

James Browning

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Sent: Saturday, January 4, 2025 4:32 PM
To: NMDml_Judge Browning's Chambers nmd.uscourts.gov
Cc: Taylor Rahn; JEFFREY.METZNER@CUANSCHUTZ.EDU; Kate Loewe; Ken Martinez
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
Muthusamy Anandkumar MD, MBA, CHCQM, CCHP

Report Date:
April 2025

This report provides an overview of the medical care services offered at the Metropolitan Detention Center (MDC). An assessment was conducted, which included both an off-site review and an on-site evaluation on April 28, 29, and 30, 2025. The assessment involved a walkthrough of the facility, interviews with staff members, and a review of medical reports and records. During the site visit, the leadership and staff were engaged, cooperative, and responsive to all inquiries and requests.

Significant changes since the last visit:

Leadership: The leadership team consists of several key positions, including the Associate Chief Medical Officer, 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. This team is committed to creating a center of excellence in correctional health. Currently, the Executive Director of MDC Healthcare Services position is vacant, and there are plans to fill this role.

The detox program, emergency response, Intake health screening, off-site referral process, and dentist services are all progressing well. Each of these services has designated leaders who are responsible for their specific areas. These leaders have taken ownership of their processes and are focused on optimizing the workflow, leading to significant improvements. This strategy could also be valuable for enhancing other services and programs. The UNMH correctional health team has taken over the management of the methadone program, which an external vendor previously managed. They are currently standardizing the operations.

The current vacancies for full-time medical providers, along with the distribution of nursing and other clinical staff, may be leading to delays and inefficiencies in patient care. Despite the on-site leader's dedicated efforts to ensure daily clinical coverage, staffing remains a critical and unresolved issue. Additionally, the lack of reliable operational data exacerbates the problem. The team does not have a dependable system in place to monitor healthcare demand and capacity, which hinders their ability to make informed decisions and implement measurable improvements.

A priority recommendation from the last report was to reevaluate the staffing plan to meet the needs of the population and technical support for developing templates, streamlining workflows, and generating reports. However, there seems to be inadequate effort in addressing these areas.

A sense of urgency is essential for creating an interim plan to address current delays in medical care and, in parallel, develop a strategic and methodical approach to establish a reliable, sustainable medical program.

The priority recommendations for consideration:

- Evaluate the staffing plan to meet the needs of the growing population and ensure adequate staff to deliver quality and timely care.
- Provide adequate technical 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 improve the health screening and assessment process. The new space identified is not optimal and is a step down from the existing location. *(Since my visit, alternate options are being considered.)*
- Designate supervisory oversight and implement a daily process to observe clinical operations and review the quality of staff assessments, documentation, and adherence to established procedures. This process should include structured feedback mechanisms to support staff development.

List of high-level recommendations (as stated in the previous report):

1. 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. Utilize daily reports during daily huddles and shift changes to ensure timely completion of tasks based on priority and address any delays immediately.
3. 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. 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. Establish and implement the Clinical Practice Guidelines and Nursing Protocols.
6. Continue building the Continuous Quality Improvement program and track key performance metrics to monitor the healthcare program. This is key to sustainability.
7. 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. Continue offering adequate training and support to the staff.
9. Seek feedback from staff and involve them in recruitment and improvement efforts.

The recommendations listed in the report are intended to guide improvement efforts and reflect what the Monitor believes will be helpful to the program in achieving compliance. While not exhaustive or prescriptive, they are informed by current findings and may evolve as progress is made, or new challenges emerge. The facility may implement these recommendations using any appropriate approach, including the adoption of evidence-based best practices or innovative solutions, as determined by clinical leadership. The purpose is to support effective, reliable, measurable, and

sustainable improvements that address the identified findings, promote safe, timely, and quality care, and fulfill the intent of the requirements. The Monitor remains available to provide technical assistance, clarify expectations, and collaborate with the facility to identify practical solutions that support ongoing progress toward compliance. Some recommendations may be repeated across multiple provisions, as similar strategies can impact various workflows and services.

