NYC HEALTH + HOSPITALS

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Derrick D. Cephas, Acting Chair
NYC Board of Correction
1 Centre Street
Room 2213
New York, NY 10007

Re: Variance Request to BOC Minimum Standards Regarding Health Triage in Enhanced Supervision Housing Units

Dear Mr. Cephas:

Pursuant to §1-15(b)(2)(i) of the New York City Board of Correction's ("Board") Minimum Standards, the Division of Correctional Health Services ("CHS") of the New York City Health + Hospitals requests a continuing variance from the BOC Minimum Standards §1-16(d)(4), which requires that "[a]ll inmates in ESH shall be seen at least once each day by medical staff who shall make referrals to medical and mental health services where appropriate," in relation to the care of inmates held in Enhanced Supervision Housing ("ESH").

Due to the structural and practical limitations of the ESH setting, CHS proposes a modification to its approach to rounding in the ESH. The current standard requires that every inmate housed in the ESH is seen by CHS medical staff on a daily basis. In order to make this possible, the ESH was initially designed to allow CHS staff to perform rounding while all patients were undergoing a period of lock-in. This method of rounding during lock-in operated from the inception of the ESH until recently.

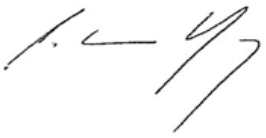
As of January 2016, there were eight ESH units with an average daily population of 97 individuals, 6.5 times more than the 15 individuals approximately one year prior. As the census within the ESH and number of ESH units grows it is no longer possible for CHS to allocate the necessary staff to perform rounding during the one hour devoted to complete ESH census lock-in. While CHS is unable to perform medical rounds on patients who are not locked-in, it is also unfeasible, and potentially unsafe, for CHS staff to perform rounding while there are patients who are not locked-in and moving about the ESH. Rounding in this environment is not only clinically problematic, but also raises the risk that confidential patient-provider conversations will be inappropriately overheard.

CHS requests a variance from the Minimum Standards, therefore, to initiate a system of centralized patient surveillance which would ensure the appropriate and expedient escalation of patient health concerns while also improving the sick call process in the ESH. This approach would also protect the confidentiality of patient encounters while protecting the safety of health staff working in the unit. Accordingly, each patient housed in the ESH would indicate whether they either request or decline health services on a health triage form (attached) distributed by Department of Correction ("DOC")

staff. The forms would be collected daily by DOC staff and delivered to CHS providers as they visit each unit. All patients who require medical attention will be brought to confidential clinical settings by DOC. As every form must be produced to the health service, this process will serve as a secondary verification that every patient who requests sick call is known to health staff. In the event that a patient who is locked-in refuses to produce a form, CHS providers will visit the patient's cell accompanied by a DOC escort to assure that a proper assessment occurs. Through centralized surveillance, CHS will be able to account for each patient's individual health concerns, expedite urgent cases and promote confidential health encounters.

We appreciate the Board's immediate consideration of this matter.

Sincerely,



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cc: Ross MacDonald, M.D., Interim Chief Medical Officer, CHS