



**Meeting with the Arizona Governor's Office
November 8, 2012**

I. Introduction

Karen Mullenix, CCM, Director of Operations

- i. Commitment to achieving a common goal: providing appropriate health care
- ii. Lack of full disclosure about program conditions
- iii. Health care program non-compliant with industry standards and constitutional requirements
- iv. Change in ADC approach
- v. Interference
- vi. Media relations
- vii. Culture

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Thomas Lehman, MD, CCHP, Corporate Medical Director, Clinical Services
Neil Fisher, MD, Utilization Management Medical Director

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Glenn Thomas, RN, MHA, Director of Operations

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 4. ADC security staff has been uncooperative and sometimes hostile since privatization
- iv. Conclusions

VIII. Conclusions

Karen Mullenix, CCM, Director of Operations

- i. After working within the ADC inmate health care system for four months, Wexford Health finds the current class action lawsuits to be accurate.
- ii. The ADC system is broken, and does not provide a constitutional level of care.
- iii. Now what are we and the ADC going to do about it?

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***Meeting with the
Arizona
Department of Corrections***

November 7, 2012

Karen Mullenix, CCM
Director of Operations

Introduction



Credentials & experience (Mullenix)

- BS degree in business from the Indiana State University
- 5+ years correctional health care experience
- 5+ years experience in insurance underwriting and risk management
- 12+ years management experience
- ACA Certified Corrections Manager (CCM)

Introduction

- Commitment to partner to achieve a common goal
- Lack of full disclosure about program conditions
- Health care program non-compliant with industry standards and constitutional requirements
- ADC acceptance of Wexford Health expertise, methodologies, and programming
- Interference in clinical programs
- Culture change
- Media relations philosophy

Introduction *(continued)*

Commitment to partner
to achieve a common goal

Introduction *(continued)*

Lack of full disclosure
about program conditions

Introduction *(continued)*

Health care program non-compliant with
industry standards and constitutional
requirements

Introduction (continued)

ADC acceptance of Wexford Health expertise,
methodologies, and programming

Introduction *(continued)*

Interference in clinical programs

Introduction *(continued)*

Culture change

Introduction *(continued)*

Media relations philosophy

***Thomas Lehman, MD, CCHP
Corporate Medical Director, Clinical Services***

***Neil Fisher, MD
Utilization Management Medical Director***

Provider & Other Clinical Issues

Credentials & experience (Lehman)

- Double board-certified (Cardiovascular Diseases; Internal Medicine)
- Residency (Internal Medicine) and Fellowship (Clinical Cardiology) at the University Hospital Medical Center, Cincinnati, Ohio
- Medical degree from the University of Cincinnati College of Medicine
- 10+ years in correctional medicine as a site & regional medical director; then corporate medical director (UM and Chief Medical Officer)
- 24+ years of clinical practice (private, academic, and military)

Credentials & experience (Lehman)

- NCCHC Certified Correctional Health Professional (CCHP)
- Education Committee, Society of Correctional Physicians
- Frequent presenter, NCCHC national conference
- Clinical leader for 20 successful industry audits (ACA, NCCHC)
- Instrumental in clearing ACLU consent decree for the Mississippi DOC
- Nationally known expert and lecturer on HCV and HIV
 - *Achieved 97% viral suppression rate – one of the highest in the country – for 200+ HIV patients over past 8 years, via telehealth and onsite encounters*

Credentials & experience (Lehman)

- Significantly reduced offsite transports for the nation's largest private comprehensive correctional health care contract, while concurrently decreasing the number of inmate health care-related lawsuits for the client
- Developed all clinical content for Wexford Health's first Electronic Health Record implementation
- Developed corporate clinical guidelines based on national guidelines for chronic disease management in corrections

Credentials & experience (Fisher)

- Board-certified?
- Residency (area) and Fellowship (area) at the xxxx
- Medical degree from xxxx
- Currently holds medical licensure in 9 states
- 14+ years in correctional medicine as a site medical director; then corporate medical director (UM and Chief Medical Officer)
- 24+ years of clinical practice (managed care and military)
- Frequent presenter, NCCHC national conference

Credentials & experience (Fisher)

- Nationally known expert and lecturer on HCV and HIV
- Corporate Medical Director for nation's largest private federal prison contractor
 - *Oversaw health care programs for a \$2.4 billion publicly traded company*
 - *Responsible for the care of Bureau of Prisons, US Marshals, and ICE inmates in 23 states across the country*
- Developed corporate clinical practice guidelines based on federal Bureau of Prison standards

Introduction

- The delivery of constitutionally mandated correctional health care requires several basic concepts.
 - *Sound clinical practices*
 - *Correctional workflows that ensure access to, and delivery of, inmate health care*
 - *Cooperation among health care providers and security staff, to ensure safety and access to care*
 - *Understanding of industry standards (NCCCHC, ACA) standards, with appropriate policies based on these standards*
- The ADC system had none of these components functioning correctly prior to privatization.

