

**REDACTED**

# EXHIBIT 3



## **Duvall Report: July - December 2019**

### **Table of Contents**

- 1. Executive Summary**
- 2. SA 17C/25C- Urgent Referral- 6 Month Narrative Summary**
- 3. SA 23A, 23D- Sick Call - 6 Month Narrative Summary**
- 4. SA 25D- Chronic Care- Mental Health Caseload– 6 Month Narrative Summary**
- 5. SA 25E- Close Observation– 6 Month Narrative Summary**
- 6. SA 25G- Returning from Psychiatric Hospital- 6 Month Narrative Summary**
- 7. SA 17C/25C- Intake Screening Urgent Referrals Evaluated within 24 Hours-  
Root Cause Analysis**
- 8. Initial Medical and Mental Health Screening Project Plan**

\* Supporting documents are located on the accompanying flash drive.

- a. Close Observation – SA 25E
- b. Chronic Care- Mental Health Caseload – SA 25D
- c. Sick Call – SA 23A, 23D
- d. Urgent Referral – SA 25C, 17C
- e. Returning from Psychiatric Hospital – SA 25G



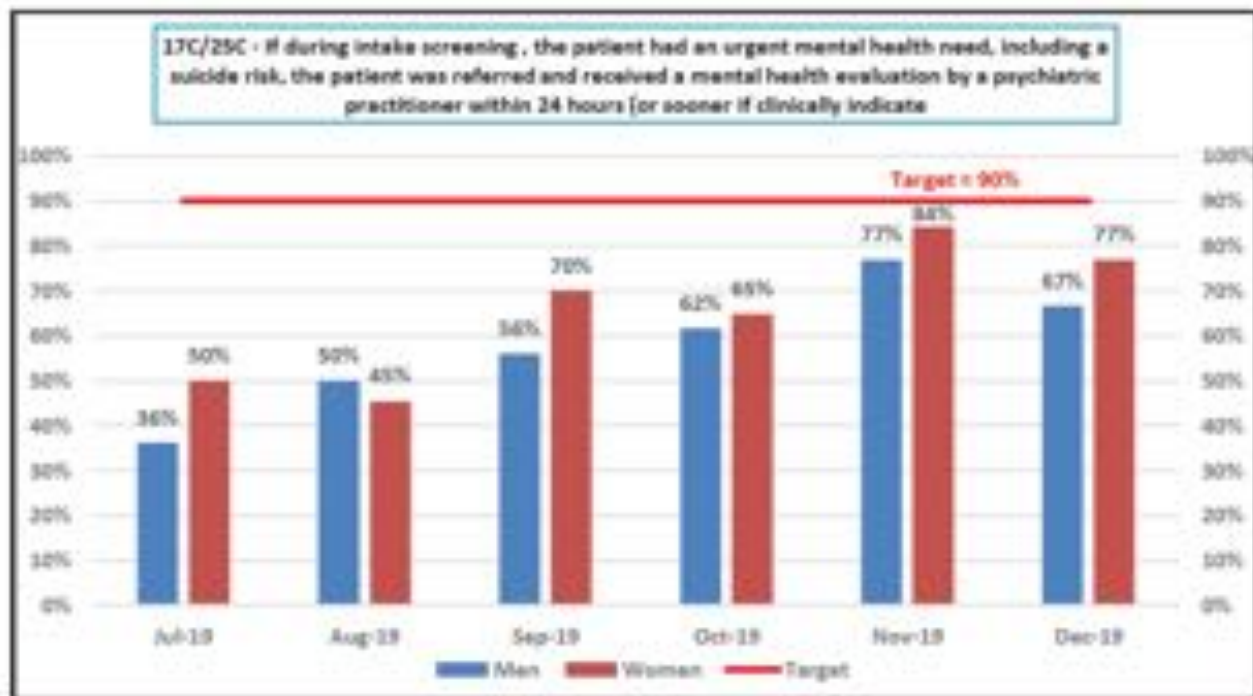
**Executive Summary - Duvall Audit Results – 3<sup>rd</sup> and 4<sup>th</sup> Quarter - 2019**

This executive summary highlights the findings from the Duvall Settlement Agreement (SA) audits related to Centurion-provided behavioral health services during the six-month period, from July through December 2019. The following Duvall audits are included in this summary:

1. SA 17C/25C – *Timeliness of Intake Urgent Referral Follow Up*
2. SA 23A-D, 25C – *Sick Call Protocol and Timeliness Compliance*
3. SA 25D – *Prescribing Clinician Follow Up of Detainees on the MH Caseload*
4. SA 25E – *Clinician Follow Up for Suicide Observations*
5. SA 25G – *Returning From an Outside Institution*



### PSA 17C/25C – Timeliness of Intake Urgent Referral Follow Up

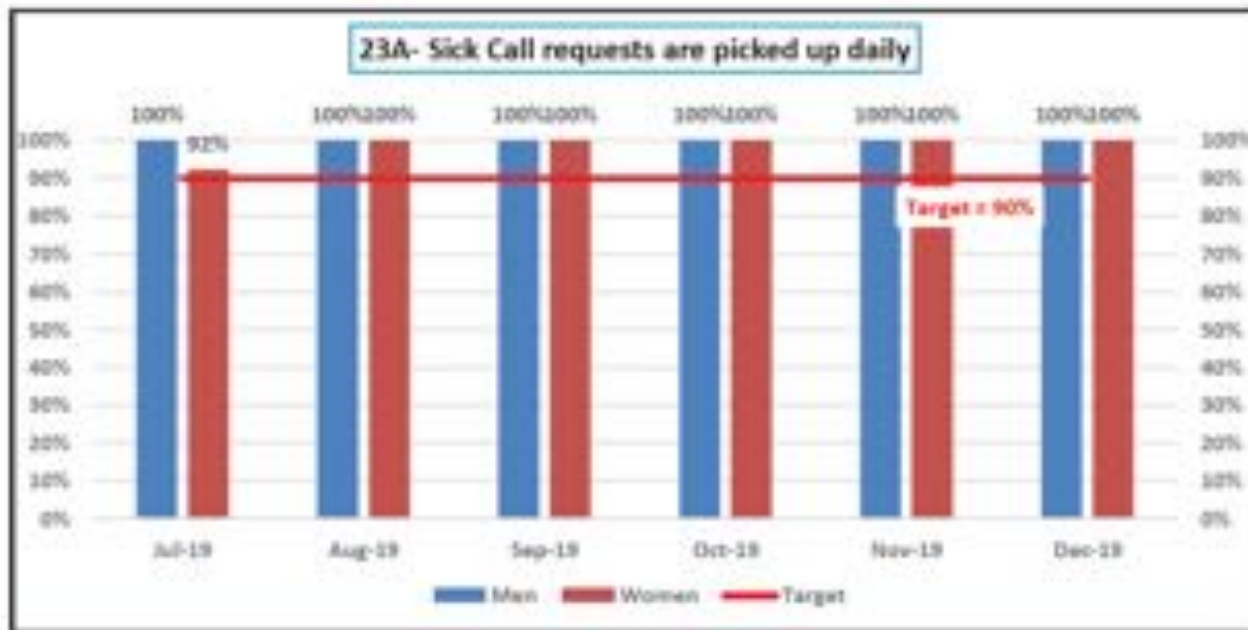


- The compliance rate improved for men over the course of the six-month period, from 36% in July to 67%, in December.
- The compliance rate improved for women over the course of the six-month period, from 50% in July to 77%, in December.
- Although the aggregated average is below the targeted 90% compliance rate, the six-month data reflects an upward trend.



**SA 23A-D - Sick Call Protocol and Timeliness Compliance**

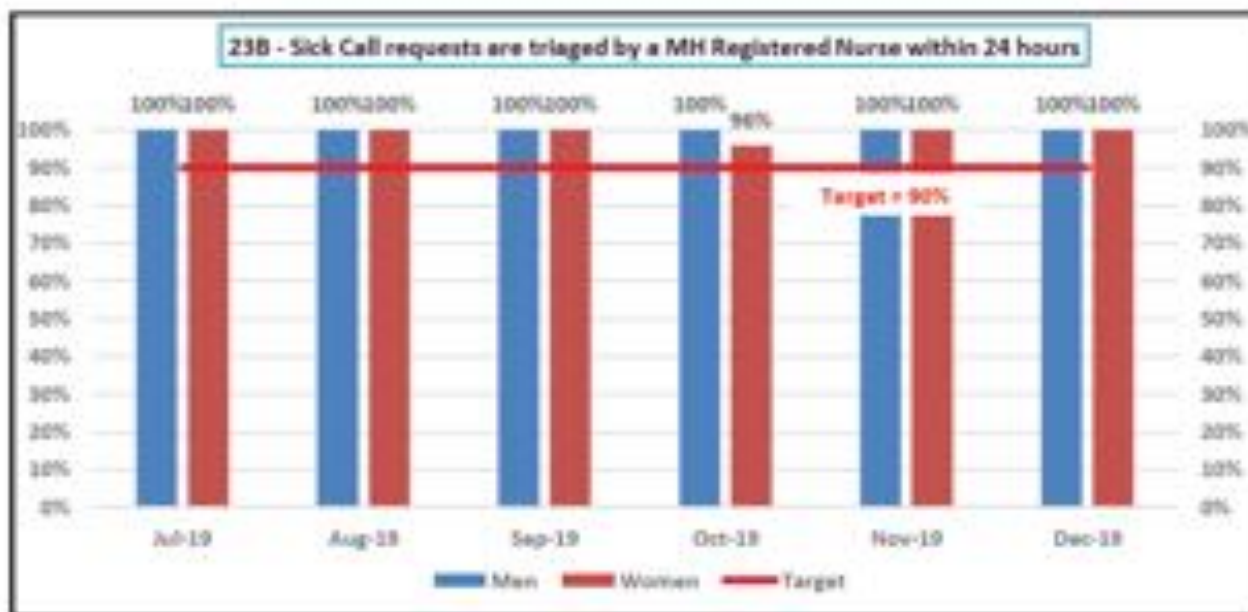
**SA 23A - Sick Call Slips Picked Up Daily**



- The six-month aggregate compliance rate, July to December of 2019 was 100% for men and 99% for women.
- This six-month aggregate data continues to consistently demonstrate that mental health meets both policy and settlement agreement.



**SA 23B - Triage of Mental Health Sick Call Slips within 24 hours of receipt.**

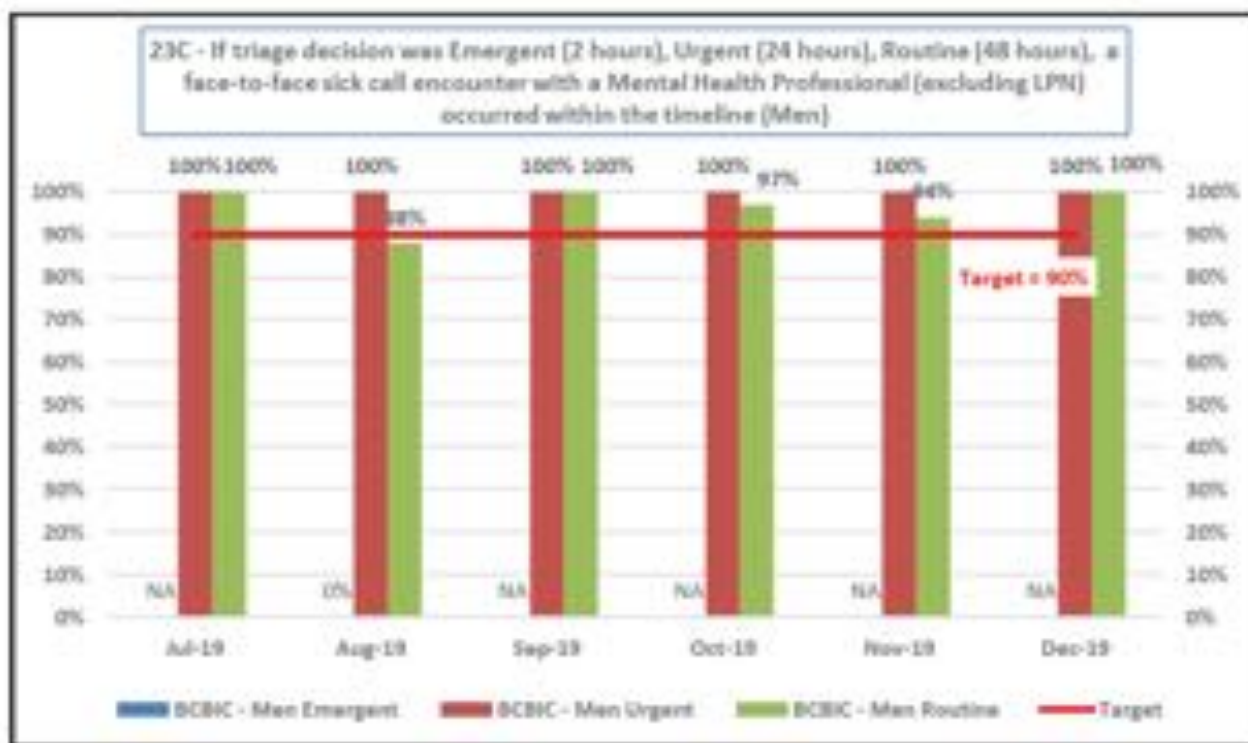


- The six-month aggregate compliance, rate from July to December of 2019 was 100% for men, 99% for women.
- The six-month aggregate data continues to consistently demonstrate mental health meets both policy and settlement agreement.



**SA 23C - Triage Decision – Emergent (2 Hours), Urgent (24 Hours), Routine (48 Hours)**

**MEN**

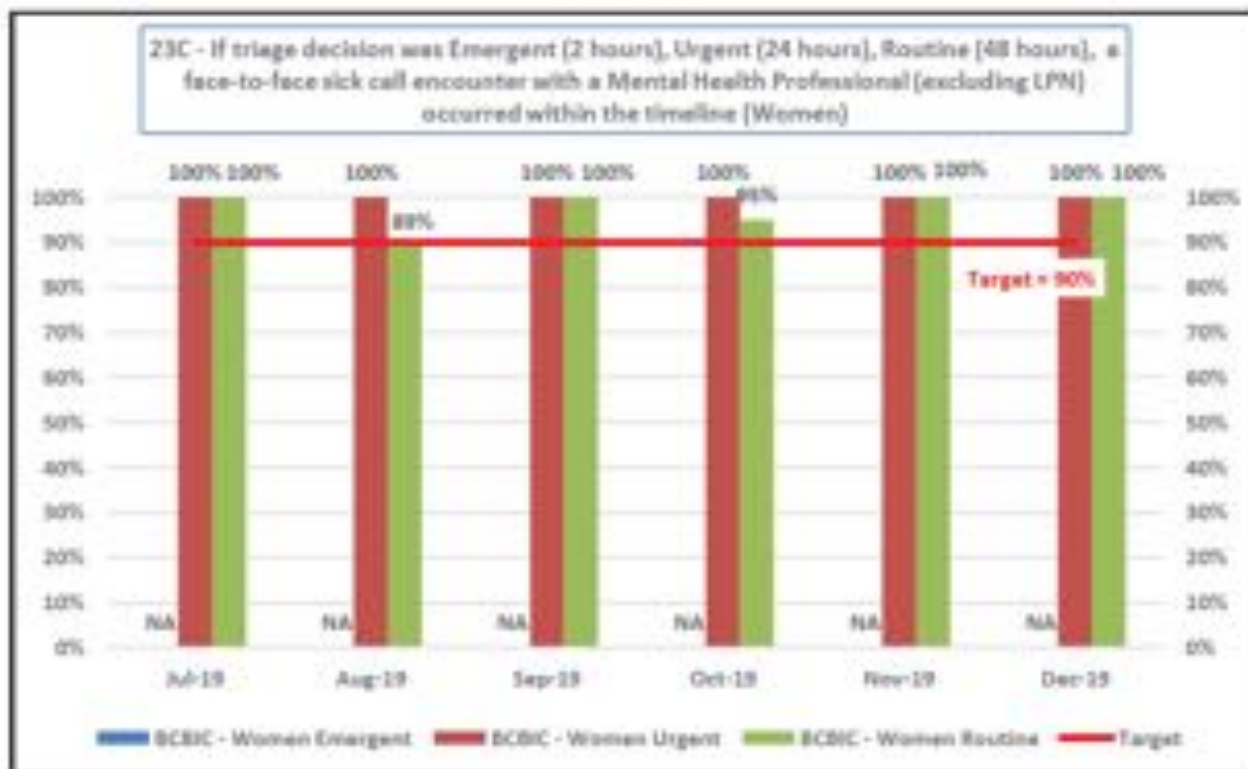


- The six-month aggregate compliance rate for men from July to December of 2019 for urgent referrals was 100%.
- The six-month aggregate compliance rate for men from July to December of 2019 for routine referrals was 97%. One detainee was not seen timely in August, resulting in 88% compliance rate for that month.
- The six-month aggregate data for men, with the exception of August, demonstrates mental health meets both policy and settlement agreement.



## SA 23C - Triage Decision – Emergent (2 Hours), Urgent (24 Hours), Routine (48 Hours)

### WOMEN



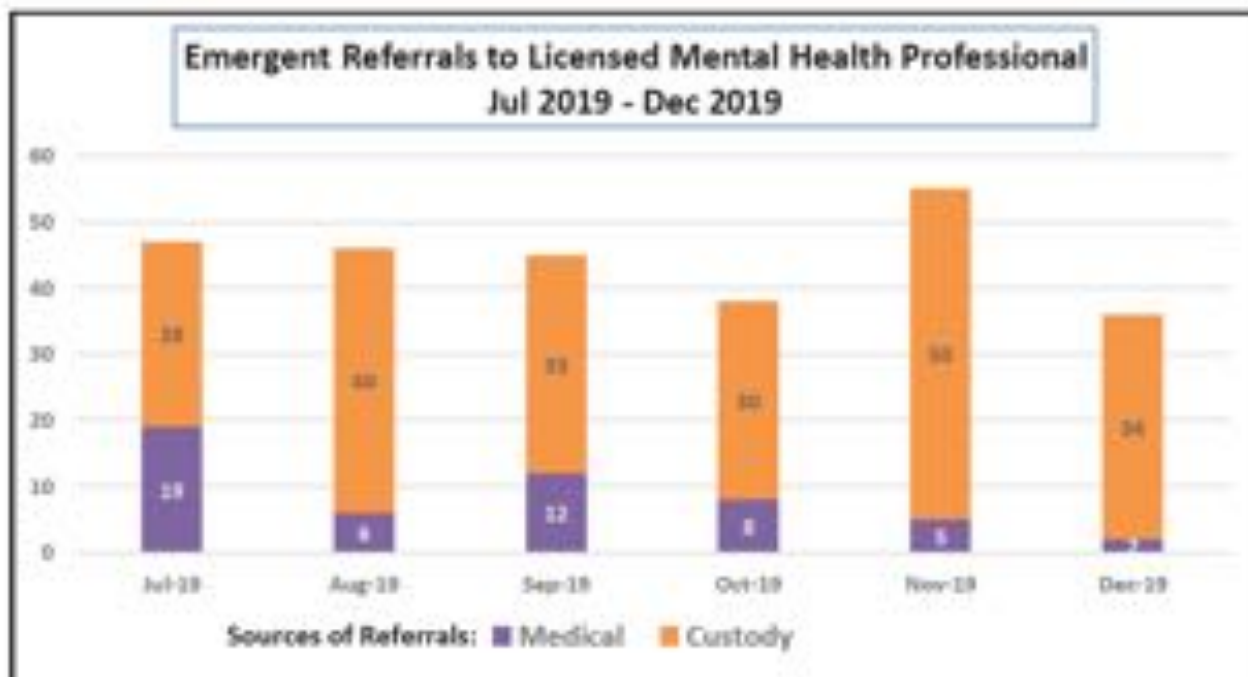
- The six-month aggregate data for women, from July to December was 100% for urgent referrals.
- In August of 2019, the compliance rate for routine referrals fell right below the targeted 90%, at 89%
- The six-month aggregate data, with the exception of August, demonstrates mental health meets both policy and settlement agreement for both urgent and routine referrals.





