

James Browning

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Sent: Wednesday, June 14, 2023 1:20 PM
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Subject: Placing Dr. Kumar's reports on the record.
Attachments: MDC Medical Report -March 2023 -KL highlights.pdf

CAUTION - EXTERNAL:

Dear Judge Browning and Ms. Rotunda,

At a recent court setting, the Court and the parties discussed placing Dr. Kumar's reports on medical care at MDC on the record available to the public. Attached for the Court's convenience is the most recent report issued in April 2023.

Sincerely,
Katherine Loewe

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7/2/23

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7/2/23

Assessment of Medical Care
at
Metropolitan Detention Center
Albuquerque, New Mexico

Prepared by

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Report Date:

April 2023

This is the report regarding the medical care at Metropolitan Detention Center (MDC). The review was conducted onsite on March 20-23, 2023. My assessment is based on the walkthrough of the facility, staff interviews, and a review of reports and medical records. The leadership and the staff were very collaborative and responsive to my requests during the site visit.

Significant changes since the last visit: There have been some leadership changes. There have not been any major process changes since the last review. The facility has a new Warden. He is a hands-on leader and is very supportive of the medical team. He is committed to providing good care for the inmates. YesCare is currently providing healthcare. They have hired a new Health Service Administrator. The current staff have been promoted to Director of Nursing, Assistant Health Service Administrator, Medical Director, and Quality (CQI) Nurse. One of the previous healthcare leaders has been hired to be the liaison between the medical and correctional teams. It is good to see that the facility identifies eligible talent within the organization and promotes them to key roles.

There are plans for healthcare to be provided by the University of New Mexico Medical Center. There is a team working on the details of the transition. I had an opportunity to meet with the University of New Mexico Medical Center leadership regarding the transition. They are committed and engaged in the transition process. YesCare leadership team is also committed to ensuring a smooth transition.

The facility has a good, committed medical staff. The morale of the staff has improved. There is much excitement about the upcoming changes. The current leadership team and the staff are working hard. However, there is a significant shortage in nursing staff that is impacting healthcare delivery. Despite using agency staff to compensate for the deficit, the current staffing levels do not allow them to complete the daily clinical tasks in a timely manner. This creates an unsafe environment for the inmates. The recruitment efforts are ongoing, but there needs to be more urgency. Compensation has been adjusted to help with the recruiting efforts. In addition, the new leadership team is working as frontline staff due to staffing shortages and doesn't have adequate time to function effectively in their leadership roles and improve the program.

The medical program was working on assessing and optimizing the detox program, which they had identified as a high priority. This effort has been stopped. MDC continues to struggle to establish a reliable and sustainable medical program. Recently, some progress has been made in the quality improvement program. They have developed a calendar to review the various aspects of the healthcare program periodically. The team has developed audit tools to self-monitor the

timeliness and quality of care. This effort is helping them identify the issues that need to be addressed. The leadership team is reviewing the findings and developing corrective action plans.

The priority recommendations stay similar to the last report:

- Consider using rapid cycle improvement efforts to address high-risk areas quickly. (i.e., detox program, sick call program, etc.)
- Recruiting efforts should be a high priority so that the current staff gets help with coverage.
- Improve the frequency and quality of communication with the current staff to improve morale and reduce turnover. Clear and respectful communication through immediate supervisors to avoid confusion and frustration.
- Provide adequate training and support as the staff goes through the changes.
- Involve the staff in recruiting and improvement efforts.
- Finalize the changes to policies and procedures so the new staff can be trained on such policies and procedures.
- Review all outstanding tasks/visits during the daily huddle and ensure it's completed in the order of priority at the end of the day.

Checkout audit provisions of medical services:

6A MDC's provision of medical services complies with MDC's medical policies and procedures.

Findings:

The plan is to update and approve the policy and procedures through their leadership. Once the policy and procedures are approved, the staff will be trained on these new policies and procedures. This effort is in progress.

Assessment: Partial-Compliance

Recommendations:

1. Prioritize the policies and procedures, have them finalized and approved as soon as possible, and educate the staff on the new policies and procedures.
2. Update the policies and procedures to meet the MDC medical program and get them approved.
3. Educate the staff on the new policies and procedures.
4. Track routine review of the policies and procedures.

5. Track education of policies and procedures for the new staff and refresher training for current staff.

6B MDC is in compliance with the advisory standards set forth in the American Correctional Association's Standards for Adult Detention Centers.

Findings:

The American Correctional Association (ACA) accredited MDC on January 8, 2018. It is a three-year accreditation. Unfortunately, there was a delay due to the COVID-19 pandemic. The next audit has yet to be scheduled.

Assessment: Non-Compliance

Recommendations:

1. Schedule the ACA audit as planned.

6C MDC has made and is making good faith efforts to comply with the Advisory Guidelines of the National Commission on Correctional Health Care.