Intake Issues & Concerns

Intake issues & concerns

- ADC failed to implement a proper intake screening process.
 - *ASPC-Phoenix: lacked a foundation for care*
 - Intake paperwork was inadequately completed, e.g., receiving screenings, medical histories, exams, etc.
 - Labwork was not being completed while inmates were at the Reception Center, but being delayed to be “ordered at next yard”
 - Initial chronic care forms were brief and incomplete
 - Transfer summaries to other sites were grossly incomplete
 - *ASPC-Perryville: better, but still challenged*

Intake issues & concerns (continued)

- ADC failed to perform Tuberculosis (TB) testing at intake.
 - PPDs were not being done during intake at ASPC-Phoenix; staff were recording the PPD test that had been done in the jail and reporting jail chest x-ray results.
 - This conflicted with the ADC policy requiring PPD placement and reading at intake.
- Isoniazid Therapy (INH) for latent TB
 - ADC gave treatment for latent TB through Keep-On-Person meds rather than Directly Observed Therapy
 - ADC performed no monthly clinical evaluations of INH patients even though the treatment can cause acute liver failure.
 - ADC performed incomplete laboratory and chest x-ray monitoring for latent TB patients

Intake issues & concerns (continued)

- ADC failed to provide preventive care at intake
 - *Wexford Health chart reviews revealed the following inadequacies with ASPC-Phoenix intake:*
 - No preventive Immunizations were given, including pneumonia, influenza, and/or hepatitis when indicated by national guidelines.
 - No screening for Hepatitis B and C, despite risk factors
 - No colon cancer screenings
- ADC failed to provide dental screenings at intake
 - *Wexford Health internal audits identified no completed dental histories*
 - *Panorex x-rays were performed, but no reviews by dental providers were documented*

Medical Record Issues & Concerns

ADC Meeting, November 7, 2012

Medical record concerns

- ADC failed to maintain and provide appropriate medical records — a vital instrument of health care.
 - Complexes were months to years behind in filing inmate medical records, making it impossible to identify any care that had occurred
 - Medical records were disorganized, with documents remaining loose in records for months
 - The ADC did not retain baseline studies in the active volume of a patient's medical record; and old volumes did not follow the patient.
 - The ADC did not obtain and file hospital discharge paperwork
 - The ADC did not track and file specialty consult reports
 - Existing documentation was incomplete.

Issues/Concerns with Chronic Clinics & Health Needs Requests

Chronic clinic & HNR issues

- ADC failed to comply with NCCHC Chronic Clinic Guidelines.
 - *Although its existing chronic care forms were not compliant with NCCHC requirements, the ADC refused to allow the use of Wexford Health's NCCHC-approved forms until more than 3 months after contract start.*
 - *ADC was not providing diabetic patients with annual dilated eye exams.*
 - *ADC was not providing patients with proper preventive vaccines for Hepatitis A/B, pneumonia, or influenza.*
- ADC failed to maintain the IHAS chronic clinic database for months prior to the July 1 contract start, making it needlessly difficult for Wexford Health to track and schedule chronic clinic patients.

Chronic clinic & HNR issues *(continued)*

- ADC failed to maintain Provider Order Forms in patient charts. This is a basic, universally accepted practice in every medical environment.
 - *Reduces medication transcription errors*
 - *Improves medical care and documentation of that care*
 - *Improves compliance with internal and external audits*
- ADC did not staff providers in a quantity sufficient to properly evaluate and treat chronic clinic patients or to review Health Needs Requests in a timely fashion.
 - *Created huge chronic clinic and HNR backlogs, making it difficult to timely evaluate changes in patients' conditions*
 - *Resulted in huge numbers of medication expirations*
 - *Leads to negative patient outcomes and increases utilization of offsite services*

Issues/Concerns with Hepatitis & HIV

Hepatitis & HIV issues

- ADC failed to disclose the actual number of Hepatitis C treatment candidates.
 - *As per the RFP data, the ADC has approximately 34 patients on active Hepatitis C treatment annually.*
 - *As of contract start, there were actually 67 patients on active Hepatitis C treatment; with an additional 70 approved for treatment; and 90 in the process of being approved.*
- ADC failed to maintain/update the IHAS database.
 - *Comparison of IHAS & LabCorps data by a Wexford Health chronic care physician indicates a large amount of Hepatitis C information is missing from the IHAS database.*

Hepatitis & HIV issues *(continued)*

- Wexford Health has identified many cases where the ADC failed to properly monitor Hepatitis C treatment.
 - *Hepatitis C treatment can be life-threatening*
 - *All national guidelines mandate close monitoring for anemia and other lab abnormalities.*
 - *The ADC gave Hepatitis A/B vaccines inappropriately.*
- ADC policy does not follow any national guideline for the evaluation or treatment of Hepatitis C.
 - *ADC subjected hundreds of patients to unnecessary and invasive liver biopsies*
 - *Policy requires the Inappropriate ordering of expensive and unnecessary lab tests.*

Hepatitis & HIV issues *(continued)*

- Wexford Health's Hepatitis C guidelines are based on FBOP and AASLD standards.
 - *Despite repeated Wexford Health requests, the ADC has refused to update its guidelines to more closely align with national standards.*

Hepatitis & HIV issues *(continued)*

- ADC failed to follow national guidelines for the management and treatment of HIV.
 - *No accurate database of HIV+ inmates*
 - *Poor quality of care.*
 - Inconsistent use of telehealth, with only rare HIV consultations at ASPC-Lewis
 - Incorrect dosing of medications
 - Inappropriate medication combinations
 - Drug-drug Interactions not recognized
 - Not utilizing infection-prophylactic medications
 - Not recognizing failing HIV combinations
- *Placing inmates at risk for med-resistant HIV*

Issues/Concerns with Patient Returns from Offsite Encounters

Issues with returns from offsite

- ADC failed to implement a proper process for inmates returning from offsite encounters, resulting in patients not receiving appropriate care after hospitalizations and specialty consults..
 - *At many Complexes, security dropped patients in their yards after offsite encounters, without requiring them to see a provider or nurse about their consult.*
 - *Lack of appropriate process resulted in delays or omissions relating to prescriptions and/or treatments recommended during the offsite encounters.*
 - *Patients that should have been returned to an infirmary/health care unit ended up back in their cells.*

