Lake County Detention Center, FL
January 5, 2017
UPDATE REPORT

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC's recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

On May 9-11, 2016 NCCHC conducted its review for initial accreditation of the Lake County Detention Center under the NCCHC *2014 Standards for Health Services in Jails.* On June 30, 2016, NCCHC granted accreditation with verification. Subsequently, the RHA has submitted corrective action, which brought the facility into compliance with applicable essential and important standards. This report focuses primarily on issues that required corrective action for compliance with the standards and is most effective when read in conjunction with NCCHC's June 30, 2016 report.

There are 40 essential standards; 39 are applicable to this facility and 39 (100%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. ***The Lake County Detention Center has now met this condition.***

Essential Standard Not Met
None

Essential Standard Not Applicable
J-E-03 Transfer Screening

There are 27 important standards; 26 are applicable to this facility and 26 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. **The Lake County Detention Center has met this condition.**

Important Standards Not Met
None

Important Standard Not Applicable
J-C-08 Health Care Liaison

Decision: On January 5, 2017, NCCHC's Accreditation Committee granted accreditation to the Lake County Detention Center.

J-E-04 Initial Health Assessment (E). The full-population health assessment has been implemented at this facility. A trained RN completes the hands-on portion of the assessment within 14 days of inmates' arrival. The assessment consists of the required elements, including a review of the receiving screening results, and diagnostic and/or laboratory tests for communicable diseases. Testing for TB, HIV, syphilis, Chlamydia, and gonorrhea may be done when clinically indicated, although there was no letter from the health department to support this practice. The treating clinician reviews all positive findings. Specific problems are integrated into an initial problem list. Diagnostic and therapeutic plans for each problem are developed as clinically indicated. The standard is not met.

> Corrective action is required for Compliance Indicator #2e. The initial health assessment should include laboratory and/or diagnostic tests for communicable diseases. All inmates should be tested for communicable disease (including sexually transmitted disease and tuberculosis) unless the health department determines this is not necessary. Acceptable documentation includes a plan by the RHA on how the standard will be corrected, including policy and procedure changes and staff training if necessary. Alternatively, the RHA may submit documentation from the health department indicating that testing for tuberculosis and sexually transmitted diseases is not necessary because the prevalence rate does not warrant testing. In order to receive accreditation, verification that this standard has been met is required.

In October 2016, the RHA submitted the revised (October 2016) policy and procedure that requires: 1) A TB skin test to be administered unless contraindicated (if not completed at intake) and documented appropriately; 2) HIV testing to be offered to all patients, with appropriate consent and counseling, or who request testing; 3) GC/Chlamydia and syphilis screening for all patients younger than 30, and all pregnant women regardless of age, unless transferred from a facility with the testing was done, and proper documentation of refusal of testing. The RHA also submitted documentation from individual health records to support TB, Chlamydia and Gonorrhea, HIV and syphilis testing. **The standard is now met.**

Lake County Detention Center, FL
June 30, 2016

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC's recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

On May 9-11, 2016 NCCHC conducted its review for **initial** accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review. The NCCHC's team of experienced certified correctional health professionals utilized NCCHC's 2014 *Standards for Health Services in Jails* as the basis of its health services analysis. This report focuses primarily on issues in need of correction or enhancement. It is most effective when read in conjunction with the *Standards* manual. The information in this report is privileged and confidential and is intended for the sole use of persons addressed.

There are 40 essential standards; 39 are applicable to this facility and 38 (97%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. Our findings include:

Essential Standard Not Met
J-E-04 Initial Health Assessment

Essential Standard Not Applicable
J-E-03 Transfer Screening

There are 27 important standards; 26 are applicable to this facility and 26 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Our findings include:

Important Standards Not Met
None

Important Standard Not Applicable
J-C-08 Health Care Liaison

Decision: On June 30, 2016, NCCHC's Accreditation Committee awarded the facility Accreditation with Verification (AV), *contingent* upon receiving requested compliance verification by October 31, 2016.

I. Facility Profile

Type of Facility:	Jail
Total Admissions for 2015	7,488
Design-rated capacity:	960
Average daily population:	703
Average daily intake:	9.1
Satellites:	None

Description of Facility
The facility, located in the southern United States, was constructed in 1992, and has undergone no major renovations. It consists of three stories, with a second floor "cat walk" connecting to the county court house. There were seven housing units, which broke down into 16 different pods, including two medical wards. Every housing unit had a medical examination room. Other parts of the facility included an intake and booking area with an attached sally port for arrivals, commissary, inmate property room, staff and cargo receiving dock, full kitchen and staff dining area, laundry room, classification offices, inmate records and general administrative offices, chaplain's office, criminal registration area, lobby, and a visitor's waiting area. There was also a designated pod for juveniles. The medical services area included offices for the physician, nurse practitioner, mental health staff, the health services administrator (HSA) and director of nursing (DON), and dental treatment; a nurse's station in the infirmary, a pharmacy, medical records storage, sick call waiting area, an examination room for laboratory services, and a one-chair dialysis room. The infirmary, located next to the medical area, had four negative pressure rooms, a six-bed ward, and 12 other single bed cells, including four negative pressure cells.

