

# Piedmont Regional Jail Authority Second Monitor Report

April 3, 2015

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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. This second report will use the same format as was used in the first report. There are also specific indicators identified in the settlement agreement. This report will highlight where PRJ has moved toward substantial compliance. The indicator spreadsheet is an attachment to this initial report. This report will provide a grading using the indicators. Some of the indicators will be in partial compliance as some of the processes and policies have just recently been developed and implemented.

Site visits were conducted on January 19 – 21, 2015 and March 16- 18, 2015. Monthly reports from PRJ 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 these visits Superintendent Hunter indicated that the PRJ is under negotiations with the State to help fund an expansion to the facility. These physical plant changes should help the PRJ to continue to improve the health and mental health services provided at the facility.

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

All the staff at the PRJ is committed towards making the system better. The improvements, conditions and policies at the jail have shown significant movement since the first Monitor report.

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, and ability of the physician and dentist to examine patients has been much improved due to the increased space. As noted above, the potential addition to the facility should only improve the provision of services to the jail population.

PRJ has made efforts towards achieving compliance with the settlement agreement and are to be commended for their efforts. The movement toward substantial compliance in most areas is an indication of their commitment to change. The addition of qualified management staff by Mediko has allowed PRJ to move toward substantial compliance in numerous areas. 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**

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

The Average Daily Population (ADP) at the PRJ has been between 577 and 589 during the current Monitoring period. There were a few days when the census escalated to 600 and above, but only for a couple of days. The previous Physician staffing was Monday 7:30AM – 3:30PM, Wednesday 7:30AM – 1:30 PM and Thursday 7:30AM – 3:30PM. This gave 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, who had been the constant in the Medical area since the Monitoring period began left at the end of January. Other physicians have been providing services at the facility since his departure. The hours required by the settlement agreement have been provided by these part time physician staff. It was noted however that due to a snow storm there was one month where the time was slightly less than the required amount. This is understandable and does not negate the ongoing provision of services at the facility. It will be important that as the new permanent physician comes on board efforts are taken to ensure that when they are on vacation, a substitute physician is present to assure that the offenders at the facility obtain the required number of physician hours.

This standard is in substantial compliance.

- *2- 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 very little turnover on the nursing staff during this 6 month period. As of the March visit there were 6 LPN's and 3 RN's. This is an increase of 1 RN and 1 LPN since the last report. One of the RN's is a Health Services Administrator/Director of Nurses (HSA/DON). The current staffing pattern meets the intent of the agreement with the additional RN and LPN on staff. The DON/HSA, Mary Trammell-Jones was new as of the first report. She continues to provide oversight and direction for the staff at PRJ nursing staff. The former Regional HSA, Janet Dobson is no longer employed with MEDIKO. Lori Peters was the new Regional HSA and has improved the quality of the processes in support of the site HSA. This change has significantly improved the Quality

Assurance and assessment activities at PRJ. This seasoned professional is a welcome sight for the ongoing improvements seen at PRJ.

This standard is in substantial compliance.

- *3 - 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 no health assessments that were not completed in the 14-day time frame. MEDIKO has hired an additional RN position. This has helped to assure that all health assessments are completed within the required time frame. There continues to be a challenge between 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 HSA has put in place mechanisms to assure that none of those in need of a 14 day assessment are missed.

This standard is in substantial compliance.

- *4 - 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.

This standard is in substantial compliance.

- *5 - 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.

This standard is in substantial compliance.

- *6 - 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. During the previous visits it was noted that there was no documentation of direct physician oversight. This has been corrected and documentation of direct oversight of all clinical activities is available. Electronic signature by the physician was present on all intakes and assessments for all records reviewed. PRJ policies do not allow for CO's to provide any direct medical care to offenders.

This standard is in substantial compliance.

## **POLICIES**

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

Policies are in place and are being reviewed on a routine basis. During this reporting period 6 policies have been reviewed and modified to better address care at the PRJ. The Monitor and the DOJ have reviewed and approved all policies.

This standard is in substantial compliance.

- *8 - 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 have been consistent with the 2008 National Commission on Correctional Health Care Jail Standards. In the first report there was a question that this Monitor raised concerning the intake time frame. This policy was changed to address the importance of screening “on arrival”. This is consistent with the NCCH Jail Standards. 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.” This was changed during this reporting period.

