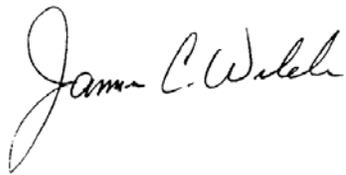


Piedmont Regional Jail Fourth Monitor Report

April 7, 2016

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' and 'W'.

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April 7, 2016

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 (PRJ). Each measure will be evaluated against the reports as presented to, and site visits conducted by, the Monitor. During site visits 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 10% 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 percentage of records may be reviewed. Reports such as the monthly report from PRJ have also been used to provide information for this document.

This fourth report will use the same format as was used in the first three reports. There are also specific indicators identified in the settlement agreement. The indicator spreadsheet is an attachment to this report. This report will provide a grading using the indicators. This report will highlight where PRJ has continued to achieve substantial compliance. Since the last report the PRJ has maintained substantial compliance in all areas. This is a major accomplishment and should be celebrated by the jail staff and medical/mental health staff. While this celebration is for the movement that has occurred, the greater challenge is to sustain the accomplishments. During this reporting period PRJ has continued to sustain the positive work accomplished in the past year.

In a conference call with DOJ and PRJ legal representatives, we made some minor revisions to the indicators. These changes were revised, and are part of this, the fourth Monitor report. There were also changes requested by PRJ that were part of the original settlement agreement. Those were agreed to by all parties and have been forwarded to the Court for review and approval. They will also be included in Monitor reports.

In the last Monitor report, I reported on the potential challenge of the absence of the Health Services Administrator/Director of Nurses (HSA/DON), who is on maternity leave. The history of PRJ from the time I have been the Monitor is that every time there is a change in health care leadership, or staff, a significant slippage of services and ability to sustain improvements made at the facility has occurred. I am happy to report that this has not occurred. With the assistance of a temporary HSA, regional MEDIKO management and PRJ security personnel, all areas of the agreement continue to be in substantial compliance. Health care delivery at the PRJ has continued to perform at a level that is consistent with NCCHC standards. On-site supervision has been maintained and health care delivery has continued to be provided at an acceptable level. The ability to sustain substantial compliance with all indicators is an indication that PRJ has moved

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to a place where the system is working as it should and staff have taken ownership of the improvements made to Jail operations. One of the most important improvements that has occurred is that the improvements have proven sustainable.

Another critical junction will be this summer when the Administrative Assistant, who has been with PRJ since the beginning of this process, and is aware of and is the “glue” many times for the health and mental health staff, will be out on Maternity leave. It will be again critical that MEDIKO work to assure that a temporary AA is assigned to the Jail as the HSA will have recently returned and the AA will be leaving on maternity leave. Once again PRJ will be challenged assuring that care is sustained.

A permanent physician with years of correctional experience was hired by MEDIKO and has been working at the site for three months. The physician has continued to provide care to the inmate population and has been able to sustain the improvements made to the system. In fact, there has been no slippage of services with this change in provider. This again speaks to the ability of PRJ to ensure that improvements are sustainable.

Site visits were conducted on January 12 - 14, 2016 and March 28 - 30, 2016. Monthly reports from PRJ were reviewed and data verified during site visits. Site medical/mental health 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. The ratings are based on the verification of the reports during the site visits, not on the monthly reports themselves.

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. Superintendent Hunter has indicated that the PRJ has received approval for an expansion to the facility. These physical plant changes should help the PRJ continue improving the health and mental health services provided at the facility. From discussion with Superintendent Hunter, the next step is for the jail board to take the necessary legal steps to receive funding approved by the Virginia legislature. He expects this to occur before the start of the fiscal year July 1, 2016.

Jim Davis, the PRJ compliance director, has been extremely helpful in providing information and documents needed for continuing review of the PRJ. He has been especially attentive to needed changes in policy and procedure to keep PRJ up-to-date and current with correctional best practices and local operations. He is willing and able to make those changes with the support of PRJ administration as needed, even during on-site Monitor visits.

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All the staff at the PRJ are committed towards making the system better. The improvements, conditions and policies at the jail continue to show positive movement.

While there is not a specific item in the settlement agreement about the physical space provided, the PRJ continues to make 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 improved due to the increased space. As noted above, the addition to the facility should only improve the provision of services to the jail population.

On the latest visit there were a couple of items that came up during the review. Some I will address in the areas below, others were observations to improve the overall functioning of the PRJ medical area. 1 - There was no provision for inmates to receive information when they had a lab, x-ray or other test performed. A form and process was created while I was at PRJ to address this issue. It is identified in the laboratory section of this report. 2 - There were some issues with security reviewing medical grievances and responding. A revised process and policy was developed to allow for the RN or QMHP to respond to level 1 medical or mental health grievances, and the HSA to respond to level 2 grievances. Only medical/mental health staff will respond to medical/mental health related grievances, security will not be involved with responding to these types of grievances. 3 – When an inmate returns from the hospital there was not a formal process for them to be seen in the medical area by medical personnel. This was changed during my visit and a memo was sent out to assure that any inmate returning from an outside visit to have a procedure done, or was hospitalized, will be taken directly to the medical area for medical clearance prior to being taken to a housing unit. 4 – There have been issues between the electronic medical record system (COR-EMR) and the offender management system (DSI). Superintendent Hunter assured me that their new compatible system will be operational in the next few months.

