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**NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE**

Health Services Accreditation Report

**El Paso County Criminal Justice Center
Colorado Springs, Colorado**

Survey Date: March 15-16, 2021

Report Date: April 30, 2021

El Paso County Criminal Justice Center, CO
April 30, 2021

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.

SURVEY INFORMATION

On March 15-16, 2021, NCCHC conducted its virtual review for continued accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review. The NCCHC's team of experienced certified correctional health professionals utilized NCCHC's 2018 *Standards for Health Services in Jails* as the basis of its health services analysis. It is most effective when read in conjunction with the *Standards* manual. The information in this report is privileged and confidential and is intended for the sole use of persons addressed.

ESSENTIAL STANDARDS

There are 39 essential standards, 38 are applicable to this facility and 32 (84%) were found to be in full compliance. One hundred percent (100%) of the applicable essential standards must be met for to achieve accreditation. Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

J-C-03 Professional Development
J-D-02 Medication Services
J-E-02 Receiving Screening
J-E-04 Initial Health Assessment
J-E-07 Non-Emergency Health Care Requests and Services
J-G-01 Restraint and Seclusion

Standard number and name not applicable:

J-F-02 Infirmary Level Care

IMPORTANT STANDARDS

There are 20 important standards; 19 are applicable to this facility and 17 (89%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

J-C-02 Clinical Performance Enhancement

J-E-08 Nursing Assessment Protocols and Procedures

Standard number and name not applicable:

J-C-08 Health Care Liaison

Decision: On April 30, 2021 El Paso County Criminal Justice Center was placed on probation. Compliance verification will take place through a focused survey prior to September 30, 2021.

FACILITY PROFILE

The facility's security classification is: maximum
The facility was built in: 1988 and expanded in 2005
There has been no change in mission or purpose since the last survey
The facility is located in: western region of US
The facility's supervision style is: direct supervision
The facility's structural layout is: podular
Since the last NCCHC survey there have been major renovations: improvements and upgrades to the facility; no others were anticipated at the time of the survey.
Total Inmate Count on day of survey: 1318
Total number of adult males on day of the survey: 1103
Total number of adult females on day of the survey: 215
Average Daily Population (ADP) for last completed calendar year: 1260
The design-rated capacity for the facility is: 1837
There has been a substantial decrease in the inmate population due to Covid virus.
Admissions to the facility arrive: unscheduled at any time of day
The total number of admissions to the facility last year was: 14,954
The average daily intake to the facility last year was: 41
The total number of correctional staff assigned to this facility is: 420
The usual shift coverage for correctional staff is: 37 per shift
There has been a recent change in health care contractor.
Health services are provided by: a national health care vendor
They have provided health services since: since fall 2019
There have been distinctive events; Covid has affected the delivery of health care.
The facility has no satellites.

Survey Method

We toured the clinic area, inmate housing areas, intake/receiving area and segregation and medical observation. We reviewed 50 health records; policies and procedures; provider licenses; administrative, health staff, and continuous quality improvement (CQI) meeting minutes; job descriptions; statistical and environmental inspection reports; and health services personnel and CO training records We interviewed the chief, responsible physician, health services administrator, other health, mental health, and dental staff, four COs, and four inmates selected at random.

Survey Findings and Comments

A. GOVERNANCE AND ADMINISTRATION

Standards in this section address the establishment of a health care system that ensures access to care, professional administration of all aspects of health care, and monitoring and quality improvement policies that effectively process health care issues from identification through resolution.

Standard Specific Findings

J-A-01 Access to Care (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The responsible health authority identifies and eliminates any unreasonable barriers, intentional and unintentional, to inmates receiving health care.	X		
Comments:			
Medical and dental care, and prescriptions are assessed a co-pay.			
The following corrective action is required:			
None			

J-A-02 Responsible Health Authority (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The RHA arranges for all levels of health care and ensures quality, accessible, and timely health services for inmates.	X		
2. The RHA's responsibilities are documented in a written agreement, contract, or job description.	X		
3. The RHA must be on-site at least weekly.	X		
4. Final clinical judgments rest with a single, designated, licensed <i>responsible physician</i> .	X		
5. Where there is a separate organizational structure for mental health services, there is a <i>designated mental health clinician</i> .	N/A		
6. Where there is a separate organizational structure for dental services, there is a <i>designated dental clinician</i> .	N/A		

7. The responsible physician (and designated mental health clinician and dental clinician, if applicable) is available to the facility frequently enough to fulfill the position's clinical and administrative responsibilities.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-A-03 Medical Autonomy (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Clinical decisions are determined by qualified health care professionals and implemented in an effective and safe manner.	X		
2. Administrative decisions are coordinated, if necessary, with clinical needs so that patient care is not jeopardized.	X		
3. <i>Custody staff</i> support the implementation of clinical decisions.	X		
4. <i>Health staff</i> recognize and follow security regulations.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-A-04 Administrative Meetings and Reports (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Administrative meetings are attended by the facility administrator and the responsible health authority (RHA) or their designees, and other members of the medical, dental, and mental health and correctional staffs as appropriate.	X		

2. Administrative meetings are held at least quarterly. Minutes or summaries are made and retained for reference, and copies available and reviewed by all appropriate personnel.	X		
3. Health staff meetings occur at least monthly to address pertinent health care issues. Minutes or summaries are made and retained for reference, and copies are available and reviewed by all health staff.	X		
4. Statistical reports of health services are made at least monthly. They are provided to the facility administrator and others as appropriate and are used to monitor trends in the delivery of health care.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
The multi-disciplinary meetings are well integrated.			
The following corrective action is required:			
None			

J-A-05 Policies and Procedures (E).			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. Policies and procedures address each applicable standard in the <i>Standards for Health Services in Jails</i> .	X		
2. Health care policies and procedures are site specific.	X		
3. Health care policies and procedures are reviewed at least annually by the RHA and responsible physician.	X		
4. Documentation of this review includes signatures of the RHA and responsible physician and the date of the review.	X		
5. Health staff review policies and procedures any time they are revised or new policies are introduced.	X		
6. Other policies, such as those for custody, kitchen, industries, and health care vendor or other contractors, do not conflict with health care policies.	X		
7. The manual or compilation is accessible to health staff.	X		

8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-A-06 Continuous Quality Improvement Program (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The responsible health authority establishes a continuous quality improvement program that includes a <i>quality improvement committee</i> with representatives from the major program areas. The committee meets as required but no less than quarterly. The committee:	X		
a. Identifies aspects of health care to be monitored and establishes <i>thresholds</i>	X		
b. Designs quality improvement monitoring activities	X		
c. Analyzes the results for factors that may have contributed to below threshold performance	X		
d. Designs and implements improvement strategies to correct the identified health care concern	X		
e. Monitors the performance after implementation of the improvement strategies	X		
2. CQI meeting minutes or summaries are made and retained for reference, and copies are available and reviewed by all appropriate personnel.	X		
3. <i>Health record reviews</i> are done under the guidance of the responsible physician or designee to ensure that appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.	X		
4. Beyond chart reviews, the responsible physician is involved in the CQI process.	X		

5. When the committee identifies a site-specific health care concern from its monitoring, a <i>process and/or outcome quality improvement study</i> is initiated and documented.	X		
6. At least one process and/or outcome quality improvement study is completed per year.	X		
7. The committee documents a written 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 written materials.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-A-07 Privacy of Care (I).			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. Discussions of protected patient health information and <i>clinical encounters</i> are conducted in private.	X		
2. Privacy (e.g., privacy screen, curtain, private area) should be afforded during physical exams, with special considerations for pelvic, rectal, breast, or other genital exams.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-A-08 Health Records (E).			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. The method of recording entries in the health record and the <i>health record contents</i> and format are approved by the responsible health authority (RHA) or designee.	X		

2. If electronic health records are used, procedures address integration of health information in electronic and paper forms.	X		
3. Where mental health or dental records are separate from medical records:			
a. A process ensures that pertinent information is shared	N/A		
b. At a minimum, a listing of current problems, allergies, and medications is common to all medical, dental, and mental health records of an inmate	N/A		
4. Evidence exists that the health record is available to health staff and health encounters are documented.	X		
5. Criminal justice information that is pertinent to clinical decisions is available to qualified health care professionals.	X		
6. Health records stored in the facility are maintained under secure conditions separate from correctional records.	X		
7. Access to health records and health information is controlled by the RHA.	X		
8. Evidence exists that health staff receive instruction in maintaining confidentiality.	X		
9. If records are transported by nonhealth staff, the records are sealed.	X		
10. When an inmate is transferred to another correctional facility:			
a. A copy of the current health record or a <i>comprehensive health summary</i> accompanies the inmate	X		
b. The transfer and sharing of health records complies with state and federal law	X		
11. There is a system for the reactivation of records when requested by health staff.	X		
12. The jurisdiction's legal requirements regarding records retention and release are followed.	X		
13. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
The following corrective action is required:
None

J-A-09 Procedure in the Event of an Inmate Death (I).			
Since the last survey, there have been 12 inmate deaths, of which four were by suicide, two were by homicide, five were by natural causes, and one was attributed to unknown/undetermined causes.	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. A <i>clinical mortality review</i> is conducted within 30 days.	X		
2. An <i>administrative review</i> is conducted in conjunction with custody staff.	X		
3. A <i>psychological autopsy</i> is performed on all deaths by suicide within 30 days.	X		
4. Treating staff are informed of pertinent findings of all reviews.	X		
5. A log is maintained that includes:			
a. Patient name or identification number	X		
b. Age at time of death	X		
c. Date of death	X		
d. Date of clinical mortality review	X		
e. Date of administrative review	X		
f. Cause of death (e.g., hanging, respiratory failure)	X		
g. Manner of death (e.g., natural, suicide, homicide, accident)	X		
h. Date pertinent findings of review(s) shared with staff	X		
i. Date of psychological autopsy, if applicable	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
All documentation was present and we found the psychological autopsies had been thorough, and documented areas for improvement.
The following corrective action is required:
None

J-A-10 Grievance Process for Health Care Complaints (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. A grievance process is in place.	X		
2. The grievance policy includes:			
a. A time frame for response	X		
b. The process for appeal	X		
3. Responses to inmate grievances are:			
a. Timely	X		
b. Based on principles of adequate medical care	X		
c. Include documentation of response	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
Grievance trends are reviewed quarterly in the medical administrative committee meeting. On average, 86 are filed per month (through the kiosk), and we confirmed all had been answered in a timely manner.			
The following corrective action is required:			
None			

B. HEALTH PROMOTION, SAFETY, AND DISEASE PREVENTION

Standards in this section address the need to optimize education, safety, and preventive care. Policies and procedures related to these standards require involvement by all facility staff.

