

**NYC Department of Correction  
&  
NYC Health + Hospitals**

**PRESENTATION TO THE BOARD OF CORRECTION**

March 8, 2016

## Provision of Sick Call & Follow-up Visits

- The NYC Department of Correction (DOC) and NYC Health + Hospitals (H+H) recognize that improvements can be made to the provision of sick call and follow-up visits.
- Collaboratively, we are assessing the factors contributing to production and clinical services concerns and implementing changes that will effectively facilitate enhanced access and services.

## Historical Perspective

- Sick call is provided on a daily basis, Monday–Friday, Department-wide, in every facility and housing area
- Inmates request sick call, and, when requested, are currently produced to clinic for appointments with a medical provider
  - Sick call and follow-ups are both impacted by DOC and H+H:
    - Facility security concerns (i.e., alarms and lock downs)
    - DOC and H+H Scheduling Practices
      - Disconnected scheduling practices
      - Service and program conflicts (i.e., law library, commissary, and other educational programming)
    - DOC and H+H staffing
- DOC and H+H system changes, data sharing issues, and staffing coordination need to be addressed to improve production

## Challenges

As we made strides in our joint planning, DOC and H+H have identified staffing, scheduling, and structural deficiencies

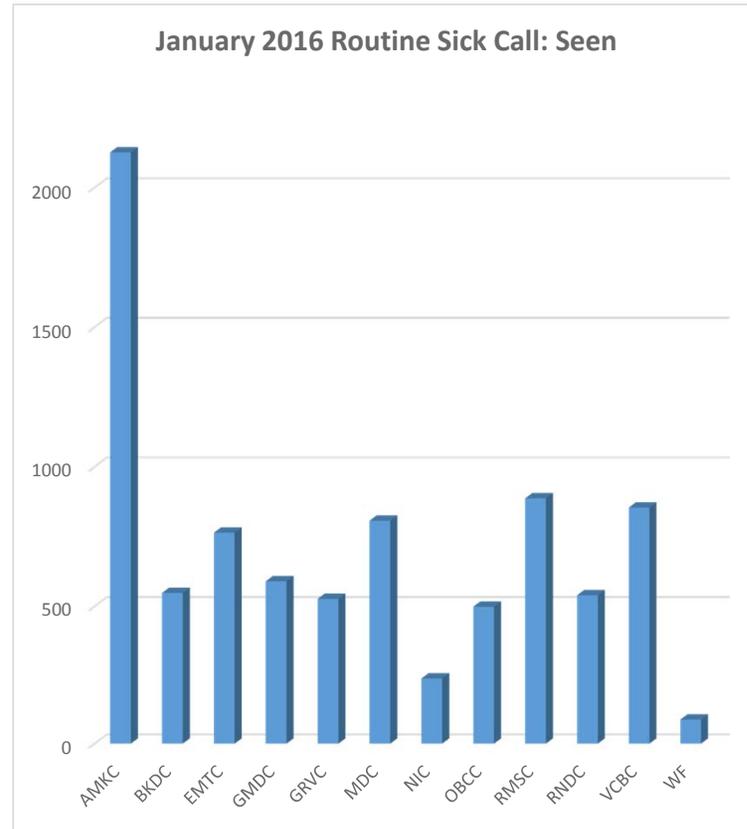
- Staffing
  - DOC and H+H need to better coordinate scheduling and staffing across all facilities to best maximize daily inmate needs and available staffing
  - Years of reductions in staffing levels, moving to an escorted movement model, and increased staffing ratios in specialized housing units can produce escort deficiencies
- Physical Plant
  - Structural limitations could no longer meet the demands of enhanced health services and commingling constraints resulting from the new classification system

# SICK CALL & MEDICAL FOLLOW-UP METRICS

## Sick Call Visits: January 2016

January 2016 Routine Sick Call	
Encounter Facility	Seen*
AMKC	2126
BKDC	548
EMTC	764
GMDC	590
GRVC	527
MDC	807
NIC	238
OBCC	499
RMSC	887
RNDC	540
VCBC	854
WF	88
<b>Totals</b>	<b>8468</b>

\*Seen visits include refusals

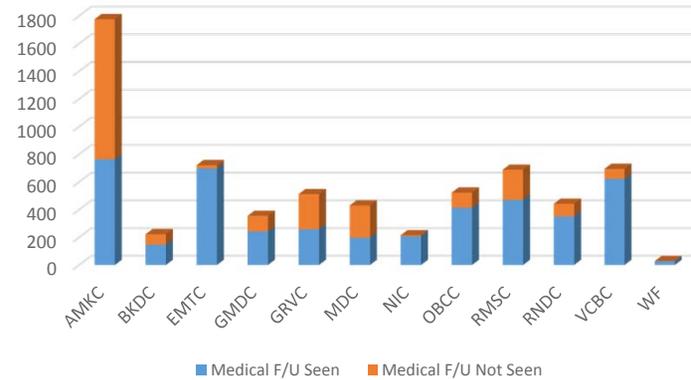


## Medical Follow-up Visits: January 2016

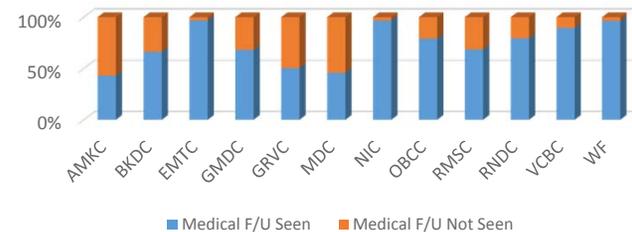
January 2016 Medical Follow Up		
Encounter Facility	Seen*	Total Scheduled
AMKC	763	1776
BKDC	147	222
EMTC	698	721
GMDC	242	355
GRVC	258	512
MDC	197	430
NIC	208	215
OBCC	413	523
RMSC	471	688
RNDC	351	442
VCBC	622	694
WF	27	28
<b>Totals</b>	<b>4397</b>	<b>6606</b>

\*Seen visits include refusals

January 2016 Medical F/U: Seen vs Not Seen



January 2016 Medical F/U: Seen vs Not Seen as % of Total



## Next Steps

DOC and H+H are coordinating to address several identified issues:

- Mini Clinics:
  - Two (2) mini clinics are operational in AMKC
  - Expansion of the mini clinic model department-wide
- Coordinated Scheduling
  - Two agency review of staffing requirements
  - Facility by Facility schedule reviews
- Isolated Lock-Down Response
  - ICS model
- Housing Area Triage:
  - Clinical staff in housing areas to address minor medical concerns and prioritize inmates requiring clinical services

**Thank You**