PRJ has made significant efforts towards sustaining substantial compliance with the settlement agreement and are to be commended for their efforts. The ability to sustain substantial compliance in all areas is an indication of their commitment to change. Commitment to change is not enough if it is not able to be sustained. They have shown over the past year that they are willing and able to sustain the improvements to their system. Over the next 6 months they will need to continue to target management and Continuous Quality Improvement areas of the system to ensure that the health care services are able to be maintained at the same level. Changing a system takes time and a consistent effort. PRJ and the medical/mental health provider have shown that they are committed to continue to make changes necessary to meet medical and mental health needs of their inmates.

Qualitative and Quantitative Outcome Measures

MEDICAL CARE

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

The Average Daily Population (ADP) at the PRJ has been between 596 and 616 during the current Monitoring period. There have been a few months where the census escalated to 600 and above. The usual Physician staffing was Monday 9:30AM – 5:30PM, Tuesday 9:30AM – 5:30 PM, Wednesday 9:30 – 5:30 PM. Some weeks the schedule shifts to a Wednesday – Friday schedule with the same hours. This gave the PRJ 24 hours of physician time per week for the months of October – March. This met the requirement as set forth in the settlement agreement for the reporting period. It will be critical to focus on the ADP to ensure that physician coverage meets the required benchmark. MEDIKO leadership will need to ensure PRJ management that physician coverage will meet the requirements of the settlement agreement. MEDIKO was willing to cover as needed with off-site physician coverage. This has occurred when the physician is on vacation or ill. It is important to provide the needed coverage when permanent staff is on vacation, or out. A substitute physician should be present and available on-site to ensure 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.*

As noted above the average daily population count has been slightly over 600 at 606 for the monitoring period. There has been some turnover in nursing staff during this 6-month period. As of the March visit there were 6 LPN's and 3 RN's. There was one LPN vacancy (the 7th LPN an additional one added by PRJ), which MEDIKO was in the process of hiring a replacement. They continue to have an additional LPN and RN. The additional RN provides a higher level of nursing staff to the facility. One of the RN's is the Health Services Administrator/Director of Nurses (HSA/DON). The current staffing pattern meets the intent of the agreement with the additional RN and LPN staff. The DON/HSA, has been on staff for over a year now. She is currently on maternity leave and a temporary replacement HSA/DON is on-site to provide oversight and direction for the nursing staff at PRJ. This replacement has done an excellent job of continuing the progress made at PRJ. The Regional Vice President for MEDIKO has continued to provide quality support for processes with both line staff and the site DON/HSA. This change has significantly improved the Quality Assurance and assessment activities at PRJ. This seasoned professional continues to support the ongoing improvements seen at PRJ. Her experience has been critical for PRJ in sustaining the substantial compliance ratings.

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.*

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Data from the latest monthly report and verified on-site at the latest visit showed that there were no health assessments that were not completed in the 14-day time frame. Nevertheless, MEDIKO continues to fill the additional RN position. This has helped to ensure 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 DON/HSA has put in place mechanisms to ensure that none of those in need of a 14 day assessment is missed. One of the questions that came up last year were transfers who arrive without medical information. This had caused a delay in medication delivery and appropriate care. During the Monitoring period it was decided that transfers did not need a full assessment as they had, for the most part, one completed recently in another institution. Therefore, PRJ had 30 days to complete an assessment. However, it has been noted that some of those transfers did not arrive at the facility with medical information. MEDIKO is working to ensure that any transfers that arrive without medical information are placed on the 14 day health assessment list rather than the 30 day list as had been agreed. As an added check, the Administrative Assistant is checking the DSI list daily to ensure that no inmates either entering or leaving the facility are missed. (Prior to December 2014, Health Assessments were not being completed within the required 14-day timeframe. An RN position was added in December of 2014. Since that time, Assessments are being completed within 14 days.)

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. A potential issue with scope of practice is LPN's providing assessment at sick call and during the intake screening. This issue has been reviewed with both MEDIKO and PRJ management. They are reviewing the scope of practice of LPN's performing these tasks and have a solution. As of July 1, 2016 an additional RN will be hired to assure that only RN's provide assessment and sick call services. This will assure that each professional is working within their scope of practice.

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.*

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Policies are approved and are in place. There is clear documentation of direct physician oversight in all clinical activities. Electronic signature by the physician was present on all intakes and assessments for all records reviewed. Over 20 records were reviewed in this area. PRJ policies do not allow for CO's to provide any direct medical care to offenders. The Medical Director reviews the guidelines and protocols. It was noted that the policies had no place for a date with the Medical Director's signature. This was corrected and a date will be included in all policies and nursing protocols.

