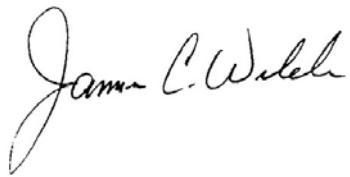


Piedmont Regional Jail Fifth Monitor Report

October 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'.

October 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 fifth report will use the same format as was used in the first four 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, and those areas where there has been a slippage from substantial to partial compliance. Since the last report the PRJ has maintained substantial compliance in all areas but two. The first area of concern is Initial screenings under the heading of Intake, and the second area was the area of referrals in the mental health section. Both areas showed major slippage and were under 50%. PRJ was able to continue to keep their substantial compliance ratings in the other 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 continued improvement that has occurred, the greater challenge is to sustain the accomplishments, which they were unable to do in two areas. During this reporting period PRJ has continued to sustain the positive work accomplished in the past year, except for those two areas.

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 Monitor report. There were also changes requested by PRJ that were part of the original the settlement agreement. Those were agreed to by all parties and have been approved by the Court. They have been included in Monitor report.

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 was on maternity leave. That HAS/DON has now left PRJ and a new administrator has taken over. There has been a slight learning curve for this new administrator. She has been able to pick up the charge fairly easily as she has been on staff for a period of time as one of the first

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RN's hired during this Monitoring period. 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. This did occur with this most recent visit, but only in those two areas mentioned. It was noted that while they have slipped, there is a total commitment by both medical and security staff to correct the issues, and anecdotal reports since my last visit are suggesting an improvement. With the assistance of a regional MEDIKO management and PRJ security personnel, PRJ is working as a team to keep up with those areas in substantial compliance and improve those areas which have slipped. Health care delivery at the PRJ has continued to perform adequately in most areas, 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 most indicators is an indication that PRJ has continued to move toward a place where the system can work as it should and most staff have taken ownership of the improvements made to Jail operations. Most of the improvements have proven sustainable.

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, was out on Maternity leave during my visit. It was positive to see that other PRJ/Medical staff have taken over the jobs that had been assigned to the AA. Many lessons have been learned during her absence which have assisted the entire staff to understand the complexities of sustaining and improving the care given to PRJ inmates.

A permanent physician with years of correctional experience continues to be an important part of the glue with the continuity of care provided to inmates. 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 that was seen during previous Monitoring periods. This again speaks to the ability of PRJ to ensure that improvements are sustainable in most areas.

Site visits were conducted on June 27 - 30, 2016 and September 11 - 14, 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. During the latest site visit I was able to conduct a site tour during the weekend time frame. This provided this Monitor additional time and opportunity to observe and discuss with new nursing staff the positive aspects of the changes occurring and the challenges faced by PRJ. Challenges with staffing continue to cause some staff to work substantial amounts of overtime. It will be important for PRJ and MEDIKO to watch for any negative consequences resulting from this staffing shortage.

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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. One challenge for the facility is that the space restrictions add to the difficulty in continuing to achieve substantial compliance in some areas. It is extremely difficult to provide services needed in the space provided at the current time. Both the medical and security staff struggle from time to time to provide the necessary access to medical care to meet the NCCHC standards. 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.

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.

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, as noted above this is an area of concern. 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. But, a possible addition to the facility should only improve the provision of services to the jail population and assist the facility in maintaining substantial improvements to medical and mental health access.

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 had been a substantial slippage in the area of intake. This was especially true during the Friday to Saturday time frame. Access to inmates by medical staff and space restrictions were noted. 2 – There was a substantial delay, seeing both the QMHP, and the Psychiatrist, for those with identified with mental health issues. 3 There continued to be issues between the electronic medical record system (COR-EMR) and the new offender management system. During the visit there were two hundred duplicate records which had to be removed from the system to be consistent between the two systems. There was one record that the Monitor and HSA observed where the COR-EMR system had the person in a housing unit and the new offender management system didn't have the person in the facility. 4 The other observation was the challenge with offender movement and the ability of the nursing staff to keep up with the movement for pill pass and treatment. During the visit both custody and the HSA worked out a system to better address movements to help to avoid the challenges especially with medication delivery.

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 most 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 most 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.

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. Fifteen indicators will continue to be observed during the next reporting period. Please note that in areas such as chronic care, there are specific items which I have suggested to be removed from monitoring and other areas in that particular section which have not reached the 18 month mark. I will still review chronic care with the specific emphasis on those areas which have not reached the 18 month threshold.

