



Fulton County, GA

# Department of Purchasing & Contract Compliance

May 1, 2015

**Re: 15RFP001B-BR  
Inmate Medical Services**

Dear Proposers:

Attached is one (1) copy of Addendum 4, hereby made a part of the above referenced Proposal (RFP).

Except as provided herein, all terms and conditions in the RFP referenced above remain unchanged and in full force and effect.

Sincerely,

Brian Richmond  
Assistant Purchasing Agent

Winner 2000 - 2009 Achievement of Excellence in  
Procurement Award • National Purchasing Institute



**15RFP001B-BR Inmate Medical Services  
Addendum No. 4**

This Addendum forms a part of the contract documents and **modifies** the original RFP documents as noted below:

1. **Question:** So bidders can apply the correct timeframe to their proposed contract transition/implementation plans, please provide the following dates:
  - a. Fulton County's ("the County's") targeted award date for the contract
  - b. The County's targeted start date for the contract**Answer:** The answer to both questions above is found in addendum #1
2. **Question:** Please provide a copy of the current health services contract for the Fulton County Jail ("FCJ"), including any exhibits, attachments, and amendments. **Answer:** You must submit an open records request to the Fulton County Purchasing Department. Go to the Fulton County website and then go to the Purchasing and Contract Compliance Department website, click on Open Records Request, and follow the directions
3. **Question:** Please provide the names and participation levels (dollars spent) of all small/minority/woman/veteran-owned subcontractors used under the current health care contract. **Answer:** An open Record Request must be filed for that information.
4. **Question:** What is the threshold level/compliance percentage for each of the performance measures listed in RFP §3.3.M?  
**Answer:**
  - A) 100% of inmates who are not released (bond or signature bond)
  - B) 100% of inmates
  - C) 100%, except women inmates-14 days for the women
  - D) 100%
5. **Question:** Please provide (by year) the amounts and reasons for any paybacks, credits, and/or liquidated damages the County has assessed against the incumbent Service Provider over the term of the current contract. **Answer:** You must contact the Fulton County Finance Department for that information.
6. **Question:** What is the current status of each of these federal consent orders? **Answer:** Foster-Closed, Harper-Open.

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7. **Question:** With regard to lawsuits pertaining to inmate health care at the FCJ, frivolous or otherwise:
- How many have been filed against the County and/or the incumbent Service Provider in the last three years?
  - How many have been settled in that timeframe?

**Answer:** You must contact the Fulton County Legal Department for that information.

8. **Question:** For each of the four (4) facilities listed in RFP §1.3, please provide the following information.
- Mission, e.g., intake, pre-release, disabled inmates, etc.
  - Gender of inmate housed
  - Level/acuity of health services the Service Provider is expected to supply

**Answer:**

- The Fulton County Main Jail-Intake facility with main Medical Unit with Administrative staff, infirmary (male and female medical and mental health), general x-ray machine, dialysis unit, chronic care and dental unit.
- Alpharetta Annex-General population Fulton County (men and women)and municipal police departments (men and women),outpatient care, low acuity
- Union City Annex-Houses all County Jail women and Union City Police Dept. arrests of all security levels, chronic care (medical and mental) general population
- Marietta Annex- General population, outpatient care, low acuity

9. **Question:** Please provide two years' worth of historical data on the number of intakes at the FCJ.

**Answer:** 2014 - 27,370 bookings  
2013 - 29,878 bookings

10. **Question:** We understand the FCJ is currently accredited by the National Commission on Correctional Health Care ("NCCHC"). Can the County please provide the following information?
- Most recent NCCHC accreditation date for the facility.
  - Copy of most recent accreditation audit report for the facility.

**Answer:** On-site audit took place in 2014

The Report is attached to this addendum.

11. **Question:** With regard to the background investigations described in RFP §3.3.D.2, who is financially responsible for paying for this service: the County or the Service Provider? **Answer:** The County.
12. **Question:** With regard to drug testing for potential employees, does the County have any requirements on the testing methodology, e.g., saliva, urinalysis, etc.? **Answer:** No.
13. **Question:** Will the County allow "grandfathered" credentialing for incumbent professional staff already employed or contracted by the current Service Provider? **Answer:** Not available.

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14. **Question:** Please confirm that the time health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract. **Answer:** Yes.
15. **Question:** Please provide an inventory of medical equipment (e.g., blood pressure cuffs, ultrasound, x-ray machines, etc.) currently in use at the FCJ facilities and identify which equipment will be available for use by the selected Service Provider. **Answer:** This will take place at the time of transition of the selected vendor.
16. **Question:** RFP §3.3.G.22 states, "If additional or replacement equipment and instruments are required by the Service Provider during the term of this agreement, the Service Provider will purchase such items at its own cost." Please confirm the Service Provider will retain ownership of such equipment at the expiration of the contract. **Answer:** This will take place at the time of transition of the selected vendor.
17. **Question:** How does the health unit staff at the FCJ currently access the Internet: through a facility network or through connectivity provided by the incumbent Service Provider? Who is financially responsible for such Internet access?  
**Answer:** The vendor is responsible for the provision of all connectivity. It must be separate from the County's system.
18. **Question:** What is the County's preference with regard to hosting the Electronic Health Record: (a) hosted within the County data center; or (b) hosted by an external, third party service?  
**Answer:** Hosted by external third party.
19. **Question:** With regard to telehealth at the FCJ:
- Please list the (a) type, (b), frequency, (c) volume, and (d) location of all telehealth clinics currently being conducted for the FCJ inmate population.
  - Is there any telehealth equipment currently in place that will remain and be available for the new Service Provider? Please list and describe this equipment.
  - Please confirm the Service Provider will be permitted to utilize the County's network/infrastructure to supply connectivity for the telehealth program.
- Answer:** Schedules and times will be provided to the selected vendor. The telehealth equipment in place will remain. It will retain its current connectivity.
20. **Question:** Please identify with whom the incumbent Service Provider subcontracts to provide laboratory services. **Answer:** The selected vendor is expected to identify the laboratory vendor that it chooses to utilize.
21. **Question:** How are optometry services currently provided: (a) onsite, with permanent County-owned equipment; (b) onsite, through mobile optometry (PLEASE IDENTIFY VENDOR); or (c) offsite?  
**Answer:** Inmates in need of prescription glasses are sent off the Eye Clinic at Grady Hospital and the vendor is financially responsible for having glasses made to the prescription.

