

St. Anthony Work Camp, ID
Accreditation Report #248
June 25, 2010

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 May 27-28, 2010 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 Prisons* 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 37 essential standards; 33 are applicable to this facility and 32 (97%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. Our findings include:

Essential Standard Not in Compliance

P-A-06 Continuous Quality Improvement Program

Essential Standards Not Applicable

P-E-02 Receiving Screening

P-E-09 Segregated Inmates

P-G-03 Infirmary Care

P-G-07 Care of the Pregnant Inmate

There are 31 important standards; 30 are applicable to this facility and 29 (97%) 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

P-F-02 Medical Diets

Important Standard Not Applicable

P-G-10 Pregnancy Counseling

Decision: On June 25, 2010, NCCHC's Accreditation Committee awarded the facility Continuing Accreditation with Verification (CAV), *contingent* upon receiving requested compliance verification by September 17, 2010.

I. Facility Profile

Type of Facility:	Prison
Total Admissions for 2009:	221
Design-rated capacity:	240
Average daily population:	240
Average daily intake:	1
Satellites:	None

Description of Facility

The two-story brick building was constructed in 1930 as a community hospital. In 1990, it was converted in to a men's work camp. The facility has seven dormitory-style housing units. Two large education rooms were built to accommodate classes. The focus is to provide work therapy programs offering full-time, constructive, paid employment to inmates through contracted work and public service projects with governmental agencies. The program is designed to help inmates develop good work habits and marketable skills while providing a financial resource for immediate and future needs.

A total of 35 correctional officers (COs) are scheduled on duty during three work shifts.

Inmate Population Characteristics

On the day of the survey, there were 240 male inmates.

Facility's Health Services

Health services have been provided by a health care contractor for the last six years.

Staffing

Health staff are on site 10 hours a day, five days a week. At the time of the survey, there were 1.5 full-time staff. The physician had just resigned due to illness and the facility had already recruited a new physician, although he had not begun employment at the time of the survey.

II. Survey Method

The on-site survey consisted of touring the clinic area and inmate housing areas. Documents reviewed included 21 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. Interviews were conducted on a structured and confidential basis. Those interviewed included the superintendent, responsible regional physician, regional health services administrator (HSA), head nurse, RN, nurse practitioner, dentist, food services supervisor, three COs, and five randomly selected inmates.

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

P-A-01 Access to Care (E). Inmates have access to health care. Patients are seen by a qualified clinician and receive care in a timely manner as ordered for their serious medical, mental health, and dental needs. Inmates are assessed \$3.00 for self-initiated services and \$2.00 for medications. The standard is met.

P-A-02 Responsible Health Authority (E). The responsible health authority (RHA) is the health care contractor whose on-site representative is the HSA for a regional system. She is on site approximately once every two weeks. The head nurse is on site daily five days a week. Clinical judgments rest with a designated responsible physician who is on site weekly. The standard is met.

P-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. Administrative decisions (such as utilization review) are coordinated, when necessary, with clinical needs so that patient care is not jeopardized. The standard is met.

P-A-04 Administrative Meetings and Reports (E). The health staff and security staff meet monthly to discuss administrative matters. Health staff meet monthly to discuss health services operations. A daily log is maintained of events or items that need to be followed up. Monthly health service statistics are maintained. The standard is met.

P-A-05 Policies and Procedures (E). The health services policy manual is site-specific. The RHA and responsible physician last reviewed it on January 19, 2010. The standard is met.

P-A-06 Continuous Quality Improvement Program (E). The basic CQI program monitors major aspects of health care through a multidisciplinary committee that meets monthly. The membership includes the RN, responsible physician, HSA, nurse practitioner, and others. A process CQI study was completed on charting weight, height, and vital signs during sick call. An annual review of the program's effectiveness was performed in 2009.

However, a CQI study examining compliance with a new DOC policy requiring that all the inmates had to be cleared for kitchen duty was categorized as an outcome study. The facility implemented a process by which to comply, made a video, and developed handouts informing inmates of the process. This is not an outcome study. **The standard is not met.**

Corrective action is required for Compliance Indicator #3b At least one process and one outcome study should be performed each year. Outcome studies examine whether expected outcomes of patient care were achieved. [REDACTED] In order to receive accreditation, verification that this standard has been met is required.