The two areas that have slipped will have to begin the process again with this report. I have offered, and PRJ has accepted, to return to the facility in three months to see the progress towards substantial compliance and observe any corrective action taken by PRJ.

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 612 and 639 during the current Monitoring period. All months the ADP was above 600. The usual Physician staffing was Wednesday 9:30AM – 5:30PM, Thursday 9:30AM – 5:30 PM, Friday 9:30 – 5:30 PM. Some weeks the schedule shifts to a Tuesday – Thursday schedule with the same hours. This gave the PRJ 24 hours of physician time per week for the months of June – August. 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

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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. As the population continues to rise the facility will need to assure that adequate physician coverage is on target with the population increase.

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

- *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 consistently over 600 at 612 - 639 for the monitoring period. There has been some turnover in nursing staff during this 6-month period. As of the September 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, resigned as of the end of August. The replacement is a promotion for an RN who had been at the facility for a number of years. This provided continuity of leadership. The Regional Vice President for MEDIKO has continued to provide quality support for processes with both line staff and the new site DON/HSA. In addition, MEDIKO has provided additional senior administrative help to assist in the transition. The Quality Assurance and assessment activities at PRJ have continued to improve with the assistance of these additional PRN administrative staff. These seasoned professionals continue to support the ongoing improvements seen at PRJ. Their experience has been critical for PRJ in sustaining most of the substantial compliance ratings.

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

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

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, with support from PRJ, 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 properly. This causes confusion as to who is and is not in custody and in need of assessment. During the September visit security staff at PRJ worked to rectify the situation and removed over 200 duplicates and persons who were not actually incarcerated in the facility. Mechanisms are in place 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

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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 an added check, the Administrative Assistant (during her maternity leave LPN staff) is checking the 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. Recommend discontinuing this from Monitoring.

- *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. Current data shows that there are two LPN's and the Psychiatrist who will need to renew their respective licenses between November and December 2016. 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 developed a solution. As of July 1, 2016 an additional RN was hired to assure that only RN's provide assessment and sick call services. This should assure, when fully implemented, that each professional is working within their scope of practice. At the latest visit, LPN's were still performing assessment functions. It is imperative that this not continue and only RN's continue this practice. I will ask for this standard to be discontinued, as it meets the letter of the agreement, but not the spirit in totality. Therefore, I will continue to review both intake and sick call encouraging PRJ and MEDIKO to remove any assessment functions from job duties performed by an LPN.

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

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

There were no CNAs performing tasks at the facility.

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

- *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 30 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 previously that the policies had no place for a date with the Medical Director's signature during past reviews, this has now been corrected.

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

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 3 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. Recommend discontinuing this from Monitoring.

- *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 significant lapses in intake screening. This issue is critical and has caused the standard to move from substantial to partial 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.) I will allow this to be removed from the Monitoring, as it is addressed in one of the standards below. However, if this standard continues, or is not corrected, it may cause PRJ to continue to miss the mark for compliance with intake procedures, and may cause this to fall back to partial compliance.

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

INTAKE

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

While 100% of the Medical Screenings are performed by a Qualified Health Professional, some of these are LPN's which are not allowed by the Virginia Nurse Practice Act to perform assessments. 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, (who started in July, 2016) to cover these high volume periods. This should help 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. Recommend conditionally discontinuing this from Monitoring.

- *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 when completed. However, during this visit there was a severe challenge with intakes not being completed and placed in the COR-EMR system. And, the fact that intake screenings continue to be performed by LPN staff out of the scope of practice for that level of licensure. I asked for a review of intakes for the three Friday evenings prior to my visit. For the 17 individuals who had arrived as direct admits, requiring a full intake be completed, only 2 had been completed. That is 12% of the intakes were completed. I then asked medical staff to review all intakes that should have been completed during this review period and there were 271 individuals who had entered the facility requiring intake procedures and 135 had been completed. That is 50% of the total intakes were completed and recorded in COR-EMR. The Settlement agreement states, "Substantial Compliance" means that Defendant has achieved material compliance with each substantive provision of the Agreement and has maintained such compliance for 18 consecutive months, except for minor occasional aberrational violations." What was present at the last Monitor visit was not a minor aberrational violation. The process of intake is critical for the safety and security of both the institution and the incarcerated individual. During the visit we worked with the medical staff and security to develop corrective action plans to correct this challenge to the facility. I will be returning to the facility in early December to review this and one additional mental health standard that had fallen from substantial to partial compliance.

