


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE Pursuant to RSA21-H:8 (III) Internal Practices and Procedures	CHAPTER <u>Medical and Forensics</u> STATEMENT NUMBER <u>555.00</u>
SUBJECT: <b>PATIENT FLAGS AND ALERTS</b>	EFFECTIVE DATE <u>01/15/2024</u>
PROPONENT: <u>Paula Mattis, Director</u> <i>Name/Title</i>  <u>Medical &amp; Forensics, 603-271-5563</u> <i>Office Phone #</i>	REVIEW DATE <u>01/15/2027</u> SUPERSEDES PPD# <u>555.00</u> DATED <u>02/01/2022</u>
ISSUING OFFICER:   Helen E. Hanks, Commissioner	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- (a) **PURPOSE:**  
The purpose of this policy is to establish guidance for the ordering of Patient Flags and Alerts by Division of Medical and Forensic personnel.
- (b) **APPLICABILITY:**  
This policy applies to:  
(1) All DOC Staff
- (c) **POLICY:**  
It is the policy of the New Hampshire Department of Corrections to:  
(1) Establish a system for issuing, monitoring, and discontinuing Patient Flags and Alerts by Division of Medical and Forensic personnel to ensure patient safety.
- (d) **PROCEDURE:**
  - (1) **Patient Flag and Alert Guidelines.**
    - a. Any Patient Flag entered by the provider into the electronic health record (EHR) will bridge over to the Alert/Concern tab in the electronic client record (ECR) so that non-health care staff can view Patient Flags and Alerts.
    - b. Providers are encouraged to gather information from all appropriate sources, so that appropriate and individualized treatment decisions can be made.
  - (2) **Documenting qualification for a Patient Flag or Alert.**
    - a. The decision to implement a Patient Flag or Alert should be the result of an assessment or evaluation by a qualified healthcare professional.
    - b. Documentation of all flags and alerts shall include a clinical rationale for issuing the

flag or alert and the expected duration.

- c. Documentation of objective clinical findings, to include but not be limited to motion, strength, and mobility restrictions, or disease state that would require a special medical restriction or accommodation.

(3) Entering a Patient Flag.

- a. Notations shall be entered into the EHR under Patient Flag.
- b. Patient Flags entered by an RN can only be written for a maximum of 30 days.
- c. Patient Flags for greater than 30 days must be reviewed by a Medical Doctor (MD), Advanced Practice Registered Nurse (APRN), Nutritionist, Doctor of Dental Medicine (DMD), or Physical Therapist (PT), and documented in the EHR.
- d. All Patient Flags must include a clinically appropriate expiration date.
- e. Any Patient Flag for a bottom bunk pass must also always have a notation indicating No Weight Room and No Sports.
  - 1. Exceptions will be determined on a case-by-case based after review by a committee consisting of the Chief Medical Officer (CMO), PT, and/or designees.
  - 2. Restrictions of No Weight Room and No Sports does not prohibit use of Universal, On Unit Gym and Recreation Room where available.
    - (i) With any activity restriction, ongoing exercise is not discouraged unless medically contraindicated. Weight room restriction is defined as no admittance to the areas that contain the following equipment:
      - i. Barbells
      - ii. Dumbbells
      - iii. Weight Benches
      - iv. Weight Racks
  - 3. Secure Psychiatric Unit and Residential Treatment Unit (SPU/RTU) residents given a bottom bunk pass are allowed to use the cardio equipment only.
- f. For any patient flags that restrict the resident's movement, in order not to discourage exercise, the resident may be referred to PT to discuss exercise options/ideas.
- g. Behavioral health staff will only enter patient flags appropriate to their area of practice.
- h. Security staff will review regularly to verify the flag in the ECR "Alerts" tab or through use of the departmental reporting tools published on the Intranet (Resources A to Z – Alerts Search) that are regularly adjusted by medical providers to assist in housing unit management. Patients will take responsibility to brief their housing unit staff when an update has been entered.

(4) Renewal of Patient Flags/ Alerts.

- a. Providers must set an expiration date for every patient flag entered:
  - 1. Chronic condition flags will have a one-year expiration date.
  - 2. Expiration dates for acute conditions will be decided on a case-by-case basis after provider evaluation.
  - 3. If a patient flag is written for 30 days or less (an acute need), but the condition may be chronic, the provider shall schedule a follow-up appointment prior to the flag expiring, for further assessment and disposition.
- b. Providers shall review the status of patient flags at every encounter.
- c. Patients are responsible to know when their patient flags and alerts are expiring, and if he or she feels the flag is still necessary, shall report to sick call prior to the expiration of the flag.

