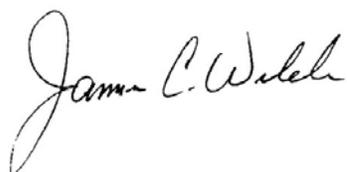


# Piedmont Regional Jail Seventh Monitor Report

October 2, 2017

James Welch, RN, HNB-BC

A handwritten signature in black ink that reads "James C. Welch". The signature is written in a cursive style with a large initial 'J'.

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October 2, 2017

The report is based on the Revised Qualitative and Quantitative measures as required by the settlement agreement between the United States and the Piedmont Regional Jail Authority (PRJA). Each measure is evaluated against the reports presented to, and site visit conducted by, the Monitor. It is also based on conversations with PRJA staff and contractors. During the site visit of September 12 – 13, 2017, records were reviewed and compared to monthly reports submitted to the Monitor and Department of Justice (DOJ). In the body of the report, there may be times where the percentage of records reviewed were more, or less than the 20% usually used to obtain an acceptable sample size. This may be due to the small number of inmates who may have a particular disease process, or a situation where there are only a few inmates in a particular sample. An example may be the number of inmates with HIV disease. There may be only a handful, so a higher number of records may be reviewed. Reports such as the monthly report from PRJA have also been used to provide information for this report.

This report will focus on the two remaining areas of the settlement agreement that were not in substantial compliance, the intake process, and 14-day mental health assessments. A daily report on intake has been sent to the Monitor, Superintendent, MEDIKO administration and PRJA compliance officer on their compliance with intake procedures. We appreciate action taken by the PRJA to move toward substantial compliance. However, in the area of intake/receiving screening, PRJA has not been able to obtain the 85% threshold agreed upon by the parties. The mental health 14 day assessment has continued to meet that goal while the intake/receiving screening has not. Therefore the 14 day mental health assessment will continue to be in substantial compliance, while the intake/receiving screening is in partial compliance as of this report.

This seventh report will use the similar format as has been used in the first six reports. There are specific indicators identified in the settlement agreement. This report will provide a grading using the indicators. As of this report all but one area continue to be in substantial compliance. The PRJA staff should be proud of the work they have accomplished to keep areas in substantial compliance. This is always a challenge as the population and the circumstances require vigilance and perseverance. There are a couple of challenges which will be identified in the body of the report.

Revisions to the indicators have been approved by all parties and the Court. Those changes continue to be part of this report.

The administrative staff changes, (new Health Services Administrator, HSA), made during the last year has shown growth in both the actions taken and the ownership of the process of change. This ownership has been seen in all areas of the PRJA. Medical and custody staff are now working even more closely together than they have in the past. This effort is seen in the continued improvement of the medical care provided to the inmate population. The greatest growth has been by the new HSA who took over approximately 10 months ago. The continued improvement of the CQI process and reporting is noted in the monthly reports. It takes time for someone to grow into this type of position and she has done a great job changing the way in which reports are presented and the increase in

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staff responsibility for improving the CQI process. Administrative support from the medical provider MEDIKO, to the site and the HSA, has been inconsistent and should be addressed.

It was announced during the last Monitor visit that the Qualified Mental Health Provider (QMHP) was leaving to take another position. MEDIKO, the medical provider has had difficulty keeping this position filled. Care must be taken to recruit and train, as quickly as possible a replacement. The former QMHP has continued to provide care and treatment to those with mental health conditions, however, this takes her away from her support of the nursing staff at the facility and places an undue burden on the medical administrative staff.

The return of the Administrative Assistant after her maternity leave has improved the ability of the jail tracking system and the medical electronic health record system to communicate with much more accuracy. Her knowledge of both systems allows the PRJA to make changes needed in a quick and efficient manner. There are still some areas of improvement which need to be addressed with regards to the ability to assure that the jail tracking system inputs intake data into the COR-EMR medical tracking system.

The MEDIKO regional physician has taken over the day-to-day medical responsibilities. Previously during physician transitions there has been a drop in care, especially in the chronic care area. This has not occurred over the past 6-month period. In fact, there has been greater ownership of the CQI process and communication with the HSA during this past reporting period. Suggestions by the physician to the HSA to improve the CQI grids for various processes has improved the ability of PRJA to assess where there may be an opportunity for improvement. This will continue to increase the ability of the PRJA medical and mental health staff to improve performance. It was reported during the monitor site visit that a permanent medical director would be aboard soon. It will be imperative that the current medical director provide transition to the new physician as this has caused challenges in the past with a subsequent delay and decrease in service delivery.

