

# Second Monitoring Report

## US Department of Justice v. Erie County New York

This report reviews the status of medical program conditions at the time of the second monitoring visit, which took place June 4-8, 2012.

### **B. Medical Care**

#### **1. Policies and Procedures**

**Compliance Status:** Substantial compliance-drafting of policies; Partial compliance-implementation of policies.

#### **Findings**

With the addition of the policy on privacy, the set of over 40 policies and procedures and forms that I have reviewed addresses all of the areas concerned and in most of them, implementation has begun. In many of them, as would be anticipated with early implementation of policies and procedures, conformance to the policy and procedure requirements warrants improvement. However, what has been accomplished since our last visit, in the eyes of the Monitor, is quite impressive.

#### **Recommendation**

1. When it occurs that in the judgment of the leadership team a policy needs to be significantly modified, please send the draft modification for my review before approval and implementation.

#### **2. Medical Autonomy**

**Compliance Status:** Substantial compliance.

#### **Findings**

We had a very constructive discussion with the Medical Director and the custody leadership of the jail regarding the use of controlled substances. We were impressed with the desire of both health care leadership and custody leadership to accommodate each others' needs and concerns in a way that allowed for the availability of necessary medications but under very controlled requirements.

**Recommendation:** None.

#### **3. Privacy**

**Compliance Status:** Partial compliance.

**Findings**

The main privacy problem identified was that in order to screen unarraigned patients the screening takes place in an open area where other individuals may overhear the querying and responses. Since mid-May, however, the unarraigned males are no longer coming to Erie County Holding Center and thus a comprehensive screening for unarraigned males will no longer be needed. This will allow for the screening of the arraigned males which is currently done in a much more confidential area, to be the mechanism used not only for the arraigned males but also, we are told, for unarraigned and arraigned females. We are hoping that this change in procedure can occur as rapidly as possible but certainly before our next visit. We also identified concerns about the placement of the nurse, the patient and the officer in the exam room where the arraigned are receiving their screen. It is our perception that if the room is reconfigured slightly and the position of the three individuals is modified it will be much easier to insure auditory confidentiality. We also discussed the need for staff to be trained in how to conduct a very quiet interview in a way that gives the patient confidence that a nearby officer is unable to hear the details of the interchange. We did observe documentation which demonstrates that officers have received the required training regarding confidentiality as have medical staff. All of the interactions with the use of the exam space in the new building pods could be conducted confidentially; however, these rooms are not commonly used. The same is also true for the exam spaces in the old building. The clinic area can afford confidentiality; however, there is a concern that one clinical exam space is used by health care staff as a thruway between two different areas. Although these are health care staff it would be advantageous if the use of the space as a thruway could be diminished. Finally, the maintenance of the health records continues to be separate from the custody records and, from our observation, are transported securely. If the changes described above occur in the booking area, it is entirely possible that this area could move to substantial compliance at our next visit.

**Recommendations**

1. Health care leadership should train their clinical staff in how to conduct muted, confidential interviews with patients so that a nearby correctional officer would be unable to discern the details.
2. Implement the new procedure in the booking area so that the only screening rooms used by health care staff are afforded reasonable confidentiality.
3. Reconfigure the locations of the patient, the nurse and the custody officer in a manner that allows confidentiality while assuring safety.

**4. Training of Custody Staff**

**Compliance Status: Substantial compliance.**

**Findings**

We reviewed the database which includes all of the required training listed in this Agreement, with the training supervisor for custody. We were able to identify that well over 90% of the officers have received the required training regarding responding to medical urgencies and emergencies, supervision of inmates with serious medical needs, identifying the signs and symptoms of drug and alcohol withdrawal, suicide prevention, sexual abuse, confidentiality as well as CPR and First Aid. The system used by the custody staff is a model for both insuring that training occurs timely as well as tracking when annual training is due.