(5) Criteria for Patient Flag and Alert Categories.

Medical passes and patient flags and alerts **may** be issued based the following criteria:

- a. Bottom bunk passes **may** be issued for the following conditions/issues:
  - 1. Epilepsy (patients who are well-controlled without any seizures for >1 year should be evaluated for BBP removal).
  - 2. Amputees

3. Diseases involving documented paralysis, muscle weakness, neurological or functional capacity deficits.
  4. Current use of prescribed C-PAP machine.
  5. Status post-surgical intervention (short term).
  6. Acute orthopedic injuries (short term).
- b. Medical Blankets:
1. Positioning for specific disease states with provider documentation of evaluation showing need (i.e., thoracic outlet, GERD, chronic pain, orthopedic conditions, neurological conditions, lower extremity edema, etc.)
  2. Maximum two medical blankets; any exception needs to be reviewed by the CMO or Administrator of Rehabilitation Services.
  3. Medical Blankets ordered for residents in Special Housing Unit (SHU) and Reception and Diagnostic Unit (R&D) will be reviewed by the CMO.
- c. Orthotics and Prosthetics:
1. Any medical, dental, orthotic, or prosthetic device needs to be noted in the Patient Flag section of the EHR.
  2. Any medical, dental, orthotic, or prosthetic device requires a NHDOC provider to deem it medically necessary, as well as security clearance for institutional safety.
  3. For additional guidelines regarding orthotics and prosthetics refer to PPD 567 *Medical/Dental Prosthetics*.
- d. Shower Chairs:
1. Each unit that houses a patient with need will have a shower chair.
  2. Orders for individual shower chairs will not be written.
  3. Shower chairs shall not be kept in residents' rooms.
- e. Shoes, Sneakers, and Boots:
1. After a medical assessment or evaluation, a determination will be made for review through a PT evaluation or outside consultation.
  2. Any prescription for special footwear must be reviewed by the CMO or Administrator of Rehabilitation, in consultation with security staff, if necessary.
- f. Special or Extra Clothing:
1. The Gender Dysphoria Committee may enter a Patient Flag for gender affirming garments or accessories, pursuant to PPD 556 *Standards for Treatment of Gender Dysphoria*.
- g. Supportive Devices (such as elastic bandage wraps or braces):
1. Document the assessment or evaluation and resident's specific need in EHR.
  2. Enter the type and number of wraps or other supplies in Patient Flag.
  3. For special bracing needs, refer the resident to Physical Therapy for evaluation.
- h. Lifting, Duty, Work and Mobility Restrictions:
1. Patient Flags relating to restrictions on lifting, mobility, volunteer activities or work require evaluation and documentation of motion, strength, mobility restrictions, disease states, or cardiopulmonary deficiencies that warrant these restrictions.
- i. Ice:
1. Medical Patient Flags for ice will only be written in cases of acute injury or status post-surgical intervention, for no more than one week, without re-evaluation.
- j. Wheelchairs:
1. Patient Flags for wheelchairs must specify when and where the resident is to use the wheelchair.
  2. Wheelchairs are available on every unit.
  3. Wheelchairs may not be kept in a resident's room unless condition warrants it, and it is specified by the medical provider in the flag comments.
- k. Dental:

