

James Browning

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To: NMDml_Judge Browning's Chambers nmd.uscourts.gov
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Subject: Report - Medical Care - confidential June 2024
Attachments: MDC Medical Report - June 2024 - Confidential.pdf

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Dear Judge Browning,

I have attached my report on medical care at MDC for your review.

Sincerely,

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

Prepared by
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Report Date:
June 2024

This report provides an overview of the medical care services offered at the Metropolitan Detention Center (MDC). Since the last visit, an assessment was conducted through an offsite review, followed by an on-site visit between May 20 and 22, 2024. The evaluation included a walkthrough of the facility, interviews with staff, and a review of medical reports and medical records. Throughout the site visit, the leadership and staff were highly engaged, cooperative, and responsive to all my requests.

Significant changes since the last visit:

This is my second onsite visit since the University of New Mexico Medical Center (UNMH) assumed responsibility of the medical program at MDC. The senior leadership and the leaders of individual departments at UNMH have consistently demonstrated strong support for the new Correctional Health program, which is a reassuring sign of their commitment.

Leadership: The medical program's leadership team consists of the executive director of health services, an interim medical director, and an associate chief medical officer for clinical operations, all of whom continue in their current roles. The current leadership team is fully committed to creating a center of excellence for correctional health. They are highly engaged and dedicated to achieving this goal. An internal candidate has recently filled the Health Service Administrator position. An interim staff member currently holds the role of Director of Nursing, as the facility is actively seeking to fill this position, along with that of Medical Director. These positions are crucial for the effective operation of the medical program.

Information Technology: The Medical program at MDC utilizes an extension of the UNMH hospital electronic medical record (EMR) application in the jail. This allows the clinical teams to access medical information from the hospital and the clinics, aiding in the continuity of care as patients move between the community and corrections. The staff has received comprehensive training on the new electronic medical record system and is comfortable using it.

Bringing the hospital's electronic medical record system to the jail has facilitated the start of the medical program. However, much work remains to tailor the documentation templates and orders within the EMR to function effectively in the jail environment. During my visit, I had the chance to meet with the UNMH IT leadership, and they are committed to supporting this effort.

Programs: Recently, UNMH Correctional Health (UNMH- CH) took over the Suboxone treatment program at MDC, which another service provider previously ran. This is a significant undertaking. They have hired several Nurses to assess patients and dispense Suboxone.

UNMH-CH has recently employed a physician and a director of nursing to oversee the addiction program. This dedicated team will manage both the detox and Suboxone programs at MDC, aiming to enhance the effectiveness and safety of this critical program.

The medical team at MDC has a robust, rapid response team to address medical emergencies. It has acquired advanced cardiac life support (ACLS) equipment and provided training in emergency response skills.

Staffing: The medical staff is excited to be part of UNMH. Active recruiting efforts include advertisements, referral programs, and incentives. The facility also continues to employ agency staff to cover vacant shifts. They have received approval for additional full-time staff (FTE). They are currently identifying the roles they would like to hire for the recently approved positions based on their priorities and risks.

The UNMH Correctional Health team has been making significant progress. Over the past few months, they have dedicated much time and effort to establishing the Suboxone program. Concurrently, they have invested considerable time reviewing and updating their policies and procedures, which is a significant step in developing a robust medical program. They are currently establishing standard processes for each workflow.

There is still much work to be done to ensure that all inmates receive timely and adequate healthcare. The processes must be standardized and reliable, and the practices should align with the policies and procedures. The continuous quality improvement team must monitor each workflow and program to identify and address any issues proactively. To continue making rapid progress, the team should focus on identifying priorities and improving program areas that directly reduce risk and improve the safety and quality of the healthcare program. The leadership team acknowledges the issues and challenges and is dedicated to making the necessary changes to establish a reliable and sustainable healthcare program and set the standard for correctional health in the county.

Here is a summary of the ongoing improvement activities. Some of these activities will immediately impact safety and quality, while others will have an impact in the near future. As these activities progress, they will enhance the overall healthcare program. The work is still ongoing, and there is much to be done.

1. The staffing coverage continues to improve (*using agency staff to fill shifts*)
2. Approved to hire additional staff.
3. Successfully implemented the initial phase of the Suboxone program.

4. Several nursing staff and providers have been hired, especially for the new Suboxone program. A Health Service Administrator has been hired.
5. Established a wound care team with sufficient training.
6. New reports are being created to track all orders/referrals to completion.
7. A daily multidisciplinary huddles to identify and address issues quickly.
8. The policies and procedures are being updated by priority.
9. The medical staff are receiving training on the new policies and procedures.
10. Dashboards are being created to monitor workflows and turnaround time.
11. The "tiger messaging system" is being used for quick communication between staff members and for immediate escalation if needed.
12. Work groups meet regularly to review each process to optimize and make it reliable and safe.