This standard is in substantial compliance.

## **INTAKE**

- *9 - 90% of the Medical Screening portion of Intake Screening is performed by a Qualified Health Professional.*

100% of the Medical Screenings are performed by a Qualified Health Professional. All of the screenings are reviewed by the HSA as part of their quality assurance process.

This standard is in substantial compliance.

- *10 - 85% 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 (100%) was fully documented. If the COR-EMR system is not available at the time of the screening a paper screening is completed and entered at a later time into the system when it becomes available. This standard does not address the timeliness of the screenings, however, PRJ MEDIKO staff have instituted an improvement plan to address the timeliness issue. 40% of the transfer screenings were not completed in the time frame established by the facility in December. Their goal is 80%. By the January time frame 8% of the transfer screenings were not completed in the time frame established by the facility. By the January time frame they had met their improvement goal. This is an example of the good work being done by the staff at the PRJ and the improvements that can be made when an improvement process is implemented. A challenge that continues to plague the

Medical staff is the interface between the COR-EMR and the defender management system. Superintendent Hunter has noted this as a problem and a new offender management system is scheduled to be in place in the July timeframe. This should substantially help the problems currently being seen with the interface between the systems.

This standard is in substantial compliance.

- *11 - 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. Delays, which had been seen in previous time periods, have been eliminated. From a low of 64% of offenders referred to a physician and seen, to the current 80% of those identified at intake as needing a referral this has shown significant improvement.

This standard is in substantial compliance.

## **CHRONIC CARE**

- *12 - 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). By the two visits in January and March respectively every chronic care client had been seen and a treatment plan was in place. The PRJ is using the NCCHC Chronic Care guideline as the template for chronic care conditions. This is a significant improvement from the previous reporting period.

This standard is in substantial compliance.

- *13 - 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.

This standard is in substantial compliance.

- *14 - 90% of prisoners with chronic care issues are identified and examined by the physician*

100% of the offenders identified with chronic care issues have been examined by a physician and have a treatment plan in place. It is unknown if any offenders were not identified in the screening process.

This standard is in substantial compliance.

- *15 - 95% of the prisoners in the program are tracked in the COR-EMR system.*

100% of the offenders in the program are tracked in the COR-EMR system

This standard is in substantial compliance.

- *16 - 85% of the prisoners in the program are scheduled for periodic assessments.*

All of the offenders who were identified are scheduled for those assessments, however as it has not been a month since each of them were seen data was not available to assess if the prisoners were scheduled based on degree of control.

This standard is in partial compliance.

- *17 - 85% of the prisoners in the program are provided diagnostic tests at the initial comprehensive visit.*

100% of the offenders who were seen in the chronic care clinics have been ordered diagnostic testing. It will be important to follow this process over the next reporting period to assure that testing and review by the physician occurs on a timely basis.

This standard is in substantial compliance.

- *18 - 85% 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. As the program was recently implemented it was impossible to obtain sufficient data to determine a percentage of compliance.

This standard is in partial compliance.

- *19 - 90% of chronic care patient's will have a comprehensive clinical plan.*

100% of the offenders in the chronic care program had a comprehensive clinical plan using the NCCHC Chronic care form.

This standard is in substantial compliance.

## **HEALTH ASSESSMENTS**

- *20 - 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.

This standard is in substantial compliance.

- *21 - 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 March Monitor visit showed that an RN or physician conducted 100% of the assessments. Out of the 10 records reviewed, where the health assessments were completed by an RN, all 10 were reviewed by the physician.

This standard is in substantial compliance.

- *22 - 85% of the health assessments must be completed within 14 days of arrival at the facility.*

PRJ data during my March visit showed 100% of the assessments were completed in the required timeframe.

This standard is in substantial compliance.

- *23 - 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.

This standard is in substantial compliance.

## **SICK CALL**

- *24 - Nursing protocols will be signed by the medical director.*

The medical director has signed all the nursing protocols.

This standard is in substantial compliance.

- *25 - 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.

This standard is in substantial compliance.