Utilization Management Issues & Concerns

ADC Meeting, November 7, 2012

UM issues & concerns

- ADC failed to maintain a proper process for the utilization of offsite services in a correctional environment.
 - *The ADC approved virtually all requests for offsite care based on inmate requests and family complaints*
 - *This resulted in huge numbers of medically unnecessary offsite transports, increasing security and transport costs*
 - *The ADC approved elective and cosmetic care.*
 - Removal of breast implants, at inmate request
 - Cyst and lipoma removals, at inmate request
 - *The ADC over-utilized consultants, with cardiologists monitoring hypertension and Coumadin lab testing*
 - *These consultants over-ordered multiple procedures and diagnostics, including cardiology testing, orthopedic procedures, and CT scans for routine hernias*

UM issues & concerns (continued)

- Continued
 - Non-emergent consults should be performed within 30 days after receiving approval.
 - The ADC's consistent approval of referrals created a backlog of thousands of authorized-but-not-completed consultations dating back to 2008.
- Backlog of 850 consults existed at ASPC-Tucson alone
- Patients requiring urgent care either did not get necessary services or experienced substantial delays
- Multiple examples are outlined in the ADC's current class action lawsuits, i.e., Parsons v Ryan and Gamez v Ryan
- ASPC-Florence patient had a May 2012 CT that showed a lymphoma; patient received no F/U care until Wexford Health took over the contract in July.
- In multiple cases, patients with abnormal chest x-rays had advanced studies approved but never completed.

UM issues & concerns (continued)

- Continued
 - ADC repeatedly sent patients to the ER for non-emergent reasons.
 - Minor rashes
 - Chest pain in a 28-year-old was documented by the ER to be musculoskeletal
 - ADC allowed prolonged, medically unnecessary inpatient stays
 - No utilization of accepted UM guidelines, e.g., McMillan and InterQual criteria
 - A single UM nurse for the entire inmate population
 - Locked Unit at Tempe-St. Luke's Hospital was full 24/7
 - Community hospitals took advantage of ADC by admitting patients that would not qualify for inpatient care per the above standard guidelines used by third party payors.

UM issues & concerns *(continued)*

- ADC remains involved in utilization management decisions.
 - ADC Contract Monitors arrange for patient discharges from community hospitals without Wexford Health input
 - Attending physicians at community hospitals give patient care updates to the ADC rather than to Wexford Health.
 - Hospitalists complain to the ADC when Wexford Health asks them to appropriately discharge patients.
 - Hospital physicians refuse to communicate with Wexford Health UM physicians; this undermines our UM process and endangers the health of inmates by keeping our staff unaware of patient discharge needs.

UM issues & concerns *(continued)*

- ADC has an inadequate number of infirmary (IPC) beds for the size and acuity of its inmate population
 - *Even large complexes were built without IPC beds.*
 - *83 IPC beds statewide is well below average.*
 - *This forces Wexford Health to chronically search for IPC beds.*
 - *Wexford Health must utilize long-term care facilities due to the ADC's inadequate infirmary space*
 - *ADC failed to disclose the significant number of patients it is housing in long-term care and nursing facilities..*
- ADC has no negative airflow infirmary beds:
 - *Needed to house active or suspected TB patients.*
 - *Needed for appropriate infection control measures*
 - *Lack results in additional patients in community hospitals*

Non-Clinical Management of Clinical Issues

Non-clinical mgmt. of clinical issues

- Non-clinical Contract Monitors and Wardens have intervened with medical matters on multiple occasions, stopping all movement at facilities and demanding treatment for large numbers of inmates with no clinical manifestations of diseases.
- This is clinically unnecessary, risky, and wasteful.
 - *Stops inmate movement unnecessarily*
 - *Prevents clinical staff from performing medically necessary care, paralyzing the system*
 - *Exposes patients to potential side effects of treatment with no potential benefit*

Non-clinical mgmt. of clinical issues *(continued)*

Risk management

- ADC lacked diligence with regard to risk management.
 - *Lack of policies based on NCCCHC/other industry standards*
 - *Poorly trained staff provided care below acceptable standards and created greater risk of medical errors*
 - *ADC emphasis on responding to Family and Friend inquiries and grievances disrupted ongoing patient care*
 - *ADC lack of emphasis on HNRs and the need to track and triage inmate requests per NCCCHC standards*
 - *Medical/pharmacy records did not track inmates' care*
 - *Ongoing Issue: ADC habit of creating detailed email correspondence documenting alleged problems prior to fact checking. ALL EMAIL IS DISCOVERABLE*

Non-clinical mgmt. of clinical issues *(continued)*

Electronic Health Record (EHR)

- Wexford Health is often asked about quickly implementing an EHR for the ADC health care program.
 - *Using an EHR will not solve or improve the ADC inmate health care system.*
 - *An EHR requires clinical workflows to be functioning prior to implementation.*
 - *An EHR is only as good as the data placed into the record.*

Conclusions

Conclusions

- The ADC did not have any accepted correctional health care workflows functioning correctly prior to July 1, 2012.
 - *As a result, Wexford Health had to start from the basics and rebuild a dysfunctional program into a comprehensive medical delivery system for the ADC.*
 - *This task goes far beyond the scope of the project described in the RFP.*
 - *The project described in the RFP was to improve efficiency and quality of care in an already-functional correctional healthcare delivery system.*

Martha Ingram, RN, BS, CCHP, CPHQ
Director of Quality Management & Performance
Improvement

Glenn Thomas, RN, MHA
Director of Operations

Nursing & Quality Management
Issues

Credentials & experience (Ingram)

- 9+ years of correctional health care experience
- 32+ years of clinical experience, including psychiatric nursing and management, management of an ambulatory care facility, and executive director of a long-term care facility
- NCCCHC Certified Correctional Health Professional (CCHP)
- National Association for Healthcare Quality Certified Professional in Healthcare Quality (CPHQ)