There have been no significant changes in the population since the facility was built. There were no satellites associated with this facility at the time of the survey.

A total of 234 correctional officers (COs) were scheduled on duty during two work shifts.

Inmate Population Characteristics
On the day of the survey there were 774 inmates (652 males, 114 females and eight male juveniles) of all three security classifications (minimum, medium, and maximum).

Facility's Health Services
Health services have been provided by a national health care vendor since 2013.

Staffing
Health staff is on site 24 hours a day. At the time of the survey, there were 28.5 full-time equivalent staff; there were no vacancies.

II. Survey Method

We toured the clinic area, inmate housing areas, and segregation. We reviewed 29 health records; policies and procedures; provider licenses; administrative, health staff, and continuous quality improvement (CQI) meeting minutes; job descriptions; statistical and environmental inspection reports; and health services personnel and CO training records. We interviewed the captain in charge of security (the major was unavailable), the intake officer and six random officers. We also interviewed the responsible physician, HSA, other health, mental health, and dental staff, medical records clerk, programs coordinator, and 16 inmates selected at random.

III. Survey Findings and Comments

A. GOVERNANCE AND ADMINISTRATION

The standards in this section address the foundation of a functioning correctional health services system and the interactions between custody and health services authorities. Any model of organization is considered valid, provided the outcome is an integrated system of health care in which medical orders are carried out and documented appropriately and the results are monitored as indicated. Policies and procedures are to include site-specific operating guidelines.

Standard Specific Findings

J-A-01 Access to Care (E). Inmates have access to health care. Patients see a qualified clinician and receive care for their serious medical, mental health, and dental needs.

Inmates are charged the following fees: $5.00 for sick call; $7.00 for many prescribed medications, $15.00 to see the nurse practitioner, physician, or dentist, and each physical therapy session; $25.00 for a visit to the emergency room; and $40.00 for outpatient surgery. Mental health appointments and medications, chronic care clinic visits and medications, antibiotic medications, and pre-natal visits and medications are exempt from the policy. Inmates receive care regardless of their ability to pay. The standard is met.

J-A-02 Responsible Health Authority (E). The responsible health authority (RHA) is the national health vendor, whose on-site representative is the full-time HSA. Clinical judgments rest with a designated responsible physician, who is on site 20 hours a week. Mental health care is provided by two counselors, both on site for 20 hours a week. The standard is met.

J-A-03 Medical Autonomy (E). Qualified health care professionals make decisions regarding inmates' serious medical, dental, and mental health needs in the inmates' best interests. We noted good cooperation between custody and medical, dental and mental health staff. Administrative decisions are coordinated, if necessary, with clinical needs so that inmate care is not jeopardized. Health staff is subject to the same security regulations as other facility employees. The standard is met.

J-A-04 Administrative Meetings and Reports (E). The HSA and major meet monthly to discuss administrative matters with other health and mental health staff, and detention supervisors. Health staff also meets monthly to discuss health services operations. Attendees include the responsible physician, nurse practitioner, HSA, director of nursing, and mental health, nursing, and dental staff. Statistical reports of health services are made at least monthly and provided to the facility administrator. They are used to monitor trends in the delivery of health care. The standard is met.

J-A-05 Policies and Procedures (E). The health services policy manual is site specific. The RHA and responsible physician last reviewed it on March 9, 2016. Other policies, such as those for custody, kitchen, or corporate do not conflict with health care policies. The policies are accessible to health staff. The standard is met.

J-A-06 Continuous Quality Improvement Program (E). The CQI program identifies health care aspects to be monitored, implements and monitors corrective action when necessary, and

studies the effectiveness of the corrective action plan. The quality improvement committee includes the participation of the HSA, director of nursing, nurse practitioner, nursing staff, mental health representatives, clerical staff, and, when available, the responsible physician and dentist. The committee identifies problems, establishes thresholds, designs monitoring activities, analyzes the results and re-monitors performance after implementing improvement strategies. Of the 15 studies completed in the last year, three were site-specific. A recent site-specific process study examined MRSA in the housing units as one dorm was identified as having higher than normal MRSA infections. A corrective action plan was initiated and an evaluating study was then conducted in the identified dorm, indicating successful action had been taken. A second study examined the timeliness of initial health screenings (within four hours); a subsequent re-study indicated the corrective action was effective. An outcome study examined non-compliance with medication regimens by HIV patients. Again, the re-study indicated corrective action had been effective.