A site visit was conducted September 12 – 13, 2017. Daily and monthly reports from PRJA were reviewed, and data verified during site visit. Site medical/mental health and correctional staff were interviewed to assess the validity of the data and observations. Interviews with inmates at the facility were also conducted by the DOJ attorney. Staff at PRJA 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. The ratings are based on the verification of the reports during site visits, not solely on the monthly reports themselves. It is important that the PRJA continue self- monitoring activities, therefore, site visits themselves have decreased in frequency and duration.

Recruitment for RN and LPN staff has proceeded, however there has not been a decrease in the use of overtime. As noted above the previous QMHP has taken more of an RN administrative role, however, she will need to support the mental health program during the absence of the exiting QMHP. The Monitor had the opportunity to meet and interview the new licensed QMHP. He has a wealth of mental health experience in a variety of

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settings. His knowledge and experience fit very well into the PRJA/MEDIKO structure, he will be missed.

Don Hunter, Superintendent of Piedmont Regional Jail, and his staff are fully engaged and willing to work with the Monitor to improve conditions at the Jail. The challenge of space should be rectified as the Jail proceeds along the path of adding a new intake area to the physical plant. This additional space should allow the Jail to continue to maintain the jail in substantial compliance over the years. Plans for the addition were reviewed and comments provided to the compliance director.

Jim Davis, the PRJA compliance director, continues to be extremely helpful in providing information and documents as needed. He continues to send information, and requests assistance to help improve the care provided to the inmate population. This has proven invaluable to the continued improvements seen by this Monitor over the past few years.

It is well noted that the custody and the MEDIKO staff are committed towards making the PRJA system better. The improvements, conditions and policies at the PRJA continue to show this willingness to make the necessary changes. At each visit staff are proud of changes made from the last Monitor visit and always wish to highlight those improvements.

Physical space has improved, but the addition of the intake area in the proposed expansion should make it easier for the PRJA to be in compliance with the settlement agreement.

As noted above, Mental Health 14-day Assessments one of the two areas which had slipped to partial compliance has moved back to substantial compliance. The second area Intake/Receiving Screening is in partial compliance. A corrective action plan has been implemented and will be reviewed at the next site visit in late November. PRJA and MEDIKO have worked to improve and correct areas which had slipped, however the lack of medical staff has continued to create challenges in meeting their performance goals. Daily reports from the HSA have shown fluctuations in the number of intakes completed in the agreed upon time frame. These time frames are based on the NCCHC guidelines. Some changes made by security to have transfers come in at a less hectic time has taken some of the burden off the intake nurses. This showed great cooperation by custody and MEDIKO staff to identify some of the barriers to addressing the intake challenge and come to a resolution.

Another area of concern is the Medical Staff Requirements section of the agreement. While this continues to be in substantial compliance there is an area of concern. The agreement states: "All persons providing care meet applicable state licensure and/or certification requirements and practice within their scope of training/licensure". The concern is that some Licensed Practical Nurses (LPN) are providing assessments, which are not within their scope of practice. This has been discussed with MEDIKO and is to be addressed over the next reporting period, to assure that the facility remains in substantial compliance with this item in the agreement.

PRJA has continued their efforts to keep the facility in substantial compliance with most of the settlement agreement. Each visit has shown the commitment of all parties to improve the system. The CQI system has continued to improve and grow more robust in

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its ability to assist PRJA in identifying areas for improvement. I will ask for this area to continue to be highlighted in the monthly and 180-day reports. This will assist the Monitor and PRJA to keep track of all areas as they move towards self-monitoring.

In the area of management they have continued to make improvements. The HSA has grown and developed into her position. Her efforts have encouraged the line staff to take ownership of the CQI process and has allowed that process to improve significantly over the past reporting period. The reports are better and more comprehensive and thorough. The CQI process improvements should allow the PRJA to be able to take the necessary corrective actions as needed. MEDIKO central office needs to provide additional administrative support to the staff at PRJA.

My recommendation will be to allow those areas which have been in substantial compliance for the required 18-month period to be discontinued from the agreement. Please note I would appreciate the monthly and 180-day report to continue to include the areas which were not in substantial compliance for the required period, and request that the report continue to include the CQI section. This will allow me to continue to assist PRJA in whatever way may be necessary to keep them in compliance and continue to improve the healthcare delivery system.

Please note, the numbering in this report is consistent with the numbers we have been using in the previous reports. For those items which have been released from monitoring, they will not appear in the report. Only the general headings and comments are included.

## **Qualitative and Quantitative Outcome Measures**

### **MEDICAL CARE**

Recommend that these areas should continue to be reported in the monthly and 180-day reports as part of the CQI process.