The priority recommendations for consideration:

1. Continue recruiting to support clinical, administrative, and leadership roles.
2. Update the documentation templates to standardize practices, detailed assessments, and plans of care and reduce variations. Ensure that the templates are simple, efficient, and easy for staff to use (Intake Screening, Nursing sick call assessment, Provider—chronic care, Initial Health Assessment, etc.).
3. Utilize daily reports during daily huddles and shift changes to ensure timely completion of tasks based on priority and address any delays immediately.
4. Assign daily oversight responsibilities to each supervisor and manager to ensure timely and appropriate task completion, with the ability to escalate as needed to avoid surprises.
5. Form work groups for each workflow to promote ownership and use rapid cycle improvement efforts for quick progress (e.g., detox program, intake, sick call program, chronic care, infectious disease, off-site visits, etc.).
6. Establish and implement the Clinical practice guidelines and Nursing Protocols.
7. Continue building the Continuous Quality improvement program and track key performance metrics to monitor the healthcare program. This is key to sustainability.
8. Provide tactical and emotional support to maintain morale and reduce turnover through frequent communication with current staff. Clear and respectful communication should be maintained through immediate supervisors to prevent confusion and frustration.
9. Continue offering adequate training and support to the staff.
10. Seek feedback from staff and involve them in recruitment and improvement efforts.

Checkout audit provisions of medical services:

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

Findings:

A Policy and Procedures expert team has been established under the leadership of the associate chief medical officer to conduct a comprehensive review. The team is working diligently to adopt the National Commission on Correctional Health Care (NCCHC) standards and to revise policies as required. They are committed to providing policies and procedures that align with best practices and ensure safe and quality care for the patients. The team is currently prioritizing and reviewing the policies. They are also providing training for the staff. The Continuous Quality Improvement (CQI) program is being established to monitor the practice compliance with the policies and procedures.

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 (yearly) review of the policies and procedures.
5. Track education of policies and procedures for the new staff and refresher training for current staff.
6. The CQI program to monitor the practice compliance with each policy and procedure.

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, for a three-year term. However, due to the COVID-19 pandemic, the next audit has not yet been scheduled.

Assessment: Non-Compliance

Recommendations:

1. Consider scheduling the ACA audit as intended

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 compliant but have since been addressed and acknowledged by NCCHC. The facility is NCCHC certified, with the following audit due in April 2024. The audit is delayed due to the NCCHC backlog, and per NCCHC, the facility is considered to be in compliance until its next NCCHC audit.

Assessment: Compliance

Recommendations:

1. Consistently monitor program performance through the CQI program to ensure compliance with NCCHC standards.
2. Continue following up with NCCHC to schedule the next audit.

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:

1. There is a delay in completing the initial health assessments
2. The quality of the initial health assessments is inadequate.
3. There is no reliable process to ensure that the medical provider promptly sees the inmate with serious medical needs to initiate care.

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. Reevaluate the documentation template to enable detailed histories, exams, and care plans for all active medical conditions.
4. Establish a tracker (report) and review in the daily operational huddle to ensure the assessments are completed promptly based on priority.

5. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. A monthly compliance report should measure the timeliness of the initial health assessment by priority level.
 - b. Audit/ Review:
 - i. Monthly chart audits to review the quality of the assessments

6E MDC inmates who complain orally or in writing of serious acute illness or serious injury are given immediate medical attention.

Findings:

The sick call requests are submitted on paper forms and collected from the sick call boxes in the housing units by the EMT staff. Once received, a registered nurse or a paramedic evaluates the requests and sorts them into emergent, urgent, or routine categories based on the written complaint. Emergent and urgent requests are given priority for immediate face-to-face assessment, while routine requests should be addressed within 24 hours. However, the current process is unreliable, leading to delays in responding to sick call requests promptly and appropriately. Additionally, the quality of the nursing assessments is inadequate.

Efforts are being made to establish nursing protocols for common medical conditions. The team also plans to implement a log to track and ensure that sick call requests are picked up from all housing units daily.

The nursing leadership is assisting in creating nursing guidelines for common health conditions.

Assessment: Non-Compliance

Recommendations:

1. Ensure that sick call requests are picked up from all housing units daily.
2. Sick call requests should be triaged by a trained nurse or paramedic and assigned a triage level as emergent, urgent, or routine.
3. A clinical staff member should promptly assess the patient in person based on acuity level.
4. All medical assessments should be conducted in a private setting, and all essential medical equipment should be available and used appropriately during the assessments.
5. Standard sick call forms should be used in all housing units. Remove any old versions of the sick call forms.

6. Ensure that the sick call forms are readily available to the inmates in the housing units. Have a process for periodically refilling the forms.
7. Establish a process to ensure that all sick call forms have been picked up from all sick call boxes daily.
8. Create clinical practice guidelines for common medical conditions and encourage the staff to use the established nursing templates.
9. Educate nursing staff on common medical conditions and provide refresher training periodically.
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.
11. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track to ensure the sick call requests are picked up daily
 - ii. Track to ensure all sick call requests are triaged in a timely per policy.
 - iii. Track to ensure that all sick calls are addressed timely in order of priority.
 - b. Audits/ Reviews:
 - i. Audit Sick call triage levels to ensure appropriateness.
 - ii. Audit Sick call assessments to ensure appropriateness.

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

Findings:

The communication between the medical team and correctional staff continues to improve. In a medical emergency, the correctional officer contacts the rapid response team. Correctional leadership participates in the daily medical huddles, which improves communication and collaboration. Training efforts are focused on medical staff, but officers will also receive training to recognize medical concerns. They continue to have avoidable emergencies; A reliable sick call process will help improve this process.