The responsible physician attends CQI meetings when he's on-site and can suggest areas of study. The program underwent an annual review on January 18, 2016. The standard is met.

J-A-07 Emergency Response Plan (E). The RHA and facility administrator have approved the health aspects of the emergency response plan, which included the required elements. On July 21, 2015, a multiple casualty disaster drill was conducted during the first shift; the dialysis machine exploded, causing injuries to several people. No outside agencies were involved. The drill was critiqued and shared with the health staff. At the time of the survey, drills were being planned for the other shift. These have been critiqued and shared with the health staff.

Man-down events have been documented to confirm that health staff on each shift has been able to participate annually. The man-down events were also critiqued and the results were shared with all health staff. The standard is met.

J-A-08 Communication on Patients' Health Needs (E). Communication between designated correctional and health services staff with regard to inmates' special health needs occurs in writing, electronically and verbally. The standard is met.

J-A-09 Privacy of Care (I). Clinical encounters and discussion of inmate's information occur in auditory and visual privacy. Security personnel are present only if the inmate poses a probable risk to the safety of the health care professional or others. The standard is met.

J-A-10 Procedure in the Event of an Inmate Death (I). In the last year, there was one inmate death, reportedly due to natural causes. Administrative and clinical mortality reviews were conducted within 30 days. Treating staff were informed of the findings. The standard is met.

J-A-11 Grievance Mechanism for Health Complaints (I). The informal health-related grievance program is separate from the formal program. On average, four health-related grievances are filed per month and the HSA responds within two days. Inmates are allowed to file an appeal should they not be satisfied with the results of the informal grievance. Formal grievances go to the grievance committee to be resolved within 30 days. The standard is met.

B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

The standards in this section address the importance of preventative monitoring of the physical plant. Health staff has a crucial role in identifying issues that could have a negative impact on the health and safety of facility staff and the inmate population if left unaddressed.

Standard Specific Findings

J-B-01 Infection Prevention and Control Program (E). The responsible physician has approved the written exposure control plan, which is updated annually, most recently on March 9, 2016. Infection control matters are addressed at the infection control, CQI, and health staff meetings. Inmates with communicable diseases are either assigned to a negative pressure cell or a medical isolation cell, or they are transferred to the hospital. Effective ectoparasite control procedures are used to treat infected inmates. The health services areas are inspected monthly by a designated maintenance worker, and weekly by the administrative assistant, for environmental concerns. The standard is met.

J-B-02 Patient Safety (I). A non-punitive reporting system is in place for staff to report adverse and near miss events that may affect inmate safety. The HSA maintains the medication error log. We reviewed protocols for seizure patients and for the housing of pregnant inmates. Inmates who are dependent on wheel chairs, canes or crutches are housed in the medical observation dorm. The standard is met.

J-B-03 Staff Safety (I). Health staff appears to work under safe and sanitary conditions. The standard is met.

J-B-04 Federal Sexual Abuse Regulations (E). The captain in charge of security described the facility as compliant with the 2003 Federal Prison Rape Elimination Act (PREA). Written policies and procedures address the detection, prevention and reduction of sexual abuse. At the time of the survey, facility staff was preparing to become PREA-certified. The standard is met.

J-B-05 Response to Sexual Abuse (I). Health staff had been trained in how to detect, assess, and respond to signs of sexual abuse and sexual harassment; how to preserve the physical evidence of sexual abuse was recently added to the curriculum. The training is part of orientation, and reviewed annually thereafter (it includes an on-line portion the health vendor requires to be completed). Victims of sexual assault are referred to a community facility for treatment and evidence collection. In all cases, the victim is evaluated by a qualified mental health professional and a report is made to correctional authorities to effect a housing separation of the victim from the assailant.

There were no cases of sexual abuse or sexual harassment during the survey period. The standard is met.

C. PERSONNEL AND TRAINING

The standards in this section address the need for a staffing plan adequate to meet the needs of the inmate population, and appropriately trained and credentialed health staff. Correctional officers are to have a minimum amount of health-related training in order to step in during an emergency, if health staff is not immediately available.

Standard Specific Findings

J-C-01 Credentials (E). Health care personnel who provide services to inmates had credentials and were providing services consistent with the jurisdiction's licensure, certification, and registration requirements. The credential verification process includes inquiries regarding sanctions or disciplinary actions of state boards, employers, and the National Practitioner Data Bank. The standard is met.

J-C-02 Clinical Performance Enhancement (I). A clinical performance enhancement process evaluates the appropriateness of services delivered by all direct patient care clinicians, registered nurses (RN) and licensed practical nurses (LPN). A professional of at least equal training in the same general discipline completes the reviews annually. We reviewed a log listing the names of the individuals being reviewed and the date of their most recent review, which included the required elements. The standard is met.

