



**BOARD OF COUNTY COMMISSIONERS
OFFICE OF THE COMMISSION AUDITOR**

M E M O R A N D U M

TO: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

FROM: Charles Anderson
Commission Auditor 

DATE: July 10, 2009

SUBJECT: Review of Independent Contractor's Analysis of Inmate Health Care

We have concluded our review of the National Commission on Correctional Health Care (NCCHC) report, "Evaluation of the Health Services Provided by the Miami-Dade County Corrections and Rehabilitation Department," dated March 10, 2008, (Report).

The Report indicated that, in comparison with NCCHC standards, inmate health care at Miami-Dade Corrections and Rehabilitation Department (MDCR) facilities was in full compliance with 18 standards (27%), in partial compliance with 36 standards (54%), and in non-compliance with 13 standards (19%). The Report commended MDCR on their Continuous Quality Improvement Program.

Correctional Health Services (CHS), the service of the Jackson Health System/Public Health Trust that provides the inmate health care for MDCR facilities, developed a 58-point action plan to achieve compliance. By July 8, 2008, CHS indicated 18 (31%) of the actions had been implemented. In their May 6, 2009 update, CHS indicated that the action plan had been consolidated into a 54-point plan, and 43 (80%) of the actions had been implemented.

I. OBJECTIVE AND SCOPE

The objective of this project by the Office of the Commission Auditor (OCA) was to monitor the progress of NCCHC's evaluation and review the resulting report(s). The information used by the OCA for this review was provided by the organizations referenced in our report; the data was not audited by OCA.

II. BACKGROUND

NCCHC's evaluation was contracted by MDCR following the April 25, 2006 adoption of Resolution R-458-06, sponsored by Commissioner Sosa, and a subsequent report from the County Manager, dated April 12, 2007, that recommended employment of an independent inmate health care professional to conduct a comparative analysis of the current services. NCCHC conducted site visits in February 2008 and issued their Report on March 10, 2008. NCCHC described their process as an audit under NCCHC's 2003 *Standards for Health Services in Jails*.

Health services for inmates in MDCR Facilities are provided by CHS pursuant to a Memorandum of Understanding. Health staff are employees of the PHT.

MDCR facilities hold, on average, 7,000 inmates who are awaiting trial or are serving sentences of 364 days or less. The department also has a Boot Camp Program for juvenile offenders, a Work Release Center and utilizes a medical ward at Jackson Memorial Hospital.

III. METHODOLOGY AND SUMMARY RESULTS

Methodology

This review consisted principally of inquiries of personnel, examination of published reports, and analytical procedures applied to programmatic data supplied by other organizations. It was substantially less detailed in scope than an audit in accordance with government auditing standards.

To satisfy our objectives, we performed the following steps.

1. Attended NCCHC's entrance conference with MDCR, at which NCCHC explained their methodology and audit plan.
2. Compared NCCHC's evaluation standards with established benchmarks and best practices from other published sources. Our comparisons were for the purpose of determining whether evaluation methodologies addressed the same or similar areas. We did not compare the specific medical and correctional system protocols within the standards. The benchmarks and best practices with which we made comparisons were from the following sources:
 - American Correctional Association (ACA) and National Institute of Correction (NIC) Standards for Administration of Correctional Agencies, April 1993;
 - Commission on Accreditation on Correction (CAC) Standards for the Administration of Correctional Agencies;
 - § 945.601(1)-4(I), F.S., Florida Correctional Medical Authority (CMA);
 - Case law that has influenced certain parameters for jail operations such as: (1) the Costello Provisions: Michael Costello and Roberto Cellestino v. State of Florida; (2) Ramsey v. Caccone; and (3) Newman v. Alabama;

- Florida Corrections Accreditations Commission Inc. (FCAC) Standards; Third Edition Rev. October, 2008; and
 - The Florida Model Jails Standards (FMJS) 2005.
3. Tabulated and summarized NCCHC's findings. For consistency and ease of comparison, summaries were compiled using the same sections that NCCHC used in the Report. The NCCHC sections were: (a) Governance and Administration; (b) Managing a Safe and Healthy Environment; (c) Personnel and Training; (d) Health care Services and Support; (e) Inmate Care and Treatment; (f) Health Promotion and Disease Prevention; (g) Special Needs and Services; (h) Health Records; and (i) Medical-Legal Issues.
4. Followed-up with MDCR and CHS on corrective actions to address NCCHC's recommendations.

