

# Piedmont Regional Jail Authority First Monitor Report

October 9, 2014

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The report is based on the Qualitative and Quantitative measures as required by the settlement agreement with the Piedmont Regional Jail (PRJ). Each measure will be evaluated against the reports as presented to the Monitor and site visits conducted. Reports such as the monthly report from PRJ have been used to provide this document. As this is the first report, it will be important for each of the parties to address if this is the format by which all other reports will follow. There are also specific indicators identified in the settlement agreement. In future documents as PRJ moves toward compliance with the indicators, this report will highlight where they have moved toward substantial compliance. The indicator spreadsheet is an attachment to this initial report. It is premature to provide a grading for this initial report as many of the processes and policies have just recently been developed and implemented.

Site visits were conducted on December 16 – 18, 2013, January 6-8, 2014 and July 28-30, 2014. Monthly reports from PRJ beginning in April 2014 were reviewed and data verified during site visits. Site medical staff and correctional staff were interviewed to assess the validity of the data and observations. The staff at the PRJ have been cooperative and helpful for the work of this Monitor. No areas of the facility have been off limits, nor have there been any restrictions placed on the movement of the Monitor to visit any areas within the facility.

Don Hunter, Superintendent of the Piedmont Regional Jail and his staff are fully engaged and willing to work with the Monitor to improve conditions at the Jail. During the first Monitor visit the Monitor met with Jim Garnett the Chair of the Board of Directors for the PRJ. Discussion with Mr. Garnett revolved around the settlement agreement and the work that would be needed to bring the facility up to compliance with constitutional requirements.

Jim Davis, the PRJ compliance director has been most helpful in providing information and documents needed for the continuing review of the PRJ.

During the first visit it was obvious that the entire staff were committed towards making the system better, but the challenges were significant. They have worked over the past few months to improve conditions and policies at the jail.

While there is not a specific item in the settlement agreement about the physical space provided, the PRJ has made significant improvements to the medical areas. The physical

space is better laid out and the increase in the examination areas, ability of the physician and dentist to examine patients has been much improved due to the increased space.

PRJ has made efforts towards achieving compliance with the settlement agreement and are to be commended for their initial efforts. While changing a system takes time, they have shown that they are committed and willing to make the changes necessary to meet the medical and mental health needs of their offenders.

## **Qualitative and Quantitative Outcome Measures**

### **MEDICAL CARE**

- *The facility will provide 3.5 hours of physician time per week for every 100 prisoner.*

The census at the PRJ has been between 545 and 599 during the current Monitoring period. The current Physician staffing is Monday 7:30AM – 3:30PM, Wednesday 7:30AM – 1:30 PM and Thursday 7:30AM – 3:30PM. This gives the PRJ 22 hours of physician time per week. This meets the requirement as set forth in the settlement agreement. It was noted that Dr. Rula, the physician on staff, has been the constant in the Medical area since the Monitoring period began. Other physicians have been providing services at the facility, but Dr. Rula has been the constant. One observation that has been made is that when Dr. Rula is on vacation, the substitute physician causes a delay in services for the offenders. Data from the monthly site report, and review by the Monitor showed a delay in referrals to the physician of up to 12 days. This is exacerbated when there is a substitute physician. I recommend a review of the reasons for the delays and triage of the referrals to the physician. A strategy should be developed for assuring that those offenders with particular medical issues are seen in a timely fashion. Assure that substitute physicians are familiar with, and able to provide care for offenders, that does not cause a delay in service delivery.

- *For a Count Below 600: There will be a Minimum of (1) RN and (6) LPNs (count below 600) / For a Count Above 600: There will be an Additional (2) LPNs.*

There has been much turnover in medical staff during this initial phase of the Monitoring. As of the July visit there were 5 LPN's and 2 RN's. One of the RN's is a Health Services Administrator/Director of Nurses (HSA/DON). During the visit MEDIKO (the current provider of healthcare services) indicated hiring additional LPN staff. The current staffing pattern meets the intent of the agreement with the additional

RN on staff. A new DON/HSA, Mary Trammell-Jones was on site. The former Regional HSA, Janet Dobson is no longer employed with MEDIKO. This change has caused some challenges with consistency of medical procedures. These will be noted in sections of the report.