J-C-03 Professional Development (E). We confirmed that qualified health care professionals had the required number of continuing education credits, and all were current in cardiopulmonary resuscitation (CPR) training. At the time of the survey, the HSA and a registered nurse were also CCHP-certified. The standard is met.

J-C-04 Health Training for Correctional Officers (E). Correctional staff had the required training in health-related topics, and all were current in their health-related training. We verified compliance by randomly reviewing individual training records, the training log, and class attendance records. We also reviewed the training outline (including course content and length), and verified it included the required topics. The standard is met.

J-C-05 Medication Administration Training (E). Generally, LPNs administer medications, although an RN may occasionally fill in. Medication administration is part of the orientation for all nurses, and it is also reviewed annually. It includes matters of security, accountability, common side effects, and documentation. The HSA and facility administrator approved the content on May 9, 2016. The standard is met.

J-C-06 Inmate Workers (E). Inmates are used for janitorial services throughout the facility, including the medical areas, and have been trained to do so (as evidence by signed attendance), but they do not clean or handle biohazardous spills and materials. They do not provide health services, nor do they participate in peer health-related programs. The HSA maintains the course outline. The standard is met.

J-C-07 Staffing (I). Full-time equivalent health staff includes:

HSA	1.0
Physician	0.5
Nurse Practitioner	1.0

DON	1.0
RNs	5.2
LPNs	15.2
Dentist	0.2
Dental Assistant	0.2
Psychiatrist	0.2
Mental Health Professional	1.0
Administrative Assistant	1.0
Health Records Clerk	2.0

At the time of the survey, there were no vacancies. The standard is met.

J-C-08 Health Care Liaison (I). Health staff is on duty 24 hours a day. The standard is not applicable.

J-C-09 Orientation for Health Staff (I). We confirmed that health staff had received the appropriate orientation by reviewing training logs and individual training records. The HSA and facility administrator reviewed and approved the orientation on October 31, 2014, and May 9, 2016. The standard is met.

D. HEALTH CARE SERVICES AND SUPPORT

The standards in this section address the manner in which health services are delivered–the adequacy of space, the availability and adequacy of materials, and, when necessary, documented agreements with community providers for health services.

Standard Specific Findings

J-D-01 Pharmaceutical Operations (E). A national service and local pharmacies provide services that are sufficient to meet the needs of the inmates. The secure medication room consists of approximately 250 square feet; the medication carts are stored here when not in use, and a very limited amount of narcotics is stored in a locked box inside the (locked) medication cart or the refrigerator. The national service delivers medications, generally the next day, in inmate-specific blister cards, or in bottles (for stock medications); a local pharmacy can be utilized if a delivery delay is anticipated. The HSA maintains records necessary to ensure adequate control of and accountability for all medications. Medication Administration Records (MAR) are accessible on the computer for each cart. Nurses use the MAR to compare the inmate's picture to the inmate and his/her ID card, and to identify the necessary medications during medication pass. We observed this process, which appeared to work well, during the survey.

While a formulary was in place at the time of the survey, providers could also order "off formulary," as indicated. A local pharmacist inspects monthly. We verified the consistency of the schedule (by reviewing the reports) during the survey.

We also verified that all medications were stored under proper conditions and an adequate supply of antidotes and other emergency medications was readily available to staff. The standard is met.

J-D-02 Medication Services (E). Medication services were clinically appropriate and provided in a timely, safe and sufficient manner. The policy specifies a delivery time frame of no more than 48 hours, and the back-up plan if necessary. The responsible physician has determined the prescriptive practices at this facility. Medications are prescribed only when clinically indicated. Inmates entering the facility on prescription medications continue to receive it, or an acceptable alternate, as clinically indicated. Inmates may keep inhalers and nitroglycerine on their persons. The standard is met.

J-D-03 Clinic Space, Equipment, and Supplies (I). The clinic area included three examination rooms, office space for the HSA and director of nursing, a dental operatory, medical records storage, a nurses' station, an infirmary with four negative pressure cells, a medication room, and an inmate waiting room (which included a water fountain and bathroom facilities). Additional examination rooms were located in each housing unit. Items subject to abuse are inventoried daily; we verified the accuracy of the counts, and confirmed that an adequate amount of supplies and equipment, including nine automated external defibrillators strategically placed throughout the facility, was available. The standard is met.

J-D-04 Diagnostic Services (I). On-site diagnostic services include stool blood-testing material, finger-stick blood glucose tests, peak flow meters, multiple-test dipstick urinalysis, and pregnancy tests. There was a current CLIA waiver, and a national laboratory had also been contracted to provide services; x-ray, dialysis, and ultra sound services were all being provided by a contracted company. Each service had a procedure manual, including the protocols for testing device calibration. The standard is met.

J-D-05 Hospital and Specialty Care (E). Hospitalization and specialty care is available to patients in need of these services. We verified through record review that off-site facilities or health professionals provide a summary of the treatment given and any follow-up instructions. We also reviewed the appropriate licenses and certifications, which were on file at the facility, for the on-site specialty services used regularly. The standard is met.