Summary Results

Comparison of NCCHC's evaluation methodology with established benchmarks and best practices.

- NCCHC's evaluation methodology was substantially consistent with the benchmarks and best practices of the other organizations that we examined. Similarities far exceeded differences. Nothing came to our attention that would indicate that the standards utilized by NCCHC departed from accepted model standards used by other inmate health care service professionals and accreditation agencies.

Attachment 1 provides comparisons of the areas examined in NCCHC's standards and in published standards of other organizations that we examined.

Examination of NCCHC's findings:

- The Report commended MDCR for their continuous Quality Improvement Program.
- Of the 67 standards evaluated by NCCHC, compliance was reported as:
 - Full compliance: 18 standards (27%)
 - Partial compliance: 36 standards (54%)
 - Non-compliance: 13 standards (19%)
- Summary data on the NCCHC's findings in the Report are provided in Table 1 and Figure 1, on the next page.
- The finding for each standard is included in a column in Attachment 1.

Table 1
Compliance with NCCHC Standards by Section

| Section | Full Compliance | Partial Compliance | Non-Compliance | Standards Evaluated |
|---|-----------------|--------------------|----------------|---------------------|
| Government and Administration | 1 | 7 | 3 | 11 |
| Managing a Safe and Healthy Environment | 2 | 1 | 0 | 3 |
| Personnel and Training | 1 | 6 | 1 | 8 |
| Health Services and Support | 3 | 2 | 0 | 5 |
| Inmate Care and Treatment | 3 | 8 | 2 | 13 |
| Health Promotion and Disease | 0 | 4 | 0 | 4 |
| Special Needs and Services | 2 | 6 | 3 | 11 |
| Health Records | 2 | 1 | 3 | 6 |
| Medical-Legal Issues | 4 | 1 | 1 | 6 |
| Totals | 18 | 36 | 13 | 67 |