Medical care was removed from the formal monitoring process. Observations during site visits have shown that the regional medical director is functioning at a high level and is making changes to the CQI grids to improve outcomes. His observations of staff and approval of policies were noted during the last site visit. It will be important for him to provide transition training to the new physician as he comes on board. Nursing staffing has not been up to the contracted levels for at least 6 months. Additional staffing negotiated during the last half of the year has not been hired. All personnel requiring licensure have up-to-date licenses. However, some of the LPN staff are working beyond their scope. This needs to be rectified. Part of the challenge is the lack of RN staff. It will be critical that the new QMHP is a licensed mental health provider. No information was

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available concerning that individual for this report. There are no certified nursing assistants providing care at the facility.

There was one death reported during this last period. A Morbidity and Mortality peer session was conducted by the facility. As reported in the PRJA monthly report, additional education for the medical staff was conducted by Dr. Teklu.

## **POLICIES**

Recommend that these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

Policies were provided to the Monitor for technical assistance review. All policies were in compliance with NCCHC guidelines and standards.

## **INTAKE**

- *9 - The Medical Screening portion of Intake Screening is performed by a Qualified Health Professional. (90% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend conditionally discontinuing this from Monitoring.

100% of the Medical Screenings are performed by a Qualified Health Professional, a few of them continue to be conducted by LPN staff. The additional RN staff at the site should allow for all screenings to be conducted by RN staff, however recruitment has been a challenge. PRJA and MEDIKO should continue to make this a priority. As noted in this report, LPN's are considered Qualified Health Professionals, however, according to the Virginia Nurse Practice Act, they are not deemed, according to the scope of practice, to perform assessments. The screenings are completed and the change in transfers as noted previously has assisted to decrease the flow on Friday afternoon/evenings and Saturdays.

- *10 - The Initial Screenings are fully documented and available to medical staff in each offender's on line medical file. (85% threshold for substantial compliance)*

This standard is in partial compliance. This will continue to be monitored.

Review of the daily logs has shown inconsistent performance. According to PRJA report, they were at 73% in August, and reports for September are showing anything from 100% compliance to 12% compliance with an average of 66%. This area needs to be improved. The HSA has made it a priority to assure completion of intakes within the required period. It is noted that the staffing has a significant impact on the ability of the staff to complete intakes. One issue that continues to arise is the communication between the jail management system and the medical management system. The reports generated by the COR-EMR are not consistent with what has occurred during intake. The HSA must manually check each of the entries to see when the intake form was completed. There are also times when the jail management system delays entry into the COR-EMR system for hours. This causes a delay in the intake medical procedure being completed. Some of the time delays revolve around the end of week and weekend time periods. Others are during the week, but most are when there is a staffing shortage. I would suggest that you

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continue to keep this on your CQI radar screen to see if there are any other patterns that emerge.

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

This standard is in substantial compliance, and continues to be in substantial compliance. Recommend discontinuing this from Monitoring.

During the past reporting period, I reviewed over 6 updated policies. All were consistent with NCCHC guidelines and standards.

Due to some of the items above being in partial compliance I recommend that items 1 – 8 in the Monthly and Aggregated reports should continue to be reported in the PRJA Monthly and 180-day reports.

### **CHRONIC CARE**

- *16 - Prisoners in the program are scheduled for periodic assessments. (85% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

- *18 - Lab work will be available at appointments to determine the level of disease control. (85% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

Recommend that these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

### **HEALTH ASSESSMENTS**

Health assessments were completed in a timely manner, according to NCCHC standards. Data and charts reviewed showed 100% of that either an RN or physician conducted 100% of the assessments. If an RN completed the assessment the physician reviewed and signed off on the document in the COR-EMR.

Recommend that item 18 in the aggregated report will need to be reported in the monthly report as it relates to intake being conducted in a timely manner if no medical record is available on intake. Recommend that other areas should be reported in the Monthly and 180-day reports as part of the CQI process.

### **SICK CALL**

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- *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.*

This standard is in substantial compliance. Recommend discontinuing from monitoring. Assuring that the RN on staff and continues to perform the functions identified above. Records reviewed and interviews with the RN and HSA indicated that RNs were conducting all sick call processes.

Recommend that these areas should be reported in the Monthly and 180-day reports as part of the CQI process, especially as they relate to RNs conducting sick call.

### **CORRECTIONAL STAFF TRAINING**

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

Correctional staff training continues as previously reported. Interview with the compliance director and review of data confirmed training is continuing according to the usual schedule.

### **CO-PAYS**

- *34 - 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. (85% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

- *35 - 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. (85% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

- *36 - 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. (85% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

- *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.*

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This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

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.

