

## **Thirteenth Monitoring Report**

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

This report will review the status of the medical program conditions at the time of this thirteenth monitoring visit, which took place from September 25 through September 29, 2017. The medical program is beginning to make more rapid progress as the key positions of leadership are filled and people become comfortable with their responsibilities. I had the opportunity to spend a significant portion of this visit with the recently added Medical Director and he provides not only the knowledge base that is requisite for the responsibilities but also the leadership skills necessary to influence the clinicians and the other staff in a very positive direction. He has accepted the clinical challenges with substantial enthusiasm but has also worked very well with members of the team. One clinician who had been historically problematic has improved substantially just since the time that the new Medical Director has been in the leadership role. This is clearly a reflection of his efforts in this area. Not only does he work well with the other members of the health care team, he works very closely with custody and is cognizant of the need to engage custody when issues, especially of access, arise.

The staffing issues with regard to the medical program have pretty much been resolved, with the County personnel department working closely with the Sheriff's office to accomplish strategies that allow positions to be filled. At the time of our visit, there were no vacancy issues that we needed to discuss.

There are issues that remain on the table but the leadership team is working together to resolve many of these issues. Some of them have to do with technology problems, meaning the information technology area, such as the inability of the pharmaceutical vendor to interface with the medical records software, particularly with regard to controlled substance prescriptions. However, all are aware of this and one strategy being discussed is hiring a part-time IT trained person to coordinate with the medical record vendor as well as the pharmacy vendor. The medical record vendor is to draft a list of qualifications that such an IT person should possess. This will facilitate the search for this part-time person.

A reflection of the progress that has been made is the fact that four key sections have advanced from partial compliance to substantial compliance since the last visit. This is the result of the leadership team insuring that staff are hired who understand what the responsibilities are.

## **B. Medical Care**

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

**Compliance Status: Substantial compliance.**

#### **Findings**

There were 21 policies that were provided to me for my review and approval. Virtually all were approved; however, some clarification was needed from the Medical Director regarding the chronic disease management policy. The aspect that needed clarification was to provide guidance for the nursing staff with regard to what patients were stable and how was that defined. The policies I reviewed were: onsite and offsite services (ambulance services), defibrillator and monitor services, EKG monitor services, health eLink services, manual of administration-nurse coverage plan, provider on call, personnel reporting of FMLA time, chronic disease management, management of hyperlipidemia, management of chest pain, treatment of asthma and chronic obstructive pulmonary disease, chronic disease management-cardiovascular disorders, chronic disease management protocols, hypertension, medication management, controlled substance disposal, management of MRSA/VRE, management of lice and scabies, management of tuberculosis, post-exposure prophylaxis blood/body fluids, and reporting personnel absence. All of those policies were approved, with some clarification requested with regard to the chronic disease management.

#### **Recommendations**

1. Complete the clarification with regard to the chronic disease management and forward that to me.
2. Insure that the health care staff understands not only the purpose of each policy but the critical elements housed within each policy.

### **2. Medical Autonomy**

**Compliance Status: Sustained substantial compliance.**

**Findings** None.

**Recommendations** None.

### **3. Privacy**

**Compliance Status: Substantial compliance.** This moves into I believe sustained compliance at the next visit.

**Findings** None.

**Recommendations**

1. Continue to emphasize the need for patient privacy as well as professionalism in treating patients with dignity.

#### **4. Training of Custody Staff**

**Compliance Status: Sustained compliance.**

This area has been in compliance for more than 18 months.

**Findings** None.

**Recommendations** None.

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

**Compliance Status: Substantial compliance.**

##### **Findings**

Although the Medical Director, who prescribes all controlled substances for the medical program, has to perform a two-step process, he indicates that he has become efficient at it and has no problems with it. He initially orders the medication through Centricity and then orders the medication a second time through the pharmaceutical vendor's equivalent of Sure Scripts. Maybe the interface between Centricity and the pharmaceutical vendor can be created; however, given the ability to perform controlled substance ordering, I find this is consistent with substantial compliance. Thus, the compliance status of substantial compliance.

##### **Recommendations**

1. Before my next visit the correctional health program should identify what kind of local IT resource they need in order to work with the Fusion IT company.