P-A-07 Emergency Response Plan (E). An actual disaster (dormitory fight) occurred on October 3, 2009; one inmate was injured and three inmates were maced. Actual man-down events were documented in 2009. All drills and events were critiqued and shared with the staff. The standard is met.

P-A-08 Communication on Patients' Health Needs (E). Communication between designated correctional and health staff with regard to inmates' special health needs occurs in writing via an offender status report. The standard is met.

P-A-09 Privacy of Care (I). Health encounters are conducted in a private examination room where confidentiality and privacy are maintained. The standard is met.

P-A-10 Procedure in the Event of an Inmate Death (I). Since the last survey, there have been no inmate deaths. The standard is met.

P-A-11 Grievance Mechanism for Health Complaints (I). The health-related grievance program is integrated with the formal grievance program. There have been no grievances filed in the last three years. During interviews, inmates had only positive comments regarding the health services. 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

P-B-01 Infection Control Program (E). Infection control matters are addressed during the CQI committee meetings. Inmates with communicable diseases are transferred to the local hospital when negative airflow isolation is required. Ectoparasites are treated as clinically indicated. Environmental inspections are conducted monthly. The standard is met.

P-B-02 Patient Safety (I). Systems to prevent adverse and near-miss clinical events are in place. The standard is met.

P-B-03 Staff Safety (I). Health staff appear to work under safe and sanitary conditions. Staff reported feeling safe in this work environment. Safety inspections are completed daily. The standard is met.

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

P-B-05 Procedure In The Event of a Sexual Assault (I). Victims of sexual assault would be sent to off-site hospital care and provided with mental health counseling. There have been no allegations of sexual assault in the last three years. 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

P-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.

P-C-02 Clinical Performance Enhancement (I). All peer reviews were on file for 2009; the regional medical director reviewed the physician and nurse practitioner, while another dentist reviewed the work of the facility's dentist. All results were shared with the providers. The standard is met.

P-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. In-service training, including a post-test, is part of the staff meetings. The physician and nurse practitioner have sufficient CEUs to maintain their licensure. The standard is met.

P-C-04 Health Training for Correctional Officers (E). Correctional staff have the required training in health-related topics and all are current in CPR training. In addition, COs are trained in health and mental health-related illnesses, including bloodborne pathogens, stroke, influenza, low blood sugar and withdrawal symptoms, as well as medication administration and patient confidentiality. The standard is met.

P-C-05 Medication Administration Training (E). All medications are classified as keep-on-person (KOP). All officers have had a recent medication administration course (May 2010). The standard is met.

P-C-06 Inmate Workers (E). Inmate workers are not used in the medical area except to clean. A job description is available for this task. Inmates are employed in a number of activities in the community, such as fire fighting and potato farming, and must pass a physical demonstrating their ability to perform that specific job. The standard is met.

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

Head Nurse	1.0
RN	0.5
NP	0.23
Physician	0.2
Dentist	0.1
Dental Assistant	0.1

At the time of the survey, there were no vacancies. The standard is met.

P-C-08 Health Care Liaison (I). The shift commander is the designated health care liaison. The standard is met.

P-C-09 Orientation for Health Staff (I). We confirmed that health staff have received appropriate orientation, which includes an orientation manual and checklist. 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

P-D-01 Pharmaceutical Operations (E). Pharmaceutical services, which are provided by a contracted service and a local pharmacy, are sufficient to meet the needs of the inmates. A current pharmacy license (2011 expiration date) was on file. A formulary is available and providers may make a non-formulary request when indicated. We found no expired medications. Refrigerator temperatures are logged daily. No narcotics are maintained on site. Poison antidotes were available. Pharmacy inspections occur quarterly, most recently on April 12, 2010. The standard is met.

P-D-02 Medication Services (E). The responsible physician determines the prescriptive practices at this facility. Because this is a transfer facility, inmates arrive with their medication. All medications except psychotropic medications are classified as KOP. The standard is met.

