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June 30, 2010

Sheriff Clay N Whittle
Columbia County Detention Center
PO Box 310
2273 County Camp Road
Appling, GA 30802

Dear Sheriff Whittle,

Congratulations! The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC), upon receipt of further documentation, voted to continue to accredit Columbia County Detention Center for its compliance with NCCHC's *Standards for Health Services in Jails*. Enclosed are the accreditation report and Certificate of Accreditation.

NCCHC congratulates you on your achievement and wishes you continued success in the future. It is anticipated that the next scheduled on-site survey of the facility will occur sometime before February 1, 2013. If we can be of assistance to you, please feel free to call us at any time.

Sincerely,

Jennifer E. Kistler, MPH, CCHP
Director of Accreditation
Enclosures

CC: Edward A. Harrison, NCCHC President
Alicia Martin

Columbia County Detention Center, GA
June 25, 2010
UPDATE REPORT

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.

The Columbia County Detention Center was surveyed under the NCCHC *2008 Standards for Health Services in Jails* on January 13-14, 2010. On March 12, 2010, NCCHC granted continuing accreditation with verification (CAV). Subsequently, the RHA has submitted corrective action, which brought the facility into compliance with applicable essential and important standards. This report focuses primarily on issues that required corrective action for compliance with the standards and is most effective when read in conjunction with NCCHC's March 12, 2010 report.

There are 35 essential standards; 34 are applicable to this facility and 34 (100%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. *The Columbia County Detention Center has now met this condition.*

Essential Standards Not in Compliance

None

Essential Standard Not Applicable

J-G-03 Infirmary Care

There are 32 important standards; 32 are applicable to this facility and 31 (97%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. *The Columbia County Detention Center has met this condition.*

Important Standard Not in Compliance

J-D-05 Hospital and Specialty Care

Important Standards Not Applicable

None

We commend the facility staff for their professional conduct in coming into compliance with NCCHC's *Standards for Health Services in Jails*. The Columbia County Detention Center is awarded accreditation.

J-D-05 Hospital and Specialty Care (I). Inmates are sent to one of the local hospital emergency room for the majority of off-site care and inpatient medical and specialized outpatient care.

Since the last survey, the RHA has not reached a written agreement with a hospital or specialty providers to provide treatment to the inmates. The absence of a written agreement with a hospital does not appear to interfere with an inmate getting treatment. There were no grievances regarding this issue. At no point has an inmate been denied needed hospital and/or specialty care due to a written agreement not being in place at the time of transfer. The responsible physician calls the emergency room physician prior to sending the inmate over for treatment. When the inmate is ready to return to the facility, the hospital provides a summary of care and any follow-up instructions. The standard is not met.

Corrective action is required for Compliance Indicator #1 Written agreements include a contract, letter of agreement, or memorandum of understanding between the facility and the hospital, clinic, or specialist for the care and treatment of patients. The standard intends that inmates have access to necessary hospitalization and specialty services and that the RHA anticipates and resolves problems in advance of the delivery of specialty care in order to ensure continuity. Verification that written agreements are in place is required. Acceptable documentation includes copies of written agreements for off-site specialty and inpatient hospitalization that include each element required by the standard. Corrective action is required in order to meet this standard.

In April 2010, the RHA requested a waiver for this standard. Attempts to obtain written agreements with local hospitals and specialty care providers have not been successful. Inmate insurance is provided through a national carrier; however, the requirement for the standard is that a written agreement is in place. A waiver for this standard was not granted. **The standard is not met.**

J-E-06 Oral Care (E). Oral screening is completed by the registered nurse (RN) during the initial assessment (within 14 days). The system of established priorities for oral treatment is not limited to extractions. The wait for routine care is approximately 30 days, but there is a plan for inmates who need immediate access for urgent or painful conditions.

The registered nurse was not trained by the dentist to perform oral screenings. The MTA provided training documents from a session that he attended at NCCHC. He shared the training documents with the registered nurse, who performs the oral care screening. We explained that the nurse had to be trained by the dentist. His plan is to send the nurse to the dentist's office for training. The standard is not met.

Corrective action is required for Compliance Indicator #1 Oral screening is to be conducted by the dentist or qualified health care professionals trained by the dentist. Verification that all nurses providing oral screening have been appropriately trained is required. Acceptable documentation includes: a log containing a list of all nurses conducting this screening, date of most recent training, and signature of the dentist. In order to receive accreditation, verification that this standard has been met is required.

In April 2010, the RHA submitted training sheets signed by the dentist and the nurse. The training

was reviewed by the responsible physician and included the elements of conducting oral screening. *The standard is now met.*

J-E-11 Nursing Assessment Protocols (I). Nursing assessment protocols/clinical pathway forms, which were last reviewed by the responsible physician and MTA in January 2010, are utilized. It is clear that a physician's order is required before any prescription medication is given.

There was no evidence that the nurses are trained when new protocols are introduced or are revised, and there was documentation of an annual review of skills. The standard is not met.

Corrective action is required for Compliance Indicators #2c and 2d There should be evidence of annual review of skills as it relates to nurses' training in protocol use, as well as retraining when there are revisions or introductions of new protocols. The standard intends to ensure that nurses who provide clinical services are trained and do so under specified guidelines. Acceptable documentation includes evidence that annual nursing staff review of nursing assessment protocols is in place and that retraining will occur when protocols are introduced or revised. Corrective action is required in order to meet this standard.

In April 2010, the RHA submitted signed acknowledgments that nurses have been training in the use of the patient assessment and treatment guidelines. Monthly training topic sign-in sheets were also provided. *The standard is now met.*

J-G-01 Chronic Disease Services (E). The responsible physician establishes, and annually approves, clinical protocols consistent with national clinical practice guidelines, except for the management of patients with high blood cholesterol. The clinicians follow the chronic disease protocols for asthma, diabetes, HIV, hypertension, seizure disorder, tuberculosis, and major mental illnesses; the treatment plans for the aforementioned contain all the appropriate elements in the standard. Chronic illnesses are listed on the problem list and a list of chronic care patients is maintained.

Documentation in the medical record confirms that clinicians do not see patients with high blood cholesterol in chronic care clinics. The standard is not met.

Corrective action is required for Compliance Indicator #1c The responsible physician should establish and annually approve clinical protocols consistent with national clinical practice guidelines for patients with high blood cholesterol. Acceptable documentation includes: (a) a copy of a chronic disease protocol, consistent with national clinical practice guidelines for the management of high blood cholesterol, which has been reviewed and approved by the responsible physician; and (b) a CQI outcome study that assesses the clinical management of patients with high blood cholesterol. In order to receive accreditation, verification that this standard has been met is required.

In April 2010, the RHA submitted copies of the protocol for managing hyperlipidemia and the hyperlipidemia special needs treatment plan. Patients with high blood cholesterol have been added to the chronic disease clinic. In addition, a chronic disease tracking log for hyperlipidemia was included. The staff perform quarterly CQI studies and this tracking log is now being used to

monitor patient progress and treatment plans. ***The standard is now met.***