- *If Health Assessments are not being completed within 14 days the facility will hire an additional (1) RN.*

Data from the latest report showed that there were 14 health assessments out of 233 that were not completed in the 14-day time frame. MEDIKO has hired an additional RN. They were in the process of hiring additional LPN staff during the July visit. Hopefully this will correct the issue. Part of the challenges in this area were caused by the security computer system and the COR-EMR , medical record system not communicating. This caused great confusion as to who was and was not in that 14 day period. The change in nursing and medical management at the site also caused a delay in coordinating efforts in this area.

- *All persons providing care will meet applicable state licensure and/or certification requirements and, they will practice within the scope of their training/licensure. Licenses will be up-to-date with no lapses.*

Review of license documents shows that each of the medical and mental health staff is appropriately licensed. Orders reviewed, and policies assessed indicated staff functioning within the scope of their respective licensure.

- *Certified Nursing Assistants will only perform tasks as related to support functions (e.g. vitals, prepping charts, etc.).*

There were no CNA's performing tasks at the facility.

- *Clear guidelines/policies are in place for any individuals providing clinical support, with physician oversight. CO's should not provide any type of non-emergency medical care.*

Policies were approved and are in place. While Dr. Rula has been present at the site there is no specific documentation of the physician oversight as required except for the signature that the intakes and assessments have been signed off by the physician. PRJ policies do not allow for CO's to provide any direct medical care to offenders.

## **POLICIES**

- *Policies shall be in place that establish clear direction and expectations for all staff.*

Over the first few months PRJ established policies that relate to medical and mental health care for any offender housed in the facility. The Monitor and the DOJ have reviewed and approved all policies.

- *All policies should be revised consistent with the 2008 National Commission on Correctional Health Care Jail Standards. (38 standards for policies - see check list)*

All policies except one have been consistent with the 2008 National Commission on Correctional Health Care Jail Standards. One of the policies states that intake screens (receiving screening) will be done within 72 hours. This does not seem to be consistent with the compliance indicator. “A receiving screening takes place for all inmates as soon as possible.” It is unclear if this Monitor or the DOJ overlooked the time frame when the initial policies were approved, but the 72 hour time frame is not consistent with the required NCCHC standard. It is requested that the PRJ review the time frame and come up with a period that would meet the standard. To quote the Standard – “ Receiving screening is performed in all inmates on arrival at the intake facility to ensure that emergent and urgent health needs are met.” After inquiring about the time frame with multiple jurisdictions, a time frame of 24 hours or less has been the most consistent response. This protects both the offender and the institution, assuring that any urgent medical condition is addressed. The Monitor is willing to work with PRJ to develop strategies that will assist PRJ in meeting the standard.

## **INTAKE**

- *90% of the Medical Screening portion of Intake Screening is performed by a Qualified Health Professional.*

During this first Monitoring period, the medical staff has been working to assure that a Qualified Health Professional completes all receiving screenings. During the July Monitor visit a Qualified Health Professional had conducted all receiving screenings as noted by the signatures on the intake screening forms.

- *90% of the Initial Screenings are fully documented and available to medical staff in each offenders on line medical file.*

Intake screenings are available in the COR-EMR electronic system. Each was fully documented. The monthly data provided by PRJ showed that 174 were completed within 24 hours, 66 within 48 hours, 12 within 72 hours and 6 fell over the 72 hour framework. Challenges noted included the fact that there were no female officers available to escort female offenders to the medical area for the screening. During the July

site visit both the superintendent and the compliance director assured the Monitor and DOJ representative that there was a female officer who has been assigned to the medical area to assure there is no delay for female offenders. As PRJ and MEDIKO staff review the policy and procedure for intake screenings it will be critical to assure that additional staff are available to conduct screenings during intake surges that often occur near holidays and predictable circumstances such as large special events. It will also be important to provide ongoing training for those medical staff conducting receiving screenings.

- *Policies adopted will be consistent with applicable professional standards, providing guidance when prisoners should be referred to a physician after initial intake screening.*

Policies are consistent with NCCHC standards. As is noted in subsequent sections, referrals to the physician have been delayed. That delay has been up to 12 days. No adverse events have been noted at this point, but such a delay can cause adverse outcomes or conditions that arise from the timing of treatment. There should be documentation when there is a delay in the referral process to assess why the delay occurred and what steps can be taken to avoid the delay.

