



National Commission on
Correctional Health Care

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July 1, 2013

Sheriff David Morgan
Escambia County Jail
2935 N L St
Pensacola, FL 32501

Dear Sheriff Morgan:

The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC) met on June 28, 2013 to review the findings from a recent survey and to consider the accreditation status of Escambia County Jail. The Committee voted to continue the accreditation of your facility with the following qualification: that compliance be demonstrated with all of the essential standards and at least 85% of the applicable important standards. Compliance should be documented in a report and submitted to NCCHC by September 27, 2013. Enclosed is the accreditation report for your facility, listing cited standards and recommendations for achieving compliance.

The Committee acknowledged the facility's significant level of compliance with a number of NCCHC standards. However, in order to maintain your accreditation, it is important that you address the cited standards in a timely manner.

Following receipt of documentation and verification of compliance, a Certificate of Accreditation will be sent to you indicating your facility's accreditation status. Please let us know if we can be of any assistance.

Sincerely,

A handwritten signature in cursive script that reads "Brent Gibson".

Brent Gibson, MD, MPH, FACPM
Vice President of Operations

cc: Edward Harrison, President
David Benoit



ACCREDITATION REPORT OF
THE HEALTH CARE SERVICES AT
ESCAMBIA COUNTY JAIL

Pensacola, FL

June 28, 2013

National Commission on Correctional Health Care
1145 W. Diversey Pkwy.
Chicago, IL 60614-1318
(773) 880-1460

Escambia County Jail, FL
June 28, 2013

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 11-12, 2013, NCCHC conducted its 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 2008 *Standards for Health Services in Jails* as the basis of its health services analysis. This report focuses primarily on issues in need of correction or enhancement. It is most effective when read in conjunction with the *Standards* manual.

There are 35 essential standards; 34 are applicable to this facility and 32 (94%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. Our findings include:

Essential Standards Not in Compliance

J-E-12 Continuity of Care During Incarceration

J-G-01 Chronic Disease Services

Essential Standard Not Applicable

J-E-03 Transfer Screening

There are 32 important standards; 31 are applicable to this facility and 30 (96%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Our findings include:

Important Standard Not in Compliance

J-C-02 Clinical Performance Enhancement

Important Standard Not Applicable

J-C-08 Health Care Liaison

Decision: On June 28, 2013, NCCHC's Accreditation Committee awarded the facility Continuing Accreditation with Verification (CAV), *contingent* upon receiving requested compliance verification by September 27, 2013.

sheriff, responsible physician, health services administrator (HSA), other health, mental health and dental staff, the pharmacy technician, seven COs, and 13 inmates selected at random.

III. Survey Findings and Comments

A. GOVERNANCE AND ADMINISTRATION

The standards in this section address the foundation of a functioning correctional health services system and the interactions between custody and health services authorities. Any model of organization is considered valid, provided the outcome is an integrated system of health care in which medical orders are carried out and documented appropriately and the results are monitored as indicated. Policies and procedures are to include site-specific operating guidelines.

Standard Specific Findings

J-A-01 Access to Care (E). Inmates have access to health care. Patients are seen by a qualified clinician and receive care for their serious medical, mental health, and dental needs. Inmates are assessed \$5.00 for self-initiated services for nurse and urgent care visits and \$10.00 to see the physician, nurse practitioner, psychiatrist, and dentist; medications are charged at \$3.00. Nurses' referrals or services required by the standard are exempt from the policy. All inmates receive care regardless of ability to pay. The standard is met.

J-A-02 Responsible Health Authority (E). The responsible health authority (RHA) is the county, whose on-site representative is the full-time HSA. Clinical judgments rest with a designated responsible physician who is on site 10 hours per week. The standard is met.

J-A-03 Medical Autonomy (E). Qualified health care professionals make decisions regarding inmates' serious medical, dental, and mental health needs in the inmates' best interests. We noted excellent cooperation between custody and medical staff. Administrative decisions, such as utilization review, are coordinated, if necessary, with clinical needs so that patient care is not jeopardized. The standard is met.