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 reviewed on a routine basis. During this reporting period 7 policies have been reviewed and modified to better address care at 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. During the Monitoring period there had been discussion as to when the receiving screen should be completed. It was agreed to accept the National Commission on Correctional Health Care (NCCHC) definition. MEDIKO changed their policy on intakes to provide the receiving screening "on arrival". This is consistent with the NCCHC Jail Standards. To quote the Standard – "Receiving screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent health needs are met." Previously, there had been an issue with the inability to have security present to accomplish this task. During Monitor review of the situation it was noted that there were no lapses in intake screening due to security challenges. This issue is critical to continuing to obtain substantial compliance. (PRJ's intent is to move forward with obtaining NCCHC Accreditation. They will be using the newest 2014 standards as required by NCCHC. This Monitor will continue to use the 2008 NCCHC standards to evaluate PRJ as required by the settlement agreement. However, the Monitor will work with PRJ to assist as they move towards Accreditation.)

This standard is in substantial compliance.

INTAKE

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

100% of the Medical Screenings are performed by a Qualified Health Professional. All screenings performed by a qualified health professional were reviewed by the DON/HSA or a staff RN as part of the quality assurance process. As a part of the continuing effort to support the Quality Assurance process, staff RN's have been trained to review screening intakes to provide oversight and feedback, peer to peer. The challenge noted in this area was due to the large number of inmates who arrive over the weekend period (Friday evening through Sunday morning). Due to this fact, PRJ has worked with MEDIKO to hire an additional RN, starting July 1, 2016, to cover these high volume periods to assure that not only are intakes completed by a Qualified Health Professional, they are completed in a timely manner.

This standard is in substantial compliance.

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

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. (Please see section #9 above) 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 sometime in the next two months. This should substantially help the problems currently being seen with the interface between 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. Any offender requiring additional care after initial screening is referred to the physician. This was noted in 4 of the random examples sampled during the site visit.

This standard is in substantial compliance.

CHRONIC CARE

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

A chronic care policy is in place. Over the past 6 months the chronic care program has been fully implemented. The PRJ is using the NCCHC Chronic Care guideline as the template for chronic care conditions. Using the NCCHC template the PRJ is able to implement the program with disease-specific clinical guidelines. This is a significant improvement from the previous reporting periods.

This standard is in substantial compliance.

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

The guidelines identify conditions included in the chronic disease program. Those conditions are: Asthma, Diabetes, Hypertension, Hyperlipidemia, HIV, Seizure Disorder, TB and Major Mental Illness. These are consistent with 2008 NCCHC guidelines.

This standard is in substantial compliance.

- *14 - Prisoners with chronic care issues are identified and examined by the physician. (90% threshold for substantial compliance)*

99% of the offenders identified with chronic care issues have been examined by the physician or psychiatrist and have a treatment plan in place. It is noted that this occurs during the initial screening as a referral to the physician/psychiatrist as a “task” in the COR-EMR system. Review of records found 1 inmate who was not identified in the screening process that should have been referred to the physician/psychiatrist for inclusion into the chronic disease program. In January, there were 261 inmates identified on initial screening and scheduled to be seen by the Physician. In February, there were 251 inmates identified on initial screening and scheduled to be seen by the physician. During chart review, it was found that 1 inmate had a chronic care condition and was not assigned to be seen by the physician. This was an isolated event and was due to human error in documentation – this has been addressed with the responsible person.

Note: this was picked up during the QA/CQI process by the HSA. This is an excellent example of the forward movement of the PRJ QA/CQI process.

This standard is in substantial compliance.

- *15 - Prisoners in the program are tracked in the COR-EMR system. (95% threshold for substantial compliance)*

100% of the offenders in the program are tracked in the COR-EMR system. PRJ uses the NCCHC “Chronic Disease Clinic” template. This template allows for the standardization of the patient population to ensure that each inmate enrolled in the chronic disease program is seen and followed according to established guidelines.

This standard is in substantial compliance.

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

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100% of the offenders who were identified as part of the chronic disease program were scheduled for those assessments. Each of the records reviewed clearly stated a time frame for a periodic assessment, according to the severity of illness and the degree of control. These assessments are scheduled based on the physician determination for follow-up. Some of the inmates were seen in less than the required time frame to assure that none were late with their appointments.

This standard is in substantial compliance.

- *17 - Prisoners in the program are provided diagnostic tests at the initial comprehensive visit. (85% threshold for substantial compliance)*

87% of diagnostic testing is ordered by the physician at the initial visit based on the clinical needs of the inmate. The physician only orders those diagnostic tests that he deems clinically necessary. In January, there were 12 labs ordered by the physician, 10 labs were completed. In February, 3 labs were ordered, and 3 were completed. The error in the January timeframe was due to the Physician not setting a “task” to obtain the labs, but documented this requested lab in the chronic care form. Education was provided to the physician during the reporting period and there were no labs ordered and not obtained from the end of February to the time the Monitor visit in late March. The QA/CQI process picked up this issue. It will be important to follow this process over the next reporting period to review records to ensure that those inmates that had diagnostic testing performed, and those that did not have testing, were followed appropriately.

