

# The Correctional Association of New York

FOUNDED 1844

135 EAST 15th STREET, NEW YORK, N.Y. 10003 • (212) 254-5700 • Fax (212) 473-2807 • [www.correctionalassociation.org](http://www.correctionalassociation.org)

## Coxsackie Correctional Facility

Coxsackie is a maximum security correctional facility that opened in 1935 and now houses 1,018 male inmates. Until recently its population was dominated by young inmates, the majority of whom were under age 24. Today, the population contains inmates of a much wider age range. The Correctional Association visited Coxsackie on September 30, 2004.

The Prison has undergone a number of positive changes since our previous visit in June 2002, including a reduction in unusual incidents from 200 in 2003 to 74 for the nine month period in 2004 prior to our visit and a reduction in inmate-on-staff assaults. We attribute this decline in large part to a change in the demographics of Coxsackie's population and to the responsive leadership of the Superintendent.

The following is a summary of the Prison Visiting Committee's observations and recommendations:

### Medical

Two sources provide medical care services at Coxsackie: the prison medical clinic staffed by DOCS medical providers and the Regional Medical Unit (RMU). The RMU is comprised of the outpatient unit providing specialty services by physicians from Albany Medical Center and the inpatient component that is operated by staff from Correctional Medical Services (CMS) through a contract with DOCS.

Coxsackie's RMU outpatient and inpatient facilities and its Hospice unit appear to be effective programs, comprehensive in their range of care and impressive in their ability to serve thousands of inmates each year from various facilities in this region. Inmates clearly benefit from the availability of two onsite pharmacists and the numerous specialty doctors accessible at the RMU. We were impressed to hear that facility medical staff are trying to bring even more specialty programs to Coxsackie such as colonoscopy exams.

Coxsackie had a relatively low number of medical grievances compared with most prisons. In addition, inmates throughout the facility expressed praise for the dentist. One prisoner commented: "I'm generally afraid of dentists but I've visited him several times and the care he delivers is excellent."

Dr. Nereida Ferran was a visitor on the tour and her written observations and recommendations concerning the medical unit are contained in her memorandum, attached to this report, and incorporated in this summary. We do have some concerns about the medical

services provided by DOCS medical staff. Staff vacancies, sick call procedures and access to physician services were concerns raised throughout our visit.

### *Staffing*

On the day of our visit, three of the 11 DOCS nursing items were vacant and staff reported that they have been unable to fill these positions due to non-competitive salaries. To compensate for vacancies, Coxsackie uses per diem nurses and staff overtime, a costly alternative to additional facility staffing. Although it was noted that the Division of Budget allows for a \$7,000 geographical increase for Coxsackie nurses, a greater differential may be needed to attract candidates to these positions. In addition, there is a significant need for Spanish-speaking medical staff as the use of inmate or non-medical translators violates patient confidentiality and thus is not an adequate substitute.

Inmates reported waits of two weeks to a month to see a physician. Frequently, they said, nurses will deny them access to doctors or prescribe aspirin for serious ailments because the medical clinic is understaffed. Dr. Ferran expressed concern about the limited time (approximately 2.5 minutes per patient) the nurses have to evaluate each patient during sick call and recommended that, given the significant number of inmates attending sick call, the facility consider increasing staff assigned to that function. Considering that Coxsackie now houses inmates of all ages, we recommend that the facility reassess whether the current allocation of 1.4 full time equivalent physicians is adequate for the medical needs of its population.

### *Hepatitis C and HIV*

Although the Department of Health conducts weekly HIV screenings, only 12-20 inmates at Coxsackie are identified as HIV-positive. Given that the Department estimates HIV prevalence for male inmates at 5%, which would represent 50 inmates at Coxsackie, it appears that Coxsackie may be under-identifying HIV-positive inmates in its population. Similarly, we are concerned about the low number of inmates who are diagnosed with Hepatitis C (HCV) or who are HCV-infected and receiving treatment. These statistics lead us to question the quality of screening of potential HCV-infected inmates and the management of patients known by DOCS to be infected with this potentially fatal disease. Dr. Ferran was informed that in order to qualify for HCV treatment, inmates with a history of substance abuse must complete the RSAT program. As Dr. Ferran noted, this requirement is inconsistent with community standards of care. Moreover, the requirement to complete RSAT is even more restrictive than DOCS' Hepatitis C Practice Guideline, which only mandates that an inmate with a substance abuse history be enrolled in a drug treatment program in order to be eligible for HCV treatment.