J-A-04 Administrative Meetings and Reports (E). The commander and HSA meet every other month to discuss administrative matters with other health staff, detention supervisors, and other department heads. Health staff including the HSA, nurse manager and nursing staff, meet monthly to discuss health services operations. Mental health staff meet weekly with representatives of community agencies to facilitate discharge planning. The standard is met.

J-A-05 Policies and Procedures (E). The health services policy manual is site-specific. The RHA and responsible physician last reviewed it on April 24, 2012. The standard is met.

J-A-06 Continuous Quality Improvement Program (E). The comprehensive CQI program monitors major aspects of health care through a multidisciplinary committee that meets at least quarterly. The membership includes the responsible physician, HSA, nurse manager, nurse practitioner (NP), mental health representatives and other nurses. Several outcome and process studies have been documented. One process study examined the amount of time it takes to perform receiving screening for new admissions. Due to changes in vendors and staff culture, patients were found sitting, waiting to be processed. It was decided that the emergency medical technicians (EMT) should begin the receiving screening procedure rather than wait for

J-B-02 Patient Safety (I). All adverse occurrences are reported confidentially and reviewed at the CQI meetings. All near miss clinical events are studied. Staff can report errors in a non-punitive environment. The standard is met.

J-B-03 Staff Safety (I). Health staff appear to work under safe and sanitary conditions. We noted sufficient personal protective equipment to be available. The standard is met.

J-B-04 Federal Sexual Assault Reporting Regulations (I). The sheriff described the facility as compliant with the 2003 Federal Prison Rape Elimination Act. The standard is met.

J-B-05 Procedure In The Event of a Sexual Assault (I). There have been no complaints of sexual assault occurrences in the past several years. Facility policy states that the victim would be referred to a community facility for treatment and evidence collection; the victim would also be counseled initially and again after a month. The standard is met.

C. PERSONNEL AND TRAINING

The standards in this section address the need for a staffing plan adequate to meet the needs of the inmate population, and appropriately trained and credentialed health staff. Correctional officers are to have a minimum amount of health-related training in order to step in during an emergency, if health staff is not immediately available.

Standard Specific Findings

J-C-01 Credentialing (E). Health care personnel who provide services to inmates have current licenses and other appropriate credentials on file. The credentialing process includes inquiry regarding sanctions or disciplinary actions of state boards, employers, and the National Practitioner Data Bank. The standard is met.

J-C-02 Clinical Performance Enhancement (I). The performance of primary care providers has not been reviewed. **The standard is not met.**

Corrective action is required for Compliance Indicators #1 #2 and 3: The clinical performance of the facility's primary care providers should be reviewed at least annually. Clinical performance enhancement review processes are designed to enhance competence and address areas in need of improvement. Ultimately, honing the practitioner's clinical skills positively impacts patient care. Clinical performance enhancement reviews should be kept confidential and incorporate at least the following elements: the name of the individual being reviewed; the date of the review; the name and credentials of the person doing the review; confirmation that the review was shared with the clinician; and a summary of the findings and corrective action, if any. In addition, a log or other written record providing the names of the primary care providers and the dates of their most recent reviews should be available. The following is acceptable documentation for compliance: a log or other written record providing the names of the primary care providers, the dates of their most recent clinical performance enhancement reviews in accordance with the standard, and the signatures of the clinicians being reviewed to attest that the results were shared. Corrective action is required in order to meet this standard.

D. HEALTH CARE SERVICES AND SUPPORT

The standards in this section address the manner in which health services are delivered—the adequacy of space, the availability and adequacy of materials, and, when necessary, documented agreements with community providers for health services.

Standard Specific Findings

J-D-01 Pharmaceutical Operations (E). A national company and local pharmacy provide services that are sufficient to meet the inmates' needs. A consulting pharmacist comes on site quarterly to inspect the medication area, most recently in December 2012. We found all medication to be stored under proper conditions and we found no expired medications. Ordering is done electronically by the provider. The pharmacy sends a list of pending medication order expiration dates. The provider then can determine if these medications need to be reordered. Medication is prepared in blister pack and is predominantly patient specific. While a formulary is in place, provides can order "off formulary" as needed. The standard is met.