Findings:

NCCHC conducted a review in April 2021. Two items were partially complaint. These were addressed and have been acknowledged by NCCHC.

Assessment: Compliance

Recommendations:

1. Continue to monitor the program performance on NCCHC standards.

6D MDC is conducting and completing a history and physical exam of each inmate in a timely manner, i.e., within 72 hours for inmates with serious medical needs identified at booking and no later than 14 days otherwise.

Findings:

The history and physical exam should be prioritized based on the severity of their clinical condition. The assessment needs to be more comprehensive and detailed. The plan of care and recommendations need to be adequately documented. The documentation is confusing since the comprehensive health assessment is not written in a single template. The history is in a separate template from the physical exam template. The history and physical are not always completed promptly.

Assessment: Non-Compliance

Recommendations:

1. Complete the initial and yearly history and physical exam promptly.
2. Establish a process to identify and track sick inmates so they can be prioritized.
3. Re-evaluate the documentation template to enable detailed history, exam, and care plan for all active medical health conditions.
4. Establish a tracker (report) and review in the daily operational huddle to ensure the assessments are completed promptly based on priority.

6E

MDC inmates who complain orally or in writing of serious acute illness or serious injury are given immediate medical attention.

Findings:

The nursing shortage has significantly impacted the sick call process. The process of providing immediate medical attention for oral or written complaints is unreliable. There is no standard process to ensure that sick call requests are picked up daily and triaged promptly.

Assessment: Non-Compliance

Recommendations:

1. Sick call requests should be triaged by a trained nurse and assigned a triage level as emergent, urgent, or routine.
2. A clinical staff member should promptly assess sick call requests based on acuity level.
3. All medical assessments should be conducted in a private setting, and all essential medical equipment should be available and used appropriately during the assessments.

4. Standard sick call forms should be used in all housing units. Remove any old versions of the sick call forms.
5. Ensure that the sick call forms are readily available to the inmates in the housing units. Have a process to refill the stock periodically.
6. Establish a process to ensure that all sick call forms have been picked up from all sick call boxes daily.
7. Encourage the use of established nursing templates.
8. Educate nursing staff on common medical conditions and provide refreshers periodically.
9. As part of the quality program, establish a process to evaluate each nursing assessment and provide feedback for continuous improvement.
10. Establish a tracker (report) and review it in the daily operational huddle to ensure that the sick call requests are completed promptly based on priority.

6F All inmate requests for medical care are timely communicated to medical personnel for appropriate treatment.

Findings:

When detainees have a medical concern, the officers will notify the medical staff. There is a communication breakdown. There are situations where the medical staff was not contacted, and there are situations where the medical response was inadequate or delayed. The security staff should take the inmate to the clinic or immediately escalate if there is no timely response from the medical team. The warden and the new Health Service Administrator are meeting periodically and making efforts to improve communication and collaboration.

Assessment: Non-Compliance

Recommendations:

1. The officers should be educated on common medical emergencies on an ongoing basis.
2. The officers should notify the medical staff when there is a medical request or if they notice a medical situation. The officers should take the inmate to the clinic or immediately escalate to a supervisor if there is a delayed response from the medical team.

6G MDC has made necessary revisions to existing policies, procedures, and practices for any deficiencies identified by MDC, or the monitors, regarding the provision of timely access to appropriate medical care and is following the revised policies, procedures, and practices.

Findings:

The medical leadership is in the process of updating the policies and procedures to meet the needs of the facility. The policies are being updated in the order of priority. Recently the educator has been promoted to a different role, and the educator role is vacant. This delays the training for the staff on the policy and procedure changes.

Assessment: Partial Compliance

Recommendations:

1. Update the policies, procedures, and practices to meet the facility's needs.
2. Prioritize the policies and procedures, have them finalized and approved as soon as possible, and educate the staff on the new policies and procedures.
3. Update the policies and procedures to meet the needs of the MDC medical program and get them approved.
4. Educate the staff on the new policies and procedures.
5. Track routine review of the policies and procedures.
6. Track education of policies and procedures for new staff and refresher training for current staff.
7. Ensure practice matches the policies and procedures using a quality improvement program.

6H MDC's Quality Improvement Process (See below items)

6H1 **Quality Improvement:** MDC operates an adequate Quality Assurance/ Improvement system regarding medical care, its medical and health care policies, and procedures, including but not limited to those identified in NCCHC standards and MDC policy, and has implemented appropriate corrective action.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/ Improvement program. A staff member has been recently promoted to lead the continuous quality improvement program (CQI). In collaboration with the leadership team, the CQI nurse has implemented a calendar to periodically monitor/audit the various aspects of the medical program. They have designed detailed audit tools and have conducted several audits. The medical leadership team is reviewing the audit findings, and corrective action plans are being developed to address the issues. This is good progress.

