

PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-07, 5-ACI-6A-09, 5-ACI-6A-12(M), 5-ACI-6A-18(M), 5-ACI-6A-30, 5-ACI-6A-35(M), 5-ACI-6A-43(M)

I. PURPOSE

To provide guidelines on:

- (a) how to rate offenders using patient acuity,
- (b) how to properly handle offenders who are housed in facilities with conflicting acuity levels,
- (c) how to properly transfer level 3A offenders into a chronic disease facility, and
- (d) how to handle special situations in acuity level 1 facilities

II. POLICY

- (a) Offenders shall be placed in a facility which is capable of meeting their medical and mental health needs.
- (b) Facilities shall be assigned an acuity level to assist in the proper placement of offenders.
- (c) Offenders shall have a current and accurate acuity rating that is determined by a nursing assessment performed by a registered or licensed practical nurse.
- (d) Intentional falsification of an acuity assessment is grounds for disciplinary action and/or reportable to the Board of Nursing.



PRISONS
Health and Wellness Services
Policies and Procedures

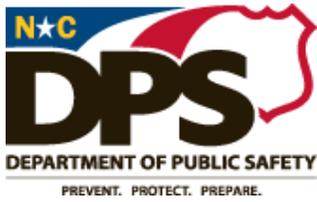
Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

- (e) Attempts to encourage nurses to falsify acuity ratings are also grounds for disciplinary action.
- (f) 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.
- (g) This differs from the PULHEAT rating that identifies the offender’s functional abilities and is determined by the provider.
- (h) Documentation of offenders’ special needs in order to facilitate proper placement of the offender shall be entered into HERO which automatically transfers to the HS51 screen in OPUS.

III. PROCEDURE

(a) Rating

- (1) Only a registered (RN) or licensed practical nurse (LPN) shall rate an offender.
 - (A) If a LPN is not able to determine the acuity a registered nurse (RN) shall be consulted.
 - (B) Offenders shall be rated at the time of processing at the diagnostic center, and when the offender’s condition changes, such as, but not limited to: prescribing of Direct Observation Medications (DOT); using assistive devices such as a wheelchair; or increase in nursing care as specified in the rating criteria.
- (2) The acuity criteria are guidelines which do not negate the need for sound, rational nursing judgment to determine the offender’s overall rating.
 - (A) The criteria for each level of acuity can be viewed in HERO by selecting the “?” button on the acuity screen.
 - (B) The offender may meet criteria under each level of acuity. If the offender



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

meets criteria for more than one level, the nurse shall determine the amount of nursing time needed by the highest level.

(C) If there is significant nursing time involved, the highest level shall 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.

(3) Each time the rating is completed, it shall be documented in HERO on the Acuity screen. Comments are required to describe nursing care required for acuity level 3 and 4.

(4) Acuity ratings shall be reviewed each time the offender accesses medical and at the time of admission to and transfer from the facility.

(A) If the rating is not accurate, the offender shall be re-rated.

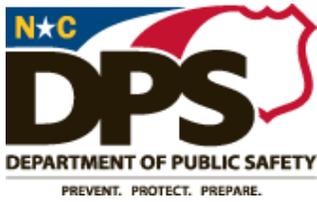
(B) If the new rating is in conflict with the current facility the transfer coordinator shall be notified.

(C) If the new acuity is in conflict with the destination facility, the offender shall be held and the transfer coordinator notified.

(D) The offender shall not be transferred to a facility with a conflicting acuity rating except under special circumstances as identified in this policy.

(b) Referrals and Placements

(1) Acuity Levels



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System		
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016

- (A) Facilities designated as Level 1, shall only have Level 1 offenders.
 Exceptions:
 - (i) NCCIW minimum custody unit houses promoted lifers therefore shall accommodate Level 2 offenders.
 - (ii) Court hearings, releases and short-term medical conditions.
 - (iii) As approved by the Director of Health and Wellness/designee and /or Commissioner of Prisons/designee.
 - (iv) Accommodations shall be made to meet the healthcare needs of the offender while housed at the facility.