## **CHRONIC CARE**

- *The Chronic Care policy will be implemented with disease-specific clinical guidelines.*

A chronic care policy has been developed, and has recently been implemented. While the clients may be seen for chronic conditions, a systematic approach to those with chronic illnesses was recently adopted. During the first and second visits the Monitor worked with the RN staff to develop a process for delivery of a chronic care program. Between the second and third visits a significant shift in medical and mental health personnel occurred which seemed to delay the implementation of the chronic care program. In the July PRJ monthly report, chronic care clinics had been conducted for four chronic care conditions (Cardiovascular, Endocrine, Respiratory, and Immunity).

- *The guidelines will define illnesses that qualify for inclusion in the program.*

The guidelines identify those conditions that are included in the chronic disease program. Those conditions are: Cardiovascular, Endocrine, Gastroenterology, Respiratory, Neurology and Immunity.

*90% of prisoners with chronic care issues are identified and examined by the physician*

Data were not available, as the program has recently been implemented.

*100% of the prisoners in the program are tracked in the COREMR system.*

For those offenders that were identified during the July Monitor visit, their chronic care visit was tracked in the COR-EMR program. Due to the recently implemented program percentages are not available.

*90% of the prisoners in the program are scheduled for periodic assessments.*

Data was not available to assess if the prisoners were scheduled based on degree of control.

*90% of the prisoners in the program are provided diagnostic tests at the initial comprehensive visit.*

Data was not available as the program was recently initiated. Review of COR-EMR charts from the three Monitor site visits showed inconsistent laboratory diagnostic testing. Some occurred prior to the visit and others were ordered during the visit with the physician. This is an area where consistency is crucial to the outcome for the offenders.

*90% of the lab work will be available at appointments to determine the level of disease control.*

Data were not available as the program was recently initiated. Review of COR-EMR charts from the three Monitor visits showed inconsistent laboratory diagnostic testing. Laboratory testing is ordered, but not always prior to the visit with the physician. With the implementation of the program this should become consistent.

*90% of chronic care patient's will have a comprehensive clinical plan.*

Data for the entire program offender compliment is not available, but for those medical charts reviewed, a comprehensive clinical plan was in place.

## **HEALTH ASSESSMENTS**

- *Develop and implement a system to provide each prisoner with a comprehensive health assessment.*

PRJ has developed and implemented a system to provide a comprehensive health assessment for those offenders who are in their custody for the 14 day period. The health assessment is part of the COR-EMR program.

- *90% of the health assessments will be conducted by a physician, physician assistant, nurse practitioner, or registered nurse under the supervision of a physician.*

Review of health assessment data at the July Monitor visit showed that an RN or physician conducted 100% of the assessments.

- *90% of the health assessments must be completed within 14 days of arrival at the facility.*

PRJ data for July showed 92% of the assessments were completed in the required timeframe. This is consistent with information reviewed during the July Monitor site visit.

- *90% of medical problems identified during the initial assessment, will result in the patient being referred to a Physician for follow-up care.*

Review of records indicated that over 95% of the medical problems identified during the health assessment initiated a referral. While there was a delay in some referrals to the medical provider, once seen the medical problems were addressed.

## **SICK CALL**

- *100% of the nursing protocols will be signed by the medical director.*

The medical director has signed all the nursing protocols.

- *100% of the nursing protocols will address common symptoms, instruct nurses about the questions of symptoms, identify objectives that they should accomplish in evaluating prisoners who arrive with symptoms.*

Nursing protocols are consistent with current guidelines and address common symptoms, are instructive to nurses concerning symptoms that may be encountered. The protocols identify quantitative objectives that should be accomplished as offenders are evaluated and treated.



- *90% of sick call slips will be properly triaged identifying medical needs and ensuring that inmates are referred for, and provided with, appropriate treatment within a timely manner.*

An identified area of concern was the process by which sick call slips are triaged. On the second visit the Monitor worked to assist the DON on a system to triage the sick call slips. On the third visit, while some triaging was occurring, it was not consistent and the Monitor discussed with the DON/HSA a process to prioritize the sick call slips. By the third day of the most recent visit a 5 point severity index was in place.