J-D-02 Medication Services (E). The responsible physician determines the prescriptive practices at this facility. Inmates entering the facility on prescription medication continue to receive it, or an acceptable alternative, as prescribed. During the receiving screening, the EMT has the newly arrived inmate complete a release of information form, which is faxed to the pharmacy in the community. This is then communicated to a provider on-site to initiate the order. A limited keep-on-person self-medication program is in place for stable patients and it is dependent upon the provider's determination. The standard is met.

J-D-03 Clinic Space, Equipment, and Supplies (I). There are two clinic areas, one in the satellite and another in the main jail. Each floor in the main jail also has exam rooms. In the main jail the clinic area consists of several offices, an x-ray room, medical supply room, medical exam room, medication room, biohazardous storage room, interview areas, a one-chair dental operatory, a 26-room infirmary, a nurses' station, a dialysis area, and two isolation rooms, an inmate waiting area and an area for storage. The intake area also has medical space. Items subject to abuse are inventoried weekly. Adequate supplies and equipment are available for staff use. At the time of their survey, there were no patients receiving dialysis treatment. The standard is met.

J-D-04 Diagnostic Services (I). On-site services include those for laboratory and x-ray. The local hospital has been contracted to provide lab services; the results are returned in a timely manner for the provider to review. An outside x-ray vendor has also been contracted to provide services on-site twice per week and the results are returned in a timely manner. Other on-site materials include those for stool blood-testing, finger-stick blood glucose, peak flow, multiple-test dipstick urinalysis and pregnancy testing. The standard is met.

J-D-05 Hospital and Specialty Care (I). Arrangements with a local hospital for inpatient medical and specialized medical outpatient care are documented by a contract. Although the contract does not specify that the facility's staff will receive discharge summaries, there is a contract with a case manager to provide all discharge summaries. The physician on site also has use of the portal line with the hospital to review all care rendered. The standard is met.

mid-level, mental health, dental, or specialty staff is necessary, clinical need dictates timing. The standard is met.

J-E-08 Emergency Services (E). The responsible health authority provides 24-hour emergency medical, mental health, and dental services and maintains emergency drugs, supplies, and medical equipment. Emergency transportation can be arranged as needed. The standard is met.

J-E-09 Segregated Inmates (I). Conditions of segregation at this facility (NCCHC's category 2b) require health rounds at least three times per week, which is the practice at this facility. The rounds are documented appropriately in the electronic medical record. Upon notification that an inmate has been segregated, qualified health care professionals review the inmate's health record for possible contraindications. The standard is met.

J-E-10 Patient Escort (I). Inmates are escorted to on- and off-site clinical appointments in a timely manner. All missed appointments are rescheduled. The standard is met.

J-E-11 Nursing Assessment Protocols (I). Nursing assessment protocols, which do not include prescription medications, are utilized. The responsible physician, HSA and nurse manager last reviewed them on February 13, 2013. Annual review of skills is documented. The standard is met.

J-E-12 Continuity of Care During Incarceration (E). We confirmed that continuity of care is not always appropriate. Inmates receive treatment and diagnostic tests as ordered by clinicians. When an inmate returns from the emergency room or hospitalization, protocols are followed in accordance with the standard. Individual treatment plans guide treatment for episodes of illness and include the appropriate elements. The responsible physician determines the frequency of periodic health assessments. The physician reviews charts of sufficient frequency and number to ensure that clinically appropriate care is ordered and implemented by attending health staff.

However, during the chart review, we found there was no documentation supporting that the provider has informed the patient of any of the findings of any of the treatments or diagnostic tests. **The standard is not met.**

Corrective action is required for Compliance Indicator #1 Ordered diagnostic tests and specialty consultations should be completed in a timely manner, with evidence in the record of the ordering clinician's review of results. The clinician should review the findings with the patient in a timely manner. The following is acceptable documentation for compliance: a CQI process study that evaluates the documented review of diagnostic test and specialty consultation findings and subsequent sharing of the results with patients. In order to receive accreditation, verification that this standard has been met is required.

