

## **Fourteenth Monitoring Report**

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

This monitoring visit took place from April 10 through the exit conference on April 13, 2018. Although I have been impressed with the work of the current Chief Medical Officer to review and educate, I was disappointed to learn that within the next quarter the current Chief Medical Officer will be moving on. I did have the opportunity to meet his successor and although we did not have an in-depth discussion, I feel that he does bring a relevant background and interest in correctional health. We did not go into details about his expectations, but I do feel that he will bring a commitment to the tasks he becomes responsible for. I am hoping that the turnover of Chief Medical Officer does not result in a setback for the monitoring. However, if that is what I find, so be it.

The staffing issues consist of the Legislature having agreed to award the correctional health program with 10 part-time RN positions who can work a maximum of 19 hours per week each. They also awarded four part-time LPN positions who also can work no more than 19 hours per week each. There are five nurse practitioner positions, one of whom has already started and one of which is vacant. All the other correctional health positions continue to be filled.

I had the opportunity to review a request for proposal for an IT consultant and it seems to have the appropriate requirements. This position is meant to work not only with the correctional health and forensic mental health staff but also with the Fusion IT consulting company. This person will be responsible for developing new screens/encounter forms and reports for both medical as well as mental health. This is the last element yet to be put into place to support the electronic medical record.

To summarize the monitoring improvements, both dental care as well as quality management (including part "b" re: review of clinical care) have achieved, for the first time, substantial compliance. In addition, management of health records, access to care, and treatment and management of communicable diseases have achieved substantial compliance twice. There was a regression on the section of follow up care, which went from substantial compliance back to partial compliance. This was related to an incorrect review of records which resulted in two unnecessary services, one invasive. Additionally, the chronic disease care and review of clinical care by a responsible physician sections remains at partial compliance. Thus, there are only three sections at partial compliance: follow up care and chronic disease care and review of clinical care by a responsible physician. Policies and procedures, medical privacy, and medication administration achieved sustained substantial compliance during this visit. Medical autonomy has been in sustained substantial compliance; it will continue to be evaluated under the new Chief Medical Officer. Emergency care as well as care for pregnant females, dietary

allowance and food service, health screening of food service workers, along with sexual abuse, remain in sustained substantial compliance.

## **B. Medical Care**

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

**Compliance Status: Sustained substantial compliance.**

#### **Findings**

The policies and procedures are in sustained substantial compliance, which is to say that there is a basic, solid infrastructure of policies and procedures which may, on occasion, need some updating. The policies and procedures have also been organized to coordinate with the National Commission on Correctional Health Care Standards and this will be of major help in achieving accreditation. The benefit of the process at Erie County is that all policies have been promulgated with involvement of custody staff so that there is ongoing input from custody.

#### **Recommendations**

1. Ensure that the health care staff understands not only the purpose of each policy but also the critical elements housed within each policy.
2. Continue to monitor and update policies as need arises.

### **2. Medical Autonomy**

**Compliance Status: Sustained substantial compliance.**

#### **Findings**

Although the current Medical Director is about to depart, we will review this section because of the turnover of Medical Directors and the new Medical Director will have to develop relationships with custody. He has already worked with the sheriff's department, so I do not anticipate any issues in this area.

**Recommendations** None.

### **3. Privacy**

**Compliance Status: Sustained substantial compliance.**

#### **Findings**

We did observe sick call by an RN in ECCF one morning and the environment did afford the patient with adequate privacy.

#### **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 continues to be in sustained compliance.

**Findings** None.

**Recommendations** None.

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

**Compliance Status: Substantial compliance.**

##### **Findings**

As I indicated in the introduction, the correctional health director has developed an RFP for an IT consultant using specifications that are designed to meet the needs to work with the electronic medical record. With this last piece in place, ultimately the program should be on solid footing for the foreseeable future.

##### **Recommendations**

1. Select a suitable candidate to work with the correctional health staff and with the Fusion IT consultant.

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

**Compliance Status: Substantial compliance for the third time; this demonstrates sustained compliance.**

##### **Findings**

With regard to the discharge medications, the system used is that inmates are counseled to call a number when they wish to receive discharge medications. Then the prescription is written, forwarded to the pharmacy provider for authorization and the medication is available at either a Rite-Aid in Walden or a Walgreens for the holding center. The number of patients who have received medications has increased and I have encouraged the quality improvement coordinator to focus on performing a study of who gets released while on chronic medications, how many are counseled prior to their release about calling in, and then how many are actually picking up the medications. This is an important component of reentry success and therefore it may reduce, to some extent, recidivism.

##### **Recommendations**

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

## **7. Access to Care**

**Compliance Status: Substantial compliance.**

### **Findings**

We reviewed 10 records and all of the patients were seen timely and the professional performance seemed appropriate as needed. An appropriate number of patients were referred to a higher-level provider, thus ensuring that the nurse sick call does not result in a blockage to a higher level of care.

