

New Admission Screening, Treatment, and Monitoring

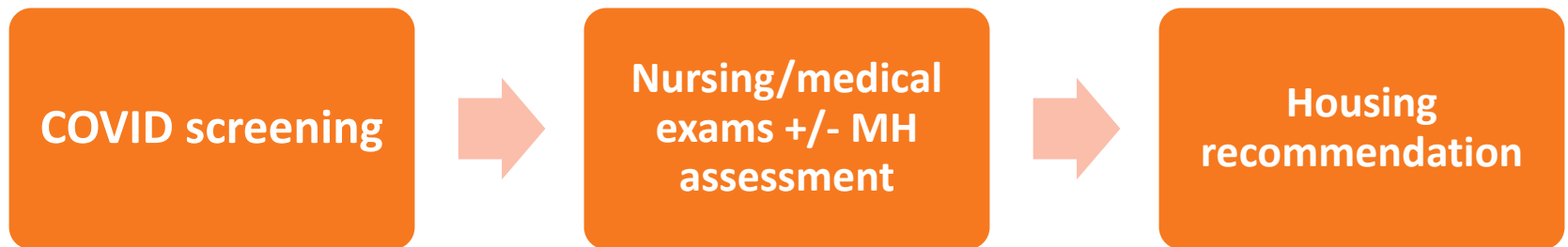
NYC Health + Hospitals/Correctional Health Services

Presentation to the NYC Board of Correction
July 12, 2022



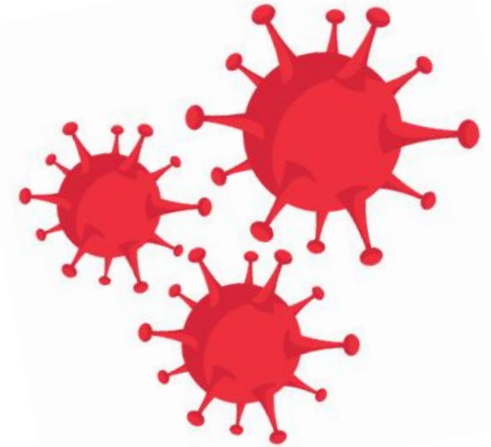
Current Intake Process

- Screening for SARS-CoV-2 →
- Complete history and physical exam by nursing and medical staff, including screening for non-COVID communicable diseases, chronic medical conditions, and mental health needs →
- Housing recommendation based on individual clinical need and risk
 - Can include hospital referral, medical isolation (e.g. COVID+, intake refusal), medical or mental health therapeutic housing, or general population new admission observation



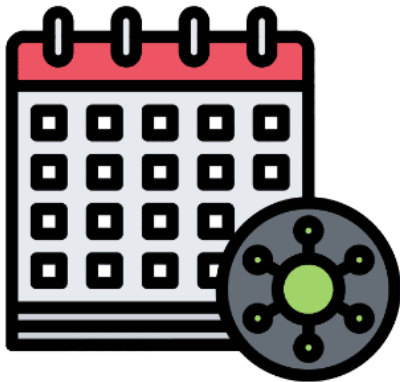
New Admission COVID-19 Containment (as of 7.12.22)

- COVID+ patients are placed in isolation and monitored daily for ten days
- All other newly admitted patients are quarantined for ten days
- CHS conducts clinical rounds on quarantine units twice during a ten-day period, once between Days 0 and 2 and again between Days 5 and 7
- Any COVID or non-COVID-related clinical needs requiring follow-up are requested for escort to clinic, in accordance with standard practice
- When isolation/quarantine/observation periods are over, CHS “clears” the housing units and notifies DOC that patients can be reassigned to other facilities



Advantages of Centralized Intake Facility at EMTC

- Supports timely identification of acute medical and mental health needs (e.g. COVID positivity, withdrawal, injuries, suicidality) during clinically high-risk period
- Facilitates more organized, timely movement of patients into clinically appropriate housing, including: medical isolation, quarantine, or therapeutic housing
- Reduces likelihood of movement of patients (and virus) among facilities



- Provides greater access for clinical monitoring of patients who are in proximal cohorts of isolation or quarantine
- Permits separate workflows and clinic space for new admission intake and clinical follow-up care for patients in quarantine or isolation

Advantages of Centralized Intake Facility at EMTC (cont.)

- Allows for greater visibility into patient volume
- Facilitates staffing adjustments to accommodate patient volume in processing of new admissions and post-intake interventions and monitoring
- Maximizes staffing efficiencies through economies of scale



Proposal for Improved Follow-up at EMTC

- Due to capacity limitations in other facilities, EMTC includes large numbers of patients who have been cleared from new admission quarantine
 - The increase in the number of individuals needing non-COVID-related, post-intake, follow-up care places strain on a system that was built to meet the clinical needs of an early admission population
- CHS has proposed extended hours, expanded services, and stratified scheduling of production at the “New Clinic,” while continuing to separately process new admission intakes in the “Old Clinic”; and consolidation of all post-intake MH services to the “#1 Main Clinic”



“Old Clinic”:
intake processing



“New Clinic”/“#1 Main Clinic”:
post-intake interventions

- CHS hopes that the recent closure of OBCC can help support the redeployment of staff to support this growing demand