**Recommendation** None.

## **5. Management of Health Records**

**Compliance Status: Partial compliance.**

### **Findings**

Although the medical program has, in a general sense, described a desire to convert to an electronic record, there really has been no progress in this area since our last visit. This Agreement does not require an electronic record although having one would eliminate many of the existing problems that remain to be resolved for compliance with this Agreement. The one thing we emphasized with medical and mental health leadership, whether the final decision is for a paper record or an electronic record, is that the Agreement anticipates a unified record and in order to achieve substantial compliance the record must be unified.

With regard to our review of the records, we learned that on weekends there is no access to old inactive records. If this were also true for active records the assessment could be noncompliance, but since it is only true for inactive records the assessment is partial compliance. This problem must be resolved as soon as possible, certainly well before the implementation of an electronic record. We also learned that there is what we perceive as a counterproductive turf problem between medical and mental health staff, in that medical clerks do not pull records for mental health clinicians. All of the staff are County employees and the turf problems can only lead to avoidable delays in the availability of a record. This should be resolved prior to our return. We learned that although loose filing is tracked for the active records it has not been addressed as conscientiously for the archived records. Thus, one could retrieve an archived record and not realize that there was loose filing that was not in the record. We did observe that in the last few weeks a problem list has been utilized in the medical records; however, in most of the records we reviewed, of course, there was no problem list. The implementation of a problem list requires very specific training for clinicians with regard to who can enter problems and what problems should be entered on the problem list. There should be a list of rules for problem list use. In one of the problem lists we observed that a patient who had been in and out had his chronic problem, hypertension, listed twice even though the purpose of a problem list containing chronic problems is to avoid the repetition since these medical problems tend to occur usually for life. We also did not see a

medication list or profile in any of the records; although this is available electronically, it would have to be printed out for use by the clinician. At a minimum, this should be available for chronic care encounters. We were impressed with the studies done addressing the timeliness of availability of records at ECCF when patients are transferred there from ECHC. The rate of availability in less than one day was well over 80-85%. We strongly encourage studying the outliers in order to improve the timeliness of availability. We also suggest studying the much less frequent transfers from ECCF to ECHC to insure that much more infrequent process is accomplished timely.

### **Recommendations**

1. Insure that there is an updated problem list in each medical record.
2. Track loose filing, both for active and archived records.
3. Correct the access problems for archived records on the weekends.
4. Implement a strategy to insure that there is a medical list or profile available at a minimum for chronic disease visits.
5. Department of Health and Department of Mental Health should jointly pursue a strategy to insure a unified medical record, including the possibility of an electronic record.
6. Perform studies looking at the outlier records which are not available at ECCF within 24 hours of transfer.
7. Perform a study looking at the timeliness of availability at ECHC of records of patients transferred from ECCF to ECHC.

## **6. Medication Administration**

**Compliance Status: Partial compliance.**

### **Findings**

There has been significant improvement in that it is much less common that patients who may be in the housing unit but do not show up to the nurse cart are documented as refusals without any effort to contact them. We observed both a morning and an evening medication pass; in each timeframe we observed medications administered in both the old facility and the new facility. In general, there was improvement in contacting patients and in performing mouth checks. Documentation by the nurses was observed to occur timely. About 10% of those who received medications did not undergo a mouth check. We might add parenthetically the inmates appeared to be quite cooperative when requested to undergo a mouth check. We did observe on one medication pass that although the officer did call in a loud voice that the nurse was present and then at the end of the med pass the officer called for a last call, an inmate who had been somewhere in the housing unit showed up just as the nurse was ready to leave the unit. We discussed with nursing leadership the importance of the medication nurses having a procedure that allowed them to know which of the patients for whom medications should have been administered did not show up in the medication line. This would allow the nurse to request the officer

to specifically contact this patient and, if there was a refusal, obtain that refusal between the patient and the nurse.

We also observed medication records in which there were at least three doses in a row with a documented refusal but no referral to the prescribing clinician. We found other records in which there were multiple blank spaces. We have explained to nursing leadership how to calculate a medication error rate comparing the number of blank spaces to the number of doses that should have been offered in a given period of time, usually a month. We encouraged reviewing this by analyzing a sample of MARs of patients who are on more than two medications, each month for each nurse that performs a medication administration service.