This standard is in partial compliance.

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- *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. Offenders requiring additional care after initial screening are referred to the physician. Review of monthly reports showed in June 40 inmates were referred to the physician, in July 46 inmates were referred to the physician and in August 40 inmates were referred to the physician. Random review of 20 random examples sampled during the site visit confirmed appropriate referrals to the physician.

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

CHRONIC CARE

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

A chronic care policy is in place. The chronic care program has been fully implemented. The PRJ is using the NCCHC Chronic Care guidelines 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. Recommend discontinuing this from Monitoring.

- *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. Recommend discontinuing this from Monitoring.

- *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 during this visit found 2 inmates who were not identified in the screening process that should have been referred to the physician/psychiatrist for inclusion into the chronic disease program. In June, there were 51 inmates seen in medical chronic care clinic. In July, there were 22 inmates seen in chronic care medical clinic. In August there were 35 inmates seen in medical chronic care clinic. During chart review, it was found that 2 inmates had a chronic care condition and

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were not assigned to be seen by the physician. This seem to be an isolated event and was addressed quickly on review by the HSA. The process of referrals from intake, when the intake is completed, seems to be going well.

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

- *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. There were no instances on chart review where the inmate had not been 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 specific program is seen and followed according to established guidelines.

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

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

100% of the offenders who were identified as part of the chronic disease program were scheduled for those assessments. These assessments are based on the NCCHC guidelines and the physician examination during the 30/60 or 90 day periodic assessment. 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. This will continue to be monitored, as it has been in substantial compliance for 12 months.

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

89% 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. This has been consistent for the past 18 months. During the initial comprehensive visit the physician determines the need for diagnostic testing and orders as needed. The physician notes have been clear about the need for or lack of need for the testing based on the physical examination and the specific disease process.

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)*

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89% 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. A new procedure was initiated during the last Monitor visit for the physician to complete a notification form that is sent to all inmates who had some form of testing. This notice identifies 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. This new procedure is working well and those required to be scheduled to see the physician have been scheduled.

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

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

100% of the offenders enrolled in the medical 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. 28 records were reviewed.

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

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. Recommend discontinuing this from Monitoring.

- *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 June and September Monitor visits showed that an RN or physician conducted 100% of the assessments. Out of the 24 randomly chosen records reviewed, all health assessments were completed by an RN, all 24 were reviewed by the physician. From the monthly reports, in June 102 assessments were completed, in July 103 assessments were completed and in August 123

assessments were completed. All were completed in the required time frame and reviewed by the physician, from the monthly report data.

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

- *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. From the monthly reports, there were a total of 328 health assessments completed, none went over the 14-day time frame during the June to September reporting period. During the site visit, 24 randomly chosen records were reviewed.

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

- *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 during the intake and transfer screening process nursing staff were identifying any issues at that time and referring the inmate to the physician immediately for follow-up. If the physician was not present a phone call to the physician for follow-up was initiated. This process was very thorough for those inmates who had received intake screening. Those that are referred directly from intake are seen promptly and are identified by a task as a referral directly to the physician.

This standard is in substantial compliance. Recommend discontinuing from monitoring.

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 2016. Signature and date signed is now present.

This standard is in substantial compliance. Recommend discontinuing from monitoring.

- *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

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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 hired an additional RN who started 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. Recommend conditional discontinuing from monitoring. Assuring that this RN on staff and continues to perform the functions identified above.

- *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)*

The July - September data showed this area to be in 100% compliance. The triaging process implemented over a year ago has proved effective and efficient. In June there were 114 sick call slips triaged, July 95, and August 272 were triaged. I have asked the HSA to evaluate the reason for the increase. They are currently assessing why there was such an increase. There was a change in management and part of this may be the tracking of sick call from the old system to the newer system. All sick call requests were triaged within 24 hours. Out of the 30 randomly selected records reviewed, all indicated that sick call requests were triaged within 24 hours.

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

- *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 June 114, July 92 and August 229 inmates were seen in nurse sick call. All sick call encounters were 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.

This standard is in substantial compliance. Recommend discontinuing from monitoring.

- *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. Recommend discontinuing from monitoring.

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. PRJ goes above and beyond the requirement for training. They are to be commended for this proactive step.

This standard is in substantial compliance. Recommend discontinuing from monitoring.

