

Columbia County Detention Center, GA
Update Report
June 12, 2020

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 October 20-21, 2019 NCCHC conducted its review for continuing accreditation of the Columbia County Detention Center under the NCCHC 2018 Standards for Health Services in Jails. On February 7, 2020, NCCHC granted continuing accreditation with verification. 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 February 7, 2020 report.

There are 39 essential standards, 37 are applicable to this facility and 37 (100%) were found to be in full compliance. One hundred percent (100%) of the applicable essential standards must be met for to achieve accreditation. ***The Columbia County Detention Center has now met this condition.***

Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

None

Standard number and name not applicable:

J-E-02 Transfer Screening

J-F-02 Infirmary Level Care

There are 20 important standards; 19 are applicable to this facility and 19 (100%) 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.***

Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

None

Standard number and name not applicable:

J-C-08 Health Care Liaison

Decision: On June 12, 2020, the Accreditation and Standards Committee awarded accreditation to the Columbia County Detention Center.

J-F-01 Patients with Chronic Disease and Other Special Needs (E).			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Patients with chronic diseases and other <i>special needs</i> are identified.	X		
2. The responsible physician establishes and annually approves clinical protocols.	X		
3. Clinical protocols are consistent with <i>national clinical practice guidelines</i> .	X		
4. Clinical protocols for the identification and management of chronic diseases or other special needs include, but are not limited to, the following:			
a. Asthma	X		
b. Diabetes	X		
c. HIV	X		
d. Hyperlipidemia	X		
e. Hypertension	X		
f. Mood Disorders	X		
g. Psychotic disorders	X		
5. Individualized <i>treatment plans</i> are developed by a physician or other qualified provider at the time the condition is identified and updated when warranted.	X		
6. Documentation in the health record confirms that providers are following chronic disease protocols and special needs treatment plans as clinically indicated by:			

a. Determining the frequency of follow-up for medical evaluation based on disease control	X		
b. 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	X		
c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication)	X		
d. Documenting patient education (e.g., diet, exercise, medication)	X		
e. Clinically justifying any deviation from the protocol	X		
7. Chronic illnesses and other special needs requiring a treatment plan are listed on the master problem list.	X		
8. Medical and dental orthoses, prostheses, and other <i>aids to reduce effects of impairment</i> are supplied in a timely manner when patient health would otherwise be adversely affected, as determined by the responsible physician or dentist.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
There was no documentation to support that diabetics were receiving foot exams or fundoscopic eye exams.			
The following corrective action is required for Compliance Indicator #6c:			
Acceptable documentation includes:			
<ul style="list-style-type: none"> • A plan by the RHA on how this standard will be corrected • Any policy and procedure changes • Proof of staff training • A 60-day CQI study that assesses providers' compliance with following the established guideline. The CQI study should include a sufficient number of examples to demonstrate compliance with the standard. 			

Corrective action received in June 2020:

The RHA submitted: a revised (January 2020) policy and procedure; a signed physician attesting that diabetic foot exams have been completed and brought up to date for all current diabetic patients and an optometrist had been contracted to perform the eye exams; and the results of a CQI study affirming that all 10 diabetic patients present in the facility at that time had received both a foot and fundoscopic eye exams. **The standard is now met.**