- *A Physician will provide overview of the sick call process through a monthly review of the nurses performing sick call (in order to ensure that personnel are not practicing beyond their training).*

This item has not been addressed. This was also noted in the PRJ monthly aggregated report.

- *The monthly review will determine if the medical personnel are providing appropriate care and whether they are following facility policy and procedure.*

There were no instances noted by COR-EMR review where Medical personnel had provided inappropriate care. There were no instances noted where medical personnel were not following policy and procedure. But there was no indication that the physician had also conducted a review of sick calls.

The grievance process is noted in the monthly report. The grievance process is one way to check on the quality of care for offenders. Review of the grievances during the July Monitor visit identified that the resolution suggested by PRJ/MEDIKO was not evident on the documentation. The follow up to the concern also was not noted in either the grievance documentation or on the patient COR-EMR document. Grievance documents are not part of the medical record, but a review of the medical record after a grievance was written did not show specific resolutions to the concerns raised by the offender. This was only based on a couple of grievances.

## **CORRECTIONAL STAFF TRAINING**

- *100% of correctional officers are trained in providing first responder medical care and are basic cardiac life support (BCLS) certified.*

On the first and second visit all correctional personnel had been recently trained. The July reports documented most of the correctional staff was current on infectious disease and emergency procedures required training.

- *Curriculum is submitted for trainings to Monitor and DOJ for review and approval prior to first training offered.*

Training curriculum has been provided to the Monitor and DOJ for review and was approved.

- *100% of new hires will be provided an introductory training, as well as annual in-services trainings provided to all staff.*

All new hires have received their required training. As noted above some of the renewals are behind.

- *100% of the Suicide Prevention & Mental Health Care training is conducted by a Qualified Mental Health Professional.*

On the first and second visit it was noted that the Qualified Mental Health Professional (QMHP) had provided the suicide prevention training. On the third visit, the new QMHP, Kimberly Harris was unaware of the requirement. While unaware, she indicated a willingness and desire to provide training to officers and other medical staff as needed. Information submitted in the July report indicated that the majority of the correctional staff had attended suicide prevention training in July and early August 2014.

- *Curriculum is submitted to the monitor and DOJ for review and approval prior to first training.*

The curriculum was submitted to the Monitor and the DOJ for review and was approved.

## **CO-PAYS**

- *100% of health care required by the Jail, including health assessments and mental health care, as well as necessary medical care, including chronic care and emergency visits are excluded from a co-pay charge to the inmate.*

According to PRJ policy health assessment, mental health care, chronic care, necessary medical care and emergency visits are excluded from co-pay charges.

- *100% of the inmates will only have one co-payment fee to see a nurse for sick call, with no further fee assessed if the prisoner is referred to the doctor for further evaluation.*

According to PRJ policy co-pay charges are not assessed to any offender.

- *100% of the inmates will have no co-payment for serious medical need that is clinically indicated, nor charging of multiple co-payments if more than one time care occurs during any 30-day period for the same serious medical need.*

According to PRJ policy co-pay charges are not assessed to any offender.

- *The PRJ will follow pre-determined agreement of co-payment scheduled as outlined in DOJ Settlement Agreement, no co-payment will be charged if the co-payment would cause the balance in a prisoner's account to go below \$5.00.*

Co-payment schedule:

\$2.00 to see a nurse; \$3.00 to see a Doctor; and \$8.00 for an emergency visit (i.e. visit on an expedited basis) if it is determined that an expedited visit was medically unnecessary.

According to PRJ policy co-pay charges are not assessed to any offender.

## **MENTAL HEALTH**

- *The facility will provide (1) Full-time QMHP and (1) Psychiatrist who is onsite at the Jail no less than once per week for a number of sufficient provider hours.*

Kimberly Harris is the new QMHP. She is on-site Monday – Friday and on-call at other times. The Psychiatrist is available once per week to see offenders. This meets the requirement.

- *The facility will provide Telemedicine and additional in-person assessments provided by the Psychiatrist where clinically indicated.*

Telemedicine/telepsychiatry is not currently provided as the PRJ is able to provide Psychiatrist services on site.

- *Piedmont will perform a staffing analysis October 1, 2014 and each year afterwards. The analysis will be submitted to and approved by Monitor and DOJ. The analysis must demonstrate that staffing ratios are appropriate to meet the need and if the analysis shows a deficiency the facility must increase the staffing to ensure constitutional mental health care.*

The analysis should occur over the next month. The analysis will be reviewed at the next on-site Monitor visit.