- *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. Recommend discontinuing this from monitoring.

- *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. Recommend discontinuing from monitoring.

- *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 on an as-needed basis, depending on local PRJ needs. Five times in the current 6-month period.

This standard is in substantial compliance. Recommend discontinuing from monitoring.

- *33 - The curriculum for Suicide Prevention and Mental Health care training is submitted to the monitor and DOJ for review and approval prior to first training.*

The curriculum was submitted to the Monitor and the DOJ for review and was approved. As the policies at PRJ are modified or changed it will be important for the QMHP to revise the curriculum to reflect any changes in the policies or procedures.

This standard is in substantial compliance. Recommend discontinuing from monitoring.

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 14 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. There were no co-pay slips during August. 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 none were for health assessment, mental health care, chronic care, necessary medical care or emergency visits. There has actually been an increase 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. This will continue to be monitored, as it has been in substantial compliance for 12 months.

- *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 14 offenders charged a sick call co-pay charge. Out of the 14, three were referred to the physician for follow-up. None of the 3 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. This will continue to be monitored, as it has been in substantial compliance for 12 months.

- *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. 26 records were reviewed.

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

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

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.*

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 June the QMHP worked 21 days for 168 hours and the psychiatrist worked 5 days for a total of 40 hours. During the month of July, the QMHP worked 18 days for 144 hours, and psychiatrist worked 4 days for 32 hours of on-site care. In August the GMHP worked 23 days for a total of 184 hours. The Psychiatrist worked 8 hours on 4 days totaling 32 hours.

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

- *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. Recommend discontinuing this from monitoring.

- *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 last completed in November 30, 2015. There were four recommendations included in the analysis.

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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. – PRJ has provided the funding for the additional RN position.
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. – PRJ has assured during absences of the medical director that substitute physician services are available.
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. – PRJ has reviewed the administrative hours and continue to evaluate the additional need.
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. – PRJ has asked for an extension on the next analysis

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

PRJ has asked and has been granted an extension for the analysis till December. The recommendation for discontinuing of this from further monitoring does not constitute a release from the analysis which is now due in December.

This standard is in substantial compliance. Recommend discontinuing of this item from further monitoring after the analysis has been completed in December.

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. Recommend discontinuing this from monitoring.

- *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. 109 inmates were screened in June, 160 inmates were screened in July and 231 in August using the instrument. 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. Recommend discontinuing this from monitoring.

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- *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)*

59% compliance with this standard. This was confirmed during the site visit. The challenge for this reporting period included both the ability of the QMHP to see the clients in a timely fashion and the ability for the clients then to be seen in a timely fashion by the Psychiatrist. This caused PRJ to move back to a partial compliance status from previous reporting periods. Evaluation of the status of all clients with a potential mental health diagnosis will begin immediately, and referrals to the Psychiatrist, as needed, will be followed closely. Discussion with security at PRJ will allow for patients to be seen during count times to better utilize the time of the Psychiatrist. This should help to avoid any referral delays to the Psychiatrist in the future. The Monitor will return in December to assess progress towards substantial compliance with this standard.

This standard is in partial 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 June there were 90 inmates enrolled in the MH Chronic Care Program. 1 inmate in 30 day follow-up, 1 inmate in 60 day follow-up and 88 inmates in 90 day follow-up. In July all 88 inmates were in 90 day follow up. In August of the 100 inmates followed, 2 were in 30 day, none in 60 day, and 98 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. Recommend discontinuing this from monitoring.

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

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 June there were 151 inmates, prescribed psychotropic medications, at least 50 should be reviewed. The psychiatrist reviewed 62 inmates exceeding the standard. During the month of July, there were 171 inmates prescribed psychotropic medications, at least 57 inmates should be reviewed. The Psychiatrist reviewed 52 inmates. In August, 132 inmates were prescribed psychiatric medication. At least 44 should be reviewed. The psychiatrist reviewed 58 inmates, exceeding the standard. Most of the inmates were seen at a greater frequency than the 90 day standard due to the desire of the Psychiatrist, per his clinical judgment.

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

- *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 22 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 62 inmates in June, making changes to 29. He saw 51 inmates in July, making changes to 24. In August, he saw 58 inmates, making changes to 21. 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. This will continue to be monitored, as it has been in substantial compliance for 12 months.