- (B) Facilities designated as Level 2 shall administer medications DOT.
 - (i) Level 2 facilities shall receive Level 1 offenders in addition to Level 2 offenders.
 - (ii) Level 2A facilities shall not have psychiatric coverage and shall not house offenders on mental health medications.
 - (iii) Level 2B or 2AB facilities shall have psychiatric coverage and shall house offenders with mental health medications.
 - (iv) Youthful and minimum custody offenders rated level 2 shall reside in level 1 minimum facilities. Accommodations will be made to meet their healthcare needs such as enveloping medications.

- (C) Facilities designated as Level 3 shall have a chronic disease unit, a long-term care unit (LTC) and/or a residential mental health unit. These facilities shall also house Level 1, 2A, 2B and 2AB offenders.

- (D) Offenders who rate a level 3B and are not residing in a residential or in-patient mental health unit shall be referred to the psychologist.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

- (E) Offenders who rate a level 3A due to unstable chronic disease or long-term care or 3B due to mental illness shall be placed in a facility with a designated chronic disease unit or long-term care (3A) or a residential mental health unit (3B). Exceptions:
 - (i) Level 3A, 3B and 3AB HCON offenders shall have needs met at their HCON unit.
 - (ii) Youthful offenders who rate a level 3A, 3B and 3AB shall have their needs met at their youth prisons.

- (F) Facilities designated as Level 4 shall receive Level 1, 2A, 2B, 2AB offenders.
 - (i) Level 4 facilities, which have a chronic disease unit or beds shall accept Level 3A offenders.
 - (ii) Level 4 facilities, which have a Residential Mental Health unit shall accept Level 3B and 3AB offenders.
 - (iii) Offenders who have received treatment in an acute care, skilled nursing or infirmary unit in a prison (4A, 4B, 4AB), shall have their acuity rating changed at the time the physician discharges the offender from level 4 unit. The offender shall not be able to be transferred until the acuity rating is changed by the nurse and entered into HERO.
 - (iv) If an offender’s discharge acuity rating is the same as the acuity rating of the facility they were admitted from, the offender shall return to that unit
 - (v) If an offender’s discharge acuity rating is in conflict with the rating of the facility they were admitted from, the offender shall be transferred to a facility that is designated to accommodate that acuity rating.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

(c) Offenders Pending Discharge from Community Hospitals

- (1) Offenders pending discharge from community hospitals shall have the discharge acuity rating determined as follows:
 - (A) Utilization Review (UR) nurses in the Health and Wellness Central Office shall discuss the offender’s condition with the hospital case manager and the acuity rating shall be determined. The Transfer Coordinator shall arrange appropriate placement.
 - (B) During evenings, nights, weekends and holidays if an RN or LPN is available at the sending facility, they shall discuss the offender’s condition with the hospital case worker or discharging hospital nurse to determine the offender’s current acuity rating.
 - (C) When nursing is not on-site at the sending facility and a community hospital notifies the facility’s Officer in Charge (OIC) of an offender to be discharged, the OIC shall refer the hospital to their designated Triage Nurse. The triage nurse shall 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 shall return to the facility. If the acuity level has changed, the new acuity rating will be entered in HERO.
 - (A) The facility or triage nurse shall inform the OIC of the offender’s acuity level, and the need for the offender to be discharged to another facility.
 - (B) Offenders shall 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 shall assist the OIC in identifying the appropriate facility by using the Medical Missions and Accesses spreadsheet.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

(D) The OIC shall arrange transportation from the discharging hospital to an appropriate facility based on new acuity rating.

(d) Offenders who are transferred to an incompatible acuity level facility for the purpose of court hearings, release to the community, short-term restrictive housing, floating work crews or emergency placement due to jail backlog:

- (1) The warden/designee shall ensure the nurse at the receiving unit is informed of the impending admission.
- (2) The sending and receiving nurses shall communicate to discuss the offender’s special needs.
- (3) If the receiving facility is a level 1 facility, the nurse shall prepare and envelop any DOT medication, and shall give to trained custody officers to distribute.

(e) Temporary Medical Conditions if an offender has a temporary medical condition, which would change their acuity level, the acuity level shall be changed. If the facility is able to handle the medical condition, a medical hold shall be placed in the patient’s health care record in order to prevent the offender from being transferred. The medical hold shall have an ending date.

