

James Browning

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Sent: Saturday, January 4, 2025 4:32 PM
To: NMDml_Judge Browning's Chambers nmd.uscourts.gov
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Subject: Report - Medical Care - Dec 2024 confidential
Attachments: MDC Medical Report - Dec 2024 - Confidential.pdf

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Dear Judge Browning,

I am attaching 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:
December 2024

This report presents an overview of the medical care services provided at the Metropolitan Detention Center (MDC). An assessment was conducted following the previous visit, which comprised an offsite review and an on-site evaluation on October 28, 29, and 30, 2024. The assessment included a comprehensive walkthrough of the facility, interviews with staff members, and a thorough review of medical reports and records. During the site visit, the leadership and staff exhibited commendable engagement, cooperation, and responsiveness to all inquiries and requests.

Significant changes since the last visit:

This is my third onsite visit since the University of New Mexico Medical Center (UNMH) assumed responsibility for the medical program at MDC. The UNMH leaders continue to strongly support the new Correctional Health program, which indicates their commitment to making the program successful.

Leadership: Several key leadership positions have recently been filled to support the Associate Chief Medical Officer and the Executive Director of MDC Healthcare Services. The additional positions include Health Service Administrator, Executive Medical Director of Clinical Operations, Interim MDC Medical Director, Clinical Director, Director of Nursing for Medical Services, Director of Nursing for Addiction Medicine, Addiction Medicine Director, Pharmacy Director, and Medical Records Supervisor.

These new appointments demonstrate a strong commitment to establishing a center of excellence in correctional health. The expanded leadership structure enables the team to address clinical and operational needs effectively, promoting a more comprehensive and cohesive healthcare program.

Information Technology: The Medical program at MDC continues to benefit from integrating the UNMH hospital electronic medical record (EMR) system, which enhances continuity of care between the community and the corrections system. While the staff is skilled in using the system, customizing the documentation templates and orders for the jail environment presents a significant challenge. Despite the active involvement of the IT team, the current workload has become a bottleneck. To address this issue, the IT department is in the process of hiring two additional staff members to expedite progress.

Programs: The initial phase of the Suboxone treatment program at MDC, which is currently fully implemented by UNMH Correctional Health (UNMH-CH), is making significant progress. A Medical Director for Addiction Medicine and a Director of Nursing for Addiction Medicine have been hired to lead the program. In addition to managing the Suboxone and detox programs, they

are actively preparing to take over the methadone program, which an external vendor currently operates.

The medical team at MDC continues to manage its rapid response system effectively, with ACLS equipment and ongoing emergency response training ensuring readiness for medical emergencies.

Staffing: The medical staff is highly engaged and motivated. With strong support from the HR team, the medical team is actively recruiting new staff and holding community recruitment events. They continue filling the approved full-time positions based on their needs and associated risks. However, a significant increase in the inmate population has led to an increased workload. Correctional leadership anticipates that this growth is not a temporary surge but a sustained change. As a result, the leadership team is encouraged to reevaluate their staffing plan and implement necessary adjustments to ensure adequate coverage for quality healthcare. Additionally, the clinical team would benefit from administrative support to offload non-clinical tasks, allowing them to focus on delivering clinical care effectively.

Significant progress has been made since the last report. Substantial efforts have been made to revise policies and procedures, hire a leadership team and clinical staff, establish workflows, and develop documentation templates. Although the immediate impact may not yet fully address all challenges, these foundational improvements are crucial for building a reliable and sustainable healthcare program. I encourage the medical team to continue their hard work and perseverance, as they are close to seeing the benefits of their efforts. Their commitment is paving the way for meaningful and lasting improvements in the healthcare program.

The priority recommendations for consideration:

- Reevaluate the staffing plan to address the sustained increase in population and ensure adequate staff for quality care delivery.
- Provide additional IT support to develop templates, streamline workflows, and generate reports, addressing the current heavy demand and ongoing support needs.
- Expand the clinical space at Intake to facilitate health screenings and assessments more efficiently.

List of high-level recommendations from the previous report: The medical team has actively followed up on these recommendations and is implementing them. Several initiatives are ongoing and progressing steadily.