### **Recommendations**

1. The QI program should involve several nurses in reviewing sick call performance and timeliness should be reviewed by the QI coordinator.

## **8. Emergency Care**

**Compliance Status: Sustained substantial compliance.**

### **Findings**

Although this was in sustained substantial compliance, we reviewed a few records to insure that the emergency services provided patients an appropriate service. The records demonstrated timely and appropriate responses and follow up.

**Recommendations:** None.

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

**Compliance Status: Partial compliance.**

### **Findings**

Patient # [REDACTED] was scheduled for a renal ultrasound in November 2017. He had complained of back pain and the ultrasound was ordered. Through the use of HEALTHeLINK, the normal ultrasound was performed on 11/22/17. Although he had a chronic care follow up visit on 12/13/17, three weeks after the procedure, there is no comment on the results of the ultrasound. Thus, there was no post-procedure face-to-face assessment. Also problematic was a patient, [REDACTED], who was scheduled to have a cystoscopy with stent removal on 1/3/18. On 1/16/18, the cystoscopy was actually performed. In reviewing the HEALTHeLINK records, what we found was a document from the hospital that indicated the stent had been removed at a hospital

procedure. On the cystoscopy on 1/16, no stent was found. On a non-contrast CT scan performed on 1/30/18, no stent was found. There was an earlier abdominal x-ray which clearly demonstrated an absence of a radiopaque foreign body. This is particularly troubling because the patient was subjected to two different procedures when those could have been avoided if during the clinician's review of HEALTHeLINK she had observed the exam date that was recorded in the hospital. The stent was removed on 10/27/17. There was a KUB listed as 11/2/17 also that showed no radiopaque foreign body. These two cases result in a movement back to partial compliance.

### **Recommendations**

1. Train the staff such that they always look for procedure reports which have the exam date clearly written.

## **10. Chronic Disease**

**Compliance Status: Partial compliance.**

### **Findings**

We reviewed several records of patients with chronic problems; most had some issues. The most problematic patient was ■■■, a 48-year-old female who arrived on 1/4/18. She had diabetes type 2 and used a C-PAP machine. She was receiving both Lantus insulin and iron pills, although the iron was on a subtherapeutic dose. She also had hypertension and asthma. She refused some of her finger sticks and the patient, who had a hemoglobin of 7.8, was put on Depo-Provera for menorrhagia, but it was not clear that she in fact had excessive bleeding. This is a difficult case because of so many chronic problems, but also because this patient needs to have a close relationship with her provider. Even though the first visit resulted in an assessment of fair control, the patient was given an appointment in three months.

In the other records, we found problems with an intake finger stick being close to 600, yet no involvement of the Chief Medical Officer. Also, hypertension assessed as fair control despite a normal blood pressure, and finally a patient with a history of cardiac stents in 2015 along with a history of hypertension and there was no blood pressure monitoring ordered, which we would find as an inappropriate response to a patient who might have serious heart issues.

### **Recommendations**

1. The Chief Medical Officer should review with the practitioners their care, particularly of complex patients.
2. Review with all of the clinicians the assessment of degree of control and the linkage of the degree of control to the urgency of the follow up visit.

## **11. Dental Care**

**Compliance Status: Substantial compliance.**

**Findings**

The access issues have resolved, and, in addition, the dentist is performing an increasing number of restitutions as opposed to selectively performing extractions. These issues support an assessment of substantial compliance.

**Recommendations**

1. Continue to report to the QI program monthly totals from each facility regarding extractions versus restitutions.

**12. Care for Pregnant Prisoners**

**Compliance Status: Sustained substantial compliance.**

**Findings**

Despite the compliance status, we reviewed three records and we found the care consistent with national guidelines and appropriate to each patient's needs.

**Recommendations** None.

**13. Dietary Allowances and Food Service**

**Compliance Status: Sustained substantial compliance.**

**Findings** None.

**Recommendations** None.

**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 QI coordinator reviewed with me a report on skin infections which indicates the problem is stable and not excessively frequent. She also reviewed the 16 flu cases that occurred from

January through March and indicated that to reduce symptoms Tamiflu was used. There are two sexually transmitted diseases monitored, both gonorrhea and chlamydia. We discussed HIV testing, and finally, she mentioned the TB testing on entry, all of which were consistent with expectations.

**Recommendations**

1. Continue to, although maintaining data monthly, perform an infection control report to the QI committee on a quarterly basis.

**16. Sexual Abuse**

**Compliance Status: Sustained substantial compliance.**

**Findings** None.

**Recommendations** None.

**17. (a) Quality Management**

**Compliance Status: Substantial compliance.**

**Findings**

I was extremely impressed with the activities under the QI program. She indicated that she had performed studies in several of the areas of the agreement. However, she did not perform a study of the intake process.