P-D-03 Clinic Space, Equipment, and Supplies (I). The clinic area includes a spacious examination room, a nurse's station, and a dental unit. Sharps counts are conducted five days a week. The standard is met.

P-D-04 Diagnostic Services (I). A contract with a bioreference laboratory is in place. Radiology services are performed at the local hospital. The dental x-ray machine was inspected in March 2010. A CLIA waiver with an expiration of January 6, 2010 was on file. Appropriate on-site diagnostic materials are available. The standard is met.

P-D-05 Hospital and Specialty Care (I). Arrangements with a local hospital for inpatient medical and specialized medical outpatient care are documented by contract. 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

P-E-01 Information on Health Services (E). Upon admission, inmates are given a handbook (available in English and Spanish) that describes access to health care services, the fee-for-service policy, and the health-related grievance procedures. A language line is available to assist inmates who speak other languages. The nurse practitioner is also fluent in Spanish. The standard is met.

P-E-02 Receiving Screening (E). Inmates are only transferred to this facility; parole violators are not accepted here. The standard is not applicable.

P-E-03 Transfer Screening (E). The transfer bus arrives each Wednesday and nurses adjust their schedule so that the transfer screening and an orientation are provided within a few hours of the inmate's arrival. The standard is met.

P-E-04 Initial Health Assessment (E). Any transferred inmate who is in need of a health assessment would receive one. The physicals are performed by the nurse practitioner or physician. Significant findings are co-signed and reviewed by the physician. The standard is met.

P-E-05 Mental Health Screening and Evaluation (E). The mental health screening is completed at the intake unit and reviewed by the transfer facility. Inmates with acute psychiatric conditions would not be sent to this facility. The standard is met.

P-E-06 Oral Care (E). Oral screening and examination, and instruction in oral hygiene are completed at the intake facility. A dentist has been contracted to come on site every two weeks; dental care includes extractions, fillings, and denture repair. Lists of inmates who are to be seen are posted in the housing units so that the inmates can obtain a lay-in. At the time of the survey, there were no inmates on the dental waiting list. The standard is met.

P-E-07 Nonemergency Health Care Requests and Services (E). Health requests are placed in a locked box outside of the medical unit. Sick call is open and inmates can come to the clinic at any time. The RN comes to work at 5:00 a.m. so that she can see inmates who feel they cannot go to work. Inmates are seen the same day as their request. On weekends, COs triage sick call slips and contact the on-call nurse to discuss disposition. The standard is met.

P-E-08 Emergency Services (E). The RHA provides 24-hour emergency medical, dental, and mental health services. If emergency mental health service is required, a counselor from a neighboring facility comes on site. The standard is met.

P-E-09 Segregated Inmates (E). There are no segregation units at this facility. Inmates requiring segregation would be transferred to another institution. The standard is not applicable.

P-E-10 Patient Escort. Inmates are transported to off-site appointments in a timely manner. The standard is met.

P-E-11 Nursing Assessment Protocols (I). Nursing protocols are utilized for routine sick call. Only over-the-counter medications are used unless the situation is an emergency. The standard is met.

P-E-12 Continuity of Care During Incarceration (E). We confirmed that continuity of care is appropriate. Inmates received diagnostic tests as ordered. Inmates who are sent to the emergency room or who are hospitalized are seen by health staff upon their return. Periodic health assessments are provided. The standard is met.

P-E-13 Discharge Planning (I). Upon discharge, inmates are given contacts with local providers or health departments from their community. A two-week prescription and an additional two-week supply of medication is provided. 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

P-F-01 Healthy Lifestyle Promotion (I). Nurses post a variety of continuing education program offerings on a bulletin board. A number of classes on health matters and smoking cessation are offered. Health-related materials are available in the library. The standard is met.

P-F-02 Medical Diets (I). Inmates may self select the diet that they wish to be on and stay on it for a month. Their options include vegetarian, lactose intolerant, no pork, healthy heart, and moderate consistency.