The officers from the housing units contact the nurse at the medical clinic if there is a medical concern. The nurse receives about 40 calls per shift. The phone in the medical clinic is not always answered, especially when the nurse is in the exam room with the patient. Depending on the patient's medical condition, the nurse may ask the patient to come to the clinic or submit a sick call request. These phone calls are not logged, and not every interaction may result in a medical note.

Assessment: Partial Compliance

Recommendations:

1. Establish a process for tracking all phone call requests from the housing units and noting the outcome of the calls.
2. Establish a process for routing phone calls to other staff when the nurse in the main clinic (Med one) cannot answer.
3. The officers should be educated on common medical emergencies on an ongoing basis.
4. The Officers should inform the medical staff of a medical concern or if they observe a medical emergency. If there is a delay in response from the medical team, the officers should either take the inmate to the clinic or promptly report the situation to a supervisor.
5. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Log should consider tracking pertinent information, including the housing location, date/time of call, the reason for the call, triage, disposition, comments, etc.
 - ii. Track the volume of calls and the reason for calls by location to identify trends.
 - b. Audits/ Reviews:
 - i. Audit the assessments to ensure appropriateness and provide feedback to staff.

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 facility's medical leadership is currently updating its policies and procedures to better meet the needs of its patients. A Policy and Procedure committee has been established to review and update them. The policies are being updated in order of priority, and the facility uses nurse educators from the hospital to help train the staff.

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. Quality Assurance and Performance Improvement:
 - a. Track routine review of the policies and procedures.
 - b. Track education of policies and procedures for new staff and refresher training for current staff.
 - c. Audit to 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:

Two individuals have been hired to assist with Quality Assurance and Performance Improvement efforts. One will focus on supporting medical programs, while the other will support mental health programs. The individual supporting the medical program is new to the role and is currently in the process of establishing the program. The Quality Improvement Program is essential for monitoring operations to ensure compliance with policies and procedures and proactively identify and help address any issues. This program is currently in the initial stages of development.

Assessment: Non-Compliance

Recommendations:

1. Develop a QAPI Plan (Quality Assurance and Performance Improvement).
2. Identify metrics to measure the timeliness of service for each aspect of the program.
3. Develop audit tools for each of the services.
4. Create a calendar to audit each aspect of the program for the quality of the assessments. All processes should be monitored daily and audited monthly until they are stable and functioning effectively. Then, they can be moved to quarterly.
5. 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 Quality Improvement Program is essential for monitoring operations to ensure compliance with policies and procedures and proactively identify and help address any issues. This program is currently in the initial stages of development. The leadership team is working with the IT department to develop dashboards to help track volume and turnaround times.

Assessment: Non-Compliance

Recommendations:

1. Establish a daily tracking and review process for the local supervisors/managers 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:

This program is currently in the initial stages of development. Their goal is to establish a robust Quality Assurance/Improvement program. The team is developing reports to enable them to monitor their services more effectively and make data-driven decisions.

Assessment: Non-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 and the progress in the CQI meeting.

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

Findings:

The medical team is reviewing and updating its policies and procedures while developing clinical practice and nursing guidelines. The staff is receiving training. The Quality improvement program is still under development, but the current operational leaders oversee the implementation of the medical policies and procedures.

Assessment: Partial Compliance

Recommendations:

1. Track approval of the policies and procedures, nursing guidelines, and clinical practice guidelines.
2. Track the implementation process, including staff training.
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 team has been diligently updating policies and procedures and is progressing well. The Quality Improvement Program is still under development, but the current operational leaders oversee the implementation of the medical policies and procedures, including training and staffing levels. They have received approval for additional staff and are filling these positions based on priority.

Assessment: Partial Compliance

Recommendations:

1. Review and update the staffing plan and periodically review and make changes to meet the program's needs.
2. Continue the policies and procedures review process.
3. Develop clinical practice guidelines and nursing guidelines. Review and update periodically.
4. Track all policies and procedures, clinical guidelines, and quality improvement plans to ensure they are reviewed periodically and approved within the required timeframe.
5. Train the staff on updated policies, procedures, and clinical guidelines and evaluate competence.
6. Ensure that the staff is following the policies and procedures through the CQI program.

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

Findings:

The healthcare leadership team is establishing a Quality Assurance/ Improvement program. Keeping track of the action plans identified through audits and other sources is critical. The team uses a project management tool to track corrective actions and ensure proper implementation.

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 team is developing the audit tools and reports for each service/ program. The information will be 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:

Mortality and morbidity reviews are carried out using a standardized format. A physician has been assigned to supervise the review process. All deaths and specific high-risk cases identified from various sources, including the hospital list and comprehensive treatment teams, are reviewed. This process is currently being optimized to identify areas for improvement. The timeliness of completion, review template, and review quality are presently being worked on.

The facility is implementing an online tool (REDCap) for staff to self-report errors or near misses. This will be a temporary solution until a permanent solution similar to the one used in the hospital is implemented.

Assessment: Partial-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 the action plans to completion.