Standard Specific Findings

J-B-01 Health Lifestyle Promotion (I)			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Health staff document that patients receive individual <i>health education</i> and instruction in <i>self-care</i> for their health conditions.	X		
2. General health education (e.g., pamphlets, news articles, video, classes) is accessible to all inmates.	X		
3. The facility provides a <i>nutritionally adequate</i> diet to the general population.	X		
4. A <i>registered dietitian nutritionist</i> (RDN), or other licensed qualified nutrition professional, as authorized by state scope of practice laws, documents a review of the regular diet for nutritional adequacy at least annually.	X		
5. The facility has a procedure in place to notify the RDN whenever the regular diet menu is changed.	X		
6. Health staff promote and provide education on exercise and physical activity options in the facility.	X		
7. Smoking is prohibited indoors. If the facility allows smoking outside, specific areas are designated.	X		
8. Information on the health hazards of tobacco is available to inmates.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-B-02 Infectious Disease Prevention and Control (E)			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The facility has a written <i>exposure control plan</i> that is approved by the responsible physician. The plan is reviewed and updated annually.	X		
2. The responsible health authority ensures that:			
a. Medical, dental, and laboratory equipment and instruments are appropriately cleaned, decontaminated, and sterilized per applicable recommendations and/or regulations	X		
b. Sharps and biohazardous wastes are disposed of properly	X		
c. Surveillance to detect inmates with infectious and communicable disease is effective	X		
d. Inmates with contagious diseases are identified and, if indicated, <i>medically isolated</i> in a timely fashion	X		
e. Infected patients receive medically indicated care	X		
3. <i>Standard precautions</i> are always used by health staff to minimize the risk of exposure to blood and body fluids.	X		
4. Inmate workers, if used, are trained in appropriate methods for handling and disposing of biohazardous materials and spills.	X		
5. Patients requiring respiratory isolation are housed in a functional negative pressure room.	X		
6. Inmates who are released with communicable or infectious diseases have documented community referrals, as medically indicated.	X		
7. The facility completes and files all reports as required by local, state, and federal laws and regulations.	X		
8. Effective <i>ectoparasite</i> control procedures are used to treat infected inmates and to disinfect bedding and clothing.	X		

a. Inmates, bedding, and clothing infected with ectoparasites are disinfected.	X		
b. Prescribed treatment considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by providers.	X		
c. If the facility routinely delouses inmates, only over-the-counter medications, such as those containing pyrethrins, are used.	X		
9. An environmental inspection of health services areas is conducted monthly to verify that:			
a. Equipment is inspected and maintained	X		
b. The unit is clean and sanitary	X		
c. Measures are taken to ensure the unit is occupationally and environmentally safe	X		
10. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-B-03 Clinical Preventive Services (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The responsible physician determines the medical necessity and/or timing of screenings and other preventive services (e.g., mammograms, colorectal screening, prostate screening, Pap smears).	X		
2. The responsible physician determines the frequency and content of periodic health assessments.	X		
3. The dentist determines the frequency and content of periodic dental evaluations.	X		

4. The responsible physician determines the medical necessity and/or timing of screening for communicable diseases (e.g., HIV, syphilis, gonorrhea, chlamydia), to include laboratory confirmation, treatment, and follow-up as clinically indicated.	X		
5. Immunizations are administered to patients as clinically indicated.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-B-04 Medical Surveillance of Inmate Workers (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. There is an institutional committee or equivalent body that identifies and oversees inmate occupational-associated risks through a <i>medical surveillance</i> program	X		
2. An initial <i>medical screening</i> of an inmate for contraindications to a work program, based on job risk factors and patient condition, is conducted prior to enrollment in the program.	X		
3. Ongoing medical screening of inmates in work programs is conducted in a way that affords the same health protections as medical screening of employee workers in equivalent jobs.	X		
4. The responsible physician reviews and approves the health aspects of the medical surveillance program.	X		
5. Inmate illness or injury potentially related to occupational exposure or with occupational implications is identified and the information provided to the quality improvement committee for review.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-B-05 Suicide Prevention and Intervention (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The responsible health authority and facility administrator approve the facility's suicide prevention program.	X		
2. A suicide prevention program includes the following:			
a. Facility staff identify suicidal inmates and immediately initiate precautions.	X		
b. Suicidal inmates are evaluated promptly by the designated health professional, who directs the intervention and ensures follow-up as needed.	X		
c. <i>Acutely suicidal</i> inmates are monitored by facility staff via constant observation.	X		
d. <i>Nonacutely suicidal</i> inmates are monitored by facility staff at unpredictable intervals with no more than 15 minutes between checks.	X		
3. The use of other inmates in any way (e.g., companions, suicide-prevention aides) is not a substitute for staff supervision.	X		
4. Treatment plans addressing suicidal ideation and its reoccurrence are developed.	X		
5. Patient follow-up occurs as clinically indicated.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
There were four suicides in three years. We verified that all had been reviewed appropriately, and that the identification, monitoring and follow-up of suicidal inmates were well documented.			
The following corrective action is required:			
None			

J-B-06 Contraception (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Emergency contraception is available to women at intake.	X		
2. For planned releases to the community, arrangements are made to initiate contraception for women, upon request.	X		
3. Information about contraceptive methods and community resources is available.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-B-07 Communication on Patients' Health Needs (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Correctional staff are advised of inmates' special health needs that may affect:			
a. Housing	X		
b. Work assignments	X		
c. Program assignments or selection	X		
d. Disciplinary measures	X		
e. Transport to and from outside appointments	X		
f. Admissions to and transfers from facilities	X		
g. Clothing or appearance	X		
h. Activities of daily living	X		
2. Communication of health needs is documented.	X		

3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-B-08 Patient Safety (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Facility staff implement <i>patient safety systems</i> to prevent <i>adverse</i> and <i>near-miss</i> clinical events.	X		
2. The responsible health authority (RHA) implements a reporting system for health staff to voluntarily report, in a nonpunitive environment, adverse and near-miss events that affect patient safety.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-B-09 Staff Safety (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Methods of communication (e.g., radio, panic button, voice proximity) between health staff and custody staff are available.	X		
2. When a safety concern arises, custody staff are requested and readily available to health staff.	X		
3. On each shift where health staff are present, inventories are maintained on items subject to abuse (e.g., needles, scissors, other sharp instruments) and discrepancies are immediately reported to the custody staff.	X		

4. As in the community, health staff identify and use contemporary equipment during the course of their duties (e.g., personal protective equipment, needle safety devices such as self-sheathing needles or needleless systems).	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

C. PERSONNEL AND TRAINING

Standards in this section ensure that appropriately trained personnel are in place to deliver health care to the inmate population and that qualified health care professionals are evaluated for continuing competency.

Standard Specific Findings

J-C-01 Credentials (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. All qualified health care professionals have credentials and provide services consistent with the licensure, certification, and registration requirements of the jurisdiction.	X		
2. The responsible health authority (RHA) ensures that new hires undergo a credential verification process that confirms current licensure, certification, or registration.	X		
3. The credential verification process includes inquiry regarding sanctions or disciplinary actions of state boards and, for <i>prescribers</i> , the National Practitioner Data Bank (NPDB).	X		
4. Qualified health care professionals do not perform tasks beyond those permitted by their credentials.	X		
5. The RHA maintains verification of current credentials for all qualified health care professionals at a readily accessible location.	X		

6. A license that limits practice to only correctional health care is not in compliance with this standard.	X		
7. Specialists providing on-site or telehealth care services have appropriate licenses and certifications on file.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-C-02 Clinical Performance Enhancement (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Clinical performance enhancement reviews are conducted, at a minimum, on all full-time, part-time, or per diem:			
a. Providers	X		
b. RNs		X	
c. LPNs		X	
d. Psychologists	N/A		
e. Licensed Professional Counselors		X	
f. Dentists	X		
2. The clinical performance enhancement review is conducted annually.		X	
3. Clinical performance enhancement reviews are kept confidential and incorporate at least the following elements:	X		
a. The name and credentials of the individual being reviewed	X		
b. The date of the review	X		
c. The name and credentials of the reviewer	X		
d. A summary of the findings and corrective action, if any	X		

e. Confirmation that the review was shared with the individual being reviewed	X		
4. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews is available.		X	
5. The responsible health authority (RHA) implements an <i>independent review</i> when there is concern about any individual's competence.	X		
6. The RHA implements procedures to improve an individual's competence when such action is necessary.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.		X	
Comments:			
Out of 58 licensed staff, 17 staff had no peer review after one year. This included licensed counselors and nurses (both RNs and LPNs).			
The following corrective action is required for Compliance Indicators #1b, c, and e, #2, 4 and 7:			
<p>Acceptable documentation includes:</p> <ul style="list-style-type: none"> • A log or other written record providing: <ul style="list-style-type: none"> ○ The names of the RNs, LPNs, and licensed professional counselors ○ The dates of their most recent clinical performance enhancement reviews in accordance with the standard (including the name and credentials of the reviewer) • Verification that the reviews were shared with the individuals being reviewed • A plan for how the reviews will be conducted in accordance with the standard in the future 			

J-C-03 Professional Development (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. All qualified health care professionals obtain at least 12 hours of continuing education per year or have proof of a valid license in states where continuing education is required for licensure.		X	
2. The responsible health authority (RHA) documents compliance with continuing education requirements.		X	

3. The RHA maintains a list of the state's continuing education requirements for each category of licensure of all qualified health care professionals.			X
4. All qualified health care professionals who have patient contact are current in cardiopulmonary resuscitation technique.		X	
5. All aspects of the standard are addressed by written policy and defined procedures.		X	
Comments:			
Although the state does not require continuing education for nurses, physicians, and mid-level providers in this state, the standard requires at least 12 hours of CEU each year. Out of 58 licensed staff, 21 staff had less than 12 hours of annual training for the past year. Additionally, pro-rated training hours for PRN staff was not documented. Both medical and mental health services utilize PRN staff.			
The following corrective action is required for Compliance Indicators #1-5:			
<p>Acceptable documentation includes:</p> <ul style="list-style-type: none"> • A plan by the RHA on how this standard will be corrected and maintained on an annual basis • Any policy and procedure changes • A list of all current qualified health care professionals should be submitted along with the continuing education that each employee has received for 2020, including pro-rated hours for PRN staff; • Verification that all qualified health care professionals who have patient contact are current in cardiopulmonary resuscitation technique 			