We also reviewed timeliness studies that were presented to the medical review committee from time of order to time of receipt. Those studies demonstrated that for new orders for patients entering booking, time to receipt at the holding center was 26 hours whereas time to receive at the correctional facility was 18 hours. For medication continuity, the average time at the holding center was 19 hours on reorders and 27 hours at the correctional facility. All of these times are satisfactory with regard to the performance of the medication administration program.

We learned that patients in Erie County who are released by the court do not return to a correctional facility automatically, even to retrieve their property. In our experience this is unusual. This poses a greater challenge for the program to insure reentry medications are available. We looked at a log of patients who had been released and the log documented whether or not they had called the facility regarding their release medications. The rate of calls was extremely low. Thus, medication continuity on reentry is extremely low. There is national data that demonstrates a link between absence of reentry healthcare continuity and an increased rate of recidivism. Thus, not only is the patient affected, but also ultimately the County is affected by this problem. We would strongly encourage you to be creative in designing strategies that would facilitate reentry health care continuity.

Finally, we did discuss the desire in any correctional facility for clinicians to minimize the use of medications that have to be administered more than twice per day and also the desire to minimize the number of medications ordered on an as needed basis.

### **Recommendations**

1. Perform medication error studies each month, calculating the error rate using the methodology previously described and attempt to achieve an error rate of less than 1%.
2. Perform studies on compliance with the policy regarding repetitive refusals. This phenomenon is much increased for patients on psychotropic medications.
3. Repeat the timeliness studies, particularly with regard to patients who enter the holding center and whose medications are verified.

4. Implement your plan for a poster to be available outside the property window which has information describing how patients can access medications on reentry.

## **7. Access to Care**

**Compliance Status: Partial compliance, near substantial compliance.**

### **Findings**

The Erie County Holding Center and Correctional Facility have implemented procedures that utilize a paper health service request form filled out by the inmate at the time there is a request for a non-urgent symptom to be addressed. These are collected daily and initially paper triaged by an RN. The paper triage is to determine whether the slip describes symptoms that are either urgent or emergent that should be addressed immediately. The slips are then at the Holding Center, given to a nurse practitioner who schedules visits for most of them with a nurse practitioner within the next two days or, for some that appear to be less complex, for a registered nurse. At the Correctional Facility, all patients are scheduled to be seen the next day and when they arrive the head nurse triages them to either a nurse practitioner or a registered nurse. Studies at both facilities demonstrate that well over 80% do have a face-to-face encounter within the required two days. In general, the notes documenting the nursing assessment were appropriate. One of the requirements for the sick call process is that the registered nurse or nurse practitioner insure that the symptom described on their request is addressed. It is not uncommon for both the patient and the clinician to become distracted if some new symptom has developed and the end result is, although the new symptom may be adequately addressed, there is no documentation of any discussion regarding the symptom described on the request form. For the sick call process to achieve substantial compliance, it must be timely, which it appears to be, although it would be extremely useful to review the outliers to determine what is the timeframe in which they get seen and what are the causes for the delays. In addition, the professional performance has to be regularly assessed. The Medical Director is looking at professional performance and we discussed how this can be most effectively done, including reviewing to make sure that the symptom on the request slip has in fact been addressed.

### **Recommendations**

1. Analyze timeliness outliers both to determine how long the delays are and also to implement procedure changes to mitigate the number of outliers.
2. In performing the professional performance review, insure that the clinicians are addressing the symptom described on the request.

## **8. Emergency Care**

**Compliance Status: Partial compliance.**

### **Findings**

The County has both an emergency care and an urgent care policy. During this visit, the emergency care approach at the time of the emergency and including transport to the offsite service is clinically appropriate and timely. We did find that on return to the facility, there were instances where there was no documentation of the patient's return through nursing in the booking area and also there was no timely clinician follow up visit to insure that the patient's health status was appropriate and that the patient understood the findings and plan.