### Emergent Referrals

Emergent referrals are received from numerous sources and seen within the 2-hour timeframe, per policy. The mental health contract calls for 24 hour/7 day a week coverage on the BCBIC booking floor by a licensed mental health professional. Thus, the emergent referrals are seen by these professionals. The chart below demonstrates the number of emergent referrals by month received and the source of the referral. Custody is the largest source of emergent referral.



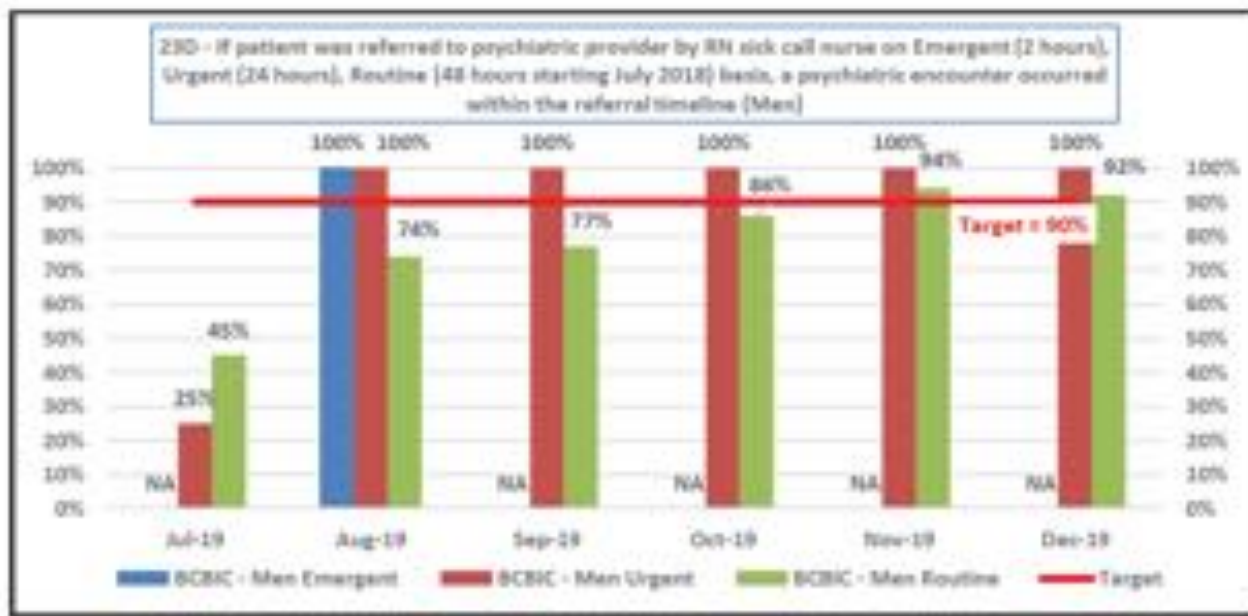
Total number of emergency referrals: 267

Total number of emergency referrals from Custody: 215, which is 81% of total emergent referrals.



**SA 23D - If a referral to a psychiatric practitioner was made, the appointment occurred within the required timeframe.**

**MEN**



- The data for urgent referrals reflect improvement over the course of the semi-annual period, increasing from 25% in July to 100% in December.
- The data for routine referrals reflect improvement over the course of the six-month period from 45% in July to 92% in December.
- All emergent referrals in the August sample were met with 100% compliance.
- The six-month aggregate total compliance rate for male urgent referrals this period was 88%.
- The six-month aggregate total compliance rate for male routine referrals this period was 78%.



**SA 23D- If a referral to a psychiatric practitioner was made, the appointment occurred within the required timeframe.**

**WOMEN**



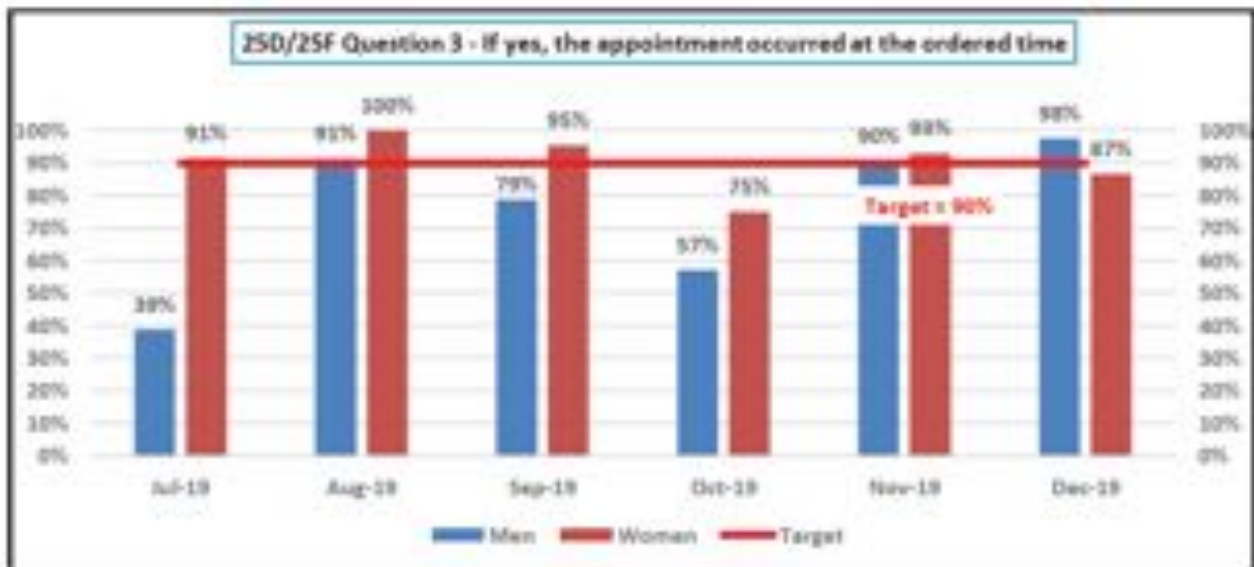
- This six-month period reflects a variable compliance rate, ranging from 60% to 100% for urgent referrals for women, yielding an aggregated compliance rate of 86% for the period.
- This six-month period reflects a variable compliance rate, ranging from 68% to 95% for routine referrals, yielding an aggregated compliance rate of 82% for the period.



**SA 25D - Prescribing Clinician Follow up of Detainees on the Mental Health Caseload**



- The aggregated data reflects sustained compliance this review period, with 99% for men and 100% for women seen within the standard 90-day chronic care follow up.



- This six-month period reflects a variable compliance rate, ranging from 39% to 98% for men, yielding an aggregated compliance rate of 76% for the period.
- The six-month period reflects a variable compliance rate, ranging from 75% to 100% for women, yielding an aggregated compliance rate of 90%.



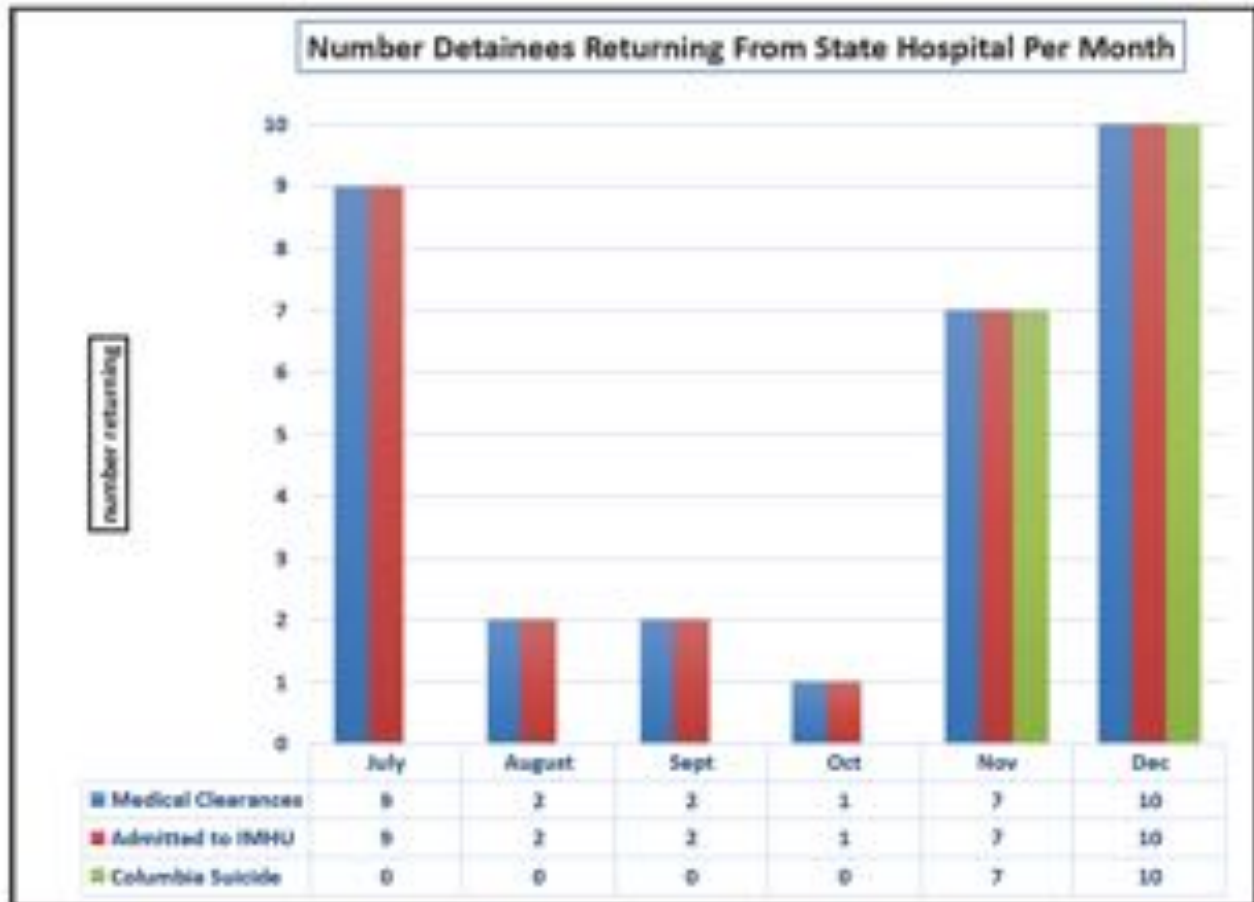
**SA 25E - Clinician Follow Up for Suicide Observations**



- The 18-month overall aggregate of compliance rate for July 2018 to December 2019 was 98%.
- While the 98% rate is below 100% compliance, the data reflects that if a patient missed a daily contact with a prescribing clinician or licensed mental health professional, they have been kept safe and behavioral symptoms managed.



SA 25G - Mental Health Detainees Returning From Outside Institution



- The six-month data demonstrates that detainees returning from the outside hospital receive medical clearance upon return to BCBIC and are admitted to the inpatient unit to ensure continuity of care.
- The Columbia-Suicide Severity Rating Scale was incorporated into the above process after Dr. Patterson's September 2019 site visit, at his suggestion to meet the requirements of the settlement agreement.

## **Timeliness of Intake Urgent Referral Follow-Up**

**DUVALL Reference #: 17C/25C**

**Representing:** July - December 2019

### **SA 17C**

*Any plaintiff who is identified during intake screening as currently prescribed psychotropic medication (unless he or she receives a bridge order as provided in paragraph 25.b) or as having an urgent mental health need, including a suicide risk, shall receive a mental health evaluation by a Mental Health Practitioner within 24 hours of the intake screening, or sooner if clinically indicated.*

### **SA 25C**

*To promulgate and implement policy and procedure to ensure that plaintiffs are evaluated by an appropriate Mental Health Practitioner within 24 hours of an urgent referral.*

### **Purpose:**

Pursuant to SA 17C and 25C, the purpose of this study is to determine if detainees presenting with an urgent mental health need during the intake screening process, including suicide risk, are referred and seen by a psychiatric practitioner within 24 hours of the Suicide Risk Evaluation (SRE) and/or the 7-day follow-up evaluations (or sooner if clinically indicated).

### **Supporting documents:**

- SRE Log
- Urgent Referral Audit
- Electronic Patient Health Record (EPHR) documentation specific to patient

### **Methodology**

The study was conducted using the following criteria and processes:

1. Timeliness of the 24-hour urgent psychiatric follow up was measured from the time the referral was made by a licensed mental health professional to the time the detainee was seen by the psychiatric practitioner. This audit focused specifically on urgently referred detainees from SRE and the 7-Day follow up evaluation.
2. The Daily SRE Log and Urgent Referral Log completed by the Mental Health Professionals are sent daily to the Regional CQI team for reconciliation. All data is compiled into the Master Urgent Referral Log.
3. The Master Urgent Referral Log and the EPHR are used to verify appointment compliance and response to the urgent psychiatric referral request.

4. To determine compliance, the number of urgent referrals for psychiatric services that were seen were compared to the number of urgent referral requests received. Responses to urgent referral requests were considered timely if a face-to-face encounter occurred with a prescribing clinician within 24 hours of the referral.
5. Detainees released from custody or transferred to another facility during the 24 hours following receipt of the urgent referral, and prior to the scheduled psychiatric appointment for the urgent referral were excluded from computations.

**Sample Size**

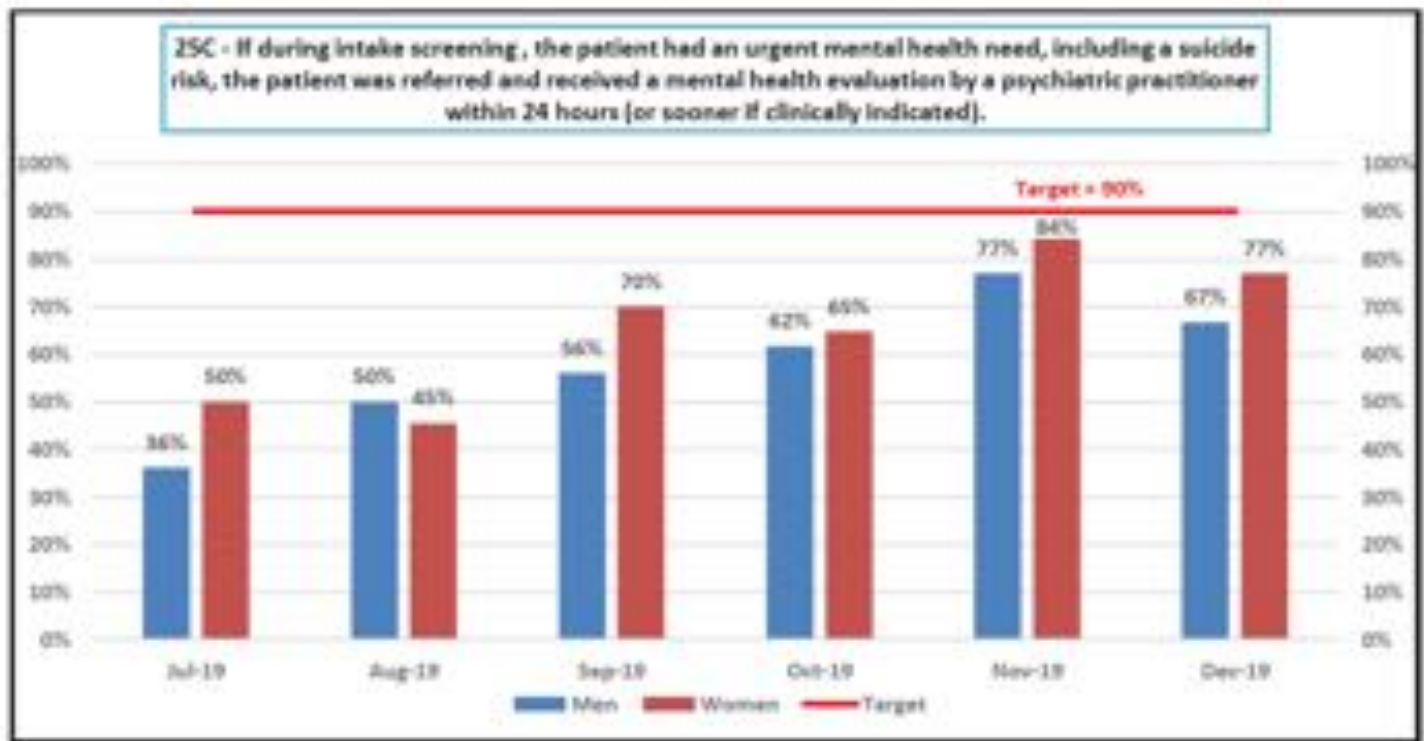
1. The sample size was 100% of the urgent referrals made to a psychiatric provider after the SRE or seven-day follow-up during the month.
2. For male and female detainees at BCBIC, 100% of the records for urgent referrals made by the intake mental health professional to a psychiatric provider were included.
3. This audit **excludes** patients who were released prior to their appointment, transferred to another facility, or were out to court.