E. INMATE CARE AND TREATMENT

The standards in this section address the core of a health services program: that all inmates have access to health services, how they are to request emergency and non-emergency care, that health histories are obtained, that assessments and care can be demonstrated to be provided in a timely fashion, and that discharge planning is considered. In short, health care for the inmates is to be consistent with current community standards of care.

Standard Specific Findings

J-E-01 Information on Health Services (E). Inmates receive verbal and written instructions (in English and Spanish) on access to health care services, the fee-for-services policy, and the health-related grievance procedures. Inmates with hearing impairments are directed to the written instructions. Inmates who speak other languages can use a telephone translation service to facilitate communication. The standard is met.

J-E-02 Receiving Screening (E). New admissions arrive directly from the community. Reception personnel identify those individuals in need of care and refer them to a hospital; their

subsequent admission to the facility is predicated on a written medical clearance from the hospital.

Qualified health professionals complete the receiving screening (which the HSA approved on March 16, 2016) as soon as possible, generally within an hour of an inmate's arrival. It includes a disposition and addresses all the required areas of inquiry. If a woman reports current opiate use, she is referred immediately for a pregnancy test. Prescribed medications are reviewed, verified, and maintained as clinically indicated. The HSA regularly monitors receiving screenings to determine the safety and effectiveness of the process via quarterly CQI efforts. The standard is met.

J-E-03 Transfer Screening (E). Intra-system transfers do not occur at this facility. The standard is not applicable.

J-E-04 Initial Health Assessment (E). The full-population health assessment has been implemented at this facility. A trained RN completes the hands-on portion of the assessment within 14 days of inmates' arrival. The assessment consists of the required elements, including a review of the receiving screening results, and diagnostic and/or laboratory tests for communicable diseases. Testing for TB, HIV, syphilis, Chlamydia, and gonorrhea may be done when clinically indicated, although there was no letter from the health department to support this practice. The treating clinician reviews all positive findings. Specific problems are integrated into an initial problem list. Diagnostic and therapeutic plans for each problem are developed as clinically indicated. **The standard is not met.**

> Corrective action is required for Compliance Indicator #2e. The initial health assessment should include laboratory and/or diagnostic tests for communicable diseases. All inmates should be tested for communicable disease (including sexually transmitted disease and tuberculosis) unless the health department determines this is not necessary. Acceptable documentation includes a plan by the RHA on how the standard will be corrected, including policy and procedure changes and staff training if necessary. Alternatively, the RHA may submit documentation from the health department indicating that testing for tuberculosis and sexually transmitted diseases is not necessary because the prevalence rate does not warrant testing. In order to receive accreditation, verification that this standard has been met is required.

J-E-05 Mental Health Screening and Evaluation (E). A trained RN completes the mental health screening, which includes the required areas of inquiry, as part of the initial health assessment. (The nurses are trained to complete this screening during orientation, and review it annually.) Inmates who screen positive on the mental health screening are referred to qualified mental health professionals for further evaluation. The standard is met.

J-E-06 Oral Care (E). Appropriately trained RNs complete the oral screening at the time of the initial health assessment. Inmates are also instructed in oral hygiene and preventive oral education at this time. (Additional information is also available via the housing units' kiosks.) The dentist completes the oral examination within 12 months of inmates' admission. We verified that oral care was timely, and included immediate access for urgent or painful conditions. The established system of priorities for oral treatment was not limited to extractions. The inmates we interviewed also expressed a great deal of satisfaction with dental services at this facility. The standard is met.

J-E-07 Nonemergency Health Care Requests and Services (E). All inmates, regardless of housing assignment, have access to regularly scheduled times for sick call. Inmates may request sick call using the kiosk in each housing unit, or they can submit a slip to the medication nurse. Correctional staff decide which method a segregated inmate will use to request health care; written requests are collected during segregation or medication rounds. The medication nurses check for any electronically entered requests prior to conducting medication pass. If a face-to-face encounter is necessary, the medication nurse does so after medication pass. We found it was not unusual for the medication nurse to conduct sick call in the housing unit's examination room following medication pass. We verified that all requests are triaged within 24 hours and inmates are usually seen by the following day. Nursing sick call is conducted daily, and when a provider visit is necessary, clinical need dictates timing. The standard is met.

J-E-08 Emergency Services (E). The HSA maintains emergency drugs, supplies, and medical equipment. An ambulance service is called when an inmate requires transfer to an outside emergency service; the hospital is approximately 2 ½ miles from the facility. The responsible physician, dentist and psychiatrist are on call 24 hours a day. The standard is met.