Credentials & experience (Thomas)

- 13+ years of health care management experience as a Director of Operations, Chief Nursing Officer, and Chief Operating Officer
- 23+ years of nursing experience in the areas of critical care, medicine/surgery, orthopedics, and neurology

Widespread Quality Deficiencies

ADC Meeting, November 7, 2012

 **Wexford Health**
SOURCES INCORPORATED

Widespread quality deficiencies

- No evidence of any past quality improvement program at many complexes
- No records of quality improvement meetings, audits, or studies
- Nursing staff who were previously with ADC deny ever having any involvement in quality improvement activities.
- Numerous, longstanding access to care deficiencies as cited in the ADC's current class action lawsuits
- Very limited information provided by the ADC from previous internal/external quality audits

Widespread quality deficiencies *(continued)*

Within 3 weeks of contract start, Wexford Health performed audits at each Complex, based on essential NCCHC standards.

- The trained and certified auditor found serious deficiencies at every facility..
 - *Passing score on the audit is 85% compliance.*
 - *Wexford Health facilities average 90%+ compliance.*
 - *ADC facilities averaged less than 68% compliance.*
- While the ADC provided almost no data from previous audits, we did receive an NCCHC exit report on ASPC-Tucson that indicated the site failed to meet 7 essential standards — 5 pertaining to access to care.
- Current ADC class action lawsuits note multiple practices falling below industry standards.

***ADC Failure to Maintain Clinically
Proficient Nursing Staff***

Lack of Clinically Proficient Nurses

- Upon taking over the contract, Wexford Health found the following characteristics present throughout nursing staff at all Prison Complexes.
 - *Poor, under-developed skill sets*
 - *Lack of critical thinking skills*
 - *Lack of accountability*
 - *Lack of professionalism*
 - *Lack of time management and organizational skills*
 - *Engrained within a dysfunctional organizational culture*

Lack of Clinically Proficient Nurses *(continued)*

- ADC failed to provide adequate education and training for its nursing staff.
 - *No structured orientation*
 - *No training on nursing protocols*
 - *No clinical competencies*
 - *No orientation or training for agency staff*
 - *No records of past training*
 - *No means for media education/training*
 - *No resource materials, including NCCCHC Standards manuals*
 - *No nursing clinical procedures manual*
 - *No process workflows in place*
 - *Multiple reports that Wexford Health's training is the "only" training nursing staff ever received*

Lack of Clinically Proficient Nurses *(continued)*

- ADC condoned actions outside the scope of the Arizona Nurse Practice Act.
- A widespread example is the pre-pouring of medications for another nurse to administer.
 - *This practice is unacceptable and extremely dangerous*
 - *A nurse can lose his/her license for this practice.*
 - *According to site nursing staff, pre-pouring was a longstanding practice: “We’ve always done it.”*
 - *Former Facility Health Administrators were aware of the practice and did nothing to stop it.*

Dysfunctional Culture and Environment

ADC Meeting, November 7, 2012

Dysfunctional Culture

- ADC failed to provide a safe and collaborative environment.
 - *Correctional staff have treated clinical staff differently since Wexford Health took over the contract.*
 - *Security staff commonly treat clinical staff with rudeness and hostility.*
 - *Multiple delays exist when Wexford Health personnel enter/exit the facilities, sometimes resulting in unsafe situations for our staff.*
 - *ADC instructed a Wexford Health Complex Manager to deliver discharge medications to a released inmate's home address (as opposed to shipping them, as the ADC had always done).*

Dysfunctional Culture *(continued)*

- ADC practices and attitudes negatively impacted inmates' access to health care services.
- Inconsistent application of protocols (e.g., dress codes, etc.) by security officers pre and post Wexford Health taking over the health care program
 - *Interferes with clinical duties*
 - *Creates distractions and fear among nursing staff*
- Central Office and security staff disseminated inaccurate information (rumors), causing incumbent ADC nurses to fear they would lose their jobs under Wexford Health; this resulted in additional and unnecessary turnover of nursing staff, both prior to and after July 1.

Dysfunctional Culture (continued)

- ADC Contract Monitors have failed to provide the support/ collaboration necessary to make the contract successful.
 - *Relentless interference in daily operations*
 - *Ongoing extortion of nursing staff*
 - Threats to report staff to the Board of Nursing unless staff does what the Monitor demands
 - *Ordering nursing staff to stop patient lines at the Monitor's whim, without appropriate justification.*
 - *Providing false information and unsafe direction to staff*
- ADC inappropriately uses Wexford Health staff to perform ADC duties, e.g., filing Department paperwork, pulling/copying records for ADC Grievance Coordinator.

Dysfunctional Culture *(continued)*

- ADC failed to hold clinical staff accountable for their actions and judgments.
- As illustrated by the current class action lawsuits, the ADC allowed — even encouraged — staff to “cut corners,” even though the resulting practices were illegal and often outside of the employee’s particular scope of practice.
- As a result, staff now ignore new policies or directives because “that doesn’t work here.”
- Staff shortages have existed for so long that site-level employees have become complacent with operating below industry standards.

ADC Process Failures



Process failure: medication administration

- The ADC condoned longstanding medication administration practices that were not only dangerous and outside accepted scope of practice, but also threatened nurses' licensure.
 - *Pre-pouring medications for another nurse to administer.*
 - *Pre-pouring medications days in advance*
 - *Documenting medication prior to administering it*
 - *Incomplete documentation of medications*
 - *Punching entire cards of medications into plastic bags to give to an inmate*
 - *Providers write drug orders in progress notes rather than on a specific medication order form; this is unlike any other state prison system in Wexford Health's experience.*

Process failure: Keep-on-Person system

- Historically, ADC nurses have never transcribed, checked, or distributed KOP medications.
- ADC has never documented KOP medications on Medication Administration Records (MARs).
- The ADC's "signature sheets" and "sticky books" provide only incomplete information at best.
- Various Complexes maintain different processes for the distribution of KOP medications.
- The ADC failed to maintain any process for tracking precise medications or quantities of delivered drugs.
- ADC processes resulted in a tremendous potential for medication errors, which are prevalent throughout the current class action lawsuits.

