


Idaho Department of Correction 	Standard Operating Procedure Division of Education Treatment and Reentry Operational Services	Control Number: 401.06.03.043	Version: 3.0	Page Number: 1 of 5
		Title: Nursing Assessment Protocols		Adopted: 2-26-1999 Reviewed: 06-10-2013

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Open to the general public: Yes

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY CONTROL NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

DEFINITIONS

Standardized Terms and Definitions List

Contract Medical Provider: A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population.

Facility Continuous Quality Improvement (COI) Nurse: Contract medical provider employee who is primarily responsible for monitoring quality assurance.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Facility Medical Director: The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

Health Care Professional: Staff who perform clinical duties, for example, health care practitioners, nurses, social workers, emergency medical technicians, in accordance with each health care professionals' scope of training and applicable licensing, certification, and regulatory requirements.

Standing Order: Written orders that specify the same course of treatment of each patient suspected of having a given condition and that specify the use and amount of prescription drugs.

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PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for (1) ensuring that nursing assessment protocols are appropriate to the level of skill and preparation of the nursing personnel who will carry them out, (2) complying with relevant state practice acts, and (3) limiting standing orders at the facility to preventive medicine practices use only. (National Commission on Correctional Health Care [NCCHC] Standard P-E-11.)

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) health care personnel, offenders, contract medical providers and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

Monitoring and overseeing all aspects of health care services, and

The implementation and continued practice of the provisions provided in this SOP.

When health care services are privatized, he will also be responsible for:

Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and

Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all health care-related requirements provided in respective contractual agreements, this SOP, **and** in *NCCHC standard P-E-11*. (See section 2 of this SOP.)

Contract Medical Provider

When health care services are privatized, the contract medical provider is responsible for:

Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;

Ensuring that all aspects of this SOP and *NCCHC standard P-E-11* are addressed by applicable contract medical provider policy and procedure;

Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all health care-related requirements provided in this SOP, *NCCHC standard P-E-11*, **or** as indicated in their respective contractual agreement(s); and

Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

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Facility Medical Director

The facility medical director and facility health authority (or designees) will be jointly responsible for:

- The annual review of nursing assessment protocols; and
- Establishing a set of institution-specific nursing assessment protocols that specify the steps to be taken in the assessment, treatment, and monitoring of specific health conditions.

Each protocol shall specify the level of nursing skill necessary to apply the protocol.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and** *NCCHC standard P-E-11* are accomplished as required; and
- Orienting health care personnel to the nursing assessment protocols used at the institution.

In addition, to the above responsibilities, the facility health authority and the facility medical director (or designee) will be jointly responsible for:

- The annual review of nursing assessment protocols; and
- Establishing a set of institution-specific nursing assessment protocols that specify the steps to be taken in the assessment, treatment, and monitoring of specific health conditions.

Each protocol shall specify the level of nursing skill necessary to apply the protocol.

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GENERAL REQUIREMENTS

1. Introduction

Nursing assessment protocols are written instructions or guidelines that specify the steps to be taken in evaluating a patient's health status and providing intervention. They also aid nursing staff and other specific qualified health care professionals in the disposition of selected, specific health conditions. Such protocols may include acceptable first-aid procedures for the identification and care of ailments that ordinarily would be treated by an individual with over-the-counter medication or through self-care.

Nursing assessment protocols may also address more serious symptoms such as chest pain, shortness of breath, or intoxication.

Nursing assessment protocols facilitate the initiation of treatment of identified conditions and ensure appropriate referral.

2. Guidelines

Each nursing assessment protocol shall be written in accordance with the Idaho Nurse Practice Act and must specify level of skill and preparation of health care personnel privileged to use the protocol. All nursing assessment protocols shall be forwarded to the health authority, following the annual review at the institution level, for review and approval.

Nursing assessment protocols will be kept in a manual in all health care areas where nursing staff and other qualified health care professionals will provide care in accordance with the protocols.

Subjective and objective areas listed in the nursing assessment protocol should be assessed and appropriate positive/negative findings documented in the progress notes. The assessment, plan, and patient education provided are also to be documented in the progress notes according to the nursing assessment protocol.

Each entry is to be recorded in the subjective, objective, assessment, plan (SOAP) charting format; signed; dated; and timed.

If the assessment indicates that orders for treatment are to be initiated, these are to be written on the order sheet exactly as outlined in the nursing assessment protocol.

If the deviation from treatment listed in the protocol is necessary, the nurse or other qualified health care professional must obtain an order from the responsible physician, dentist, nurse practitioner or physician assistant.

Multiple applications of the same order on the same patient should be reviewed by the physician or mid-level provider.

The health care record of any offender for whom treatment was initiated under a written protocol that includes orders for a legend drug or diagnostic procedure, will be reviewed by a physician, dentist, physician assistant or nurse practitioner (as approved by the facility medical director) within 72 hours. The physician or practitioner will review and initial the progress note written by the nurse and countersign the order.

For the purpose of health care record clarity, the review and counter signing shall be dated and timed.

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Monthly Requirements

The nursing staff's use of nursing assessment protocols will be reviewed on a monthly basis by the COI nurse.

Concerns with Protocols

Concerns with the use of nursing assessment protocols shall be addressed with the facility health authority.

Orientation

Orientation to the nursing assessment protocols used at each institution will be documented and shall include, at a minimum:

Evidence that the nurse or other qualified health care professional was trained;

Documentation that the nurse or other qualified health care professional is able to demonstrate knowledge and skills pertinent to the protocols;

Documentation of annual review of skills and knowledge that are required to utilize the protocols. (**Note:** This occurs during annual performance evaluations and as needed based on the facility medical director and facility health authority's observation.); and

Documentation of training when new protocols are introduced or existing protocols are revised.

Training

Nurses, and other qualified health care professionals who are permitted by Idaho Code to provide aspects of nursing care, shall be trained to provide clinical services and will provide such services under specified guidelines.

3. Compliance

Compliance with this SOP and all related department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits per year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-E-11, Nursing Assessment Protocols

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