

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Assessment of Patient

POLICY # A - 9

PAGE 1 of 8

SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: April 2016
SUPERCEDES DATE: October 2007

PURPOSE

To provide guidelines on:

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

POLICY

Every offender 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 offender. Every offender 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 offender's physical and mental health needs, therefore acuity assessment is a nursing function. This differs from PULHEAT in that PULHEAT rates the offender's functional abilities and is determined by the provider. While there is typically a need for some degree of nursing care for offenders with high PULHEAT ratings, some offenders with limited functional ability may require minimal nursing care.

Documentation of offenders' special needs in order to facilitate proper placement of the offender will be entered into HERO which automatically transfers to the HS51 screen in OPUS.

PROCEDURE

I. RATING

- A. Only a registered (RN) or licensed practical nurse (LPN) may rate an offender 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. Offenders are to be rated at the time of processing at the diagnostic center, and when the offender's condition changes, such as, not limited to prescribing of DOT medications, or using assistive devices such as wheelchair or increase in nursing care as specified in the rating criteria.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Assessment of Patient

POLICY # A - 9

PAGE 2 of 8

SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: April 2016

SUPERCEDES DATE: October 2007

The rating will be documented in HERO on the Acuity 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 offender's overall rating.
 - 1. The criteria for each level of acuity can be viewed in HERO by selecting the "?" button on the acuity screen. The offender may meet criteria under each level of acuity.
 - 2. If the offender 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 offender's overall rating. Example: if only one item under level 3 is applicable and other criteria that describes the offender 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 applicable and all other criteria describing the offender are at level 1, but the level 2 items require a significant amount of nursing time, then the rating should be level 2.
- C. Each time the rating is done, it will be documented in HERO on the Acuity screen.
- D. Acuity ratings are to be reviewed each time the offender accesses medical and at the time of admission to and transfer out of the facility. If the rating is not accurate, the offender will be re-rated. If the new rating is in conflict with the facility the offender is backlogged to or the admitting facility, the Transfer Coordinator is to be notified immediately. The offender 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, shall only have Level 1 offenders. Exceptions:
 - a. NCCIW minimum custody unit will house promoted lifers therefore will accommodate Level 2 offenders.
 - b. As specified in this policy such as court hearings, releases and short-term medical conditions.
 - c. as approved by the Deputy Director of Health Services/designee and /or Director of Prisons / designee.
 - d. Accommodations will be made to meet the healthcare needs of the offender while housed at the facility.
 - 1. Facilities designated as Level 2 will be facilities that administer medications. All Level 2 facilities will receive Level 1 offenders in addition to Level 2 offenders. Level 2A facilities will not have psychiatric coverage therefore they will house no offenders on mental health medications. Level 2B or 2AB facilities will have psychiatric coverage therefore offenders with mental health medications will be received by these facilities. Youthful and minimum custody offenders 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 offenders.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Assessment of Patient

POLICY # A - 9

PAGE 3 of 8

SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: April 2016

SUPERCEDES DATE: October 2007

-
- a. Offenders, 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. Offenders, 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 offenders. Level 3A, 3B and 3AB HCON offenders 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 offenders. Level 4 facilities, which have a chronic disease unit or beds will also accept Level 3A offenders, and Level 4 facilities, which have a Residential Mental Health unit will also accept Level 3B and 3AB offenders.
 4. Offenders, 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 offender from level 4 unit. The offender will not be able to be transferred until the acuity rating is changed by the nurse and entered into HERO. Offenders 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 offender's discharge rating is in conflict with the rating of the facility they were admitted from, the offender will not return to that unit. Instead they will be transferred to a facility that is designated to accommodate that acuity rating.
- B. Offenders Pending Discharge From Community Hospitals
1. Offenders 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 offender'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 offender's condition with the hospital case worker or discharging hospital nurse to determine the offender'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 offender to be discharged the OIC will refer them to the telephone triage nurse. The triage nurse will discuss the offender's condition with the caseworker or discharging hospital nurse to determine the offender's current acuity rating.
 2. If the offender's acuity level is the same as the facility he was housed prior to the hospital admission, the offender may return to the prison facility.
 3. If the acuity level has changed, the new acuity rating will be entered in HERO.
 - a. The facility or triage nurse will inform the OIC of the offender's acuity level, and the need for the offender to be discharged to another prison facility.
 - b. Offenders should not be transferred out of community hospitals until an accurate, current acuity rating is completed and entered in HERO
 - c. The facility or triage nurse will assist the OIC in identifying the appropriate facility by using the Medical Missions and Accesses spreadsheet.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Assessment of Patient