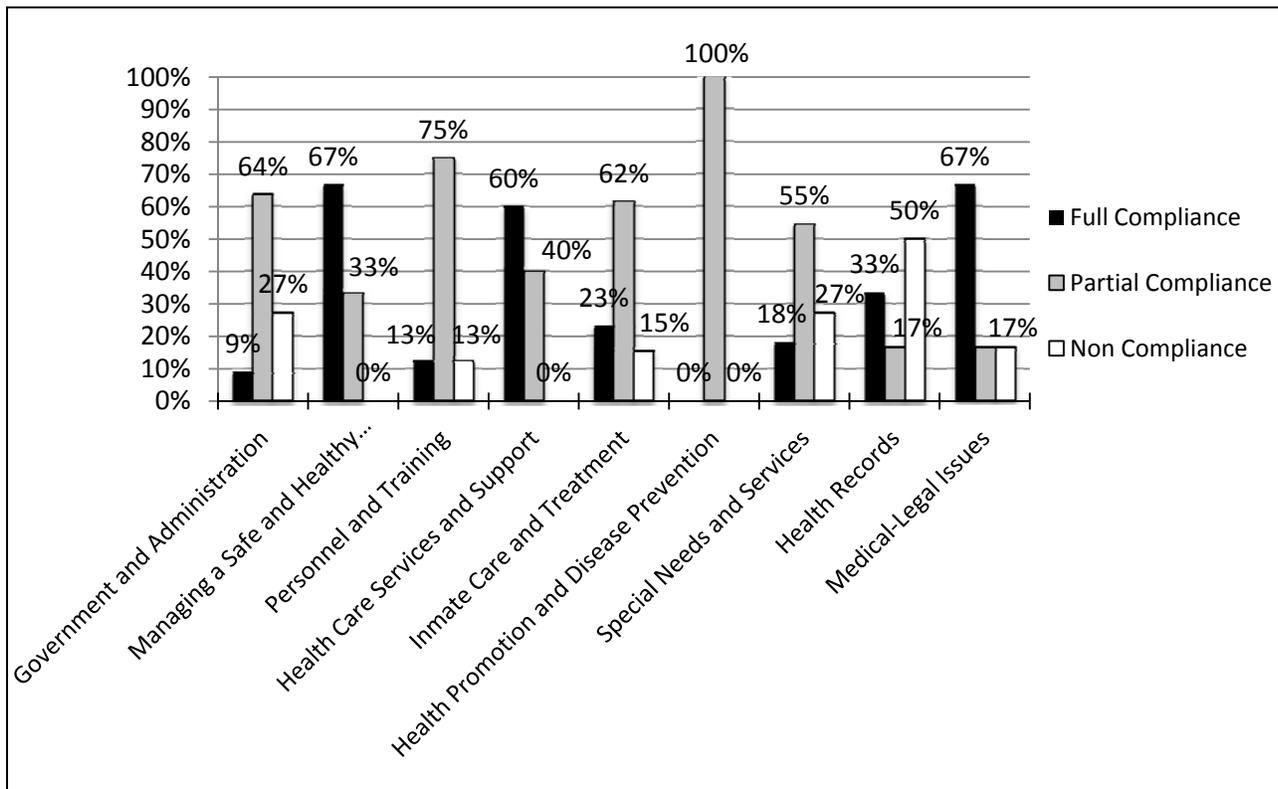


Figure.1. Percent Compliance with Standards by Section

IV. FOLLOW-UP

MDCR:

- MDCR deferred to CHS for status of corrective actions.

CHS:

- *Action taken:*

Correctional Health Services (CHS), the service of the Jackson Health System/Public Health Trust that provides the inmate health care for MDCR facilities, developed a 58-point action plan to achieve compliance. In a report dated July 8, 2008, CHS indicated 18 (31%) of the actions had already been implemented.

In their May 6, 2009 action plan update, CHS indicated that the plan had been consolidated into a 54-point plan and that:

43 (80%) of the actions had been implemented;

2 (4%) were ongoing; and

5 (9%) were pending.

(Status was not specified for 4 of the actions in the May 6, 2009 update.)

The CHS Action Plan update is appended as Attachment 2.

Attachments:

1. NCCHC Standards, Findings, and Comparisons with Other Organizations' Standards
2. Jackson Health System/Public Health Trust Corrections Health Services, National Commission on Correctional Health Care Action Plan Update of May 6, 2009

C: Honorable Carlos Alvarez, Mayor

Eneida O. Roldan, M.D., President & CEO, Jackson Health System/Public Health Trust

George Burgess, County Manager

R. A. Cuevas, County Attorney

Chris Mazzella, Inspector General

Alina Tejada Hudak, Assistant County Manager

Cathy Jackson, Director, Audit and Management Services Department

Timothy P. Ryan, Director, Corrections and Rehabilitation Department

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Attachment 1
NCCHC Standards, Findings, and Comparisons with Other Organizations' Standards

Yes = NCCHC and the other organization both have standards for this area
 N/A = Not applicable

| NCCHC Audit Criteria by Sections | Other Comparable Standards | | | | | |
|----------------------------------|---|--|--|--|--|--|
| | <i>Compliance Finding in NCCHC Evaluation of Services by MDCR</i> | <i>American Correctional Association (ACA)</i> | <i>National Institute of Corrections (NIC)</i> | <i>Commission on Accreditation on Correction (CAC)</i> | <i>Florida Correctional Medical Authority (FCMA)</i> | <i>Florida Model Jail Standards (FMJS)</i> |

Governance and Administration

| | | | | | | |
|---|----------------|-----|-----|-----|-----|-----|
| J-A-01 Access to Care | Partial | Yes | Yes | Yes | Yes | Yes |
| J-A-02 Responsible Health Authority | Partial | Yes | Yes | Yes | Yes | Yes |
| J-A-03 Medical Autonomy | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-A-04 Administrative Meetings and Reports | Partial | Yes | Yes | Yes | Yes | Yes |
| J-A-05 Policies and Procedures | Partial | Yes | Yes | Yes | Yes | Yes |
| J-A-06 Continuous Quality Improvement Program | Partial | Yes | Yes | Yes | Yes | Yes |
| J-A-07 Emergency Response Plan | Non-compliance | Yes | Yes | Yes | Yes | Yes |
| J-A-08 Communication on Special Needs Patients | Partial | Yes | Yes | Yes | Yes | Yes |
| J-A-09 Privacy of Care | Non-compliance | Yes | Yes | Yes | Yes | Yes |
| J-A-10 Procedure in the Event of an Inmate Death | Non-compliance | Yes | N/A | N/A | N/A | N/A |
| J-A-11 Grievance Mechanism for Health Complaints | Partial | Yes | Yes | Yes | Yes | Yes |
| J-A-12 Federal Sexual Assault Reporting Regulations | Not determined | N/A | N/A | N/A | N/A | N/A |