This standard is in substantial compliance.

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

87% of the labs were available at the clinic appointment for the physician to determine level of disease control. (see explanation above) Level of disease control is a measure of adherence to the standard of care. Level of disease control is one of the items in the NCCHC template for all those enrolled in a chronic care program. One item that was picked up during the site visit was the notification of the inmate that a test completed was either within normal limits and an appointment to discuss the normal laboratory result was not needed and, those circumstances when a test was not within normal limits and an appointment with the physician was needed. A new procedure was initiated during the visit for the physician to complete a notification form that will be sent to all inmates who had some form of testing. This notice will identify if the “test,” which could be a laboratory test, x-ray or other procedure, was within normal limits, or a visit with the physician has been scheduled to discuss the results of the test. Review of this new procedure will be completed during the next on-site visit by the Monitor.

This standard is in substantial compliance.

- *19 - Chronic care patients will have a comprehensive clinical plan. (90% threshold for substantial compliance)*

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100% of the offenders in the chronic care program had a comprehensive clinical plan using the NCCHC Chronic care form. Each had vital signs, degree of control, education provided, medication changes – if any, laboratory testing – if required, number of days till next visit, etc. 22 records were reviewed.

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 - Health assessments will be conducted by a physician, physician assistant, nurse practitioner, or registered nurse under the supervision of a physician. (90% threshold for substantial compliance)*

Review of health assessment data and records during the January and March Monitor visits showed that an RN or physician conducted 100% of the assessments. Out of the 20 randomly chosen records reviewed, all health assessments were completed by an RN, all 20 were reviewed by the physician. Time between assessment and review by the physician was between one and three days. None were more than three days. Two out of the 20 were reviewed in the three-day period. The rest were the same day the assessment was completed. During the last report an area of concern was that regarding piercings. A policy has been developed that notes that no piercings will be removed. An updated policy on Gender Dysphoria and Gender Identity has been completed. Mr. Davis will be working with management to ensure that policies are consistent with current practice.

This standard is in substantial compliance.

- *22 - Health assessments must be completed within 14 days of arrival at the facility. (85% threshold for substantial compliance)*

PRJ data during my March visit showed 99% of the assessments were completed in the required timeframe. There were a total of 281 health assessments completed, 1 went over the 14-day time frame during the January reporting period. 20 randomly chosen records were reviewed.

This standard is in substantial compliance.

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- *23 - Medical problems identified during the initial assessment, will result in the patient being referred to a Physician for follow-up care. (90% threshold for substantial compliance)*

Review of the records found there were no referrals to the MD from the Initial Health Assessment. This was due to the fact that in reviewing the screening, intake, transfer process nursing staff were identifying any issues at that time and referring the inmate to the physician immediately for follow-up. The Monitor reviewed intake and transfer records to verify referrals at the time of intake and transfer.

This standard is in substantial compliance.

SICK CALL

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

The medical director has signed all nursing protocols. Additions and revisions were made in May 2015. Some of the changes included withdrawal from alcohol, opiates and benzodiazepines. The signature page should have a date indicating when protocols are approved by the Medical Director. This document will need to be reviewed this May and re-signed by the new Medical Director of the facility.

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 NCCHC guidelines and address common symptoms, and 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. One of the issues discussed with MEDIKO and PRJ management was the issue of LPN's following those protocols, especially when a physician is not present. As part of a sick call process an assessment is completed on the patient. LPN's are not trained, as part of their formal training, to conduct assessments. This would mean that they are practicing out of their scope of practice. PRJ leadership and MEDIKO have arranged to hire an additional RN starting in July. This additional RN should allow for both a timely intake process and assure that only RN's conduct sick call.

This standard is in substantial compliance.

- *26 - 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. (85% threshold for substantial compliance)*

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The October - March data showed this area to be in 100% compliance. The triaging process implemented over the past few months has proved effective and efficient. All sick call requests were triaged within 24 hours. 22 records were reviewed.

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 there were 109 sick call encounters noted in the COR-EMR system. All sick call encounters were reviewed by the physician. None of the data showed any personnel practicing beyond their training or licensure. Previous review with site physician of the diabetic sick calls showed a high percentage of inmates with an elevated Hemoglobin A1C. This is a blood test used to show degree of control of the illness for diabetics. MEDIKO medical staff and PRJ leadership agreed to review the menu provided to these inmates to see if this could be a contributing factor with the elevated numbers. One of the challenges with the diabetic population is that you are not able to restrict commissary items and this has an effect on individuals when they stray from their prescribed diet and eat items from commissary which are high in glucose, carbohydrates and calories.

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. Physician reviewed all sick calls for appropriateness.

Ninety four records were reviewed in the COR-EMR system and each was reviewed by the physician. As noted under #25 they are reviewing the use of LPN's for nurse sick call due to the assessment issue.