J-C-04 Health Training for Correctional Officers (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. A training program is established and approved by the responsible health authority in cooperation with the facility administrator.	X		
2. An outline of the training, including course content and length, is kept on file.	X		
3. Correctional officers who work with inmates receive health-related training at least every 2 years. This training includes, at a minimum:	X		
a. Administration of first aid	X		

b. Cardiopulmonary resuscitation including the use of an automated external defibrillator	X		
c. Acute manifestations of certain chronic illnesses (e.g., asthma, seizures, diabetes)	X		
d. Intoxication and withdrawal	X		
e. Adverse reactions to medications	X		
f. Signs and symptoms of mental illness	X		
g. Dental emergencies	X		
h. Procedures for suicide prevention	X		
i. Procedures for appropriate referral of inmates with medical, dental, and mental health complaints to health staff	X		
j. Precautions and procedures with respect to infectious and communicable diseases	X		
k. Maintaining patient confidentiality	X		
4. A certificate or other evidence of attendance is kept on-site for each employee.	X		
5. While it is expected that 100% of the correctional staff who work with inmates are trained in all of these areas, compliance with the standard requires that at least 75% of the staff present on each shift are current in their health-related training.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
The training commander identified delays in training in the last year due to Covid this past year. Training was reprioritized, identified, and tracked to document compliance. All officers were current in CPR and first aid and completed other requirements on-line.			
The following corrective action is required:			
None			

J-C-05 Medication Administration Training (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Correctional or health staff who administer or deliver prescription medication to inmates must be permitted by state law to do so.	X		
2. Staff who administer or deliver prescription medications are trained in matters of:			
a. Security	X		
b. Accountability	X		
c. Common side effects	X		
d. Documentation of administration of medicines	X		
3. The training is approved by the responsible physician or designee and facility administrator or designee.	X		
4. Documentation of completed training and testing is kept on file for staff who administer or deliver medications.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-C-06 Inmate Workers (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Inmates do not make treatment decisions or provide patient care.	X		
2. Inmates are not substitutes for health staff, but may be involved in appropriate peer health-related programs or <i>reentry health care training programs</i> .	X		
3. Other than those in a reentry health care training program, inmates are not permitted to:			

a. Distribute or collect sick-call slips	X		
b. Schedule appointments	X		
c. Transport or view health records	X		
d. Handle or administer medications	X		
e. Handle surgical instruments and sharps	X		
4. Inmates in peer-health related programs are permitted to:			
a. Assist patients in <i>activities of daily living</i> (except for infirmary-level care patients)	N/A		
b. Participate in a buddy system for nonacutely suicidal inmates after documented training	N/A		
c. Participate in hospice programs after documented training (see F-07 Care for the Terminally Ill)	N/A		
5. Patients have the right to refuse care delivered by inmates who are in a reentry health care training program (e.g., dental assistant, nursing assistant).	N/A		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-C-07 Staffing (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The RHA approves the staffing plan.	X		
2. Prescriber and nursing time must be sufficient to fulfill clinical responsibilities.	X		
3. Responsible physician time must be sufficient to fulfill administrative responsibilities.	X		

4. A documented plan is in place for custody staff to follow when a health situation arises, and health staff are not present.	N/A		
5. The adequacy and effectiveness of the staffing plan are assessed by the facility's ability to meet the health needs of the inmate population.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
Nurses are on site 24 hours a day, and mental health staff are present for two shifts, every day. There are approximately 69 total staff, including the following vacancies: 0.6 RN and 5 CMAs. Per diem nurses and counselors are regularly used when needed.			
The following corrective action is required:			
None			

Staffing Plan				
<p>Number of On-Site Health Staff (Full-Time Equivalents) <i>Someone working a regular 40 hour week is considered 1.0 FTE. To calculate FTEs, take the total number of hours by employee category and divide by 40 (or the jurisdiction's equivalent of a full-time workweek). For example, someone working 16 hours would be a .40 FTE (16/40 = .40); 5 part-time LPNs working a total of 60 hours would be 1/5 FTE (60/40 = 1.5).</i></p>				
Employee Category	Main Unit	Satellites		Vacant
		1	2	
Administrator (HSA - NP)	1			
Administrative Assistant	1			
Medical Assistant	1.4			
Discharge Planner	1			
Physician	1.2			
Physician Assistant				
Nurse Practitioner	2.4			
DON	1			
Registered Nurse	18.5			0.6
Licensed Practical Nurse	11.8			
Psychiatrist	.2			
Psychologist				
Mental Health Worker	7			
Dentist	.6			
Dental Assistant	.6			
Pharmacy tech	1			
Health Records Personnel	2			
Lab Technician				
EMT				

CMA	10.5			5.0
Clerk	1			

J-C-08 Health Care Liaison (I).			
X NOT APPLICABLE The facility does not require a health care liaison	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. A designated, trained <i>health care liaison</i> coordinates health services delivery in the facility and satellite(s) on days when no qualified health care professionals are on-site for a continuous 24-hour period.			
2. The health care liaison is instructed in the role and responsibilities by the responsible physician or designee.			
3. The health care liaison should have a plan that includes contact information for the on-call health staff, ambulance, and other emergency community contacts.			
4. The health care liaison receives instruction in reviewing patient information.			
5. The health care liaison maintains confidentiality of patient information.			
6. Duties assigned to the health care liaison post are appropriately carried out.			
7. All aspects of the standard are addressed by written policy and defined procedures.			
Comments:			
None			
The following corrective action is required:			
None			

J-C-09 Orientation for Health Staff (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The orientation program is approved by the responsible health authority and the facility administrator.	X		
2. The orientation lesson plan is reviewed annually or more frequently, as needed.	X		

3. All health staff receive a <i>basic orientation</i> on or before the first day of on-site service.	X		
4. Within 90 days of employment, all health staff complete an <i>in-depth orientation</i> .	X		
5. Completion of the orientation program is documented and kept on file.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

D. ANCILLARY HEALTH CARE SERVICES

Standards in this section address the establishment and maintenance of all necessary procedures for the provision of ancillary health care services.

Standard Specific Findings

J-D-01 Pharmaceutical Operations (E).			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. The facility complies with all applicable state and federal regulations regarding prescribing, <i>dispensing</i> , <i>administering</i> , <i>procuring</i> , and <i>disposing</i> of pharmaceuticals.	X		
2. The facility maintains procedures for the timely procurement, dispensing, <i>distribution</i> , <i>accounting</i> , and disposal of pharmaceuticals.	X		
3. The facility maintains records as necessary to ensure adequate control and accountability for all medications, except those that may be purchased over the counter.	X		
4. The facility maintains maximum security storage of, and accountability by use for, Drug Enforcement Agency (<i>DEA</i>)- <i>controlled substances</i> .	X		

5. Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications, except in a designated area for disposal.	X		
6. A staff or consulting pharmacist documents inspections and consultations of all sites, including satellites, at least quarterly.	X		
7. All medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.	X		
8. Antiseptics, other medications for external use, and disinfectants are stored separately from internal and injectable medications. Medications requiring special storage (e.g., refrigeration) for stability are so stored.	X		
9. An adequate and proper supply of antidotes and other emergency medications (e.g., naloxone, epinephrine) and related information are readily available to the staff.	X		
10. The poison control telephone number is posted in areas where overdoses or toxicologic emergencies are likely.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
The pharmacy/medication room is well managed, with good accountability evident.			
The following corrective action is required:			
None			

J-D-02 Medication Services (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Medications are administered or delivered to the patient in a timely and safe manner.	X		
2. Prescription medications are given only by order of a physician, dentist, or other legally authorized individual.	X		
3. A policy identifies the expected time frames from ordering to administration or delivery to the patient and a backup plan if the time frames cannot be met.	X		

4. The responsible physician determines prescribing practices in the facility.	X		
5. If the facility maintains a <i>formulary</i> , there should be a documented process for obtaining nonformulary medications in a timely manner.	X		
6. Medications are prescribed only when clinically indicated.	X		
7. Medications are kept under the control of appropriate staff members, except for <i>self-medication programs</i> approved by the facility administrator and responsible physician.	X		
8. Inmates are permitted to carry medications necessary for the emergency management of a condition when ordered by a prescriber.			X
9. Inmates entering the facility on verifiable prescription medication continue to receive the medication in a timely fashion, or justification for an alternate treatment plan is documented.	X		
10. The ordering prescriber is notified of the impending expiration of an order so that the prescriber can determine whether the drug administration is to be continued or altered.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
The intent of this standard is to ensure that inmates who need immediate/emergent medications, such as an inhaler, have access to the medications without delay. The current process at the facility is that any required medication such as an inhaler, is brought to the housing unit by the nurse as needed, or the inmate comes to the clinic. Security prohibits the use of KOP medications. The process as described seems to cause delays in getting access to emergent medications.			
The following corrective action is required for Compliance Indicator #8:			
Acceptable documentation includes: <ul style="list-style-type: none"> • A plan for how inmates will be able to carry medications as necessary for the emergency management of a condition when ordered by a provider or gain access to prescribed medications in a timely manner, with no delays, and when it is medically necessary. The key for emergent medication is to ensure immediate access. 			

J-D-03 Clinic Space, Equipment, and Supplies (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Examination and treatment rooms for medical, dental, and mental health care are available and equipped to meet the needs of the patient population.	X		
2. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked in accordance with policy.	X		
3. There is adequate office space with administrative files, secure storage of health records, and writing desks.	X		
4. When laboratory, radiological, or other ancillary services are provided on-site, the designated area is adequate to hold equipment and records.	X		
5. When patients are placed in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.	X		
6. The facility has, at a minimum, the following equipment, supplies, and materials for the examination and treatment of patients:			
a. Hand-washing facilities or alternate means of hand sanitization	X		
b. Examination table	X		
c. A light capable of providing direct illumination	X		
d. Scale	X		
e. Thermometers	X		
f. Blood pressure monitoring equipment	X		
g. Stethoscope	X		
h. Ophthalmoscope	X		
i. Otoscope	X		

j. Transportation equipment (e.g., wheelchair, stretcher)	X		
k. Trash containers for biohazardous materials and sharps	X		
l. Sterilizer for non-disposable medical or dental equipment	X		
m. Appropriate space, equipment, and supplies for pelvic examinations if the facility houses females.	X		
n. Oxygen	X		
o. Automated external defibrillator	X		
p. Pulse oximeter	X		
q. Personal protective equipment (e.g., gloves, eye protection, gowns, masks)	X		
7. Basic equipment required for on-site dental examinations includes, at a minimum:			
a. Hand-washing facilities or alternate means of hand sanitization	X		
b. Dental examination chair	X		
c. Examination light	X		
d. Instruments	X		
e. Trash containers for biohazardous materials and sharps	X		
f. A dentist's stool	X		
g. Personal protective equipment	X		
h. Blood pressure monitoring equipment	X		
i. Oxygen	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-D-04 On-Site Diagnostic Services (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The responsible health authority maintains documentation that on-site diagnostic services (e.g., laboratory, radiology) are certified or licensed to provide that service.	X		
2. There is a procedure manual for each on-site diagnostic service, including protocols for the calibration of testing devices to ensure accuracy.	X		
3. Facilities have, at a minimum, multiple-test dipstick urinalysis, finger-stick blood glucose tests, peak flow meters (handheld or other), stool blood-testing material, and in facilities housing women, pregnancy test kits.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-D-05 Medical Diets (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Medical diets are provided per prescriber order and documented in the health record.	X		
2. Orders for medical diets are communicated in writing to dietary staff and include the type of diet, the duration for which it is to be provided, and special instructions, if any.	X		
3. A registered dietitian nutritionist (RDN) or other licensed qualified nutrition professionals, as authorized by state scope of practice laws, documents a review of all medical diets for nutritional adequacy at least annually.	X		
4. The facility has a procedure in place to notify the RDN whenever the medical diet menu is changed.	X		

