

## **Fifteenth Monitoring Report**

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

This monitoring visit occurred on October 2-5, 2018. I will take this opportunity to review some of the major areas discussed during this visit.

First of all, with regard to staffing, as I reported in my previous report the legislature had approved 10 part-time positions for RNs and four part-time positions for LPNs. A problem was identified in attempting to fill some of these part-time positions. The problem identified was that because the part-time positions were offered to health care staff who have many alternative options to working in a jail facility, the timeframe that the personnel machinery worked in was too slow for the potential hires and therefore several hires were lost even though they were found suitable. We met with Chief John Greenan, Chief of Administration for the Erie County Sheriff's Office. He indicated to me that a day earlier he had met with the person responsible for hiring activities and indicated that the delays were not tolerable. Fortunately, we had sent the list of current applicants back to this personnel overseer and she provided a hire date within a matter of hours. We will be monitoring this very closely so that the positions get filled expeditiously and potential employees are not lost to alternative work options.

The second concern addressed was IT issues. The leadership team had become frustrated with the response of Fusion, the IT consultants on Centricity, for lack of responsiveness. I had talked to the president of Fusion for quite some time about assigning a responsible person to Erie County to facilitate improvements to the system. Fortunately, Fusion finally did assign a person and things have been working quite well ever since. He has a constructive relationship with the Centricity liaison working for the Sheriff's Department. The current outstanding issues relate to the following items:

1. The scanning of barcodes and medications has not been implemented. We called Fusion and I indicated that I want this problem "fixed."
2. Additionally, there are some changes to encounter forms which the staff identified as needing to be implemented and also a few that I identified, including the presence of a pain scale on the nurse intake form and it should be part of the vital signs form.
3. With regard to the chronic care forms, the practitioners should not have to open the provider initial chronic care form in order to access the provider follow-up form. That must be a separate identifiable provider follow-up form in the catalogue of forms that must be available to all practitioners.
4. There are minor changes to a few of the practitioner or other encounter forms that Erie County staff have communicated to the assigned member of the Fusion team.

I also was encouraged by the creation of a “CMO review note” to be used for cases in which the CMO wants to summarize issues with the clinician on a particular patient.

Erie County is one of the jails that began a Vivitrol program in 2017. Since then, 21 patients received Vivitrol and four currently are potential candidates. These patients are housed in one unit and there are several that are awaiting counseling. This is a program that aims to impact the opioid epidemic in the community. We hope that it is successful.

I continue to be impressed with the quality improvement program and the CMO involvement in review and feedback to the clinicians.

## **B. Medical Care**

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

**Compliance Status: Sustained compliance.**

#### **Findings**

Sustained compliance on policies and procedures does not mean that there aren't some new policies and procedures that will be created or will be necessary. In addition, there may be changes needed to existing policies and procedures. However, there is a fundamental set of policies and procedures which, if complied with, forms the basis of a good medical program.

#### **Recommendations**

1. Continue to review existing policies and procedures for needed changes or alterations.

### **2. Medical Autonomy**

**Compliance Status: Sustained compliance.**

#### **Findings**

None.

#### **Recommendations**

None.

### **3. Privacy**

**Compliance Status: Sustained compliance.**

#### **Findings**

None.

#### **Recommendations**

None.

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

**Compliance Status: Sustained compliance.**

##### **Findings**

None.

##### **Recommendations**

None.

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

**Compliance Status: Sustained compliance.**

##### **Findings**

See the introductory comments for relevant sections.

##### **Recommendations**

None.

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

**Compliance Status: Sustained compliance.**

##### **Findings**

See introductory comments with regard to relevant sections.

##### **Recommendations**

None.

#### **7. Access to Care**

**Compliance Status: Sustained compliance.**

##### **Findings**

The QI program reviewed data on access to care and the data showed that 843 records of patients requesting assessment for symptoms were reviewed. Eight hundred forty were reviewed in a face-to-face assessment within 24 hours. There were three outliers. This is a compliance rate of 99.3%. Thus, in the study, timeliness was not a factor. On the other hand, we reviewed five records for professional performance and in each of them the performance by the nursing staff was good to excellent with regard to both conscientiousness and with regard to follow up.

**Recommendations**

None.

**8. Emergency Care**

**Compliance Status: Sustained compliance.**

**Findings**

We reviewed several records of patients experiencing emergency send outs. In all of the records there was appropriate timeliness of access to services, appropriate professional performance, appropriate timeliness of send out, and appropriate follow up when they returned, including the presence of offsite service records.

**Recommendations**

None.

**9. Follow-Up Care**

**Compliance Status: Substantial compliance.**

**Findings**

This is an area which regressed at the last visit because of patient safety issues. We were pleased to find that all the records we reviewed contained the appropriate decision making, access to off site service documents in a timely fashion, and appropriate follow-up care. Thus, the clock is being reset on substantial compliance.