Assessment: Partial-Compliance

Recommendations:

1. Continue the quality improvement efforts.
2. Continue to develop audit tools for each of the services.
3. Capture the action plans, prioritize, and track them to completion.

6H2 **Quality Improvement:** MDC has a committee that reviews individual and system data about triggers and thresholds and determines whether the data indicates trends either for individuals or for the adequacy of treatment overall.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/Improvement program. The CQI nurse is developing audit and tracking tools with the leadership team's support. The CQI committee reviews the findings of the audits and the status of the action plans. Much work needs to be done, but this is good progress.

Assessment: Partial-Compliance

Recommendations:

1. Establish a daily tracking and review process for the local leadership to ensure that all clinical tasks are completed promptly in the order of priority.
2. Establish a process to monitor the timeliness of care for each healthcare service.
3. Establish a process to monitor the quality of assessments and care for each healthcare service.
4. Audit nursing assessments periodically and provide feedback to the staff.

6H3 **Quality Improvement:** MDC's Quality Improvement Committee conducts analyses of the medical and healthcare processes and makes recommendations on changes and corrective actions.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/Improvement program. They have recently started auditing the healthcare processes and making recommendations based on the findings.

Assessment: Partial-Compliance

Recommendations:

1. Identify improvement efforts and prioritize based on safety, effort, and impact.
2. Consider rapid cycle improvement efforts to address high-risk areas quickly.
3. Trend performance over time and develop action plans for issues with timeliness and quality of assessments and care.
4. Report the action plan updates in the CQI meeting and make necessary changes to the action plan.

6H3a **Quality Improvement:** Provides oversight of the implementation of medical policies, procedures, guidelines, and support plans.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/Improvement program. However, the corrective actions have not been effectively implemented due to staffing shortages and leadership not being fully functional in their leadership roles.

Assessment: Partial Compliance

Recommendations:

1. Develop an implementation plan for policies and procedures, nursing guidelines, and clinical practice guidelines.
2. Track the progress of the plan.
3. Report the progress in the CQI meeting and make necessary changes to the plan.

6H3b **Quality Improvement:** Reviews policies, training, and staffing levels.

Findings:

The policies and procedures are being updated. Therefore, training has to be provided on the updated policies and procedures. In addition, the educator role is vacant since the individual was promoted to a different position. This is causing delays in staff training.

The medical program has a staffing plan. However, there is a significant staffing shortage. The leadership team is trying to hire additional staff to fill the open positions. The staff shortage is affecting the timeliness and the quality of medical care.

Assessment: Non-Compliance

Recommendations:

1. Finalize the policies and procedures.
2. Train the staff on updated policies, procedures, and clinical guidelines and evaluate competence.
3. Track all policies and procedures, clinical guidelines, and quality improvement plans to ensure they are reviewed and approved per policy.
4. Ensure that the staff is following the policies and procedures.
5. Update the policies and procedures as appropriate.
6. Update the clinical practice guidelines and nursing guidelines periodically.
7. Periodically review the staffing plan and make changes to meet the program's needs.

6H3c **Quality Improvement:** Monitors implementation of recommendations and corrective actions.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/Improvement program. The team has developed a corrective action tracking tool to monitor the implementation of the identified corrective actions. There are several action plans identified through various efforts. They need to be consolidated to avoid duplication of efforts, etc. There is a delay in the implementation of action plans.

Assessment: Partial-Compliance

Recommendations:

1. Track action plans to completion.
2. Re-evaluate the performance after the implementation of the corrective action plan.

6H3d **Quality Improvement:** Reports its findings and recommendations to the appropriate County officials periodically.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/Improvement program. In addition, the team is starting to develop audit tools and reports for each of their services. The information is shared with the CQI committee.

Assessment: Partial-Compliance

Recommendations:

1. Document all the findings and action plans in the CQI meeting minutes.
2. Review findings, action plans, and action plan status in the CQI meetings.
3. Include appropriate members in the CQI meetings and share the information with the relevant teams.

6H3e **Quality Improvement:** Refers appropriate incidents to the Morbidity & Mortality (M&M) Committee for review, as necessary.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/Improvement program. The mortality and morbidity reviews are conducted using a standardized format. The template has been recently updated. However, there is a delay in completing the reviews promptly. The detained review should help identify root causes and develop appropriate actions to prevent avoidable issues.

Assessment: Non-Compliance

Recommendations:

1. The M&M committee should review all deaths promptly per policy.
2. Identify complex cases and near-miss events to review.
3. Appropriate team members should be invited and participate in the M&M committee.
4. Identify root causes, develop action plans based on findings, and track progress to completion.

7 Constitutionally adequate medical care

Health Screening: Perform a detailed medical screening upon arrival to the facility to identify health conditions that need further assessment and treatment.

Findings:

The inmates are screened upon arrival at the facility by the medical staff. However, there are staffing challenges that are impacting the timeliness and quality of the health screenings.