POLICY # A - 9

PAGE 4 of 8

SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: April 2016

SUPERCEDES DATE: October 2007

-
- d. The OIC will arrange transportation from the discharging hospital to an appropriate facility based on new acuity rating.
- C. Offenders 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 offender'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 offender 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 on the Medical Duty Status (MDS) screen in HERO in order to prevent the offender from being transferred. The medical hold must have an ending date.
- E. Admission Procedures for Level 3A, Unstable Chronic Disease Offenders or Long Term Care Offenders
1. The facility nurse who rates an offender as a level 3A:
 - a. Enters the rating into HERO.
 - b. Reviews the PULHEAT ratings for accuracy. The Transportation in PULHEAT for level 3A offenders should be a Grade 5 unless the RN determines that transporting by bus would not place the offender 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.
 3. The sending nurse manager/designee informs their facility's Transfer Coordinator, via email or phone that the offender has been rated a 3A and of any special needs the offender may have.
 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 offender. This may include calling the nurse managers of appropriate acuity level facilities. The chronic disease facility nurse managers will provide information to Population Management as to the appropriateness of the offender for their facility, such as access to special needs – air conditioning, flat terrain, etc.
 - a. Population Management will inform the sending nurse manager the name of the facility to which the offender is to be transferred.
 6. **The sending nurse manager will telephone the receiving nurse manager/designee to review the offender's acuity rating. This is for admission planning purposes. The receiving nurse manager does not have the authority not to accept admissions.**
- F. Inappropriate transfers
Offenders who are inappropriately transferred outside the parameters as specified in this policy are to be reported to Regional Assistant Director of Nursing (ADON) or Inpatient Director of Nursing (DON) The receiving facility shall notify the ADON and/or In-Patient DON who will take appropriate action and submit a monthly report to the DAC Director of Nursing.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Assessment of Patient

POLICY # A - 9

PAGE 5 of 8

SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: April 2016

SUPERCEDES DATE: October 2007

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 offender, 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 a life or limb threaten emergency, the Emergency Medical Services (EMS) are called instead of the triage nurse and the offender is transported to the hospital; however, the OIC will inform the triage nurse of the emergency after the offender is transported.
- B. If an offender, 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 and enters the TOVO order into HERO.
1. Guidelines for the Officer-In-Charge (OIC), Transporting Officer and Triage Nurse
- a. The OIC will insure the custody officer transporting the offender 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. Offenders, 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 offenders, 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. Custody Staff will document on printed medication administration form that offender was given medications for self-administration.
- 4.

IV. CRITERIA FOR ACUITY LEVELS

- A. Level One (1)
1. Self-meds, independent dressing changes, Tuberculosis direct observation meds (DOT), which will be administered only twice a week by the facility nurse and/or HIV offenders who are on Keep on Person, (KOP) 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

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Assessment of Patient

POLICY # A - 9

PAGE 6 of 8

SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: April 2016

SUPERCEDES DATE: October 2007

-
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 offender at the level 1 facility. A medical hold will be necessary during this period of time.
 6. Independent wheelchair bound. Note: Offender will need to be in a wheelchair accessible facility.
 7. Independent prosthetic devices. Note: Offender may need to be in a handicap accessible facility i.e. shower with handrails.
 8. Attends activities independently and willingly
 9. No thought disorder; no withdrawn or intrusive behavior
 10. Oriented; interacts appropriately
 11. In restrictive housing minimal nursing action except for routine rounds when nurse on duty.
- 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, injectable medications 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. In restrictive housing requiring daily monitoring by medical staff. .
 10. Prosthetic devices with minimal assistance
 11. Emergency room trips no more than twice in one week for same chronic disease problem or condition.
 12. Has thought disturbance, affective 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.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Assessment of Patient

POLICY # A - 9

PAGE 7 of 8

SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: April 2016

SUPERCEDES DATE: October 2007

-
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.
 - a. 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. Continuous or intermittent oxygen therapy for chronic disease or episodic oxygen for acute asthma 3 or more times per month.
 12. Fluid restriction, forced fluids, intake/output that requires nursing intervention greater than 2 weeks.
 13. Trachs requiring episodic nursing intervention including suctioning
 14. Wheelchair bound requiring considerable nursing assistance- criteria for LTC placement
 15. New prosthetic devices requiring considerable nursing intervention and patient training on use
 16. Has thought disturbance, affective disturbance, withdrawn or intrusive behavior, which **does not** respond to redirection; requires referral to psychology for evaluation
 17. Self-injurious (previously known as suicide watch); 1: 1 observation by nursing staff in RMH (assisted by custody)
 18. Mental Health Treatment plan by nursing (initial or special review) required due to change in patient condition
 19. 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.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Assessment of Patient

POLICY # A - 9

PAGE 8 of 8

SUBJECT: Patient Acuity Rating System

EFFECTIVE DATE: April 2016

SUPERCEDES DATE: October 2007

**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, affective 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.

4/14/2016

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

Date

SOR: Director of Nursing