7 Constitutionally adequate medical care

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

Findings:

(Previously reported: Previously, there used to be medical staff at PTC to monitor inmates, screen them, and respond to emergencies. However, currently, there are no nurses staffed at this location. The leadership team is considering the best way to staff this location.)

Update: PTC is used for temporary holding while waiting to be transported to MDC. Medical staffing has not been assigned to PTC. The intake screening is done once they arrive at MDC. If there is an emergency at PTC, the inmate is sent to the hospital.

When an inmate arrives at MDC, the clerical staff registers them in the electronic medical record, and the medical staff screens them for medical and mental health conditions. The documentation process is completed in the Electronic medical record. However, the intake questionnaire is very lengthy and requires a significant amount of time to screen. The team is reviewing the questions and revising the form to make it more efficient.

Update: The Intake screening form is being revised. Some changes have been made, and further changes are being considered.

The intake screening process and the referral to the medical providers are not reliable. When inmates are referred to the medical provider from intake, they are not seen by the medical provider in a timely manner.

Assessment: Partial Compliance

Recommendations:

1. Provide nursing coverage at PTC to screen inmates, monitor their health, and provide emergency care as needed.
2. Ensure prompt completion of health screening by tracking all arrivals.
3. Train nursing staff who perform the intake screening.
4. Prioritize intake screening based on the level of health acuity.
5. Simplify the intake screening form to make it easier for the staff to fill.
6. Include a documented summary of all positive findings, priority levels, and actions to address them.
7. Audit the intake screening documents to evaluate the screening quality and provide feedback to the staff.
8. Refer inmates to medical providers based on the severity of their medical condition for prompt evaluation and treatment.
9. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Ensure all inmates complete the intake screening in a timely manner.
 - ii. Ensure inmates are housed in the housing location recommended by the medical team.
 - iii. Ensure that medical providers promptly evaluate intake referrals in order of priority.
 - iv. Track patients sent to the hospital from Intake and PTC.
 - b. Audits/ Reviews:
 - i. Review the intake screening documents for assessment quality and disposition and provide feedback to the staff.

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

Findings:

The health care program is establishing a chronic care program, and the medical leadership is developing clinical practice guidelines.

Update: This effort is still in progress. There are delays in Initial provider assessment and follow-up care for patients with chronic diseases.

Assessment: Non-Compliance

Recommendations:

1. Finalize the clinical practice guidelines for chronic care.
2. Track the time to initiate care for patients with chronic diseases.

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.
5. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track the timeliness of initial provider visits for inmates with chronic disease.
 - ii. Track timeliness of chronic care follow-up provider visits by priority level.
 - iii. Track Chronic disease by type.
 - iv. Track compliance with clinical practice guidelines.
 - b. Audits/ Reviews:
 - i. Audit medical provider evaluations and provide feedback to the providers on improvement opportunities.

Dental Care: Provide timely and adequate dental care.

Findings:

The dental program continues to do well. Additional dentists have been hired to provide coverage. They have a reliable process for ensuring the equipment is functioning well and maintained appropriately.

(Previously reported: The intake nurses and sick call nurses will need education regarding appropriate referrals to the dentist.) Update: The dentist has provided additional training to nurses regarding dental assessments, and the training material has been updated.

There continues to be a delay in referring inmates to the dentist. Once they are sent to the dentist, they are seen promptly. The quality of the nursing assessments is not adequate. There is a delay in assessments and treatment for patients with dental pain.

Assessment: Partial Compliance

Recommendations:

1. The nurse should triage all dental-related sick call requests and assess them promptly 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.

5. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track time from referral (by priority type) to dentist evaluation.
 - b. Audits/ Reviews:
 - i. Audit Nursing dental assessments and provide feedback to staff on improvement opportunities.

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

Findings:

(Previously reported: The medical infirmiry is meant for higher acuity inmates who require frequent monitoring by the medical staff. Despite its proximity to the nursing station, the unit is not visible or audible to the staff. When patients arrive at the infirmiry, they are not given a comprehensive assessment or a personalized care plan.)

Update: This program is still in progress.

Assessment: Non-Compliance

Recommendations:

1. Review and finalize the infirmiry care policy and procedure and provide training for the medical staff.
2. Inmates admitted to infirmiry 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 infirmiry-level care in a location where a facility staff member can see and hear them so that medical emergencies can be identified and responded to promptly.
4. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track all inmates in Infirmiry care and ensure they are assessed routinely per policy.
 - b. Audits:
 - i. Audit to ensure that nursing and provider assessments are appropriate and provide staff feedback on improvement opportunities.

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

Findings:

(Previously reported: Upon arrival at the facility, inmates are screened for tuberculosis symptoms using a purified protein derivative (PPD) test. The medical team also requires inmates to undergo an annual TB test. There is no reliable process to ensure that patients receive timely wound care.)

Update: A team of nurses has been assigned to provide wound care assessments and treatment. They have received sufficient training and have access to the hospital's clinical resources for guidance. The weekend coverage for the initiation of wound care is still under review.