Managing a Safe and Healthy Environment

| | | | | | | |
|---|----------------|-----|-----|-----|-----|-----|
| J-B-01 Infection Control Program | Partial | Yes | Yes | Yes | Yes | Yes |
| J-B-02 Environmental Health and Safety | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-B-03 Kitchen Sanitation and Food Handlers | Not determined | Yes | Yes | Yes | Yes | Yes |
| J-B-04 Ectoparasite Control | Compliance | Yes | Yes | Yes | Yes | Yes |

Personnel and Training

| | | | | | | |
|---|------------|-----|-----|-----|-----|-----|
| J-C-01 Credentialing | Partial | Yes | Yes | Yes | Yes | Yes |
| J-C-02 Clinical Performance Enhancement | Compliance | Yes | Yes | Yes | Yes | Yes |
| J C-03 Continuing Education for Qualified Health Care Professionals | Partial | Yes | Yes | Yes | Yes | Yes |
| J-C-04 Training for Correctional Officers | Partial | Yes | Yes | Yes | Yes | Yes |
| J-C-05 Medication Administration Training | Partial | Yes | Yes | Yes | Yes | Yes |
| J-C-06 Inmate Workers | Partial | Yes | Yes | Yes | Yes | Yes |

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| J-C-07 Staffing Plan | Non-compliance | Yes | Yes | Yes | Yes | Yes |
| J-C-08 Health Care Liason | N/A | Yes | Yes | Yes | Yes | Yes |
| J-C-09 Orientation for Health Staff | Partial | Yes | Yes | Yes | Yes | Yes |
| Health Care Services and Support | | | | | | |
| J-D-01 Pharmaceutical Operations | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-D-02 Medical Services | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-D-03 Clinic Space, Equipment, and Supplies | Partial | Yes | Yes | Yes | Yes | Yes |
| J-D-04 Diagnostic Services | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-D-05 Hospital and Specialty Care | Partial | Yes | Yes | Yes | Yes | Yes |
| Inmate Care and Treatment | | | | | | |
| J-E-01 Information on Health Services | Partial | Yes | Yes | Yes | Yes | Yes |
| J-E-02 Receiving Screening | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-E-03 Transfer Screening | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-E-04 Health Assesment | Non-compliance | Yes | Yes | Yes | Yes | Yes |
| J-E-05 Mental Health Screening and Evaluation | Partial | Yes | Yes | Yes | Yes | Yes |
| J-E-06 Oral Care | Non-compliance | Yes | Yes | Yes | Yes | N/A |
| J-E-07 Non Emergency Health Care Requests and Services | Partial | Yes | Yes | Yes | Yes | Yes |
| J-E-08 Emergency Services | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-E-09 Segregated Inmates | Partial | Yes | Yes | Yes | Yes | Yes |
| J-E-10 Patient Escort | Partial | Yes | Yes | N/A | N/A | N/A |
| J-E-11 Nursing Assessment Protocol | Partial | Yes | Yes | N/A | N/A | N/A |
| J-E-12 Continuity of Care During Incarceration | Partial | Yes | Yes | Yes | Yes | Yes |
| J-E-13 Discharge Planning | Partial | Yes | Yes | N/A | Yes | Yes |

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Health Promotion and Disease Prevention

| | | | | | | |
|---------------------------------------|----------------|-----|-----|-----|-----|-----|
| J-F-01 Health Education and Promotion | Partial | Yes | Yes | Yes | Yes | N/A |
| J-F-02 Nutrition and Medical Diets | Partial | Yes | Yes | Yes | Yes | Yes |
| J-F-03 Exercise | Partial | Yes | Yes | Yes | Yes | Yes |
| J-F-04 Personal Hygiene | Not determined | Yes | Yes | Yes | Yes | Yes |
| J-F-05 Use of Tobacco | Partial | N/A | N/A | N/A | N/A | N/A |