(f) 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 the patient’s health care record.
 - (B) Transportation in PULHEAT rating for 3A acuity level offenders shall be a Grade 5.
 - (C) Facilities with level 3A unstable chronic disease beds, within the appropriate custody level, shall be identified.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System		
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016

- (D) 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.
- (E) The Transfer Coordinator notifies the Population Management Director/designee in the Randall Building
- (F) The Population Management Director/designee reviews the OPUS information (such as HS51) and determines which facility shall receive the offender. This may include calling the nurse managers of appropriate acuity level facilities.
 - (i) The chronic disease facility nurse managers shall 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.
 - (ii) Population Management shall inform the sending nurse manager of the name of the facility to which the offender is to be transferred.
- (G) The sending nurse manager shall telephone the receiving nurse manager/designee to review the offender’s acuity rating for admission planning purposes. The receiving nurse manager does not have the authority not to accept admissions.
- (g) The receiving facility shall notify the Regional Assistant Director of Nursing (ADON) or Inpatient Director of Nursing (DON for offenders received with incompatible acuity levels).
- (h) Criteria for Acuity Levels:
 - (1) Level One (1)
 - (A) Self-meds, independent dressing changes, Tuberculosis direct observation meds (DOT), which shall be administered twice a week by the facility



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System		
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016

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. DOT medication that is ordered once or twice a week during hours of operation of the Health and Wellness Clinic.

- (B) Independent activities of daily living (ADL's); eats meals independently.
- (C) Stable chronic disease, including:
 - (i) Diabetics who administer their own sliding scale insulin.
 - (ii) Independent with gastric tube feedings.
 - (iii) Independent colostomies.
 - (iv) Episodic oxygen administration for conditions such as asthma not to exceed once a month.
 - (v) Manages incontinence including indwelling catheters.
 - (vi) Chronic stasis ulcers with independent dressing changes.
 - (vii) Patients on daily HCV medications for a 12-week regimen and shall be placed on medical hold until completion of therapy.
- (D) CPAP with or without oxygen (at night only).
- (E) 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.
- (F) Independent wheelchair bound. Note: Offender will need to be in a wheelchair accessible facility.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

- (G) Independent prosthetic devices. Note: Offender may need to be in a handicap accessible facility i.e. shower with handrails.
- (H) Attends activities independently and willingly.
- (I) No thought disorder; no withdrawn or intrusive behavior.
- (J) Oriented; interacts appropriately
- (K) In restrictive housing with minimal nursing action except for routine rounds when nurse on duty.

(2) Level Two (2)

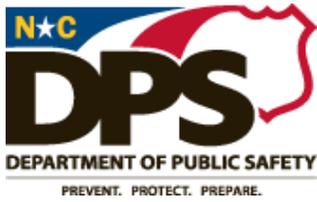
- (A) Direct Observation Medications (DOT):
 - (i) Level 2A = medical medications only.
 - (ii) Level 2B = mental health medications only.
 - (iii) Level 2AB = medical and mental health medications.
- (B) DOT prescriptions by mouth, injectable medications and/or transdermal medications ordered to be administered “as needed” (PRN); prescription medications are not included.
- (C) Stable chronic disease.
- (D) Uncomplicated cardiac procedures (placement of stents) and needs a minimum 2 weeks observation to ascertain stability.
- (E) Transfer from hospital with newly diagnosed heart disease requiring uncomplicated stents, cardioversion, etc. for a minimum of 2-week observation to ascertain stability.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System		
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016

- (F) Episodic oxygen therapy for acute asthma or respiratory condition no greater than twice a month.
 - (G) Requires oral prn(s) medication for significant physical symptoms including narcotics. This shall require minimal monitoring.
 - (H) Independent in ADL's.
 - (I) In restrictive housing requiring daily monitoring by health and wellness staff.
 - (J) Prosthetic devices with minimal assistance.
 - (K) Emergency room trips no more than twice in one week for same chronic disease problem or condition.
 - (L) Thought disturbance, affective disturbance, withdrawn or intrusive behaviors requiring only redirection.
- (3) Level Three (3)
- (A) 3A = unstable chronic disease or (LTC) (rest home level).
 - (B) 3B = residential mental health.
 - (C) 3AB = unstable chronic disease and residential mental health.
 - (D) Current Unstable Chronic Disease (required for chronic disease unit but optional for long term care unit).
 - (E) Direct observation medication. PRN prescription medications are not included.
 - (F) Requires considerable assistance (minimal of 1 nursing staff person) with

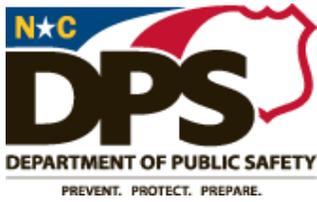


PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System		
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016

ADL's (bathing, feeding, dressing, toileting, etc.).