5. Written documentation of menu reviews includes the date, signature, and title of the dietitian.	X		
6. Workers who prepare medical diets are supervised in diet preparation.	X		
7. When inmates refuse prescribed diets, follow-up nutritional counseling is provided.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-D-06 Patient Escort (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Patients are transported safely and in a timely manner for medical, dental, and mental health clinic appointments both inside and outside the facility.	X		
2. Patient confidentiality is maintained during transport.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-D-07 Emergency Services and Response Plan (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The facility provides 24-hour emergency medical, dental, and mental health services.	X		
2. Facility staff provide emergency services until qualified health care professionals arrive.	X		

3. The health aspects of the documented emergency response plan are approved by the responsible health authority and facility administrator, and include, at a minimum:	X		
a. Responsibilities of health staff	X		
b. Procedures for triage for multiple casualties	X		
c. Predetermination of the site for care	X		
d. Emergency transport of the patient(s) from the facility	X		
e. Use of an emergency vehicle	X		
f. Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances)	X		
g. Use of one or more designated hospital emergency departments or other appropriate facilities	X		
h. Emergency on-call physician, dental, and mental health services when the emergency health care facility is not nearby	X		
i. Security procedures for the immediate transfer of patients for emergency care	X		
j. Procedures for evacuating patients in a mass disaster	X		
k. Alternate backups for each of the plan's elements	X		
l. Time frames for response	X		
m. Notification to the person legally responsible for the facility	X		
4. <i>Mass disaster drills</i> are conducted so that each shift has participated over a 3-year period, including satellites.	X		
5. A health emergency <i>man-down drill</i> is practiced once a year on each shift where health staff are regularly assigned, including satellites.	X		
6. The mass disaster and man-down drills are <i>critiqued</i> , the results are shared with all health staff, and recommendations for health staff are acted upon.	X		

7. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-D-08 Hospital and Specialty Care (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Evidence demonstrates that there is appropriate and timely access to hospital and specialist care when necessary.	X		
2. When patients are referred for outside care, written or verbal information about the patient and the specific problem to be addressed must be communicated to the outside entity.	X		
3. The health record contains results and recommendations from off-site visits, or attempts by health staff to obtain these results.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

E. PATIENT CARE AND TREATMENT

Standards in this section ensure the delivery of health care from arrival through discharge for health care issues. All care is timely and appropriate, and continues until resolution of the problem or until discharge.

Standard Specific Findings

J-E-01 Information on Health Services (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. A sign explaining how to access health services is posted in the intake/processing area.	X		

2. Within 24 hours of their arrival, inmates are provided with written, electronic, or video information about:	X		
a. How to access emergency and routine medical, dental, and mental health services	X		
b. The fee-for-service program, if one exists	X		
c. The grievance process for health-related complaints	X		
3. Procedures ensure that inmates who have difficulty communicating (e.g., foreign speaking, developmentally disabled, illiterate, mentally ill, deaf) understand how to access health services.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-E-02 Receiving Screening (E)			
<input type="checkbox"/> NOT APPLICABLE This facility receives inmates only from other facilities within the same correctional system. There are no inmates that arrive directly from the community or a facility outside of the correctional system.	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Reception personnel ensure that persons who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical attention are referred immediately for care and <i>medical clearance</i> into the facility.	X		
a. If they are referred to a community hospital and then returned, admission to the facility is predicated on written medical clearance from the hospital.	X		
2. A <i>receiving screening</i> takes place as soon as possible upon acceptance into custody.		X	

3. The receiving screening form is approved by the responsible health authority and inquires as to the inmate's:	X		
a. Current and past illnesses, health conditions, or special health requirements (e.g., hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine dietary)	X		
b. Past infectious disease	X		
c. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)	X		
d. Past or current mental illness, including hospitalizations	X		
e. History of or current suicidal ideation	X		
f. Dental problems (decay, gum disease, abscess)	X		
g. Allergies	X		
h. Dietary needs	X		
i. Prescription medications (including type, amount, and time of last use)	X		
j. Legal and illegal drug use (including type, amount, and time of last use)	X		
k. Current or prior withdrawal symptoms	X		
l. Possible, current, or recent pregnancy	X		
m. Other health problems as designated by the responsible physician	X		
4. The form also records reception personnel's observations of the inmate's:			
a. Appearance (e.g., sweating, tremors, anxious, disheveled)	X		
b. Behavior (e.g., disorderly, appropriate, insensible)	X		

c. State of consciousness (e.g., alert, responsive, lethargic)	X		
d. Ease of movement (e.g., body deformities, gait)	X		
e. Breathing (e.g., persistent cough, hyperventilation)	X		
f. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)	X		
5. The disposition of the inmate (e.g., immediate referral to an appropriate health care service, placement in the general population) is appropriate to the findings of the receiving screening and is indicated on the receiving screening form.	X		
6. Receiving screening forms are dated and timed immediately on completion and include the name, signature and title of the person completing the form.	X		
7. All immediate health needs are identified through the screening and properly addressed by qualified health care professionals.	X		
8. Potentially infectious inmates are isolated from the general inmate population	X		
9. If a woman is pregnant, an opiate history is obtained.	X		
10. If a woman reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to fetus.	X		
11. When health-trained correctional personnel perform the receiving screening, they have documented training by the responsible physician or designee in early recognition of medical, dental, and mental health conditions requiring clinical attention.	N/A		
12. Health staff regularly monitor receiving screenings to determine the safety and effectiveness of this process.	X		
13. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
There is a process in place for nurses to screen inmates as soon as they enter and prior to any delays by custody staff. However, we found that 17% of receiving screenings were completed more than four hours (industry standard) after inmates' arrival. The late screenings are not tracked nor identified for reasons that would cause delay.
The following corrective action is required for Compliance Indicator #2:
Acceptable documentation includes: <ul style="list-style-type: none"> • A plan from the RHA that ensures screening as soon as possible when inmates arrive at the facility • Any policy and procedure changes • Evidence of necessary staff training • A CQI study on the timeliness of the intake process including an analysis regarding why the screenings are delayed. • The CQI study should include a sufficient number of examples to demonstrate compliance with the standard

J-E-03 Transfer Screening (E).			
<input type="checkbox"/> NOT APPLICABLE A receiving screening is completed for all inmates entering the facility.	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Qualified health care professionals review each transferred inmate's health record or summary to ensure continuity of care and medications.	X		
2. When transferred from an intake facility, inmates who do not have initial medical, dental, or mental health assessments are to be evaluated at the receiving facility in a timely manner.	X		
3. Documentation in the health record demonstrates continuity of health care and medication administration.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-E-04 Initial Health Assessment (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
Compliance Indicators: Full Population Assessment (1-9)			
☐ NOT APPLICABLE The facility has implemented option #2, Individual Assessment When Clinically Indicated.			
1. Receiving screening results are reviewed within 14 days.		X	
2. All inmates receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission to the facility.		X	
3. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation in the health record must confirm that the new receiving screening shows no change in health status.	X		
a. If the receiving screening shows a change in health status, the initial health assessment is repeated.	X		
4. The responsible physician determines the components of an initial health assessment.	X		
5. Initial health assessments include, at a minimum:			
a. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters	X		
b. A qualified health care professional recording of vital signs (including height and weight)	X		
c. A <i>physical examination</i> (as indicated by the patient's gender, age, and risk factors) performed by a physician, physician assistant, nurse practitioner, or RN.	X		
d. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test), unless completed prior to the initial health assessment.	X		
6. All abnormal findings (i.e., history and physical, screening, and laboratory) are reviewed by the provider.	X		

7. Specific problems are integrated into an initial problem list.	X		
8. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
Compliance Indicators: Individual Assessment When Clinically Indicated (10-16)			
<input type="checkbox"/> NOT APPLICABLE The facility has implemented option #1, Full Population Assessment			
10. Inmates identified with <i>clinically significant findings</i> as the result of a comprehensive receiving screening receive an initial health assessment as soon as possible, but no later than 2 working days after admission. To qualify for this option, an institution:			
a. Has 24-hour, 7-day on-site health staff coverage			
b. Allows only licensed health care personnel to conduct a comprehensive receiving screening on all inmates			
c. Includes in its comprehensive receiving screening all elements of the receiving screening standard plus:			
i. Further inquiry into past history and symptoms of chronic diseases			
ii. Finger stick on individuals with diabetes			
iii. Vital signs (including pulse, respirations, blood pressure, and temperature)			
iv. Further inquiry into medication and dosages where possible			
v. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test).			
11. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation must confirm that the new receiving screening shows no change in health status.			

a. If the comprehensive receiving screening shows a change in health status, the initial health assessment is repeated.			
12.The responsible physician determines the components of an initial health assessment.			
13.Individual health assessments include, at a minimum:			
a. A review of comprehensive receiving screening results			
b. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters			
c. A qualified health care professional recording of vital signs (including height and weight)			
d. A physical examination (as indicated by the patient's gender, age, and risk factors) performed by a provider.			
e. Laboratory and/or diagnostic tests for disease, such as peak flow for asthma patients and blood work for diabetes patients.			
14.Specific problems are integrated into an initial problem list.			
15.Diagnostic and therapeutic plans for each problem are developed as clinically indicated.			
16.All aspects of the standard are addressed by written policy and defined procedures.			
Comments:			
We reviewed 18 health records and found the health assessment was late in four cases. The CQI committee also noted compliance issues in 2020.			
The following corrective action is required for Compliance Indicators #1 and 2:			
The RHA may submit a copy of a CQI process study assessing <ul style="list-style-type: none"> • the timeliness of health assessments <i>and</i> • the documentation of the review of receiving screening results during the health assessment. 			