This standard is in substantial compliance.

CORRECTIONAL STAFF TRAINING

- *29 - Correctional officers are trained in providing first responder medical care and are basic cardiac life support (BCLS) certified. (85% threshold for substantial compliance)*

100% of the correctional officers are trained in providing first responder medical care and are basic cardiac life support certified. Training records were reviewed and they showed that all correctional officers had been trained.

This standard is in substantial compliance.

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- *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 - New hires will be provided an introductory training, as well as annual in-services trainings provided to all staff. (85% for substantial compliance)*

100% of new hires have received their required training. Training records were reviewed and verified.

This standard is in substantial compliance.

- *32 - Suicide Prevention & Mental Health Care training is conducted by a Qualified Mental Health Professional. (85% threshold for substantial compliance)*

The required Suicide Prevention and Mental Health Care Training is being conducted on a routine basis by the local and regional MEDIKO QMHP. Training was verified. This training occurs at least once a month, and on an as-needed basis, depending on local PRJ needs. Four times in the current 6 month period.

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. Any changes to the curriculum based on policy or PRJ operations should be submitted to the Monitor and DOJ for review and approval.

This standard is in substantial compliance.

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)*

All co-pay slips were reviewed. This review of 20 sick call co-pay charge slips showed that none of the inmates had been charged inappropriately and none of the inmates balances fell below the required amount. This review was conducted with the fiscal manager at the PRJ. Therefore, no one was charged inappropriately. 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

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none were for health assessment, mental health care, chronic care, necessary medical care or emergency visits. There has not been a decrease in the number of sick call requests received since the initiation of this process. Any significant decrease in sick call requests may be an indicator of a negative impact of this process. Data showed 100% compliance.

This standard is in substantial compliance.

- *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)*

There were twenty (20) offenders were charged a sick call co-pay charge. Out of the 20, five (5) were referred to the physician for follow-up. None of the 5 were assessed an additional charge for the physician visit. Therefore, 100% of the inmates only had one co-pay fee to see the nurse with no charge to see the doctor from that referral.

This standard is in substantial compliance.

- *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)*

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. Record review showed no charges for a serious medical need or multiple charges within a 30-day period. 40 records were reviewed.

This standard is in substantial 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 20 records reviewed that placed an offender's account below \$5.00.

This standard is in substantial 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.*

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There is one full time QMHP. She is employed 40 hours per week. The facility has one psychiatrist. He works on-site on Thursdays for an average of eight hours. In January the QMHP worked 19 days for 152 hours and the psychiatrist worked 4 days for a total of 32 hours. During the month of February, the QMHP worked 18 days for 144 hours, and psychiatrist worked 4 days for 32 hours of on-site care.

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.

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.*

The staffing analysis was completed November 30, 2015. There were four recommendations included in the analysis.

1. Based on the monthly aggregated report, the night shift work requires 2 nurses, seven days a week. This would be an addition of 32 hours per week. One of the two nurses should be an RN.
2. MEDIKO will identify a Medical Director to fill in on an as-needed basis in the event of the absence of the Medical director.
3. Further time studies need to be completed in 4 months on the QMHP duties to determine whether additional administrative hours are needed to help.
4. The next time study will be based on time frames for tasks previously established and focus on the time these tasks are being completed versus the time spent on the task.

As noted in previous sections an additional full time equivalent (FTE) Registered Nurse will be hired as of July 1, 2016 as suggested in the analysis.

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 2008 Jail standards.

This standard is in substantial compliance.

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- *42 - Prisoners are appropriately screened for mental illness using appropriately validated screening instrument. (85% threshold for substantial compliance)*

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. 132 inmates were screened in January and 140 inmates were screened in February. The instrument used is the GAINS (Global Appraisal of Individual Needs, short form), which is an evidence based instrument validated by SAMHSA (Substance Abuse and Mental Health Services Administration). There were no adverse events that have occurred during this review period.

This standard is in substantial compliance.

- *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)*

85% compliance with this standard. Of the 91 inmates referred in January and February, 20 were released or transferred out before being seen and 3 refused the QMHP appointment, leaving an "N" of 68. 58 were seen within 14 days of intake by the QMHP. All had a comprehensive mental health assessment conducted by the QMHP. Acute needs are seen ASAP. In January, 3 new intakes expressed suicidal thoughts within 5 days of arrival. They were all seen by the QMHP within 24 hours and 2 were seen by the psychiatrist within 48 hours or removal from level 2 suicide watch, 1 declined to be seen. PRJ has requested, and all parties have agreed to modify this standard to adequately capture the number of inmates referred to the QMHP instead of the psychiatrist within the first 14 days after intake. Some of the inmates referred to mental health for follow-up do not meet the criteria for referral to a psychiatrist following the comprehensive mental health assessment conducted by the QMHP. This request has been sent to the Court for approval.

This standard is in substantial compliance.