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22. **Question:** How are dialysis services currently provided: (a) onsite, with permanent County-owned equipment; (b) onsite, with vendor/subcontractor-owned equipment (PLEASE IDENTIFY VENDOR); or (c) offsite? **Answer:** On-site with a subcontractor.
23. **Question:** Please provide the current Sick Call schedule (days of week and timeframes) for each FCJ facility. **Answer:** Monday through Friday day shift 7a to 3p.
24. **Question:** With regard to RFP §3.3.G.5.b, can a Staff Physician also fulfill the requirement to be "available onsite 24 hours a day, 7 days a week"? **Answer:** Correction: A mid-level provider or MD to be available onsite 24 hours a days, 7 days a week.
25. **Question:** Also with regard to RFP §3.3.G.5.b, please clarify whether "available onsite" means (a) on-call and available to return to the facility upon being informed of such a need by onsite personnel; or (b) scheduled for an onsite shift. **Answer:** Available on-site" means scheduled for on-site shift.
26. **Question:** With regard to the list of clinics to be held onsite as per RFP §3.3.G.7.a:
- Are all of these clinics currently being conducted onsite?
  - If "yes," please provide the name and contact information for the physician providing the clinic encounters.
  - If "yes," what is the (a) frequency and (b) number of inmates enrolled in each clinic?
- Answer:** All but Podiatry services "  
Contact information is not available.  
Time and frequency of clinics will be determined at the time of transition with the selected vendor.
27. **Question:** Please identify the number, type, and timeframes of any backlogs (e.g., chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the FCJ sites. **Answer:** None.
28. **Question:** Do any of the FCJ facilities have a mental health unit, or beds assigned to mental health patients? If "yes," please describe the unit(s), e.g., number of beds, level of acuity the unit handles, etc.  
**Answer:** The mental health infirmary is in the main Jail. Involuntary medicating is not performed at the Jail. 26 male beds. 15 beds split between medical and mental health for the women.
29. **Question:** How many medication carts will the County make available for the use of the incoming vendor?  
**Answer:** None. The selected vendor is responsible for medication carts.
30. **Question:** Please provide copies of the following documents.
- The drug formulary currently in use at the FCJ
  - The laboratory formulary currently in use at the FCJ
  - A current pharmacy/formulary management report
- Answer:** A) Not available.  
B) Not available. c) Not available.

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31. **Question:** Please confirm the incumbent FCJ Service Provider utilizes a “fax and fill” pharmacy program, as the RFP references “the Service Provider’s pharmacist” in §3.3.I.3—but we see no Pharmacist FTEs in the minimum staffing plan. **Answer:** Correct, pharmacy services are the vendor’s responsibility to determine how they are going to be provided.
32. **Question:** On average, what percentage of FCJ inmates are prescribed psychotropic drugs each month? **Answer:** 30-35%
33. **Question:** What is the average number of inmates receiving pharmaceutical treatment each month for the following conditions?
- Hepatitis C
  - HIV/AIDS
  - Hemophilia
- Answer:** A) None.  
B) 160 to 170 per month  
C) 4 times a year.
34. **Question:** With regard to the treatment of HIV/AIDS:
- Over the past four years, what is the average monthly number of inmates receiving pharmaceutical treatment for these conditions?
  - How many inmates are currently in the FCJ HIV/AIDS specialty care clinic?
  - In each of the last four years, how much has been spent on drugs for the treatment of FCJ inmates with these conditions?
- Answer:**
- 80 to 90 per month, currently.
  - Approximately 170 per month, currently.
  - Not available.
35. **Question:** Does the FCJ currently have any type of 340B discount program in place for high-priced medications? **Answer:** No.
- If “yes,” please provide the following information:
- What entity serves as the federally designated covered entity?
  - What entity serves as the 340B contract pharmacy?
  - What classes of medications are currently included under the FCJ 340B program?
36. **Question:** With regard to RFP §3.3.J, please provide a detailed description of the current FCJ discharge planning/re-entry process.
- Answer:** The discharge planning process mirrors the requirements for the NCCHC standard. See NCCHC Standards.

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37. **Question:** What is the average number of FCJ staff receiving each of the following services (reference RFP §3.3.G.8)?
- Annual tuberculin skin testing and referral
  - Tetanus antitoxin post exposure as indicated
  - Hepatitis B vaccine series
  - Post-exposure testing and prophylaxis for staff

**Answer:** None.

38. **Question:** Please provide two years' of monthly statistical data for each of the following categories.
- Number of ambulance transports
  - Number of dialysis treatments

**Answer:** A) 11 per month average, currently  
B) average 10 per month, currently

39. **Question:** Please provide annual spend amounts for the past four years for the following categories.
- Total pharmaceutical expenditures
  - Laboratory services
  - X-ray services

**Answer:** Not available. The contract does not require the vendor to report its costs. The vendor is required to provide all services at the contracted amount regardless of cost

40. **Question:** With regard to §3.3.G.7.c and §3.3.G.7.e, the RFP requires the Service Provider to "make arrangements for" the transportation of inmates to a County or state health care provider. Please clarify who is financially responsible for the cost of such transportation. **Answer:** The cost of the transportation is the County's responsibility.

41. **Question:** Please also clarify who is financially responsible for the cost of emergency transportation. **Answer:** The County is responsible for emergency transportation.

42. **Question:** Has the incumbent Service Provider been financially responsible for the cost of any offsite services under the existing contract? **Answer:** No.

If "yes," please provide the following information.

- Number of offsite encounters for which the incumbent Service Provider has been financially responsible
- Total cost of offsite encounters for which the incumbent Service Provider has been financially responsible

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- c. Diagnoses relating to the offsite encounters for which the incumbent Service Provider has been financially responsible
- d. Reason the care was not paid for the County

43. **Question:** Please confirm that under the new contract, the Service Provider will not be financially responsible for any of the following services.

- a. Neonatal or newborn care after actual delivery
- b. Elective or mandated abortion
- c. Cosmetic surgery, including breast reduction
- d. Sex change surgery (including treatment or related cosmetic procedures)
- e. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)
- f. Extraordinary and/or experimental care
- g. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate's health to deteriorate or cause definite and/or irreparable harm to the inmate's physical status)
- h. Autopsies
- i. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc.
- j. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX

**Answer:** The selected vendor will not be financially responsible for any of the listed services, except j. Bleeding disorders, including, but not limited to, Factor VII and IX.