Process failure: medical records

- ADC failed to provide an adequate inmate medical record system
 - Records contained a substantial amount of loose and misfiled documents dating back to 2009..
 - The majority of charts contained incomplete documentation.
 - The ADC failed to implement a process for medical record movement, resulting in a considerable number of “lost” records.
 - Quality audit identified 16 “missing” charts from one yard (same complex as described in current ADC class action lawsuits)
 - ADC removed documentation from medical records because the document had Wexford Health’s name on it; this results in erroneous and incomplete patient records.

Process failure: lack of security support

- ADC Correctional Officers (COs) have failed to provide clinical staff with support and cooperation.
 - *Lack of security support makes it impossible for clinicians to provide additional lines to reduce the backlog of Health Needs Requests.*
 - *Counts shut down all medical rather than utilizing “out-counts.”*
 - *Lack of coordination with regard to security and transportation for offsite consultations*
 - *COs do not enforce the process for refusals*
 - CO told nurse “You walk the yard if you want to find him.”
 - *Insufficient or nonexistent CO response to volatile situations involving nurses*

Process failure: safe environment

- ADC has failed to provide a working environment conducive to inmate and employee safety.
 - *The roof of the health care unit at ASPC-Perryville has leaked for the past six years, creating the potential for “black mold” (as noted in the current ADC class action lawsuits).*
 - *Correctional officers leave their posts with inmates still present in the area.*
 - *Correctional Officers do not intervene in volatile situations involving nursing staff.*
 - *ADC failed to provide security when it directed a Wexford Health Complex Manager to deliver medications to a released inmate’s home address..*

Technological Infrastructure Failures

ADC Meeting, November 7, 2012



Technological failures

- ADC failed to provide an accurate Offender Management System.
 - *Data in the Adult Inmate Management System (AIMS) is frequently inaccurate and/or out-of-date.*
 - *Delays in updating inmate transfers and other movement in AIMS causes delay in clinical treatment and patient medications.*
 - *ADC failed to train many nurses on AIMS.*
 - *ADC failed to provide many clinical staff with access to AIMS.*

Technological failures *(continued)*

- ADC failed to maintain an effective chronic care tracking system, leaving Wexford Health with a large volume of overdue PPD's and chronic care appointments.
- ADC failed to create an effective tracking and scheduling system (as noted in the current ADC class action lawsuits).
- ADC failed to use the IHAS system appropriately and consistently throughout the Complexes.
 - *No accountability or monitoring that staff were using the system properly*
 - *Many nurses deny ever being trained on the system*
 - *ADC directed staff to stop entering information into IHAS several months prior to Wexford Health's contract start.*

Conclusions

Conclusions

- Throughout its facilities, the ADC's clinical practices did not adhere to accepted industry standards.
- Processes and practices outlined in detail in the ADC's current class action lawsuits remain present; the ADC has not shared any improvement plans with Wexford Health.
- ADC nursing practices were unsafe, and in some cases, illegal; Wexford Health will not allow these practices to continue.
- Access to Care standards were sadly deficient due to multiple procedural breakdowns; the necessary intensive repairs will require extensive time and resources.

***Denise Mervis, PharmD
Director of Pharmacy and Ancillary Services***

Pharmacy Issues

 **Wexford Health**
SOURCES INCORPORATED

Credentials & experience (Mervis)

- Doctorate in pharmacy from the University of Pittsburgh
- 15+ years managed care pharmacy experience with national Pharmacy Benefit Managers (PBMs), federal government accounts (Veterans Affairs; Defense), commercial health plans, and private corporations
- Consultant on pharmacoconomics, focusing on the disease states of HIV, hepatitis, cystic fibrosis, pulmonary arterial hypertension, and ischemic heart disease

RX variances between RFP and reality

- Based on data the ADC provided in the RFP, on the site tours, and during transition meetings/site visits, Wexford Health expected to be able to perform a standard, smooth transition from onsite pharmacies to a fax & fill system.
- The ADC never disclosed — either in person or in the solicitation materials — that due to the unusual, non-standard structure of its pharmacy program, moving from onsite pharmacies to a fax & fill system would create enormous gaps in the provision of pharmacy services.
 - *In the ADC system, pharmacy staff's roles extended far beyond standard pharmacy scope.*
 - *Pharmacy staff performed duties traditionally assigned to providers and nurses, making the clinicians reluctant to accept their traditional responsibilities in a fax & fill system.*

Inappropriate roles & responsibilities

- Pharmacy staff strongly supported — or even solely managed — integrated processes throughout the ADC inmate health care system.
 - *Non-formulary requests*
 - *Order clarifications*
 - *Medication renewals*
 - *Discharges medications*
 - *Inmate transfers*
 - *Lab reviews*
- A fax & fill system immediately returned the majority of this responsibility to appropriate staff: providers and nurses..
- These employees were not staffed, equipped, or willing to take back these tasks/roles.