Special Needs and Services

| | | | | | | |
|---|----------------|-----|-----|-----|-----|-----|
| J-G-01 Special Needs Treatment | Non-compliance | Yes | Yes | Yes | Yes | Yes |
| J-G-02 Management of Chronic Disease | Non-compliance | Yes | Yes | Yes | Yes | Yes |
| J-G-03 Infirmary Care | N/A | Yes | Yes | Yes | Yes | N/A |
| J-G-04 Mental Health Services | Partial | Yes | Yes | Yes | Yes | Yes |
| J-G-05 Suicide Prevention Program | Partial | N/A | N/A | N/A | N/A | N/A |
| J-G-06 Intoxication and Withdrawal | Partial | Yes | Yes | Yes | N/A | N/A |
| J-G-07 Care of Pregnant Inmate | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-G-08 Inmates with Alcohol and Other Drug Problems | Partial | Yes | Yes | Yes | Yes | Yes |
| J-G-09 Procedure in the Event of Sexual Assault | Partial | Yes | Yes | Yes | N/A | Yes |
| J-G-10 Pregnancy Counseling | Non-compliance | N/A | N/A | N/A | N/A | N/A |
| J-G-11 Orthoses, Prostheses, and Other Aids to Impairment | Partial | N/A | N/A | N/A | N/A | N/A |
| J-G-12 Care for The Terminally Ill | Compliance | N/A | N/A | N/A | N/A | N/A |

Health Records

| | | | | | | |
|--|----------------|-----|-----|-----|-----|-----|
| J-H-01 Health Records Format and Content | Partial | Yes | Yes | Yes | Yes | Yes |
| J-H-02 Confidentiality of Health Records and Information | Non-compliance | Yes | Yes | Yes | Yes | Yes |
| J-H-03 Access to Custody Information | Non-compliance | Yes | Yes | Yes | Yes | Yes |

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|---|--|---|---|---|---|-------------------------------------|
| | | American Correctional Association (ACA) | National Institute of Corrections (NIC) | Commission on Accreditation on Correction (CAC) | Florida Correctional Medical Authority (FCMA) | Florida Model Jail Standards (FMJS) |
| J-H-04 Availability and Use of Health Records | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-H-05 Transfer of Health Records | Non-compliance | Yes | Yes | Yes | Yes | Yes |
| J-H-06 Retention of Health Records | Compliance | Yes | Yes | Yes | Yes | Yes |
| Medical- Legal Issues | | | | | | |
| J-I-01 Use of Restraint and Seclusion in Facilities | Partial | Yes | Yes | Yes | YES` | Yes |
| J-I-02 Emergency Psychotropic Medication | Compliance | Yes | Yes | Yes | Yes | Yes |
| J-I-03 Forensic Information | Compliance | N/A | N/A | Yes | N/A | N/A |
| J-I-04 End of Life Decision Making | Not determined | N/A | N/A | N/A | N/A | N/A |
| J-I-05 Informed Consent | Non-compliance | Yes | Yes | Yes | Yes | N/A |
| J-I-06 Right to Refuse Treatment | Compliance | | | | | |
| J-I-07 Medical and Other Research | Compliance | | | | | |

Attachment 2

JACKSON HEALTH SYSTEM/PUBLIC HEALTH TRUST CORRECTIONS HEALTH SERVICES

NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE
ACTION PLAN - 05/06/09

THE PURPOSE OF THIS REPORT IS TO PROVIDE AN OVERVIEW OF INITIATIVES IMPLEMENTED AS A RESULT OF THE NCCHC SURVEY CONDUCTED IN MARCH 2008. CHS GOAL IS TO BECOME FULLY COMPLIANT WITH STANDARDS AND ACHIEVE CERTIFICATION.