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

In June 151 inmates were prescribed psychiatric medications. In July 171 inmates were prescribed psychiatric medications and in August 132 inmates were prescribed psychiatric medications. The methods used to monitor negative side effects include:

An AIMS evaluation completed during the psychiatric session with the inmates who are being prescribed anti-psychotic/neuroleptic medications.

Each inmate signs an informed consent for the use of mental health medications prior to receiving those medications. The informed consent document includes a description of the potential side effects of the medication.

Education is provided by the QMHP concerning potential side effects and monitors for side effects during chronic sick call visits.

All inmates prescribed a new psychiatric medication are followed up by the psychiatrist within 30 days to evaluate the efficacy and monitor for adverse reactions.

Of those records reviewed 100% had appropriate documentation.

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

- *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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86% of the records reviewed and the monthly report 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. In June, of the 11 inmates who needed to be seen within 30 days, 7 were seen, 1 refused, and 3 were released prior to their appointment. In July of the 9 inmates who needed to be seen within 30 days, 5 were seen, 1 was released, and three were rescheduled to be seen due to time constraints. In August, of the 10 needed to be seen, 7 were seen and 3 were released

This standard is in substantial compliance. Recommend discontinuing from monitoring.

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 June – August reporting period for a 48hour period.

This standard is in substantial compliance. Recommend discontinuing from monitoring.

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

Monthly report and review of chart data showed that suicide watch level 2 was used 10 times (8 inmates) in June. Each were seen the next day by the QMHP for evaluation. There was one person on watch that bonded out. Also, one of the 10 saw the psychiatrist within 48 hours of being released from level 2 watch. In July, level 2 watch was used 4 times. Two of these arrived on watch from another facility. 3 were seen by the QMHP the next working day and the fourth was seen on arrival from the other facility. August level two watch was used 9 times, one continuation from July. One was seen at intake, the rest were seen within the 24 hour period.

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

- *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. Recommend discontinuing this from monitoring.

- *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 early September. Review of the “constant observation sheet” had notes that indicated the security staff was observing the patient according to PRJ policy. Notes on the observation sheets have become more descriptive and help the QMHP and other staff to understand what is happening to the inmate during observation.

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

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

- *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 provided 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 12 months’ time frame the documentation has improved. 100% of the documentation was in the approved format.

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

- *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 June and September 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. This will continue to be monitored, as it has been in substantial compliance for 12 months.

- *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. On a “light” note – The Monitor does random checks with security staff during each visit. As I roam the hallways many of the staff pull out their cut down tools to show that they have them on their person, anticipating my question.

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

- *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 suicide 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. This will continue to be monitored, as it has been in substantial compliance for 12 months.

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. But, it is not fully operational. I will again state what is necessary to continue to obtain substantial compliance with this standard. 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

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will continue to 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:

- 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. 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 monitor visit to ensure substantial compliance. Agendas and notes from the meetings MUST be available in order to maintain substantial compliance.

While I have identified this standard as in substantial compliance, PRJ and MEDIKO have not completed a monthly meeting of medical staff conducted by the medical director with an agenda that addresses CQI, including outcome and process objectives, and have not conducted at least quarterly meetings of all staff, including security. If this does not occur in the next reporting period, this standard will fall back into partial compliance.

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

- *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.

From the August monthly report on CQI – Six (6) systems were reviewed and while all were above the eighty percent (80%) compliance threshold, two indicators failed to meet threshold.

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While the overall Intake Screening audit met compliance at ninety-one percent (91%), the indicators which measure the timeliness of completion of the initial intake screening met thirteen percent (13%) compliance.

The additional indicator that fell below eighty percent (80%) compliance was included on the Intra-system Transfer audit. While the audit met the compliance threshold at ninety-one percent (91%), the indicator which measures if a chronic care appointment was scheduled, if required, met sixty-two percent (62%).

One (1) system required a follow up action plan in August from the month of July. This system was for new intake screenings, which fell at the fifty percent (50%) threshold. The re-audit for August showed the compliance rate fell to thirteen percent (13%). This shows a decrease of approximately forty-eight percent (48%). Focused monitoring has been introduced to track new intakes. The process will be evaluated biweekly until compliance is met, then will continue for a 30 to 60-day period.

Education will be provided to the nursing staff surrounding scheduling the chronic care appointment transfer screening review. The chronic care audit will be completed in September to compare studies.

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. 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 most areas.