#### **6. Medication Administration**

**Compliance Status: Substantial compliance.**

##### **Findings**

The nursing staff reports that the system is working quite adequately. With regard to the discharge medications, the system used is that inmates are counseled to call a number when they wish to receive discharge medication. Then the prescription is written, forwarded to the provider for authorization and the medication is available at either a Rite-Aid in Alden or a Walgreens for the holding center. There was also a discharge planner added. It appears that only two patients picked up their medications. The QI program should perform a study looking at the number of patients on chronic medications who are released (who have been in 30 days) who call in. It is possible that the counseling may be deficient for the inmates. Then, of those who call in, how many actually pick up the medications? It would be useful if when patients call in, they are

informed of when the medications are likely to be ready. The QI program must perform a study looking at how many patients were released after 30 days in the system who were released while taking chronic care medications. That is the beginning denominator. Then the number of patients who called in must be captured along with the number of patients who picked up their medications. Each step in the process must be done well in order to achieve a higher adherence rate.

### **Recommendations**

1. Collect the data necessary for release meds based on patients housed greater than 30 days on chronic care meds each month.
2. Also collect the number who call in for their meds and the number who pick up their meds.

## **7. Access to Care**

**Compliance Status: Substantial compliance.**

### **Findings**

Progress continues to be made with regard to the sick call system. Slips are picked up daily and they are triaged daily. Patients who present with symptoms are seen almost invariably within 48 hours. The quality of the nursing performance has improved. These are the result of feedback from the nursing leadership team and the improvement reflects the beginnings of an effective quality improvement program. The rate of timeliness was always greater than 95%.

### **Recommendations**

1. The DON and ADON must continue to provide feedback on a regular basis to the nurses performing sick call.
2. This must be done via a face-to-face discussion of records having been reviewed, with an emphasis on strategies to improve performance.

## **8. Emergency Care**

**Compliance Status: Sustained substantial compliance.**

### **Findings**

We reviewed several records of patients sent to the hospital. The offsite encounters were present timely and the follow up was timely and appropriate.

### **Recommendations**

1. The QI program should continue to monitor these unscheduled offsite service encounters for completeness of documentation and appropriateness of follow up.

2. In addition, the Medical Director and Director of Nursing and ADON should monitor the onsite responses that did not result in sendouts to insure that decisions are being made appropriately.

## **9. Follow-Up Care**

**Compliance Status: Substantial compliance.**

### **Findings**

We reviewed several records and found that each appointment was achieved within a reasonable timeframe, a visit took place, the documentation was available timely and the follow up was both timely and appropriate.

### **Recommendations**

1. The QI program should continue to monitor the timeliness of the scheduling of appointments using routine requests as acceptable if the appointment occurs within 30 days. If not, the Medical Director should be notified and document whether or not an effort was made to arrange an earlier appointment.
2. The QI program should monitor the follow up of scheduled offsite services and insure that 100% of the time appropriate follow up occurs timely.

## **10. Chronic Disease**

**Compliance Status: Partial compliance.**

### **Findings**

We reviewed several records both from intake and chronic disease records. We found that there was some confusion as to when to perform the initial chronic care visit. This visit can be accomplished at the time of the practitioner initial assessment, and we reviewed with the clinicians how that should be done, with both forms being utilized and the duplicative aspects of the forms filled out for the practitioner initial assessment in a manner that refers to the initial chronic care form. We still found a few delays in initial chronic care visits as well as an occasional lack of assessment of degree of control. This was also reviewed with the clinicians and it is my belief that they came away with a better understanding of how to document this with regard to patients they have seen. The Medical Director has reviewed their care and clearly some of the improvement must be attributable to his efforts.

### **Recommendations**

1. The Medical Director should provide a review of the common chronic diseases and where indicated, provide guidance as to the types of responses needed for particular blood pressure and blood sugar elevations as well as high risk blood pressure and fingerstick results that create risk to the patient.

2. Continue the professional performance enhancement review program of at least four or five records per clinician per month until performance is completely acceptable and then it may be reduced to once per quarter.

## **11. Dental Care**

**Compliance Status: Partial compliance.**

### **Findings**

Although there was an improvement in the number of restorations performed at each site, the ratio of extractions to restorations could be improved. A full-time dental assistant has been hired; however, there are still two part-time dentists in place, one who works three days a week at the correctional facility and one who works two days a week at the holding center. We have seen improvements across the country as dentists become more comfortable performing restorations on mouths that have reasonably good dentition.