| Partial Compliance/Non-Compliant NCCHC Standards | Action for Improvement | Time-line for Completion | Current Status | Comments |
|--|--|--------------------------|--|---|
| 1. Access to Care <ul style="list-style-type: none"> ▪ Sick Call Backlog | 1. Provider accountability for productivity. 2. RN provider sick call guided by Nursing Evaluation Tool (NET) Protocol. 3. MDCR committed to expedite inmate movement through the clinics. 4. Providers start time for sick call to commence at 7:30 AM. 5. Each CHS clinic will be supervised by a site physician and overseen by the Medical Director. | | Implemented. Implemented. Implemented. Implemented. Implemented. | There has been a decrease in sick call since providers have increased their productivity level. However, there is still a small sick call backlog evident at all CHS clinic sites. CHS is in the process of hiring additional RN's for sick call. Monitored daily. Pending twenty-four hour facility coverage by site physician. |
| 2. Health Appraisal <ul style="list-style-type: none"> ▪ Conducted by LPN's | 1. Comprehensive medical history and physical assessments are now done by RN's. 2. Health Appraisals completed within 14 days intake medical screening. 3. All health appraisal forms are co - signed by the assigned facility physician. | | Implemented. Implemented. Implemented. | NCCHC Mock inspection ongoing at each clinical site by the Medical Director. |

Attachment 2

| Partial Compliance/Non-Compliant NCCHC Standards | Action for Improvement | Timeline-for Completion | Current Status | Comments |
|--|--|-------------------------|----------------------------------|--|
| 3. Chronic Disease Monitoring | 1. Chronic Care Policy and Procedure developed. 2. Individual Chronic Disease Registry maintained. 3. Protocol and Practices are consistent with NCCHC guidelines. 4. Patients are monitored quarterly or as necessary. 5. All inmates with chronic diseases are enrolled in Chronic Care Disease Program. | | Implemented. | NCCHC Mock inspection on-going at each clinical site by the Medical Director. |
| 4. CHS Staff Credentialing | 1. Developed and implemented registry for tracking all CHS employee credentials. 2. CHS staff credentialing log maintained at each CHS site and in the Nursing and Administration Office. | | Implemented. Implemented. | Obtaining continuing education is the responsibility of each licensed staff member as stated by the Florida Board of Licensure. |
| 5. CHS Responsible Health Authority | 1. The overall Health Authority is the Public Health Trust. 2. CHS Health Authority is the Medical Director. | | Implemented. Implemented. | |
| 6. Continuous Quality Improvement | 1. Re-established Sub Committee Meetings: Infection Control, Pharmacy, Performance Improvement, Policy and Procedure, Safety Surveillance, Education and Development. 2. Established Morbidity and Mortality Clinic with Action Plan for Improvement. | | Implemented. Implemented. | Recommended two outcome studies and two process studies for facilities with over 500 inmates. One each for facility's with less than 500 inmates. Focus study are to be related to facility. Attended by a multi-disciplinary clinical staff. |
| 7. New Staff Orientation Program | Developed orientation manual, implemented programs specific to Corrections Health Services | | Implemented. | Clinical Nurse Educator hired. |

Attachment 2

| Partial Compliance/Non-Compliant NCCHC Standards | Action for Improvement | Time-line for Completion | Current Status | Comments |
|--|--|--------------------------|--|--|
| 8. Alcohol & Drug Withdrawals | 1. Policy and Procedure developed and implemented with protocol for treatment and observation. | | Implemented. | All inmates diagnosed with drug and alcohol withdrawals are referred for evaluation based on protocol. |
| 9. Administrative Meetings and Reports | 1. Multidisciplinary Operations Meetings are conducted monthly. 2. Monthly Nurse Manager's Meetings. 3. Monthly Facility Staff Meetings. | | Implemented. Implemented. Implemented. | |
| 10. Policy and Procedures Manuals | 1. - Administrative 2. - Medical Management 3. - Mental Health 4. - Pharmacy Therapeutics 5. - Dental Services 6. - Health Information 7. - Inmate Education 8. - Infection Control 9. - Quality Improvement | | Implemented | |
| 11. Specialty Clinic Appointment Backlog | All requests for specialty clinic consultation are reviewed by the Medical Director who approves or disapproves need for consult referrals. | | Implemented. | Specialty clinic referrals are monitored closely and decrease in backlog is evident. |
| 12. Emergency Response Plan | 1. Nurses Emergency Medical Response Policy and Procedure. 2. Implement mock drills at each facility. 3. Medical Emergency Code | | Implemented. Pending Pending | In coordination with MDCR In coordination with MDCR |
| 13. JHS and Community Hospital Discharge Information | 1. Case Manager will develop plan for receiving discharge information from community hospitals upon inmate's release. | | Pending. | Case Managers to coordinate with community hospitals. |
| 14. Dental Care | 1. Dental provider limited at each facility. 2. Dental Assistant conducted refresher course at all facilities for RN's on perform dental screening. | | Pending. Implemented. | 1 FTE for dentist approval pending |