In our discussions with inmates, it seemed that not enough outreach and education was being conducted on HIV and Hepatitis C illnesses. We ask that the prison increase the availability of information (both in Spanish and English) about these illnesses and ensure that inmates are aware of the importance of testing to diagnose and treat these chronic diseases.

## **Programs**

### ***Academic Classes***

Coxsackie's educational program was fully staffed and visitors had the opportunity to tour the academic area and speak with Educational Supervisor Kim Kewber. We were impressed with her enthusiasm for developing a quality academic program for Coxsackie's inmates that incorporates classroom teaching, library use and educational software in the computer lab. The classrooms we visited were lined with colorful posters and inmates spoke favorably about the engagement of teachers and the quality of instruction. The effectiveness of this teaching program is evident in Coxsackie's high GED passing rate of 84%. We were pleased to learn that Coxsackie has a small waiting list for all its educational programs, but we are concerned about whether the facility is adequately identifying all the inmates who could benefit from the school program. Given the problem of idleness noted by the inmate population, increasing opportunities for inmates to participate in educational programs is important both for maintaining a safe prison environment and providing meaningful activities for the inmate population.

### ***Vocational Programs***

Five of Coxsackie's seven vocational programs were open on the day of our visit, but our visitors were unable to inspect the shops due to scheduling conflicts. We had the opportunity to eat lunch in the employee dining room, which doubles as a food preparation program for 33 inmates. This program seems to be a model effort as it serves both the facility's need for a staff cafeteria and offers the inmates useful employment skills.

As with the educational program, the facility reported almost no waiting lists for vocational classes. Again, we are concerned about whether the facility is adequately recruiting inmates for these programs, given the number of idle inmates at the prison. We were told that Coxsackie is expecting approval to fill the two vacant vocational instructor positions and to reopen the electrical and masonry classes. This will be an important step in addressing the facility's high level of idleness. With such a small waiting list, however, it may be difficult to convince budget officials that the two vocational vacancies should be filled. We believe the facility's Program Committee should make greater efforts to identify inmates in need of vocational training to potentially demonstrate the need for expanding the program to its previous levels.

### ***Residential Substance Abuse Treatment (RSAT)***

Due to scheduling conflicts, we were unable to observe an RSAT group. Visitors had the opportunity to speak with the substance abuse counselor who seemed engaging and attentive to the needs of participants. Staff emphasized that Coxsackie's RSAT groups, which contain 19-22 people, are too big to provide an intensive therapeutic environment. In addition, the counselor reported that there is little follow-up conducted with RSAT graduates to facilitate long-term recovery for inmates who have had life-long issues with addiction. It was reported that some inmates relapse after completing RSAT, and then need to be recycled into the program.

Unfortunately, Cocksackie has only one RSAT counselor and more than one hundred individuals on the waiting list for treatment, making it unlikely that the groups will be reduced in size or that the counselor will have the opportunity to offer post-RSAT follow-up and treatment services. We strongly advocate for the addition of another full-time RSAT counselor to facilitate more effective treatment for Cocksackie's inmate population.

### ***High Level of Idleness***

One of the leading complaints of both inmates and staff throughout the facility was the high number of idle inmates. According to facility figures, nearly one third of Cocksackie's inmate population is either unprogrammed or assigned to full-time "porter-patrol," a cleaning position that involves no opportunity for the development of meaningful skills. On the day of our visit, two of the seven vocational programs were closed because of staff vacancies and over 100 inmates were on the waiting list for RSAT. Inmates complained of waits of up to three months to be assigned to a program at the facility. Unprogrammed inmates, particularly those who have been recently transferred to the facility but who have not received any educational, vocational or job assignment, complained that they are on de facto keeplock status, leaving their cells only a few hours a day for recreation and meals.