1. In progress - 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.).
2. In progress - Utilize daily reports during daily huddles and shift changes to ensure timely completion of tasks based on priority and address any delays immediately.
3. In progress - 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.
4. In progress - 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.).
5. In progress - Establish and implement the Clinical practice guidelines and Nursing Protocols.
6. In progress - Continue building the Continuous Quality improvement program and track key performance metrics to monitor the healthcare program. This is key to sustainability.
7. Ongoing - 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.
8. Ongoing - Continue offering adequate training and support to the staff.
9. Ongoing - 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:

The Policy and Procedures Committee is making good progress in updating the policies to meet the National Commission on Correctional Health Care (NCCHC) standards. Staff training remains an ongoing priority, ensuring that all personnel are equipped to implement these updated policies effectively. The Continuous Quality Improvement (CQI) program is actively being developed to monitor compliance and reinforce a culture of safe and quality health care.

There was a delay in getting the policies approved by the hospital review committee. They have worked on reducing the turnaround time to process and approve it sooner. The facility has established an effective system for monitoring its policies.

Assessment: Partial-Compliance

Recommendations:

1. Continue reviewing the policies and procedures and educate the staff.
2. Continue to track routine (yearly) review of the policies and procedures.
3. Track training of policies and procedures for the new staff and refresher training for current staff.
4. 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, the next audit has been delayed due to the COVID-19 pandemic, and efforts to schedule it are ongoing.

Assessment: Non-Compliance

Recommendations:

1. Consider scheduling the ACA audit as intended
2. The CQI program should consider metrics to track compliance with the standards.

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:

The NCCHC conducted a review in April 2021, during which two items were noted as partially compliant but were subsequently addressed and acknowledged. The facility remains NCCHC certified, with the next audit originally scheduled for April 2024. Due to an NCCHC backlog, the audit has been delayed; however, the facility is considered in compliance until the next review. Efforts are ongoing to coordinate and finalize the scheduling of the upcoming 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:

Efforts are being made to address the delays in completing initial health assessments. While there are still challenges, work is ongoing to create a more reliable process. Several options are being considered, including conducting the assessments as part of the intake process when individuals arrive at the facility.

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 workflow remains a work in progress, with ongoing efforts to develop a streamlined process. Nursing leadership continues to focus on creating guidelines for

managing common health conditions to improve the consistency of assessments and the quality of care provided.

Assessment: Partial 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:

Leadership collaboration between correctional and medical staff continues to improve significantly, fostering better teamwork and responsiveness. This progress should continue to be reflected at all staff levels.

In the medical clinic, ongoing efforts to tackle previous challenges have resulted in significant progress. An additional nurse has been hired to handle the high volume of incoming calls, ensuring more timely responses. All calls are now logged, which enhances communication and continuity of care between shifts. Furthermore, co-locating emergency medical technicians (EMTs) and nursing staff has streamlined communication and coordination.

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 Policy and Procedures Committee is making good progress in updating the policies. Staff training is ongoing. CQI metrics are being established to track timely access to medical care.

Assessment: Partial Compliance

Recommendations:

1. Update the policies and procedures to meet the needs of the MDC medical program.
2. Continue to educate the staff on the policies and procedures.
3. Track timely access to medical care and use the CQI program to make improvements.

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 individuals hired to assist with Quality Assurance and Performance Improvement efforts have departed from their positions. A new Continuous Quality Improvement (CQI) staff member has been brought on board. The Quality Improvement Program is crucial for monitoring operations to ensure compliance with policies and procedures and proactively identifying and addressing any issues. This program is currently in the early 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:

This CQI program is currently in the early stages of development. The Quality Improvement Program is essential for monitoring operations to ensure compliance with policies and procedures and proactively identify and help address any issues. 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: 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 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 Quality improvement program is still under development.

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 actively updating policies and procedures and is progressing well. The Quality Improvement Program is currently under development.

They have been attempting to fill the open positions. A recent population surge has increased demand for healthcare services, requiring a reevaluation of staffing levels based on this change.

Assessment: Partial Compliance

Recommendations:

1. Review and update the staffing plan based on the recent population increase.
2. Continue the policies and procedures review process.
3. Develop clinical practice guidelines and nursing guidelines. Review and update periodically.
4. Train the staff on updated policies, procedures, and clinical guidelines and evaluate competence.
5. 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 medical 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. Continue to prioritize and optimize the action plan and avoid duplication of efforts.
3. 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 and stakeholders.

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:

All deaths, as well as specific high-risk cases identified from various sources, are being reviewed. Mortality and morbidity reviews are conducted using a standardized format under the leadership of the Interim MDC Medical Director. Many of the improvement opportunities identified through this process are already being addressed through ongoing improvement efforts. The timeliness and quality of the review are being optimized.