- *26 - 85% 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.*

The January data showed this area to be in 97% compliance. In the February data report, and during my visit, data showed 100% compliance with this standard. This is a significant improvement from the previous reporting period.

This standard is in substantial compliance.

- *27 - 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).*

In January data showed that 90% of the sick call encounters had been reviewed by the physician. During my visit and in the latest reports 100% of the sick call encounters reviewed had been reviewed. None of the data showed any personnel practicing beyond their training or licensure.

This standard is in substantial compliance.

- *28 - 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.

One of the ways PRJ are reviewing this item is moving towards the use of the SOAP format of nursing notes. SOAP is subjective, objective, assessment and plan. This is a good way to evaluate if the professional is following standard procedures, providing appropriate care and is using protocols correctly, within their scope of practice.

This standard is in substantial compliance.

## **CORRECTIONAL STAFF TRAINING**

- *29 - 85% of correctional officers are trained in providing first responder medical care and are basic cardiac life support (BCLS) certified.*

100% of the correctional officers are trained in providing first responder medical care and are basic cardiac life support certified.

This standard is in substantial compliance.

- *30 - The curriculum for First Responder Medical Care trainings is submitted 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.

This standard is in substantial compliance.

- *31 - 85% of new hires will be provided an introductory training, as well as annual in-services trainings provided to all staff.*

100% of new hires have received their required training.

This standard is in substantial compliance.

- *32 - 85% of the Suicide Prevention & Mental Health Care training is conducted by a Qualified Mental Health Professional.*

The Suicide Prevention and Mental Health Care Training was conducted the week before my March visit and was conducted by the regional Mediko QMHP.

This standard is in substantial compliance.

- *33 - The curriculum for Suicide Prevention and Mental Health care training 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. As the policies at PRJ are modified or changed it will be important for the QMHP to revise the curriculum to reflect any changes in the policies or procedures.

This standard is in substantial compliance.

## **CO-PAYS**

- *34 - 85% 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.*

The PRJ recently instituted a change to their co-pay policy initiating some co-pay charges. According to PRJ policy health assessment, mental health care, chronic care, necessary medical care and emergency visits are excluded from co-pay charges. In reviewing co-pay charges none were for health assessment, mental health care or emergency visits. This process was recently changed and less than a months' worth of data were available.

This standard is in partial compliance.

- *35 - 85% 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.*

There were nineteen (19) offenders who were charged a sick call co-pay charge. Out of the 19, ten (10) were referred to the physician for follow-up. None of the 10 were assessed an additional charge for the physician visit. As this process had started recently it was difficult to obtain a substantial number of records to review.

This standard is in partial compliance.

- *36 - 85% 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 who has a serious medical need that is clinically indicated, nor charging for any similar illness within a 30-day period. As this process had started recently, it was difficult to obtain a substantial number of records to review.

This standard is in partial compliance.

- *37 - 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.

There were no co-pay charges in the 19 records reviewed which placed an offenders account below \$5.00. However, as this process had recently been implemented it was difficult to obtain a substantial number of records to review.

This standard is in partial compliance.

## **MENTAL HEALTH**

- *38 - 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.*

At the March visit the QMHP, Kimberly Harris was no longer employed by MEDIKO. MEDIKO had begun to fill in the position with staff from other sites and begun the recruitment process for the new QMHP. She was on-site Monday – Friday and on-call at other times. They have an on-call schedule for PRJ use as needed on off hours. The new Psychiatrist is available once per week to see offenders. This meets the requirement. As PRJ had only two days before my visit had a change in personnel, this standard had been met. Therefore as long as they continue to find a licensed QMHP they should continue to meet this standard.

This standard is in substantial compliance.

- *39 - 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. PRJ and MEDIKO has asked to be able to provide back-up telepsychiatry for times when a psychiatrist is not available quickly. They will be providing reports on the usage of telepsychiatry services and on-site services over the next couple of months for us to monitor how mental health services are being provided.

This standard is in substantial compliance

- *40 - 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.*

MEDIKO provided the required staffing analysis. Suggestions for continued analysis have been made to the staff at PRJ and MEDIKO. They will be reviewing the analysis to target the actual needs of the offenders at the facility to see if the current staffing pattern is adequate for the needs of the facility.

This standard is in substantial compliance.

