

TJB → Xermin Fortson



National Commission on
Correctional Health Care

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March 22, 2012

Sheriff Thomas Brown
DeKalb County Jail
4425 Memorial Dr.
Decatur, GA 30032

Dear Sheriff Brown:

Congratulations! The National Commission on Correctional Health Care (NCCHC), upon receipt of further documentation, determined that it will continue to accredit DeKalb County Jail for its compliance with NCCHC's *Standards for Health Services in Jails*. Please find the accreditation report and Certificate of Accreditation enclosed. Your health services administrator will also receive a copy of the accreditation report.

NCCHC congratulates you on your achievement and wishes you continued success in the future. It is anticipated that the next scheduled on-site survey of the facility will occur sometime before October 2014. If we can be of assistance to you, please feel free to call us at any time.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Snow".

Jennifer E. Snow, MPH, CCHP
Director of Accreditation

Enclosures

cc: Edward Harrison, NCCHC President
Bridgette Edwards

DeKalb County Jail, GA
March 16, 2012
UPDATE REPORT

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

On August 22-24, 2011 NCCHC conducted its review for continuing accreditation of the DeKalb County Jail under the NCCHC 2008 Standards for Health Services in Jails. On November 18, 2011, NCCHC granted continuing accreditation with verification (CAV). Subsequently, the RHA has submitted corrective action, which brought the facility into compliance with applicable essential and important standards. This report focuses primarily on issues that required corrective action for compliance with the standards and is most effective when read in conjunction with NCCHC's November 18, 2011 report.

There are 35 essential standards; 34 are applicable to this facility and 34 (100%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. *The DeKalb County Jail has now met this condition.*

Essential Standards Not in Compliance
None

Essential Standard Not Applicable
J-E-03 Transfer Screening

There are 32 important standards; 31 are applicable to this facility and 29 (94%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. The DeKalb County Jail has met this condition.

Important Standard Not in Compliance
J-E-09 Segregated Inmates

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

Decision: The DeKalb County Jail is awarded accreditation.

J-A-05 Policies and Procedures (E). There are five health services policy manuals. The four vendor manuals are site-specific and were reviewed in 2011 by the appropriate directors. However, the fifth manual is the Sheriff's Policy and Procedures Manual, Jail Division, which has overarching coordination of the medical, mental health, dental, and pharmacy policy and procedure manuals. There are some inconsistencies between manuals. For example, the fee-for-service description in the health contractor's manual excludes federal prisoners and juveniles, but there is no mention of this in the Sheriff's Policy and Procedures Manual; the Sheriff's Policy and Procedures Manual also does not require a psychological autopsy if an inmate's death is by suicide. The policies and procedures statement requires its contracted "Health services provider to establish and maintain a set of written guidelines, directives, policies, and procedures," yet it does not address the mental health, dental, and pharmacy aspects. In addition, the Sheriff's Policy and Procedures manual is based on the 2003 edition of the standards and has no policies addressing:

- A-11 Grievance Mechanism for Health Complaints
- B-02 Patient Safety
- B-03 Staff Safety
- B-04 Federal Sexual Assault Report Regulations
- B-05 Procedure in the Event of Sexual Assault
- C-02 Clinical Performance Enhancement
- D-02 Medication Services
- E-01 Information on Health Services
- E-11 Nursing Assessment Protocols
- E-12 Continuity of Care During Incarceration
- E-13 Discharge Planning
- F-01 Healthy Lifestyle Promotion
- F-02 Medical Diets
- G-01 Chronic Disease Services
- G-02 Patients with Special Health Needs
- G-06 Intoxication and Withdrawal
- G-07 Care of the Pregnant Inmate
- G-09 Pregnancy Counseling
- G-10 Aids to Impairment
- G-11 Care for the Terminally Ill
- H-01 Health Record Format and Contents
- H-02 Confidentiality of Health Records
- H-03 Access to Custody Information
- I-01 Restraint and Seclusion
- I-02 Emergency Psychotropic Medication
- I-04 End-of-Life Decision Making

The standard is not met.