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. Provide coverage to ensure that wound care assessments and treatment are done seven days a week.
5. The nurse must review the 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:

(Previously reported: Inmates who are undergoing detox monitoring are placed in designated housing units. These inmates are placed in front of the officer's desk in "boats" (beds on the floor) for continuous observation. However, some inmates undergoing detox are housed in single cells, either due to their classification level or mental health diagnosis.

The correctional officer is expected to conduct rounds on inmates every 30 minutes. Due to staffing challenges and multitasking, this is not consistently done. Update: The process is getting better, but it's still not entirely reliable.

The medical provider and the EMT also conduct rounds on the detox inmates to proactively identify inmates at risk. This is a good process and should be made consistent and reliable.)

Update: The medical staff conducting the rounds now stops by each patient, interacts with them, and checks for signs of distress.

The nurses are responsible for conducting the detox assessment and administering medications. The quality of the assessments is improving, as is the officer's involvement in the detox assessment process. They are using sitters as needed to observe the inmates in detox units.

During the detox rounds, the nurses have laptops in their carts and can access the electronic medical records and documents directly in the patient's chart. The nursing staff has also been provided with new vital signs machines.

The Medical team has taken over the Suboxone program, hired several nurses and providers to support it, and identified multiple implementation phases. They are in Phase 1 now. Suboxone is provided to patients based on their COWS score. The medical program recently hired a physician specializing in addiction medicine and a director of nursing to head the addiction medicine program at MDC. They are reviewing the detox program, screening, and assessment tools to improve them.

There is no reliable process to ensure that patients in the detox program but those housed in non-detox housing units receive detox assessments and treatment.

The team has begun collecting data on the Suboxone and detox programs and will soon be able to provide reports.

There are ongoing concerns about contraband and overdosing in jail. The warden has a team to investigate and address them. Two new body scanners have been added.

Assessment: Partial Compliance

Recommendations:

1. Study the detox process and staffing needs and make necessary changes to improve safety, reliability, and consistency.
2. It is recommended to perform a urine drug screen during the intake process to identify any inmates who may be at risk of experiencing withdrawal symptoms.
3. Inmates with symptoms should be assessed in the clinic and evaluated by the provider for adequate management. They should also be reevaluated after treatment to assess whether their 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. Provide the necessary medical equipment for the medical staff.
8. Consider a daily detox team huddle to review all the inmates on a detox to ensure appropriate care.

Management of Chemical Dependency

Findings:

(Previously reported: 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 was added to the intake form regarding MAT treatment. A report was generated based on the answer to the question and sent to the MAT program staff at the end of the day. This report is not being used.

Following the transition of the medical vendor, there were additional communication issues that negatively impacted patient care. However, the medical team has recently granted the MAT program access to their electronic medical records to improve care coordination. The medical team is waiting to receive similar information from the MAT team to enhance patient care further.)

Update: The Director of the program left. An interim Director is managing the Methadone program now.

There continue to be concerns regarding delays in initiating/ continuing treatment. There is no reliable way to connect the inmate to the methadone program. With the new interim Director in place, communication between the medical team and the Methadone program is improving. There are still opportunities for collaboration to improve patient safety and continuity of care.

On the last few visits, the MAT program leaders stated they could provide me with the metrics regarding the timeliness of care at the next site visit. The metrics are not yet available.

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. Improving communication between both parties can help enhance care coordination.
3. Measure the time from arrival to the facility to the first dose for inmates (Break down 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 provided with adequate information to make informed decisions regarding their medical care.

Findings:

Inmates are educated regarding their rights during intake, and the inmate signs a consent. The facility has implemented a refusal form, and the use of these forms is improving.

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. Revise the refusal forms to include the staff's full name, designation, staff ID, and signature date and time.
4. Educate inmates regarding the risks of refusal.

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

Findings:

Several improvements have been made to the medication administration process. The number of staff administering medications has increased, and a new medication administration application has been implemented. The new process is more time-intensive but safer and reduces medication errors.

Registered Nurses dispense Suboxone and use electronic medication administration software to document the administration. However, the medication pass is interrupted or

delayed due to simultaneous activities at the housing units. The leadership team is finding ways to reduce the interruptions.

The blank refusal forms are available in the medication carts and are completed when the patient refuses their medication. The provider is notified if the medication is refused more than three consecutive times.

Medications used to be dispensed upon discharge from the facility when the medical team was notified with sufficient lead time to prepare the medication. Currently, they are not dispensed at the facility. The UNMT has implemented a new process where the medication order is sent to an outside pharmacy for the inmate to pick up after release. The medication order is sent to one pharmacy close to the resource reentry center, and it can be transferred to other pharmacies if the patient requests it. There is no data to see how many medications were picked up upon discharge.

Assessment: Partial 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 for medication should be referred to the provider for review based on the type of medication.
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. Provide medication upon release/ transfer per policy. Track the number of medications that the inmate picked up upon release.
6. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track to ensure all medications were offered to the inmates in a timely manner as ordered and document the administration status in the electronic medication administration record (eMAR).
 - ii. Track the reasons for the non-administration of medication and analyze them for improvement.
 - b. Audits/ Reviews:
 - i. Observe the medication administration process to ensure that the staff follows the medication administration steps appropriately.