Assessment: Partial Compliance

Recommendations:

1. Track all arrivals to ensure the health screening is completed promptly.
2. Train the nursing staff performing the intake screening.

3. Audit the intake screening documents to assess the screening quality and provide feedback to the staff.
4. The inmates should be referred to the medical provider based on the acuity of their medical condition so that the inmate is evaluated and treated promptly.

Chronic Medical Conditions: Inmates with chronic medical conditions are treated in a timely manner using evidence-based clinical guidelines.

Findings:

The health care program currently does not have a structured chronic care program. In addition, staffing issues are also affecting the timeliness and quality of care.

A new Medical Director has been hired and is working on re-establishing a standard chronic care program.

Assessment: Non-Compliance

Recommendations:

1. Finalize the chronic care policy and procedure.
2. Finalize the clinical practice guidelines for chronic care.
3. Track patients with chronic health conditions and ensure that the practice matches the clinical practice guidelines.
4. Develop an action plan and address timeliness and quality of assessments and care.

Dental Care: Provide timely and adequate dental care.

Findings:

The dental program has a full-time dentist and a dental assistant. The dentist provides annual dental training for the nursing staff. He is very motivated to teach the staff. The dental team uses a conventional dental X-ray, and the dentist is comfortable with its performance. The dental chair is functional. Routine maintenance is performed on the dental equipment. The dentist sees about 8-10 patients a day.

The inmates who need to see the dentist should be placed on the waitlist with a detailed reason for the referral. This helps prioritize based on the clinical needs. Patients who need procedures not done onsite are referred to an offsite provider. The dentist conducts audits periodically to evaluate the dental program and provides feedback to the staff. A dental assistant with specialized experience has been hired.

The facility has a good dental program. Sick call requests related to dental problems are processed through the sick call process. However, dental care is negatively impacted due to the nursing shortage and the delay in the sick call process.

Assessment: Partial Compliance

Recommendations:

1. The nurse should triage all dental-related sick call requests and assess timely per the sick call policy.
2. Dental pain should be assessed and appropriately managed while the inmate waits for dental appointments.
3. All nursing staff should receive dental training on a routine basis.
4. Track dental referrals by priority level and ensure they meet the established timelines.

Infirmary Care: Provide adequate care for inmates with illnesses or conditions requiring a higher level of monitoring and management.

Findings:

The medical infirmary houses inmates that need frequent monitoring by the medical staff. Even though the infirmary cells are near the nursing station, the unit is not within sight and sound of the medical staff. The inmates in the infirmary do not receive a detailed admission assessment and plan of care. The provider performs no routine evaluation based on the patient's acuity. The medical care in the infirmary is affected by the staffing shortage. There has been no change in the process since the last review.

Assessment: Non-Compliance

Recommendations:

1. Review and finalize the infirmary care policy and procedure and provide training for the medical staff.
2. The inmates admitted to the infirmary care should receive a detailed admission assessment by a nurse and provider. In addition, a comprehensive care plan should be developed to manage the inmate's medical condition.
3. House the inmates who need infirmary level of care in a location where there is sight and sound by a facility staff member so that medical emergencies can be identified and responded to promptly.
4. Track all inmates in Infirmary care and ensure they are assessed routinely per policy.

Infectious Disease: Provide adequate screening, surveillance, treatment, and prevention of infectious diseases.

Findings:

Inmates are screened for TB and COVID-19 upon arrival at the facility. The facility has an infectious disease nurse. The nurse tracks the inmates with infectious diseases. The nurse collaborates with the medical director to ensure that the

A dedicated wound care nurse was providing wound care at the facility. Unfortunately, the nurse has resigned, and the position is currently vacant. As a result, there is no reliable process to ensure that wound care is provided timely.

Assessment: Partial Compliance

Recommendations:

1. Conduct frequent screening for symptoms and check vitals while inmates are in quarantine to identify illness early.
2. Track all infectious diseases at the facility and trend them over time.
3. Continue to collaborate with the health department.
4. Address delay in initiating wound care treatments.
5. Nurse to review wound care treatment plan with the provider.

Withdrawal Management: Screen for drug and alcohol use and monitor for withdrawal symptoms. The inmates with withdrawal symptoms are managed appropriately.

Findings:

The inmates are screened for drug and alcohol use during the intake screening. Then, the inmates with a risk of withdrawal are placed in a specific housing location to monitor. The inmates in these units sleep on "boats" placed on the floor. The boats are in direct view of the officers, which helps immediately monitor and identify any health issues.

Some inmates on withdrawal monitoring are housed in individual cells. Unlike the inmates on "boats," these inmates are not in direct view of the staff. As a result, there is a higher risk for these inmates, who are also not monitored frequently. In addition, the inmates on detox protocol are mixed with other inmates in the housing unit, making monitoring difficult. The warden has planned to provide specific color clothes for the inmates on detox protocol to help identify them. The officers are being educated on the importance of continuously monitoring inmates on detox protocols.