## **MENTAL HEALTH POLICIES**

- *41 - Policies are implemented to deliver mental health services as provided for in the NCCHC Jail Standards related to MH Care.*

Policies reviewed were consistent with NCCHC Jail standards.

This standard is in substantial compliance.

- *42 - 85% 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. 100% of the offenders were screened using the validated instrument. There were no adverse events that have occurred during this review period.

This standard is in substantial compliance.

- *43 - 85% 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.*

Due to the fact that the QMHP was not available it was extremely difficult for the HSA and the regional nursing director to obtain validated data. It seemed that all offenders who were known or suspected to have a mental illness were referred within the

appropriate time frame, but data was not readily available. Therefore a partial compliance score was obtained. It will be critical that the new QMHP make a strong effort to identify and assure that those with mental health issues are seen within the required period. And, that acute needs are seen and treated as soon as staff are made aware of the condition.

This standard is in partial compliance.

- *44 - 85% 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.*

Review of the chronic mental health list confirmed that those offenders on the list had been seen within the required time frame. It will be important for the new QMHP to work with the new psychiatrist to establish time frames that are based on clinical need of each person on the MH roster to assure that they are followed according to the clinical need of the individual.

This standard is in substantial compliance.

- *45 - 85% of psychotropic medication prescriptions will be reviewed by a psychiatrist on a regular, timely basis to assess prescribed regimen.*

It was noted that the just recently departed QMHP had appropriate lists of MH clients who were seen on a regular basis and the prescriptions were reviewed by the psychiatrist on a timely basis.

This standard is in substantial compliance.

- *46 - 85% 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. What was missing was the reason for the change in medications when they occurred. The review revealed that there was no consistency identifying the reason for changes in medication.

This standard is in partial compliance.

- *47 - 85% of prisoners receiving psychotropic meds are adequately monitored for negative side effects.*

As noted above COR-EMR had notations on some of the offenders who receive psychiatric medications, but there was not consistency noting negative side effects.

This standard is in partial compliance.

- *48 - 85% of prisoners on psychotropic medications will be evaluated by the psychiatrist within two weeks of starting any new medication.*

Review of the records with the HSA and regional nursing director showed that for those offenders who were placed on new psychiatric medications the psychiatrist had evaluated and seen the offender in the appropriate time frame.

This standard is in substantial compliance.

## **SUICIDE PREVENTION**

- *49 - 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. The PRJ recently modified a cell to adhere to the policy. There had not been any offenders who had been housed in the modified cell as of the March visit.

This standard is in substantial compliance.

- *50 - 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 former QMHP and direct observation during the January visit by the Monitor has noted that those offenders under suicide watch have access to and regular visits from the QMHP. The revised schedule for those covering during this recruitment period indicated that this should still occur.

This standard is in substantial compliance.

- *51 - 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. The newly modified suicide watch cell is to be staffed with personnel on a 24 hour basis with a radio.

This standard is in substantial compliance.

- *52 - 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 one (1) offender on the highest level of watch. Review of the “constant observation sheet” had notes every 15 minutes exactly. A concern was raised that they observer must make notes in a random basis to assure that the individual is under constant observation.

This standard is in partial compliance.

- *53 - 100% of potentially suicidal prisoners are monitored at staggered intervals not to exceed every 15 minutes.*

Review of documentation during each of the 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.

This standard is in partial compliance.

- *54 - 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.

This standard is in partial compliance.

- *55 - 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. However, as the CO supervisor had either not noted or understood the intent of the “staggered intervals “ requirement it was unclear if the CO supervisor had actually read and comprehended the document.

This standard is in partial compliance.

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

In the first report it was noted that cut-down tools were not readily available. Over the course of subsequent visits cut-down tools were available to all staff.

This standard is in substantial compliance.

- *57 - 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 visits showed that the former QMHP, Kimberly Harris, was documenting on the COR-EMR system the current status of the offender. But it was not clear that any specific recommendations were provided to the psychiatrist for those on suicide watch and those that were in restricted housing.

This standard is in partial compliance.

## QUALITY ASSURANCE

- *58 - 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 has begun the QA process and has Quality Assurance Improvement charts that are assisting the MEDIKO staff in evaluating their processes and procedures. As noted previously there continue to be problems between the custody computer system and COR-EMR. 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, regional director of nursing and compliance director Jim Davis are working together to address this item.