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

Findings:

(Previously reported: The leadership team has started conducting a comprehensive daily huddle. The team is creating reports for review to ensure that all open orders, especially the high-priority ones, are addressed promptly)

Update: These reports are in development. Currently, there is no process to ensure that the orders are completed in a timely manner.

(Previously reported: There is a delay in blood draws at the facility due to the unavailability of a phlebotomist. The facility has posted the position to begin recruitment.)

Update: Medical assistants are assigned to draw blood. A new nursing supervisor has recently been assigned to manage the lab process. Lab orders are automatically deleted by the software after a week, so the lab orders need to be completed within that time frame, or the order needs to be reordered again. The current process is not reliable in ensuring that all lab orders are completed on time. Additionally, there is no reliable process in place to ensure that the lab refrigerator is at the correct temperature and that expired supplies are being discarded in a timely manner, which is crucial for ensuring safety. The medical staff were drawing labs in the hallway and were not following the standard process for drawing labs.

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.
3. Review the staffing plan to accommodate the workload.
4. Establish a reliable process to ensure all lab orders are completed on time. Have a safety check process to reconcile the lab orders to ensure that nothing gets missed due to software issues. Work with IT to address the autodeletion issue.
5. Educate and ensure that the staff follows the standard lab draw process. Identify space that the staff can use for the lab draw.
6. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track the status of medical orders daily and ensure that they are completed in the order of priority.
 - ii. Reconcile lab and radiology orders to ensure nothing gets missed.
 - iii. Ensure the refusal process is followed.

- iv. Reconcile to ensure that all lab results are received and reviewed by the provider.
- v. Track critical labs to ensure that they are addressed in a timely manner.
- b. Audits/ Reviews:
 - i. Audit/ observe the lab draw process to ensure that the staff follows the established process.

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:

(Previously reported: A new medical vendor has recently introduced an electronic medical records (EMR) system, which has replaced the previous method of record keeping. The transition to the new system was successful, thanks to the hard work of the operational and technical teams. The staff members are comfortable using the new system, but there is room for improvement in efficiency and ease of use. The documentation templates need to be reviewed and revised as required.)

Update: UNMH-CH is working with the IT department to update the documentation templates. The Nursing protocols/guidelines and Provider clinical practice guidelines are under development, and the templates must be updated once they are established.

Assessment: Partial Compliance

Recommendations:

1. Create templates for each of the encounter types. Templates can be a helpful tool for staff to ensure that they document all the necessary information relevant to the patient's condition and the purpose of the visit. By filling out the templates, the staff can ensure they don't miss any important details and provide accurate and comprehensive patient care.
2. Give clear and descriptive titles for documents to make it easier to find the necessary information during a chart review.
3. Templates must have a standard format for documenting subjective, objective, assessment, and plan of care. Avoid automatically inserting data that hasn't been reviewed and acknowledged by staff responsible for documentation.
4. Complete a refusal form for all refusals and scan it into the medical record.
5. Encourage staff to document a detailed assessment using available templates in the EMR.
6. Collect feedback and provide focused EMR training for the medical staff.
7. Evaluate the workflow in the EMR to make it easy for the staff to navigate.

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

Findings:

(Previously reported: *The team is actively recruiting front-line staff and providing incentives for difficult-to-hire positions. The facility needs to conduct a staffing analysis to identify the staff required to provide timely and adequate healthcare safely.*)

Update: UNMH-CH has received approval to hire additional staff. They are currently identifying the roles they need to fill based on necessity. They are presently using agency staff to fill shifts and actively recruiting full-time staff. They have also hired nursing staff for the Suboxone program.

Assessment: Partial Compliance

Recommendations:

1. Conduct a staffing analysis. This should be done periodically and adjusted as needed.
2. Hire staff to fill open positions.
3. Hire educators and provide ongoing training for the new and current staff.
4. Healthcare leaders should be able to work in their leadership roles without frequently being pulled to cover open shifts.
5. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track % of each shift filled by location and staff type.
 - b. Audits/ Reviews:
 - i. Periodically review the performance of each staff and provide feedback for improvement.

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

Findings:

(Previously reported: *The providers are referring the inmates to the specialists appropriately. In addition, two off-site coordinators have recently been hired to track all the referrals and schedule the appointments. They coordinate with the transport team to send inmates for their off-site visits. The in-house coordinators do not track the referrals initiated at the hospital, leading to delays and missed appointments. The team is working on revising the process.*)

Update: The offsite coordinator tracks all the appointments that were scheduled. They are not currently tracking the referral requests. There is no reliable way to track and ensure all referrals that were requested were scheduled based on their priority.

Assessment: Partial Compliance

Recommendations:

1. Track timeliness for all specialty appointments.
2. Inform the referring provider regarding any delays so they can escalate if needed.
3. Care should be provided while the inmate waits for their appointment.
4. Provide pregnancy tests for inmates per policy.
5. Provide adequate and timely care for pregnant inmates.
6. Track all pregnant inmates and ensure that they get timely care. (initial and follow-up provider evaluations)
7. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track all referrals – each step from the time of referral.
 - ii. Track referrals to ensure that the high-priority referrals are not delayed.
 - iii. Track the time from referral to appointment and notify leadership of any delays for specific specialties.
 - b. Audits/ Reviews:
 - i. Audit patients returning from offsite to ensure that the process is followed.