J-E-09 Segregated Inmates (I). Conditions of segregation at this facility (NCCHC's categories 2b and c) require health rounds at least three times a week by medical personnel and once a week by mental health professionals. In practice, nursing staff conducts daily rounds, and mental health staff does so weekly (as does the nurse practitioner). The rounds are documented in the electronic medical record (EMR) and on the flow sheet at the officer's station. Upon notification that an inmate has been segregated, qualified health care professionals review the inmate's health record to determine whether there are any contraindications. If any scientific information concerning the health effects of segregation were to come out, it would be discussed during the medical management meetings to ensure security personnel were informed. There has been no such information during the survey period. The standard is met.

J-E-10 Patient Escort (I). Inmates are escorted to on-and-off-site clinical appointments in a timely manner. Transporting officers are alerted to special accommodations, such as medication administration. Inmate confidentiality is maintained. The standard is met.

J-E-11 Nursing Assessment Protocols (I). Nursing assessment protocols, which do not include prescription medication, are utilized. The responsible physician and HSA last reviewed them on March 9, 2016. We verified the nurses are trained to use the protocols upon hire, and when protocols are introduced or reviewed (or when annual competency reviews warrant it). The standard is met.

J-E-12 Continuity and Coordination of Care During Incarceration (E). We confirmed that continuity of care is appropriate.

Clinician orders are evidence-based and implemented in a timely manner. Deviations are clinically justified, documented, and shared with the patient. The clinician reviews diagnostic tests in a timely manner, and modifies treatment plans as clinically indicated.

Inmates receive treatment and diagnostic tests ordered by clinicians, who discuss such care with them. When an inmate returns from the emergency room, urgent care or hospitalization, protocols are followed in accordance with the standard. The clinician reviews and acts upon specialty consultants' recommendations in a timely manner.

The responsible physician determines the frequency of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations. The protocols were written by the corporate head physician, and were compilations of many organizations. The physician reviews charts of sufficient frequency and number to assure that clinically appropriate care is ordered and implemented by attending health staff. The standard is met.

J-E-13 Discharge Planning (E). When health staff has sufficient notification of an inmate's pending release, they arrange for a reasonable supply of medication (available by voucher at one of the five local pharmacies). Mental health professionals make all necessary referrals to the health department or private sector, while the administrative assessment arranges for health-related referrals. Inmates enrolled in Alcoholics or Narcotics Anonymous are also referred so they can continue membership. The standard is met.

F. HEALTH PROMOTION AND DISEASE PREVENTION

The standards in this section address health and lifestyle education and practices, as well as patient-specific instruction during clinical encounters.

Standard Specific Findings

J-F-01 Healthy Lifestyle Promotion (I). A variety of health-related brochures and pamphlets were available to all inmates; it was also available through the housing unit kiosks. Individual health education and instruction in self-care was documented in the health record during clinical encounters. The standard is met.

J-F-02 Medical Diets (I). At the time of the survey, approximately 162 medical diets were being prepared for patients with specific dietary needs. Inmates who refuse prescribed diets receive follow up nutritional counseling. The Sheriff's Department representative hires the dietician to review the diets. The last review occurred on April 22, 2015. However, we were told that when the HSA tried to contact her in September 2015 to complete the next review, she was told the dietitian had resigned. This was the first notification to the Sheriff's Department. The position remained open until April 25, 2016. Compliance was evident before this incident. The standard is met.

J-F-03 Use of Tobacco (I). Smoking is prohibited in all indoor and outdoor areas. We confirmed that information on the health hazards of tobacco was available to all inmates. The standard is met.

G. SPECIAL NEEDS AND SERVICES

The standards in this section address the needs of inmates with chronic conditions or other health conditions that require a multidisciplinary approach to treatment. These special needs include mental health issues.

Standard Specific Findings

J-G-01 Chronic Disease Services (E). Care as reflected in the health record appeared in compliance with current community standards. The responsible physician had established and annually approved clinical protocols consistent with national clinical practice guidelines. The protocols were last reviewed on September 16, 2015. Protocols were on hand for all the required diseases, including sickle cell.

Health records documentation confirmed that clinicians follow the chronic disease protocols. Treatment plans included the appropriate elements. Documentation included the frequency of follow-up, monitoring condition and status, and taking action as indicated, type and frequency of diagnostic testing and therapeutic regiments; instruction on diet, exercise, medication and adaptation to correctional environment, and clinically justification of deviation from the protocols. (We found that laboratory tests and follow-up visits far exceeded national practice guidelines.) Chronic illnesses were listed on the problem list and we confirmed there was a list of chronic care patients. The standard is met.

J-G-02 Patients with Special Health Needs (E). When required by the health condition(s) of the patient, treatment plans defined the individual's care, and included the frequency of follow-up, type and frequency of diagnostic testing and therapeutic regimens and instructions about diet, exercise, adaptation to the correctional environment and medication. We saw inmates using aids such as wheelchairs, crutches and prosthetic legs, who were housed in the infirmary. Special needs were listed on the problem list, and the HSA maintained a list of special needs inmates. The standard is met.