**Intake Urgent Referral**

Month	BCBIC-M	BCBIC-W	Total
July'19	30 / 84 = 36%	17 / 34 = 50%	47 / 118 = 40%
August'19	32 / 64 = 50%	10 / 22 = 45%	42 / 86 = 49%
September'19	14 / 25 = 56%	7 / 10 = 70%	21 / 35 = 60%
October'19	29 / 47 = 62%	11 / 17 = 65%	40 / 64 = 63%
November'19	30 / 39 = 77%	16 / 19 = 84%	46 / 58 = 79%
December'19	26 / 39 = 67%	10 / 13 = 77%	36 / 52 = 69%
July-December '19	161 / 298 = 54%	71 / 115 = 62%	232 / 413 = 56%



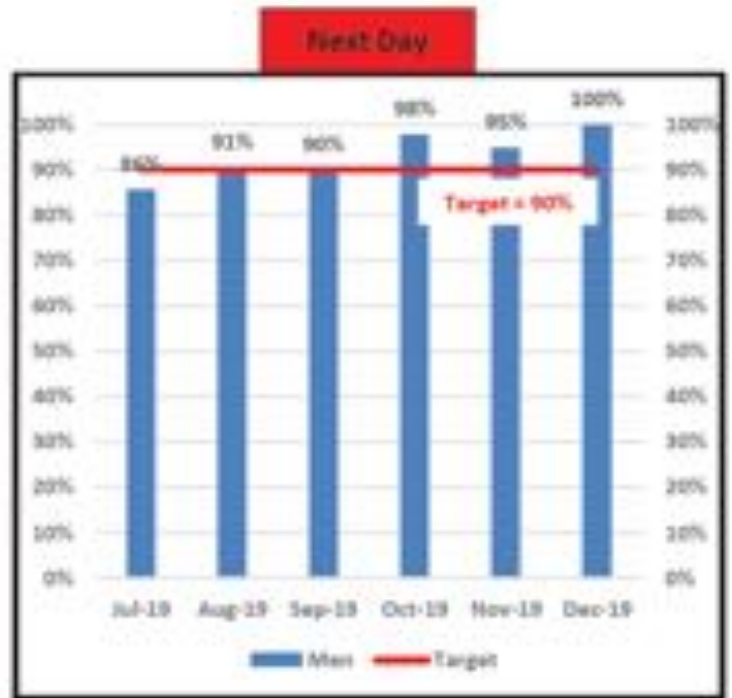
Audit results for July – December 2019 are depicted in the graph that follows:



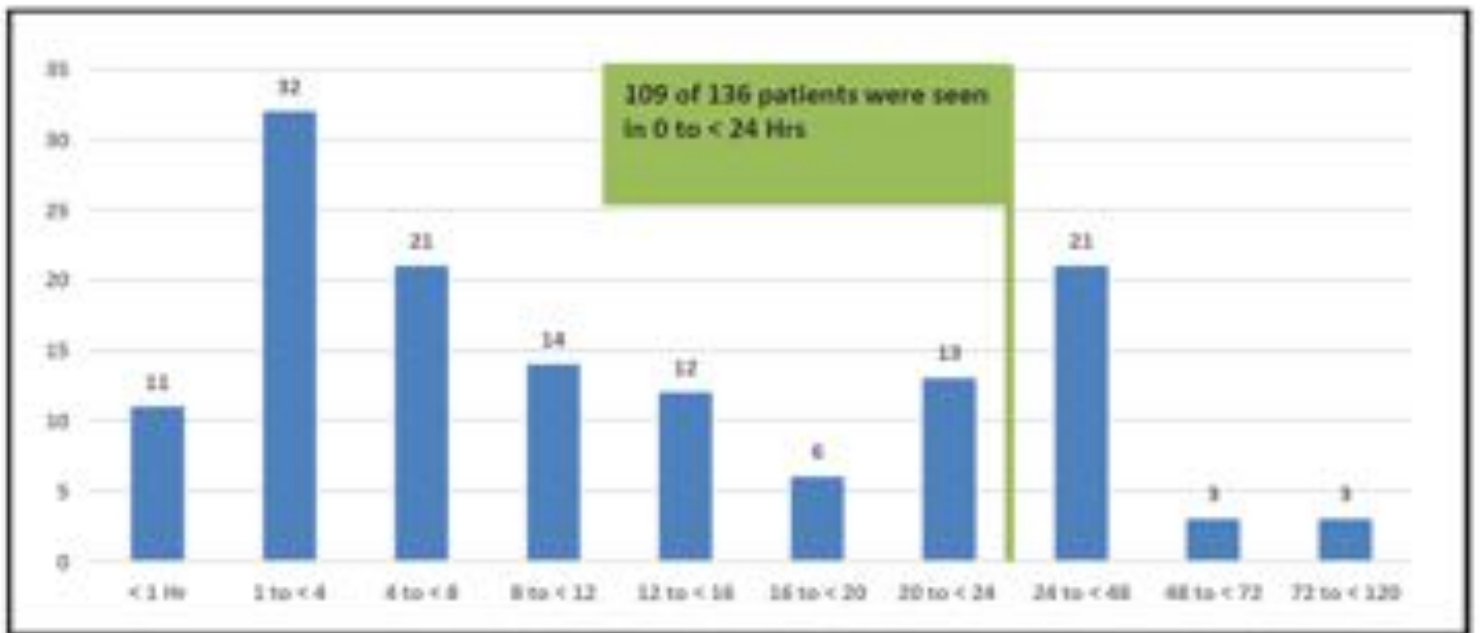
**SUMMARY OF THE DATA**

- During the July – December 2019 timeframe, the average compliance rate for men and women at BCBIC was 54% and 62%, respectively.
- The combined six-month compliance rate for this audit period was 56%.
- The 24 hour operationalized in exact terms is what is demonstrated in the above graph.
- Further analysis of the data by examining the seen time broken down by increments of four hours past 24, which is demonstrated in the next series of graphs.

25C – (Men) – Comparison Analysis - Hours vs. Days



Frequency Distribution – Men – Late Seen Number of Hours after 24 Hour Requirement (July – December 2019)



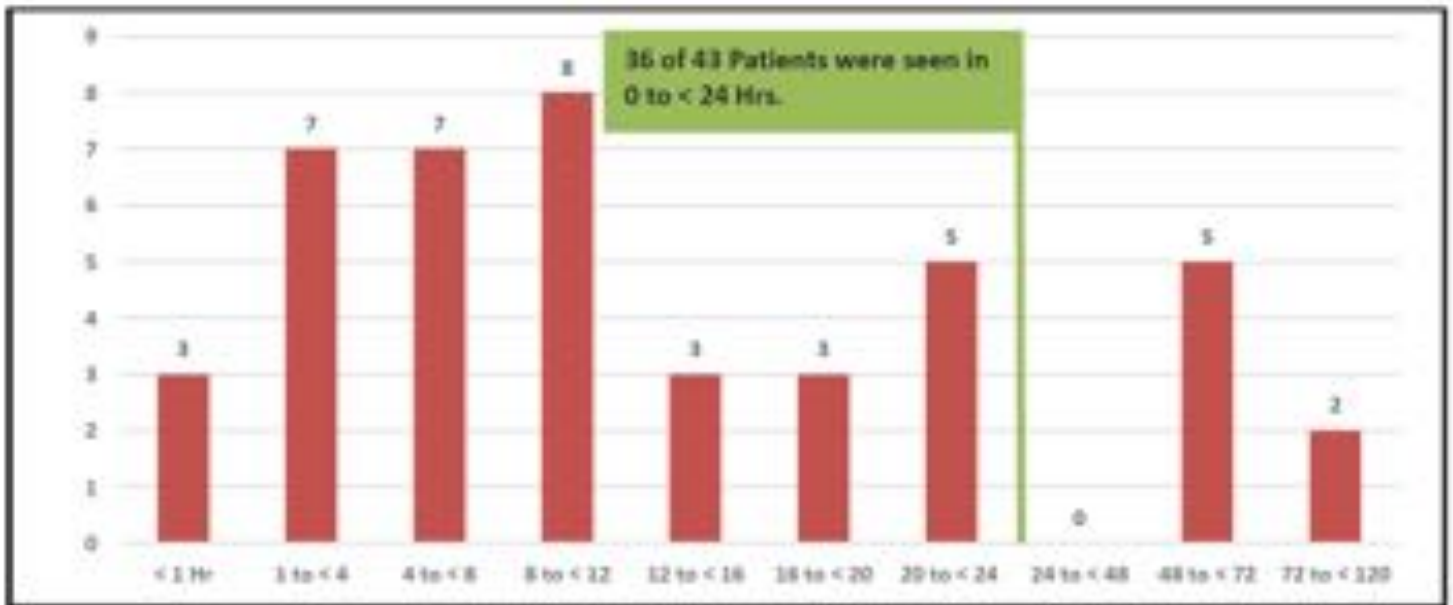


centurion.

25C – (Women) – Comparison Analysis - Hours vs. Days



Frequency Distribution – Women – Late Seen Number of Hours after 24 Hour Requirement (July – December 2019)



## **SUMMARY OF THE DATA**

- In reviewing the data, it continues to be a struggle to have detainees seen by providers within 24 hours of the original referral.
- The above charts illustrate that when changing the 24 hours to within one day, the improvement on compliance is demonstrated.
  - For example, if the referral came in at 8 am and they were seen next day at 9 am, it is within one day, but 25 hours past the original referral time.
- Analyzing the data in four-hour increments, 109 of the 136 male detainees and 36 of the 43 female detainees were seen “next day.”
- Mental health providers are not staffed 24 hours a day. There is provider staffing for evening with schedules slated for most urgent referrals that come through the day.
- The operational definition of next day to measure compliance should be considered, rather than strict 24 hours. The percentage of detainees seen next day is significantly higher, with an aggregate of 93% for men and 94% for women, without compromising patient care.

## **CONTRIBUTING FACTORS**

### **Factors Contributing to Non-compliance of 17C, 25C**

- The morning huddles allow for changes to the provider clinic to include urgent referrals.
- Over the six-month period, there were numerous clinics cancelled due to provider call out. The call out by the evening provider impacted the timeliness of urgent referrals, as that clinic was designed to see those referrals that were sent during the day.
- The vacant evening scheduler and weekend scheduler positions impacted the timeliness of scheduling referrals that are generated during the evening and the weekend.
- A weekend day shift scheduler started in October, which improved the timeliness of urgent referrals scheduled and seen.
- Recruitment in Baltimore has proven challenging due to lack of parking, officer vacancies, safety issues expressed by potential candidates, and the lack of proper office space and working equipment.
- Although custody transport has improved this period, there are some delays that impact clinic start times and/or completion of clinics.

**Corrective Action Plan:**

- Centurion will continue to collaborate with the state regarding internal and external barriers of recruitment and retention of staff in the Baltimore region.
- Centurion will continue to collaborate with the State to make process improvements in escorts to clinics and custody support.
- Statewide Scheduling Manager modified the provider clinic schedules to include when the time expires for seeing the referral timely.

## **Sick Call Protocol and Timeliness Compliance**

**DUVALL Reference #: 23A to 23D and 25C**

**Representing:** July – December 2019

**Purpose:** Pursuant to SA 23A to 23D, the purpose of this audit is to measure compliance with the following:

- a. *Plaintiffs shall daily have the opportunity to request health care. Nursing staff shall make daily rounds to collect sick call requests from plaintiffs who have no access to a sick call box.*
- b. *Requests for health care shall be triaged by RNs within 24 hours of receipt, with receipt measured from the time that the requests arrive at the site of triage following daily collection of sick call slips.*
- c. *Plaintiffs whose requests include reports of clinical symptoms shall have a face-to-face (in person or via video conference, if clinically appropriate) encounter with a Medical Professional not including an LPN) or Mental Health Professional within 48 hours (72 hours on weekends) of the receipt of the request by nursing staff at the site of triage, or sooner if clinically indicated.*
- d. *Care at sick call and at subsequent follow-up appointments shall be as determined by appropriate Medical Health Professionals and/or Mental Health Professional, in the exercise of appropriate clinical judgement, to meet the plaintiffs' medical and mental health needs.*

### **Supporting Documents:**

- Sick Call Log
- Sick Call Slips
- Sick Call Audit Tool
- Electronic Patient Health Record (EPHR) documentation specific to patient

### **Methodology**

The study was conducted in the following manner:

1. Sick call slips submitted by the detainees are collected by medical sick call nurse daily and sorted for mental health. The medical sick call nurse records each slip on the joint Sick Call/consult log, then attaches the sick call slips to this log. The mental health sick call nurse receives the slips daily and reconciles the slips with joint Sick Call/consult log. This log was used to reconcile the Centurion CQI Sick Call Log.
2. The mental health sick call nurse submits the sites' CQI Sick Call Log(s) to the regional CQI team at the end of each nurse sick call clinic.



centurion.

3. Timeliness of triage of sick call slip by a registered nurse is within 24 hours of receipt and is verified using the documentation in EPHR, the actual sick call slip and Centurion's Sick Call logs.
4. Timeliness of the face-to-face evaluation by a nurse when the detainee complained of a clinical symptom is verified via EPHR and sick call logs.
5. Timeliness of the face-to-face evaluation by a provider when the nurse refers for further evaluation is verified via EPHR.

### **Target Population and Sample Size**

- Detainees included in the study are based upon the following criteria:
  - All male and female BCBIC pre-trial detainees who submitted a sick call request for mental health services during the audited month were eligible for inclusion in the audit.
  - The target population include detainees who are in general population housing and patients admitted to the inpatient mental health unit.
- The Sick Call Log is utilized to identify patients for the audit sample. The log is sorted for patients referred to the provider. Of those identified, 20 or more patients were included in the final sample size.

### **Excluded from the audit**

- Duplicates, incomplete slips, released before appointment and transfers to another site before the appointment.

**Sampling Summary - Men**

Month	Total Sick Call Request	Not Seen (Released, Transferred, Court)	Total Seen - Resolved by RN	Total Referred to Other Services	Total Referrals to Psychiatric Prescriber
July-19	130	20	61	23	26
August-19	82	9	34	6	33
September-19	103	13	41	23	26
October-19	105	20	28	12	45
November-19	113	24	43	11	35
December-19	137	13	29	33	62

**Sampling Summary – Women**

Month	Total Sick Call Request	Not Seen (Released, Transferred, Court)	Total Seen - Resolved by RN	Total Referred to Other Services	Total Referrals to Psychiatric Prescriber
July-19	66	7	31	15	13
August-19	56	4	14	7	31
September-19	54	5	15	10	24
October-19	71	12	17	15	27
November-19	99	12	27	15	45
December-19	79	7	27	8	37





centurion.

**OUTCOMES:** SA 23A - Sick call requests were picked up by the mental health sick call nurses daily

Month	BCBIC-Men	BCBIC-Women	Total
July 2019	26 / 26 = 100%	12 / 13 = 92%	38 / 39 = 98%
August 2019	20 / 20 = 100%	20 / 20 = 100%	40 / 40 = 100%
September 2019	22 / 22 = 100%	21 / 21 = 100%	43 / 43 = 100%
October 2019	33 / 33 = 100%	24 / 24 = 100%	57 / 57 = 100%
November 2019	21 / 21 = 100%	20 / 20 = 100%	41 / 41 = 100%
December 2019	29 / 29 = 100%	26 / 26 = 100%	55 / 55 = 100%
July – December 2019	151 / 151 = 100%	123 / 124 = 99%	274 / 275 = 99%

SA 23A – Audit Results for the BCBIC Pre-Trial Detainees are shown below:



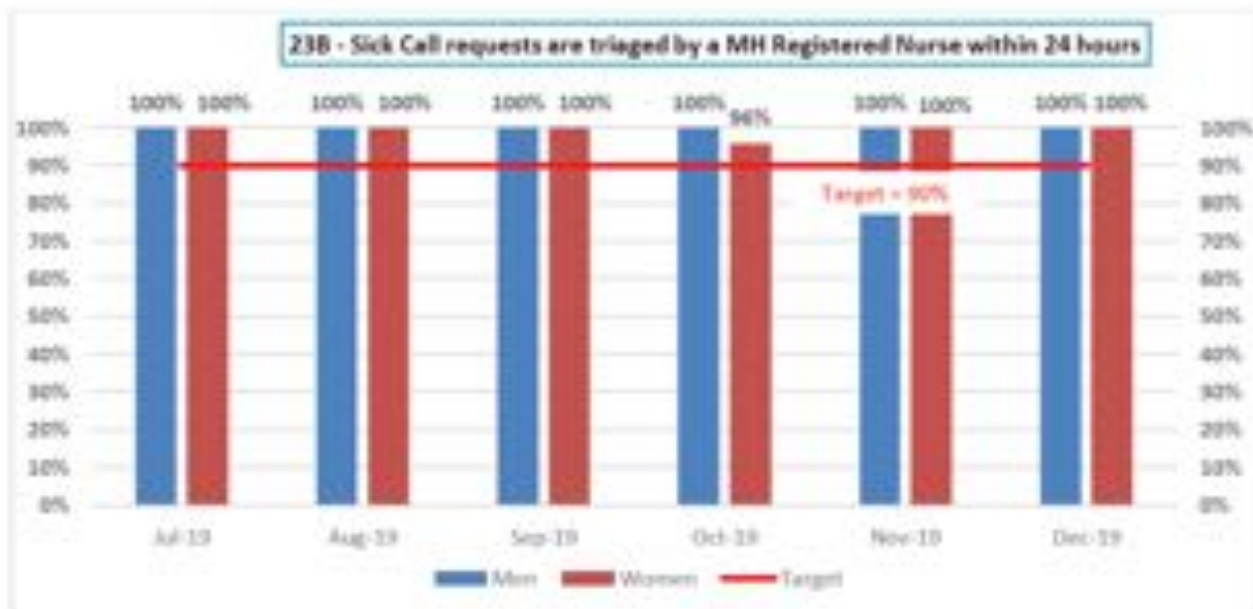
**SUMMARY OF THE DATA:**

The six-month aggregate compliance rate, July to December of 2019 was 100% for men and 99% for women. There was one referral that was not picked up timely by the mental health nurse from the medical nurse. This six-month aggregate data continues to demonstrate mental health meets both policy and settlement agreement.

SA 23B - Sick call requests are triaged by the registered nurse within 24 hours of receipt.

Month	BCBIC-Men	BCBIC-Women	Total
July 2019	28 / 28 = 100%	13 / 13 = 100%	39 / 39 = 100%
August 2019	20 / 20 = 100%	20 / 20 = 100%	40 / 40 = 100%
September 2019	22 / 22 = 100%	21 / 21 = 100%	43 / 43 = 100%
October 2019	33 / 33 = 100%	23 / 24 = 96%	56 / 57 = 98%
November 2019	21 / 21 = 100%	20 / 20 = 100%	41 / 41 = 100%
December 2019	29 / 29 = 100%	26 / 26 = 100%	55 / 55 = 100%
July - December 2019	151 / 151 = 100%	123 / 124 = 99%	274 / 275 = 99%

SA 23B – Audit Results for BCBIC Pre-Trial Detainees are shown below:

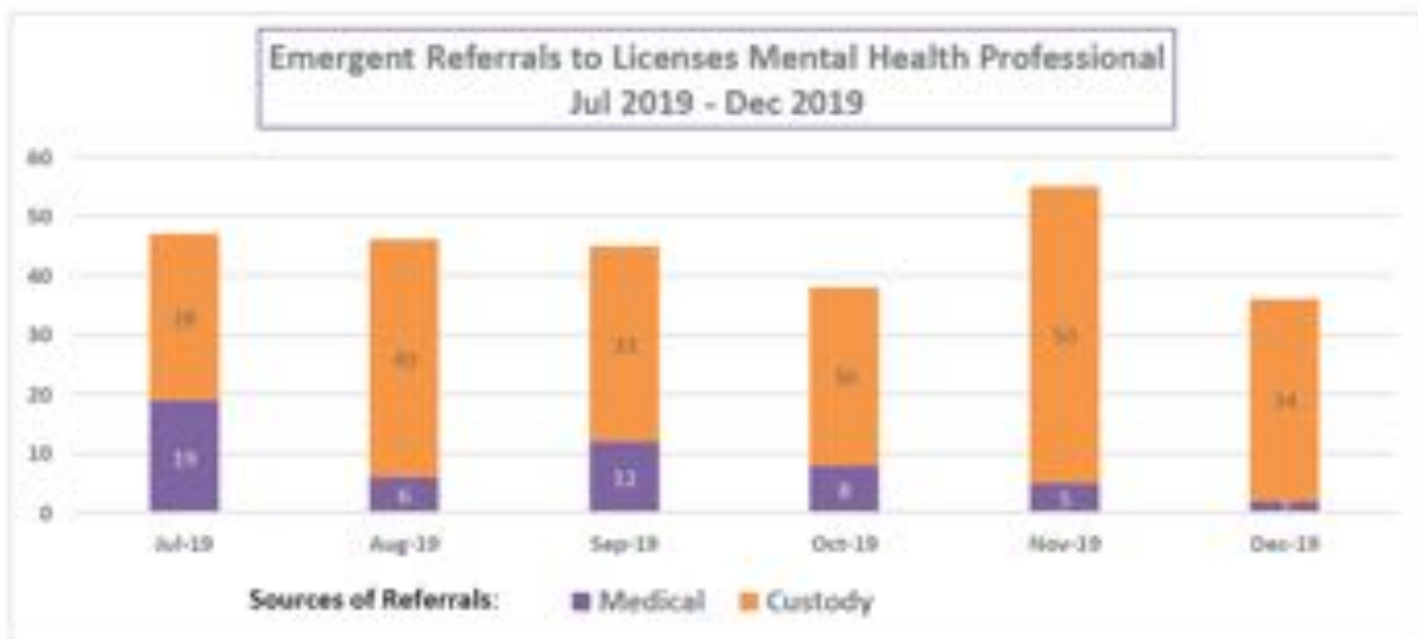


**SUMMARY OF THE DATA:**

The six-month aggregate compliance rate, from July to December of 2019, was 100% for men, 99% for women. The supporting documentation in November for one patient indicated that the sick call was not triaged timely by mental nurse. This six-month aggregate data continues to demonstrates mental health meets both policy and settlement agreement.