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 continues to make good progress in updating the policies to meet the National Commission on Correctional Health Care (NCCHC) standards. Staff training is ongoing. The Continuous Quality Improvement (CQI) program is being developed to monitor compliance.

Assessment: Partial-Compliance

Recommendations:

1. Continue reviewing the policies and procedures and educating 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:

MDC received ACA accreditation on January 8, 2018, for a three-year term. Given MDC's prior accreditation, continuing with the ACA accreditation process is the most effective approach to ensure ongoing and definitive compliance with the advisory standards established by the American Correctional Association (ACA) for Adult Detention Centers. Although the subsequent audit has been delayed due to the COVID-19 pandemic, efforts to reschedule the audit are underway.

Assessment: Non-Compliance

Recommendations:

1. Consider scheduling the ACA audit
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. The facility remains NCCHC certified. Due to an NCCHC backlog, the audit has been delayed; however, the facility is considered in compliance until the next review. The next visit is being scheduled.

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:

There is a delay in completing the history and physical examinations. Currently, there is no prioritization process to ensure that sicker patients receive timely evaluations. Additionally, a supervisor needs to be assigned to manage this process. Furthermore, the documentation template requires an update.

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 rapid response team provides immediate assistance to patients experiencing medical emergencies. A lot of effort has been made to improve the rapid response program. Requests for medical attention for serious acute illness and injury can also come through the sick call request and be triaged as emergent and urgent. The rapid response team acts as a safety net. Timely addressing sick call requests will help reduce the need for rapid responses by identifying and managing serious medical issues before they become critical. The sick call requests are not being addressed in a timely manner. There is insufficient staff assigned to handle the sick call assessments, and the current process is unreliable. Additionally, there has been little progress in developing the sick call guidelines.

Assessment: Non-Compliance**Recommendations:**

1. Continue the current Rapid Response program.
2. Ensure that sick call requests are picked up from all housing units daily.
3. Sick call requests should be triaged by a trained nurse or paramedic and assigned a triage level as emergent, urgent, or routine.
4. A clinical staff member should promptly assess the patient in person based on acuity level.
5. All medical assessments should be conducted in a private setting, and all essential medical equipment should be available and used appropriately during the assessments.
6. Standard sick call forms should be used in all housing units. Remove any old versions of the sick call forms.
7. Ensure that the sick call forms are readily available to the inmates in the housing units. Have a process for periodically refilling the forms.
8. Establish a process to ensure that all sick call forms have been picked up from all sick call boxes daily.
9. Create clinical practice guidelines for common medical conditions and encourage the staff to use the established nursing templates.
10. Educate nursing staff on common medical conditions and provide refresher training periodically.
11. 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.
12. 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 in a timely manner 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:

Collaboration between correctional and medical staff is improving teamwork and responsiveness. This progress should be reflected at all staff levels.

Med One clinic now has two nurses assigned. They have started tracking the calls received from housing locations. The security staff do not notify the medical team when detox patients exhibit symptoms unless those symptoms are severe or if there is a code. There is a belief that symptoms do not need to be reported to medical staff, possibly due to the medical staff's workload. We previously discussed the idea of posting symptom lists in the housing areas that are easily accessible to the custody staffing and the sitters, and on monitoring sheets as a reminder for staff to monitor these symptoms, but this has not yet been implemented. If the printed signs are posted and all efforts have been made to assist the staff, verify if it is a staff compliance issue with following established guidelines.

Assessment: Non-Compliance

Recommendations:

1. Continue tracking all phone call requests from the housing units and noting the outcome of the calls. The manager should review each shift to ensure timeliness and continuity of care.
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. Continue using the Log for 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 previously hired to support Quality Assurance and Performance Improvement have left their positions. The program did not have any staff. A new staff member has recently been hired to support Continuous Quality Improvement (CQI). Although they have limited CQI experience and no correctional health background, they are highly engaged and eager to learn. There are also no dedicated resources to support the data needs for the CQI program.

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 preliminary 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 CQI program is currently in the preliminary stages of development. Not much progress has been made due to the departure of the staff member. A new staff member has been hired recently.

