Response to:

Enhancement of Medical and Psychological Services April 2012 Audit David L. Moss Criminal Justice Center

6/4/12

To augment this audit, a separate internal review was done on inmates with booking date 4/16/12. Although every effort was made to assure complete inclusion of all significant information, we acknowledge possibility that significant items may have not been located in the EMR.

1. Sick Call Requests –

Although there were no urgent sick call requests found on CHC audit, several cases were identified where significant potential existed for negative outcomes. These included:

Booking # 1316340
Booking # 1316398
Booking # 1316425
Booking # 1316434

JMS # 1130451 - although this was not kiosk delay, it was significant delay between nurse visit and physician visit for what turned out to be pneumonia.

The overall number of inmates with > 4 hr response to kiosk request was quite substantial. For all the reasons discussed at the March meeting, the primary concern was avoiding delays in addressing high risk situations. Even without serious outcomes in this patient set, the key for proper CQI is to eliminate system flaws that allow for these outcomes.

Related to the above, there appears to be a major gap in meeting NCCHC guideline under **Correctional Nursing Practice Series – 4. Screening, Sick Call and Triage:** *If the request describes a clinical symptom, the inmate must be seen in a face-to-face sick-call encounter within the next work day*. The majority of sick call requests, reviewed in 4/16 audit, did not meet this guideline.

2. Admissions to the Special Housing Unit/Infirmary

15 inmates on CHC audit did not have a record of compliance with policy for medical clearance.
Although no apparent effect on outcome, policy non-compliance should be eliminated.

3. Criteria for Immediate Referral to a Hospital

Booking # 1316434 failed to comply with blood pressure parameter for referral as well as failing to follow the Chest Pan protocol. Menses protocol B 07 not used.
JMS # 0063094 abnormal vital signs
JMS # 0068731 blood pressure criteria
Booking # 1318034 – appears to meet delirium criteria

4/16 audit could not identify actual occurrence where staff complied with policy. The above episodes are of major concern for potential of the system to allow serious adverse outcomes.. This should be cause to generate immediate systems' improvement.

4. Daily Review of Infirmary Patients Clinical Status

JMS # 0063094 no documentation CMO not contacted for > 48 hr admission**.**

5. Review of all Emergency Department send outs occurring within 48 hours of a sick call visit or within 48 hours of booking in to the facility

JMS # 0063094 Complex chest pain, dyspnea

7. Review of Intake Prescriptions

On 4/16 audit:, the following showed medication delays:
B # 1316296 - also missed indication of ETOH Withdrawal Protocol L03.
B # 1316307 - also missed indication of Seizure Protocol K03.
B # 1318217
B # 1317908
B # 1316340 - missed indication of Asthma Protocol P01.
B # 1316374 -
B # 1316389 -

Based on the above cases and the CHC audit, it appears that this policy has deficiencies for a large enough number that it warrants further system revisions.

8. Chest Pain Protocol

On 4/16 audit:, the following inmates demonstrated issues with protocol:
1207559 – needed protocol
0063094 needed protocol
1316434 protocol not followed
1316324 needed protocol

Based on the above, it appears that this policy has deficiencies in protocols being initiated and complied with. Because of serious risk potential, the system flaws need to be addressed immediately.

Summary

Assuming above date is accurate, overall the audits demonstrated deficiencies in meeting majority of action plans as agreed upon in March and documented in 3/23/12 letter from Dr. Herr. Several [#3,8] are of major concern as they involve high risk issues.

A key concept we are hoping to actualize is CQI that captures deficiencies real time rather than on after the fact audits. We would like to have a detailed time-specific plan for accomplishing this. Plan should include methods to identify policy deviation immediately for high risk areas, and strong consideration for system identification of others within 24 hrs rather than on delayed retrospective reviews.

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