J-E-05 Mental Health Screening and Evaluation (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Mental health screening is performed as soon as possible but no later than 14 calendar days after admission.	X		
2. Mental health screening may be conducted by <i>qualified mental health professionals</i> or qualified health care professionals who have received documented training.	X		
3. The initial mental health screening includes a structured interview with inquiries into:			
a. A history of:			
i. Psychiatric hospitalization and outpatient treatment	X		
ii. Substance use hospitalization	X		
iii. Withdrawal seizures	X		
iv. Detoxification and outpatient treatment	X		
v. Suicidal behavior	X		
vi. Violent behavior	X		
vii. Victimization	X		
viii. Special education placement	X		
ix. Cerebral trauma	X		
x. Sexual abuse	X		
xi. Sex offenses	X		
b. The current status of:			
i. Psychotropic medications	X		
ii. Suicidal ideation	X		
iii. Drug or alcohol use	X		

iv. Drug or alcohol withdrawal or intoxication	X		
v. Orientation to person, place, and time	X		
c. Emotional response to incarceration	X		
d. A screening for intellectual functioning (i.e., mental retardation, developmental disability, learning disability)	X		
4. The patient's health record contains results of the initial screening.	X		
5. Inmates who screen positive for mental health problems are referred to <i>qualified mental health professionals</i> for further evaluation.	X		
6. Mental health evaluations of patients with positive screens should be completed within 30 days or sooner if clinically indicated.	X		
7. Patients who require acute mental health services beyond those available on-site are transferred to an appropriate facility.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-E-06 Oral Care (E).			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. <i>Oral care</i> under the direction and supervision of a licensed dentist is provided to each inmate.	X		
2. Care is timely and includes immediate access for urgent conditions.	X		
3. <i>Oral screening</i> is performed as soon as possible but no later than 14 calendar days from admission.	X		

4. Oral screening may be done by the dentist or qualified health care professional who has received documented training approved or provided by the dentist.	X		
5. Instruction in oral hygiene and preventive oral education are given within 14 days of admission.	X		
6. An initial <i>oral examination</i> is performed by a dentist within 12 months of admission.	X		
7. <i>Oral treatment</i> , not limited to extractions, is provided according to a treatment plan based on a system of established priorities for care when, in the dentist's judgment, the patient's health would otherwise be adversely affected.	X		
8. Radiographs are used in the development of the treatment plan.	X		
9. Consultation through referral to oral health care specialists is available as needed.	X		
10. Each inmate has access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the individual's needs.	X		
11. Extractions are performed in a manner consistent with community standards of care.	X		
12. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-E-07 Nonemergency Health Care Requests and Services (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. All inmates, regardless of housing assignment, are given the opportunity to submit oral or written <i>health care requests</i> at least <i>daily</i> .	X		
2. The health care requests are picked up daily by health staff.	X		

3. Health care requests are reviewed and prioritized daily by qualified health care professionals, or the health care liaison if applicable.	X		
4. A face-to-face encounter for a health care request is conducted by a qualified health care professional, or the health care liaison (if applicable), within 24 hours of receipt by health staff.		X	
5. Patients are evaluated in a <i>clinical setting</i> as indicated.	X		
6. All aspects of the health care request process, from review and prioritization to subsequent encounter, are documented, dated, and timed.	X		
7. The frequency and duration of response to health services requests is sufficient to meet the health needs of the inmate population.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:

The percentage of face-to-face encounters that are completed within 24 hours is 100% for medical requests, but only 83% for mental health requests. The kiosk system allows inmates to make requests with prompt medical triage and response. Mental health staff, however, conduct their own triage and assignment. Inmates with mental health issues do not receive a face-to-face for clinical issues unless it is an urgent issue.

The following corrective action is required for Compliance Indicator #4:

Acceptable documentation includes:

- a plan by the RHA on how this standard will be corrected including any policy and procedure changes and
- staff training if necessary. In addition,
- a 60-day log for **all mental health requests** with the following columns: inmate number, date of request, date/time request received, nature of complaint, date/time of face-to-face encounter by qualified health care professional or health care liaison (if applicable).

J-E-08 Nursing Assessment Protocols and Procedures (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Nursing assessment protocols and nursing procedures:			
a. Are used by nursing personnel	X		
b. Are appropriate to the level of competency and preparation of the nurses who will carry them out	X		
c. Comply with the state practice act in the facility's jurisdiction	X		
2. Protocols and procedures are developed and reviewed annually by the nursing administrator and responsible physician based on the level of care provided in the facility.	X		
3. The protocols and procedures are accessible to all nursing staff.	X		
4. There is documentation of nurses' training in use of nursing assessment protocols and nursing procedures based on the level of care provided by the nurse. Documentation includes:	X		
a. Evidence that new nursing staff are trained and demonstrate knowledge and competency for the protocols and procedures that are applicable to their scope of practice	X		
b. Evidence of annual review of competency			X
c. Evidence of retraining when protocols or procedures are introduced or revised			X
5. Nursing assessment protocols for nonemergency health care requests include over-the-counter medications only.		X	
6. Approved assessment protocols pertaining to emergency life-threatening conditions (e.g., chest pain, shortness of breath) may contain prescription medications and must include immediate communication with a provider.		X	

7. Emergency administration of prescription medications requires a provider's order before or immediately after administration.		X	
8. All aspects of the standard are addressed by written policy and defined procedures.		X	
Comments:			
There is no annual review of competency testing of protocols, nor subsequent testing if retraining is required.			
The following corrective action is required for Compliance Indicators #4b and c, #5-8:			
Acceptable documentation includes: <ul style="list-style-type: none"> • A signature page containing the signatures of the responsible physician and nursing administrator attesting to their current review and approval of the protocols • A plan by the RHA on how the protocols will be reviewed annually in the future as required by the standard • A plan for how nurses will be trained when protocols or procedures are introduced or revised 			

J-E-09 Continuity, Coordination, and Quality of Care During Incarceration (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Patients receive medical, dental, and mental health services from admission to discharge per prescribers' recommendations, orders, and evidence-based practices.	X		
2. Prescriber orders are implemented in a timely manner.	X		
3. If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan while in custody is documented.	X		
4. Diagnostic tests are reviewed by the provider in a timely manner.	X		
5. Treatment plans are modified as clinically indicated by diagnostic tests and treatment results.	X		
6. Treatment plans, including test results, are shared with patients.	X		
7. For hospitalization, urgent care, emergency department, or specialty visits:			

a. Patients are seen by a qualified health care professional or health care liaison (if appropriate) upon return	X		
b. Recommendations are reviewed for appropriateness of use in the correctional environment	X		
c. A provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow-up	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-E-10 Discharge Planning (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. For planned discharges, health staff arrange for a <i>reasonable supply</i> of current medications.	X		
2. For patients with serious medical, dental, or mental health needs, arrangements or referrals are made for follow-up services with community prescribers, including exchange of clinically relevant information.	X		
3. All aspects of discharge planning are documented in the health record.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
A dedicated discharge planner interfaces with community and health agencies to facilitate inmates' transition to community life.			
The following corrective action is required:			
None			

F. SPECIAL NEEDS AND SERVICES

Standards in this section address patients with special health care needs and establish compliance requirements specific to each health care issue

Standard Specific Findings

J-F-01 Patients with Chronic Disease and Other Special Needs (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Patients with chronic diseases and other <i>special needs</i> are identified.	X		
2. The responsible physician establishes and annually approves clinical protocols.	X		
3. Clinical protocols are consistent with <i>national clinical practice guidelines</i> .	X		
4. Clinical protocols for the identification and management of chronic diseases or other special needs include, but are not limited to, the following:			
a. Asthma	X		
b. Diabetes	X		
c. HIV	X		
d. Hyperlipidemia	X		
e. Hypertension	X		
f. Mood Disorders	X		
g. Psychotic disorders	X		
5. Individualized <i>treatment plans</i> are developed by a physician or other qualified provider at the time the condition is identified and updated when warranted.	X		
6. Documentation in the health record confirms that providers are following chronic disease protocols and special needs treatment plans as clinically indicated by:			

a. Determining the frequency of follow-up for medical evaluation based on disease control	X		
b. Monitoring the patient's condition (e.g., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve patient outcome	X		
c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication)	X		
d. Documenting patient education (e.g., diet, exercise, medication)	X		
e. Clinically justifying any deviation from the protocol	X		
7. Chronic illnesses and other special needs requiring a treatment plan are listed on the master problem list.	X		
8. Medical and dental orthoses, prostheses, and other <i>aids to reduce effects of impairment</i> are supplied in a timely manner when patient health would otherwise be adversely affected, as determined by the responsible physician or dentist.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-F-02 Infirmiry-Level Care (E).			
X NOT APPLICABLE Patients in need of infirmiry-level care transferred off-site to an appropriate facility.	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Policy defines the scope of medical, psychiatric, and nursing care available on-site to patients who need infirmiry-level care.			
2. Patients who need infirmiry-level care are always within sight or hearing of a facility staff member, and a qualified health care professional can respond in a timely manner.			

3. The number of qualified health care professionals providing infirmity level care is based on the number of patients, the severity of their illnesses, and the level of care required for each.			
4. At least daily, a supervising RN ensures that care is being provided as ordered. Initiation and discontinuation of infirmity-level care is by provider order.			
5. The frequency of provider and nursing rounds for patients who need infirmity-level care is specified based on clinical acuity and the categories of care provided.			
6. Health records for patients who need infirmity-level care include:			
a. Initial clinical note that documents the reason for infirmity-level care and outlines the treatment and monitoring plan			
b. Complete documentation of the care and treatment given			
7. All aspects of the standard are addressed by written policy and defined procedures.			
Comments:			
None			
The following corrective action is required:			
None			

J-F-03 Mental Health Services (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Patients' mental health needs are addressed on-site or by referral to appropriate alternative facilities.	X		
2. Outpatient services include, at a minimum:			
a. Identification and referral of inmates with mental health needs	X		
b. Crisis intervention services	X		
c. Psychotropic medication management, when indicated	X		
d. Individual counseling	X		

e. Group counseling and/or psychosocial/psychoeducational programs	X		
f. Treatment documentation and follow-up	X		
3. When commitment or transfer to an inpatient psychiatric setting is clinically indicated:			
a. Required procedures are followed	X		
b. The transfer occurs in a timely manner	X		
c. The patient is safely housed and adequately monitored until the transfer occurs	X		
4. Outpatients receiving mental health services are seen as clinically indicated and as prescribed in their individual treatment plans.	X		
5. Mental health, medical, and substance abuse services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of these conditions on each other is adequately addressed.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
Mental health staff are on site for two shifts a day, every day. Patients needing additional surveillance will be placed in the medical observation unit or other restricted housing areas.			
The following corrective action is required:			
None			

J-F-04 Medically Supervised Withdrawal and Treatment (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Protocols exist for managing inmates under the influence of or undergoing withdrawal from alcohol, sedatives, opioids, and/or other substances.	X		
2. Protocols for intoxication and withdrawal are approved by the responsible physician annually and are consistent with nationally accepted treatment guidelines.	X		

3. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using approved protocols as clinically indicated until symptoms have resolved.	X		
4. Individuals being monitored are housed in a safe location that allows for effective monitoring.	X		
5. If the findings from patient monitoring meet the national guidelines to begin prescription medications, <i>medically supervised withdrawal</i> is implemented.	X		
6. Medically supervised withdrawal is done under provider supervision.	X		
7. Inmates experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a licensed acute care facility.	X		
8. The facility has a policy that addresses the management of inmates on medication-assisted treatment (MAT).	X		
9. Inmates entering the facility on MAT have their medication continued, or a plan for medically supervised withdrawal is initiated.	X		
10. Disorders associated with alcohol and other drugs (e.g., HIV, liver disease) are recognized and treated.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
This facility utilizes a MAT program.			
The following corrective action is required:			
None			

J-F-05 Counseling and Care of the Pregnant Inmate (E).			
<input type="checkbox"/> NOT APPLICABLE			
			<i>The compliance indicator is:</i>
			Fully Met
			Partially Met
			Not Met
1. Counseling and assistance are provided and documented in accordance with the pregnant inmate's expressed desires regarding her pregnancy, whether she elects to keep the child, use adoptive services, or have an abortion.	X		

2. Prenatal care includes:			
a. Medical examinations by a provider qualified to provide prenatal care	X		
b. Prenatal laboratory and diagnostic tests in accordance with national guidelines	X		
c. Orders and treatment plans documenting clinically indicated levels of activity, nutrition, medications, housing, and safety precautions	X		
d. Counseling and administering recommended vaccines in accordance with national guidelines	X		
3. Pregnant patients with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone or buprenorphine.	X		
4. Emergency delivery kits are available in the facility.	X		
5. Custody restraints are not used during labor and delivery.	X		
6. Custody restraints, if used, at other points of pregnancy and the postpartum period shall be limited to handcuffs in front of the body.	X		
7. <i>Postpartum care</i> is provided and documented.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
The program for pregnant inmates is well managed.			
The following corrective action is required:			
None			

J-F-06 Response to Sexual Abuse (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The facility has guidelines or protocols regarding the detection, prevention, and reduction of sexual abuse.	X		
2. Health staff are trained in how to:			

a. Detect, assess, and respond to signs of sexual abuse and sexual harassment	X		
b. Preserve physical evidence of sexual abuse	X		
3. Emergency contraception is available to female victims of sexual assault.	X		
4. Recent sexual assault is either referred to a community facility for treatment and gathering of evidence, or if these procedures are performed in-house, the following guidelines are used:	X		
a. A history is taken and qualified health care professionals conduct an examination to document the extent of physical injury and to determine whether referral to another medical facility is indicated.	N/A		
b. Personnel trained in examination of sexual abuse victims will conduct the exam.	N/A		
c. Whenever possible, the examiner will not have a therapeutic relationship with individuals involved in the incident.	N/A		
d. With the victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the local legal authority.	N/A		
5. In all cases, whether the victim is treated in-house or referred to an outside facility, the following activities occur:			
a. Prophylactic treatment and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims, as appropriate.	X		
b. There is an evaluation by a qualified mental health professional for crisis intervention counseling and follow-up.	X		
c. A report is made to the correctional authorities to effect a separation of the victim from the abuser in their housing assignments.	X		

6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-F-07 Care for the Terminally Ill (I).			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. A program to address the needs of terminally ill inmates includes <i>palliative care</i> .	X		
2. When the responsible physician determines that care in a community setting is medically preferable, a recommendation is made to the appropriate legal authority regarding the patient's transfer or <i>early release</i> .	X		
3. If there is an on-site palliative care program:			
a. Enrollment is a patient's informed choice	N/A		
b. Qualified health care professionals working in the program have received training in palliative care techniques	N/A		
c. Inmate workers or volunteers providing services in the program are properly trained and supervised	N/A		
4. <i>Advance directives</i> , health care proxies, and "do not resuscitate" (DNR) orders are available when medically appropriate.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

G. MEDICAL – LEGAL ISSUES

The standards in this section ensure that health services comply with legal requirements.

Standard Specific Findings

J-G-01 Restraint and Seclusion (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. With regard to <i>clinically ordered restraint and seclusion</i> :			
a. Policies and procedures specify:			
i. The types of restraints or conditions of seclusion that may be used	N/A		
ii. When, where, how, and for how long restraints or seclusion may be used	N/A		
iii. How proper peripheral circulation is maintained when restraints are used	N/A		
iv. That proper nutrition, hydration, and toileting are provided	N/A		
b. In each case, use is authorized by a physician or other qualified health care professional where permitted by law, after reaching the conclusion that no other less restrictive treatment is appropriate.	N/A		
c. Unless otherwise specified by a physician or other qualified health care professional, health-trained personnel or health staff evaluate any patient placed in clinically ordered restraints or seclusion at an interval of no greater than every 15 minutes and document their findings.	N/A		
d. The treatment plan provides for removing patients from restraints or seclusion as soon as possible.	N/A		
e. The same types of restraints that would be appropriate for individuals treated in the community are used in the facility.	N/A		

f. Patients are not restrained in a position that could jeopardize their health.	N/A		
2. With regard to <i>custody-ordered restraints</i> :			
a. When restraints are used by custody staff for security reasons, a qualified health care professional is notified immediately in order to:		X	
i. Review the health record for any contraindications or accommodations required, which, if present, are immediately communicated to appropriate custody staff		X	
ii. Initiate health monitoring, which continues at medically appropriate intervals as long as the inmate is restrained. If the inmate's health is at risk, this is immediately communicated to appropriate custody staff.	X		
iii. If health staff are not on duty when custody-ordered restraints are initiated, it is expected that health staff review the health record and initiate monitoring upon arrival	N/A		
b. If the restrained inmate has or develops a medical or mental health condition, the provider is notified immediately so that appropriate orders can be given.	X		
c. When health staff note use of restraints that may be jeopardizing an inmate's health, this is communicated to custody staff immediately.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.		X	
Comments:			
Only custody restraints are used, and monitoring is consistently documented by the nurses. However, documentation of the health record review when an inmate is placed in restraints is not consistent.			
The following corrective action is required for Compliance Indicator #2ai and ii, and #3:			
Acceptable documentation includes: <ul style="list-style-type: none"> • A plan by the RHA on how this standard will be corrected • Any policy and procedure changes • Evidence of staff training • A CQI study that assesses the effectiveness of the corrective action plan 			

J-G-02 Segregated Inmates (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Upon notification that an inmate has been placed in segregation:			
a. A qualified health care professional reviews the inmate's health record	X		
b. If existing medical, dental, or mental health needs require accommodation, custody staff are notified	X		
c. The review and notification, if applicable, are documented in the health record	X		
2. The health professional's monitoring of a segregated inmate is based on the degree of isolation:			
a. Inmates in <i>solitary confinement</i> with little or no contact with other individuals are monitored daily by medical staff and at least once a week by mental health staff.	N/A		
b. Inmates who are segregated and have limited contact with staff or other inmates are monitored 3 days a week by medical or mental health staff.	X		
3. Documentation of segregation rounds is made on individual logs or cell cards, or in an inmate's health record, and includes:	X		
a. The date and time of the contact	X		
b. The signature or initials of the health staff member making the rounds	X		
4. Significant health findings are documented in the inmate's health record.	X		
5. Health staff promptly identify and inform custody officials of inmates who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.	X		
6. All aspects of the standard are addressed by written policy and defined procedures	X		

Comments:
Mental health staff completes a weekly assessment in restricted housing.
The following corrective action is required:
None

J-G-03 Emergency Psychotropic Medication (E).			
<input type="checkbox"/> Patients in need of emergency psychotropic medication are transferred off-site to an appropriate facility.	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The policies on <i>emergency forced psychotropic medication</i> :			
a. Require licensed provider authorization prior to use	X		
b. Specify when, where, and how the psychotropic medication may be forced	X		
2. When a provider orders psychotropic medication to be forced, he or she documents in the patient's record:			
a. The patient's condition	X		
b. The threat posed	X		
c. The reason for forcing the medication	X		
d. Other treatment modalities attempted, if any	X		
e. Treatment plan goals for less restrictive treatment alternatives as soon as possible	X		
3. Appropriate follow-up care is provided when medication is forced.	X		
4. Follow-up documentation is made by nursing staff at least once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Actions (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Health staff are not involved in the collection of <i>forensic information</i> .	X		
2. Health staff do not participate in disciplinary action nor are compelled to provide clinical information solely for the purposes of discipline.	X		
3. Treatments and medications are never withheld as a form of punishment.	X		
4. Segregation and restraints are never clinically implemented as disciplinary action.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-G-05 Informed Consent and Right to Refuse (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. All examinations, treatments, and procedures are governed by <i>informed consent</i> practices applicable in the jurisdiction.	X		
2. For procedures and medications that in the community setting would require informed consent, written documentation of informed consent is required.	X		
3. Any health evaluation and treatment refusal is documented and must include the following:			
a. Description of the service being refused	X		
b. Evidence that the inmate has been informed of any adverse health consequences that may occur because of the refusal	X		

c. The signature of the patient	X		
d. The signature of a health staff witness	X		
4. If the patient does not sign the refusal form, it is to be noted on the form by a second health or custody staff witness.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

J-G-06 Medical and Other Research (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Guidelines are in place that specify:			
a. The process for obtaining approval to conduct the research	X		
b. The steps to be taken to preserve the subject's rights	X		
2. When inmates who are participants in a community-based research protocol are admitted to the facility, procedures provide for:			
a. Continuation of participation	X		
b. Consultation with community researchers so that withdrawal from the research protocol is done without harming the health of the inmate	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

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**NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE**

Health Services Accreditation Focused Survey Report

**El Paso County Criminal Justice Center
Colorado Springs, Colorado**

Survey Date: August 31, 2021

Report Date: October 31, 2021

El Paso County Criminal Justice Center, CO
Focused Survey Report
October 31, 2021

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 March 15-16, 2021 NCCHC conducted its virtual review for continuing accreditation of the El Paso County Criminal Justice Center under the NCCHC *2018 Standards for Health Services in Jails*. On April 30, 2021, NCCHC placed the facility on probation, and directed that compliance be determined through a focused survey; this virtual survey occurred on August 31, 2021. 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 April 30, 2021 report.

Essential Standards

There are 39 essential standards, 38 are applicable to this facility and 38 (100%) were found to be in full compliance. One hundred percent (100%) of the applicable essential standards must be met for to achieve accreditation. ***The El Paso County Criminal Justice Center has now met this condition.***

Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

None

Standard number and name not applicable:

J-F-02 Infirmary Level Care

Important Standards

There are 20 important standards; 19 are applicable to this facility and 19 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. **The El Paso County Criminal Justice Center has met this condition.**

Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

None

Standard number and name not applicable:

J-C-08 Health Care Liaison

Decision: On October 31, 2021, NCCHC's Accreditation and Standards Committee voted to continue to accredit the El Paso County Criminal Justice Center.