### **Recommendations**

1. Continue to fill the dentist position with one full-time person.
2. Continue to provide a monthly report of both percentages of scheduled patients seen as well as the ratio of extractions to restorations.

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

**Compliance Status: Sustained substantial compliance.**

### **Findings**

The QI program continues to monitor, with guidance from the Medical Director, the care of pregnant prisoners.

### **Recommendations**

1. The QI program is to continue to monitor the care of pregnant prisoners.

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

**Compliance Status: Sustained substantial compliance.**

**Findings** None.

### **Recommendations**

1. The QI program should continue to monitor, via the dietician, the congruence between the actual plated special diets and the dietician's recommendations for diet substitutions.

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

**Compliance Status:** Sustained substantial compliance.

**Findings** None.

**Recommendations** None.

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

**Compliance Status:** Substantial compliance.

##### **Findings**

The communicable disease nurse reported on data regarding both tuberculosis and skin infections.

##### **Skin Infections**

In the four months since the last visit, 82 presumptive cases of MRSA skin infections were treated and six culture-proven cases were treated. Most of these both presumptively treated and culture proven cases came through the intake process. There was only one difficult case which required additional antibiotics. They are continuing to monitor skin infections on a monthly basis.

##### **TB Control**

They screen people who fit the high-risk category for TB and tested 54 in June, 46 in July, 68 in August and 63 in September. When there is a positive skin test they get a chest x-ray. They have had no evidence of x-ray changes consistent with tuberculosis. They had one new positive skin test and that patient had a negative chest x-ray but was not provided counseling by a clinician. That should have happened with regard to his options.

##### **HIV Testing**

They have about 100 patients per month who request HIV tests. When patients come in who are known positive and under treatment, they are seen within five days and their degree of control is documented. The degree of control is based on viral load and CD4 count.

Overall, the communicable disease program seems to be much better organized and it is a strong component of the QI program.

##### **Recommendations**

1. Continue to investigate any potential outbreaks or changes in longstanding data.

## **16. Sexual Abuse**

**Compliance Status: Sustained substantial compliance.**

**Findings** None.

**Recommendations** None.

## **17. (a) Quality Management**

**Compliance Status: Partial compliance.**

### **Findings**

We reviewed the minutes of several meetings. The minutes read like anecdotal information. There is not any structure to them such as new issues, old issues, studies performed, etc. I discussed with the QI coordinator the need to provide more structured meeting minutes so that staff can read and learn from them. Also, the emphasis should be on the use of data. Data drives analysis and therefore improvement strategies. They did studies regarding the following services:

#### **1. An Intake Study**

They found 3% of nursing levels were under-acutized, meaning they were categorized as a 3 rather than a 2 or a 2 rather than a 1. This has clinical implications but the nurse was counseled and a repeat study will be performed in a few months. They did find, which we confirmed, that transfers to the correctional facility are not seen timely with regard to intake parameters. The nurses at the correctional facility feel that the clock is reset after they receive them. That is definitely not true. The intake occurs at the holding center and they are held to the timeframes for the holding center.

#### **2. Sick Call**

I reviewed 15 sick call slips that were submitted in September with regard to the timeliness of visits. Because the transfer to ECCF usually occurs early in the morning, patients who are scheduled to be seen at the holding center can be seen the same day at the correctional facility. This needs to be put in place. On the other hand, when patients are not transferred and they submit a slip in house, 98.2% are seen within 24 hours of receipt. There was a slight dip in the number seen; it became 97.98% in August, but it was over 98% in September. This indicates improvement. The number of unscheduled sendouts has been substantially reduced over the last few months. On the other hand, all who do get sent out are seen by a primary care clinician within 48 hours. There has not been a study of scheduled offsites, but that will be done before the next visit. There also has been no study of grievances.

#### **3. Medications**



With regard to the timeliness of receipt of chronic care medications from ordering to receipt, 36 out of 45 patients received the medication within 24 hours. Six were within 48 hours and three were either released or the medication was discontinued. There was also a study performed to determine if there is a delay in transferring medications to ECCF and why. That study revealed that the E kit was not being used. The practitioners need to talk with their patients to explain that for many medications the medications will start the following day. This also helps with the EMAR because the day of order suggests that the medication is beginning the same day as ordered even though the medication does not arrive until the following day. The date of initiation of medications should be changed to the following day so that the order of the first of the month should read, "Patient to begin medication following day." The nurses also use the EMAR to review overdue meds and make sure that those meds which are chronic are reordered.