**1. Sick Call**

I suggested that she perform a study of timeliness and professional performance of sick call for the last nine months. This will assist the program in achieving accreditation. Also, with regard to sick call, she indicated that a total number of 1569 slips were collected, and they broke out the symptomatic and non-symptomatic numbers. However, they used as their denominator, instead of the total number of symptomatic requests, the total number of requests. Since the only requirement is for symptomatic requests to be assessed face to face within 48 hours, the correct denominator for timeliness is only the symptomatic requests.

**2. Medical Management**

She performed a study of timeliness from order to receipt and most patients overwhelmingly were receiving their medications within 24 hours. She indicated there was also a pharmacy audit of the medication room by an outside pharmacist and this was done at both sites. There was a separate review of mental health medications. She did find a problem for injections not scheduled for the day of the injection and that the problem was the order appears to require the same day injection even though the date of the order is probably a day or two prior to the

injection needing to be provided. She also did a study of release medications and I indicated that she should take the number of patients each month housed for at least 30 days and released while on chronic medications, then take the number each month who were released on chronic medications who called the pharmacy. Finally, determine the number each month on chronic medications released who called the pharmacy and picked up their medications.

### 3. Dental

There were 102 extractions in the last five months at ECCF and a lesser number of restorations at ECCF. There were 65 restorations for ECHC and a larger number of extractions at ECHC. These figures are for the last five months.

### 4. Pregnancy

There were 29 pregnancies since September 2017. The average age was 27, 10 of whom were sent to ECMC for detoxification, so they had been on various substances. There were a few weekenders and those accounted for the patients who did not receive prenatal vitamins. The number of patients seeing their obstetric consultant in the first week were five, in the second week six patients, and in the third week, four patients. Some of the others were released. Most see the nurse practitioner within one or two days.

### 5. Chronic Care

- a. Asthma: Studies were done with regard to asthma, but I am encouraging her to perform a study of the nebulization treatments and whether or not there is a pre and post treatment peak flow documented.
- b. Diabetes: For diabetes there were 44 enrolled and the study looked at assessed control. They have loosened up the guidelines to less than an A1C of 7.5 is consistent with good control. I indicated that that may be satisfactory but 7.5 to 9.0 should be the cutoff for fair control and anything greater than 9.0 with an A1C should be poor control. I suggested that she perform a study looking at the relationship of urgency of follow up to the degree of control. All too often, independent of how well controlled they are, they get 90 day follow ups.
- c. Hyperlipidemia: There was a study of patients on treatment. Nineteen of 31 that are on treatment had a total cholesterol of less than 209. That is 61%.
- d. Seizure Disorder: In a study of 17 patients in the seizure clinic, three did not meet criteria for medications. Thus, 14 patients all received medications and they received those medications within 24 hours.
- e. HIV: Fifty-eight patients currently are known to be HIV positive; four are outliers. One had a TB test that was not read, one refused, and one was released. Forty-six of 50 were placed and read and this is 92%.
- f. Cardiac: One hundred and six of the patients were seen within five days of intake for the chronic care assessment. This is 92% when you use a denominator of 111.



The QI committee meets weekly. The minutes need to be more educational for staff who were not able to attend the meeting. I am suggesting that she do a detox study looking at whether monitoring is performed for the entire time and if any monitoring is missed. She needs to do a follow up care study to determine whether the clinicians are accurately identifying the exam date so as to prevent avoidable liability. Also, I indicated that she needs to perform an intake study looking at the completeness and timeliness of intake as well as the professional performance, including the appropriateness of the acuity status as well as the timeliness of the follow up by the practitioner. I was impressed that she has a form that allows staff to suggest areas for study, i.e., potential problem areas.

### **Recommendations**

1. Perform a study of completeness and timeliness of nursing intake as well as professional performance of the acuity scale.
2. Look at the time of the practitioner intake and compare with the acuity scale for appropriate timeliness.
3. Perform other studies recommended in the body of the QI section.

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

**Compliance Status: Substantial compliance.**

### **Findings**

I reviewed Chief Medical Officer Dr. Barsoom's reviews of the clinicians and overwhelmingly he was making educational comments and suggestions to the clinicians. Even in a record that he thought was well-documented, he often suggested different strategies. Both the Chief Medical Officer and his successor need to understand that these reviews are exclusively educational. If a supervising physician reviews a record and merely comments along the lines of "good record," my impression will be that the clinician did not learn anything from the supervising physician's review. The review should ensure that care is done well and make suggestions. Only if repeated counseling and educational efforts go unheeded and unimplemented is there the possibility of disciplinary activities.

### **Recommendations**

1. Continue to utilize an educational approach to the clinician review.
2. Identify where patients are having problems adhering to the recommendations and those patients need to be seen more frequently, sometimes as much as weekly.

## **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.

Respectfully submitted,

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Medical Monitor

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