### ***Visiting Program***

With a capacity for only 140 individuals, Cocksackie's visiting room was one of the smallest we have seen throughout the prison system. The result is that family visits are frequently terminated on weekends. While we commended the Superintendent on his efforts to accommodate inmates' families by adding extra tables to the room, the space is still woefully inadequate for the size of the Cocksackie inmate population. As we discussed, expanding the visiting room is a necessary long-term solution to accommodate the families of over 1,000 inmates. This expansion was strongly endorsed by staff and administrators, as well as by the inmate population. Increasing visitor capacity would both strengthen family ties by allowing inmates longer visits and improve safety in the visiting room, which can become too crowded for officers to supervise properly. In our advocacy with state legislators, we will strongly support funding for this expansion. In the meantime, we recommend that additional space be identified, possibly in the gymnasium, to accommodate visitors on weekends when the free bus to Cocksackie—a valuable and much-needed service provided by DOCS—significantly increases the number of families visiting the facility.

Also requested by inmates, correction officers and administrators was the addition of a Family Reunion Program (FRP). In many maximum-security prisons, this program is critical to maintaining family ties for inmates with lengthy sentences by allowing them to unite with their families periodically, outside the prison setting. Staff that had previously worked at facilities with FRPs commented on its effectiveness as a tool for managing the inmate population, as prisoners are reluctant to engage in behavior that would jeopardize their participation in this program.

### ***General Library and Media Review***

The Division of Budget has approved funding for a part-time library clerk in addition to Coxsackie's full-time librarian. Currently, Coxsackie's library is open only one evening per week in addition to daily hours and is closed on weekends, except for the few inmates who are given weekend library passes. On the night it is open, the library is filled to capacity, and there is a waiting list for access. It is not uncommon for inmates with full-time program assignments to wait weeks for their turn to use the library facilities. The addition of a part-time library clerk should facilitate the opening of the library another evening a week. We also suggest that the facility consider shifting the library hours on certain days to begin later in the afternoon and extend the hours into the evening to permit inmates with daytime programs to have greater library access.

Inmates complained bitterly about the librarian's role on the Media Review Committee. They felt that the librarian's discernment of "gang-related" material and "non-gang-related" material was clouded by certain cultural barriers—that his unfamiliarity with certain aspects of African-American and Latino culture may lead him to inappropriately identify images as "gang-related" and to censor material, especially from African-American and Latino magazines. They also complained about the process for excision of material, explaining that, rather than merely blacking out the "offensive material," the librarian often rips out entire pages that also include "acceptable content." While they recognized that Media Review is often a contentious area between prisoners and administration officials, inmates reported that Coxsackie's Media Review Committee was significantly more restrictive than others they have encountered throughout the system. Inmates also said that appealing a Media Review decision is often an ineffective solution because the appeal process is lengthy. Moreover, inmates felt that their ability to raise substantial objections is impeded because they often cannot review the censored material before filing their appeal.

Having spoken with the librarian, we concluded that he seems committed to improving the library and serving the needs of the inmate population but that he may lack the cultural sensitivity and training necessary to be an effective member of the Media Review process. We believe that removing the librarian from the Media Review Committee (a position that requires him to perform duties such as censoring which are often at odds with his primary job as an information provider), will allow him more time to focus on library service and may improve his relationship with the inmate population.

Finally, we were informed that there are approximately 1,200 new books, many of which are related to issues of interest to African-American inmates but have not been made part of the library collection because the librarian's computer is not operational and he is unable to enter them in the catalogue. We believe these materials should promptly be made available to the inmate population and that some alternative solution should be developed to create the computer-based catalogue or to have temporary, handwritten records until the computer files can be generated. The fact that these are primarily African-American materials that are excluded also reinforces our concerns about the library staff's insensitivity to the concerns of the African-American prison population.

### ***Law Library***

It was reported that the law library had an inadequate number of word processors and computers for inmates to prepare their legal work in a timely manner. In addition, inmates expressed their concern that the rate of \$0.10/page for copying legal materials was too expensive for many indigent inmates who may need multiple copies of lengthy materials to be submitted with their legal work. After examining the law library's collection, attorneys on our visiting committee noted that many of the books and law journals were not current and should be updated. Finally, the law library's hours, which are limited to afternoons and evenings, as well as its capacity limit of 25 inmates, severely restrict the inmate population's access. Given the importance of legal work to inmates in a maximum-security prison, we strongly recommend that more resources be allocated to this area.