The inmates with withdrawal are at higher risk of dehydration. The facility provided electrolyte powder with water for these inmates to help prevent dehydration. This is good

practice. There still seems to be some confusion regarding ownership, impacting the consistency of the process. This was brought to their attention during the visit and was being addressed. The facility is fortunate to have a physician specializing in addiction medicine available full-time but not taking full advantage of the available resource.

A nurse does the withdrawal assessment in the housing unit. The assessments are conducted in the housing unit's open area, now allowing for privacy. The number of detox assessments done by each nurse is very high, impacting the quality of the assessments and increasing the risk to the inmates.

The nurses are not consistently using the two patient identifiers during the encounter. A medication administration record of a patient has the name of the patient, the name of the medications, the dosage, and other information regarding the medications that need to be administered. This helps the nurse administer the right medication to the right person. The nurses are administering medications without a medication administration record for detox patients. This is an unsafe practice and increases the chance of medication error.

The medical program had identified the detox program as a high-priority area, but the improvement efforts were stopped a few months back. Vital signs are a critical part of the nursing assessment. The nursing staff has requested vital sign machines that are user-friendly and accurate due to the high volume of assessments, but there is a delay in replacing them.

Assessment: Non-Compliance

Recommendations:

1. Consider rapid cycle improvement efforts to address issues.
2. Continue to provide continuous monitoring of inmates who are in withdrawal management.
3. Inmates with symptoms should be assessed in the clinic and evaluated by the provider for adequate management. The inmates should be reevaluated after treatment to assess if the condition has improved or worsened.
4. Train the medical and correctional staff on the signs and symptoms of withdrawal.
5. Avoid housing high-risk patients in units with no direct supervision.
6. An adequate number of nursing staff should be assigned to conduct detailed nursing assessments safely.
7. Use paper or electronic medication administration records during the med-pass and document them in real-time to ensure safety.
8. Provide the necessary medical equipment for the medical staff.

9. Consider a daily detox team huddle to review all the inmates on a detox to ensure appropriate care.

Management of Chemical Dependency

Findings:

I met with the MAT program leadership team during the site visit. The facility uses a vendor to provide care for chemical dependency. The program continues the medication if the inmate receives treatment outside and has not missed more than three doses. The intake medical staff must notify the methadone program as soon as they arrive at the jail to continue the medication without delay. If the medication is not continued promptly, the inmate has to undergo a comprehensive process to restart treatment causing long delays. There is no standard process for the medical team to notify the methadone program once they identify them at intake. The methadone program staff checks each inmate on the detox program to see if they received methadone outside. It is a good practice to check the inmates on detox, but it should not be the primary process to identify inmates who need to be on the methadone program.

A screening question has been added to the intake form regarding MAT treatment. A report is generated based on the answer to the question and sent to the MAT program staff at the end of the day. It is unclear if this report is being used to identify individuals in the MAT program. There is also a built-in delay in notifying the MAT program since the report is sent once a day. There needs to be more improvement in the communication between the medical team and the MAT program regarding medical care. The MAT program leadership stated they could provide me with the metrics regarding the timeliness of care at the next site visit.

Assessment: Partial Compliance

Recommendations:

1. Implement a process for the intake medical team to immediately notify the MAT team once they identify an inmate who needs their care.
2. Measure the time from arrival to the facility to 1st dose for inmates (Breakdown by categories such as - missed less than three doses before coming to the facility, missed more than three doses before arrival, new patient, etc.). Develop similar timeliness measures for inmates on suboxone.

Informed Consent: Inmates should be informed of their rights, and adequate information should be provided to make informed decisions regarding their medical care.

Findings: to review all the inmates on a detox to ensure inmates are educated regarding their rights during intake, and the inmate signs a consent. The facility has a refusal form, but the forms are not consistently used for medical refusals.

Assessment: Partial Compliance

Recommendations:

1. Continue to educate the staff regarding the changes in the healthcare program and inmates' rights.
2. Complete a refusal form for all refusals.
3. Educate inmates regarding the risks of refusal.

Medication Management: Provide timely medications to the inmates in a safe manner.

Findings:

I interviewed the pharmacist and medication administration staff. They have a reliable system to procure medications ordered by the providers and ensure that expired medications are discarded timely. However, there is a delay in providing medications for the inmates. There may be a high volume of workload for the staff, increasing the risk of medication errors and leading to medication administration delays. There is no process to reconcile the medications to ensure that all medicines are administered at each shift. There are vacancies for med administration staff, and the facility uses the temporary staff to fill shifts. The nursing staff is not using medication administration records while administering medications to inmates on a detox protocol, which is unsafe.

Discharge medications have not been dispensed to inmates for several months due to issues with the pharmacy software. This issue has been resolved and should be restarted shortly.