J-G-03 Infirmary Care (E). The facility included an on-site infirmary. Infirmary patients are always within sight and hearing of a qualified health care professional. A supervising registered nurse is on site at least once every 24 hours. All infirmary patients had a complete inpatient record, including admitting and discharge orders by a physician, complete documentation of the patient's care and treatment, medication administration, and discharge plan and notes. At the time of survey, there were no infirmary patients; the only occupants were for medical observation. We confirmed compliance by reviewing the medical records of former patients. We confirmed that staffing has been sufficient for the number of patients and the level of care needed. Inmates are sent to the hospital if their level of care cannot be met on site. An appropriate manual of nursing care was available. The frequency of physician and nursing rounds has been based on clinical acuity and the categories of care provided. The electronic medical record (EMR) includes a specific section for infirmary admissions. The discharge summary is apparent in both the infirmary and the outpatient sections of the EMR. The standard is met.

J-G-04 Basic Mental Health Services (E). Tele-psychiatry is used a clinically indicated. Both of the mental health professionals are on site 20 hours per week. When clinically appropriate, inmates are committed or transferred to an inpatient psychiatric setting in a timely manner, and according to procedures. Outpatients receiving basic mental health services are seen at least

every 90 days (or as clinically indicated). Mental health, medical and substance abuse services are coordinated to facilitate integrated patient management and to ensure medical and mental health needs are met. Special programs include Alcoholics and Narcotics Anonymous, anger management, re-entry classes, and a variety of faith-based studies conducted by the chaplain and community volunteers.

Inmates can be referred to mental health services by any staff member, or request it themselves. Outpatient services include the identification and referral of inmates with mental health needs, crisis intervention services, psychotropic medication management when indicated, individual counseling, group counseling, psychosocial/psychoeducational programs and treatment documentation and follow-up. The standard is met.

J-G-05 Suicide Prevention Program (E). The suicide prevention program addresses each of the 11 key components as described by the standard. The HSA approved the training curriculum for staff. Treatment plans address suicidal ideation and recurrence. Inmate follow-up occurs as clinically indicated. Acutely suicidal inmates are placed on constant observation (although none were on such status at the time of the survey). The policy was specific on how an officer was to conduct such observation, and how a relief officer would assume responsibility. Non-acutely suicidal inmates are monitored on an unpredictable (staggered) schedule not exceeding 15 minutes. At the time of the survey, six inmates were on this status. We notified the captain that one of the officers was not conducting a staggered check, and retraining on the suicide watch monitoring was scheduled. There had been no suicides during the survey time frame. The standard is met.

J-G-06 Patients with Alcohol and Other Drug Problems (AOD) (E). Disorders associated with AOD, such as HIV and liver disease, are recognized and treated. Correctional staff has been trained to recognize inmates' AOD problems. Medical and mental health staff communicates and coordinates with each other regarding AOD care. Self-help substance abuse programs, on-site individual counseling and/or group therapy are offered on site. Trained volunteers conduct meetings of Alcoholics and Narcotics Anonymous. The standard is met.

J-G-07 Intoxication and Withdrawal (E). The responsible physician had approved current protocols, consistent with nationally accepted treatment guidelines for intoxication and withdrawal. The protocols were last approved on March 9, 2016. Individuals are housed in a safe location that allows for effective monitoring by health professionals using recognized standard assessments at appropriate intervals. A physician supervises detoxification.

If a pregnant inmate is admitted with opioid dependence, she is immediately referred to the physician for appropriate treatment. COWS and CIWA guidelines are used to properly evaluate the inmate's dependency. The policy also addresses the management of inmates on methadone or similar substances. Therapy is continued and a plan for the treatment of methadone withdrawal is initiated. At the time of survey, there was one pregnant inmate receiving methadone treatment; she was being taken daily to the treatment center, which was approximately an hour's drive away.

Individuals experiencing severe intoxication or withdrawal would be transferred immediately to a licensed, acute care facility (either the local hospital or to Life Stream, which is an inpatient substance abuse facility). The standard is met.

J-G-08 Contraception (I). Written information about contraception methods and community resources are available. The standard is met.

J-G-09 Counseling and Care of the Pregnant Inmate (E). Comprehensive counseling services are available to pregnant inmates, who are referred to the county health department to be enrolled in prenatal care and parenting classes. Prenatal care, specialized obstetrical services when indicated, and postpartum care are available to pregnant inmates and are documented appropriately. We confirmed there was a list of all pregnancies and their outcomes. Pregnant inmates deliver at the local hospital. The policy prohibits the use of restraints during active labor and delivery; the transport officer confirmed this when queried. The standard is met.