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 collaborated with the IT department to create dashboards for tracking volume and turnaround times. However, the work has been halted, and no progress has been made, and the data architect hired to support this effort has resigned after a short tenure. A new Data architect is starting to work with the MDC team.

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 order of priority.
2. Establish a process to monitor the timeliness of care for each healthcare service.
3. Establish a process to monitor the quality of assessments and care for each healthcare service.
4. Audit nursing assessments periodically and provide feedback to the staff.

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

Findings:

The CQI program is currently in the preliminary stages of development. Their goal is to establish a robust Quality Assurance/Improvement program. The team has to develop 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 Quality improvement program is still under development. They have recently hired a staff member to support this effort.

Assessment: Non-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:

(Previous report: 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.)

Update: A sustained surge in population has led to a continued increase in demand for healthcare services. However, staffing levels have not been reassessed to align with current needs, resulting in ongoing delays in the delivery of care.

Assessment: Non-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. The medical team showed the tracker that is being used. It is currently managed by the new HSA, who previously held the project management role. There has not been much progress made in the 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. Metrics are in the early phases of development.

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 MDC Medical Director. The timeliness and quality of case reviews are improving. The identified opportunities for improvement from the case reviews are being tracked, but their implementation is delayed.

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: Non-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, Minimal Progress, In Progress (Early Stages), In Progress, In Progress (Approaching Sustainability), and Sustained Progress. This feedback aims 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 overseeing the intake process has been implementing several improvements.

(Previous report: 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.) **Update** - The staff member who was conducting these reviews has been reassigned to other duties, and the intake nurses are now doing this review. We will continue to assess the impact of this change.

(Previous report: Plans are underway to staff the PTC and implement health screenings there.) **Update** – The PTC is not staffed yet. The plan still stays.

(Previous report: 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.) **Update:** The team has identified a space in the open area of the Intake section to conduct health screenings. Initially, the plan was to convert the holding rooms for this purpose. However, the newly identified space falls short of their current operational standards. It lacks privacy, requires patients to stand during the screening, and does not provide easy access for nurses to check vital signs or perform point-of-care testing. (Based on my feedback during the site visit, alternate plans are being considered).

Assessment: In Progress

Recommendations:

1. Continue working with 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 out.
7. Include a documented summary of all positive findings, priority levels, and actions to address them.
8. Audit the intake health 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 – this helps to evaluate the screening process and the workflow and make periodic improvements.
 - 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 has been working to establish a reliable chronic care program. Medical leadership is in the process of developing clinical practice guidelines and updating documentation templates. However, progress has been limited, with significant delays in initial assessments and follow-up care for patients with chronic diseases. The plan was to conduct the initial provider assessment during patient intake to enhance the timeliness of care, but this implementation has not yet occurred.

The facility hired two full-time providers, but both had resigned. There are no full-time medical providers dedicated to clinical care at this facility. Instead, several providers from outside clinics work here on a PRN (as-needed) basis, depending on their availability. This situation creates a significant challenge in scheduling and meeting the facility's needs. Two full-time providers have been hired and will be starting soon.

Assessment: Minimal 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. Screening and treatment of medical conditions in accordance with nationally accepted medical standards (e.g., Hepatitis C).
6. 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. Review medical provider documentation and provide feedback to providers on improvement opportunities. This should be done daily to provide immediate feedback until the process is stable, and the established procedures and workflow are followed consistently.

Dental Care: Provide timely and adequate dental care.

Findings:

The dentist services continues to do well. Additional dentists have been hired to provide coverage. The time from request to dental visits is gradually increasing due to the increase in population. The staffing has to be adjusted to meet the demand. 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.

(Previous report: 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.) **Update-** The delay continues due to a backlog in nursing sick call assessments. Additional dentists are being hired to help reduce the backlog, which requires close monitoring.

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.