Assessment: Non-Compliance

Recommendations:

1. Medications should be administered per provider orders within the administration time per policy.
2. A refusal form should be completed for all refusals. In addition, the staff should educate inmates regarding the risk of refusal.
3. Multiple refusals should be referred to the provider for review.

4. The medication administration process should follow safe practices (right patient, right medication, right dose, right route, right time, right documentation, right education, etc.).
5. Assign adequate staff for safe and timely medication administration.
6. Provide medication upon release/ transfer per policy.

Medical Orders: All medical orders should be completed as ordered.

Findings:

There is no standard process to ensure that all the medical orders (labs, x-rays, vitals, weight checks, etc.) are completed on time. The leadership team has initiated a daily huddle. There is good participation from the various disciplines. They review the staffing for the day. The workload and status of the pending orders are not reviewed as part of the huddle (no changes have been made to the process since the last visit). The staffing issues are impacting the completion of medical orders.

Assessment: Non-Compliance

Recommendations:

1. Track all open medical orders and establish a process for the on-site leadership to review daily during the daily huddle
2. Assign staff for each task to ensure that they are addressed promptly.

Medical Records: The inmates' medical records should be complete and contain all relevant medical information. It should help coordinate care between caregivers and ensure patient safety.

Findings:

The new medical vendor has implemented a new electronic medical records (EMR) system. Each time the medical vendor changes, a new electronic medical record system is implemented, leading to substantial changes for the medical staff.

Using a well-designed electronic medical record system will increase the safety of the inmates. This current EMR is not designed well and is not easy to use. Documentation is done in several areas and does not comprehensively summarize the assessments and care. This makes the continuity of care and communication between the caregivers difficult. The medical assessments documented by the providers and nurses are not detailed and do not include a comprehensive evaluation and care plan.

There are no reports to check the status of all orders. Therefore, the leadership needs a way to track the status of all orders and ensure that the high-priority tasks are completed promptly.

Assessment: Partial Compliance

Recommendations:

1. Collect feedback and provide focused EMR training for the medical staff.
2. Review and update the templates to help the staff document all relevant information during their assessments.
3. Complete a refusal form for all refusals and scan it into the medical record.
4. Encourage staff to document a detailed assessment using available templates in the EMR.
5. Evaluate the workflow in the EMR to make it easy for the staff to navigate.
6. The facility should consider buying its own EMR system.

Medical Staff: Assign adequate and qualified staff to provide safe and quality healthcare for the inmates.

Findings:

Medical staffing continues to be a significant challenge. Individuals hired for leadership roles stayed for a short while and resigned for various reasons. However, several leadership roles have recently been filled, including the Medical Director, Director of Nursing, Quality Assurance (CQI) Nurse, Health Service Administrator, and Assistant Health Service Administrator.

They are actively recruiting front-line staff. However, they will need additional help to hire their vacant positions as soon as possible since the staffing issues impact the timeliness and quality of healthcare services.

Assessment: Non-Compliance

Recommendations:

1. Hire staff to fill open positions.
2. Provide adequate training for the new and current staff.

3. Healthcare leaders should be able to work in their leadership role without being frequently pulled to cover open shifts.

Specialty Care: Timely referral and access to specialty care and off-site procedures. Provide adequate and timely care for pregnant inmates.

Findings:

The providers are referring the inmates to the specialists appropriately. In addition, an off-site coordinator has recently been hired to track all the referrals and schedule the appointments. She also coordinates with the transport team to send inmates for their off-site visits.

There is a delay in sending inmates to some specialist appointments. If there is a delay, the referring provider should be kept informed so they can take appropriate action based on the level of urgency, and the medical provider should reassess the patient's condition and intervene as needed. However, this process is not consistent.

Assessment: Partial Compliance

Recommendations:

1. Provide pregnancy tests for inmates per policy.
2. Provide adequate and timely care for pregnant inmates.
3. Track all pregnant inmates and ensure that they get timely care.
4. Track timeliness for all specialty appointments.
5. Inform the referring provider regarding any delays so they can escalate if needed.
6. Care should be provided while the inmate waits for their appointment.

Privacy: Adequate privacy should be provided while exchanging healthcare information and during healthcare visits.

Findings:

The EMR has security features providing adequate privacy for health records. The sick call and detox assessments are conducted in the day area of the housing units. This does not allow for proper privacy of the inmates.

Assessment: Non-Compliance

Recommendations:

1. Perform healthcare assessments in a private clinical setting where the staff can access medical records and equipment needed for the assessment.

7A The medical care provided by MDC to its inmate's evidence repeated examples of negligent acts, which disclose a pattern of conduct by MDC medical staff.

Findings:

The medical team does not provide adequate and timely care for the inmates at MDC. This is due to frequent changes in onsite leadership, ongoing staffing challenges, and unreliable processes. In addition, the new leadership team is not fully functional in their roles since they are covering shifts due to staffing shortages. There is no individual assigned to review and respond to medical grievances.