This standard is in partial compliance.

- *59 - 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. During the latest visit in March, the Monitor, HSA, regional nursing director and compliance director sat down and reviewed each item 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 some 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. It will be critical for MEDIKO and PRJ senior staff to meet and discuss the overall quality assurance process to assure that both security and MEDIKO management and line staff understand the importance of the process of quality assurance.

Over the next few months this Monitor is hopeful that the data and analysis will continue to show improvement.

This standard is in partial compliance.

## Compliance Indicators

| Subject                              | Indicator   |  | 4/15 |  |  |  |
|--------------------------------------|---|--|------|--|--|--|
| <b>MEDICAL</b>                       |   |  |      |  |  |  |
| <b>Staffing</b>                      |   |  |      |  |  |  |
| Staffing - Physician                 | 3.5 hours of physician time per week for every 100 prisoners  |  | SC   |  |  |  |
| Staffing Based on Offender Count     | Count Below 600: Minimum of (1) RN and (6) LPNs (count below 600) / Count Above 600: Additional (2) LPNs  |  | SC   |  |  |  |
| Staffing - Health Assessment Backlog | Hire Additional (1) RN if Health Assessments are not being completed within 14 days   |  | SC   |  |  |  |
| Medical Staff Requirements           | All persons providing care meet applicable state licensure and/or certification requirements and practice within scope of training/licensure.                       |  | SC   |  |  |  |
| CNAs                                 | Only performing tasks within support functions (e.g. vitals, prepping charts, etc.)   |  | SC   |  |  |  |
| 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. |  | SC   |  |  |  |
| <b>Policies</b>                      |   |  |      |  |  |  |
| Policies & Procedures                | Shall be revised to establish clear direction and expectations for all staff  |  | SC   |  |  |  |

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| 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)   |  |  | SC                                     |  |  |  |
| <b>Intake</b>                       |  |  |  |  |  |  |  |
| Medical Screening                   | Medical Screening portion of Intake Screening is performed by a Qualified Health Professional  |  |  | SC                                     |  |  |  |
| Initial Screenings                  | Initial Screenings are fully documented and available to medical staff in each offenders' medical file.  |  |  | SC                                     |  |  |  |
| Referrals                           | Policies adopted consistent with applicable professional standards providing guidance when prisoners should be referred to a physician after initial intake screening.   |  |  | SC                                     |  |  |  |
| <b>Chronic Care</b>                 |  |  |  |  |  |  |  |
| Chronic Care Program                | Implement policy with disease-specific clinical guidelines.  |  |  | SC                                     |  |  |  |
| 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. |  |  | SC<br>SC<br>SC<br>PC<br>SC<br>PC<br>SC |  |  |  |
| <b>Health Assessments</b>           |  |  |  |  |  |  |  |
| System Development & Implementation | Develop and implement a system to provide each prisoner with a comprehensive health assessment.  |  |  | SC                                     |  |  |  |

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|------------------------------------|--|--|--|----------|--|--|--|
| Assessment                         | Conducted by a physician, physician assistant, nurse practitioner, or registered nurse under the supervision of a physician.   |  |  | SC       |  |  |  |
| Timing                             | Health Assessment must be complete within 14 days of arrival   |  |  | SC       |  |  |  |
| Referrals                          | Referred to Physician for follow-up care (If medical problems are identified)  |  |  | SC       |  |  |  |
| <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 |  |  | SC<br>SC |  |  |  |
| Triage                             | Properly triaged prisoners medical needs and ensure that they are referred for, and provided with, appropriate treatment in a timely manner.   |  |  | SC       |  |  |  |
| 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)              |  |  | SC       |  |  |  |
| Physician Oversight                | Personnel are providing appropriate care during sick call and following facility policy and procedures   |  |  | SC       |  |  |  |
| <b>Correctional Staff Training</b> |  |  |  |          |  |  |  |
| Annual Officer Training (AOT)      | Providing first-responder medical care and basic cardiac life support (BCLS) certified.  |  |  | SC       |  |  |  |
| AOT Curriculum                     | Curriculum submitted for AOT trainings to Monitor and DOJ for review and approval prior to first training offered.   |  |  | SC       |  |  |  |