- *44 - 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. (85% threshold for substantial compliance)*

In the month of January there were 108 inmates enrolled in the MH Chronic Care Program. 6 inmates in 30 day follow-up, 3 inmates in 60 day follow-up and 114 inmates in 90 day follow-up. Each inmate evaluated by the QMHP is placed on an appropriate Mental Health Chronic Clinic care list when they are initially evaluated. Placement on this list fluctuates as an inmate's needs change. The MH CCC spreadsheet is updated each month. All (100%) MH CCC clients were on the spreadsheet with a follow-up appointment noted in COR-EMR.

This standard is in substantial compliance.

- *45 - Psychotropic medication prescriptions will be reviewed by a psychiatrist on a regular, timely basis to assess prescribed regimen. (85% threshold for substantial compliance)*

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NCCHC standards state that inmates prescribed psychotropic medications should be reviewed by a psychiatrist at least every 90 days. Using this standard, the psychiatrist should review at least one-third of the patients prescribed psychotropic medications each month. During the month of January, there were 168 patients prescribed psychotropic medications, at least 56 should be reviewed. The psychiatrist reviewed 63 patients exceeding the 100% standard. During the month of February, there were 148 patients prescribed psychotropic medications, at least 49 patients should have been reviewed. The Psychiatrist reviewed 66 patients, exceeding the 100% standard. The overage each month is due to the desire of the Psychiatrist, per his clinical judgment, to see the patient at a greater frequency than the 90 day standard.

This standard is in substantial compliance.

- *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)*

Medications were noted in the COR-EMR as were specific notations by the psychiatrist regarding medication delivery and compliance. Review of 20 charts indicated the reason for any changes in medication ordered by the psychiatrist. 100% of the patients had notes in the COR-EMR system. All medication changes were justified by the psychiatrist in the “notes” section of the COR-EMR system. The Psychiatrist reviewed psychotropic medications of 63 patients in January, making changes to 24. He reviewed 66 patients in February, making changes to 28. Examples of rationale for change include adverse reactions, an increase in dosage to optimize response, discontinuation due to duplication of antidepressants prescribed prior to incarceration. This presents a potential increased risk for creating negative side effects. An example would be Prozac taken in conjunction with Elavil has the potential to potentiate cardiac difficulties.

This standard is in substantial compliance.

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

During this visit it was noted that training has been provided to the nursing staff regarding the recognition of symptoms of negative side effects of psychiatric medications. An AIMS (Abnormal Involuntary Movement Scale) evaluation is completed during the psychiatric session. This evaluation helps to show if the medication is providing the expected psychiatric result. Patients are provided with education regarding potential side effects and sign a consent form prior to being placed on a psychiatric medication. The psychiatrist noted any observed or reported side effects during the psychiatric visit in the COR-EMR system. Twenty records of the 148 patients prescribed psychotropic medications were randomly selected for review. Of those records reviewed 100% had appropriate documentation.

This standard is in substantial compliance.

- *48 - Prisoners on psychotropic medications will be evaluated by the psychiatrist within five weeks of starting any new medication. (85% threshold for substantial compliance)*

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100% of the records reviewed 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. There were 18 inmates that had new medications prescribed in December who were scheduled for a 30 day return in January. Of the 18; 10 were seen within 4 weeks, 4 were released prior to their appointment, 3 were in court, but later seen in the appropriate time frame, 1 was seen in 5 weeks. In January, 10 inmates were scheduled to be seen for 30 day follow-up: 5 were seen in 4 weeks, 4 were released prior to their appointment and 1 refused to be seen. The QMHP and HSA will be working with PRJ leadership to evaluate how those on a work program, and on psychiatric meds, may be able to be identified and seen by the psychiatrist during his weekly on-site clinic hours.

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 Constitutional 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 has modified a cell to adhere to the policy. There was one offender who was housed in the modified cell during the month of March for a 24hour period.

This standard is in substantial compliance.

- *50 - Prisoners at risk for self-injurious behavior or suicide have timely and adequate access to QMHP. (100% threshold for substantial compliance)*

Review of the notes from the QMHP and direct observation during the March visit by the Monitor noted that those offenders under suicide watch have access to and regular visits from the QMHP. In January 12 inmates were placed on level 2 suicide watch. There was one individual who was placed on level 2 watch twice. In February, 4 inmates were placed on level 2 watch. All were seen by the QMHP. In March, while the Monitor was on site, there was one inmate who had been placed on level 1 the weekend before the Monitor visit. The inmate had been seen by the QMHP in a timely manner.

This standard is in substantial compliance.

- *51 - Prisoners on suicide watch are provided with the appropriate level of supervision. (100% threshold for substantial compliance)*

The current location of the level 2 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 watch is a 15 minute watch in random intervals. The newly modified level 1 suicide watch cell is staffed with personnel on a 24 hour basis with a radio. There was 1 patient placed on level 1 watch during this reporting period, as noted above the weekend before the Monitor visit. They were observed according to the PRJ policy.

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This standard is in substantial compliance.