**SA 23C - If patient complained of clinical symptoms, a face-to-face sick call encounter with a Mental Health Professional (if nurse triaged urgent or routine) or Psychiatric Practitioner (if nurse triaged emergent) occurred timely.**

Emergent referrals are received from numerous sources and seen within the 2 hour timeframe, per policy. The mental health contract calls for 24 hour/7 day a week coverage on the BCBC booking floor by a licensed mental health professional. Thus, the emergent referrals are seen by these professionals. As the chart below demonstrates the number of emergent referrals by month received and the source of the referral. Custody is the largest source of emergent referral,

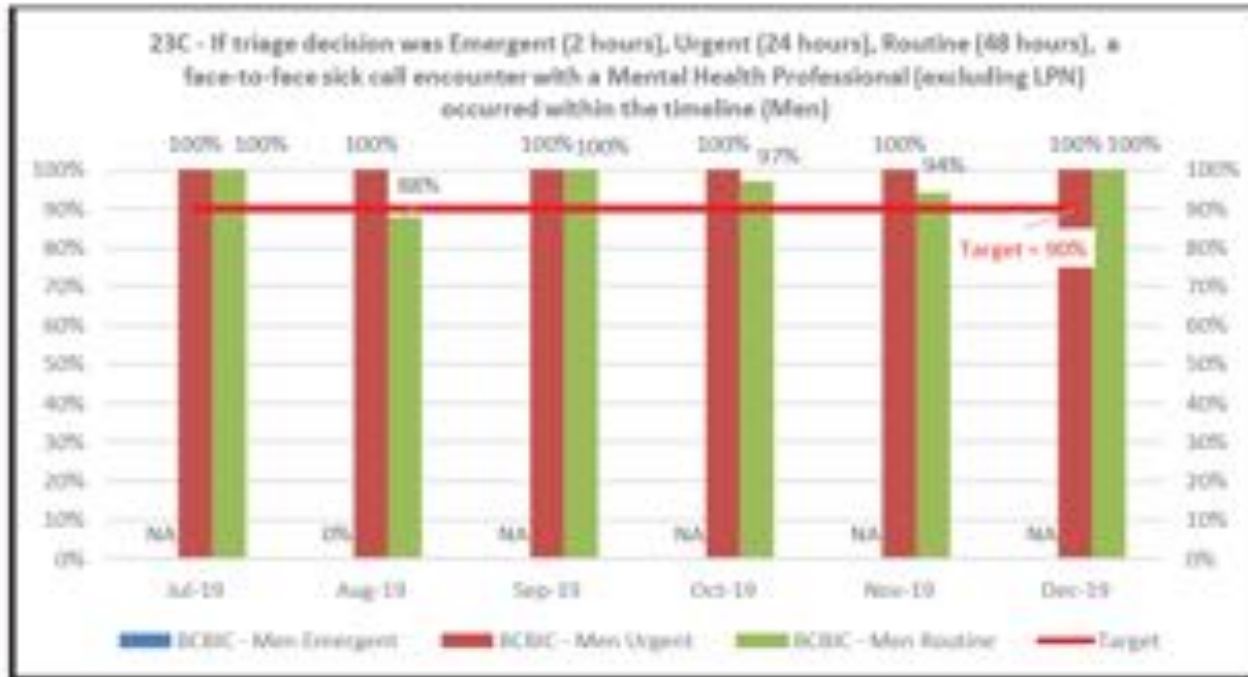


**Total number of emergency referrals: 267**

**Total number of emergency referrals from Custody: 215, which is 81% of total emergent referrals.**

**SA 23C - Audit Results for the BCBIC Men and Women:**

**SA 23C - BCBIC Men – July – December 2019 Results**



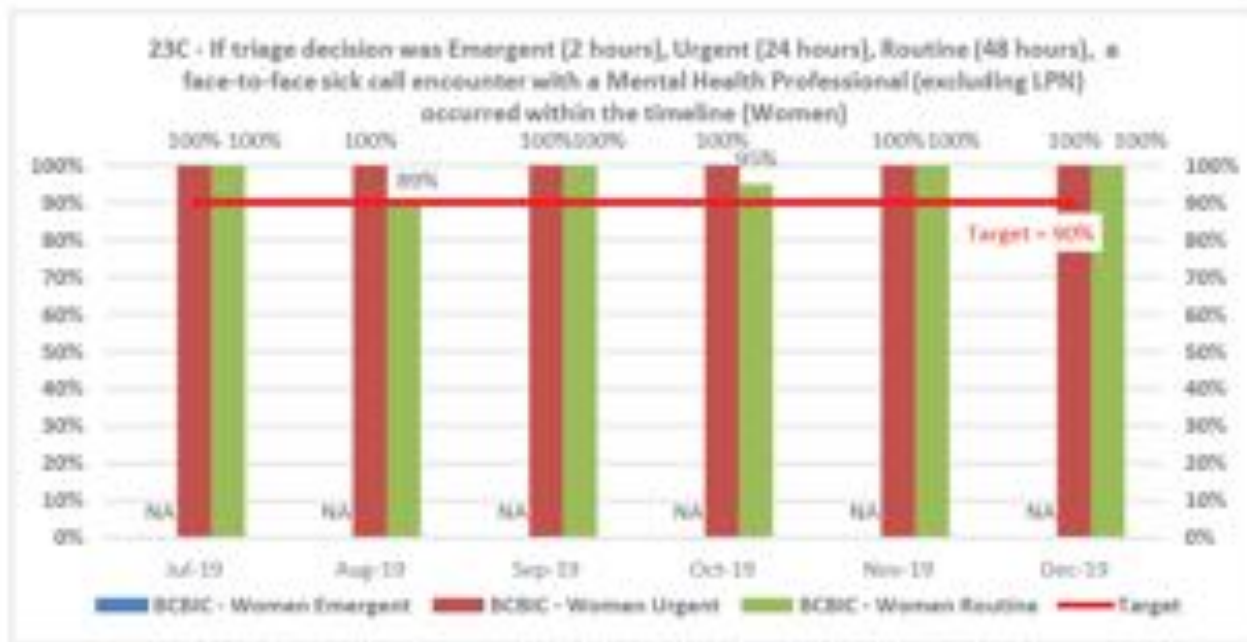
**SUMMARY OF THE DATA:**

Summary of data for men sick call triage decision show that if the triage decision was routine the detainees are receiving a face-to-face encounter with a Mental Health Professional, beyond the 90% compliance target, with the exception of August. One detainee was not seen timely in August, resulting in an 88% compliance rate for routine referrals. During this six-month period, 100% of the audit sample for men with urgent referrals were seen timely. No sick call slips were triaged as emergent referrals during this six-month period.



centurion.

SA 23C – BCBIC Women – July through December 2019 Results

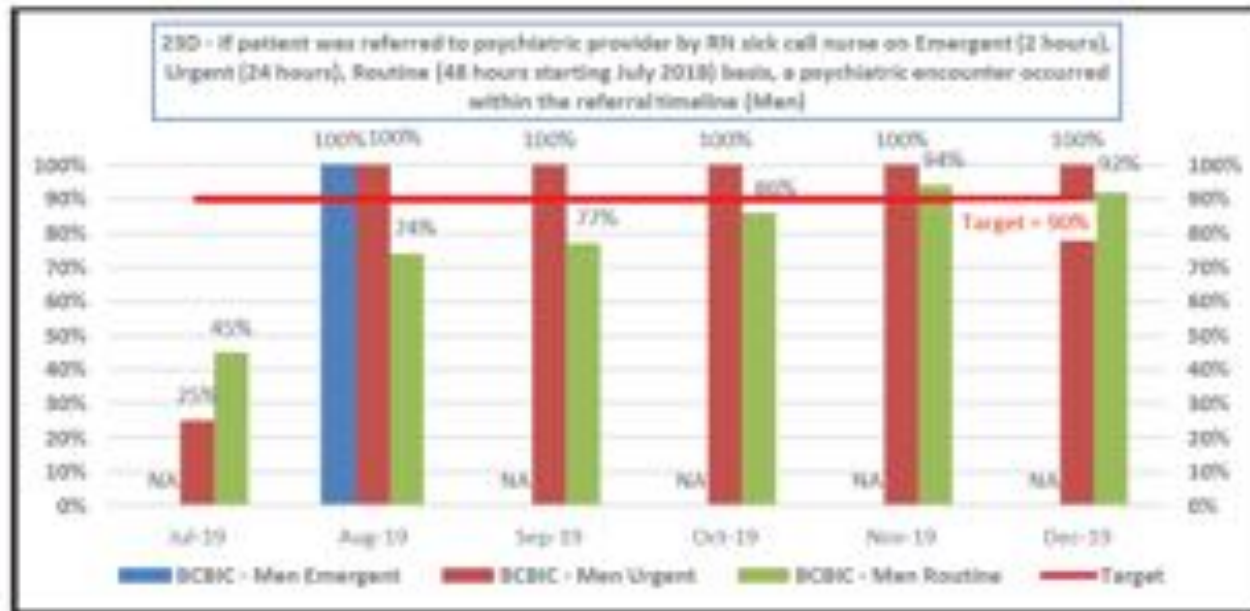


SUMMARY OF THE DATA:

Summary of data for women sick call triage decision show that if the triage decision was routine the detainees are receiving a face-to-face encounter with a licensed mental health professional 99% of the time. During this six-month period, all referrals were seen timely and/or at the the target compliance percentage rate of above 90%, with the exception of a routine referral in August. In October, one detainee was not seen timely due to a late schedule and limited provider pool. 100% of the urgent referrals in this sample were seen timely. No sick call slips were triaged as emergent referrals in this six-month period.

**SA 23D - If a referral to a psychiatric practitioner was made, the appointment occurred within the required timeframe.**

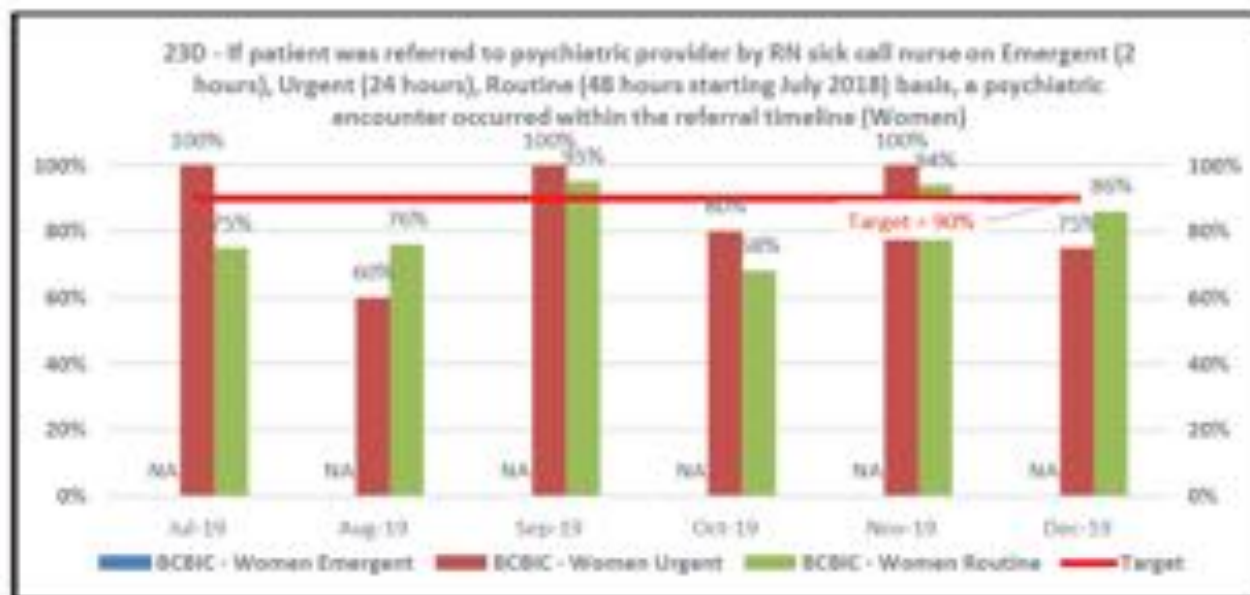
**SA 23D - BCBIC Men – July - December 2019 Results**



**SUMMARY OF THE DATA:**

Summary of the data for urgent referrals reflect improvement over the course of the semi-annual period, increasing from 25% in July to 100% in December. The data for routine referrals reflect improvement over the course of the six-month period, from 45% in July to 92% in December. All emergent referrals in the August sample were met with 100% compliance. The six-month aggregate total compliance rate for urgent referrals this period was 88%. The six-month aggregate total compliance rate for routine referrals this period was 78%.

### SA 23D - BCBC Women – July - December 2019 Results



#### SUMMARY OF THE DATA:

This six-month period reflects a variable compliance rate, ranging from 60% to 100% for urgent referrals, yielding an aggregated compliance rate of 86% for the period. This six-month period reflects a variable compliance rate, ranging from 68% to 95% for routine referrals, yielding an aggregated compliance rate of 82% for the period.

#### Contributing Factors:

- Psychiatry staffing increased after October.
- There were some clinic cancellations due to provider call outs.
- The schedulers did not implement the operational definition of routine referral from 5 days to 48 hours, until the end of September of 2019.
- Although custody transport has improved this period, there are some delays that impact clinic start times and/or completion of clinics.
- The weekday evening scheduler position was filled in September of 2019, yet onboarding and training not completed until November of 2019. The weekend day scheduler was hired in October of 2019. The weekend evening scheduler was hired in January of 2020.
- Recruitment and retention in the Baltimore Region continues to be a challenge due to lack of parking, officer vacancies, safety issues expressed by potential candidates, and the lack of proper office space and working equipment.



centurion<sub>SM</sub>

**Corrective Action Plan:**

- Centurion will continue to collaborate with the state regarding internal and external barriers of recruitment and retention of staff in the Baltimore region.
- Centurion will continue to collaborate with the State to make process improvements in escorts to clinics and custody support.
- Statewide Scheduling Manager modified the provider clinic schedules to include when the time expires for seeing the referral timely.



## Psychiatry Follow Up of Detainees on the Mental Health Caseload

**DUVALL Reference #: 25D**

**Reporting for:** July - December 2019

**SA 25D** - *Plaintiffs who are prescribed psychotropic medications shall be seen face-to-face by a licensed psychiatrist or psychiatric registered nurse practitioner at least every 90 days, or more frequently if clinically indicated.*

**SA 25Fiii**- *The Mental Health Plan of Care for a plaintiff with a major mental health problem, or which is prescribed medication for a mental illness, shall include scheduled follow-up with an appropriate Mental Health Practitioner as clinically indicated but no less frequently than every 90 days and shall be updated at each clinical encounter.*

**Purpose:** Based on the above Duvall SA references, the purpose of this audit is to determine if pre-trial BCBIC detainees on the behavioral health caseload are seen at least every 90 days by a prescribing clinician or sooner, if so ordered.

### **Supporting Documents:**

- Chronic Care Database
- Electronic Patient Health Record (EPHR) documentation specific to patient
- Chronic Care Audit tool

### **Methodology**

From all the referrals and provider clinic data sheets, the Centurion Schedulers at BCBIC update their chronic care database daily and submit it to the regional CQI team weekly. This database is used to pick the sample for the monthly chronic care audit. The CQI team conducts the monthly chronic care audit by reviewing and analyzing the chronic care database log and EPHR documentation for compliance:

1. The chronic care database is reviewed to identify those detainees who are scheduled to be seen during month audited.
2. The EPHR is reviewed to determine if detainees were seen as ordered by the prescribing clinician, no longer than every 90 days.
3. If the time frame between the last two appointments occurred within 90 day intervals, then the follow up was considered compliant. If the time frame between the last appointments exceeded 90 days, then the follow up was considered non-compliant.
4. However, if a provider ordered for the next appointment to occur prior to the standard 90 day follow period, yet not seen within the provider's ordered time frame, this was considered deficient.

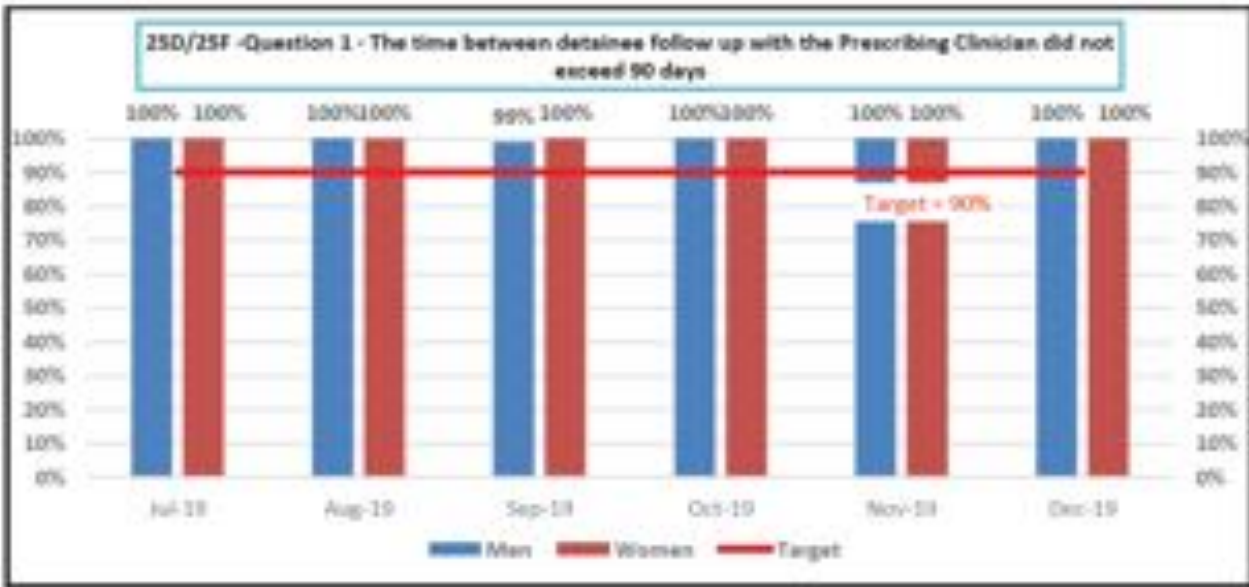


### Sample Size

1. The sample selected for this study were male and female detainees housed at BCBIC, who were scheduled to return for Chronic Care appointments during the July through December time frame. 100 charts were selected each month, and in the case where less than 100 detainees were scheduled for that month, 100% were reviewed.
2. The target population for this audit excluded the following:
  - a. Patients who have a PRN only follow up.
  - b. Patients who had initial evaluations and were added to the chronic care database during this month.
  - c. Patients who were released before their appointment or were at court.
  - d. Patients who were not ordered/scheduled to be seen in this month
  - e. Patients who had an appointment conflict.