Corrective action is required for Compliance Indicator #5 All aspects of the standards should be addressed by written policy and defined procedures. Acceptable documentation includes: (a) a revised policies and procedures manual that reflects the deficiencies noted above and addresses all aspects of NCCHC's 2008 *Standards for*

Health Services in Jails. The RHA should ensure that all applicable compliance indicators in all applicable standards are addressed in facility policy. We recommend that each NCCHC standard is cross referenced with the policy manual to ensure coverage. Or, (b) the RHA may submit evidence that the vendors' manuals have been accepted as *the* policies and procedures manuals for health services and the Sheriff's health services manual is no longer in effect. In order to receive accreditation, verification that this standard has been met is required.

In February 2012, the RHA submitted revised policy for J-A-05. In the policy, it states that the policies and procedures set forth by the contracted vendors will serve as the official policies and procedures related to the health care of the inmates housed at the DeKalb County Jail and the DeKalb County Sheriff's Office policies and procedures related to the provision of medical, dental, and mental health and pharmacy are no longer in effect. *The standard is now met.*

J-C-02 Clinical Performance Enhancement (I). The clinical performance of primary care providers is reviewed at least annually. There is documentation of the reviewer and acknowledgement by the reviewed clinician.

It was reported that the psychiatrists and PhD psychologist were reviewed; however, there was no documentation. The standard is not met.

Corrective action is required for Compliance Indicator #1 The clinical performance of the facility's primary care providers should be reviewed at least annually. Clinical performance enhancement review processes are designed to enhance competence and address areas in need of improvement. Ultimately, honing the practitioner's clinical skills positively impacts patient care. The following is acceptable documentation for compliance: a log or other written record providing the names and signatures of the psychiatrists and psychologist, the dates of their most recent clinical performance enhancement reviews in accordance with the standard, and the signatures of the reviewer clinicians. Corrective action is required in order to meet this standard.

In February 2012, the RHA submitted signature pages indicating that clinical performance enhancement reviews have been conducted for all of the psychiatrists and psychologists, and that they have been reviewed with the employee. Also included in the submission were completed psychiatric staff performance review forms, indicating that the findings were reviewed with the employee. *The standard is now met.*

J-E-04 Initial Health Assessment (E). Mid-level providers and trained registered nurses complete initial health assessments within the required 14-day time period. All health assessments are co-signed by a physician.

However, we reviewed 45 records and found 27% with refusals of health assessments. The standard is not met.

Corrective action is required for the Standard While inmates have the right to refuse treatment and assessment, the refusal rate of 27% indicates potential barriers to care. The RHA should document attempts to reduce the high refusal rate. Documentation of a CQI

process study is required. In order to receive accreditation, verification that this standard has been met is required.

In February 2012, the RHA submitted a CQI process study on initial health assessment refusals. Results of the three part study indicated that refusal rates went from 27% to 18%, 18% to 15%, and then back up to 18%. The conclusion of the study stated that medical staff is working diligently in an effort to decrease refusal rates and will continue to study the matter until refusal rates of 10% or below are consistent. Also included in the submission were a meeting agenda where refusals were discussed with staff, and a revised inmate handbook emphasizing that there is no cost associated with initial health assessments. Staff are commended for their efforts. *The standard is now met.*

J-E-06 Oral Care (E). Inmates describe dental services as being excellent. Oral care includes restoration and extraction. The dental director has trained nursing staff to conduct the oral screening aspect of the initial health assessment.

However, our review of the oral screening documentation found approximately 90% with "normal" findings. This unusually high rate likely indicates inaccurate screening. The standard is not met.

Corrective action is required for Compliance Indicator #1 Oral screening conducted by the nurse at the health assessment should be improved. Oral screening is to be conducted by the dentist or qualified health care professionals trained by the dentist; verification that all nurses providing oral screening have been appropriately trained is required. Acceptable documentation includes a copy of a CQI process study assessing the process by which oral screenings are conducted. In order to receive accreditation, verification that this standard has been met is required.