Assessment: Non-Compliance

Recommendations:

1. Onboard and support the new leadership team.
2. Address staffing challenges
3. Review current policies and procedures and make necessary changes.
4. Establish a strong Quality assurance program.
5. Review grievances and complaints to identify issues with staff behavior and address them immediately.

7B The examples of negligent acts disclose a pattern of conduct by MDC medical staff that effectively denies inmates access to adequate medical care.

Findings:

The timeliness and the quality of assessments are inadequate. The inmates with symptoms are not taken to the clinic for a detailed assessment. The detox nurses and med pass staff cannot perform their tasks safely due to the volume of inmates assigned to them. The team plans to improve the detox program but still needs a comprehensive plan. There are no active initiatives to evaluate the current state of each of their processes and make the necessary changes in the order of priority.

Assessment: Non-Compliance

Recommendations:

1. Review each medical process to identify high-risk areas and implement rapid cycle improvement efforts to address them quickly.
2. Onboard and support the new leadership team.
3. Clear and respectful communication with the staff through their immediate supervisors to reduce confusion and frustration.
4. Address staffing challenges.
5. Review current policies and procedures and make necessary changes.
6. Establish a strong Quality assurance program.
7. Continue to review grievances and complaints to identify issues with staff behavior and address them immediately.

7C There are systematic and gross deficiencies in staffing, facilities, equipment, or procedures.

Findings:

There continues to be a shortage of medical staff (nurses and providers) that is affecting the timeliness and quality of care for the inmates. The on-site leaders are covering shifts to help with the workload. They are also using agency staff to help. There are ongoing recruitment activities, but it needs more focused effort.

Assessment: Non-Compliance

Recommendations:

1. Hire staff to fill open positions.
2. Provide adequate training for the new and current staff.

7D The systematic and gross deficiencies effectively deny the inmate population access to adequate medical care.

Findings:

The inmates are not receiving adequate medical care. There has been little progress since the last review. There have been leadership changes. The new leaders still need to be fully functional in their assigned roles. There have been setbacks in medical care, and there is no comprehensive plan to address the issues. There are several opportunities for improvement. Findings from the previous review have not been addressed effectively. The leadership team is promising but needs to overcome the staffing challenges to move forward.

Assessment: Non-Compliance

Recommendations:

1. Develop a priority list of improvement efforts.
2. Implement the action plan based on the priority.
3. Develop a robust quality improvement program to track performance for continuous improvement.

8A Adequate communication occurs between MDC administration and treating healthcare professionals regarding an inmate's significant health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or staff.

Findings:

The MDC administration and the healthcare team have a strong working relationship. The leaders meet to discuss issues and resolve them collaboratively. The Warden and the Health Service Administrator are very collaborative. The new liaison role is also helping strengthen collaboration and coordination. There needs to be a weekly meeting with medical, mental health, MAT program, and correctional leadership with standing agenda to discuss the performance and issues that come up – this is a best practice followed in other correctional facilities.

Assessment: Partial Compliance

Recommendations:

1. Medical Director, Health Service Administrator, and Director of Nursing should meet weekly to review the healthcare operations activities using a standard agenda.
2. Medical leaders should meet with MDC administrative leaders weekly using a standard agenda to collaborate on operational activities and troubleshoot issues.

8A1 MDC security staff is advised of inmates' special medical needs that may affect housing, work, program assignments, disciplinary measures, and admissions to and transfers from institutions.

Findings:

The medical team should develop reliable processes to ensure that information regarding special medical needs is communicated to the security staff and ensure that they are followed. If there are any concerns, they should be escalated to the leadership immediately for resolution.

Assessment: Partial Compliance

Recommendations:

1. Periodically assess the communication processes from medical to security and revise them to ensure reliability.
2. There should be a standing agenda for review in the weekly Medical/MDC administrative meetings to ensure practices and quickly identify and address any concerns.

8A2 Health care and security staff communicate about inmates with special needs conditions.

Findings:

The medical staff and security staff communicate about inmates with special needs conditions. However, this process needs to be formalized.

Assessment: Partial Compliance

Recommendations:

1. There should be a standing agenda for review in the weekly Medical/MDC administrative meetings to quickly identify and address any concerns.

8B MDC follows a proactive program which provides care for special needs patients who require close medical supervision or multidisciplinary care. (See below items)

8B1 Individual treatment plans are developed by a physician or another qualified clinician at the time the condition is identified and updated when warranted.

Findings:

Qualified clinicians must provide the treatment. The clinical documentation by the clinicians does not include a detailed treatment plan addressing all active medical conditions.

Patients with special needs are housed in the medical unit. The initial and periodic assessments by the provider are not performed based on the patient's condition. The nursing assessments are not comprehensive. Additional findings are listed under Infirmity Care and Chronic Medical Conditions. There have not been many improvement efforts to this process since the last review.