Conclusion

- If the ADC had accurately communicated to Wexford Health the extent of pharmacy staff's role in supporting the overall inmate health care system, we would have delayed the changeover to a fax & fill system until:
 - *Appropriate staffing levels were achieved*
 - *Clinical staff were trained and proven competent*
 - *Duties and roles were transitioned back to appropriate personnel (providers and nurses)*

Ron Smith, PsyD, CCHP
Director of Behavioral Health Services

Mental Health Issues



Credentials & experience (Smith)

- Bachelor's and Master's degrees in psychology from the California State University
- Doctorate in psychology from the Illinois School of Psychology
- 15+ years in adult and juvenile corrections and forensic mental health as a clinical administrator and Chief of Mental Health Services
- 15+ years of community and military mental health practice
- NCCHC Certified Correctional Health Professional (CCHP)

Introduction

Introduction

- All issues described in the provider (medical) and nursing discussions were also present in the ADC mental health program.
- While the overall ADC mental health system was lacking, there were a few Complexes with good staff and programming.

Making ASPC-Yuma a Corridor Facility

ADC Meeting, November 7, 2012



Making ASPC-Yuma a Corridor Facility

- ADC failed to give Wexford Health prior notice of the decision to make Yuma a “corridor” mental health facility
 - *Prior to contract award, Yuma was a non-corridor facility*
 - Few MH3, MH4, or MH5 inmates
 - No Seriously Mentally Ill (SMI) inmates
 - *Wexford Health bid mental health staff levels appropriate to address this low-acuity population*
 - *Yuma inmates at acuity level MH3 or higher has increased more than 400% in 2012*
 - *Lack of ADC communication about the change left Wexford Health no time to adjust our staffing matrix and programming to meet the needs of the new larger, more acutely mentally ill inmate population*

Administration of Psychotropic Medications

ADC Meeting, November 7, 2012

 **Wexford Health**
SOURCES INCORPORATED

Administration of Psych Meds

- The ADC has been utilizing KOP inappropriately, for medications that should be administered only under clinical supervision, including psychotropics.
- Dangers of a KOP medication administration system
 - Nearly 80% of all US prison inmates have a significant history of substance abuse/dependence
 - KOP increases the risk of suicide
 - Drugs can be a primary cause of violence and assault in facilities
 - Mentally ill inmates can be very prone to intimidation
 - No method to monitor medication compliance
 - Excessive waste and cost
 - Bartering (sex) and monetary value
 - No clinical reason for KOP
 - Staffing implications

Administration of Psych Meds *(continued)*

- The ADC failed to disclose the extent to which it was utilizing KOP medications: 56% of all drugs.
 - *Non-inclusion of KOP meds on MARs artificially lowered the pharmaceutical utilization data given in the RFP.*
 - *This impacted proposed staffing, even though Wexford Health added LPNs at certain facilities to bolster medication administration.*
- The ADC has been inappropriately utilizing KOP for administering psychotropics.
 - *Other state prison systems do not do this, as it significantly increases litigation risk.*

Administration of Psych Meds *(continued)*

- ADC inmates take more than 5,000 doses of psychotropic medication each day
 - *Converting all psychotropics from KOP will increase W/S volume by approximately 3,700 doses per med-pass*
 - *This will require multiple additional nursing staff.*

Mental Health Monitoring of Segregated Inmates

ADC Meeting, November 7, 2012

MH Monitoring of Segregated Inmates

- ADC failed to comply with NCCHC essential standard MH-E-07 Segregated Inmates, which mandates weekly (minimum) monitoring by qualified mental health staff.
- Current staffing provided with the RFP did not include hours to perform this necessary monitoring.
- ADC failed to disclose during the solicitation and transition processes that it was not performing this necessary monitoring.
- Therefore, the mental health staff levels in Wexford Health's contract do not include hours to perform this necessary monitoring.
- This impairs our ability to correct the mental health deficiencies present when we started the contract.

Creation/Maintenance of Mental Health Treatment Plans

ADC Meeting, November 7, 2012

Mental Health Treatment Plans

- The ADC has failed to comply with NCCCHC essential standard MH-G-03 Treatment Plans, which requires mental health services to be provided according to individual treatment plans initiated at the first visit with a qualified mental health professional.
 - *Upon reviewing ADC treatment records, Wexford Health determined that required mental health treatment plans were infrequently developed and/or updated*
 - *To correct this situation, Wexford Health has begun to develop and/or update the nearly 7,000 missing treatment plans (takes more than an hour for each plan).*
 - *The ADC never developed or maintained mental health caseloads.*

***Lack of ADC Cooperation to
Implement a Plan for Mental Health
Improvement and Success***

ADC Meeting, November 7, 2012



Lack of ADC mental health cooperation

The situation at ASPC-Winslow illustrates the scope and seriousness of this lack of cooperation.

- The ADC retained a non-licensed employee - a lengthy, documented history of ongoing issues with both inmates and other staff members - as its sole provider of mental health services at Winslow.
- The ADC failed to disclose this situation to Wexford Health prior to our commencing work on the contract.
- After Wexford Health terminates the employee for refusing to become licensed and to comply with an appropriate corrective action plan, we provide the ADC with short- and long-term plans to provide mental health coverage at Winslow.

Lack of ADC MH cooperation *(continued)*

- Despite several requests for feedback, the ADC declines to communicate with Wexford Health regarding either plan for more than a month. Eventually, Dr. Pratt rejects our proposed long-term plan via email and without discussion – even though the plan had the endorsement of ADC mental health leadership.
- The ADC demands that we cover Winslow with one full-time mental health professional – a goal that the ADC had not been able to achieve for the past several years. Within 24 hours, Wexford Health had identified an appropriately qualified and licensed clinician, who commenced services within the week

Conclusions

Conclusions

***Elaine Gedman, CCHP
Senior Vice President of
Human Resources & Risk Management***

Human Resource Issues



Credentials & experience (Gedman)

- Bachelor's degree from West Virginia University
- Master's degree in business from Regis University
- 22+ years in health insurance and institutional health care
- 24+ years management experience in staffing, employee/labor relations, benefit/compensation administration, reporting, training and development, mergers and acquisitions, payroll, risk management, operations, and strategic planning
- NCCHC Certified Correctional Health Professional (CCHP)
- Society of Human Resource Management (SHRM)
- Pittsburgh Human Resources Association (PHRA)

Staffing Challenges

Staffing challenges

ADC failed to recruit & retain quality staff.