J-G-10 Aids to Impairment (I). Inmates who use aides to impairment such as wheelchairs, crutches, or canes, are housed in the infirmary; we observed such aides being used during the survey, and our health record review also confirmed it. No aide is contradicted based on security concerns. The standard is met.

J-G-11 Care for the Terminally Ill (I). Although it would be rare for a terminally ill patient to be held at this facility, procedures were in place to make the appropriate accommodations. The RHA has contracted with the local hospice for such cases. Although there were no terminally ill patients at the time of the survey, we confirmed the policy included the need for palliative therapies. The standard is met.

H. HEALTH RECORDS

The standards in this section address the importance of accurate health record documentation, health record organization and accessibility, and need to ensure that medical and mental health information is communicated when those records are separate documents.

Standard Specific Findings

J-H-01 Health Record Format and Contents (E). Inmates' medical and mental health records were integrated in an electronic format. Each health record included a problem list, as well as all other critical elements. We confirmed the record is available during each clinical encounter. The standard is met.

J-H-02 Confidentiality of Health Records (E). Health records were maintained under secure conditions (password protection), and separately from correctional records. Health staff had documented instruction in maintaining patient confidentiality. If non-health staff were to transport health records, the records would be sealed in an envelope. The standard is met.

J-H-03 Management of Health Records (I). The health record is available for each inmate care encounter. When an inmate is transferred to another facility, a comprehensive health summary accompanies him or her. The jurisdiction's legal requirements regarding records retention are followed. Health records can also be reactivated when requested by a treating health professional. The standard is met.

J-H-04 Access to Custody Information (I). Qualified health care professionals have access to information in the inmate's custody record when such information may be relevant to the inmate's health and course of treatment. The standard is met.

I. MEDICAL-LEGAL ISSUES

The standards in this section address the most complex issues facing correctional health care providers. While the rights of inmate-patients in a correctional setting are generally the same as those of a patient in the free world, the correctional setting often adds additional considerations when patient care is decided. The rights of the patient, and the duty to protect that patient and others, may conflict; however, ethical guidelines, professional practice standards, and NCCHC's standards are the determining factors regarding these interventions and issues.

Standard Specific Findings

J-I-01 Restraint and Seclusion (E). Clinical restraint and seclusion is only ordered for patients who exhibit behavior that is dangerous to self or others as a result of medical or mental illness. Appropriate policies and procedures were in place. A physician or other qualified health professional, as permitted by law, authorize the use of restraints when less restrictive treatment is not appropriate. Although there were no inmates in restraints during the survey, we verified the policy and procedure comply with the standard. Health staff members or health-trained personnel conduct checks every 15 minutes and document it appropriately, as evidenced in our review of charts for previously restrained inmates. The health check form is also incorporated into the health record. Treatment plans provide for removal from restraints/seclusion as soon as possible. The types of restraints used in the facility are consistent with community practice. Although a restraint bed was available, we were told that the restraint chair is preferred.

If custody-ordered restraints are applied, health staff participates only in monitoring the inmate's health status; they are also notified so they can review the health record. The physician is notified immediately should the inmate develop a medical or mental health condition. Health staff has been trained to alert the appropriate custody staff when they observe improper restraint use that is jeopardizing the inmate's health. The standard is met.

J-I-02 Emergency Psychotropic Medication (E). Although emergency psychotropic medications are not implemented at this facility, policies and procedures address the situation. A licensed clinician's authorization must be obtained prior to use. Health staff is to document in the health record the patient's condition, the threat posed, the reason for forcing medication, other treatment modalities attempted, and treatment goals for less restrictive treatment alternatives. Follow-up care is to be appropriate. Nursing staff are to document the inmate's condition within the first hour of administration and again within 24 hours. The standard is met.

J-I-03 Forensic Information (I). Forensic information is not, and has not been, collected by the health staff. However, the policy and procedures for the facility allow such collection if a court orders it. A consent form signed by the inmate must be obtained prior to such collection as well. The standard is met.

J-I-04 End-of-life Decision Making (I). Inmates approaching the end of life would be permitted to execute advance directives, after being counseled by the responsible physician as to the meaning and consequences of such actions. A physician not directly involved in the patient's treatment would first complete an independent review. If an inmate were to arrive with a current advance directive, he or she would be transferred to another facility. The standard is met.

J-I-05 Informed Consent and Right to Refuse (I). All informed consents and refusals of care were documented and included the signatures of the inmate and a health staff witness. Inmates

were counseled as to possible adverse consequences to health that may occur as a result of a refusal. Should an inmate refuse to sign the refusal form, a second health professional, or a custody staff member, would also sign as a witness. The standard is met.

J-I-06 Medical and Other Research (I). In practice, no health-related research is initiated at this facility. Should inmates who are participants in a community-based protocol be admitted, procedures provide for their continued participation, or community researchers are consulted so that withdrawal from the protocol is completed without harming the inmate's health. The standard is met.