44. **Question:** After reviewing the "Technical Proposal Format and Content" instructions in RFP §3.4, we do not see where bidders are supposed to address each of the clinical service requirements listed in §3.3 Scope of Work.

- a. Does the County want bidders to address each "Scope of Work" item?
- b. If "yes," under which tab does the County wish bidders to place this narrative?

**Answer:** A) Yes

B) Presentation is at the discretion of the vendor as long as all items are addressed.

45. **Question:** The requirement in RFP §3.4 (Project Team Qualifications) to provide resumes for the bidder's proposed Medical Director, Mental Health Director, Health Services Administrator, and Director of Nursing gives the incumbent Service Provider a distinct and unfair advantage. Other bidders will not hire specific individuals to lead a correctional health care project prior to being awarded the business. Therefore, in the interest of maintaining a fair and equitable solicitation process, and providing a level playing field for all bidders, will the County accept job descriptions in lieu of actual names and resumes? **Answer:** Yes.

46. **Question:** Please confirm the County is willing to consider other innovative and cost-saving alternate models and programs (in addition to the staffing alt discussed in the RFP), as long as bidders also provide an RFP-compliant base bid. **Answer:** No. Only an alternate cost.

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47. **Question:** The instructions in RFP §3.1.2 (pertaining to the number of copies the County requires for each component of the proposal) are somewhat ambiguous. Please confirm all originals must be in paper format; while all copies are to be electronic, on CDs. **Answer:** All originals for all documents are in paper format. The only copies that are in CD format are the five copies of the technical proposal. For the other documents (Contract Compliance, Financial Information, Cost Proposal) the copies are in paper format.

48. **Question:** If this is not the case, please address the following questions.

- a. TECHNICAL PROPOSAL: Is the "original" in paper format or on CD?
- b. CONTRACT COMPLIANCE EXHIBITS: Is the "original" in paper format or on CD?
- c. CONTRACT COMPLIANCE EXHIBITS: Is the "copy" in paper format or on CD?
- d. FINANCIAL INFORMATION: Is the "original" in paper format or on CD?
- e. FINANCIAL INFORMATION: Is the "copy" in paper format or on CD?
- f. COST PROPOSAL: Is the "original" in paper format or on CD?
- g. COST PROPOSAL: Is the "copy" in paper format or on CD?

**Answer:** Please see the answer to question no. 47.

49. **Question:** Please indicate the order of precedence among the solicitation documents (e.g., the RFP, initial responses to questions, subsequent responses to questions, exhibits and attachments, etc.) so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices.

**Answer:** Vendors have until April 30, 2015 to ask for clarification of documents.

58. **Question:** I was supposed to attend the pre-bid conference meeting that took place yesterday. However, I went to wrong address printed of cover page of RFP and failed to look at page indicating correct location. Nonetheless, can you tell me if our company can still participate in this proposal? Or if any vendors participating yesterday may be looking for an EHR partner?

**Answer:** Yes, you can submit a proposal and the sign in sheet has been uploaded to our website. You can call any of the vendors to ask if they require partner.

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The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Department of Purchasing & Contract Compliance, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30303 by the RFP due date and time of Tuesday, May 12, 2015, **11:00 A.M.**

This is to acknowledge receipt of Addendum No. 4, \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Legal Name of Bidder

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title



ACCREDITATION REPORT OF  
THE HEALTH CARE SERVICES AT  
FULTON COUNTY JAIL

Atlanta, GA

November 21, 2014

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

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

On August 10-14, 2014, 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. The information in this report is privileged and confidential and is intended for the sole use of persons addressed.

There are 35 essential standards; 35 are applicable to this facility and 23 (66%) 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-A-01 Access to Care
- J-C-04 Health Training for Correctional Officers
- J-C-05 Medication Administration Training
- J-D-01 Pharmaceutical Operations
- J-E-02 Receiving Screening
- J-E-04 Initial Health Assessment
- J-E-06 Oral Care
- J-E-07 Nonemergency Health Care Requests and Services
- J-E-12 Continuity of Care During Incarceration
- J-G-01 Chronic Disease Services
- J-G-02 Patients with Special Health Needs
- J-G-03 Infirmary Care

Essential Standards Not Applicable

None

There are 32 important standards; 31 are applicable to this facility and 27 (87%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Our findings include:

Important Standards Not in Compliance

- J-A-09 Privacy of Care
- J-B-03 Staff Safety
- J-E-09 Segregated Inmates
- J-E-10 Patient Escort

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

Although the facility was surveyed under the 2008 *Standards for Health Services in Jails*, the necessary corrective action that is described in this report reflects requirements of the 2014 *Standards for Health Services in Jails*.

Decision: On November 21, 2014, NCCHC's Accreditation Committee withdrew the Fulton County Jail from the accreditation program.

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## I. Facility Profile

Type of Facility:	Jail
Total Admissions:	30,132
Design-rated capacity:	2,648 main jail
Average daily population:	2,509
Average daily intake:	84
Satellites:	3

### Satellite average daily population:

1) Satellite A	28
2) Satellite B	8
3) Satellite C	224

### Description of Facility

This county jail is located in a large, southern city. It was originally constructed in 1984 to address overcrowding in a local jail system and overcrowding continues to be a problem in this county. The main building is comprised of two towers, North and South, which are connected by corridors. The north tower has seven floors and the south tower has six; each floor is divided into eight sections, one of which is an open day room and one is an indoor recreation area. Each floor also has a medical examination room. Intake is part of the newer construction. This is a large open bay area surrounded by cells and multiple occupancy tanks.

One satellite is located about a quarter of a mile away, in the same compound. It houses only adult males in dormitory-style housing. One housing unit contains inmates who are enrolled in the dog program to train shelter rescue animals for either adoption or to become therapy dogs. The other housing unit houses male inmates referred by the courts for the "Second Chance" program. These inmates have problems with substance abuse and have had relapse issues. Another satellite, approximately 20 miles away, houses the female population and local community offenders. The women's areas are divided into two housing units, each consisting of four sections. Amenities include a medical area, kitchen, gym, outdoor recreation and a treatment zone, as well as a lock-down unit, and housing for inmates with mental health issues.