In February 2012, the RHA submitted a CQI study on oral screening, as well as old and new receiving screening forms, samples of receiving screening forms, samples of dental referrals, the training video (on oral screening), and rosters from the dental in-service. Results from the process study indicated an average of 25% of patients presenting with dental complaints or conditions. In addition, the revised screening form (to include dental questions) has led to an increase in documentation of abnormalities and dental referrals. It was stated that the dental director plans to continue ongoing trainings with health staff regarding oral screenings, and the CQI committee will continue to study the matter. *The standard is now met.*

J-E-09 Segregated Inmates (I). When inmates are segregated, health staff are not initially notified and there is no health record review. A CQI study was performed and results showed that only one percent of pre-segregation checks are done. Segregated inmates are visited three times a week.

However, maximum security and protective custody inmates are not monitored according to the standard, although they are segregated from the general population. The standard is not met.

Corrective action is required for Compliance Indicator #1 Upon notification that an inmate is placed in segregation, a qualified health care professional should review the inmate's health record to determine whether existing medical, dental, or mental health needs

contraindicate the placement or require accommodation. Such review should be documented in the health record. Documentation that health records are reviewed for special accommodations or contraindications when an inmate is placed in segregation is required. This verification may consist of a CQI process study on the practice of reviewing the health records of inmates for contraindications upon notification of his or her segregation. Corrective action is required in order to meet this standard.

Corrective action is required for Compliance Indicator #2b Inmates who are segregated and have limited contact with staff or other inmates must be monitored three days a week by medical or mental health staff. Verification that medical or mental health staff monitor segregated (including maximum security and protective custody) inmates' health at least three days a week is required. This verification may consist of the results of a CQI process study examining the conduct of health rounds of these inmates three times a week. Corrective action is required in order to meet this standard.

In February 2012, the RHA submitted the procedure for notifying health staff of an inmate being placed in segregation, in addition to the segregation evaluation forms for medical/dental and mental health, and the prior notification segregation roster.

In order to meet the standard, evidence of CQI studies assessing the review of health records for contraindications and the conduct of health rounds of maximum security and protective custody inmates should be submitted. **The standard is not met.**

J-E-12 Continuity of Care During Incarceration (E). The physicians' oversight of the care provided to inmates follows national clinical standards and demonstrates continuity of care. Ordered laboratory tests are completed in a timely manner and are reviewed by clinicians. Patients are scheduled for follow-up appointments when they return from outside appointments. The charts include nursing notes showing review of the recommendations from the specialists. Patients returning from the emergency department or hospitals are taken to the infirmary and reviewed by nursing and clinical staff. Physicians conduct clinical chart reviews of all health assessments, sick calls, outside consultants, emergency department visits, and all infirmary records.

However, the PAs and NPs will re-order medication without providing a progress note justification or indication that they have seen the patient. The standard is not met.

Corrective action is required for Compliance Indicator #4 Clinicians should use diagnostic and treatment results to modify treatment plans as appropriate. If changes in treatment are clinically indicated, clinical justification for an alternative course should be noted. Treatment planning should be recorded on specific forms or in the progress notes, with outcomes recorded until the health issue is resolved. Acceptable documentation includes a CQI process study on supporting documentation for orders in the health record. In order to receive accreditation, verification that this standard has been met is required.

In February 2012, the RHA submitted a CQI process study on supporting documentation for orders in the health record, as well as a staff training roster and meeting attendance roster. Results from the process study indicated that compliance improved from 62% to 91%, and stated

that audits will continue to monitor medication reorders accompanied by follow-up visits. *The standard is now met.*

J-G-03 Infirmary Care (E). The jail has a 28-bed medical infirmary and a 27-bed mental health infirmary for patients requiring skilled nursing or mental health care. Mental health services have their own nursing staff, who administer psychotropic medications to patients in their infirmary.

However, a few cells in the women's section are not in direct sight of nursing personnel and the call buzzer system is inoperable. The standard is not met.

Corrective action is required for Compliance Indicator #2 Accepted documentation includes the following: Copy of a work order or other documentation that the call buzzers in the infirmary are now functioning. In order to receive accreditation, verification that this standard has been met is required.

In February 2012, the RHA submitted a work order for the call buzzers and a memorandum to the health services coordinator stating that upon inspection (February 10, 2012) of the three infirmary call buttons, they were found to be operable. *The standard is now met.*