- Excessive number of initial vacancies
 - Wexford Health proposed staffing = 764 FTEs (751 FTEs in bid plus 13 site-level clinical FTEs added to date)
 - Number of ADC staff that transitioned on July 1 = 520 FTEs
 - Number of vacant ADC positions on July 1 = 244 FTEs (approximate 32% vacancy rate)
 - Employees terminated in first 90 days = 68 FTEs
- Established ADC practice of using agency and “pool” above and beyond established and approved FTE budgets
 - Uncommitted staff provided a large portion of care
 - ADC had no existing processes to get the job done effectively and efficiently

Staffing challenges *(continued)*

- ADC maintained poor communication with staff
 - *Waited until well into the transition process to select Contract Monitors from existing staff*
 - Prohibited Wexford Health from extending job offers until identified ADC Contract Monitor candidates had accepted their positions
 - Prohibited Wexford Health from extending job offers to candidates selected by the ADC
 - *Morale negatively impacted by all this uncertainty*
 - *Best-performing employees left to follow other opportunities*
- ADC failed to expend any financial or staff resources to proactively engage in recruitment activities or to identify and hire quality staff
 - *ADC recruitment process is inherently lengthy, costly, and requires trained recruitment expertise*

Staffing challenges *(continued)*

ADC utilizes lengthy clearance and drug testing processes with limited flexibility

- Clearance process is time consuming; permits denials without explanation or appeal (unlike other states' processes)
 - Numerous cumbersome steps
 - Requires forms to be notarized
 - Candidates lost to other job opportunities with expedited employment processes
 - Denied clearance to 20 candidates without explanation or appeal
 - Unfair
 - Allows room for error

Staffing challenges *(continued)*

- Drug testing process is time consuming and inflexible
 - ADC denied Wexford Health request to conduct drug testing using oral mouth swabs (commonly used in other state prison systems)
 - Less time consuming
 - More convenient for candidates
 - Eliminates need for candidate to return to the Complex multiple times to pick up authorized drug testing forms to take to collection site

Staffing challenges *(continued)*

ADC deliberately depleted the top two levels of Complex leadership teams

- ADC hired nearly all of the first and second level complex management staff to be Contract Monitors
- Wexford Health forced to leave Complex Manager positions vacant or to fill them with unseasoned, inexperienced, and/or non-respected leaders who were not qualified to ensure continuity of care in a time of transition

Employee Relations Challenges

ADC Meeting, November 7, 2012



Employee relations challenges

ADC failed to create a culture that fostered an open, engaged, committed workforce

- Pre-existing complacent culture
 - *ADC did not motivate, engage, or encourage staff to care about improving the services they provided*
 - *Non-existent team environment*
 - *New hires were not embraced or helped by incumbent staff*
 - *New hires quickly realize the lack of commitment from co-workers and look to resign*

Employee relations challenges *(continued)*

- Poor performers: untrained, unmotivated, unengaged, with negative attitudes
 - ADC did not effectively manage poor performers out of the system, resulting in the degradation of all staff
 - ADC used a significant quantity of agency and pool staff who were not committed to the overall success of the health care program
 - For many years, ADC did not provide staff with merit increases to reinforce and reward good performance
 - ADC had previously hired unqualified and unlicensed staff

Employee relations challenges *(continued)*

Disruptive Contract Monitor model and approach

- ADC staff are resistant/unwilling to change
 - *Wexford Health staff still see Contract Monitors as their “leaders,” from whom to take direction; this reinforces the unacceptable “old way” of providing care*
 - *Contract Monitors continue to convey to staff that Wexford Health will not succeed, so they should not buy into our program*
- ADC staff lack leadership and project ownership
 - *Complex Managers are too new and inexperienced to understand the full scope of their positions or to be effective leaders, due to ADC retaining former Complex Managers to be Contract Monitors*

Retention Challenges

Retention challenges

ADC created an ineffective and debilitating Contract Monitor structure

- Lack of clear, complex-level leadership
 - *Confusion among staff regarding from whom to take direction: the new Complex Manager or the previous Complex Manager (who is now the Contract Monitor)*
 - *Inappropriately and inaccurately mandating discipline*
- Disruptive, adversarial Contract Monitors/ADC oversight
 - *Divisive, undermining, interfering, and distracting — “gotcha” attitude*
 - *“Watchdogs” focused on pointing out every error instead of concentrating on working together as a team to improve the health care system*
 - *Excessive and unproductive meetings*

Retention challenges *(continued)*

- *Continued...*
 - *Cumbersome, time-consuming, and excessive reporting requests*
 - *Contract Monitors require staff to perform tasks within scope of practice*
 - *Contract Monitors threaten nursing staff with being reported to the Nursing Board and loss of licensure*
- *Turnover breeds more turnover*
 - *Former ADC staff remain who are incompetent, negative, and/or disruptive; these individuals need to be identified and terminated*
 - *Staff members fear being the “last one standing”*
 - *Misplaced loyalty to terminated poor performers and “band wagon” effect*