### ***Package Room***

Packages are a source of contention at many facilities we visit, but at Coxsackie, the package program seems particularly problematic; in 2003, the package room was the second most highly grieved area. Inmates complained that package processing often takes up to four days and that theft is a common occurrence. Frequently, inmates said, they are asked to sign for packages before inspecting the contents to ensure that nothing is missing—a procedure that violates DOCS directive 4911. We urge that inmates be allowed to examine the contents of a package first and then sign for it. The facility should also ensure that the package room is adequately staffed, particularly during holiday times when the package flow increases substantially.

### **Keeplock**

Coxsackie is one of the few prisons we have visited where keeplock-status inmates are moved from their cells to a designated keeplock area. On the day of our visit there were 70 inmates in keeplock. Generally, Coxsackie inmates must move all their belongings immediately upon receipt of a "ticket" (disciplinary infraction), even prior to adjudication. If an inmate is found not guilty, he has already moved his belongings, changed cells, missed his program or job assignment and been locked up for up to a week in conditions comparable to disciplinary segregation. Although we recognize the convenience of a concentrated keeplock block in terms of efficient prison operations, we recommend that, except in the case of serious offenses, inmates not be transferred to F-Block until after their hearing.

We also found the keeplock area to be dimly lit. During our end of the day meeting, we were pleased to hear that the lighting in the keeplock area and in certain other areas of the prison is currently being redone.

### **Special Housing Unit**

Coxsackie's SHU was quiet, well lit and generally orderly. Inmates reported that medical staff makes regular visits and mental health staff conducts daily rounds stopping at every cell to speak with inmates. In addition, prisoners expressed praise for SHU Officer Fortier, reporting

that he is receptive to their needs. The calmness of this SHU was certainly due in part to the availability and responsiveness of staff.

### **Inmate-Officer Relations**

Inmates described inmate-officer relations as tense, commonly reporting that “[officers] treat us like children.” Many inmates said that the CO’s are too rigid and, at times, verbally abusive. The consistency with which we heard this sentiment throughout the facility leads us to believe that it is credible.

In recent years, Coxsackie’s population has shifted dramatically: in the past, 70% of Coxsackie’s inmates were under 21; currently, only 22% of the population is under 21. This change has had many positive results, including a tangible calming effect, which is best demonstrated by the dramatic reduction in unusual incidents and inmate-staff violence. However, it seems that the change in the inmate population’s demographics has not been accompanied by a change in the attitudes of certain COs. Paternalistic treatment by some COs is alienating to many older inmates, who can be crucial contributors to maintaining a peaceful prison environment.

In addition, inmates complained that the correction staff harass and/or improperly target for disciplinary action members of the Inmate Liaison Committee (ILC), a group of inmates elected by their peers to represent their concerns, and the Inmate Grievance Resolution Committee (IGRC), inmates who sit on a committee that determines the outcome of inmate complaints. At the time of our visit, only 11 of the 19 ILC positions were filled, and inmates reported that C-Block and D-Block have been unable to maintain ILC representation for over a year because elected inmates in these blocks are consistently harassed and placed in keeplock, causing them to lose their committee position. In our interviews with inmates throughout the facility, many reported that it was common practice for officers to retaliate against inmates who filed grievances. These reports suggest the existence of a systemic problem where inmates who speak out or complain about conditions at Coxsackie face harassment by staff.

### **Correction Officer Concerns**

The Correction Officers we met with seemed largely content with conditions at Coxsackie. In particular, they praised the Superintendent and his administration’s open door policy and receptiveness to staff issues. For the most part, contract issues and salary negotiations were the union representatives’ paramount concerns; one officer explained that in seven of the past 16 years he received no raise despite increasing job demands, the dangers of working in a prison, and the requirements that COs move around the state, sometimes far from their families, to accommodate job openings. When asked what was the one change that would help them most in their positions at Coxsackie, the officers all requested increased training in the areas of mental health, gang intelligence and weapons use.