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

Findings:

(Previously reported: 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, and there are other inmates around when the nurse is conducting assessments. There is a medical exam room near each of the housing units. There are opportunities to increase the use of these spaces.)

Update: This process continues. The exam rooms in the housing units could be used for assessment since they provide privacy and medical equipment. However, the staff is not taking advantage of this resource.

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.
2. Quality Assurance and Performance Improvement:
 - a. Audits/ Reviews:
 - i. Conduct reviews and observations to ensure that staff follow the established process.

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:

(Previously reported: Currently, the inmates are not receiving the standard of care they require in a timely and dependable manner. However, the new medical team has taken charge and is putting forth significant efforts to improve the situation. They are working hard to build a strong healthcare program to improve the quality of care provided to the inmates and ensure that healthcare services are delivered promptly and reliably.)

Update: The leadership team is diligently constructing the foundation for an effective healthcare program. However, much more work remains to ensure safe and timely healthcare services. There are inconsistencies in following the established processes, including the quality of assessments and the implementation of the treatment plan.

Assessment: Non-Compliance

Recommendations:

1. Continue to onboard and provide support to 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:

(Previously reported: The inmates are not receiving adequate and timely medical care, but the new medical team is making promising efforts to improve the situation.)

Update: The leadership team is diligently constructing the foundation for an effective healthcare program. However, much more work remains to ensure safe and timely healthcare services.

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:

(Previously reported: The new medical team is taking significant steps to enhance staffing, procedures, and equipment. Recently, they have increased the number of staff and procured new equipment to support the nursing staff. A team is assigned to evaluate the policies and procedures to identify necessary changes. The leadership team is also planning to conduct a staffing analysis.)

Update: The leadership team is diligently constructing the foundation for an effective healthcare program. However, much more work remains to ensure safe and timely healthcare services.

UNMH-CH has acquired several pieces of medical equipment. The temperature monitors for the refrigerators need to be replaced. The processes for checking quality control and the environment for safety and compliance are still not standardized.

The emergency (golf) cart is currently out of service because of battery issues. As a result, the emergency response team has to run to the housing units when emergencies occur quickly. The emergency (golf) cart serves as a faster and more convenient mode of transportation for the staff.

Assessment: Partial Compliance

Recommendations:

1. Perform a staffing analysis
2. Continue reviewing and revising the policies and procedures.
3. Hire staff to fill open positions.
4. Provide adequate training for the new and current staff.
5. Establish a process to perform Quality control checks and environmental safety checks.
6. Review all medical spaces and remove items from the previous medical vendor that the team deems unnecessary. Take charge of the medical spaces, processes, and equipment, and design them to fit your established workflow.
7. Follow up on the emergency (golf) cart battery issue and establish alternative options in case of future downtime issues.

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

Findings:

(Previously reported: The inmates are not receiving sufficient medical care. Various measures are being taken to enhance the medical program. A project manager has been appointed to assist the team in monitoring all the improvement initiatives and ensuring progress.)

Update: Several improvements are currently being made. Some have already shown immediate impact, while others require more time to demonstrate their effectiveness. Additional efforts are also underway. A project manager oversees and coordinates all the improvement initiatives in collaboration with the leadership.

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:

(Previously reported: The administration of MDC and the healthcare team have a strong working relationship. The leaders regularly meet to discuss issues and resolve them collaboratively. The new liaison role is also helping to strengthen collaboration and coordination. It is recommended that a weekly meeting be set up with medical, mental health, MAT program, and correctional leadership, with a standing agenda to discuss performance and any issues that arise. This is a best practice followed in other correctional facilities.)

Update: The daily multidisciplinary huddle helps improve communication and address issues collaboratively. Additionally, there are multidisciplinary administrative meetings to discuss and address significant issues. The culture of collaboration takes time to be fully effective and seen at all levels of the facility. There continues to be good progress.

Assessment: Partial Compliance

Recommendations:

1. The 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.
3. Track all action items and discuss them in these meetings. Escalate delays as needed.

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:

(Previously reported: 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.)

Update: The process is still being standardized, which will make it more reliable.

Assessment: Partial Compliance

Recommendations:

1. Establish a process to identify patients with special needs and document their information in the medical record in a clear and easily noticeable manner for care continuity.

2. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
3. Periodically assess the communication processes from medical to security and revise them to ensure reliability.
4. It is essential to have a standing agenda for review in the weekly Medical/MDC administrative meetings to identify and address any concerns quickly.

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

Findings:

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

Update: The process is still being standardized, which will make it more reliable.

Assessment: Partial Compliance

Recommendations:

1. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
2. 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:

(Previously reported: There is a delay in the initial physician/ provider visit. The documentation also consistently includes a plan of care for each identified problem.)

Update: The medical provider program, including the Infirmary care and chronic care program, is still under development, and the assessments, plan of care, and timeliness are still inadequate.

The position of Medical Director is currently open, and they are actively recruiting for it. The clinical practice guidelines are under development. The templates will be updated to match these guidelines.