However, a registered dietitian last reviewed the menus in April 2009. **The standard is not met.**

Corrective action is required for Compliance Indicator #2 A registered or licensed dietitian should review medical diets for nutritional adequacy at least every six months, and whenever a substantial change in the menu is made, through a documented on-site visit or by written consultation. The following is acceptable documentation for

compliance: (a) a copy of written documentation/consultation that includes the date, signature, and title of the consulting dietitian; or (b) a copy of the most recently dietitian approved and signed medical diet menu. Corrective action is required in order to meet this standard.

P-F-03 Use of Tobacco (I). Smoking is prohibited in all indoor areas. Smoking cessation materials are available. 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

P-G-01 Chronic Disease Services (E). Care as reflected in the health record appears in compliance with current community standards. Chronic illnesses are listed on the problem list. Clinical guidelines developed by the health care contractor are in place. Laboratory work is ordered in accordance with the guidelines and chronic care patients are seen every three months. The standard is met.

P-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 noted on the problem list. The standard is met.

P-G-03 Infirmary Care (E). There is no infirmary. The standard is not applicable.

P-G-04 Basic Mental Health Services (E). Inmates who are on psychotropic medication and are stable are admitted to this facility. The nurse practitioner sees them regularly for medication renewal. If an inmate experiences a crisis, a mental health worker from another facility will come and evaluate him. On-site mental health programs include anger management and domestic violence. The standard is met.

P-G-05 Suicide Prevention Program (E). The suicide prevention program addresses each of the 11 key components as described by the standard. If an inmate were suicidal, he would be maintained under an officer's constant supervision until arrangements could be made to send him to the local hospital. Correctional and health staff are trained annually in suicide prevention. The standard is met.

P-G-06 Intoxication and Withdrawal (E). A policy is in place to manage inmates who are intoxicated or withdrawing from substances. Generally, they are sent to a local hospital where withdrawal would take place and then the inmate would be transferred to another correctional institution. The standard is met.

P-G-07 Care of the Pregnant Inmate (E). This is an all-male inmate population. The standard is not applicable.

P-G-08 Inmates With Alcohol and Other Drug Problems (I). Self-help substance abuse programs are offered on site (Road to Recovery and a Native American community, called Medicine Wheel, which utilizes the 12-step approach). Warrior Down is a Native American relapse prevention program. Sweat lodges are also used in ceremonies. The standard is met.

P-G-09 Pregnancy Counseling (I). This is an all-male inmate population. The standard is not applicable.

P-G-10 Aids to Impairment (I). Aids to impairment would be provided if the health of the patient would deteriorate otherwise. Glasses and dentures have been provided. The standard is met.

P-G-11 Care For The Terminally Ill (I). Although it would be rare for a terminally ill inmate to be held at this facility, procedures are in place to make the appropriate accommodations. The inmate would be sent to another facility that has an infirmary or to a local hospital. 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

P-H-01 Health Record Format and Contents (E). Inmate medical and mental health records are integrated in hard copy format. The charts are well-organized and contain all of the elements required by the standard. The standard is met.

P-H-02 Confidentiality of Health Records (E). Health records are maintained under secure conditions. Staff are instructed on maintaining patient confidentiality as part of the orientation. The standard is met.

P-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.

P-H-04 Management of Health Records (I). Health records are available for each patient encounter. When an inmate leaves the facility, a transfer summary and the health record accompanies him. If the inmate is discharged, records are retained on site for six months and then are sent to a central repository. 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

P-I-01 Restraint and Seclusion (E). By policy, the restraints are only used during transport. The standard is met.

P-I-02 Emergency Psychotropic Medication (E). By policy, if an inmate were in need of forced psychotropic medication, he would be transferred to a local hospital. The standard is met.

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

P-I-04 End-of-life Decision Making (I). Inmates with terminal illness would have access to advance directives and counseling. In practice, they would not remain at this facility. The standard is met.

P-I-05 Informed Consent and Right to Refuse (I). We noted appropriately documented informed consents and refusals during the chart review. The standard is met.

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

P-I-07 Executions (I). Inmates are not executed at this facility. The standard is met.