#### 4. Pregnant Patients

There was also a study on the pregnancy care to determine whether care was consistent with ACOG guidelines. All patients were ordered prenatal vitamins within a few days. Six had obstetric appointments within one week, nine had an OB appointment within two weeks. One patient had an OB visit just prior to being incarcerated and one patient was greater than two weeks but less than one month. Sixteen patients had initial provider visits within five days.

#### 5. Chronic Care

They also looked at chronic care. There were 77 patients with asthma but only 36 on medication. This may reflect the impact of childhood asthma and Dr. Barsoom will review the list and the records and repeat a review of the chronic care list. In the viral clinic were 67 patients with either HIV or hepatitis C. Fifty-six of the 67 had a PPD placed; two refused, one inmate was uncooperative. One had a positive PPD but a negative chest x-ray and was asymptomatic. There were 29 patients with elevated cholesterol; one was forwarded to the Medical Director. Of the hypertension patients, there were 104, although one was not on any medications but his blood pressure was controlled. Eighty-one were seen within five days and seven were diagnosed after intake. Many of those who were seen late had been transferred to the correctional facility. Overall, there was dramatic improvement in both the comprehensiveness and the use of data to analyze issues. The program appears to be in good hands and must continue to review both process issues as well as professional performance.

#### **Recommendations**

1. Perform intake studies looking at the appropriateness of the leveling as well as the timeliness of the practitioner initial and the initial chronic care visit. Also perform intake studies looking at the time of receipt of medication for patients assessed as needing medications during intake.
2. Continue to review the timeliness as well as the professional performance with regard to the sick call assessments.

3. Continue to revise the chronic care list, particularly with regard to asthma. A study needs to be performed with regard to medication discontinuity for patients in the chronic care program. Also, a study should be done using the computerized record with regard to the percent of patients in for greater than a month who are in good control by disease.
4. Continue to review the care of pregnant patients with regard to the timeliness of the initial assessment by both OB and primary care providers as well as consistency with ACOG guidelines.
5. With regard to medications, review the discharge medications with regard to people in for greater than 30 days who are released on chronic care medications, what percent call in, what percent actually pick up their medications. Also review the issue of three refusals in a row and the timeliness of contact with a clinician. Continue to review the unscheduled offsites with regard to the timeliness and appropriateness of the initial assessment and the follow up. With regard to scheduled offsites, review the timeliness of the initial appointment and the timeliness of the follow up and the appropriateness of the follow up. With regard to grievances, review the timeliness of response, the percent of grievants who are in fact afforded a face-to-face interview and what percent are resolved at the time of the face-to-face interview.

#### **17.(b) Review of Clinical Care by Responsible Physician**

**Compliance Status: Partial compliance.**

#### **Findings**

The recently hired CMO has begun the review of the care provided by the clinicians with an eye to improving their performance. He has worked well with them and I have provided him some comments with regard to how he might improve what he does with them in terms of providing more specifics on the form. Overall, I am very optimistic about the program.

#### **Recommendations**

1. The Medical Director should provide more specific improvement strategies on the forms he utilizes.

### **III. Protection from Harm**

#### **III.A.5.k Training of Officers with Regard to Sexual Abuse and Policy on Handling Sexual Abuse**

**Compliance Status: Sustained substantial compliance.**

#### **III.5.l Training of Medical and Mental Health Staff**

**Compliance Status: Sustained Substantial compliance.**

### **III.A.1 Suicide Prevention Program**

#### **III.A.1.e Privacy**

**Compliance Status: Sustained substantial compliance.**

#### **III.A.1.f Assessment of Inmates in Detoxification**

**Compliance Status: Sustained substantial compliance.**

### **III.A.2 Training of Officer Staff with Regard to Suicide Prevention Training**

**Compliance Status: Sustained substantial compliance.**

### **III.A.3 Detoxification Training Program**

**Compliance Status: Sustained substantial compliance.**

## **Summary of Findings**

It was clear to me that this program has the right leadership team in place. Therefore, they have developed a momentum that, barring any critical losses, should propel them much closer to substantial compliance at our next visit.

Respectfully submitted,

R. Shansky, MD  
Medical Monitor

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