## **Summary and Recommendations**

We believe that Cocksackie has a number of praise-worthy aspects including the treatment-rich RMU and Hospice; the calm SHU with responsive correction and civilian staff; high correction officer morale; and a substantial reduction in unusual incidents. We believe that many of these improvements result from the administration's open and accessible leadership that was praised by both staff and inmates.

We made the following recommendations to the administration to address problems that remain and to foster continuing improvements:

### ***Medical Care***

- Fill three vacant nursing positions. If these positions cannot be promptly filled because candidates are unwilling to accept current salary restrictions, DOCS Central Office staff should request from the Division of Budget an increase in the geographical differential for nurses.
- Improve the timely access of inmates to physician clinic appointments and assess whether the current allocation of 1.4 full time equivalent physicians for the prison is adequate to meet the needs of Cocksackie's patient population.
- Recruit Spanish-speaking staff in order to serve the large patient population that is Spanish-language dominant.
- Assess whether adequate nursing staff is assigned to the sick call process and consider increasing the staff performing this function to permit more thorough sick call encounters.
- Enhance the efforts to screen, identify and treat inmates who are infected with HIV and/or Hepatitis C. Provide greater outreach to and education for the inmate population about these diseases and acquire and distribute current written materials about these diseases in English and Spanish.
- Eliminate the requirement that a patient must start or complete RSAT before Hepatitis C therapy can be initiated, and establish a policy that substance abuse therapy should be a recommended, but not mandatory, adjunct to Hepatitis C treatment for those patients who have a recent history of substance abuse.
- Enhance the RMU Quality Improvement program to include review by non-DOCS medical experts.

### ***Programs***

- Fill the two vacancies in vocational programs.
- Increase the efforts of the Program Committee to recruit inmates for all educational and vocational programs.
- Reduce the number of idle inmates and inmates assigned to porter positions by increasing educational, vocational and meaningful job positions.
- Increase staffing for the RSAT program to allow for an increase in the program's total enrollment. Reduce the size of the individual RSAT groups to permit a more intimate and intense therapeutic environment. Initiate follow-up activities for RSAT graduates to facilitate long-term recovery and to assist them in their transition to the community.

### ***Visiting Program***

- Expand the visiting area through the temporary use of alternative areas to accommodate overflow from the current facilities, and initiate the long-range solution of constructing additional visiting room space.
- Establish a Family Reunion Program for the prison.

### ***Library Services and Media Review***

- Fill the part-time library clerk position and expand the hours of evening access to the library. Consider shifting the general library hours on some days to begin later in the day and extend the hours into the evening to increase access for inmates who have daytime programming.
- Allocate more resources to the law library operation. Purchase computers and more typewriters, update outdated reference materials and supplement the collection. Expand the law library hours and increase the capacity of the law library. Make available the 1,200 new books, which have been withheld from the collection due to an inability to enter them in the library catalogue, as soon as possible and review library procedures to ensure that new library materials are promptly provided to the inmate population.
- Review the operation of the Media Review Committee. Consider removing the librarian from the Media Review Committee, re-evaluate its criteria for designating materials "gang-related," and institute a procedure for redacting objectionable materials that excludes only those portions of the text that need to be deleted and does not remove other materials from the publications being censored.

***Package Room Operation***

- Investigate the operation of the package room. Deliver packages to inmates in a timely fashion and mandate that inmates can be required to sign for their packages only after they have had an opportunity to examine the contents of the package. Consider increasing the staffing for the package room during times of increased volume, such as during the holiday season.

***Keptlocked Inmates***

- Modify the procedure requiring inmates who receive a misbehavior report to be moved to F-Block. Consider moving prior to a hearing only those inmates with the most severe infractions who could expose staff and/or other inmates to a serious risk of harm.

***Inmate-Officer Relations***

- Investigate measures to reduce the tension between staff and the inmate population. Counsel staff on effective and respectful ways to interact with mature inmates.

***Correction Officer Training***

- Provide more training to prison staff in the areas of mental health, gang intelligence and weapons use.