J-E-13 Discharge Planning (I). Nursing and mental health staff are both involved in discharge planning. Patients are usually given the remainder of their medication in the blister pack or a prescription for HIV medication, if indicated. The Veterans Administration assists patients who are to be discharged with such things as housing, employment and medical

Corrective action is required for Compliance Indicator #2 Documentation in the medical record should confirm that clinicians are following chronic disease protocols by determining the frequency of follow-up for medical evaluation; adjusting treatment modality as clinically indicated; indicating the type and frequency of diagnostic testing and therapeutic regimens; writing appropriate instructions for diet, exercise, adaptation to the correctional environment, and medication; and clinically justifying any deviation from the protocol. Documentation of corrective action should be forwarded to demonstrate that patients receive clinical care that meets national clinical standards. The following is acceptable documentation for compliance: results of a CQI process study that assesses whether clinicians are following chronic disease protocols. In order to receive accreditation, verification that this standard has been met is required.

J-G-02 Patients With Special Health Needs (E). When required by the health condition(s) of the patient, treatment plans define the individual's care. Treatment plans include the frequency of follow-up, instructions, and diagnostic testing and therapeutic regimens. Special needs are listed on the problem list. The RHA maintains a list of special needs patients. The standard is met.

J-G-03 Infirmiry Care (E). The facility includes a 50-bed infirmiry. Patients are always within sight or hearing of a qualified health care professional. A supervising registered nurse is on-site at least once every 24 hours and a provider makes rounds Monday through Friday. A complete inpatient record, which includes admitting and discharge orders by a physician, is kept. On occasion, nurses do the admitting for a patient requiring 24-hour observation. The physician has reviewed the infirmiry policy manual. The standard is met.

J-G-04 Basic Mental Health Services (E). Comprehensive mental health services are offered at this facility. Mental health staff are involved in CQI, administrative, and weekly staff meetings. Services include on-site outpatient services, such as in the identification and referral of inmates with mental health needs, crisis intervention, psychotropic medication management when indicated, individual counseling, group counseling, psychosocial and psychoeducational programs and treatment documentation and follow-up. The mental health team supervises interns, who provide both individual and group counseling to supplement the regular staff. The standard is met.

J-G-05 Suicide Prevention Program (E). The suicide prevention program addresses each of the 11 key components as described by the standard. The RHA has approved the training curriculum for staff. Treatment plans address suicidal ideation and its reoccurrence. Actively suicidal inmates are placed on constant observation. Potentially suicidal inmates are also monitored constantly on camera, but documentation occurs usually every 15 minutes. There have been no suicides since the last site survey. The standard is met.

J-G-06 Intoxication and Withdrawal (E). Individuals with symptoms of intoxication or withdrawal are managed on site under protocols the responsible physician has approved. Inmates who exhibit severe withdrawals or intoxication are transferred to the local hospital until they are medically stable. The standard is met.

J-G-07 Care of the Pregnant Inmate (E). Prenatal care, specialized obstetrical services when indicated, and postpartum care are available to pregnant inmates. An OB/GYN physician comes to the health services area to facilitate their care. A local hospital has been contracted

I. MEDICAL-LEGAL ISSUES

The standards in this section address the most complex issues facing correctional health care providers. While the rights of inmate-patients in a correctional setting are generally the same as those of a patient in the free world, the correctional setting often adds additional considerations when patient care is decided. The rights of the patient, and the duty to protect that patient and others, may conflict; however, ethical guidelines, professional practice standards, and NCCHC's standards are the determining factors regarding these interventions and issues.

Standard Specific Findings

J-I-01 Restraint and Seclusion (E). Clinical restraint is not utilized at this facility. When custody-ordered restraint is utilized, which is rare, health staff are notified so they can monitor the restrained inmate's health status. The standard is met.

J-I-02 Emergency Psychotropic Medication (E). If the patient is judged to be a danger to himself or others, psychiatrists may order a single dose of medication. However, our record review indicates that this is rare. The standard is met.

J-I-03 Forensic Information (I). Health staff do not collect forensic information. The standard is met.

J-I-04 End-of-life Decision Making (I). As inmates approach the end of life, they are permitted to execute advance directives, after being counseled as to the meaning and consequences of such actions. The standard is met.

J-I-05 Informed Consent and Right to Refuse (I). All informed consents, and refusals of care are documented and include the signatures of the patient and a health staff witness. Inmates are counseled as to possible adverse occurrences to health that may occur as a result of a refusal. The standard is met.

J-I-06 Medical and Other Research (I). No health-related research is conducted at this facility. The standard is met.