A total of 606 correctional officers (COs) are scheduled on duty during three work shifts (202 on each of the three shifts).

### Inmate Population Characteristics

On the day of the survey, there were 2,698 adults (2,408 males, and 290 females).

### Facility's Health Services

Health services have been provided by a correctional care contractor since July of 2011.

### Staffing

Health staff are on site 24 hours a day, seven days a week. At the time of the survey, there were 126 full-time and several part-time staff; there were 14 full-time and several part-time vacancies as well.

## II. Survey Method

We toured the clinic area, inmate housing areas, and segregation. We reviewed 126 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 also interviewed the chief, responsible physician, health services administrator (HSA), other health, dental and mental health staff, administrative staff, four sergeants, the intake officer, eight COs, and 47 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 are assessed \$5 for self-initiated services. There is no charge for mental health services, medications, or any services required by the standards. All inmates receive care regardless of their ability to pay.

However, inmates do not always have access to health care. Due to the lack of security staff, patients are not seen by a qualified clinician or are able to receive care in a timely manner as ordered for their serious medical, mental health, and dental needs. The last court monitor's report (related to the consent decree) stated that only 63% of scheduled clinic visits were seen as scheduled in the first quarter and 41% of scheduled clinic visits were seen as scheduled in the second quarter. **The standard is not met.**

Corrective action is required. The facility should undertake a comprehensive review of the delivery of health care services and allocation of custody staff to ensure inmates have access to care to meet their serious medical, dental and mental health needs. As described in this report, the current method is inadequate. Access to care means that, in a timely manner, a patient can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered. This standard is the principle on which all NCCHC standards are based. Having an understaffed, underfunded or poorly organized system with the result that it is not able to deliver appropriate and timely care for patients' serious health needs represents an unreasonable barrier to care and must be avoided. The facility should carefully review and improve each step of accessing health care in the facility. Problems identified should then be addressed and progress

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

**J-A-02 Responsible Health Authority (E).** The responsible health authority (RHA) is the correctional health care contractor, whose on-site representative is the full-time health services administrator. Clinical judgments rest with a designated, full-time responsible physician. 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 good cooperation between custody and medical staff mostly on the administrative level. Administrative decisions 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 chief and responsible health authority meet monthly to discuss administrative matters with the responsible physician, mental health director, dentist, director of nurses, x-ray technician, medical records director, custody staff, and representatives from the commissary, maintenance, and food services departments. Health staff meets monthly to discuss health services operations. Attendees include the responsible health authority and nurses. Medical, nursing and mental health staff meet weekly in the care meetings, during which infirmary and acute care patients are discussed and treatment plans formulated. 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 January 21, 2014. The standard is met.

**J-A-06 Continuous Quality Improvement Program (E).** The comprehensive quality improvement program monitors major aspects of health care through a multidisciplinary committee that meets at least quarterly. The membership includes the responsible physician, HSA, infectious disease nurse, medical records director, dentist, director of nurses, x-ray technician, mental health director, pharmacy technician and custody representation. In 2014, a process study examined detoxification withdrawal; after some changes to documentation, a decrease in hospitalization was evident. A second study examined newly arriving mental health patients to ensure mental health staff were prescribed the necessary medication within 24 hours of admission. An outcome study examined HIV patients in light of an existing consent agreement regarding their care; testing for hepatitis was included and a hepatitis panel was successfully added to all HIV patients.

In 2013, process studies focused on the sick call process (changed from nursing staff to an all provider process) and on mental health discharge planning to ensure sufficient medications and a list of community providers were being distributed. Outcome studies focused on improving diabetic laboratory results and on improving HIV patients' outcomes. Of the 12 patients who were treated for several months, five showed a significant decrease in viral load.

In 2012, one process study examined nurse sick call, with an emphasis on triage; a new satellite was opened; the nurses were sent to the satellite for staffing, and it was decided to change the process to provider sick call. Another process study examined providing bridge medication to new admissions on specific blood thinners. An outcome study examined the re-entry program;

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the patients were followed after discharge and a reduction in hospitalization and reincarceration was noted.

The responsible physician is involved in the CQI program, such as identifying thresholds, interpreting data, and problem solving. The CQI program is also reviewed annually for its effectiveness. The standard is met.

**J-A-07 Emergency Response Plan (E).** Disaster drills have been held annually. In 2014, a three-day ice storm resulted in a state of emergency in that, due to icy roads, medical operations were on an emergency-only basis; 33 patients were brought to the main medical services area to accommodate the limited staffing; medications were packaged to facilitate distribution during this situation. In 2013, several inmates were involved in a fight and had to be assessed and treated at the urgent care clinic. In 2012, a fire resulted in burns to three people, and a pregnant inmate going into labor. Man-down events have been held annually on each shift. The standard is met.

**J-A-08 Communication on Patients' Health Needs (E).** Communication between designated correctional and health services staff with regard to inmates' special health needs occurs both verbally and electronically. Health services staff attend many meetings with security to facilitate an exchange of information. The standard is met.

**J-A-09 Privacy of Care (I).** Health care encounters are not always conducted in auditory and/or visual privacy. Privacy screens are available, but not always used. During this site survey, we observed one female inmate sitting on the exam table in her bra, with a male officer present. There were other instances of inmates being examined while others were in close proximity in the waiting area and could observe. The standard is not met.

Recommended corrective action for Compliance Indicators #1 and #2. Clinical encounters and discussions should occur in private, without being observed or overheard. Conducting clinical encounters without privacy can create a disincentive or barrier to access to care and may discourage patients' subsequent use of health services. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. Corrective action is required in order to meet this standard.

Recommended corrective action for Compliance Indicator #3. Security personnel should only be present if the patient poses a probable risk to the safety of the health care professional or others. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. Corrective action is required in order to meet this standard.

**J-A-10 Procedure in the Event of an Inmate Death (I).** Since the last survey, there have been nine inmate deaths; five were reported to be of natural causes and four were reportedly due to suicide. A death review (administrative and clinical mortality reviews, and psychological autopsies in the cases of suicide) were completed within 30 days. There were no recorded recommendations for change as a result of the psychological autopsies. The standard is met.