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

During visits to the facility by the Monitor there were no offenders on the highest level of watch, at the time of the visit. Policy dictates that constant observation is required for those on the highest level of suicide watch. It was noted that there had been one (1) offender on the highest level of watch the weekend before this Monitor visit in March. Review of the “constant observation sheet” had notes that indicated the security staff was observing the patient according to PRJ policy. The previous Monitor report indicated a concern that the “observer” must make notes in a random basis to ensure that the individual is under constant observation. After this concern was raised the Major took it upon himself to provide training for the officers who provided watch for the inmate. Review of the most recent level 1 watch documents showed a much better understanding of what should be included in the documents. They showed very detailed observation of each person on watch.

This standard is in substantial compliance.

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

Review of documentation during each of the visits showed that 100% of the time the officer responsible for the suicide watch signed the documentation at staggered intervals. The standard is “staggered intervals.” 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. As noted above, officers are now writing more “observations” on the log sheets. This provides the QMHP and the psychiatrist a better understanding of the inmate while on watch.

This standard is in substantial compliance.

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

As noted above, documentation was present, and after the training provide by the Major, the documentation sheet was able to “tell the story” of what the officer is observing. This gives the QMHP and psychiatrist a better picture of the patient. During the past 6 months time frame the documentation had improved from the previous reporting period. 100% of the documentation was in the approved format.

This standard is in substantial 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 during the January and March Monitor visits to PRJ. The CO supervisor had reviewed all the suicide observation logs. It is important for the CO supervisor to review all the logs carefully and provide input to the officer when appropriate to ensure compliance with the standard and policy.

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This standard is in substantial compliance.

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

Cut down tools are available to each correctional officer. A random check showed that the officers had them on their person and when asked was able to take them and show them to the Monitor and Mr. Davis. The cut down tools are collected at the end of each shift and given to the next shift. Signatures were present on the tracking log used for this purpose.

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.*

The QMHP documented in each patient chart who was on watch the assessment of the level of precaution using a suicide observation note. In the absence of the QMHP, the psychiatrist and QMHP on-call provided oversight documented in the chart notes for the justification of the level of suicide precautions.

This standard is in substantial 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 improving. PRJ has a 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 DON/HSA, MEDIKO VP of operations, and compliance director Jim Davis are working together to address this item. The challenge is to include all the MEDIKO staff, along with security in the QA process. In order to sustain the improvements PRJ has made, the entire system must embrace the QA process. Suggestions to improve the system were discussed and will be initiated during the next 6 months' time frame. This process is still underway. I have again included the 2008 NCCHC standards:

Facilities with an average daily population of greater than 500 inmates have a comprehensive CQI program that does the following:

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- a. established a multidisciplinary quality improvement committee that meets as required, but no less than quarterly, designs quality improvement monitoring activities, discusses the results, and implements corrective action;
- b. completes an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent materials; and
- c. performs at least two process quality improvement studies and two outcome quality improvement studies a year, where;
 - i. a facility problem is identified,
 - ii. a study is completed
 - iii. a plan is developed and implemented,
 - iv. results are monitored and tracked, and
 - v. improvement is demonstrated or the problem is restudied

It will be critical that in order to sustain substantial compliance, especially in this area, the PRJ, along with MEDIKO follow the above NCCHC standard. They continue to improve their process. The VP of Operations for MEDIKO also presented a document, "Continuous Quality Improvement (CQI) Made Simple". This document should help PRJ and MEDIKO staff to move even further forwards in their CQI activities. We will continue to review these areas at the next two monitor visits to ensure substantial compliance.

This standard is in substantial compliance.

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

The monthly reports are getting better. And the ability to analyze patterns and trends is improving.

A few examples from their monthly reports I will include below. They are showing a much better understanding of CQI and analysis. Recognizing patterns is improving. During this past visit an LPN spoke about what she had observed. This is the first time I have heard from another staff member the importance of CQI and analyzing trends. This is a positive move forward.

A CQI team was developed in February 2016. They also held their first meeting in February. Leaders consist of nurses on staff, QMHP, physician and HSA. During discussion with the substitute HSA and the VP of operations from MEDIKO it was noted that the physician needs to be more involved with the CQI process moving forward. This was discussed with him and he was willing to help to champion this important part of the work of MEDIKO at PRJ.

It will also be important for security to be more involved in the process. We discussed in the exit briefing how security can be involved with both the MAR and CQI process. Both of these are required by NCCHC.

CQI must include a critical analysis of what happened at the facility, what steps may have been taken, or should be taken in the future to modify policies/procedures/systems at PRJ is what should continue to be included in the reports.

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It will be critical for MEDIKO and PRJ senior staff to meet and discuss the overall CQI process to ensure that both security and MEDIKO management, including line staff, understand the importance of the process of quality CQI.

Over the next few months this Monitor is hopeful that the data and analysis will continue to show improvement. During this past site visit PRJ was able to sustain the improvements they have made in all areas.

This standard is in substantial compliance.