J-C-02 Clinical Performance Enhancement (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Clinical performance enhancement reviews are conducted, at a minimum, on all full-time, part-time, or per diem:			
a. Providers	X		
b. RNs	X		
c. LPNs	X		
d. Psychologists	N/A		
e. Licensed Professional Counselors	X		
f. Dentists	X		
2. The clinical performance enhancement review is conducted annually.	X		
3. Clinical performance enhancement reviews are kept confidential and incorporate at least the following elements:	X		
a. The name and credentials of the individual being reviewed	X		
b. The date of the review	X		
c. The name and credentials of the reviewer	X		
d. A summary of the findings and corrective action, if any	X		
e. Confirmation that the review was shared with the individual being reviewed	X		
4. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews is available.	X		
5. The responsible health authority (RHA) implements an <i>independent review</i> when there is concern about any individual's competence.	X		

6. The RHA implements procedures to improve an individual's competence when such action is necessary.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
Out of 58 licensed staff, 17 staff had no peer review after one year. This included licensed counselors and nurses (both RNs and LPNs).			
The following corrective action is required for Compliance Indicators #1b, c, and e, #2, 4 and 7:			
<p>Acceptable documentation includes:</p> <ul style="list-style-type: none"> • A log or other written record providing: <ul style="list-style-type: none"> ○ The names of the RNs, LPNs, and licensed professional counselors ○ The dates of their most recent clinical performance enhancement reviews in accordance with the standard (including the name and credentials of the reviewer) • Verification that the reviews were shared with the individuals being reviewed • A plan for how the reviews will be conducted in accordance with the standard in the future 			
Focused Survey Results:			
<p>The nurse educator and mental health director developed and maintain tracking logs that include date of hire, review date, signed review date, and next due date. Specifically, LPNs, RNs and counselors were up to date at the time of the focused survey; we reviewed a random selection of reviews, which were appropriately signed and dated, to verify compliance. (A recent change in vendor contributed to lack of data. Many staff were also newly hired and not yet employed for a full year.) An electronic tracker now monitors all performance enhancement review due dates to ensure they are conducted in a timely manner. The standard is now met.</p>			

J-C-03 Professional Development (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. All qualified health care professionals obtain at least 12 hours of continuing education per year or have proof of a valid license in states where continuing education is required for licensure.	X		
2. The responsible health authority (RHA) documents compliance with continuing education requirements.	X		

3. The RHA maintains a list of the state’s continuing education requirements for each category of licensure of all qualified health care professionals.	X		
4. All qualified health care professionals who have patient contact are current in cardiopulmonary resuscitation technique.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:

Although the state does not require continuing education for nurses, physicians, and mid-level providers in this state, the standard requires at least 12 hours of CEU each year. Out of 58 licensed staff, 21 staff had less than 12 hours of annual training for the past year. Additionally, pro-rated training hours for PRN staff was not documented. Both medical and mental health services utilize PRN staff.

The following corrective action is required for Compliance Indicators #1-5:

- Acceptable documentation includes:
- A plan by the RHA on how this standard will be corrected and maintained on an annual basis
 - Any policy and procedure changes
 - A list of all current qualified health care professionals should be submitted along with the continuing education that each employee has received for 2020, including pro-rated hours for PRN staff.
 - Verification that all qualified health care professionals who have patient contact are current in cardiopulmonary resuscitation technique

Focused Survey Results:

During the March survey, state licensing CEU requirements were not provided for all professionals. Since then, subsequent documentation was accumulated to show that mental health professionals exceed the required 40 CEU hours every two years. Spread sheets were also developed and completed with the names and training credits for all staff, including pro-rated PRN staff. We verified that all staff had appropriate CEUs completed for 2020, and were also current in CPR and first aid. The HSA or her designee will monitor twice-a-month mandatory training to ensure at least 12 hours are completed annually by all staff. In addition to the nurse educator’s tracking efforts, staff at the corporate office maintains its own data. **The standard is now met.**

J-D-02 Medication Services (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Medications are administered or delivered to the patient in a timely and safe manner.	X		
2. Prescription medications are given only by order of a physician, dentist, or other legally authorized individual.	X		
3. A policy identifies the expected time frames from ordering to administration or delivery to the patient and a backup plan if the time frames cannot be met.	X		
4. The responsible physician determines prescribing practices in the facility.	X		
5. If the facility maintains a <i>formulary</i> , there should be a documented process for obtaining nonformulary medications in a timely manner.	X		
6. Medications are prescribed only when clinically indicated.	X		
7. Medications are kept under the control of appropriate staff members, except for <i>self-medication programs</i> approved by the facility administrator and responsible physician.	X		
8. Inmates are permitted to carry medications necessary for the emergency management of a condition when ordered by a prescriber.	X		
9. Inmates entering the facility on verifiable prescription medication continue to receive the medication in a timely fashion, or justification for an alternate treatment plan is documented.	X		
10. The ordering prescriber is notified of the impending expiration of an order so that the prescriber can determine whether the drug administration is to be continued or altered.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
The intent of this standard is to ensure that inmates who need immediate/emergent medications, such as an inhaler, have access to the medications without delay. The current process at the facility is that any required medication such as an inhaler, is brought to the housing unit by the nurse as needed, or the inmate comes to the clinic. Security prohibits the use of KOP medications. The process as described seems to cause delays in getting access to emergent medications.
The following corrective action is required for Compliance Indicator #8:
Acceptable documentation includes: <ul style="list-style-type: none"> A plan for how inmates will be able to carry medications as necessary for the emergency management of a condition when ordered by a provider or gain access to prescribed medications in a timely manner, with no delays, and when it is medically necessary. The key for emergent medication is to ensure immediate access.
Focused Survey Results:
KOP medications were implemented on July 1, 2021. This was documented by a memo to all staff; custody staff completed a power point slide presentation for training. We reviewed the curricula and training documentation to verify compliance, and confirmed officers now support of a new process that now allows albuterol inhalers and other KOP medications as needed. Patient KOP medication needs are reviewed on a case-by-case basis. Narcan is kept in a first aid kit in each housing unit and elsewhere for accessibility. The standard is now met.

J-E-02 Receiving Screening (E)			
<input type="checkbox"/> NOT APPLICABLE This facility receives inmates only from other facilities within the same correctional system. There are no inmates that arrive directly from the community or a facility outside of the correctional system.	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Reception personnel ensure that persons who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical attention are referred immediately for care and <i>medical clearance</i> into the facility.	X		
a. If they are referred to a community hospital and then returned, admission to the facility is predicated on written medical clearance from the hospital.	X		
2. A <i>receiving screening</i> takes place as soon as possible upon acceptance into custody.	X		

3. The receiving screening form is approved by the responsible health authority and inquires as to the inmate's:	X		
a. Current and past illnesses, health conditions, or special health requirements (e.g., hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine dietary)	X		
b. Past infectious disease	X		
c. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)	X		
d. Past or current mental illness, including hospitalizations	X		
e. History of or current suicidal ideation	X		
f. Dental problems (decay, gum disease, abscess)	X		
g. Allergies	X		
h. Dietary needs	X		
i. Prescription medications (including type, amount, and time of last use)	X		
j. Legal and illegal drug use (including type, amount, and time of last use)	X		
k. Current or prior withdrawal symptoms	X		
l. Possible, current, or recent pregnancy	X		
m. Other health problems as designated by the responsible physician	X		
4. The form also records reception personnel's observations of the inmate's:			
a. Appearance (e.g., sweating, tremors, anxious, disheveled)	X		
b. Behavior (e.g., disorderly, appropriate, insensible)	X		

c. State of consciousness (e.g., alert, responsive, lethargic)	X		
d. Ease of movement (e.g., body deformities, gait)	X		
e. Breathing (e.g., persistent cough, hyperventilation)	X		
f. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)	X		
5. The disposition of the inmate (e.g., immediate referral to an appropriate health care service, placement in the general population) is appropriate to the findings of the receiving screening and is indicated on the receiving screening form.	X		
6. Receiving screening forms are dated and timed immediately on completion and include the name, signature and title of the person completing the form.	X		
7. All immediate health needs are identified through the screening and properly addressed by qualified health care professionals.	X		
8. Potentially infectious inmates are isolated from the general inmate population	X		
9. If a woman is pregnant, an opiate history is obtained.	X		
10. If a woman reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to fetus.	X		
11. When health-trained correctional personnel perform the receiving screening, they have documented training by the responsible physician or designee in early recognition of medical, dental, and mental health conditions requiring clinical attention.	N/A		
12. Health staff regularly monitor receiving screenings to determine the safety and effectiveness of this process.	X		
13. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:

There is a process in place for nurses to screen inmates as soon as they enter and prior to any delays by custody staff. However, we found that 17% of receiving screenings were completed more than four hours (industry standard) after inmates' arrival. The late screenings are not tracked nor identified for reasons that would cause delay.

The following corrective action is required for Compliance Indicator #2:

Acceptable documentation includes:

- A plan from the RHA that ensures screening as soon as possible when inmates arrive at the facility
- Any policy and procedure changes
- Evidence of necessary staff training
- A CQI study on the timeliness of the intake process including an analysis regarding why the screenings are delayed.
- The CQI study should include a sufficient number of examples to demonstrate compliance with the standard

Focused Survey Results:

A CQI study dated May through July 2021 found several clarifications and corrective actions. During the May study, it was revealed that the wrong booking time was used. Arresting officers can electronically input pre-booking data prior to bringing the inmate to the facility. When actual arrival times were tracked for June and July, the following improved compliance was noted: 75% were booked within four hours in June and 72% in July. Booking times reflect that the remaining 25% were booked two hours later, not to exceed a total of six hours. Continued monitoring of screenings will be on-going.