## MENTAL HEALTH POLICIES

- *100% of the policies are implemented based on NCCHC Jail Standards related to MH Care.*

Policies reviewed were consistent with NCCHC Jail standards.

- *100% of the prisoners are appropriately screened for mental illness using appropriately validated screening instrument.*

The screening instrument that is used is a part of the initial receiving screening of offenders, and has been validated. Screening occurred from 0-72 hours. Due to that fact, the potential for an adverse event is present. None have occurred during this first review period.

- *100% of prisoners with known or suspected mental illness are referred to a psychiatrist within 14 days of intake. Acute needs are seen and treated as soon as staff is made aware of the condition.*

According to the July PRJ monthly report and Monitor review, referrals are taking an average of 17 days. Due to this fact there needs to be a strong effort to identify and assure that those with mental health issues are seen within the required period.

- *100% of prisoners with chronic mental illness are placed on a chronic mental health list for follow-up every 30, 60, or 90 days or, as clinically indicated.*

From the first monitor visit to the third visit there had been a staff change. The new QMHP had been on site less than a month. Therefore data was not available to corroborate this item. The new QMHP had not been given a copy of any of the documentation related to the settlement agreement. She was provided same during the July visit.

- *100% of psychotropic medication prescriptions will be reviewed by a psychiatrist on a regular, timely basis to assess prescribed regimen.*

During the July monitor site visit, the Monitor and the QMHP reviewed mental health medications lists. She was able to identify those offenders who were on the mental health roster and those on specific medications. She then made a list for the psychiatrist who would review the medication list with the patient on the next visit. An item that was noted, and was known by medical staff, was difficulty re-ordering medications from the

local pharmacy. This was being worked on while on-site during the July visit. Corrections to this process will be reviewed at the next on-site visit.

- *100% of the patients who have had a discontinued, added or changed psychotropic medication will have a Psychiatrist or other qualified prescriber document the reason for change in the COR-EMR health record.*

Medications were noted in the COR-EMR as were specific notations by the QMHP and psychiatrist regarding medication delivery and compliance. As the QMHP was new this requirement was not addressed at the July visit and will be evaluated at the next Monitor visit.

- *100% of prisoners receiving psychotropic meds are adequately monitored for negative side effects.*

At the July visit the new QMHP had a list of potential issues to be discussed with the psychiatrist when he visited the facility. There were no notations in the COR-EMR recording negative side effects of a psychiatric medication.

- *100% of prisoners on psychotropic medications will be evaluated by the psychiatrist within two weeks of starting any new medication.*

The new QMHP was unaware of this standard and stated she would assure that this was taken into account when scheduling offenders. This standard will be reviewed at the next site visit.

## **SUICIDE PREVENTION**

- *A suicide prevention policy will be implemented to ensure that prisoners at risk of self harm are identified, protected, and treated in a manner consistent with Constitution law.*

A suicide prevention policy was developed and has been approved by the Monitor and the DOJ. The policy adheres to the NCCHC standard. A challenge for the facility is the physical plant. The cells being used for suicide watch are in the booking and receiving area and not set up for suicide watch. There are protrusions in the cells used for suicide watch that pose a risk and as such the potential for a successful suicide exists. The PRJ is making an effort to modify the cells and have plans to continue to modify them as necessary.

- *100% of those prisoners at risk for self-injurious behavior or suicide have timely and adequate access to QMHP.*

Review of the notes from the QMHP and direct observation by the Monitor has noted that those offenders under suicide watch have access to and regular visits from the QMHP.

- *100% of those prisoners on suicide watch are provided with the appropriate level of supervision.*

The current location of the suicide watch cells is located in the booking and receiving area. This location is staffed 24 hours a day and those that are on watch are able to have supervision by the officers who staff that location.

- *100% of actively suicidal prisoners are placed on constant observation.*

During the visits to the facility by the Monitor there were no offenders on the highest level of watch. Therefore the Monitor was not able to observe if this measure was followed. Policy dictates that constant observation is required for those on the highest level of suicide watch. It was noted in the PRJ monthly reports that there had been offenders on the highest level of watch.