Risk Management Issues

Risk management issues

ADC lacked risk management diligence in past practice

- ACLU lawsuits, combined with inflammatory and inaccurate press coverage, result in the potential for an increased number of malpractice lawsuits
- Contract Monitors distract medical personnel from their primary role of providing clinical care
- Disengaged staff tend to file more Worker's Compensation claims and make more mistakes
- Poorly trained staff Wexford Health inherited from the ADC create a greater risk of potential medical errors
- ADC displays less security presence than any other Wexford Health prison contract, increasing the potential for Worker's Compensation incidents

Risk management issues (continued)

- History of poor or non-existent documentation in medical records is not conducive to the effective defense of medical malpractice lawsuits
- ADC emphasis on responding to inquiries from inmate family members and friends disrupts patient care and creates opportunities for the misinterpretation of medical information by non-clinicians
- ADC practice of creating and sending inappropriate, inflammatory, and inaccurate emails that are presented as fact, prior to investigating and verifying the information

Risk management issues *(continued)*

ADC public/media relations policies negatively impact Wexford Health staffing, retention, and risk management initiatives

- ADC's "transparency" policy encourages negative press
 - *Irresponsible, misleading, inaccurate, and inflammatory portrayal of correctional health care in AZ by press*
 - *ADC tendency to overreact and communicate prior to obtaining all of the facts or ensuring information accuracy*
 - *Negatively affects morale and retention of current staff*
 - *Deters quality candidates from considering careers in correctional health care*

Risk management issues *(continued)*

- Coverage of ASPC-Tucson riot in first three months of contract transition deterred potential candidates
 - *Created the perception of ADC lack of control*
 - *Appearance of unsafe work environment*
- ADC emphasis on responding to inquiries from inmate family members and friends disrupts patient care and creates opportunities for the misinterpretation of medical information by non-clinicians

Conclusions

Jim Reinhart
Regional Operator

Client/Vendor Perspectives



Credentials & experience (Reinhart)

- Bachelor's degree in criminal justice from Illinois State University
- 7+ years in corrections as Chief of Staff and Advisor to the Director in a state prison system of 50,000+ inmates and 13,000+ employees
- 9+ years in law enforcement including investigative experience with the State Attorney General's Office
- 25+ years experience managing large state agency departments and programs, specializing in reorganizing and restructuring agencies in crisis management mode

Client/vendor perspectives

ADC failed to foster a cooperative approach to privatization and contract transition

- Cooperation negatively impacted by the ADC's choice of contract monitoring model
 - *Contract Monitors should have been partners in making the ADC transition a success, rather than acting as adversaries*
- After privatization, security personnel are less willing to collaborate with medical staff
- Wexford Health created and maintains strong partnerships with other prison clients — including security staff — starting from contract transition
 - *Transition and privatization successes*
 - *Other successful contract monitoring models*

Client/vendor perspectives (continued)

Cultural issue: wrong model/philosophy for contract monitoring team

- ADC retained former site management staff — the very people who allowed the health care system to degrade to its current state — to become “watchdogs” over current managers, creating an unavoidably adversarial environment
 - *Contract Monitors ignore the established chain of command and give line staff direct orders that often conflict with established Wexford Health policy*
 - *Frequent, ongoing interference by Contract Monitors undermines authority of Wexford Health Complex Managers, resulting in confusion and conflicted loyalties for line staff*
 - *Results in LESS focus on delivery of health care and MORE time and resources required to solve identified issues*

Client/vendor perspectives *(continued)*

Cultural issue: ADC never held employees accountable for their poor work performance

- Wexford Health inherited these problem employees and must now take the time to appropriately address them
 - *Education and rehabilitation*
 - *Termination and replacement, as necessary*
- Former ADC providers and nursing staff not adapting easily to Wexford Health standards of care and process modifications, causing retention issues
- Clinical staff are so entrenched in the ADC culture where things were done the wrong way, they are overwhelmed trying to learn correct protocols, and in some cases, refuse to follow them

Client/vendor perspectives *(continued)*

Cultural issue: ADC community relations programs interfere with staff's ability to efficiently provide health services

- Staff must stop provider and nursing lines in order to see inmates at the request of the Central Office
- Public repeatedly pushes issues with Central Office if they do not like the response Wexford Health provides; ADC protocol empowers/encourages public to do this
- Few other state prison contracts maintain programs like the ADC Friends and Family Program
 - *Those that do, do not require the health vendor to be involved to such an extent (primarily run by the agency)*
 - *ADC program does not place appropriate emphasis on HIPAA*

Client/vendor perspectives *(continued)*

Cultural issue: ADC security staff has been uncooperative and sometimes hostile since privatization

- Consensus among former ADC health care staff that correctional officers (COs) have been less helpful since the changeover to private vendor
 - *Will not provide escorts due to staffing levels or unwillingness to be cooperative*
 - *Due to lack of COs, medical lines start late, causing some patients to be rescheduled until the next day*
 - *Insufficient security personnel on holidays to hold provider and nursing lines as required by Wexford Health's contract*
- Wexford Health has demonstrated in other states our willingness to work with security and build strong working partnerships

Client/vendor perspectives (continued)

ADC leadership must allow Wexford Health to apply our expertise; enable us to do what the ADC hired us to do: improve the ADC inmate health care system

- Wexford Health is a recognized national leader in correctional health care. Let us implement processes and change the ADC culture without interfering on a daily basis
- Create an environment where the primary goal is not to “catch Wexford Health doing something wrong.” Act as a collaborative partner, to ultimately make frontline staff feel there is a unified approach to reach a common goal
- Change the philosophy and direction of the Contract Monitoring team and allow them to work with Wexford Health and Complex leadership to steer inmate health care in the right direction

Karen Mullenix, CCM
Director of Operations

In Summary



In summary...

The current class action lawsuits are accurate.

Now what are we going to do about it?

Name
Title

Proposed Solutions