### Outcomes -25D/25F-iii; Question 1: The time between detainee follow up with the Prescribing Clinician did not exceed 90 day

Month	BCBIC-Men	BCBIC-Women	Compliance Score
July 2019	87 / 87 = 100%	43 / 43 = 100%	130 / 130 = 100%
August 2019	99 / 99 = 100%	44 / 44 = 100%	143 / 143 = 100%
September 2019	100 / 101 = 99%	34 / 34 = 100%	134 / 135 = 99%
October 2019	100 / 100 = 100%	45 / 45 = 100%	145 / 145 = 100%
November 2019	100 / 100 = 100%	49 / 49 = 100%	149 / 149 = 100%
December 2019	99 / 99 = 100%	55 / 55 = 100%	154 / 154 = 100%
<b>July - December 2019</b>	<b>585 / 586 = 99.8%</b>	<b>270 / 270 = 100%</b>	<b>855 / 856 = 99.9%</b>

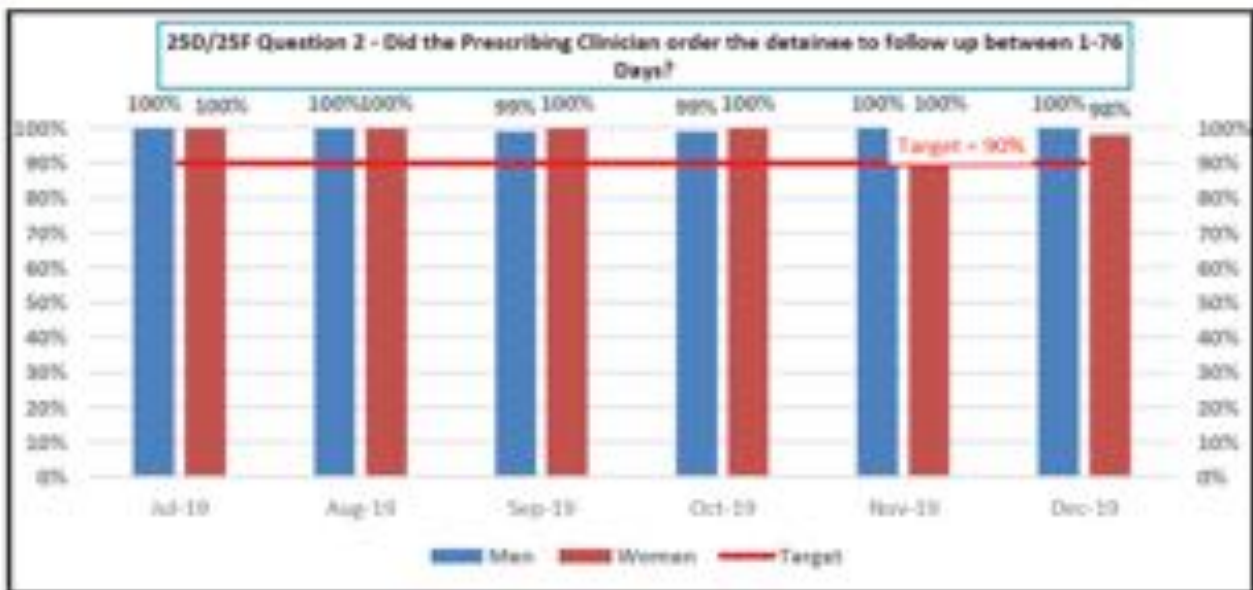


**SUMMARY OF DATA:**

Detainees on the chronic care caseload have been consistently seen prior to the standard 90 days follow up, as per policy and contract, with a six-month aggregate compliance rate of 99.8%.

**OUTCOMES: 25D/25F-iii; Question 2: Did the Prescribing Clinician order the detainee to return before 90 days.** "Return before 90 days" is defined as any order where the provider requests a follow up between 1–76 days (1-10 weeks).

Month	BCBIC-Men	BCBIC-Women	Compliance Score
July 2019	87 / 87 = 100%	43 / 43 = 100%	130 / 130 = 100%
August 2019	99 / 99 = 100%	44 / 44 = 100%	143 / 143 = 100%
September 2019	100 / 101 = 99%	34 / 34 = 100%	134 / 135 = 99%
October 2019	99 / 100 = 99%	45 / 45 = 100%	144 / 145 = 99%
November 2019	100 / 100 = 100%	49 / 49 = 100%	149 / 149 = 100%
December 2019	99 / 99 = 100%	54 / 55 = 98%	153 / 154 = 99%
<b>July - December 2019</b>	<b>585 / 586 = 99.7%</b>	<b>269 / 270 = 99.6%</b>	<b>854 / 856 = 99.6%</b>

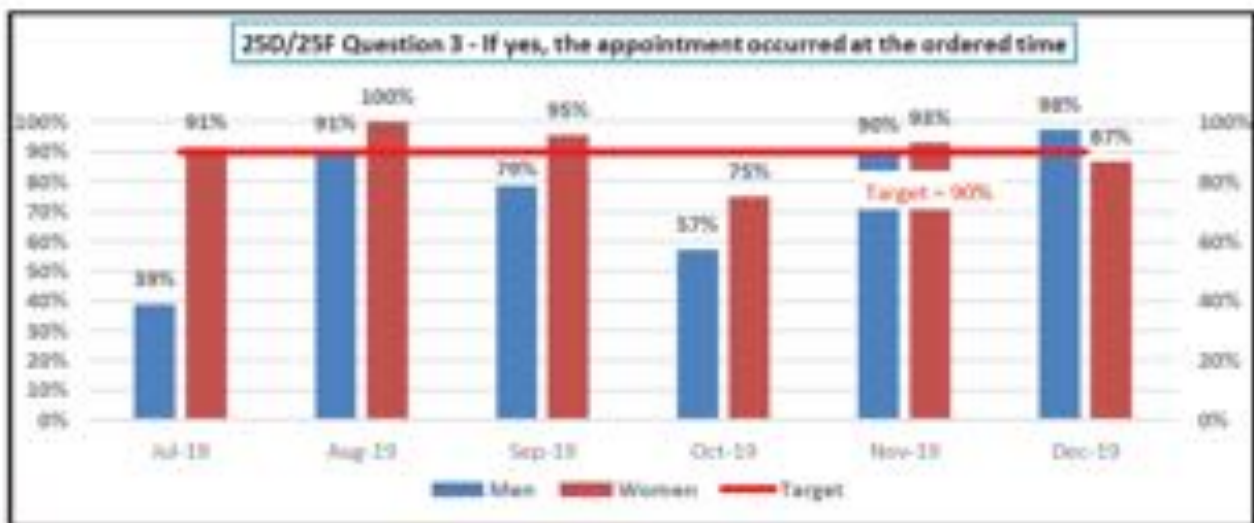


**SUMMARY OF DATA:**

The graphs below shows the rate at which patients on the MH caseload are seen at the ordered time when their appointment is scheduled prior to 90 days. The Medical Director and Assistant Medical Director assessed last reporting period the early return to clinic dates with the providers. The early return to clinic data schedules were found to be both clinical indicated and similar to community practice.

**OUTCOMES: 25D/25F-iii; Question 3. If yes to question #2: the appointment occurred at the prescribed time**

MONTH	BCBIC-Men	BCBIC-Women	Compliance score
July 2019	31 / 80 = 39%	32 / 35 = 91%	63 / 115 = 55%
August 2019	83 / 91 = 91%	38 / 38 = 100%	121 / 129 = 94%
September 2019	70 / 89 = 79%	21 / 22 = 95%	91 / 111 = 82%
October 2019	48 / 84 = 57%	24 / 32 = 75%	72 / 116 = 62%
November 2019	38 / 42 = 90%	26 / 28 = 93%	64 / 70 = 91%
December 2019	39 / 40 = 98%	26 / 30 = 87%	65 / 70 = 93%
July - December 2019	309 / 426 = 73%	167 / 185 = 90%	476 / 611 = 78%





**SUMMARY OF DATA:**

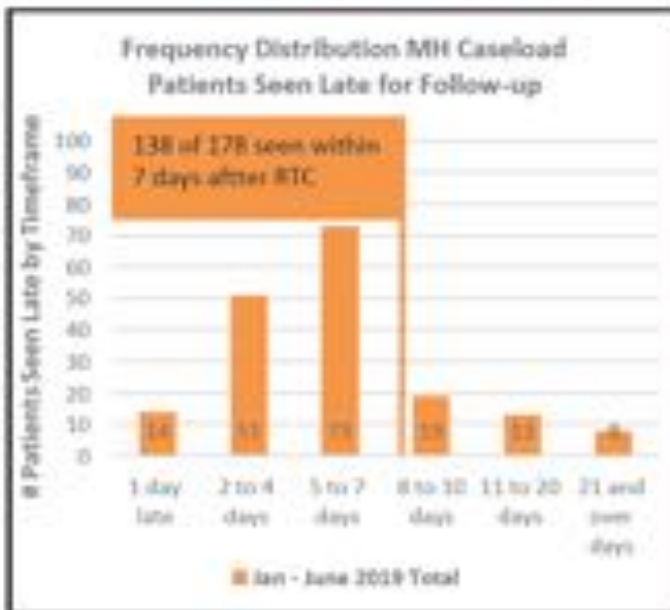
- This six-month period reflects a variable compliance rate, ranging from 39% to 98% for men, yielding an aggregated compliance rate of 76% for the period.
- The six-month period reflects a variable compliance rate, ranging from 75% to 100%, yielding an aggregated compliance rate of 90%.



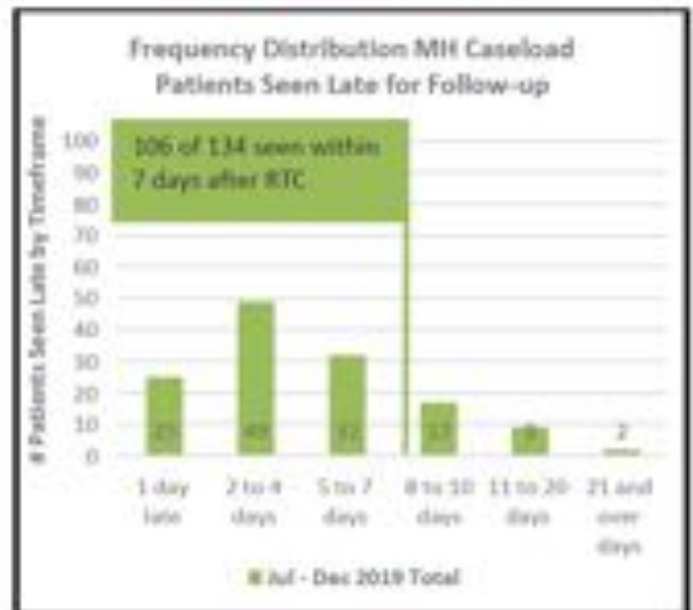
The table and graph below shows the frequency distribution for late seen appointments.

Time Frame	Jan - June 2019 Total	Jul - Dec 2019 Total
1 day late	14	25
2 to 4 days	51	49
5 to 7 days	73	32
8 to 10 days	19	17
11 to 20 days	13	9
21 and over days	8	2
<b>Total</b>	<b>178</b>	<b>134</b>

Jan – June 2019 Total



July – Dec 2019 Total



#### SUMMARY OF DATA:

- The above table and graphs provide an analysis of the time frames for patients not seen as ordered by the provider, during the last 12 months.
- In the previous bi-annual submission 138 detainees were seen up to 7 days past the ordered return to clinic date, whereas the median was 5 to 7 days.
- The current reporting period, 106 detainees were seen up to 7 days past the ordered return to clinic date, the median reduce to 2 to 4 days.
- Although out of compliance, the median reduced by three days from the previous reporting period.



**Contributing Factors:**

- Psychiatry staffing increased after the end of October.
- There were some clinic cancellations due to provider call outs.
- The schedulers did not implement the change in the operational definition of routine referral from 5 days to 48 hours, until the end of September of 2019.
- Although custody transport has improved this period, there are some delays that impact clinic start times and/or completion of clinics.
- The weekday evening scheduler position was filled in September of 2019 yet onboarding and training not completed until November of 2019. The weekend day scheduler was hired in October of 2019. The weekend evening scheduler was hired in January of 2020.
- Recruitment and retention in the Baltimore Region continues to be a challenge due to lack of parking, officer vacancies, safety issues expressed by potential candidates, and the lack of proper office space and working equipment.

**Corrective Action Plan:**

- Centurion will continue to collaborate with the state regarding internal and external barriers of recruitment and retention of staff in the Baltimore region.
- Centurion will continue to collaborate with the State to make process improvements in escorts to clinics and custody support.
- Statewide Scheduling Manager modified the provider clinic schedules to include when the time expires for seeing the referral timely.





centurion.

## **Clinician Follow Up for Suicide Precautions**

**DUVALL Reference: 25E**

**Representing:** July - December 2019

### **SA 25E**

*Plaintiffs who are suicidal, self-injurious, or otherwise in need of close monitoring or treatment shall be seen by appropriate Mental Health Practitioners as often as clinically indicated, for evaluation and recommendations for the management of such behavior. Nothing in this Settlement agreement is intended to restrict the ability of RNs, consistent with the scope of their training and licensure, to participate in and assist with the treatment, evaluation, and management of such behavior.*

**Purpose:** Pursuant to SA 25E, the purpose of this audit is to measure compliance with the requirement to provide daily follow-up contacts for pretrial detainees placed on suicide precautions, as per policy. Qualifying contacts must be provided by a prescribing clinician or a licensed mental health counselor and documented in the patient's medical record.

### **Supporting Documents:**

- Inpatient Mental Health Unit (IMHU) daily census – BCBIC
- Electronic Patient Health Record (EPHR) documentation
- Close Observation Audit Tool

### **Methodology**

The methodology for this study was based on the following criteria and processes:

1. The daily census was utilized to identify the detainees placed on suicide precautions.
2. The target population for this audit were detainees placed on suicide precautions at the BCBIC-IMHU during the month being audited. A list of all patients meeting these criteria were placed in a separate audit log, including date placed on suicide precautions and date discontinued from suicide precautions.
3. The records were reviewed in the EPHR of each detainee in the audit sample to assess for daily documentation completed by either the prescribing clinician or the licensed mental health professional, as per policy.
4. The start and end date of the suicide precaution order was determined by reviewing the prescribing clinicians progress notes and plans. If there was daily documentation in the EPHR from the initiation of suicide precautions to the discontinuation of suicide precautions, from either the prescribing clinician or the licensed mental health professional, the record was considered compliant.



centurion.

5. Lack of daily documentation by either the psychiatric provider or the mental health professional was considered deficient, as per policy.

### Sample Size

For each month, 25% or 25 patients from the target population, whichever was greater, were included in the audit sample.

If the patients were off the IMHU for appointments (i.e. court, bail review, dental appointment, medical treatment) they were excluded from the sample.

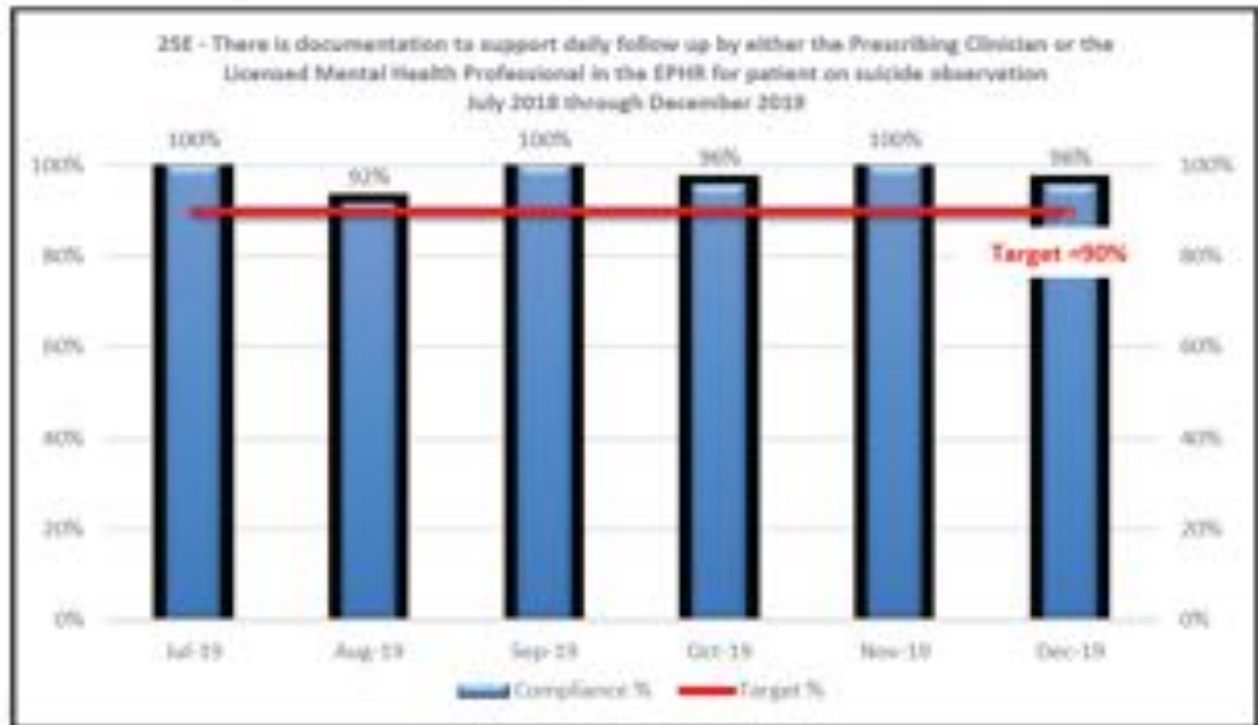
### Monthly Audit Results

Month	Sample Size	Compliance
July 2019	25	25 / 25 = 100%
August 2019	25	23 / 25 = 92%
September 2019	27	27 / 27 = 100%
October 2019	25	24 / 25 = 96%
November 2019	29	29 / 29 = 100%
December 2019	25	24 / 25 = 96%
<b>July - December 2019</b>	<b>156</b>	<b>152 / 156 = 97%</b>



centurion.

SA 25E Monthly audit results are depicted in the graph below:

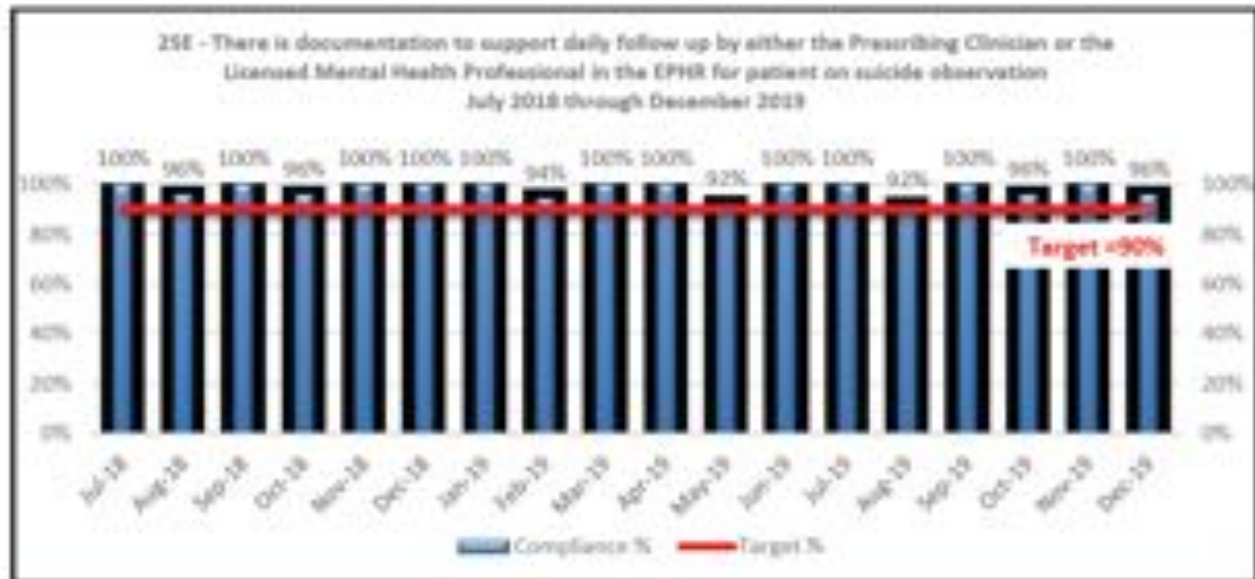


### SUMMARY OF THE DATA

Over the six-month period, there were four patients that were not rounded on by providers over the weekend, which lowered the compliance rate for August, October and December. However, the aggregate compliance rate for the six-month period was 97%.



centurion.