In practice, all inmates are seen by a nurse or EMT while in the patrol car or sallyport immediately upon arrival. The sheriff, in partnership with local public health officials, has implemented an additional process due to increases in Covid. Initial Covid screening now takes place prior to inmates entering the jail. It includes a symptoms check, rapid Covid testing, and recording of vital signs. Any immediate medical and mental health issues are also assessed at that time. This two-step screening process has caused some delay in the electronic input of the screening data; however, all inmates are medically screened as they arrive without exception. (The delay is primarily entering data electronically and completing the rest of the screening.) Due to the priority status of Covid screening and increased precautions, the extended intake process is understandable. Data and other documentation support that intake screening is paramount in this facility and the intent of the standard is met. Our review of 20 records showed 100% of receiving screenings were completed, with some delays as described. The HSA discussed possibly implementing the use of tablets in the sallyport to document immediately as inmates arrive rather than risk delayed data input. The HSA also indicated that CQI monitoring will continue to ensure ongoing compliance. **The standard is now met.**

J-E-04 Initial Health Assessment (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
Compliance Indicators: Full Population Assessment (1-9)			
☐ NOT APPLICABLE The facility has implemented option #2, Individual Assessment When Clinically Indicated.			
1. Receiving screening results are reviewed within 14 days.	X		
2. All inmates receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission to the facility.	X		
3. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation in the health record must confirm that the new receiving screening shows no change in health status.	X		
a. If the receiving screening shows a change in health status, the initial health assessment is repeated.	X		
4. The responsible physician determines the components of an initial health assessment.	X		
5. Initial health assessments includes, at a minimum:			
a. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters	X		
b. A qualified health care professional recording of vital signs (including height and weight)	X		
c. A <i>physical examination</i> (as indicated by the patient's gender, age, and risk factors) performed by a physician, physician assistant, nurse practitioner, or RN.	X		
d. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test), unless completed prior to the initial health assessment.	X		
6. All abnormal findings (i.e., history and physical, screening, and laboratory) are reviewed by the provider.	X		

7. Specific problems are integrated into an initial problem list.	X		
8. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
Compliance Indicators: Individual Assessment When Clinically Indicated (10-16)			
<input type="checkbox"/> NOT APPLICABLE The facility has implemented option #1, Full Population Assessment			
10. Inmates identified with <i>clinically significant findings</i> as the result of a comprehensive receiving screening receive an initial health assessment as soon as possible, but no later than 2 working days after admission. To qualify for this option, an institution:			
a. Has 24-hour, 7-day on-site health staff coverage			
b. Allows only licensed health care personnel to conduct a comprehensive receiving screening on all inmates			
c. Includes in its comprehensive receiving screening all elements of the receiving screening standard plus:			
i. Further inquiry into past history and symptoms of chronic diseases			
ii. Finger stick on individuals with diabetes			
iii. Vital signs (including pulse, respirations, blood pressure, and temperature)			
iv. Further inquiry into medication and dosages where possible			
v. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test).			
11. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation must confirm that the new receiving screening shows no change in health status.			

a. If the comprehensive receiving screening shows a change in health status, the initial health assessment is repeated.			
12.The responsible physician determines the components of an initial health assessment.			
13.Individual health assessments include, at a minimum:			
a. A review of comprehensive receiving screening results			
b. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters			
c. A qualified health care professional recording of vital signs (including height and weight)			
d. A physical examination (as indicated by the patient's gender, age, and risk factors) performed by a provider.			
e. Laboratory and/or diagnostic tests for disease, such as peak flow for asthma patients and blood work for diabetes patients.			
14.Specific problems are integrated into an initial problem list.			
15.Diagnostic and therapeutic plans for each problem are developed as clinically indicated.			
16.All aspects of the standard are addressed by written policy and defined procedures.			
Comments:			
We reviewed 18 health records and found the health assessment was late in four cases. The CQI committee also noted compliance issues in 2020.			
The following corrective action is required for Compliance Indicators #1 and 2:			
The RHA may submit a copy of a CQI process study assessing <ul style="list-style-type: none"> • the timeliness of health assessments <i>and</i> • the documentation of the review of receiving screening results during the health assessment. 			
Focused Survey Results:			
CQI studies and tracking was completed for May through August 2021. Results showed a compliance rate as follows:			

May-84%, June-68%, July-92% and August-93%. Two additional nurses were trained in health assessments and these positions were dedicated to performing timely assessments, despite current vacancies. All the RNs were retrained in order to provide additional support as needed. We reviewed 22 health records during the focused survey and found four health assessments that were beyond 14 days (several being late due to lack of inmate cooperation). The receiving screening review during the health assessment was also documented. **The standard is now met.**

J-E-07 Nonemergency Health Care Requests and Services (E).

	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. All inmates, regardless of housing assignment, are given the opportunity to submit oral or written <i>health care requests</i> at least <i>daily</i> .	X		
2. The health care requests are picked up daily by health staff.	X		
3. Health care requests are reviewed and prioritized daily by qualified health care professionals, or the health care liaison if applicable.	X		
4. A face-to-face encounter for a health care request is conducted by a qualified health care professional, or the health care liaison (if applicable), within 24 hours of receipt by health staff.	X		
5. Patients are evaluated in a <i>clinical setting</i> as indicated.	X		
6. All aspects of the health care request process, from review and prioritization to subsequent encounter, are documented, dated, and timed.	X		
7. The frequency and duration of response to health services requests is sufficient to meet the health needs of the inmate population.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:

The percentage of face-to-face encounters that are completed within 24 hours is 100% for medical requests, but only 83% for mental health requests. The kiosk system allows inmates to make requests with prompt medical triage and response. Mental health staff, however, conduct their own triage and assignment. Inmates with mental health issues do not receive a face-to-face for clinical issues unless it is an urgent issue.

The following corrective action is required for Compliance Indicator #4:
<p>Acceptable documentation includes:</p> <ul style="list-style-type: none"> • a plan by the RHA on how this standard will be corrected including any policy and procedure changes and • staff training if necessary. In addition, • a 60-day log for all mental health requests with the following columns: inmate number, date of request, date/time request received, nature of complaint, date/time of face-to-face encounter by qualified health care professional or health care liaison (if applicable).
Focused Survey Results:
<p>A CQI study tracked mental health 24-hour face-to-face responses for May through July 2021. Tracking included the mental health request, time and date, reason, and documented response with time and date. Out of 142 mental health requests, 11% required a 24-hour response, and all but two were seen in a timely manner. (The remaining two were a few hours later.) The HSA indicated that monitoring for ongoing compliance would continue.</p> <p>Additionally, mental health staff assignments were assessed, and priorities given to these response assignments. Staff were trained and documented in the April, June and August staff meetings. The mental health director will continue to review data, staff allocation and resources for any post intervention required. The standard is now met.</p>

J-E-08 Nursing Assessment Protocols and Procedures (I).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Nursing assessment protocols and nursing procedures:			
a. Are used by nursing personnel	X		
b. Are appropriate to the level of competency and preparation of the nurses who will carry them out	X		
c. Comply with the state practice act in the facility's jurisdiction	X		
2. Protocols and procedures are developed and reviewed annually by the nursing administrator and responsible physician based on the level of care provided in the facility.	X		
3. The protocols and procedures are accessible to all nursing staff.	X		

4. There is documentation of nurses' training in use of nursing assessment protocols and nursing procedures based on the level of care provided by the nurse. Documentation includes:	X		
a. Evidence that new nursing staff are trained and demonstrate knowledge and competency for the protocols and procedures that are applicable to their scope of practice	X		
b. Evidence of annual review of competency	X		
c. Evidence of retraining when protocols or procedures are introduced or revised	X		
5. Nursing assessment protocols for nonemergency health care requests include over-the-counter medications only.	X		
6. Approved assessment protocols pertaining to emergency life-threatening conditions (e.g., chest pain, shortness of breath) may contain prescription medications and must include immediate communication with a provider.	X		
7. Emergency administration of prescription medications requires a provider's order before or immediately after administration.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
There is no annual review of competency testing of protocols, nor subsequent testing if retraining is required.			
The following corrective action is required for Compliance Indicators #4b and c, #5-8:			
Acceptable documentation includes: <ul style="list-style-type: none"> • A signature page containing the signatures of the responsible physician and nursing administrator attesting to their current review and approval of the protocols • A plan by the RHA on how the protocols will be reviewed annually in the future as required by the standard • A plan for how nurses will be trained when protocols or procedures are introduced or revised 			
Focused Survey Results:			
Signature pages documenting review by the responsible physician and nursing administrator were documented for June 25, 2020, and July 14, 2021. All nurses are trained in protocols during orientation and all nurses were retrained in March 2021. The nurse educator follows up monthly with any needed retaining or when protocols or			

procedures are introduced or revised. The corporate office also provides quarterly protocol training by Zoom. We verified compliance by reviewing the training documentation, to include competency testing and on-the-job mentoring for 2020 and 2021. (Nurses receive an average of 70 hours training annually. **The standard is now met.**

J-G-01 Restraint and Seclusion (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. With regard to <i>clinically ordered restraint and seclusion</i> :			
a. Policies and procedures specify:			
i. The types of restraints or conditions of seclusion that may be used	N/A		
ii. When, where, how, and for how long restraints or seclusion may be used	N/A		
iii. How proper peripheral circulation is maintained when restraints are used	N/A		
iv. That proper nutrition, hydration, and toileting are provided	N/A		
b. In each case, use is authorized by a physician or other qualified health care professional where permitted by law, after reaching the conclusion that no other less restrictive treatment is appropriate.	N/A		
c. Unless otherwise specified by a physician or other qualified health care professional, health-trained personnel or health staff evaluate any patient placed in clinically ordered restraints or seclusion at an interval of no greater than every 15 minutes and document their findings.	N/A		
d. The treatment plan provides for removing patients from restraints or seclusion as soon as possible.	N/A		
e. The same types of restraints that would be appropriate for individuals treated in the community are used in the facility.	N/A		
f. Patients are not restrained in a position that could jeopardize their health.	N/A		

2. With regard to <i>custody-ordered restraints</i> :			
a. When restraints are used by custody staff for security reasons, a qualified health care professional is notified immediately in order to:	X		
i. Review the health record for any contraindications or accommodations required, which, if present, are immediately communicated to appropriate custody staff	X		
ii. Initiate health monitoring, which continues at medically appropriate intervals as long as the inmate is restrained. If the inmate's health is at risk, this is immediately communicated to appropriate custody staff.	X		
iii. If health staff are not on duty when custody-ordered restraints are initiated, it is expected that health staff review the health record and initiate monitoring upon arrival	N/A		
b. If the restrained inmate has or develops a medical or mental health condition, the provider is notified immediately so that appropriate orders can be given.	X		
c. When health staff note use of restraints that may be jeopardizing an inmate's health, this is communicated to custody staff immediately.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
Only custody restraints are used, and monitoring is consistently documented by the nurses. However, documentation of the health record review when an inmate is placed in restraints is not consistent.			
The following corrective action is required for Compliance Indicator #2ai and ii, and #3:			
Acceptable documentation includes: <ul style="list-style-type: none"> • A plan by the RHA on how this standard will be corrected • Any policy and procedure changes • Evidence of staff training • A CQI study that assesses the effectiveness of the corrective action plan 			
Focused Survey Results:			
A CQI study and monitoring was conducted from May through August 2021. During these months, 43 inmates were placed in restrictive housing. We reviewed a total of 10 health records, and found the documentation to be consistent regarding custody notification, nurse chart review (including mental health alerts) and rounds at least			

three times a week by mental health and medical staff. We also recommended periodic monitoring of the notification and documentation processes. Custody staff were also reminded (during meetings) to provide consistent notification to medical staff. A policy was already in place, so no further action was needed; all staff were redirected to comply with existing policy. An EMR form was modified to include specific documentation of initial review for easier access. This electronic improvement was made nationally by the corporate leadership for improved documentation and information access. **The standard is now met.**

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