**J-A-11 Grievance Mechanism for Health Complaints (I).** The health-related grievance program is integrated with the formal grievance program. On average, 70-80 health-related

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grievances are filed per month. We found that the grievances had been answered within the policy's stated time frame. The standard is met.

## B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

The standards in this section address the importance of preventative monitoring of the physical plant. Health staff has a crucial role in identifying issues that could have a negative impact on the health and safety of facility staff and the inmate population if left unaddressed.

### Standard Specific Findings

**J-B-01 Infection Control Program (E).** Infection control matters are addressed at the separate infection control committee meetings, during the CQI committee meetings, and during the health staff meetings. Patients with communicable diseases are housed in the infirmary's negative air flow isolation rooms. Effective ectoparasite control procedures are used to treat infected inmates. The areas where health services are provided are inspected monthly for environmental concerns. Patients with communicable diseases are provided a list of community providers prior to their discharge. The standard is met.

**J-B-02 Patient Safety (I).** All sentinel events and near miss clinical events are reviewed at the administrative and CQI meetings. Health staff can report errors in a non-punitive environment. The standard is met.

**J-B-03 Staff Safety (I).** Health staff does not appear to work under safe and sanitary conditions. Serious deficits in security staff were brought to our attention and appear to put health staff in questionable situations. For example, during the site survey we were informed that it was common practice for male inmates to either expose themselves or masturbate in front of officers and health staff at the main jail. This was not reported at any of the satellites. At the time of the survey, the facility was under a federal consent order for overcrowding. The consent order was brought to address both the inmate overcrowding and security understaffing. **The standard is not met.**

Recommended corrective action for Compliance Indicator #1. Measures to ensure the safety of health staff should be undertaken. *Staff safety* refers to the health and well-being of health staff who work in the facility. It is directly related to the administrative practice that assures public safety of the facility. The RHA should proactively work with security staff to ensure that health staff work in safe conditions. All aspects of the standard should be addressed by written policy and defined procedures. Acceptable documentation includes: (a) evidence that the RHA has implemented staff safety systems, and (b) implementation of officer staff training to reflect that this standard has been reviewed and is being implemented. Corrective action is required in order to meet this standard.

**J-B-04 Federal Sexual Assault Reporting Regulations (I).** Based on observations during the survey, there are concerns with the facility's compliance with the Prison Rape Elimination Act (PREA). An interview with the chief indicated that there is a PREA coordinator. At the time of the survey, supervisory staff had received the training and there were plans in place to provide training to the line staff in the near future. Based on the observations of the NCCHC survey team (a female inmate sitting on the exam table in her bra in the presence of a male officer) we recommend that the PREA coordinator evaluate policies and procedures vs. actual practice in

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the facility, specifically compliance with PREA standard 115.15, Limits to Cross-Gender Viewing and Searches. The NCCHC Standard (which requires a written policy and defined procedure) is met.

**J-B-05 Procedure In The Event of a Sexual Assault (I).** Victims of sexual assault are referred to a community facility for treatment and evidence collection. 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 is reviewed at least annually by a professional of at least equal training or discipline; the results are also shared with the clinicians under review. The standard is met.

**J-C-03 Professional Development (E).** We confirmed that qualified health care professionals have the required number of continuing education credits; all are current in cardiopulmonary resuscitation (CPR) training. The standard is met.

**J-C-04 Health Training for Correctional Officers (E).** Correctional staff has the required training in most health-related topics and more than 75 percent are current in CPR training.

However, the officers we interviewed indicated that they had not received biennial training in suicide prevention. **The standard is not met.**

Recommended corrective action for Compliance Indicator #1e. Correctional officers who work with inmates should receive health-related training, including CPR, at least every two years. Training should include procedures for suicide prevention. While it is expected that 100% of the correctional staff who work with inmates are trained in these areas, compliance with this standard requires that 75% of the staff present on each shift are current in their health-related training. Acceptable documentation includes: (a) an outline of the course (s) content in the topics specified in the standard and the length of the course (s); and (b) certificates, rosters, or other evidence of attendance of at least 75% of correctional staff who work with inmates. In order to receive accreditation, verification that this standard has been met is required.

**J-C-05 Medication Administration Training (E).** Nurses administer medications. They are trained in matters of security, accountability, common side effects and proper documentation.

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However, during the medication administration we observed, that nurses were not routinely checking patients' identification. The standard is not met.

Corrective action is recommended. Correctional or health staff who administer or deliver prescription medication to inmates should be permitted by state law to do so and should be trained as needed in matters of security, accountability, common side effects, and documentation of administration of medicines. The standard requires documentation of completed training and testing to be kept on file for staff that administer or deliver medications. This helps to protect the patient's health, ensuring the right drug is administered at the right time in the right dose by the right method to the right patient. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**J-C-06 Inmate Workers (E).** Inmate workers do not provide health services, nor do they clean up biohazardous spills. The standard is met.

**J-C-07 Staffing (I).** Full-time equivalent health staff includes:

Health Services Administrator	1.0
Medical Director	1.0
Physician	3.0
Physician Assistant	1.0
Nurse Practitioner	6.65
DON	1.0
RN Supervisor	4.2
RN	17.2
LPN	40.9
X-ray Technician	1.0
Phlebotomist	1.0
Medical Assistant	9.8
Infection Control Coordinator	1.4
Chronic Care Coordinator	1.0
LPN Infection Control	1.0
LPN Intake	1.0
Re-Entry Service Case Manager	3.0
Medical Records Director	1.0
Medical Records	5.0
Human Resources Coordinator	1.0
Administrative Assistant	3.0
Dental Director	1.0
Dentist	1.6
Oral Surgeon	0.2
Dental Assistant	3.0
Mental Health Director	1.0
Psychiatrist	2.25
Mental Health Professional	8.0

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Mental Health Worker 3.0

Recent new hires consist of two PRN medical assistants and one nurse practitioner.

At the time of the survey, there were the following health staff vacancies:

Physician	0.45
LPN	9.0
Mid-Level Provider	0.7
RN	4.6
RN Supervisor	1.4
Pharmacy Technician	0.4
Oral Surgeon	0.2

The standard is met.

**J-C-08 Health Care Liaison (I).** Health staff is on site 24 hours a day. The standard is not applicable.

**J-C-09 Orientation for Health Staff (I).** We confirmed that health staff has received the appropriate orientation, which begins on the first day of employment and is documented in the personnel files. The standard is met.