With regard to the urgent care policy, there is a telephone log that has been implemented to document and track the urgent care responses. However, the implementation of this log has created some confusion in that it is not only used for officer calls subsequent to patient expression of urgent symptoms but also used as a vehicle for mental health staff to refer to medical clinicians. If it is necessary to use this for both purposes, it is important that the documentation as well as staff understanding make it clear what the differences are between the two uses of the log. In addition, we identified a few circumstances in which a nurse did not perform a face-to-face assessment as a result of the officer phone call. The policy requires that upon receiving the expression of an urgent symptom from a detainee, the officer is required to contact the medical staff. Similarly, the medical staff is required to perform a face-to-face assessment. When a nurse tells an officer to tell the patient to sign up for sick call instead of complying with the policy and assessing the patient directly, this can be construed by the officer as an appropriate response for him the next time an urgent symptom request is conveyed to him and thus conclude there is no need to call. Serious negative outcomes may ensue. There must be a certain degree of rigidity, both for officers and for nursing staff, in order for this procedure to minimize risk to the patient and reduce liability for the County. We must add that most nurses responded timely with an appropriate assessment. However, in this particular area, most is not good enough.

### **Recommendations**

1. Monitor for nursing notes documenting both send out and return for emergency related trips.
2. Monitor follow up visits by advanced level providers after emergency send outs with documentation of current health status as well as the offsite services, findings and plan having been discussed with the patient.
3. Clarify the utilization of the telephone log with all staff.
4. Monitor adherence to the telephone log documentation rules.
5. Monitor the urgent symptom phone calls for a timely assessment by a nurse in all instances.

## **9. Follow Up Care**

**Compliance Status: Partial compliance.**

### **Findings**

This item requires the facilities to implement procedures that insure a process is in place that guarantees timely assessment and follow up, both for unscheduled as well as scheduled offsite services. At both facilities, we reviewed a small sample of unscheduled offsite services provided as well as a mixture of both procedures and consultations within the scheduled offsite service category. We found that implementation of the policies in this area is not yet fully compliant with policy requirements. With regard to the unscheduled offsite services, there should be a nursing note for the send out as well as the return, although in some instances an advanced level clinician note at the time of send out may substitute for the registered nurse note. At the time of return, the nursing note should include whether or not the required documentation of the offsite service is available as well as the patient's current health status and a description of any new orders that may be recommended. Where there are new orders the nurse is required to contact an advanced level clinician to receive those orders verbally and then to schedule a follow up visit with a clinician and the patient. At the follow up visit by the advanced level clinician, there must be documentation of a discussion with the patient regarding his health status and any offsite findings and recommendations.

With regard to the scheduled offsite services, we again found that there was frequently an absence of nursing notes on return as well as an absence of timely follow up visits with the advanced level provider. The nursing note on return should document what specific service was received and the fact that the patient is being scheduled for a follow up visit and the offsite service report is being retrieved. The clinician visit for follow up to a scheduled offsite service must include a description of the patient's status, the findings of the offsite service and any future plans. It was quite infrequent that we found records where all of the required assessments and documentation were present. However, we did find in differing records that each of the required assessments were documented. This should explain the assessment as partial compliance.

### **Recommendations**

1. For unscheduled offsite services, monitor for presence and appropriateness of registered nurse notes both at the time of send out and upon return.
2. Monitor for the presence of offsite service records which have been initialed.
3. Monitor for the timeliness and appropriateness of follow up visits with the advanced level clinician.
4. With regard to scheduled offsite services, monitor for the presence of nursing notes on return that contain the information described above.
5. Monitor for the appropriateness and timeliness of advanced level clinician follow up visits containing the required elements listed above.

### **10. Chronic Disease**

**Compliance Status: Partial compliance.**



**Findings**

A chronic disease program has been implemented at both facilities. There is a chronic disease registry that lists the names of patients with each chronic disease. However, the current method of creating the chronic disease registry requires a clinician to fill out an encounter form listing the diagnosis, which is then forwarded to a clerk who enters it into a jerry-rigged space in the scheduling software. The data entry by the clerical staff is greatly backlogged so that the list does not contain names of patients recently added to the program and may not be up to date with those who have been released. This is of course an area where an electronic record should solve this problem. We looked at a small sample of records of patients with chronic diseases at each facility and identified opportunities for improvement which were reviewed with the Medical Director. The performance by the advanced level clinicians was consistent with what one would expect to find in a newly implemented program where the staff are becoming used to the guideline requirements. If the Medical Director is able to continue to review records and provide feedback to each clinician, we are confident performance will improve.