Assessment: Non-Compliance

Recommendations: Assessment: Partial Compliance Recommendations: Assessment: Partial Compliance

1. Track licensure, credentials, and certifications for all medical staff.
2. Ensure that their information is current and working within their scope of practice.
3. Medical staff should document a detailed treatment plan to address all active medical conditions.
4. Also see the recommendation under Infirmity Care and Chronic Medical Conditions.

8B2 Whether the treatment plan includes, at a minimum: (see below)

8B2a The frequency of follow-up for medical evaluation and adjustment of treatment modality.

Findings:

The medical evaluation is not comprehensive and does not always include the frequency of follow-ups based on the clinical condition.

Assessment: Partial Compliance

Recommendations:

1. Medical evaluation should be comprehensive and address all active medical conditions.
2. The medical staff should develop a detailed plan of care, including frequency of follow-ups, and educate the inmate on the plan.
3. Ensure that the monthly chart audit looks at the follow-up documentation needed for the inmate per the clinical practice guidelines.

8B2b The type and frequency of diagnostic testing and therapeutic regimens.

Findings:

The medical evaluation is not comprehensive and does not always address all active medical conditions. In addition, the clinical practice guidelines are not consistently used.

Assessment: Partial Compliance

Recommendations:

1. Medical evaluation should be comprehensive and address all active medical conditions.
2. Order diagnostic tests and medications as appropriate.

3. Ensure that the monthly chart audit looks at the treatment plan documentation, chart audit looks at including diagnostics and medications for the inmate, per the clinical practice guidelines.

8B2c When appropriate, instructions about diet, exercise, adaptation to the correctional environment, and medication.

Findings:

The medical evaluation is not comprehensive and does not always include education regarding diet, exercise, and medications.

Assessment: Partial Compliance

Recommendations:

1. Medical evaluation should be comprehensive and address all active medical conditions.
2. Provide education regarding diet, exercise, medications, and care plans.
3. Ensure the monthly chart audit reviews the care plan and matches the clinical practice guidelines.

8C Medical and dental orthoses, prostheses, and other aids to impairment are supplied in a timely manner when the health of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist.

Findings:

Medical and dental equipment and supplies are provided to the inmates. There are opportunities to optimize and standardize the process to identify individuals that need medical supplies and provide them in a timely manner.

Assessment: Partial Compliance

Recommendations:

1. Ensure that the patients who need dental or medical equipment/supplies are correctly identified during the intake screening and are provided with such medical equipment/supplies in a timely manner when indicated.
2. Conduct a periodic audit to ensure that the equipment provided is still available to the inmate and is in working condition.

8C1 Health records confirm that patients receive prescribed aids to impairment.

Findings:

Inmates are provided their prescribed aid for impairment per the medical staff. A tracking process needs to be put in place. There are concerns about delay, and this will be monitored.

Assessment: Compliance

Recommendations:

1. Track all prescribed aids to impairment and ensure that they are provided in a timely manner.
2. Conduct a periodic audit to ensure that the equipment provided is still available to the inmate and is in working condition.

8C2 (If) The use of specific aids to impairment is contraindicated for security reasons, whether alternatives are considered so the health needs of the inmate are met.

Findings:

The medical provider is consulted when specific aids to impairment are contraindicated for security reasons.

Assessment: Compliance

Recommendations:

1. Educate the medical staff on items contraindicated for security reasons and the policy and procedures regarding review for alternative options.

8D The medical care provided to subclass members is adequate and whether the medical care provided to subclass members is at least equivalent in quality to the medical care provided to others.

Findings:

There are several opportunities to improve the overall healthcare at the facility. These are listed in the corresponding sections of this report. There has not been much progress in healthcare delivery. This may be attributed to inconsistent leadership and staffing challenges. There is a delay in care and inadequate care for sick inmates. There are no

the treatment plan periodic provider assessments for inmates with complex health conditions. Coordination of inmates with complex health conditions with the mental health team continues to be a challenge.

Assessment: Non-Compliance

Recommendations:

1. The medical team should have case discussions to develop a comprehensive treatment plan for inmates with complex medical conditions and dual diagnoses.
2. Identify and track all inmates with disabilities or special needs and ensure they receive timely and adequate care.

8E Regarding inmates who are qualified individuals with disabilities under the ADA, whether the Defendants have made modifications to their policies, procedures, and practices that are necessary to provide to inmates with disabilities with medical care which is equivalent in quality to the care provided to inmates without disabilities.

Findings:

The policies and procedures are under review by the medical leadership team.

Assessment: Partial Compliance

Recommendations:

1. Ensure that the policies and procedures are adequate and provide timely care for the individuals with disabilities and special needs.

The medical program has good staff members motivated to provide safe, timely, and quality care. Staffing is a significant challenge. The medical program can start making substantial improvements with a stable leadership team and adequate staffing.

..... End of Report.....