#### 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 a local pharmacy provide pharmaceutical services that are sufficient to meet the inmates' needs. There is a formulary, but providers can order "off formulary," if needed. At the time of the survey, we were informed the contract was expected to change shortly.

As there is no on-site pharmacist, documentation to support quarterly visits by a consulting pharmacist was poor and we found no evidence of inspections at the satellites. We found no expired medications during the survey, but we did note medications being stored in the specimen refrigerators. **The standard is not met.**

Recommended corrective action for Compliance Indicator #9. When there is no staff pharmacist, a consulting pharmacist should be used to document inspections and consultations not less than quarterly. All off-site locations should be included in the inspection schedules. Acceptable documentation includes (a) a copy of the consulting pharmacist's most recent on-site review of the pharmaceutical practices in the jail (b) evidence of the consulting pharmacist's most recent on-site review of the pharmaceutical practices at the satellites; and (c) evidence that these inspections are scheduled to continue quarterly at all facilities. In order to receive accreditation, verification that this standard has been met is required.

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Recommended corrective action for Compliance Indicator #10. All medications should be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Antiseptics, other medications for external use, and disinfectants should be stored separately from internal and injectable medications. The RHA, in collaboration with the consulting pharmacist, should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**J-D-02 Medication Services (E).** The responsible physician determines the prescriptive practices at this survey. Inmates entering the facility on prescription medication continue to receive the medication or an acceptable alternate medication in a timely fashion as prescribed. There is no keep-on-person, self-medication program at this facility. The standard is met.

**J-D-03 Clinic Space, Equipment, and Supplies (I).** There are several clinic areas at this facility and the satellites. Each housing zone has a medical room for health services use.

The main building's third floor has a large clinic area consisting of a large nurse's station, several offices, medication room, an x-ray area, several exam areas, computer-equipped offices for data entry by providers, medical records storage downstairs, a three-chair dental area and a three-chair dialysis unit; two satellites have clinic space as well. Items subject to abuse are inventoried daily. Adequate supplies and equipment are available. The standard is met.

**J-D-04 Diagnostic Services (I).** A national laboratory has been contracted to provide laboratory studies. Staffing includes an x-ray technician to obtain those studies, which a local radiologist has been contracted to interpret. The results from both lab and x-ray services are returned in a timely manner for the prescribing provider to review. Other on-site testing materials include those for stool blood, finger-stick blood glucose, and pregnancy, peak flow meters, and multiple-test dipstick urinalysis. The standard is met.

**J-D-05 Hospital and Specialty Care (I).** Arrangements with two local hospitals for inpatient medical and specialized medical outpatient care are documented by a contract. This contract was negotiated in 1984 and does not include a provision that written documentation will be provided upon the patient's release. There has been some difficulty at times obtaining patient discharge information, as well. For future compliance under the 2014 *Standards for Health Services in Jails*, the RHA should monitor access to hospital and specialist care and ensure the availability of summaries of treatment upon return to the facility. The standard is met.

#### E. INMATE CARE AND TREATMENT

The standards in this section address the core of a health services program: that all inmates have access to health services, how they are to request emergency and non-emergency care, that health histories are obtained, that assessments and care can be demonstrated to be provided in a timely fashion, and that discharge planning is considered. In short, health care for the inmates is to be consistent with current community standards of care.

#### Standard Specific Findings

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**J-E-01 Information on Health Services (E).** Upon arrival, inmates receive both verbal and written instructions which are available in English and Spanish, on access to health services, the fee-for-service policy, and the health related grievance procedures. Inmates can watch videos on a flat-screen television in the intake and classification housing unit as well, and they are given an inmate handbook by classification staff. Those inmates who have a hearing impairment or who speak other languages have access to a telecommunication device and a language line, respectively, to facilitate communication. The standard is met.

**J-E-02 Receiving Screening (E).** New admissions arrive directly from the community. Nursing staff complete the receiving screening, which includes a disposition and addresses all the required areas of inquiry.

However, during the survey, we noted several inmates lying on the floor in a holding tank; they told us they had been there for approximately seven or eight hours and had not been screened. The officers were supposed to fill out a preliminary questionnaire to determine the conditions of those inmates not yet screened but the officer we spoke to stated that they do not do the screening any longer. After we pointed this out, it was re-initiated before the survey ended. There are three nurses in intake, as well as a medical assistant. Only one was interviewing an inmate while we were present; two more inmates were waiting to be seen, in addition to the previously mentioned inmates in the tank. During our record review, we noted that receiving screenings often occurred hours after the inmate was booked into the facility. **The standard is not met.**

Recommended corrective action for Compliance Indicators #1 and #5. Receiving screening should be performed on all inmates on arrival at the intake facility to ensure that emergent and urgent health needs are met. Reception personnel must ensure that persons who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, in alcohol or drug withdrawal or otherwise urgently in need of medical attention are referred immediately for care and medical clearance into the facility. If referred to a community hospital and returned, their admission back to the facility is predicated on written medical clearance from the hospital. A receiving screening must take place for all inmates as soon as possible. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**J-E-03 Transfer Screening (E).** Qualified health care professionals review each transferred inmate's health record or summary as soon as they arrive at the satellites to ensure continuity of care. The standard is met.

**J-E-04 Initial Health Assessment (E).** The full population health assessment has been implemented at this facility. A provider completes the health assessments, but our record review indicated for more than half the cases, the time frame exceeded 14 days; some were not completed at all. This was attributed to the lack of officers to transport inmates to the health staff. We were also told that while providers go to the housing units, they can be turned away due to the lack of sufficient security staff. **The standard is not met.**

Recommended corrective action for Compliance Indicator #1. All inmates should receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission to the facility, to ensure that individuals with serious medical or mental

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health needs are identified. Deterioration in their level of functioning may be prevented and necessary treatment can be given in a timely fashion if these inmates are identified quickly. Documentation of corrective action is required in order to verify that initial health assessments are conducted in this 14-day time frame. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**J-E-05 Mental Health Screening and Evaluation (I).** A trained intake nurse completes the mental health screening (within 14 days); the screening addresses all the required areas of inquiry. Patients who screen positive on the mental health screening are referred to a qualified mental health professional for further evaluation. The standard is met.