### SUMMARY OF THE DATA

The 18-month overall aggregate of compliance rate for July 2018 through December 2019 was 98%. This 98% reflects that although some patients may miss a daily contact with a prescribing clinician or a licensed mental health professional, they have been kept safe and behavioral symptoms managed. New providers have started working on the inpatient unit, and they were re-educated about the policy.

### Program Improvements

- Dr. Patterson has indicated compliance on this paragraph is dependent on the treatment provided on the unit. Dr. Patterson's position is that the Inpatient Mental Health Unit operates similar to a segregation unit.
- As of November 1, 2019 the stepdown unit was created within the inpatient unit.
- The Stepdown Unit is unit is a pod which consists of 14 beds (7 cells with 2 beds).
- The Stepdown Unit patients are afforded 4 to 5 hours/per day out of cell time to participate in structured and unstructured time (groups, social dining, recreation, showers and telephone calls).
- The patient's on the stepdown unit and close observation status are given mattresses.
- The groups and sign-in sheets for this past 6 months are kept on the inpatient unit and will be made available for Dr. Patterson's site visit in March 2020.



centurion.

**Corrective Action Plan:**

- A group tracker has been developed for the patients, which was started January 23, 2020.
- The data from the group tracker will be on the next report.
- The treatment team was expanded from three days a week to five January 21, 2020.
- The new weekend providers were educated on the policy for daily visits with suicidal patients.



## **Mental Health Detainees Returning From Outside Institution**

### **DUVALL Reference #: 25G**

**Reporting for:** July 2019 – December 2019

**SA 25 G** *In those cases in which a plaintiff under treatment for mental health problems is returning to BCDC after having been confined in an outside institution and has been absent from BCDC for two weeks or more, the plaintiff will receive a new medical/mental health screening by a RN, and a new suicide risk assessment from a Mental Health Practitioner.*

**Summary:** The above process was initially modified in 2018 to ensure that all mental health patients returning from a state psychiatric hospital receive continuity of care. The process was most recently modified in 2019. The current process in place is as follows:

- The court social worker notifies the mental health leadership in Baltimore of detainees returning from state psychiatric hospitals after their court hearing.
- The Maryland Department of Health sends the Continuity of Care Form from the state hospital to mental health leadership in Baltimore.
- All the detainees returning from the state psychiatric hospital are admitted to the inpatient mental health unit for assessment, reconciliation of prescribed psychotropic medications, and to determine housing assignment in population upon discharge from the unit.
- As part of the admission process, the detainee must be medically cleared by the medical vendor partner. This allows for all somatic medications to be ordered, and orders for chronic care clinics and other medical processes to be identified and scheduled accordingly.
- Once admitted to the inpatient mental health unit, each detainee is seen by the multidisciplinary treatment team and administered the Columbia-Suicide Severity Rating Scale (C-SSRS) to assess for current suicidality.
- The detainee stays a minimum of 48 hours on the inpatient mental health unit, and if the inpatient mental health unit treatment team determines the detainee is psychiatrically stable, he is discharged.

This process improves on the settlement agreement protocol outlined in paragraph 25G. A full medical intake is conducted, another full evaluation (including a measure of suicidality) is completed by the mental health team (psychiatrist, psychologist, nursing), and monitoring for stability and proper recommendation for housing occurs.



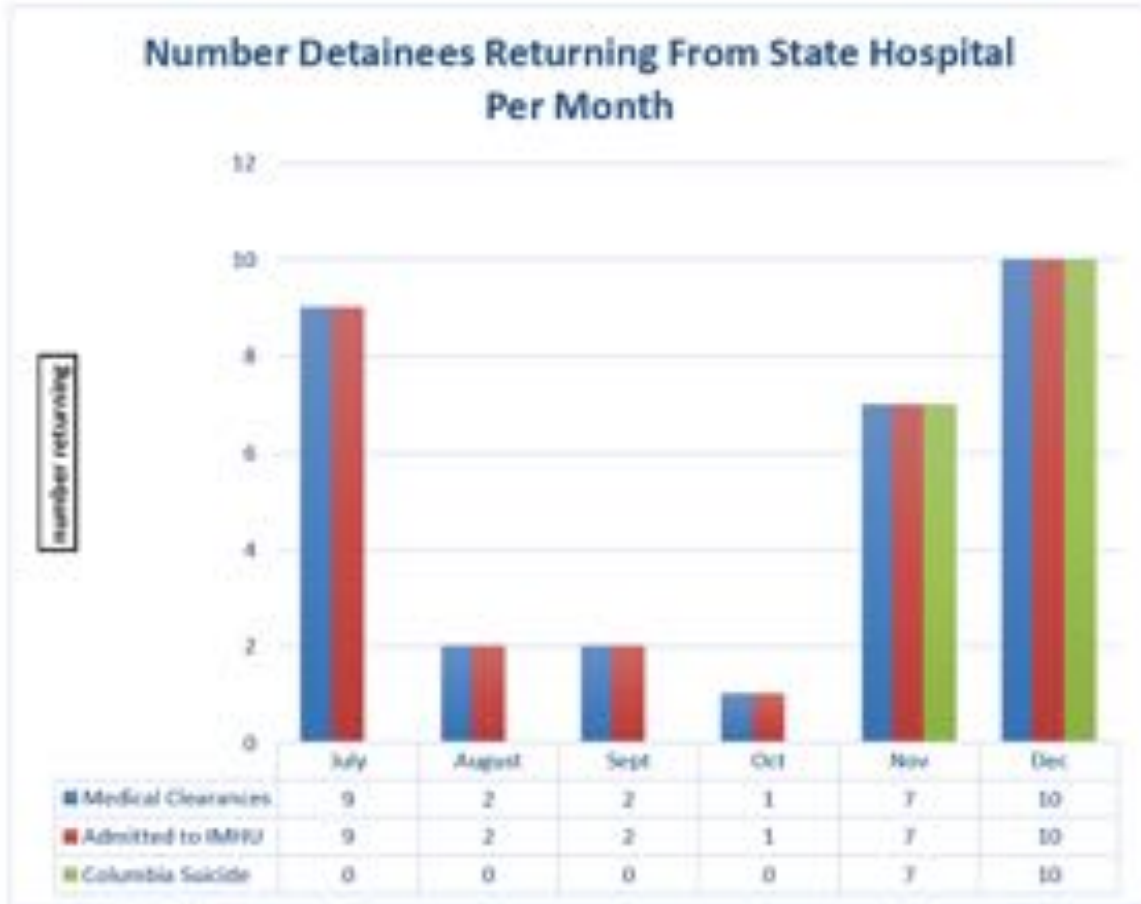
- The Clinical Director of the inpatient unit, a licensed psychologist, monitors the process and collects all the supporting documentation.
- Attached to this summary is the list of detainees who returned during the six-month reporting period and supporting documentation, which includes the following:
  1. Continuity of Care Form from the state psychiatric hospital, or print out of email received from the Maryland Department of Health;
  2. Copy of medical clearance progress note;
  3. Transfer screening by psychiatric nurse;
  4. Psychiatric admission note;
  5. Multi-disciplinary treatment plan;
  6. Columbia-Suicide Severity Rating Scale (C-SSRS).

**The C-SSRS was incorporated into the above process after Dr. Patterson's September 2019 site visit, at his suggestion to meet the requirements of the settlement agreement.**

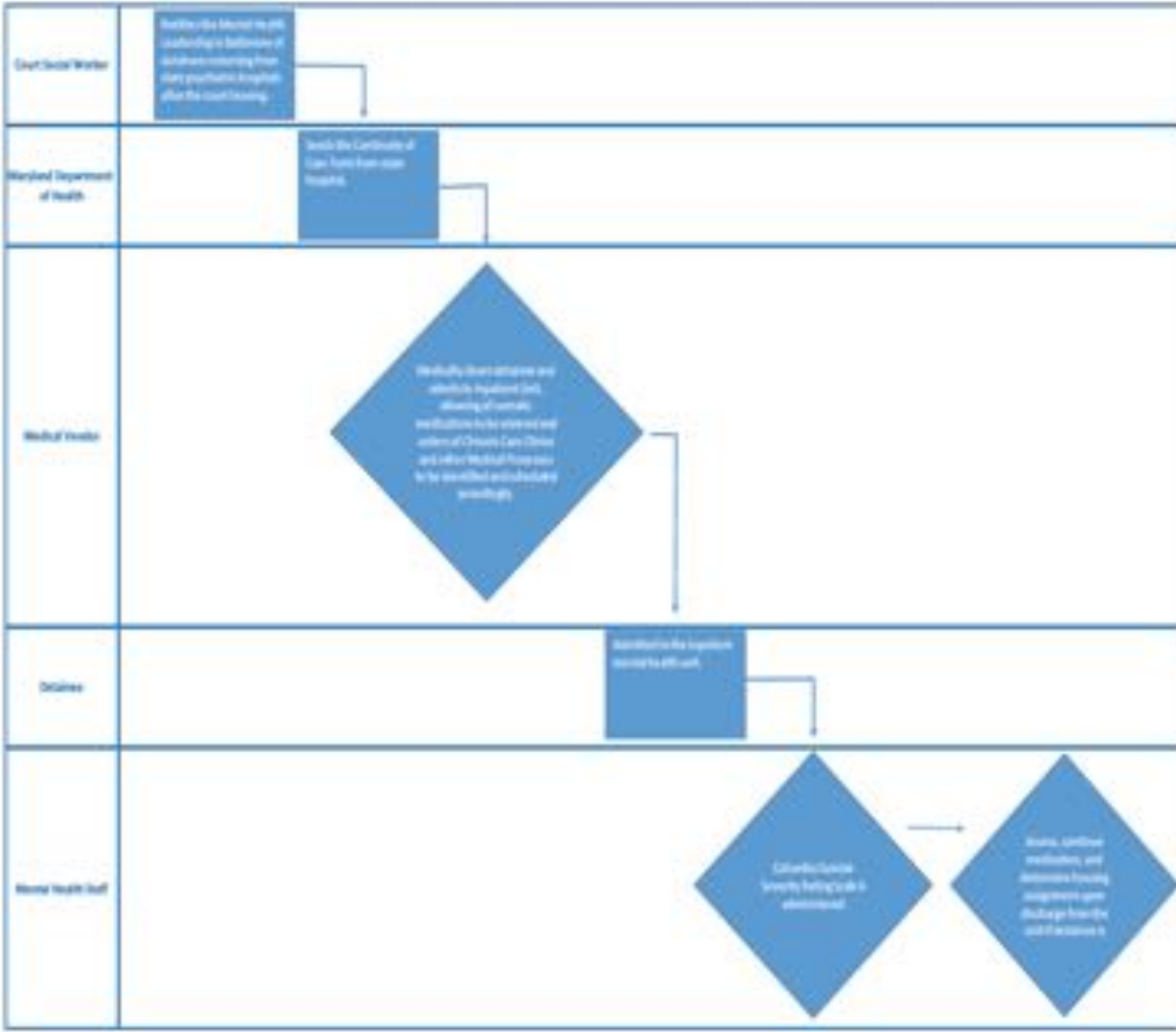
The data for the past 6 months, demonstrates that detainees returning from the outside hospital receive medical clearance upon return to BCBIC and are admitted to the inpatient unit to ensure continuity of care. The data demonstrating implementation of the Columbia-Suicide Severity Scale started in November. The one detainee who returned in October was released from BCBIC upon his admission to the inpatient unit, so only the medical clearance and admission to the unit was completed.



centurion.







# Root Cause Analysis SA-17C/25C Intake Screening Urgent Referrals Evaluated within 24 Hours

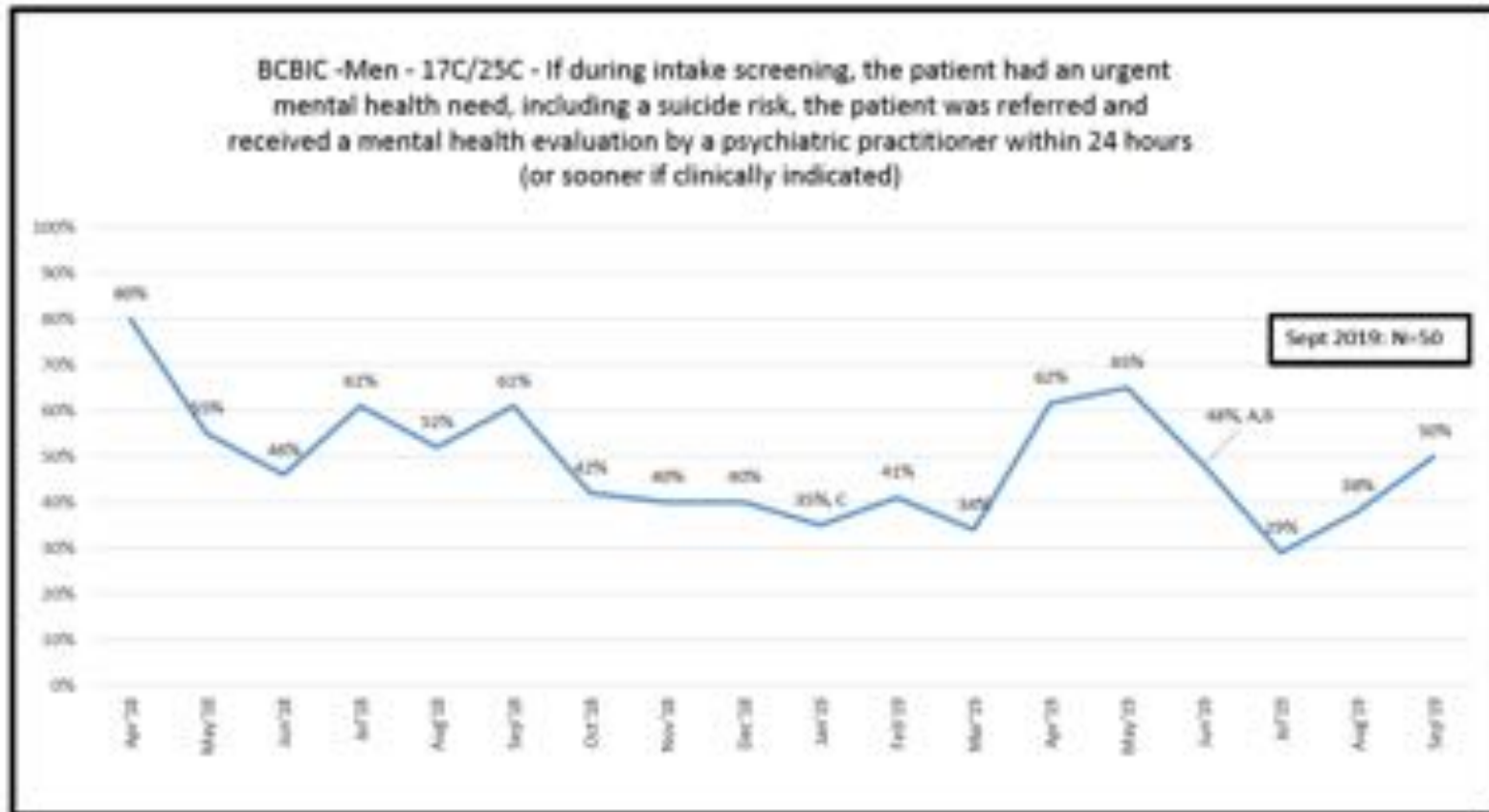
September 2019 Cases

Presenter: Centurion CQI

Presentation Date: 11/6/2019

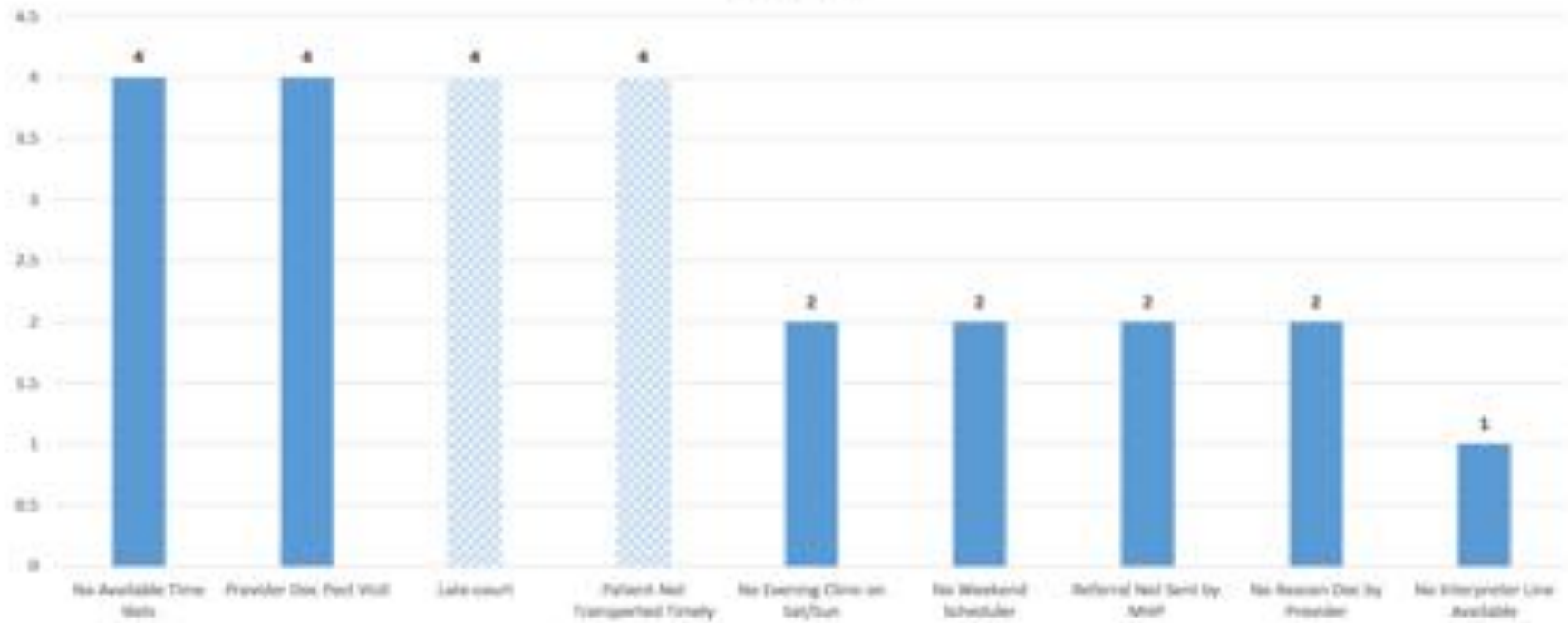


# SA-17C/25C BCBIC- Men 18 Month Trend



# SA-17C/25C BCBIC- Men Non-Compliant RCA by Reason

September 2019 – Non-Compliant - Urgent Referral RCA by Reason  
BCBIC - Men



## SA-17C/25C BCBIC- Men - Non-Compliant Patient Detail – Custody Related

File Identification	Last Name	First Name	Comments	Referral	Seen	# Hours (referral to doc visit)	Disposition	Findings	Provider	Reason
████	████	████	referral 9/11/19 1:42 PM, went to court 9/11/19, seen 9/13/19 10:11 AM	9/11/19 1:42 PM	9/13/19 10:11 AM	44.48	Late-court			Late-court
████	████	████	referral 9/9/19 12:46 AM, seen 9/9/19 10:09 AM	9/9/19 12:46 AM	9/9/19 10:09 AM	81.38	Late-court			Late-court
████	████	████	referral 9/26/19 1:19 PM, seen 9/26/19 2:26 PM	9/26/19 1:19 PM	9/26/19 2:26 PM	25.12	Late-Court	Referral sent to scheduler 9/25/19 1:43pm. Pt was scheduled 9/26/19. Provider documented in IPH on 9/26/19 1:23pm that patient was out to court. Second note on 9/26/19 2:26pm provider was able to see the patient.	NP Okoye	Late-Court
████	████	████	referral 9/25/19 1:32 PM, seen 9/26/19 11:17 PM	9/25/19 1:32 PM	9/26/19 11:17 PM	33.75	Late-court			Late-court
████	████	████	referral 9/9/19 4:01 AM, seen 9/9/19 5:29 PM	9/9/19 4:01 AM	9/9/19 5:29 PM	37.47	Late	Referral sent to scheduler 9/8/19 4:27am. Pt scheduled 9/9/19. Provider documented in IPH the delay in seeing patient timely. Patient was not transported until 4:29pm.	NP Thornhill	Patient Not Transported Timely
████	████	████	referral 9/3/19 1:22 PM, seen 9/4/19 7:30 PM	9/3/19 1:22 PM	9/4/19 7:30 PM	30.13	late	Referral sent to scheduler 9/3/19 2:13pm. Patient scheduled 9/4/19.	NP Thornhill	Patient Not Transported Timely
████	████	████	referral 9/16/19 9:00 AM, seen 9/17/19 8:58 PM	9/16/19 9:00 AM	9/17/19 8:58 PM	35.37	Late	Referral sent to scheduler 9/16/19 1:04pm. Patient scheduled to be seen 9/17/19.	NP Thornhill	Patient Not Transported Timely
████	████	████	referral 9/7/19 11:49 AM, seen 9/11/19 4:34 AM. Missed appt due to transport delayed	9/7/19 11:49 AM	9/11/19 4:34 AM	88.75	Late-transport delayed officer			Patient Not Transported Timely