The facility has implemented 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

Assessment: Partial Compliance

(The key elements of the healthcare program detailed below contribute to the overall evaluation of item #7. Based on feedback from both parties, I have revised the assessment rating to be distinct from the formal compliance rating. This assessment uses the following scale to indicate progress: Unaddressed, In Progress (Early Stages), In Progress, In Progress (Approaching Sustainability), and Sustained Progress. The goal of this feedback is to provide the team with clear insights into the current status from my perspective as they progress toward achieving full compliance.)

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

Findings:

The intake screening process and referral to medical providers are currently being improved.

A new nursing leader has been appointed to oversee the intake process and is implementing several promising enhancements. A staff member has been designated to review 35% of the intake cases for quality control in near real-time, allowing for the immediate identification and correction of any errors. This approach is excellent for ensuring safety.

Plans are underway to staff the PTC and implement health screenings there. Additionally, there are plans to expand the clinical space in the MDC intake area. This expansion will

enable medical providers to conduct assessments during intake, allowing them to initiate medical care more promptly.

Assessment: In Progress

Recommendations:

1. Continue working with the correctional leadership to identify additional space at MDC intake for the provider exam rooms.
2. Provide nursing coverage at PTC to screen inmates, monitor their health, and provide emergency care as needed.
3. Ensure prompt completion of health screening by tracking all arrivals.
4. Train nursing staff who perform the intake screening.
5. Prioritize intake screening based on the level of health acuity.
6. Simplify the intake screening form to make it easier for the staff to fill.
7. Include a documented summary of all positive findings, priority levels, and actions to address them.
8. Audit the intake screening documents to evaluate the screening quality and provide feedback to the staff.
9. Refer inmates to medical providers based on the severity of their medical condition for prompt evaluation and treatment.
10. 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 healthcare program is actively working to establish a reliable chronic care program. Medical leadership is in the process of developing clinical practice guidelines and updating documentation templates. However, this effort is still ongoing, and there are delays in both

the initial assessment of providers and follow-up care for patients with chronic diseases. The plan is to conduct the initial provider assessment during patient intake to improve the timeliness of care.

Assessment: In Progress

Recommendations:

1. Continue developing 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 because the current dentist has been promoted to a leadership role, which includes additional responsibilities to utilize his expertise. Process and quality metrics are being established to track the timeliness of service and quality of the dentist's evaluations. They have a reliable process for ensuring the equipment functions well and is maintained appropriately.

The dentist has developed excellent training material and continues to provide training to nurses regarding dental assessments.

There are ongoing delays in referring inmates to the dentist. Once they are referred, they receive prompt attention. However, the quality of nursing assessments continues to

improve. There are delays in assessments and treatment for patients experiencing dental pain.

Assessment: In Progress

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.

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

Findings:

The medical infirmary 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 infirmary, they are not given a comprehensive assessment or a personalized care plan.

Update: The improvement efforts are in progress.

Assessment: In Progress - Early Stages

Recommendations:

1. Review and finalize the infirmary care policy and procedure and provide training for the medical staff.
2. Inmates admitted to 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 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 Infirmary 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:

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.

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.

The infectious disease program is still under development.

Assessment: In Progress - Early Stages

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. 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. 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.)

Update: The detox program continues to improve under the new leadership. The screening questions and the detox treatment protocols have been modified to meet the best practices.

The detox program necessitates coordinated efforts from various teams and requires continual improvements to enhance its reliability and effectiveness. This area remains high-risk. The new leadership team is adopting a strategic approach to design the program.

Assessment: In Progress

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:

The Suboxone program is currently managed by UNMH, while the methadone program is operated by an external vendor. Soon, the methadone program will be transitioned to UNMH.

The Suboxone program has shown ongoing improvement, although there are some operational challenges that are being addressed.

However, concerns remain about delays in starting and continuing methadone treatment.

Metrics are being established to monitor these programs.

Assessment: In Progress

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:

During intake, inmates are educated regarding their rights and sign a consent form. The facility has implemented a refusal form, and the use of these forms is improving. The patient education material and the consent forms need to be assessed.

Assessment: In Progress

Recommendations:

1. Review and update the patient educational materials and consent forms.
2. Provide adequate information to patients regarding medical care and treatment options so they can make informed decisions.
3. Continue to educate the staff regarding inmates' rights.
4. Complete a refusal form for all refusals.
5. Revise the refusal forms to include the staff's full name, designation, staff ID, and signature date and time.
6. Educate inmates regarding the risks of refusal.

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

Findings:

The Medication administration process continues to improve. 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. The medication pass is interrupted or delayed due to simultaneous

activities at the housing units. The leadership team continues to find ways to reduce interruptions. Delays in provider visits are also causing delays in patients receiving medication. Several improvements have been made

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 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. No data is available to see how many medications were picked up upon discharge.