Attachment 2

| Partial Compliance/Non-Compliant NCCHC Standards | Action for Improvement | Time-line for Completion | Current Status | Comments |
|---|---|--------------------------|-----------------------------------|---|
| 15. Mental Health | 1. Conducted by Licensed Mental Health providers and Social Workers. 2. Registered Nurses are scheduled for comprehensive CHS Mental Health Classes. | June, 2009 | Pending MDCR. Implemented. | Revision of Mental Health Screening questionnaire by nurses pending MDCR IT Department for automation into the CIJS system. |
| 16. Special Needs Inmates | 1. Inmates in wheelchairs are housed at TGK Medical Housing or at MWDC. 2. Policy and Procedures for hearing impaired and patients with language barriers in place. Inmates who are blind are housed in Medical Housing. | | Implemented. Implemented. | |
| 17. Intake Medical Screening | 1. Medical Screening questionnaire updated to reflect mental health, suicide, TB, Skin diseases and sexual abuse questions. 2. New TB screening form Implemented. | | Implemented. Implemented. | Questionnaire pending MDCR IT Department for automation into the CIJS system. |
| 18. Inmate Grievances | 1. Grievances tracked, monitored and trended monthly at each facility. 2. Grievances addressed within 7 days as per policy. | | Implemented. Implemented. | |
| 19. Response to Sick Call Requests | 1. LPN's retrieve sick call slips and refer to RN's for assessment. 2. New Inmate Sick Call Request developed and translated in Creole and Spanish. | | Implemented. Implemented. | RN's are being employed to enhance the delivery of sick call on all shifts. |
| 20. Continuity of Care | 1. Medical Record personnel are able to access most patients' charts within 3 days. 2. Peer review will be conducted by all providers at all levels with the guidance of the Medical Director | | On-going. Implemented. | Medical records will be maintained for 30 days in the department when space is identified. |

Attachment 2

| Partial Compliance/Non-Compliant NCCHC Standards | Action for Improvement | Time-line for Completion | Current Status | Comments |
|---|---|--------------------------|----------------|--|
| 21. Privacy Issues | Violations of HIPPA regulation in medical screening, health appraisal, sick call and mental health clinical areas. | | On-going | Medical Screening remodeled, meets compliance with HIPPA regulations. However, space in the jails is a leading issue. |
| 22. Inmate Health Education | Services are provided throughout facilities to meet the need of the patient's | | Implemented. | Researching possibility of mentoring Health Education students from local colleges and universities. |
| 23. Annual Staff Reviews | New and current staff members undergoing skills training on physical assessment. Reviews on medication administration and documentation will be conducted on a yearly basis. | | Implemented. | |
| 24. Tracking and Trending Mental Health data | Data collection implemented | | Implemented. | Chief Mental Social Worker collects data and submits for tracking and trending monthly. |
| 25. Mental Health Services | Each facility has a designated mental health team of providers responsible for the delivery of care. | | Implemented. | Classroom space limited at all facilities for conducting group and individualized therapy sessions. |
| 26. Female Intoxication and Withdrawal | Female patients are admitted to JHS for observation and treatment. | | Implemented. | |
| 27. Procedure in an event of Sexual Assault | All rape victims are transferred to the Rape Treatment Center. | | Implemented. | |
| 28. Use of Restraints | Mental health nursing staff is responsible for conducting restraints checks as per policy. | | Implemented. | Documentation logs completed and maintained. |
| 29. Informed Consents for Psychotropic Medications | Consent forms developed and implemented. | | Implemented. | |
| 30. Community Relationships | <ol style="list-style-type: none"> 1. Miami Dade Corrections and Rehabilitation. 2. South Florida Aids Network. 3. Miami Dade County Health Department. 4. City of Miami Fire Rescue 5. Public Defenders 6. Kendall Regional Hospital 7. Metropolitan Hospital 8. Larkin Hospital 9. University of Miami | | Implemented. | CHS continues to build working relationships with community programs and acquire services that help enhance the delivery of care to the incarcerated population. |