Compliance Indicators

Subject	Indicator		4/15		10/15		4/16
MEDICAL							
Staffing							
Staffing - Physician	3.5 hours of physician time per week for every 100 prisoners		SC		SC		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		SC		SC
Staffing - Health Assessment Backlog	Hire Additional (1) RN if Health Assessments are not being completed within 14 days		SC		SC		SC
Medical Staff Requirements	All persons providing care meet applicable state licensure and/or certification requirements and practice within scope of training/licensure.		SC		SC		SC
CNAs	Only performing tasks within support functions (e.g. vitals, prepping charts, etc.)		SC		SC		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		SC		SC
Policies							
Policies & Procedures	Shall be revised to establish clear direction and expectations for all staff		SC		SC		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	SC	SC
Intake					
Medical Screening	Medical Screening portion of Intake Screening is performed by a Qualified Health Professional		SC	SC	SC
Initial Screenings	Initial Screenings are fully documented and available to medical staff in each offenders' medical file.		SC	SC	SC
Referrals	Policies adopted consistent with applicable professional standards providing guidance when prisoners should be referred to a physician after initial intake screening.		SC	SC	SC
Chronic Care					
Chronic Care Program	Implement policy with disease-specific clinical guidelines.		SC	SC	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 (3) tracks prisoners in the program (4) schedules periodic assessments (5) provides for diagnostic tests at an initial comprehensive visit (6) makes lab work available at appointments in order to determine the status of disease control (7) outlines a clinical plan for each chronically ill prisoner.		SC SC SC PC SC PC SC	SC SC SC SC SC SC SC	SC SC SC SC SC SC SC
Health Assessments					
System Development & Implementation	Develop and implement a system to provide each prisoner with a comprehensive health assessment.		SC	SC	SC

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Assessment	Conducted by a physician, physician assistant, nurse practitioner, or registered nurse under the supervision of a physician.		SC	SC	SC
Timing	Health Assessment must be complete within 14 days of arrival		SC	SC	SC
Referrals	Referred to Physician for follow-up care (If medical problems are identified)		SC	SC	SC
Sick Call					
Nursing Protocols	(1)-Established and signed by medical director. (2) Should address common systems, instruct nurses about the questions of symptoms, identify objectives that should accomplish in evaluating those prisoners		SC SC	SC SC	SC SC
Triage	Properly triaged prisoners medical needs and ensure that they are referred for, and provided with, appropriate treatment in a timely manner.		SC	SC	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	SC	SC
Physician Oversight	Personnel are providing appropriate care during sick call and following facility policy and procedures		SC	SC	SC
Correctional Staff Training					
Annual Officer Training (AOT)	Providing first-responder medical care and basic cardiac life support (BCLS) certified.		SC	SC	SC
AOT Curriculum	Curriculum submitted for AOT trainings to Monitor and DOJ for review and approval prior to first training offered.		SC	SC	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		SC		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		SC		SC
Co-Pays							
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		SC		SC
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		SC		SC
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		SC		SC
Co-payment Schedule	Follows pre-determined agreement of co-payment scheduled as outlined in DOJ Settlement Agreement.		PC		SC		SC
MENTAL HEALTH (MH)							
Staffing							
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		SC		SC
Psychiatrist	Telemedicine and additional in-person assessments provided		SC		SC		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		SC		SC
Policies							
NCCHC Jail Standards	Implemented policies based on NCCHC Jail Standards related to MH Care.		SC		SC		SC
MH Illness	All Prisoners are appropriately screened for mental illness using appropriately validated screening instrument.		SC		SC		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		SC		SC
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		SC		SC
Psychotropic Medications	Psychiatrists must review prescriptions for psychotropic medications on a regular, timely basis to assess prescribed regimen.		SC		SC		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		SC		SC
Psychotropic Medication Monitoring	Prisoners receiving psychotropic meds are adequately monitored for negative side effects.		PC		SC		SC
Psychotropic Medication Re-evaluations	Prisoners on psychotropic medications must be evaluated by the psychiatrist within two weeks of starting any new medication.		SC		SC		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		SC	SC
Suicide Risk	Those prisoners at risk for self-injurious behavior or suicide have timely and adequate access to QMHP			SC		SC	SC
Suicide Watch	Those prisoners on suicide watch are provided with the appropriate level of supervision.			SC		SC	SC
Actively Suicidal Prisoners	Actively suicidal prisoners are placed on constant observation			PC		SC	SC
Potentially Suicidal Prisoners	Monitored at staggered intervals not to exceed every 15 minutes.			PC		SC	SC
Documented Checks	Correctional Officers checks on prisoners on observation document checks in approved format.			PC		SC	SC
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		SC	SC
Training Tools	All staff with contact with prisoners have ready access to cut-down tools and are trained to use them effectively.			SC		SC	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		SC	SC

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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		SC		SC
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		SC		SC
Legend:								
SC	Substantial Compliance			43		59		59
PC	Partial Compliance			16		0		0
NC	Non Compliant			0		0		0
NP	No Program			0		0		0
	Indicator Removed							
	Not Applicable for Site at this time							