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

Compliance Indicators

| Subject | Indicator | 4/15 | 10/15 | 4/16 | 10/16 |
|--------------------------------------|---|-------------|--------------|-------------|--------------|
| MEDICAL | | | | | |
| Staffing | | | | | |
| Staffing - Physician | 3.5 hours of physician time per week for every 100 prisoners | SC | 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 | SC |
| Staffing - Health Assessment Backlog | Hire Additional (1) RN if Health Assessments are not being completed within 14 days | SC | 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 | SC |
| CNAs | Only performing tasks within support functions (e.g. vitals, prepping charts, etc.) | SC | 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 | SC |
| Policies | | | | | |
| Policies & Procedures | Shall be revised to establish clear direction and expectations for all staff | SC | 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 | | SC |
| Intake | | | | | | | | |
| Medical Screening | Medical Screening portion of Intake Screening is performed by a Qualified Health Professional | SC | | SC | | SC | | SC |
| Initial Screenings | Initial Screenings are fully documented and available to medical staff in each offenders' medical file. | SC | | SC | | SC | | PC |
| 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 | | SC |
| Chronic Care | | | | | | | | |
| Chronic Care Program | Implement policy with disease-specific clinical guidelines. | SC | | 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 | | SC |
| | | SC | | SC | | SC | | SC |
| | | SC | | SC | | SC | | SC |
| | | PC | | SC | | SC | | SC |
| | | SC | | SC | | SC | | SC |
| | | PC | | 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 | | 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 | | SC |
| Timing | Health Assessment must be complete within 14 days of arrival | SC | | SC | | SC | | SC |
| Referrals | Referred to Physician for follow-up care (If medical problems are identified) | SC | | 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 | | 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 | | 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 | | SC |
| Physician Oversight | Personnel are providing appropriate care during sick call and following facility policy and procedures | SC | | 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 | | SC |
| AOT Curriculum | Curriculum submitted for AOT trainings to Monitor and DOJ for review and approval prior to first training offered. | SC | | 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 | | 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 | | 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 | | 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 | | 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 | | SC |
| Co-payment Schedule | Follows pre-determined agreement of co-payment scheduled as outlined in DOJ Settlement Agreement. | PC | | SC | | 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 | | SC |
| Psychiatrist | Telemedicine and additional in-person assessments provided | SC | | 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 | | SC |
| Policies | | | | | | | | |
| NCCHC Jail Standards | Implemented policies based on NCCHC Jail Standards related to MH Care. | SC | | SC | | SC | | SC |
| MH Illness | All Prisoners are appropriately screened for mental illness using appropriately validated screening instrument. | SC | | SC | | SC | | SC |
| Referrals | All prisoners with known or suspected mental illness are referred to QMHP within 14 days of intake. Acute needs are seen and treated as soon as staff are made aware of condition. | PC | | SC | | SC | | PC |
| Chronic Mental Illness | Prisoners with chronic mental illness are placed on a chronic mental health list for follow-up every 30, 60, 90 days or as clinically indicated. | SC | | SC | | SC | | SC |
| Psychotropic Medications | Psychiatrists must review prescriptions for psychotropic medications on a regular, timely basis to assess prescribed regimen. | SC | | 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 | | SC |
| Psychotropic Medication Monitoring | Prisoners receiving psychotropic meds are adequately monitored for negative side effects. | PC | | SC | | 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 | | 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 | SC |
| Suicide Risk | Those prisoners at risk for self-injurious behavior or suicide have timely and adequate access to QMHP | SC | | SC | | SC | SC |
| Suicide Watch | Those prisoners on suicide watch are provided with the appropriate level of supervision. | SC | | SC | | SC | SC |
| Actively Suicidal Prisoners | Actively suicidal prisoners are placed on constant observation | PC | | SC | | SC | SC |
| Potentially Suicidal Prisoners | Monitored at staggered intervals not to exceed every 15 minutes. | PC | | SC | | SC | SC |
| Documented Checks | Correctional Officers checks on prisoners on observation document checks in approved format. | PC | | SC | | 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 | 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 | 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 | 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 | 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 | SC |
| | | | | | | | |
| | | | | | | | |
| Legend: | | | | | | | |
| SC | Substantial Compliance | 43 | | 59 | | 59 | 57 |
| PC | Partial Compliance | 16 | | 0 | | 0 | 2 |
| NC | Non Compliant | 0 | | 0 | | 0 | 0 |
| NP | No Program | 0 | | 0 | | 0 | 0 |
| | Indicator Removed | | | | | | |
| | Not Applicable for Site at this time | | | | | | |