**Report on Medical Services at Cossackie Correctional Facility  
By Nereida Ferran, MD**

**MEDICAL SERVICES AT COXSACKIE C. F.**

On September 30, 2004, as part of the Prison Visiting Team, I inspected the medical services at Cossackie C.F. The medical operations at the prison are comprised of three components: (a) medical services provided to the inmate population at Cossackie C.F. through the medical clinic at the prison staffed by DOCS medical personnel; (2) the out-patient clinic at the Cossackie Regional Medical Unit (RMU) providing specialty care services to inmates from the Clinton, Great Meadow and Oneida hubs staffed by specialists from Albany Medical Center; and (3) the in-patient unit in the RMU, including a hospice program, serving inmates from the Clinton, Great Meadow and Oneida hubs and operated pursuant to a contract with Correctional Medical Services (CMS). I spoke with DOCS medical personnel, DOCS Deputy Superintendent for Correctional Medical Facilities Joan Smith, and members of the ILC, as well as with correctional officers. Based upon these discussions, our tour and information provided by DOCS officials, I made the following observations:

**DOCS MEDICAL CLINIC AT COXSACKIE C.F.**

The DOCS medical staff at Cossackie consists of one full-time physician, Dr Miller (a board eligible Internist), who is also Medical Director, and another part-time (16 hours/week) physician; these doctors provide most of the general medical care. Dr. Miller conducts seven patient care sessions per week (approximately 28 hours of care).

There is a nursing shortage in the DOCS medical unit as three of the 11 nurse items are not filled, even though New York State Civil Service has approved a geographical differential pay raise for nurses in this region of the state. To provide required nursing services the prison must use per diem nurses or "extra service nurses" (DOCS nurses from other facilities) to fill in for the missing full-time staff. We were informed that the facility has not exceeded its overtime budget. The prison lacks a Spanish-speaking health care provider and, therefore, in order to communicate with Spanish-speaking inmates, medical staff must resort to using two counselors, other inmates or a "language line" available through the telephone to translate for the inmate-patient.

The inmate population expressed the view that the medical care provided by the physicians was generally adequate but that the nurses who conduct sick call inappropriately limited access to the prison physicians. The nurses were often perceived as dismissive of the inmates' symptoms.

The nurses conduct sick call at 6:00 AM and see around 30-50 patients in a 1.5-2 hour period (around 2.5 minutes per patient), which probably explains the impression the population has about the nurses. Since the nurses are generally responsible for determining when a patient needs to see a doctor, if they only have about 2 minutes to listen to and assess a patient, it is understandable that some problems will not be satisfactorily addressed. We were informed that the nurses also do rounds three times per day in the SHU. This task requires a significant amount of nursing time and with the nursing shortages, I am concerned that the nursing staff may be spread too thin to effectively perform all its duties.

The medical staff informed us that there are about 20 patients being treated for HIV at the present time. Dr. Miller reported that infectious disease specialists, who come to the RMU from Albany Medical Center, evaluate Coxsackie HIV-infected patients and that after these examinations, the patients are followed by Dr. Miller in the prison clinic. Weekly HIV clinics are held at the RMU by two infectious disease (ID) specialists who provide care to patients referred from the Great Meadow, Clinton and Sullivan Hubs. We were also informed that HIV testing and screening are conducted regularly by staff from the AIDS Institute of DOH.

I did not have the opportunity to speak to any HIV-positive inmates or review the medical charts of such patients. But if these patients are regularly evaluated by an ID specialist and routine follow-up care is provided by the prison physician, I anticipate that such care would be adequate to meet the patients' needs.

There are 2-6 patients at any given time on treatment for Hepatitis C. They are evaluated by the ID specialists and followed by Dr Miller. These patients are mandated to complete the RSAT course before they receive treatment for Hepatitis C, a restriction on access that is not imposed on patients infected with Hepatitis C who are treated in the community. However, the medical staff stated that patients awaiting treatment for Hepatitis C would be given priority for enrollment into the RSAT program. It was my impression from speaking to inmates that the RSAT program has a significant waiting list for openings.