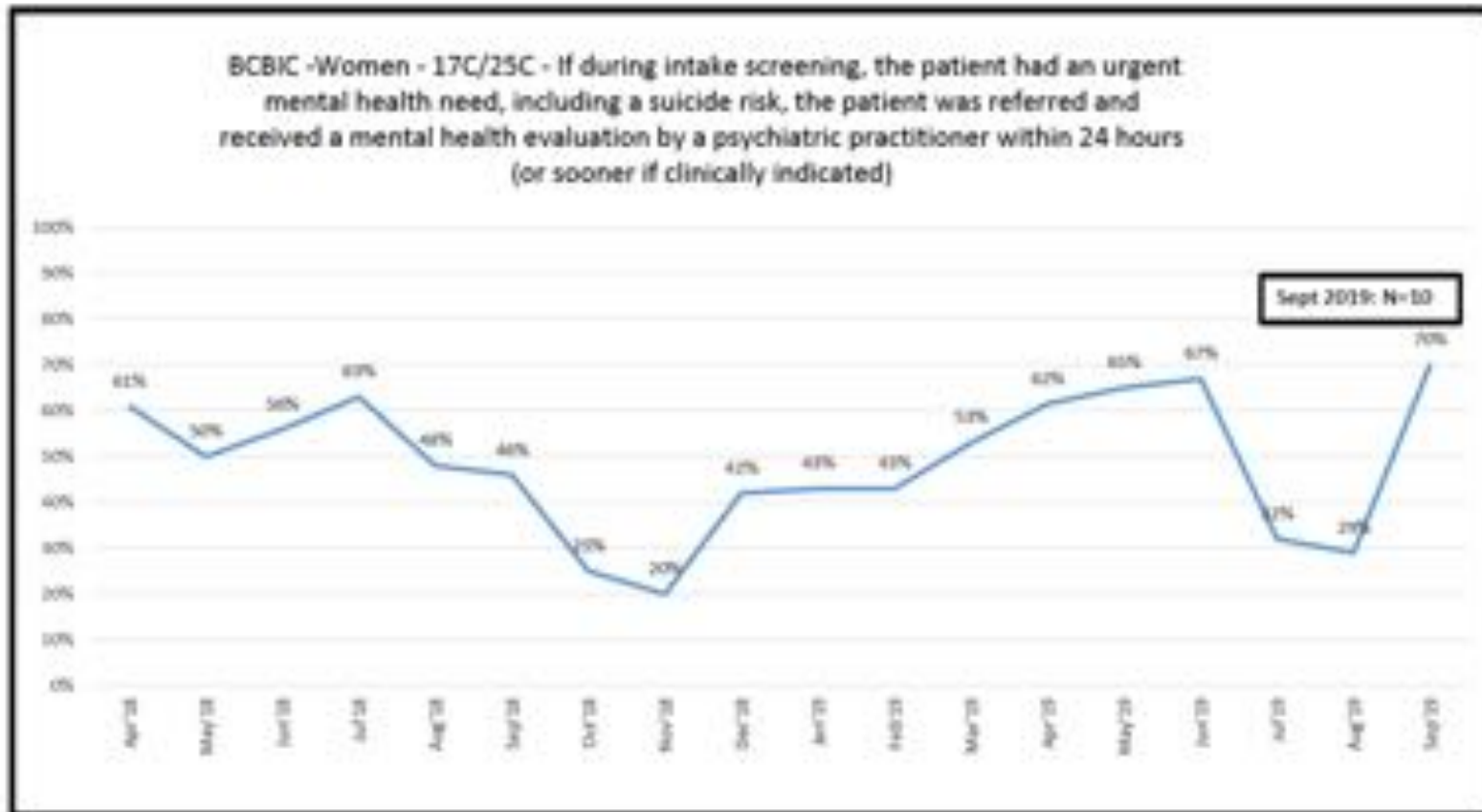
## SA-17C/25C BCBIC- Men - Non-Compliant Patient Detail – MH Related

File Identification	Last Name	First Name	Comments	Referral	Seen	# Hours (referral to doc visit)	Disposition	Findings	Provider	Reason
████	████	████	referral 8/6/19 9:33 PM, seen 8/6/19 9:34 AM	8/6/19 11 PM	8/6/19 9:24 AM	39:39	Late	Referral sent to scheduler 8/6/19 9am. Due to influx of urgent referrals, pt was scheduled 8/6/19.	NP Nassim	No Available Time Slots
████	████	████	referral 8/6/19 9:33 AM, seen 8/6/19 1:42 PM	8/6/19 9:33 PM	8/6/19 1:42 PM	40:15	Late	Referral sent to scheduler 8/6/19 9:30pm. Due to influx of urgent referrals, pt was scheduled 8/6/19.	NP Nassim	No Available Time Slots
████	████	████	referral 8/6/19 9:57 PM, seen 8/6/19 1:53 PM	8/6/19 9:57 PM	8/6/19 1:53 PM	39:55	Late	Referral sent to scheduler 8/6/19 9:50pm. Due to influx of urgent referrals, pt was scheduled 8/6/19.	NP Nassim	No Available Time Slots
████	████	████	referral 8/16/19 9:46 AM, seen 8/15/19 1:26 AM	8/16/19 9:46 AM	8/17/19 1:26 AM	68:57	Late	Referral sent to scheduler and provider on 8/15/19 12:07pm. Patient could not be seen due to influx of urgent referrals on 8/16/19. Patient transferred to MROCC on 8/16/19, transferred to BCBIC on 8/16/19, transferred back to MROCC on 8/16/19 and back to BCBIC on 8/17/19. Patient ch and seen 8/17/19.	NP Sella	No Available Time Slots
████	████	████	referral 8/7/19 8:22 AM, seen 8/6/19 11:52 AM	8/7/19 8:22 AM	8/6/19 11:52 AM	39:57	Late	Referral sent to scheduler 8/7/19 8:30am. Pt scheduled 8/6/19.	NP Nassim	No Evening Clinic on Sat/Sun
████	████	████	referral 8/16/19 9:47 Am, seen 8/15/19 2:24 PM	8/16/19 9:47 AM	8/15/19 2:24 PM	39:46	Late	Referral sent to scheduler 8/16/19 1:23pm. Patient scheduled during day shift clinic on 8/15/19.	NP Nassim	No Evening Clinic on Sat/Sun
████	████	████	referral 8/16/19 9:26 AM, seen 8/15/19 11:15 PM	8/16/19 9:26 AM	8/17/19 12:33 PM	39:58	Late	Referral sent to scheduler 8/16/19 1:33pm. Patient scheduled to be seen 8/17/19.	NP Thomson	No Interpreter Line Available
████	████	████	referral 8/1/19 8:53 AM, seen 8/2/19 10:12 AM	8/1/19 8:53 AM	8/2/19 10:12 AM	25:39	Late	Referral sent to scheduler 8/1/19 1:04am. Pt scheduled to be seen 8/2/19.	NP Nassim	No Reason Doc by Provider
████	████	████	referral 8/11/19 9:20 PM, seen 8/12/19 10:23 PM	8/11/19 9:20 PM	8/12/19 10:23 PM	25:05	Late	Referral sent to scheduler 8/11/19 9:32pm. Pt scheduled 8/12/19 with evening provider.	NP Sella	No Reason Doc by Provider

## SA-17C/25C BCBIC- Men - Non-Compliant Patient Detail – MH Related

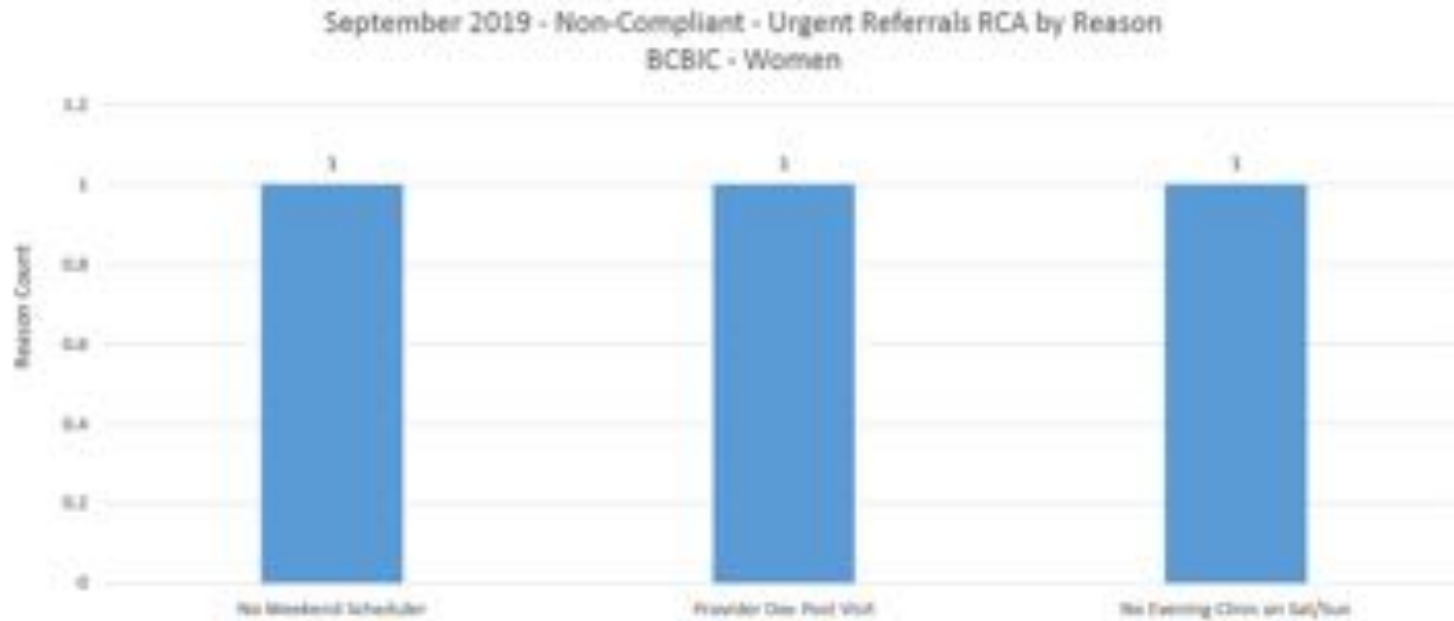
File Identification	Last Name	First Name	Comments	Referral	Seen	# Hours (referral to doc visit)	Disposition	Findings	Provider	Screen
████	████	████	referral 9/9/19 5:30 PM, seen 9/17/19 5:07 AM	9/14/19 5:30 PM	9/17/19 5:07 AM	19.82	Late	Referral sent to scheduler 9/13/19 11:50pm. No weekend scheduler at the time. Pt was scheduled evening of 9/16/19.	NP Belle	No Weekend Scheduler
████	████	████	referral 9/14/19 9:17 PM, seen 9/16/19 11:29 AM	9/14/19 9:17 PM	9/16/19 11:29 AM	36.20	Late	Referral sent to scheduler 9/13/19 12:14am. Patient scheduled 9/16/19.	NP Thornton	No Weekend Scheduler
████	████	████	referral 9/17/19 10:54 PM, seen 9/19/19 4:41 AM	9/17/19 10:54 PM	9/19/19 4:41 AM	29.78	Late	Referral sent to scheduler 9/17/19 11:41pm. Pt scheduled evening of 9/18/19.	NP Belle	Provider Doc Post Visit
████	████	████	referral 9/11/19 8:32 AM, seen 9/12/19 8:14 AM	9/11/19 8:32 AM	9/12/19 8:14 AM	28.70	Late	Referral sent to scheduler 9/11/19 8:35am. Scheduled 9/11/19 with evening provider.	NP Belle	Provider Doc Post Visit
████	████	████	referral 9/26/19 11:30 PM, seen 9/22/19 12:57 PM	9/19/19 11:30 PM	9/22/19 12:57 PM	61.42	Late	Referral sent to scheduler on 9/20/19 12:27am. Patient scheduled 9/20/19 with evening provider. Provider documented clinic on 9/22	NP Belle	Provider Doc Post Visit
████	████	████	referral 9/24/19 10:00 PM, seen 9/26/19 4:42 AM	9/24/19 10:00 PM	9/26/19 4:42 AM	30.65	Late	Referral sent to scheduler 9/25/19 12:41am. Patient scheduled with evening provider on 9/25/19.	NP Belle	Provider Doc Post Visit
████	████	████	referral 9/9/19 4:35 PM, seen 9/19/19 5:45 PM	9/9/19 4:35 PM	9/30/19 5:45 PM	37.17	Late	No urgent referral received from MHP. No indication in EPHM that this patient was seen by MH provider. Patient was released 10/16/19.		Referral Not Sent by MHP
████	████	████	referral 9/17/19 11:00 AM, seen 9/19/19 8:09 PM	9/17/19 11:00 AM	9/29/19 8:09 PM	37.15	Late	Cannot find referral/schedule sent to provider.		Referral Not Sent by MHP

## SA-17C/25C BCBIC- Women 18 Month Trend





## SA-17C/25C BCBIC- Women - Non-Compliant RCA by Reason



## SA-17C/25C BCBIC- Women - Non-Compliant Patient Detail – MH Related

File Identification	Last Name	First Name	Comments	Referral	Seen	# Hours (referral to doc visit)	Disposition	Findings	Provider	Reason
██████████	██████████	██████████	referral 9/6/19 3:45 PM, seen 9/8/19 8:32 AM	9/6/2019	9/8/2019	41	Late	Referral sent to scheduler 9/6/19 3:52pm. No weekend scheduler at the time. Pt was scheduled 9/8/19.	NP Nasem	No Weekend Scheduler
██████████	██████████	██████████	referral 9/17/19 9:30 PM, seen 9/19/19 5:49 AM	9/17/2019	9/19/2019	32	Late	Referral sent to scheduler 9/17/19 10:24pm. Pt scheduled 9/18/19 evening clinic.	NP Bello	Provider Doc Post Visit
██████████	██████████	██████████	referral 9/14/19 1:06 PM, seen 9/15/19 12:57 PM	9/14/2019	9/15/2019	35	Late	Referral sent to scheduler 9/14/19 1:45am. Pt scheduled 9/15/19.	NP Nasem	No Evening Clinic on Sat/Sun

## SA-17C/25C BCBIC- Men/Women – Corrective Action Plan (CAP)

Issues	Actions	Responsible Party	Implementation Date	Status
No Available Slots	1. Additional training/education for referring clinicians. 2. Scheduling additional weekend providers (above contract requirement) whenever possible.	Dr. Achebe and Dr. Kale	Oct-19	Completed
Provider Documented Post Visit	Drs. Kale and Achebe had a conversation with NP Bello on 10/22/19 and emphasized to him the need to document his clinic encounters in a timely manner as well as the implications for the contract when this is not done. He was instructed to clearly document in his notes any reason(s) for a delay in the encounter. CQJ to meet with Provider Team to discuss measures and CQJ Processes.	Dr. Achebe and Dr. Kale	Oct-19	Completed
No Evening Clinic on Sat/Sun	Scheduling additional weekend daytime and evening providers (above contract requirement) whenever possible.	Dr. Achebe and Dr. Kale	Oct-19	In Progress
No Weekend Scheduler	Two Weekend Scheduler hired. One started in September, other awaiting clearance.	Scheduling Manager (Malaikeh Hughes)	Sept-19	In Progress
Referral Not Sent by MHP	Scheduling manager reached out to MHP requesting referrals be sent as soon as possible.	Scheduling Manager (Malaikeh Hughes)	Aug-19	Completed
No Reason Documented by Provider	1. NP Naem's CDS had expiry date/time of urgent referral, needs education about importance of including reason patient not seen timely in documentation. 2. I could not locate NP Bello's CDS for 9/12/19 to see if expiry date/time of urgent referral was indicated. CQJ to meet with Provider Team to discuss measures and CQJ Processes.	Dr. Achebe and Dr. Kale	Oct-19	Completed
Missing Data in July and August MAC Report	Requested detail added to the MAC Report by CQJ and resent to Chief Shaikh.	CQJ Director (Clarence Hutton)	Oct-19	Completed

## SA-17C/25C BCBIC- Men/Women – Corrective Action Plan (CAP)

Issues	Actions	Responsible Party	Implementation Date	Status
No Interpreter Line Available	1. Provide NP Thornton with number for interpreter line and encourage use of this resource whenever a non-English speaking detainee presents to clinic. 2. Encourage NP Thornton to escalate any issues/challenges with interpreter line.	Dr. Achebe and Dr. Kale	Nov-19	Completed
Detainee unavailable due to court, transfer or release.	CCJ to reach out to Dr. Thiam Amaro and Kenyatta Smith, requesting that Scheduling Manager obtain access to Court, Release and Transfer Report via OCMS DOC and ABS Modules. Dr. Amaro shared three reports, 7 Day Transportation (court), Projected Release Report (releases), Inmate Intake and Transfer Activity Report (transfers), which will meet the need.	CCJ Director (Clarence Hutton)	Sep-19	Completed
Patients with an urgent mental health referral (during intake) are not always presented/able to be located on the booking floor	Providers informed to follow escalation protocol as well as document occurrence in EPHR.	Warden Abello, Dr. Achebe, Dr. Kale	Oct-19	Completed
Patient Not Transported Timely	Providers informed to follow escalation protocol as well as document occurrence in EPHR.	Warden Abello, Dr. Achebe, Dr. Kale	Oct-19	Completed

# IMMS Project – Phase IIa

Deep Dive Into Intake Processes  
Performed by All Disciplines.