**J-E-06 Oral Care (E).** Trained nurses complete the oral screening at intake. The dentist completes an oral examination within 12 months of inmates' admission. The system of established priorities for oral treatment is not limited to extractions. The dental director reviews every sick call request for dental care and sees each inmate, either at the cell or in a medical area, to examine their mouth. If necessary, the dental director orders medication and schedules them for an appointment. She does the same thing at the satellite, which is 20 miles away from the main facility.

However, instruction in oral hygiene and preventative oral education is not always documented since a new electronic medical record has been implemented. There appears to be no indicator or reminder to document it. **The standard is not met.**

Recommended corrective action for Compliance Indicator # 2. Instruction in oral hygiene and preventive oral education should be given within one month of admission. Oral hygiene instruction and preventive oral education should be given by dentists, dental hygienists, or dentally trained personnel, and consist of measures to assist the patient in caring for his or her own oral health. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**J-E-07 Nonemergency Health Care Requests and Services (E).** Sick call is available seven days a week. Routine sick call occurs Monday through Friday, either at the housing units or in the main medical area and this process has been revised several times. Patients submit request slips to the nurses during medication rounds and the slips are triaged daily.

However, a review of health records indicated that the wait to be seen for sick call was often in excess of several weeks due to the lack of security to transport inmates to the providers. **The standard is not met.**

Recommended corrective action for Compliance Indicators #1 and #4. Oral or written requests for health care must be picked up daily by qualified health care professionals and triaged within 24 hours to ensure that inmates' routine health needs are met. When a request describes a clinical symptom, a face-to-face encounter between the patient and qualified health care professional occurs within the next 24 hours (72 on the weekends). The frequency and duration of response to health services requests must be sufficient to meet the health needs of the inmate population. Documentation of corrective action is recommended to demonstrate that inmates are seen in sick call within the next

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24 hours (72 hours on weekends). The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**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 a week. In practice, health rounds are conducted six times a week in the main jail (three days a week by medical staff and three days a week by mental health staff); the rounds are documented appropriately. When inmates are segregated, nurses examine them cell-side to ensure there are no contraindications to segregation.

However, in the women's satellite facility, no rounds are conducted. **The standard is not met.**

Recommended corrective action for Compliance Indicators # 1, 2b, 3 and 4. Inmates who are segregated and have limited contact with staff or other inmates should be monitored three days a week by medical or mental health staff. Upon notification that an inmate is placed in segregation, a qualified health care professional should review the inmate's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation. Such review should be documented in the health record. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. Corrective action is required in order to meet this standard.

**J-E-10 Patient Escort (I).** Usually off-site patient appointments are punctual, since there is an external transport team to assist.

However, patients are not escorted to on site clinical appointments in a timely manner. Routine appointments to see the providers, to obtain x-rays, or to facilitate health assessments in sick call are usually delayed because there are insufficient security staff to escort patients to the medical areas. **The standard is not met.**

Corrective action is recommended. Sufficient escorting staff should be provided so that patients can meet scheduled health care appointments. The principle of access to care rests on the ability of inmates to request and receive health care in a timely fashion. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. Corrective action is required in order to meet this standard.

**J-E-11 Nursing Assessment Protocols (I).** Nursing assessment protocols, which do not include prescription medications, are utilized. The responsible physician and nursing administrator last reviewed them in January 2014. Annual reviews of skills have been documented. The standard is met.

**J-E-12 Continuity of Care During Incarceration (E).** There were some individual treatment plans that guided treatment for episodes of illness and these included the appropriate elements. The responsible physician determines the frequency of periodic health assessments on the

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basis of protocols promulgated by the corporate health vendor. The physician stated that she reviews charts of sufficient number to assure that clinically appropriate care is ordered and implemented by attending staff.

However, we could not confirm that continuity of care is appropriate. We found evidence of instances where ordered x-rays were not taken; the review of diagnostic test results and consultations was not documented; test results were not noted in the record, nor did documentation indicate what the results were. There was no documentation about prenatal labs that were drawn at the prenatal clinic. It appeared that some tests were completed because either medication was ordered or where there was some documentation from an outside consultant. It also was not always clear if the patient was informed of the results. **The standard is not met.**

Recommended corrective action for Compliance Indicators #1, #2, #3, #4, #5, #7, and #8. All aspects of care should be coordinated and monitored from admission to discharge. Clinician orders should be evidence-based and implemented in a timely manner. Deviations from standards of practice should be clinically justified, documented and shared with the patient. Diagnostic tests should be reviewed by the clinician in a timely manner. Treatment plans should be modified as clinically indicated by diagnostic tests and treatment results. Treatment plans, including test results should be shared and discussed with patients. Recommendations from specialty consultations should be reviewed and acted upon by clinicians in a timely manner. If changes in treatment recommendations are clinically indicated, justification for the alternative treatment plan should be documented and shared with the patient. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**J-E-13 Discharge Planning (I).** Discharge planning begins during the physical assessment. Patients are given a list of community providers. Mental health staff has linkages with community providers to ensure continuity of services. Discharging patients are given the remainder of their medication cards if it is patient-specific, and no less than a four-day supply. If they are court-ordered to attend a program, they are given either a 15 or 30-day supply. There is also a program in which discharged inmates are followed for a time after their release from incarceration. The standard is met.

## F. HEALTH PROMOTION AND DISEASE PREVENTION

The standards in this section address health and lifestyle education and practices, as well as patient-specific instruction during clinical encounters.

### Standard Specific Findings

**J-F-01 Healthy Lifestyle Promotion (I).** A variety of health-related brochures and pamphlets are available to all inmates. Individual health instruction is documented in the health record during clinical encounters. The standard is met.

**J-F-02 Medical Diets (I).** At the time of the survey, approximately 346 medical diets were being prepared for patients with specific dietary needs. A registered dietitian reviews them at least every six months. The standard is met.

J-F-03 Use of Tobacco (I). Smoking is prohibited in all indoor areas. Prevention and abatement activities regarding the use of all tobacco products are offered. The standard is met.

#### G. SPECIAL NEEDS AND SERVICES

The standards in this section address the needs of inmates with chronic conditions or other health conditions that require a multidisciplinary approach to treatment. These special needs include mental health issues.