Assessment: Non-Compliance

Recommendations:

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. Use templates to help standardize documentation. During their encounters, the 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.
5. Quality Assurance and Performance Improvement:
 - a. Audits/ Reviews:
 - i. Conduct reviews to evaluate the quality of assessments and adherence to clinical practice guidelines. Provide feedback to providers regarding improvement opportunities.

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:

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

Update: The medical provider program, including the Infirmity care and chronic care program, is still under development, and the assessments, plan of care, and timeliness are still inadequate. The position of Medical Director is currently open, and they are actively recruiting for it. The clinical practice guidelines are under development. The templates will be updated to match these guidelines.

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. Quality Assurance and Performance Improvement:
 - a. Audits/ Reviews:
 - i. Conduct reviews to evaluate the quality of assessments and adherence to clinical practice guidelines. Provide feedback to providers regarding improvement opportunities.

- ii. 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:

(Previously reported: 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.)

Update: The lab and radiology processes are not standardized and reliable. The software auto-deletes lab orders after a week if they are not completed, and there is no process to ensure that lab orders are not missed.

Assessment: Non-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, 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:

(Previously reported: The medical evaluation is not comprehensive and does not always include education regarding diet, exercise, and medications.)

Update: The medical provider program, including the chronic care program, is still under development, and the assessments, plan of care, and timeliness are still inadequate. The position of Medical Director is currently open, and they are actively recruiting for it. The clinical practice guidelines are under development, and the templates will be updated to match these guidelines.

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. Quality Assurance and Performance Improvement:
 - a. Audits/ Reviews:
 - i. Conduct reviews to evaluate the quality of assessments and adherence to clinical practice guidelines. Provide feedback to providers regarding improvement opportunities.
 - ii. Ensure that documentation includes patient education on diet, exercise, environmental adaptation, medications, and adherence to 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:

(Previously reported: Medical and dental equipment and supplies are provided to the inmates. Still, there is a need to optimize and standardize the process of identifying individuals who require medical supplies and ensure timely delivery. The medical record has no standard and reliable location to document this information for easy access and review.)

Update: This process is still being established.

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. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
3. 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:

(Previously reported: Inmates are provided their prescribed aid for impairment per the medical staff. A tracking process needs to be put in place. The medical record has no standard and reliable location to document this information for easy access and review.)

Update: A tracking process has not been established to ensure that this process is working per policy. The method of identifying the prescribed aid for patients with impairments and ensuring they receive it is not standardized.

Assessment: Partial Compliance

Recommendations:

1. Track all prescribed aids to impairment and ensure that they are provided in a timely manner.
2. Establish a standard process to identify, document in the medical record, and communicate special medical needs with security staff. This information should be readily available to any security staff involved in managing the inmate.
3. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
4. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track all patients with prescribed aid to impairment.
 - b. Audits/ Reviews:
 - i. Conduct regular audits to confirm the patient received prescribed aid to impairment and periodically verify the availability and working condition of the provided aid.

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:

(Previously reported: The medical provider is consulted when specific aids to impairment are contraindicated for security reasons. There is no standard documentation process in the EMR, making continuity of care difficult.)

Update: Identifying the prescribed aid for patients with impairments and ensuring they receive it is not standardized. There is no process currently to track patients who needed specific aid for impairment and whether alternatives were considered if there was a contraindication.

Assessment: Partial Compliance

Recommendations:

1. Establish a standard process to identify, document in the medical record, and communicate special medical needs with security staff. This information should be readily available to any security staff managing the inmate.
2. Track all prescribed aids to impairment and ensure that they are provided in a timely manner.
3. Educate the medical staff on items contraindicated for security reasons and the policy and procedures regarding review for alternative options.
4. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
5. Discuss special situations during the weekly standard meeting between MDC and the medical team.

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:

(Previously reported: The timely delivery and quality of healthcare remain a challenge. The new healthcare team is well-equipped to address these issues and establish a dependable healthcare program. They are taking a systematic approach to implementing improvements.)

Update: The care is delayed, inconsistent, and inadequate. There is no reliable tracking of patients with special needs. Multiple improvement activities are in progress. The UNMH-CH team is focusing on building the fundamental aspects of the program, such as policies and procedures, staffing, etc., which are critical to developing a strong healthcare program.

The UNMH-CH has recently established a comprehensive treatment team comprising a multidisciplinary group that meets twice a month to review complex and high-risk patients.

Assessment: Non-Compliance

Recommendations:

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

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 inmates with disabilities with medical care, which is equivalent in quality to the care provided to inmates without disabilities.

Findings:

(Previously reported: The policies and procedures are under review by the medical leadership team.)

Update: This is still in progress. There is no reliable process to track patients with disabilities and special needs.

Assessment: Partial Compliance

Recommendations:

1. Ensure that the policies and procedures are adequate and provide timely care for individuals with disabilities and special needs.
2. Establish a process to track all inmates with special needs.
3. Quality Assurance and Performance Improvement:
 - a. Reports:
 - i. Track to ensure the patients with disabilities are receiving care per policy.
 - b. Audits/ Reviews:
 - i. Audit charts to ensure that patient’s special needs and disabilities are addressed, and an appropriate care plan is developed.

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