Care for high-acuity, high-risk, or complex patients: Provide adequate care for inmates with illnesses or conditions requiring a higher level of monitoring and management. (This pertains to high-acuity, high-risk, or complex patients managed at the facility. The sheltered housing unit (SHU) provides care for patients with serious health care needs at the facility)

Findings:

(Previous report: 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: No significant improvement since the last visit. The beds provided for medical patients are narrow and very high, which creates a fall risk. Additionally, there is a lack of privacy for the patients when using the restrooms.

Assessment: Minimal Progress

Recommendations:

1. Review and finalize policy and procedure regarding the care for the high acuity patient population, including the patients housed at the SHU and provide training for the medical staff.
2. Inmates admitted to SHU 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 are high-acuity, high-risk, or complex patients 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 high-acuity, high-risk, or complex patients 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 and during the initial health assessment a purified protein derivative (PPD) test is done. The medical team also requires inmates to undergo an annual TB test.

(Previous report: 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.) **Update** – The Wound Care team has changed. The established process and progress made have not been sustained.

The infectious disease program is still under development. A well-experienced infectious disease nurse has been hired.

Assessment: In Progress - Early Stages

Recommendations:

1. Consider testing for TB as soon as possible – check CDC and state guidelines. (It's common practice to do it as part of the intake screening process)
2. Conduct frequent screening for symptoms and check vitals while inmates are in quarantine to identify illness early.
3. Track all infectious diseases at the facility and trend them over time.
4. Continue to collaborate with the health department.
5. Provide coverage to ensure that wound care assessments and treatment are done seven days a week.
6. 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.)

Update: The established process is not being consistently followed, and progress has stalled. Staff members managing the detox patients are unable to clearly articulate the process. The communication and collaboration between the custody and medical staff taking care of detox patients can be strengthened by functioning as one team. Custody staff are not notifying the medical team when a detox patient shows symptoms unless they are severe. Additionally, they have stopped providing electrolytes for patients in detox.

(Previous report- 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 Medical team has taken over both the Suboxone and Methadone programs. These programs continue to improve under the new leadership. The withdrawal management program remains high-risk. The adoption of established practices and accountability needs to be tightened.

The detox program necessitates coordinated efforts from various teams and requires continual improvements to enhance its reliability and effectiveness. They have not made much progress in tracking data due to delays in analytics support.

Assessment: In Progress

Recommendations:

1. Study the detox process and staffing needs and make necessary changes to improve safety, reliability, and consistency.
2. Consider performing a urine drug screen during the intake process to identify inmates who may be at risk of experiencing withdrawal symptoms. Continue to explore options for identifying patients at risk of withdrawal with the goal of reducing risk and improving safety.
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 and the methadone program have transitioned to UNMH. The transition had some challenges, but was handled well by the leaders. The daily operations are impacted due to clinical and security staffing challenges.

Metrics are being established to monitor and optimize these programs; however, progress in tracking data has been limited due to delays in analytics support.

Assessment: In Progress

Recommendations:

1. Ensure adequate staffing to minimize impact to daily operations.
2. Consider supervisors/ charge nurses to ensure timeliness and quality.
3. Establish metrics and a dashboard to monitor timeliness and quality.
4. Improve communication and collaboration with Custody staff.

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.

Sick Call: Inmates may request and receive timely and adequate healthcare services for illnesses or injuries.

Findings:

The sick call requests are not being addressed in a timely manner. There is insufficient staff assigned to handle the sick call assessments, and the current process is unreliable. Additionally, there has been little progress in developing the sick call guidelines.

Assessment: Minimal Progress

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 in a timely manner in order of priority.
 - b. Audits/ Reviews:
 - i. Audit Sick call triage levels to ensure appropriateness.
 - ii. Audit Sick call assessments to ensure appropriateness.

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

Findings:

(Previous 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.)

Update: The Medication administration process continues to improve. Delays in provider visits are continuing to cause delays in patients receiving medication.

The data to track the medication timeliness is still under development. The facility should explore solutions to ensure patients receive medication at the time of release.

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:

(Previous Report: 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 to complete 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.)

Update: There are still significant delays in completing lab orders. Reports to track all open orders and tasks by type and priority have not yet been established.