**Recommendations**

1. Work on improving the completeness of the chronic disease registry.
2. During the individual clinical performance reviews, identify patterns of deficiencies which could be used in group training.
3. Consider a procedure that requires the advanced level clinicians to refer any patient whose disease is poorly controlled and does not improve at the follow up visit to the Medical Director. This should enable the Medical Director to be involved with the sickest patients.

**11. Dental Care**

**Compliance Status: Partial compliance.**

**Findings**

In reviewing the dental program, our focus is on timeliness of access, particularly with regard to pain, as well as based on the quality of the dentition and the utilization of other procedures than exclusively extractions. We learned at this visit that at the Holding Center, the dentist is onsite two days per week and on one of those days there is no dental assistant available. We also learned that at the Holding Center restorations are not performed. There have been instances where patients are sent offsite to obtain restorations. It is unlikely that the number of restorations performed, if appropriate assistance and equipment were available onsite, would not exceed the number of restorations sent offsite. The standard in the community requires a dental assistant hour for each dentist hour and the use of restorations as an alternative to extractions when the dentition is well maintained. That is the standard that we look for. We also learned that when nurses are addressing dental pain they contact the dentist for orders. We do think that it is important to review the timeliness and appropriateness of the nursing response to dental pain.

### **Recommendation**

1. Provide a dental assistant hour for each onsite hour of dentist.
2. Implement the requested equipment in order to facilitate onsite restorations.
3. Monitor the timeliness and appropriateness of nursing response to dental pain.
4. Report to the quality improvement committee on a quarterly basis the monthly ratio of restorations to extractions.
5. Monitor and report to the QI committee the rate of post extraction infections.

## **12. Care for Pregnant Prisoners**

**Compliance Status: Partial compliance.**

### **Findings**

Although in the few records we reviewed pregnant women were receiving prenatal vitamins and special diets, we could not review the care because the Women's and Children's Hospital was not sending copies of their encounter forms. Rather, they sent a one line note indicating the condition was fine. This is not adequate, either for the Monitor nor for the Medical Director to know the details of what was found at specific prenatal visits. Since the Women and Children's Hospital utilizes a program which has been certified by the American College of Obstetrics and Gynecology, I am of the belief that the documentation to be received will be fully compliant with those guidelines. However, that documentation must be available within the Erie County medical records. This should explain the basis for the assessment as partial compliance.

### **Recommendation**

1. Insure copies of prenatal visit encounters are present in a timely manner in the Erie County Correctional Institution records.

## **13. Dietary Allowances and Food Service**

**Compliance Status: Substantial compliance.**

### **Findings**

The dietary program at both ECHC and ECCF do provide for special medical diets. In fact, a study was done by the quality improvement program which showed that at both facilities, the timeliness of diet implementation from the time of order was generally within 48 hours. Both facilities have reasonable programs to insure a minimalization of food borne illnesses. With regard to food service workers, the Erie County policy requires that a history and physical be performed within 30 days prior to an inmate being assigned to dietary service. At ECHC inmates are not involved in food preparation, whereas they are involved in food preparation at ECCF. The method for screening, therefore, is to insure that inmates have been cleared by the medical program. This clearance is primarily to insure that the inmate is physically and mentally capable of working in the assigned area. Once assigned to the ECCF

food service assignment, the inmates are observed and queried at the beginning of the shift by the food service supervisors. This is the appropriate strategy to minimize the likelihood of food borne illness being spread from workers. At ECHC, on the other hand, the escort officer queries the inmates and observes them at the time he collects them in the housing units. This allows him to substitute people if he finds open lesions or if there is a history of gastrointestinal or other disease. Although the methodology at the correctional facility is preferred, given the fact that the inmates at the holding center only work in serving lines, the alternative strategy is satisfactory.

