa Department of Corrections

Policy and Procedures

Policy Number: HSP-601
Applicability: DOC
Policy Code: Public Access
Iowa Code Reference: N/A
Chapter 6: Health Services
Sub Chapter: Acute/Specialty Services
Related DOC Policies: N/A
Administrative Code Reference: N/A
Subject: Skilled Level of Care
ACA Standards: 5-ACI-6A-09
Responsibility: Dr. Jerome Greenfield
Effective Date: March 2021
Authority:

1. PURPOSE

To outline the scope of skilled level of care and admission criteria.

2. POLICY

It is the policy of the Iowa Department of Corrections to have a unit designated to provide a skilled nursing level of care.

3. DEFINITIONS

A. Skilled Nursing Unit - An area in the facility accommodating patients for a period of 24 hours or more, expressly set up and operated for the purpose of caring for patients who need skilled nursing care and medical provider follow-up, but do not qualify for hospital level of care. Minimum standards for the skilled Nursing Unit include:

1. A physician available on call 24 hours per day.
2. A registered nurse directing the care of patients on the unit.
3. All patients are within sight or sound of a staff person at all times.

4. An active treatment plan developed by qualified health care professionals.
 5. A manual of nursing care procedures consistent with the Nurse Practice Act of Iowa is available on the unit (Lippincott Manual of Nursing Practice 8th Edition).
- B. Skilled Nursing Care - Level of nursing care determined by severity and/or a combination of factors that require skilled nursing and/or medical intervention on a 24/7 basis. Factors may include but are not limited to:
1. IV or PICC therapy.
 2. 24/7 monitoring for response to treatment and/or preventing deterioration of health care status.
 3. Multiple or severe decubiti or other wounds that require treatment and monitoring.
 4. Debilitated status rendering a patient unable to complete ADL's.
 5. Disease conditions that require frequent monitoring and intervention related to altered feeding methods, medication management, breathing apparatus/treatment, stabilizing a patient post-surgery or post other invasive treatment, post chemo or radiation therapy, etc.
 6. Recurring infections or compromised immune status.
- C. Observation Services - Observation services are defined as those medical and nursing services required to determine whether admission to a higher level of care is necessary, or recovery from an illness, injury or invasive procedure that requires a prolonged recovery period. A transfer for observation can be initiated by a licensed nurse without a practitioner's order for 24 hours.

However, the medical provider on-call or providing unit coverage should be notified as soon as reasonably possible.

- D. Assisted Living - A level of care determined by the severity and/or a combination of factors that require assistance with the patient's activities of daily living or medical intervention for an extended period of time. This term maybe used interchangeable with Medical Housing Unit.
- E. Medical Housing Unit - A designated area of a facility that may house patients who do not require skilled level of nursing care but may be housed together due to their ADL needs or minor health conditions
- F. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURES

A. Policies and Procedures

A skilled nursing care unit shall have written policies and procedures concerning on-site operations. These policies and procedures shall delineate the scope of services available. Nursing services are provided under the direction of a Registered Nurse. The patient's health record is to contain written documentation of all health services provided.

B. On-site and On-call Consultation

Licensed medical practitioners provide on-site and "on-call consultation" medical services. In the absence of an on-site licensed medical practitioner, necessary, urgent and emergency services may be obtained at a nearby community hospital. Each institution shall designate the community hospital that is to be used in emergency situations.

C. Transferred Patients

Upon receiving maximal health services benefit, those patients who were transferred to a skilled nursing unit are expected to be returned to their referring institution. Health services staff will share their discharge health status observations with health professionals at the referring institution.

D. IDOC's Designated Skilled Nursing Unit

IMCC's is the IDOC's designated skilled nursing unit. Other institutions may have an area within their own institution where they may house patients who need assistance with their ADLs, or require closer monitoring. However, these are designated living areas and shall not be referred to as "infirmaries" or "hospitals". These areas are to be considered as medical housing units.

E. Other Health Care Units

See IDOC Policy **HSP-606**, *Medical Assisted Living*.

F. Inter System Admission:

1. Inter System transfer to the IMCC Skilled Nursing Unit is accomplished by completion of IDOC form **HSF-601A**, *Application for Admission to the IMCC SNU Medical Units*. The IMCC Admissions Committee reviews these applications and communicates the decision for appropriateness at their weekly meeting. Emergency request for admission is addressed to the IMCC Health Services Administrator or designee for prompt response. The IMCC Admissions distribution listing is used for communicating a pending admission.