- *100% of potentially suicidal prisoners are monitored at staggered intervals not to exceed every 15 minutes.*

Review of documentation during each of the three visits showed that the officer responsible for the suicide watch signed the documentation at exactly 15 minute intervals. The standard is “staggered intervals”. This issue was discussed with the compliance director and is to be addressed with the officers responsible for suicide watch. The reasoning behind the staggered intervals is to make it more difficult for the offender under watch to time when the officer would be observing the offender.

- *100% of the Correctional Officers checks on prisoners on observation are documented in the approved format.*

As noted above, documentation was present, but the intervals were exactly 15 minutes, therefore it was difficult to ascertain if the officer actually was observing the offender at the 15 minute time frame or merely documenting that it was completed. When the Monitor was observing the officers they did go to the cell and observe the offender every 15 minutes on the dot.

- *CO Supervisor will conduct and document a review of all documents at the end of shift it occurred to ensure compliance.*

Notes were reviewed at the three visits and the CO supervisor had reviewed all the suicide observation logs.

- *All staff with contact with prisoners have ready access to cut-down tools and are trained to use them effectively.*

At the first visit cut-down tools were not readily available. Over the course of the three visits cut-down tools were available to supervisory staff. The compliance director is working with security to make the cut-down tools more readily accessible in all housing areas. This is a challenge to security to assure that there is access to the tool for staff, but not for offenders.

- *QMHP (or Physician in absence of QMHP) regularly document in prisoners medical chart, once per shift minimum, reassessing whether the level of precaution should be raised or lowered for prisoners on suicide precautions based on that assessment.*

Review of documentation during the last visit showed that Kimberly Harris, the most recent QMHP, was documenting on the COR-EMR system the current status and recommendations to the psychiatrist for those on suicide watch and those that were in restricted housing areas.

## **QUALITY ASSURANCE**

- *The facility has quality assurance policies and procedures that will identify and address serious deficiencies in medical and mental health care (including sick call, health assessments, intake, chronic care, medication administration, emergency care, and infection control).*

The quality assurance process is in its infancy. PRJ began sending Monthly reports in April and at the same time identified severe problems between the custody computer system and COR-EMR. These were significantly addressed just prior to the July Monitor site visit. Therefore it has been difficult for the PRJ to provide a comprehensive assessment of the quality of their system. The policy is in place, and the new DON/HSA Mary Trammel-Jones and compliance director Jim Davis are working together to address this item.

- *Track and analyze patterns and trends regarding the provision of medical and MH care at Piedmont facility. (See Checklist)*

As noted above, the monthly reports began in April of 2014. During the first few reports the Monitor and the compliance director worked on addressing any confusion on the way in which data for the reports are collected and presented in the report. At the July site visit the Monitor and compliance director sat down and reviewed each in the aggregated report to assure that each of the parties understood how the information was gathered and what each of the data points was addressing.

The report is currently a data report with little analysis of what happened and what steps may have been taken, or should be taken in the future to modify policies/procedures/systems at PRJ. An example could be the offender who had urinary retention and hematuria. He was sent to the ER four times in ten days. This may have been appropriate and necessary, but an analysis of the situation may help to understand and develop procedures to better care for offenders with catheters. Another example would be the use of the restraint chair. Why was it needed? What were the circumstances? What was the medical follow-up of the offender?

In the July report it was noted that a cell designated for medical usage was created. What are the new policies that are required for the new cell? What is the oversight by medical for that patient? IS there specific documentation that goes along with the camera in the room? Are vital signs taken on a routine basis? These are the types of quality assurance questions that should be answered as we work on this area of the agreement. Over the next few months this Monitor is hopeful that the data and analysis will continue to show improvement.

**Compliance Indicators**

Subject	Indicator				
<b>MEDICAL</b>					
<b>Staffing</b>					
Staffing - Physician	3.5 hours of physician time per week for every 100 prisoners				
Staffing Based on Offender Count	Count Below 600: Minimum of (1) RN and (6) LPNs (count below 600) / Count Above 600: Additional (2) LPNs				
Staffing - Health Assessment Backlog	Hire Additional (1) RN if Health Assessments are not being completed within 14 days				
Medical Staff Requirements	All persons providing care meet applicable state licensure and/or certification requirements and practice within scope of training/licensure.				
CNAs	Only performing tasks within support functions (e.g. vitals,				