Assessment: In Progress

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:

Reports are being developed to check the status of the orders and address any delays.

Lab orders are automatically deleted if they are not completed within a specific timeframe. The team has extended this timeframe to allow more time for completing the orders. Additionally, they have created reports to track these orders, ensuring that if any are deleted, there is a method to locate them and complete the necessary tasks.

Assessment: In Progress - Early Stages

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:

The clinical documentation of medical assessments is not comprehensive. 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.

Assessment: In Progress

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:

UNMH-CH has received approval to hire additional staff and is actively recruiting. They need to reassess their staffing levels based on the increased population and the demand for medical services. Currently, they are using agency staff to fill shifts while seeking to hire full-time employees.

A Nurse educator has been hired.

Assessment: In Progress

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:

The offsite coordinator tracks all the requested appointments. They are developing reports to track the timeliness and referrals.

Assessment: In Progress

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:
8. Reports:
 - a. Track all referrals – each step from the time of referral.
 - b. Track referrals to ensure that the high-priority referrals are not delayed.

- c. Track the time from referral to appointment and notify leadership of any delays for specific specialties.
9. Audits/ Reviews:
- a. 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:

The exam rooms in the housing units are set up for assessment since they provide privacy and medical equipment. The staff has started using these spaces. The team must evaluate each current exam room to ensure privacy.

The blood draw is now done in a private setting.

Assessment: In Progress

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:

The leadership team continues to diligently construct 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:

The leadership team continues to diligently construct 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:

The leadership team continues to diligently construct 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.

A new emergency (golf) cart that was recently purchased is currently in use. The emergency (golf) cart serves as a faster and more convenient mode of transportation for the staff responding to medical emergencies.

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:

The leadership team has recently hired several experienced and knowledgeable new leaders. They are currently reviewing their programs to identify any issues and are developing a strategic plan to address them systematically.

Several improvements are already being implemented. Some of these initiatives have shown immediate results, while others will take more time to demonstrate their effectiveness. All process improvement efforts are tracked and managed using standard project management methodologies.

Assessment: Partial 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 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:

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:

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)

Assessment: Partial Compliance

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:

The medical program is supervised by an Interim Medical Director and a Clinical Director. They are in the process of developing the medical provider program, which encompasses Infirmary care and the chronic care program. Additionally, they are working on clinical practice guidelines, with approximately five completed and others currently under review. Documentation templates are also being developed to ensure alignment with these guidelines.

Assessment: Partial 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 Infirmiry 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:

The medical program is supervised by an Interim Medical Director and a Clinical Director. They are in the process of developing the medical provider program, which encompasses Infirmiry care and the chronic care program. Additionally, they are working on clinical practice guidelines, with approximately five completed and others currently under review. Documentation templates are also being developed to ensure alignment with these guidelines. Currently, the documentation and treatment plans are not comprehensive, and the practices lack standardization.

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:

Previous finding - 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.

Update: This lab issue has a temporary fix while IT works on identifying a solution to stop the auto-delete of orders.

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, 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 clinical practice guidelines, order sets, and documentation templates are under development.

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 under development.

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: The EJUS has a flag for inmates with disabilities or other accommodation needs. It is important to establish a reliable process for identifying and communicating this

information, ensuring that all disciplines have accurate and timely access to it and are using it appropriately.

Assessment: Partial Compliance

Recommendations:

1. Track all prescribed aids to impairment and ensure that they are provided in a timely manner.
2. Ensure a standard process to identify, document in the medical record, and communicate special medical needs with security staff. This information should be accurate and be readily available to any security staff 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. The EJUS has a flag for inmates with disabilities or other accommodation needs. The medical team has to streamline the process.

Assessment: Partial Compliance

Recommendations:

5. Ensure a standard process to identify, document in the medical record, and communicate special medical needs with security staff. This information should be accurate and readily available to any security staff managing the inmate.
1. Track all prescribed aids to impairment and ensure that they are provided in a timely manner.
2. Educate the medical staff on items contraindicated for security reasons and the policy and procedures regarding review for alternative options.
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. 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 tracking of patients with special needs and this process is being optimized. 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. A significant amount of effort is being invested, and the results of these improvements should be evident soon.

Assessment: Partial Compliance

Recommendations:

1. Identify and track high-risk inmates and inmates with disabilities or special needs within the EMR 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:

The EJUS has a flag for inmates with disabilities or other accommodation needs. The medical team has to streamline the process.

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 within the EMR and ensure that it is accurate and complete.
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.....