Presentation Date: 10/29/2019





## IMMS Project – Phase II Steps

1. Leverage multi-vendor project team
  - a) Request attendance of Custody Representative.
2. Request copy of the IMMS Policy.
3. Request copy of Custody Direct Intake Standard Operating Procedure (SOP).
4. Reconcile Intake Medical and Mental Health Screening (IMMS) against the Sallyport Screening and Referral (SSR) Log.
  - a) Research and document discrepancies.
5. Request a copy of the Door Sheets from Custody.
6. Perform patient level analysis of Intakes using OCMS and EPHR.
  - a) Sample detainees from Door Sheets



# DPSCS IMMS Policy

## DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

### OFFICE OF CLINICAL SERVICES/INMATE HEALTH

#### MEDICAL EVALUATIONS MANUAL

#### Chapter 1

#### MEDICAL INTAKE

#### Section A

#### Initial Medical and Mental Health Screening (IMMS) Part I

(Incorporates Previous Accept/Reject Policy)

- I. Policy: All inmates newly admitted to DPSCS facilities shall receive a medical and mental health intake evaluation immediately upon an inmate's entrance from the community that will identify and address any emergent or urgent medical/mental health/dental needs of those arrestees/detainees/inmates admitted to any DPSCS facility and/or is transferred from a detention facility to Parole/Institution or a Division of Correction facility.

#### B. Completion of the Intake Screening Process

1. The Intake Screening Process shall continue and shall be completed by an RN or higher level of staff once it is determined that the arrestee/detainee can be admitted.
  - a. Medical personnel will screen all arrestees for medical/mental illness using a form approved by the Office of Clinical Services and Inmate Health (OCSIH). Information shall be entered into the Electronic Medical Record (EMR) when possible and OCSIH approved paper form will be completed when EMR is not available and scanned into EMR as soon as it becomes available (not to exceed 72hrs).
  - b. Intake Screening shall be conducted within 2 hours of admission for any inmate being admitted from the community or for any inmate being transferred from another facility who has not received the initial medical and mental health screening.



# Custody Standard Operating Procedure

## VI. Procedures:

The information noted below represents the basic process for **sentenced inmates** awaiting transfer to the Division of Correction (DOC) or who will remain in the Division of Pretrial Detention and Services (DPS). It is the responsibility of the shift supervisor to ensure all inmates are processed accurately and timely. After the intake process is complete, inmates will be escorted to either Baltimore Central Booking and Intake Center (BCBIC) or Baltimore City Detention Center (BCDC) L or M section. Inmates will then receive Orientation, Medical Evaluation and Case Management Assessment.

The following tasks will be standard operating procedures for the processing of all direct intake inmates.

- Strip Search
- Property Inventory
  - > cash
  - > valuable
  - > regular
  - > I.O
  - > Non allowable property can be disposed of with written permission from the inmate.

Page 3 of 11

- Fast ID check
- BODS Chair Search
- Shower and Deice
- Issuance of state clothing. (New Locks)
- Fingerprint/Photo (via the Livescan machine)
- Inking, awaiting escort to assigned housing unit, medical or transfer to BCDC.

## Sallyport Procedure

### Officers assigned will:

1. Maintain security of the entry Sallyport and outside area adjacent to the Sallyport.

Page 4 of 11

2. Read all documentation to ensure the inmate is sentenced to the Division Of Corrections (DOC); ensure that the documentation has a seal.
  - Do not accept inmates from other counties. Contact a supervisor immediately for uncertainty of documentation.
  - Direct escorting officer to the proper sallyport area if necessary.
3. Ensure completion of the Direct Intake Activity Sheet for all detainees escorted by the Sheriff's or transportation who are sentenced.
4. Place offenders who are combative or uncooperative in a single cell. Notify a supervisor immediately after this action is taken.





## Reconciliation – IMMS vs. SSR Log

### Findings:

- Detainees on IMMS not found on SSR Log

### *Why?*

Detainee not documented on SSR Log. "Human Error"

### Findings:

- Detainees on SSR Log not found on IMMS

### *Why?*

IMMS generated from fingerprinting. Direct Intakes are not fingerprinted.



# Types of Intakes

## Booking Intakes:

- Intakes from the community who have NOT been sentenced.
- Seen at Sallyport
  - Accepted or Rejected prior to booking process.
  - Initial Medical and Mental Health Screen (IMMS) Conducted.
  - Fingerprinted, which generates the IMMS via the OCMS.
  - SSR Log documented.
- Provided arm bands for each charge that has a BIN number.
  - White and Blue bands are for primary charges.
  - Pink bands are for additional charges.
- These arrestees are seen by a Court Commissioner, get committed, receive bail or released.

## Direct Intakes:

There are two types of Direct Intakes and usually have a SID number and not a BIN number.

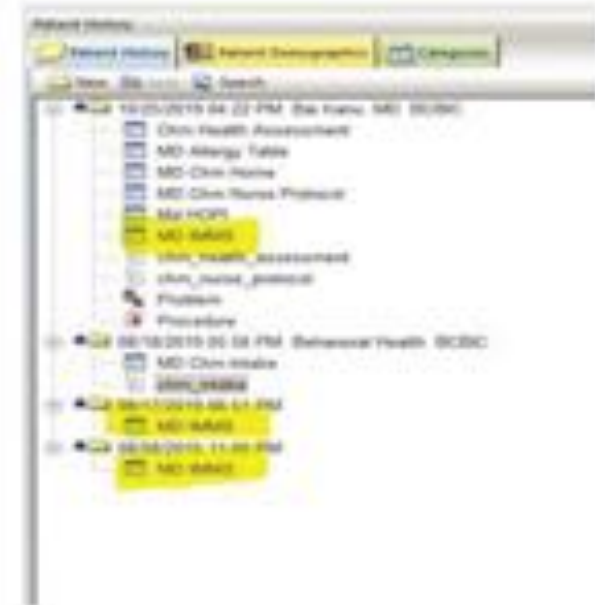
1. Direct Intakes who were housed at institution or from the community while on pretrial status, sentenced during court and either return or sent to the facility.
  - Seen at Dispensary for their IMMS.
  - IMMS documented directly in EPR.
  - Weekenders are also included in this group.
2. Direct Intakes/Commits who are from the community, NOT sentenced, who were arrested due to warrants (ex. Violation of Probation).
  - Seen at Sallyport for their IMMS and NOT accept or reject process.
  - Fingerprinted, which generates the IMMS via OCMS.
  - SSR Log documented.
  - They do not see the court commissioner; once the IMMS is completed, they are sent to the housing unit.



# Patient Level Analysis

Service Traffic History

Sub	Time	Resource Type	Location	Web, Tel, Chat, Mail	Temporary	Reason	CA	By	Comment	Subj	Links
001000	08:00	Admission Type	000			Normal	047040	New Birth		NA	
001000	11:00	Recovery	000				047040	Recovery		NA	
001000	08:00	Admission Type	000			Conf Site 1		Sub New Register		NA	
001000	08:00	Admission Type	000			Conf Site 1		Sub New Register		NA	
001000	10:00	Internal New	000	PA, DR, P	True	3-Week New		New Birth		NA	
001000	11:00	Recovery	000					Admission		NA	

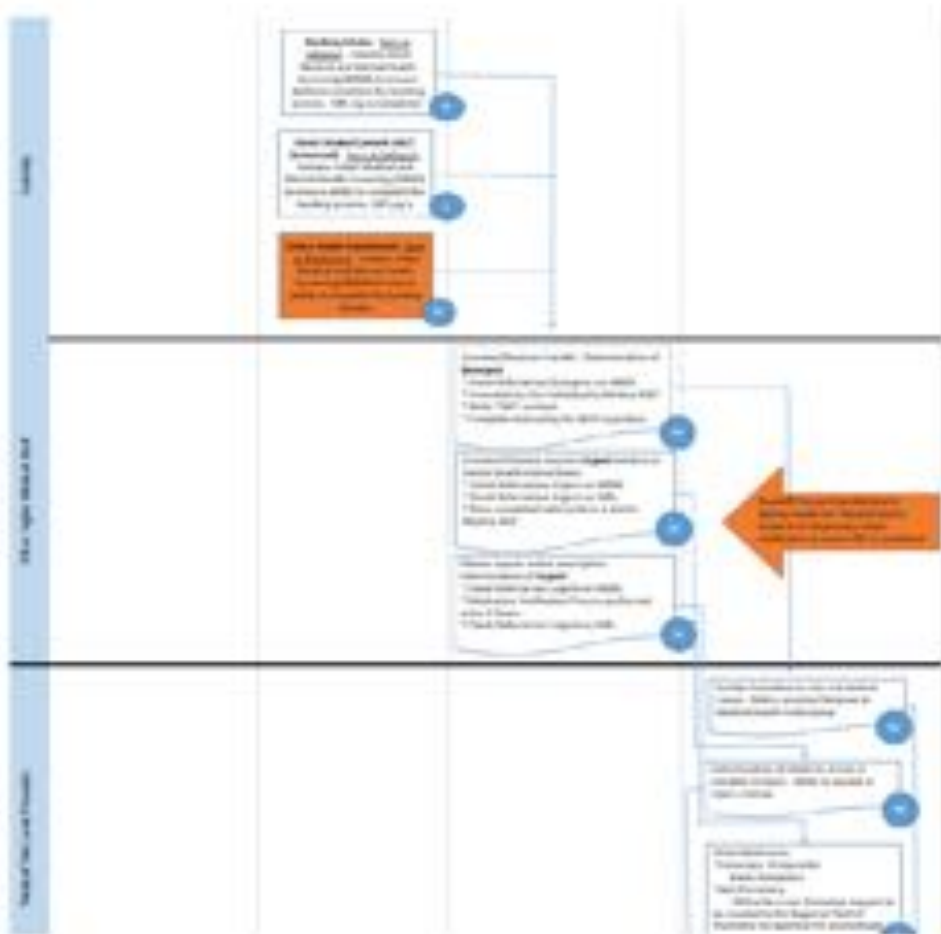


**Findings:**

- IMMS is being completed on all Intake Types.



# Intake Process Gap Analysis



### Findings:

- Handoff from Dispensary of Direct Intakes from Medical to Mental Health is undefined.
  - Lack of Process to assure communication of "Routine" Detainees needing SRE.
- No written Intake SOP that links procedures of all disciplines (Custody, Medical, and Mental Health).



# Next Steps

- Meet with Multi-Disciplinary Team, including Custody, to discuss findings of Gap Analysis.
- Completed Gap Analysis
  - Discuss and document "Current and Future State".
  - Identify and document "Factors Responsible for Gap".
  - Discuss and document "Action Plan/s"
  - Identify "Owner" responsible for implementation of action plan.
- Build Project Plan
  - Detail "Tasks" associated with Action Plan.
  - Identify "Start and End Dates".

# IMMS Project – Phase IIb

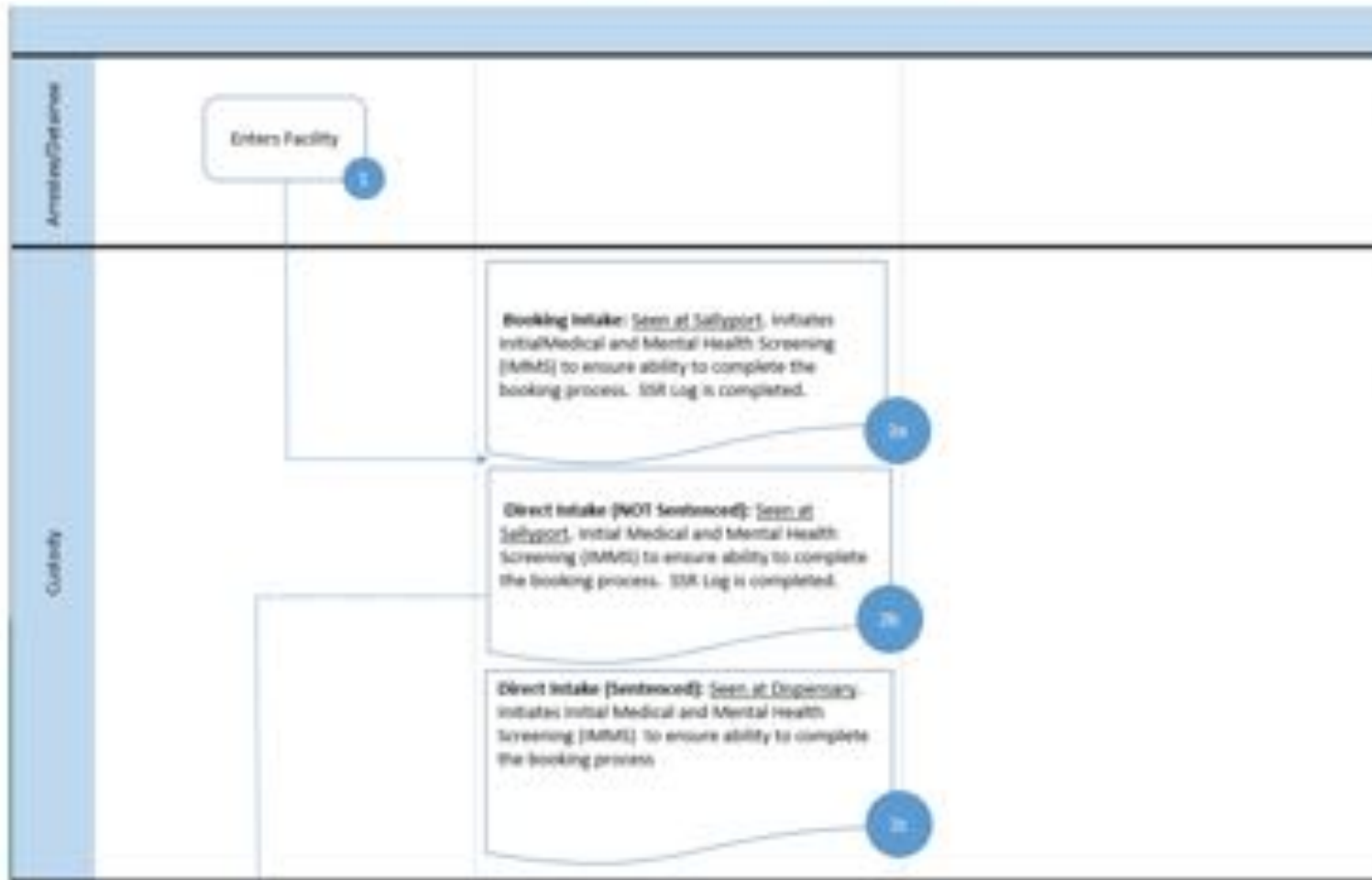
Implementation of Custody Processes

Presentation Date: 2/19/2019





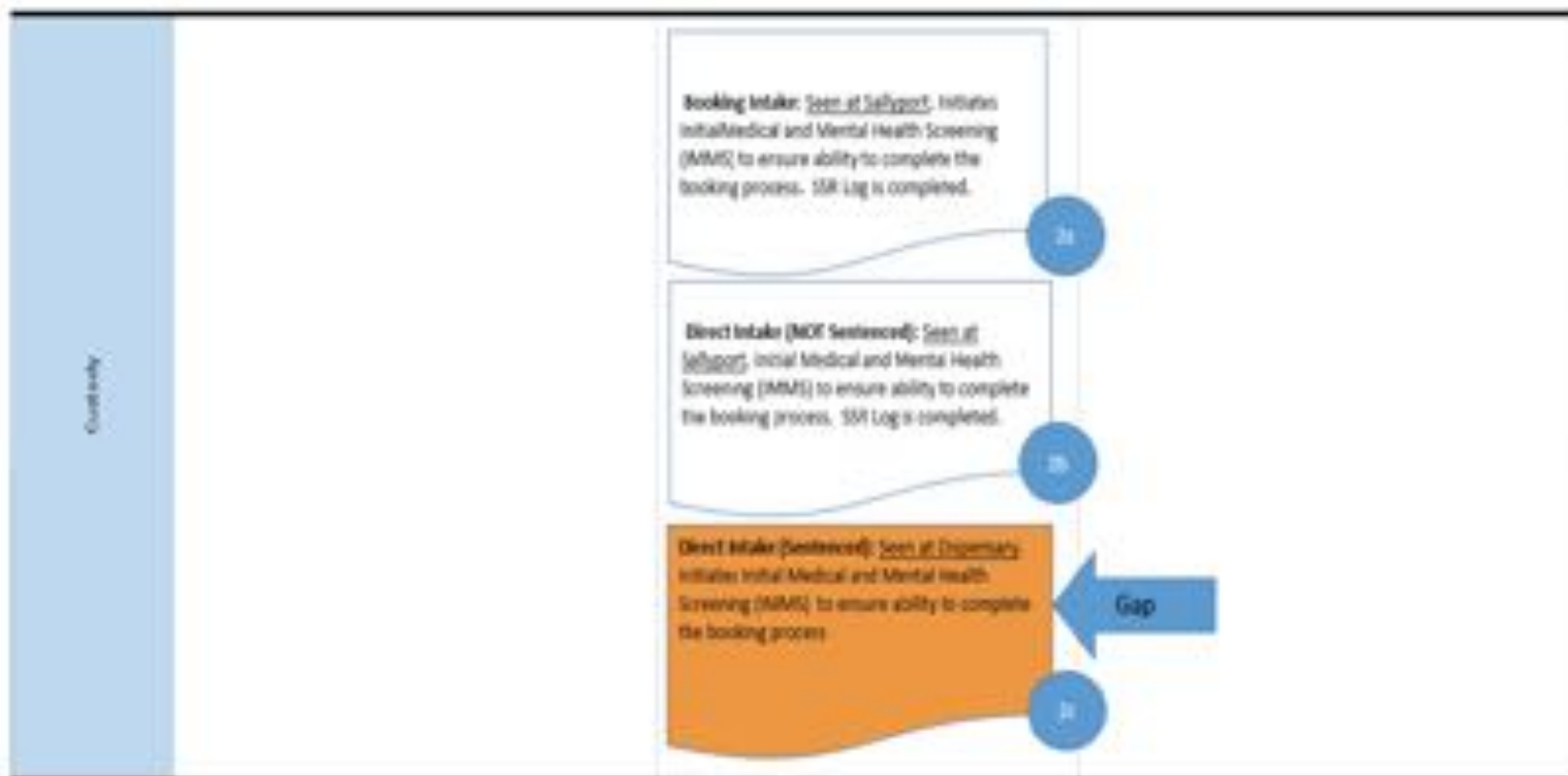
## IMMS Phase 2 – Process Map Custody Process Added





## IMMS – Gap Analysis Custody Process

Gap Analysis – revealed Direct Intake (Sentenced) were being transported and seen at the dispensary. This process caused patients to NOT be captured on the SSR Log, equating to detainees not being seen timely.







## IMMS – Project Plan Corrective Action Plan

Subject Matter	Action Plan(s)	Goals	Responsible Person	Start Date	End Date	Days	Status
Direct Intakes (Sentenced) sent to Selfport	1) Invite Custody to participate in Multi-Vendor weekly meetings.	Custody Team (Sergeant Harris) will change their transport process to begin transporting Direct Intake (Sentenced) to the Selfport.	Officer Curry, Sergeant Harris, COJ Director	10/01/19	12/31/19	91	Complete
	2) Discuss and document process as well as obstacles to transporting Direct Intakes (Sentenced) to Selfport.		Officer Curry, Sergeant Harris, COJ Director	10/01/19	12/31/19	91	Complete
	3) Present the importance of transporting all Intakes to Selfport to improve compliance of Intake Process.		Officer Curry, Sergeant Harris, COJ Director	10/01/19	12/31/19	91	Complete



## IMMS – Phase 3 (Intake) Urgent/Emergent Referral Process

Phase 3 will focus on the Intake Urgent/Emergent Referral Process.

- Initial discussion and analysis is finding lack of a synchronized understanding of the process among disciplines.
- Urgent/Emergent Log at the Dispensary is not being documented appropriately.