	prepping charts, etc.)				
Correctional Officers	Clear guidelines in place for any individuals providing clinical support, with physician oversight. CO's should not provide any type of non-emergency medical care.				
<b>Policies</b>					
Policies & Procedures	Shall be revised to establish clear direction and expectations for all staff				
NCCHC Standards - Policies	All policies should be revised consistent with the 2008 National Commission on Correctional Health Care Jail Standards. (38 standards for policies - see check list)				
<b>Intake</b>					
Medical Screening	Medical Screening portion of Intake Screening is performed by a Qualified Health Professional				
Initial Screenings	Initial Screenings are fully documented and available to medical staff in each offenders' medical file.				
Referrals	Policies adopted consistent with applicable professional standards providing guidance when prisoners should be referred to a physician after initial intake screening.				
<b>Chronic Care</b>					
Chronic Care Program	Implement policy with disease-specific clinical guidelines.				
Guidelines	Guidelines must do the following: (1) defines illnesses that qualify for inclusion in the program (2) ensures that prisoners with chronic care issues are identified and examined by the physician/tracks prisoners in the program (3) schedules periodic assessments (4) provides for diagnostic tests at an initial comprehensive visit (5) makes lab work available at appointments in order to determine the status of disease control (6) outlines a clinical plan for each chronically ill prisoner.				
<b>Health Assessments</b>					
System Development & Implementation	Develop and implement a system to provide each prisoner with a comprehensive health assessment.				
Assessment	Conducted by a physician, physician assistant, nurse practitioner, or registered nurse under the supervision of a physician.				
Timing	Health Assessment must be complete within 14 days of arrival				
Referrals	Referred to Physician for follow-up care (If medical problems are identified)				

<b>Sick Call</b>					
Nursing Protocols	Established and signed by medical director. Should address common systems, instruct nurses about the questions of symptoms, identify objectives that should accomplish in evaluating those prisoners				
Triage	Properly triaged prisoners medical needs and ensure that they are referred for, and provided with, appropriate treatment in a timely manner.				
Physician Oversight	Physician provides overview of sick call process through monthly review of the nurses performing sick call (in order to ensure that personnel are not practicing beyond their training)				
Physician Oversight	Personnel are providing appropriate care during sick call and following facility policy and procedures				
<b>Correctional Staff Training</b>					
Annual Officer Training (AOT)	Providing first-responder medical care and basic cardiac life support (BCLS) certified.				
AOT Curriculum	Curriculum submitted for AOT trainings to Monitor and DOJ for review and approval prior to first training offered.				
Suicide Prevention & Mental Health Care	Including an introductory training provided to new hires as well as annual in-services trainings provided to staff.				
Curriculum & Training	Suicide Prevention & Mental Health Care training should be conducted by Qualified Mental Health Professionals and curriculum submitted to the monitor and DOJ for review and approval prior to first training.				
<b>Co-Pays</b>					
Excluded Co-Payments	All health care required by the Jail, including health assessments and mental health care, as well as necessary medical care, including chronic care and emergency visits				
Required Co-Payments	Only one co-payment fee to see a nurse, with no further fee assessed if the prisoner is referred to the doctor for further evaluation.				
Follow-up Care	No co-payment is required for serious medical need that is clinically indicated, nor charging of multiple co-payments if more than one time care occurs during any 30-day period for the same serious medical need.				
Co-payment Schedule	Follows pre-determined agreement of co-payment scheduled as outlined in DOJ Settlement Agreement.				
<b>MENTAL HEALTH (MH)</b>					
<b>Staffing</b>					