In both areas there has been training on the preparation of special diets. When we reviewed the diet lists there was a large number of what appeared to be dietary preferences, that is, "I cannot eat beans," or "I cannot eat tomatoes." These are not special diets. The person who requests such should be counseled to avoid those foods when they are on the menu. There are diets for diabetes and hypertension and low fat, all of which could be eliminated if the master menu was heart healthy. We would encourage investigating the possibility of utilizing a heart healthy diet. We would also encourage the Medical Director working conjointly with custody leadership to implement a plan to educate the inmates on what type of diets are appropriate to be requested and for the Medical Director to instruct the clinicians also as to what type of diets are medically indicated.

With regard to food allergies, the highest degree of sensitivity has been found with peanuts and shellfish and a few other less common items; patients with allergies should avoid those they are allergic to. On the other hand, food sensitivities indicate that a food should be avoided but food with that item on a plate doesn't result in an allergic reaction. Pregnant women do receive the appropriate vitamin supplements and additional food. Although there could be significant improvement in the education of inmates regarding medical diets and in the education of advanced level clinicians regarding ordering them, the process is timely and is meeting the needs of the patients and that it why there is a finding of substantial compliance.

### **Recommendations**

1. Consider investigating the possibility of a heart healthy master menu.
2. Provide education for inmates and advanced level clinicians regarding the indications for a medical diet.

## **14. Health Screening of Food Service Workers**

**Compliance Status: Substantial compliance.**

### **Findings**

As described in the findings under number 13, all inmates are in essence required to be medically cleared by the health care program no more than 30 days prior to assignment. In addition, at the beginning of each shift that workers work, they are queried regarding any acute illnesses, including

gastrointestinal, and their arms and hands are observed for open skin lesions. This is consistent with recommended strategies to reduce the probability of spread of food borne illnesses.

**Recommendation:** None.

## **15. Treatment and Management of Communicable Diseases**

**Compliance Status: Partial compliance.**

### **Findings**

Although the Erie County program has specific procedures with regard to TB prevention as well as the treatment of skin infections and the handling of blood borne illnesses, I have not had a chance to meet with the communicable disease or infection control nurse. This program is a crucial one given the proportion of high risk patients entering your facilities and the focus of the program should be TB control, tracking, monitoring and preventing skin infections, identifying and treating sexually transmitted diseases, monitoring dental sterilization process and post-operative infections and insuring that any reportable diseases are appropriately reported.

### **Recommendations**

1. Draft a position description for the communicable disease/infection control nurse and send it to me for my review.
2. Although the infection control nurse should collect data monthly, she should summarize it on a quarterly basis for the quality improvement committee. Particular areas to be reported on include TB control and prevention, the tracking of skin infections including both presumptive and culture confirmed MRSA, the incidence of sexually transmitted diseases and the occurrence of reportable diseases along with a sterilization report.

## **16. Sexual Abuse**

**Compliance Status: Partial compliance.**

### **Findings**

The County has developed a policy including training regarding the issues of sexual abuse. Quite recently, guidelines have been published by the federal government pursuant to the Prison Rape Elimination Act that describe what should be done in a facility to accomplish the goals of the Act. The training developed by the Department of Corrections and the policy appear to comply with these goals. In addition, we have reviewed the training records and better than 90% of officers have received this training. On the other hand, since medical staff have not yet been trained and they may play a key role in identifying and responding to cases, the assessment is partial compliance.

### **Recommendation**

1. Provide the training to all medical staff with regard to the sexual abuse policy that we have reviewed.
2. Maintain a log so that when cases arise, their handling can be tracked for compliance with the substance abuse policy requirements.