1. Dental will enter a patient flag for patients who have dentures and enter a comment indicating partial or full dentures, and upper or lower dentures. This will alert Security that the resident may order denture supplies.
  2. Dental staff will indicate in the Patient Flags if the resident is edentulous, even if they do not want dentures.
1. Allergies: Patient Flags regarding inhalants, sun, food and seasonal allergies shall be written by providers, after evaluation and documentation in the EHR.
- (6) Restrictions on Patient Flags and Alerts.
- a. Patient flags and alerts shall not be entered for the following:
    1. Extra clothing, or specialty clothing items of any type (except as noted above).
    2. Extra pillows or blankets (except medical blankets, as described above).
    3. Double mattresses or non-standard mattress, including egg crate foam.
    4. Extra toilet paper.
    5. Personal shower chair or other furniture items (i.e., chair, milk crate, fan).
    6. Extra or special personal hygiene items.
    7. Ear plugs.
    8. Baby wipes.
    9. Special diet or cell feed passes refer to Nutritionist for evaluation pursuant to PPD 570 *Medical/Dental Diets*.
    10. Special shoes or boots, except as above (refer to Podiatry for evaluation).
    11. Ice (except as above).
    12. Specific housing assignment.
    13. No programs pass (i.e. excused from sex offender treatment (SOT)).
    14. Sleeping privileges (i.e., nap).
    15. Specialty containers of any type.
    16. Special sports accessories or supplements.
    17. Special privileges for recreational or sports activities.
    18. Foot basin.
    19. Environmental issues (including specific housing units, room, dust, temperatures). Patient Flags will not be entered regarding any environmental issue, change of room, or living situation. Security is in charge of all housing issues.
    20. Transport restrictions: Patient Flags regarding securing residents while being transported shall not be written.
  - b. The following Patient Flags or alerts shall not be issued without review by the CMO or, Chief Psychiatric Officer (CPO), or Administrator of Rehabilitation:
    1. No cuffing passes.
    2. No standing at count passes.
    3. Passes for any other restraint limitation.
    4. Urine collection (i.e., shy bladder pass, or special circumstances, timelines).
    5. Bottom bunk passes greater than 30 days.
    6. Bottom tier Passes greater than 30 days.
    7. No stair passes greater than 30 days.
    8. Elevator passes greater than 30 days.
    9. No work passes greater than 30 days.
    10. Wheelchair passes greater than 30 days.
  - c. Other issues regarding Patient Flags and Alerts may be addressed on a case-by-case basis with oversight of the CMO or Administrator of Rehabilitation Services, and Chief of Security or designee, as warranted.
  - d. Any exceptions to the Do Not Order list above must be approved by the CMO or designee in coordination with the Director of Nursing, or Deputy Director of Medical, or designee.

1. In emergency situations, Health Services Center (HSC) staff shall order what is medically necessary to provide the highest level of complete medical care and notify the provider of the day (POD) to ensure review for clinical appropriateness within 2 business days.
2. If a provider feels that an exception should be made, contact CMO or designee to initiate a review.
3. If a resident disagrees with the plan of care, he or she may initiate a review with a Request Slip directed to the Director of Nursing or designee, pursuant to Cor 312.

(7) Report of Patient Flag Violation.

- a. If a staff member witnesses a resident performing activities in direct violation of their patient flag limitation(s), an Incident Report should be completed pursuant to PPD 378 *Notification of Incidents and/or Events*, and a copy forwarded to health services center staff, for review by the provider that set the patient flag or covering provider.
- b. The patient will be scheduled for consultation and re-evaluation of the flag, if deemed necessary by the provider.
- c. The provider will document the Incident Report and subsequent encounter/evaluation in the patient's EHR.

(e) Resident Request to rescind a Patient Flag.

- (1) If a resident wishes to rescind their restriction, he or she shall:
  - a. Report to sick call for discussion and evaluation by nursing.
  - b. Nursing will refer to provider, or covering provider, for disposition.
  - c. If, upon evaluation, medical staff determines that the flag is still medically indicated or necessary, but the resident refuses it, the resident shall be asked to electronically sign a Waiver of Treatment in the EHR; or, if the resident refuses to sign, the refusal shall be noted by the provider in the EHR.
  - d. A request to reinstate a rescinded or expired Patient Flag will go through sick call.
  - e. A resident's desire to change units or rooms are not considered legitimate reasons to rescind or discontinue a patient flag.
  - f. Reinstatement of a discontinued Patient Flag will not normally be reconsidered within 90 days of the discontinuation, unless there is a significant change in the resident's health condition. This does not apply to expired flags.

REFERENCES:

National Commission on Correctional Health Care (2018)

**P-B-07**

Standards for Adult Correctional Institutions Fifth Edition Standards, October 2019

**5-ACI-6A-07; 5-ACI-6A-18**

Other

Cor 312 Request Slips

PPD 353 Substance Abuse Testing/or Residents

PPD 378 Notification of Incidents and/or Events

PPD 387 Cell Feeds

PPD 556 Standards/or Treatment o/Gender Dysphoria

PPD 567 Medical/Dental Prosthetics

PPD 570 Medical/Dental Diets