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| Suicide Prevention & Mental Health Care                                   | Including an introductory training provided to new hires as well as annual in-services trainings provided to staff.   |  |  | SC |  |  |  |
| 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.      |  |  | SC |  |  |  |
| <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   |  |  | PC |  |  |  |
| 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.  |  |  | PC |  |  |  |
| 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. |  |  | PC |  |  |  |
| Co-payment Schedule   | Follows pre-determined agreement of co-payment scheduled as outlined in DOJ Settlement Agreement.   |  |  | PC |  |  |  |
| <b>MENTAL HEALTH (MH)</b>   |   |  |  |    |  |  |  |
| <b>Staffing</b>   |   |  |  |    |  |  |  |
| 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  |  |  | SC |  |  |  |
| Psychiatrist  | Telemedicine and additional in-person assessments provided  |  |  | SC |  |  |  |

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| 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.  |  |  | SC |  |  |  |
| <b>Policies</b>   |  |  |  |    |  |  |  |
| NCCHC Jail Standards  | Implemented policies based on NCCHC Jail Standards related to MH Care.   |  |  | SC |  |  |  |
| MH Illness  | All Prisoners are appropriately screened for mental illness using appropriately validated screening instrument.  |  |  | SC |  |  |  |
| 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. |  |  | PC |  |  |  |
| 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.   |  |  | SC |  |  |  |
| Psychotropic Medications                                      | Psychiatrists must review prescriptions for psychotropic medications on a regular, timely basis to assess prescribed regimen.  |  |  | SC |  |  |  |
| 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.                     |  |  | PC |  |  |  |
| Psychotropic Medication Monitoring                            | Prisoners receiving psychotropic meds are adequately monitored for negative side effects.  |  |  | PC |  |  |  |
| Psychotropic Medication Re-evaluations                        | Prisoners on psychotropic medications must be evaluated by the psychiatrist within two weeks of starting any new medication.   |  |  | SC |  |  |  |

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| Suicide Prevention             |   |  |  |    |  |  |  |
|--------------------------------|---|--|--|----|--|--|--|
| Policy 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 the Constitution |  |  | SC |  |  |  |
| Suicide Risk                   | Those prisoners at risk for self-injurious behavior or suicide have timely and adequate access to QMHP  |  |  | SC |  |  |  |
| Suicide Watch                  | Those prisoners on suicide watch are provided with the appropriate level of supervision.  |  |  | SC |  |  |  |
| Actively Suicidal Prisoners    | Actively suicidal prisoners are placed on constant observation  |  |  | PC |  |  |  |
| Potentially Suicidal Prisoners | Monitored at staggered intervals not to exceed every 15 minutes.  |  |  | PC |  |  |  |
| Documented Checks              | Correctional Officers checks on prisoners on observation document checks in approved format.  |  |  | PC |  |  |  |
| 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.   |  |  | PC |  |  |  |
| Training Tools                 | All staff with contact with prisoners have ready access to cut-down tools and are trained to use them effectively.  |  |  | SC |  |  |  |
| 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.              |  |  | PC |  |  |  |

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| Quality Assurance   |   |  |  |    |  |  |  |  |  |
|---|---|--|--|----|--|--|--|--|--|
| 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) |  |  | PC |  |  |  |  |  |
| 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)  |  |  | PC |  |  |  |  |  |
|   |   |  |  |    |  |  |  |  |  |
|   |   |  |  |    |  |  |  |  |  |
| <b>Legend:</b>  |   |  |  |    |  |  |  |  |  |
| SC  | Substantial Compliance  |  |  | 43 |  |  |  |  |  |
| PC  | Partial Compliance  |  |  | 16 |  |  |  |  |  |
| NC  | Non Compliant   |  |  | 0  |  |  |  |  |  |
| NP  | No Program  |  |  | 0  |  |  |  |  |  |
|   | 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   |
| _____ | Infirmiry Care (Currently inapplicable, but to be adopted should Piedmonth construct an infirmiry)                       |
| _____ | 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 and seclusion) |
| _____ | Emergency Psychotropic Medication  |