**Recommendations**

None.

**10. Chronic Disease**

**Compliance Status: Provisional substantial compliance.**

**Findings**

Unfortunately, there were some records in which the degree of control was not assessed and yet the care was responded to appropriately. I met with the practitioners and discussed chronic disease assessment as well as chronic disease follow up. I explained the deficiencies I used to see in records throughout the country, on the basis of clinicians treating or approaching chronic care in the same way that they approached acute care. I emphasized that part of chronic care management is enlisting the patients to do what is in their best health interest. I am assigning provisional status for this because I have confidence in both the quality improvement program and the CMO review of clinician care. I believe that the problem will be addressed between this

visit and the next and that the outcome I will see will be consistent with that outcome. However, if I do not find that, the program will suffer the consequences.

**Recommendations**

1. Continue to review practitioners' professional performance of the assessments and the plan of care, and provide feedback to the clinicians where indicated.

**11. Dental Care**

**Compliance Status: Provisional substantial compliance.**

**Findings**

I met with the new dentist who started a few days before our inspection. She appeared to be conscientious and concerned about her patients' dentition. I indicated to her that I will be looking at monthly reports of restoration to extraction ratios and that I expected at some point they would reach the 1:1 level. I am giving this provisional substantial compliance in part because a change in personnel is not a reason to downgrade and I can monitor the progress that is being made.

**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 compliance.**

**Findings**

None.

**Recommendations**

None.

**13. Dietary Allowances and Food Service**

**Compliance Status: Sustained 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**

I have been favorably impressed with the person who is assigned to the quality improvement activities and is also the infection control nurse. She is particularly productive. She performed a five month study from May through September with regard to all patients in relevant categories for whom TB screening was required. There were, in those five months, 527 patients who were tested and were found to be negative. Six were tested and found to be positive. All of the positives had appropriate chest x-rays, all of which were negative. We are aware that the Centers for Disease Control categorizes the homeless as a high risk population and they recommend that identified homeless patients should be screened for TB. The communicable disease nurse indicated that it is difficult to determine homeless as a status. I would recommend working with custody to make that determination so that the homeless could be included in patients to be tested.

**Recommendations**

1. Work with custody in order to appropriately identify patients who fit into the category of homeless.

**16. Sexual Abuse**

**Compliance Status: Sustained compliance.**

**Findings**

None.

**Recommendations**

None.

**17. (a) Quality Management**

**Compliance Status: Substantial compliance.**

### **Findings**

I was especially impressed with the breadth of the quality management program. I have already referred to the sick call study and the TB study. A third area was medication management. The QM program reviewed medication availability for chronic medications on intake and found that 3% of the 87 records reviewed did not receive chronic medication within 48 hours. The first 24 hours is spent verifying the legitimate existence of a prescription and the second 24 is based on the order from the pharmacy and the dispensing by the pharmacy and the receipt by the patient. Of 195 records reviewed, 87 were for chronic care medications. In the area of medication management, there was also a study on discharge medications. Of the study, which was performed on 35 patients released on chronic care meds, only three patients called the pharmacy on release and all three picked up their meds. I encouraged her to perform a new study that looks at how many patients are counseled regarding the necessity for patient follow up on chronic medications in the community.

There were nursing professional performance reviews of sick call and nursing professional performance reviews during medication administration.

There is also very good tracking of pregnancies and timeliness of access to services, and where the service did not meet the definition of timely, whether there was a legitimate explanation for the delay.

Finally, there were several chronic care studies that looked at diabetes care, seizure care, hypertension care, and HIV care. For diabetes care, 13% incorrectly assigned the degree of control for their diabetes. In all of these cases the care was considered appropriate. A look at seizures and asthma revealed probably most of the patients should not be enrolled in the clinic because they do not have a seizure disorder which is chronically impactful.

She also looked at the send outs from both ECHC and ECCF and a consistent pattern was noted for each facility.

The timeliness of access to documents that were necessary in order to follow up was also reviewed.

### **Recommendations**

1. Perform a study regarding documentation of counseling the patients with regard to the importance of chronic care medications in the community and relate that study to the study of who called and who picked up medications.

## **18. CMO Review of Practitioner Service (17.b)**

**Compliance Status: Provisional substantial compliance.**

**Findings**

We reviewed with the new CMO his involvement in the review of the practitioner care. I was impressed by the breadth of the services and suggested a few things to him. I suggested that he infiltrates in his comments to clinicians not only the potential opportunities for improvement that he found but also those things that were done very well that need to be reinforced. I am satisfied with the QI program as well as the CMO review of practitioner care, such that I am willing to assign provisional substantial compliance because I believe that the program has the right foundation to achieve substantial compliance in all aspects. The question is, has the program had sufficient time to impact in positive ways.

**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,

R. Shansky, MD  
Medical Monitor