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Qualified Mental Health Professionals (within 180 days of effective date)	(1) Full-time QMHP and (1) Psychiatrist who is onsite at the Jail no less than once per week for a number of sufficient provider hours				
Psychiatrist	Telemedicine and additional in-person assessments provided				
MH Staffing Analysis (to begin one year after effective date)	Submitted to and approved by Monitor and DOJ. Must demonstrate staffing ratios increased to provide adequate MH care.				
<b>Policies</b>					
NCCHC Jail Standards	Implemented policies based on NCCHC Jail Standards related to MH Care.				
MH Illness	All Prisoners are appropriately screened for mental illness using appropriately validated screening instrument.				
Referrals	All prisoners with known or suspected mental illness are referred to psychiatrist within 14 days of intake. Acute needs are seen and treated as soon as staff are made aware of condition.				
Chronic Mental Illness	Prisoners with chronic mental illness are placed on a chronic mental health list for follow-up every 30, 60, 90 days or as clinically indicated.				
Psychotropic Medications	Psychiatrists must review prescriptions for psychotropic medications on a regular, timely basis to assess prescribed regimen.				
Change of Psychotropic Medication	Discontinued, added or changed psychotropic medication, Psychiatrist or other qualified prescriber must document the reason for change in the prisoners health record.				
Psychotropic Medication Monitoring	Prisoners receiving psychotropic meds are adequately monitored for negative side effects.				
Psychotropic Medication Re-evaluations	Prisoners on psychotropic medications must be evaluated by the psychiatrist within two weeks of starting any new medication.				
<b>Suicide Prevention</b>					
Suicide Risk	Those prisoners at risk for self-injurious behavior or suicide have timely and adequate access to QMHP				
Suicide Watch	Those prisoners on suicide watch are provided with the appropriate level of supervision.				
Actively Suicidal Prisoners	Actively suicidal prisoners are placed on constant observation				
Potentially Suicidal Prisoners	Monitored at staggered intervals not to exceed every 15 minutes.				

Documented Checks	Correctional Officers checks on prisoners on observation document checks in approved format.				
CO Change of Shift	CO Supervisor will conduct and document a review of all documents at the end of shift it occurred to ensure compliance.				
Training Tools	All staff with contact with prisoners have ready access to cut-down tools and are trained to use them effectively.				
QMHP Re-Assessments	QMHP (or Physician in absence of QMHP) regularly document in prisoners medical chart, once per shift minimum, reassess level for prisoners on suicide precautions.				
<b>Quality Assurance</b>					
Quality Assurance Policies and Procedures (within 180 days of the Effective Date)	Identify and address serious deficiencies in medical and mental health care (including sick call, health assessments, intake, chronic care, medication administration, emergency care, and infection control)				
Monthly Quality Assurance Mechanisms (within 180 days of the Effective Date)	Track and analyze patterns and trends regarding the provision of medical and MH care at Piedmont facility. (See Checklist)				
<b>Legend:</b>					
SC	Substantial Compliance				
PC	Partial Compliance				
NC	Non Compliant				
NP	No Program				
	Indicator Removed				
	Not Applicable for Site at this time				

**Standards Checklist**

Access to Care

\_\_\_\_\_ Responsible Health Authority

\_\_\_\_\_ Medical Autonomy

\_\_\_\_\_ Administrative Meetings and Reports

\_\_\_\_\_ Policies and Procedures

\_\_\_\_\_

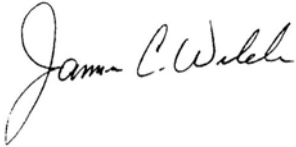
_____	Continuous Quality Improvement Program
_____	Emergency Response Plan
_____	Communication on Patients' Health Needs
_____	Infection Control Program
_____	Credentialing
_____	Professional Development
_____	Health Training for Correctional Officers
_____	Medication Administration Training
_____	Inmate Workers
_____	Pharmaceutical Operations
_____	Medication Services
_____	Information on Health Services
_____	Receiving Screening
_____	Transfer Screening
_____	Initial Health Assessment
_____	Mental Health Screening and Evaluation
_____	Oral Care
_____	Nonemergency Health Care Requests and Services
_____	Emergency Services
_____	Segregated Inmates
_____	Continuity of Care During Incarceration
_____	Chronic Disease Services
_____	Patients with Special Health Needs
_____	Infirmity Care (Currently inapplicable, but to be adopted should Piedmonth contract an infirmary)
_____	Basic Mental Health Services
_____	Suicide Prevention Program
_____	Intoxication and Withdrawal
_____	Care of the Pregnant Inmate
_____	Health Record Format and Contents
_____	

Confidentiality of Health Records

\_\_\_\_\_ Restraint and Seclusion (Currently inapplicable, but to be adopted should Piedmont begin using restraints)

\_\_\_\_\_ Emergency Psychotropic Medication

\_\_\_\_\_

A handwritten signature in cursive script that reads "James C. Welch". The signature is written in black ink and is positioned to the left of the signature line.