- (G) Colostomy and/or Foley catheter care requiring nurse intervention. If patient is stable and treatment is ongoing consider for placement in LTC facility.
- (H) Frequent incontinency requiring nursing intervention – criteria for long term care, not unstable chronic disease.
- (I) Episodic incontinence including colostomies and indwelling catheters requiring nursing intervention – criteria for unstable chronic disease.
- (J) Three (3) Documented/Witnessed falls secondary to unstable chronic disease or fragility, wandering secondary to dementia or mental illness.
- (K) Confusion and disorientation secondary to dementia – criteria for long term care only, not unstable chronic disease.
- (L) Three (3) or more procedures performed by 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.).
- (M) Emergency room trips more than two per week for same problem.
- (N) Continuous or intermittent oxygen therapy for chronic disease or episodic oxygen for acute asthma 3 or more times per month.
- (O) Fluid restriction, forced fluids, intake/output that requires nursing intervention greater than 2 weeks.
- (P) Trachs requiring nursing intervention including suctioning.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

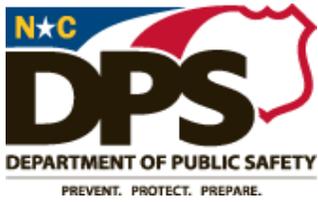
- (Q) Wheelchair bound requiring considerable nursing assistance- criteria for LTC placement.
- (R) New prosthetic devices requiring considerable nursing intervention and patient training on use.
- (S) Has thought disturbance, affective disturbance, withdrawn or intrusive behavior, which does not respond to redirection; requires referral to psychology for evaluation.
- (T) Self-injurious behavior; 1:1 observation by nursing staff in RMH (assisted by custody).
- (U) Mental Health Treatment plan by nursing (initial or special review) required due to change in patient condition.
- (V) PRN medication for agitation within past 24 hours.
- (4) Level Four (4)
 - (A) 4A = acute medical, skilled nursing or infirmary.
 - (B) 4B = acute in-patient mental health.
 - (C) 4AB = acute medical and in-patient mental health.
 - (D) Direct Observation Medications (DOT).
 - (E) Requires total care (bathing, dressing, feeding, toileting, turning and positioning, ambulation, and range of motion) to complete ADL's.
 - (F) Hospice or end of life care.
 - (G) Pregnancy (housing only at NCCIW).



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System		
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016

- (H) NG tube or G-tube feedings requiring total nursing intervention.
- (I) IV Therapy, blood and blood product transfusions, IV medications.
- (J) Severe ill effects from chemotherapy and/or radiation therapy.
- (K) Medical Isolation.
- (L) Frequent suctioning.
- (M) Cardiac monitoring (telemetry).
- (N) Medical restraint (Posey, soft wrist restraints, etc.) required for protection of self or to stabilize medical devices/dressings/tubes.
- (O) 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.
- (P) Daily procedures or treatments for acute and unstable chronic disease excluding diabetic checks.
 - (i) Post-op, soaks, dressing changes, medicated creams, etc.
 - (ii) 24-hour urine, sliding scales, surgical prep, physical exam.
- (Q) Routinely incontinent requiring total nursing intervention.
- (R) Colostomy and/or Foley care that must be done by nurse.
- (S) Trach with extensive nursing intervention.
- (T) Wheelchair bound requiring complete assistance.
- (U) Confusion and disorientation secondary to dementia.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Patient Acuity Rating System			
Section	A-9	Issue Date August 9, 2021	Supersedes Date April 2016	

- (V) Initiation of forced medications (in acute mental health only).
- (W) Thought disturbance, affective disturbance, withdrawn or intrusive behavior that requires seclusion or restraint for protection of self or others.
- (X) Self-injurious behavior; 1:1 observation (for acute mental health facilities only).

 Todd E. Ishee
 Commissioner of Prisons

August 9, 2021

 Date