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:

(Previous Report: 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.)

Update: Not much progress has been made. A staff member has been assigned to assist with the development of documentation templates. Additionally, a provider with an IT background has been assigned to help the medical providers improve these documentation templates. Unfortunately, they were not available to meet during this visit.

Assessment: Minimal 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:

(Previous Report: 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.)

Update: A sustained surge in population has led to a continued increase in demand for healthcare services. However, staffing levels have not been reassessed to align with current needs, resulting in ongoing delays in the delivery of care.

Assessment: Minimal 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 off-site coordinator tracks all the requested appointments. As recommended, they have now also started to track all referrals made at the hospital for patients within the facility. This helps ensure that appointments are made as recommended.

They are now tracking referrals in an Excel spreadsheet to monitor the status of each appointment.

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.

The new space identified at Intake for health screening does not allow for adequate privacy. The cells in the medical unit do not provide adequate privacy for patients.

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. There are inconsistencies in following the established processes. Significant efforts are still needed to ensure timely and safe healthcare services, but progress is slowing.

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. There are inconsistencies in following the established processes. Significant efforts are still needed to ensure timely and safe healthcare services, but progress is slowing.

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 is actively working to build a solid foundation for an effective healthcare program. The clinical spaces are equipped and well-maintained; however, there are ongoing challenges related to staffing, insufficient facilities, and inconsistencies in adhering to

established processes. Significant efforts are still needed to ensure timely and safe healthcare services. A delay in providing health care that may be influenced by staffing challenges increases the risk for the inmates.

Assessment: Partial Compliance (At risk of regression)

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:

(Previous Report: 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.)

Update: Significant efforts are still needed to ensure timely and safe healthcare services, but progress is slowing.

Assessment: Partial Compliance (At risk of regression)

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:

(Previous Report: 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.)

Update: The MDC administration supports the clinical team. The communication continues to improve. The medical team needs accurate data to inform staffing assignments, clinical care decisions, and custody-related challenges.

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:

Medical alerts should be easily accessible to the custody staff overseeing the inmate, as this will enhance the safety of the inmate. The process of ordering and notifying security staff should be standardized, and all information provided to them about the inmate must be documented in the medical records.

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.

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:

There is a delay in the initial and follow-up provider assessments. The assessments do not include a detailed plan of care. The templates for documenting assessments and plan of care are being updated.

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 high-acuity, high-risk, or complex patients 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:

There is a delay in the initial and follow-up provider assessments. The assessments do not include a detailed plan of care. They are in the process of developing the clinical practice guidelines. Documentation templates and order sets have to be built to ensure alignment with these guidelines, but no significant progress has been made. Currently, the documentation and treatment plans are not comprehensive, and the practices lack standardization.

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

Update: The building of the provider documentation templates to match the clinical practice guidelines, naming of the diagnostic test orders, and the building of the order sets in the electronic medical record are currently pending. There are inconsistencies in ordering the tests and a delay in the completion of the orders. Additionally, there is insufficient supervision of the process to ensure timely completion of the orders and review of the test results. There is no reliable data to monitor the outstanding 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 with minimal progress.

Assessment: Partial Compliance (At risk of regression)

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 with minimal progress.

Assessment: Partial Compliance (At risk of regression)

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. – Past 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.)

Update: This process is still in development. There needs to be a system in place to track all prescribed aid orders to ensure that patients receive them, including obtaining the patient's signature to confirm receipt. Furthermore, it is important to periodically verify that these aids are consistently available for use and that orders are renewed promptly when necessary.

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. Past 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.) Update: This process is still being standardized, but progress has not been significant.

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. Past 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. Update: The care provided is delayed, inconsistent, and inadequate. The team is working very hard, but the progress being made is slowing down.

Assessment: Partial Compliance (At risk of regression)

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. There is no reliable process to ensure that individuals with disabilities are receiving adequate care and equipment as ordered by the provider.

Assessment: Partial Compliance (At risk of regression)

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. I. Audit charts to ensure that the patient’s special needs and disabilities are addressed, and an appropriate care plan is developed.

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