#### Standard Specific Findings

J-G-01 Chronic Disease Services (E). The responsible physician establishes and annually approves clinical protocols consistent with national clinical practice guidelines.

However, care as reflected in the health record does not appear in compliance with current community standards. Health records documentation does not always confirm that clinicians follow these protocols. The frequency of follow up visits is not always documented. Appropriate instructions for diet, exercise and other life style modifications were not consistently documented. In addition, mental health diagnosis was not consistently on problem list. **The standard is not met.**

Recommended corrective action 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 based on disease control; 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; indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g. diet, medication, exercise); instructing the patient on diet, exercise, adaptation to the correctional environment, and medication; and clinically justifying any deviation from the protocol. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

Recommended corrective action for Compliance Indicator #3. The master problem list should record chronic illnesses, which include major mental illnesses. A properly completed problem list provides easy access to critical patient health information for the clinicians and improves patient safety. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

J-G-02 Patients With Special Health Needs (E). Special needs are listed on the problem list and the responsible health authority maintains a list of special needs patients.

However, treatment plans were not consistently used for disabled and pregnant patients. **The standard is not met.**

Recommended corrective action for Compliance Indicators #1 and #2. Individual treatment plans should be developed by a physician or other qualified clinician at the time the condition is identified, and updated when warranted. At a minimum, treatment plans should include the frequency of follow-up for medical evaluation and adjustment of

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treatment modality; the type and frequency of diagnostic testing and therapeutic regimens; and when appropriate, instructions about diet, exercise, adaptation to the correctional environment, and medication. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**J-G-03 Infirmary Care (E).** 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. A consistent complete inpatient record is kept, including admitting and discharge orders by a physician.

However, the admitting orders do not consistently have diet or activity orders. The standard is not met.

Recommended corrective action for Compliance Indicator # 8a. Admitting orders should include the admitting diagnosis, medication, diet, activity restrictions, diagnostic tests required and frequency of vital sign monitoring and other follow-up. The RHA should develop an action plan to correct this standard and monitor the results through the CQI program. In order to receive accreditation, verification that this standard has been met is required.

**J-G-04 Basic Mental Health Services (E).** Mental health services are comprehensive at this facility. They include the identification and referral of inmates with mental health needs, crisis intervention services, psychotropic medication management when indicated, individual counseling, group counseling, psychosocial/psychoeducational programs, and treatment documentation and follow-up. The standard is met.

**J-G-05 Suicide Prevention Program (E).** The suicide prevention program addresses key components as described by the standard. All health staff and mental health staff have received annual training and the responsible health authority has approved the training curriculum for staff. Treatment plans address suicidal ideation and its reoccurrence. Patient follow-up occurs as clinically indicated. Suicidal inmates are usually double bunked. Actively suicidal inmates are placed on constant observation, while potentially suicidal inmates are monitored on an irregular schedule not exceeding 15 minutes between checks. We confirmed the intervals are staggered. There have been four suicides since the last site survey. All had a psychological autopsy completed, and there were no recommendations for change. 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. These patients are housed on the third floor, in close proximity to health services. Patients experiencing severe withdrawals are transferred to the infirmary. If they cannot be managed on site, they are transferred to the local hospital. 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. Females who are considered high risk are housed at the infirmary at the main jail, while those experiencing a normal pregnancy remain at the satellite. They are taken to the local OB/GYN clinic at the nearby hospital. The responsible health authority maintains a list of all pregnancies and their outcomes. The standard is met.

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**J-G-08 Inmates With Alcohol and Other Drug Problems (I).** Self-help substance abuse programs are offered on site; this includes substance abuse in-house programs at both the main jail and the nearby satellite for the male population and for the inmates in the women's satellite. Community volunteers from Narcotics and Alcoholics Anonymous also come on site. The standard is met.

**J-G-09 Pregnancy Counseling (I).** Comprehensive counseling services are available to pregnant inmates. The standard is met.

**J-G-10 Aids to Impairment (I).** During this site survey, we observed inmates using aids to impairment, such as wheelchairs, crutches, canes, and braces. The standard is met.

**J-G-11 Care For The Terminally Ill (I).** Although it would be rare for a terminally ill patient to be held at this facility, procedures are in place to make the appropriate accommodations. The responsible health authority would petition the court for a compassionate release, and if that was not possible, the patient would be transferred to the local hospital for terminal care. The standard is met.

#### H. HEALTH RECORDS

The standards in this section address the importance of accurate health record documentation, health record organization and accessibility, and need to ensure that medical and mental health information is communicated when those records are separate documents.

##### Standard Specific Findings

**J-H-01 Health Record Format and Contents (E).** Inmate medical and mental health records are integrated in combined format. The health record includes a problem list, as well as all other critical elements. The electronic health record was initiated six months ago at the main jail and at the time of the survey, staff was working out some of the templates before initiating the electronic record use at the satellites. The standard is met.

**J-H-02 Confidentiality of Health Records (E).** Health records are maintained under secure conditions. Health staff has documented instruction in maintaining patient confidentiality. The paper health record is secured in the medical records department and the electronic record is password-protected. Health staff has documented instruction in maintaining patient confidentiality. The standard is met.

**J-H-03 Access To Custody Information (I).** Qualified health care professionals have access to information in the inmate's custody record when such information may be relevant to the inmate's health and course of treatment. The standard is met.

**J-H-04 Management of Health Records (I).** The health record is available for each patient care encounter. When an inmate is transferred to another facility, a comprehensive health summary accompanies him or her, with written authorization. The jurisdiction's legal requirements regarding records retention are followed. The standard is met.

## 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).** Neither health staff nor mental health staff orders any inmate to be restrained. When security staff implements restraint, health staff is notified and reviews the medical record for possible contraindications to restraints; they also monitor the patient, in accordance with protocol. The standard is met.

**J-I-02 Emergency Psychotropic Medication (E).** There are policies to address the use of emergency psychotropic medication. It is rarely used, and then for one dose only, until the patient can be transported to the psychiatric hospital. The standard is met.

**J-I-03 Forensic Information (I).** Health staff is not involved in collecting forensic information. The standard is met.

**J-I-04 End-of-life Decision Making (I).** As patients are approaching the end of life, they are permitted to execute advance directives. Patients are 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 signature of the patient and health staff witness. Patients are counseled as to possible adverse consequences 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.