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

## **MENTAL HEALTH**

Staffing in the mental health area has continued to be inconsistent. The new QMHP announced he was leaving at the end of September. This would be the 5<sup>th</sup> QMHP since the settlement agreement was signed. The previous QMHP who is now in a more administrative RN position will have to step-in again to provide support for mental health activities. Recruitment for the position has occurred and there are reports that MEDIKO has found a replacement. It will be critical to bring that person on board as soon as possible. The psychiatrist covers the site according to the schedule. There has been a change in psychiatrist staff, but coverage continues to meet the required standard as outlined in the agreement. A staffing analysis is to be conducted, results will be provided in December. I would suggest that PRJA continue to conduct a yearly analysis of medical and mental health staff to assure that the facility has appropriate coverage for the inmate population as it changes and fluctuates.

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

## **MENTAL HEALTH POLICIES**

- *43 - Prisoners with known or suspected mental illness are referred to a QMHP within 14 days of intake. Acute needs are seen and treated as soon as staff is made aware of the condition. (85% threshold for substantial compliance)*

This standard is in substantial compliance. This will continue to be monitored, as it has been in substantial compliance for 12 months.

The average for referrals seen by the QMHP is 13 days. This fits within the required scope of the settlement agreement and meets the standard. The QMHP screens all inmates with mental health concerns and refers them to the Psychiatrist if clinically indicated. An AIMS evaluation is completed during the psychiatric session on inmates who are being prescribed anti-psychotic/neuroleptic medications. It will be important for this to be flowed during the change in staff over the next few months to assure that this does not fall below the threshold.

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- *46 - 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. (85% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

- *47 - Prisoners receiving psychotropic meds are adequately monitored for negative side effects. (85% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

## **SUICIDE PREVENTION**

- *52 - Actively suicidal prisoners are placed on constant observation. (100% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

- *53 - Potentially suicidal prisoners are monitored at staggered intervals not to exceed every 15 minutes. (100% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

- *54 - Correctional Officer checks on prisoners on observation are documented in the approved format. (100% threshold for substantial compliance)*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

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

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

Recommend these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

- *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.*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring.

Recommend that these areas should be reported in the Monthly and 180-day reports as part of the CQI process.

#### **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).*

This standard is in substantial compliance. Recommend discontinuing this from Monitoring. However, as agreed, the PRJA will continue to produce the monthly report, and 180-day report in this area, to ensure that the gains made will become well established as part of the culture of PRJA. I will continue to provide technical assistance with the process as needed or requested by PRJA.

I am inserting the last monthly report on CQI into number 59 below. It shows the strides that have been made in the CQI program.

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

This standard is in substantial compliance. Recommend discontinuing this from Monitoring with the following caveat. With agreement, the PRJA will continue to produce the monthly report and 180-day report on this area to ensure that the gains made will become well established as part of the culture of PRJA. I will continue to provide technical assistance with the process as needed or requested by PRJA.

The following is from the last CQI report. It shows movement in their CQI program implementation. I would suggest a more thorough review of the CQI grids to assure that any areas of concern are addressed as they occur. Below is the excerpt;

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“The CQI programs included: Receiving Screening and Mental Health fourteen (14) day assessment, Dental care, Emergency response, Nurse sick call screening, and Mental Health treatment plans for the month of August.

The implementation of new CQI Grids (Asthma intake grids, Seizure intake grids, Hypertension intake grids, and Diabetes intake grids) took place in March and continues each month. These grids have standardized the intake process for inmates with these diagnoses. Revisions to the receiving screen include obtaining baseline data (glucose and peak flow readings as well as follow-up on abnormal blood pressure readings) which in turn set tasks for the nurse to more closely monitor these populations.

Nursing staff have been given training on the changes made to the Receiving Screening, Transfer Screening, and the new CQI grids and as new staff are employed they are trained. They have received instruction on the use of the new Screening Checklist that is to be completed when Intakes or Transfers are done on paper. They also have received training on the proper use and interpretation of the Opiate and CIWA Protocol forms. Daily audits revealed that the protocol forms were not being completed correctly or consistently. This process will be continued through the monitoring of the CQI grids.

The HSA continues to conduct daily audits of the previous day’s Intakes and Transfers to assure that the intakes are complete and the appropriate tasks have been set. Corrective actions are the responsibility of the nurse that conducts the intake to reinforce proper procedure.

The QMHP continues to complete the Mental Health fourteen (14) day assessment, the LPNs are completing the Receiving Screening, the four (4) chronic care grids and the one (1) chronic care follow-up grid. These grids are then reviewed by the HSA for accuracy.”

The above excerpt, in totality, was lifted from the March PRJA Monthly report. It shows an increased level of understanding and sophistication that is needed for self-monitoring. PRJA is moving forward in the CQI area.