## **COXSACKIE REGIONAL MEDICAL UNIT**

### **Out-patient Specialty Clinic**

The out-patient program at the RMU operates clinics for 30 subspecialties, and there are a total of about 18 different doctor visits per month in the RMU. The out-patient specialty clinic area is staffed with a full-time RN, a part-time RN, two full-time LPN's and one part-time LPN. There are no nursing vacancies in this area. The program evaluates approximately 550-650 patients per month and performs a range of office and out-patient procedures, like flexible sigmoidoscopy, cystoscopies, biopsies and spinal taps. Some specialists are also available to facility providers via a telemedia conference. All patients seen at the clinic have a "shadow chart," in which copies of all notes and specialty consultations are kept on site within the specialty care clinic. The nurse in charge of the specialty clinic area appeared knowledgeable and well aware of all the clinic functions.

Ms. Joan Smith, who is an RN and worked in DOCS' Central Office in the past and is the Deputy Superintendent for Correctional Health Care Facilities, supervises the entire RMU medical area. She described having a quality improvement (QI) program developed by her and a specific QI instrument used to assess care. She informed us that the results of this QI program are monitored by medical officials in DOCS' Central Office. We were unable to review a sample of the QI parameters being used in this instrument or the results of the most recent evaluations. Ms. Smith stated that we should make our request for these materials from medical officials in DOCS' Central Office. I would like to review these documents in order to evaluate the scope and effectiveness of the QI program.

Most emergency evaluations performed on Cossackie patients are performed via a teleconference with Emergency Room physicians at an outside hospital. We received few additional details about this program, and, therefore, I could not assess its adequacy.

We were informed that there had been 14 deaths in the last year at the prison, most of whom were patients in the hospice program in the RMU. There was one suicide described by the inmates that raised some concerns about the care being provided. Although the information provided to us was not clear, the inmates informed us that this inmate was apparently under mental health care at the time of his death and that he made attempts to communicate his intentions to harm himself to clerical staff. Nursing staff denied this course of events. I would like to review the relevant portions of this patient's medical and mental health records to determine whether staff were aware of his situation and whether appropriate interventions were made.

### **Cossackie RMU In-patient Unit**

We did not have an opportunity to visit the in-patient RMU area or talk to patients in this unit. During my past visit, I was impressed by the operation of the in-patient facility. The unit has eight isolation rooms for patients with suspected communicable diseases, but I did not obtain any information concerning the current use of these beds. I was pleased to learn that an active hospice program is still in operation in this unit; the need for such a facility is evident from the number of deaths that occur at the facility.

## **RECOMMENDATIONS**

In summary, the overall medical services at Cossackie appeared to be reasonably good with some areas that deserve attention and improvement:

- 1) **Nursing staff shortages should be eliminated and sick call services should be improved.** It is crucial that the vacant nursing items be filled expeditiously because the use of per diem and extra service nurses is not an adequate solution to missing staff and can result in lack of continuity of care. It may be that the geographical differential recently approved is not adequate to recruit the nurses needed, and therefore, additional compensation may be necessary to attract qualified nurses. I also suggest that the facility consider sending two nurses to sick call if it is expecting that 50 inmates will have to be seen in 1.5 hours. The inmates depend heavily on the clinical skills and time the nurses can provide them at sick call; these nurses are the gatekeepers to see the physicians and a delay in access or failure to refer patients to a doctor in a timely manner can have serious consequences.
- 2) **Spanish-speaking staff must be recruited.** The head nurse was somewhat dismissive of the idea that having bilingual medical staff is essential in order to maintain confidentiality and improve communication with, and care of, Spanish-speaking patients. A differential pay for bilingual health care staff should be established, similar to the geographic

- 3) differential that is provided for all nurses, to provide an adequate incentive for Spanish-speaking medical staff to join the prison staff.
- 4) **The Quality Improvement Program should include review by non-DOCS medical experts.** The QI system should be open to scrutiny from outside sources in addition to DOCS Central Office medical staff. DOH or an independent medical authority should (a) see the criteria used to assess the quality of care, (b) review the results of the evaluations, and (c) evaluate and monitor the plans to correct any identified deficiencies.