## **17. Quality Management**

**Compliance Status: Partial compliance.**

### **Findings**

Remarkably, despite the absence of a Director of Nursing and a Director of Correctional Health Services, there has been a substantial amount accomplished between our visit six months ago and the current visit. A medical review committee has been created along with a structure of other committees, which were developed in order to achieve compliance with the description in the Agreement. However, in order to simplify the institutional quality management structure, we would suggest that at the top of the structure, as currently exists, there is a correctional oversight committee. Underneath that should be the quality improvement committee which should have a person reporting to it from both DOH and DMH whose responsibility is to track compliance and progress with compliance with the Settlement Agreement. In addition, the quality improvement committee should receive reports containing minutes from the mental health subcommittee as well as the pharmacy and therapeutics subcommittees and training subcommittee. Although the mental health subcommittee should probably report monthly, the other two subcommittees and the infection control nurse should also report quarterly. The mental health subcommittee will be reviewing both the quality of the mental health program from booking to chronic disease treatment as well as compliance with the requirements of the suicide prevention program. Both the Director of Nursing and the Director of Mental Health and the Medical Director should report professional performance enhancement activities on a regular but less frequent basis. Professional performance enhancement review is review of the clinical performance of one clinician by a peer. We are using the language "professional performance enhancement review" as opposed to the phrase "peer review" only because in hospitals the term peer review has been unfortunately associated with possible discipline and its use has been emphasized in relationship to investigations surrounding negative outcomes. Our use of the professional performance enhancement review program is to facilitate professional skill development and thus mitigate the possibility of requiring any type of professional sanction. For all disciplines, professional performance enhancement review should occur more frequently with each clinician at the outset until such time as their performance is deemed to be at appropriate thresholds and after that regular review should occur on a less frequent basis. The Medical Director has begun to review advanced level clinician professional performance and provide feedback. During this visit we discussed documentation requirements for a variety of patient encounters, including offsite service follow-ups as well as chronic disease follow up visits. After training has been provided to the staff, they should expect to be reviewed against the criteria. Among the quality improvement studies already performed, include timeliness of receipt of transfer records,

completeness of nursing assessments with regard to withdrawal protocol requirements, completeness of placing and reading the TB skin tests on intake, timeliness of visits for sick call, appropriateness of unscheduled send out visits, ratio of extractions to restorations, compliance with chronic care assessments, timeliness of filing loose documents in the medical records and peer review or professional enhancement review by the Medical Director. The program is to be commended for all of its efforts in this area. It is off to an excellent start. With the addition of a Director of Nursing and a Director of Correctional Health Care Services, we are very optimistic about the expansion of this program.

### **Recommendations**

1. Consider restructuring the program so that underneath the correctional oversight committee is the quality improvement committee which reviews data from both medical and mental health. Underneath the quality improvement committee will be subcommittees including mental health, pharmacy and therapeutics, training as well as reporting from dental, infection control and detoxification. This structure would reduce some of the frequency of meetings.
2. Consider initiating patient satisfaction surveys which are targeted to very specific issues, such as sick call program or chronic disease services for either medical or mental health.
3. Begin analyzing and reporting on grievance data, both timeliness and appropriateness of response along with frequency with which the grievant is interviewed by a health care staff member.
4. Include in the quality improvement program mortality reviews as well as sentinel event reviews.
5. During specific areas of this report we have suggested specific items to be studied regarding several of the services. It is expected that those reviews will be part of the data presented at the quality improvement committee meeting.

## **18. Review of Clinical Care by Responsible Physician**

**Compliance Status: Partial compliance.**

### **Findings**

The Medical Director has begun reviewing the work of the advanced level clinicians. When they begin employment he has them work alongside him and he ultimately certifies their privileges. Similar oversight of nursing clinical activities has not yet begun. We would hope that both programs begin to be more completely implemented before our next visit.

### **Recommendation**

1. After the Director of Nursing begins employment the nursing professional performance review program should be initiated.

2. This program should include review and feedback for all nursing clinical activities including intake screening, sick call, urgent care and medication administration.
3. The Medical Director reviews should include intake health assessments, chronic disease visits, sick call assessments, urgent care assessments and returns from scheduled and unscheduled offsite services.

Respectfully submitted,

R. Shansky, MD  
Medical Monitor

RS/kh