Xenon LLC
P.O. Box 7333
Arlington, Virginia 22207

Chief Deputy Michelle Robinette, Chief Deputy
Tulsa County Sheriff's
500 N. Denver
Tulsa, Oklahoma 74103

October 9, 2009

Dear Chief Deputy Robinette :

Thank you for the opportunity to serve you and the citizens of Tulsa County, Oklahoma. I commend you on a very professional and dedicated staff that were invaluable in assisting me in various ways. The citizens of Tulsa can be quite proud of their Sheriff and Jail Administrator who provide them with a high degree of public safety.

An Executive Summary of my report, along with the report, is included with this letter. We believe that this report may assist you in making solid decisions about the future direction of correctional healthcare for offenders in the DLMCJC. As you know, healthcare services to offenders must be provided and the healthcare services provided are critical to professional operations.

In these challenging financial times, it is difficult to balance quality services with limited resources. It is my belief that you can achieve that goal, and I hope my work will assist you.

Once again, I want to thank you and your staff for all their many kindnesses to me during my work in Tulsa. I am available for further assistance concerning this report and in any other future endeavors that might contribute toward achieving the mission of the Tulsa County Sheriff's Office.

Sincerely,

Elizabeth Gondles, Ph.D.
Xenon LLC

HEALTH CARE DELIVERY

TECHNICAL ASSISTANCE

TULSA COUNTY SHERIFF'S OFFICE

DAVID L. MOSS CRIMINAL JUSTICE CENTER

TULSA OKLAHOMA

BY: ELIZABETH, PH. D.
XENON, LLC
TECHNICAL ASSISTANCE VISIT,
SEPTEMBER 19-23, 2009

FINAL REPORT ISSUED:
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Executive Summary:

Health services in the correctional system play an integral part in the health of the overall community. Delivery of health service programs in correctional systems must be accomplished within organized systems of care, with adequate administrative support, budget, staff, space, and equipment. Health programs must treat the acute needs of sick and injured offender, provide assessments and preventive services, and address the special needs of those with chronic or disabling conditions.

The David L. Moss Criminal Justice Center (DLMCJC) currently contracts with Correctional Health Management (CHM) for the provision of comprehensive medical, dental, and mental health services for their jail.

CHM corporate offices are in Englewood, Colorado. Health services have been provided by CHM since July 1, 2005 and expire on July 1, 2010. CHM is responsible for the delivery of all health services (medical, dental, and mental health) for the DLMCJC. The Jail Administration of DLMCJC has requested that Xenon LLC review health delivery issues and concerns identified in their health services delivery system.

The review that was conducted assessed the effectiveness of the health services programs outlined under the Scope of Work in this report. Through onsite observation and interviews with Jail Administration, Health Services Administrator, Director of Nursing, and health and security staff. I have written below the following areas that I recommend be given priority in the review by Jail Administration.

- DLMCJC should put in place a Bureau/Division of Health Services.
- DLMCJC should recruit at minimum a Register Nurse and/or a professional with a Masters in Health Services/Administration to oversee health services delivery to offenders in their charge.
- DLMCJC should put a system in place to monitor the vendor's performance in a continuous and ongoing effort to ensure compliance with requirements of the health services contract.
- DLMCJC along with private provider together should develop HCPP to include all ACA's Health Care Performance Based Standards and Expected Practices. The HCPP should be signed by both parties and implemented by all private health care providers.
- A policy and procedure should be written for the Fee-for Service Program and both Central office Administration and Health Services Administration should express clearly how the program should be implemented. Central Office should have a clear understanding of how the funds are being collected and appropriated.
- Recommend monthly meetings with jail administration and health services only.
- Include with Daily Medical report a daily staffing report. If staffing absentees are substantial, jail administration should be notified immediately.
- Central Office Administration along with HSA and DON should meet to develop a training policy that includes a formal class orientation for health services as well as security orientation for all new hires.

- Upon arrival at the facility, all inmates – both adult and juveniles – should be informed about how to access health care services. In all segregation units for adults and youth, a revision of the process for health call should exclude security staff, and a direct method for health call requests to health staff should be implemented.
- Increase staff for medication pass.
- The infirmary should be thoroughly cleaned and a housekeeping plan should be developed and put in place.
- In-service should be given on both shifts on Standard Precautions. A reminder about the importance of practicing Standard Precautions should be given both verbally and in a written memo.
- When health services makes their daily rounds, they should be required to log in with a description of the services being delivered, the date, the time in, and sign out time after services have been rendered. Health services should sign the log in the presence of the DO.
- Recommend a utilization review process to be put into place for all consults and non-emergency procedures.
- CHM starting pay for both their LPNs and RNs at $14.32 per hour. This is below what the nurses in the Tulsa County area are getting paid on the outside. CHM needs to raise its hourly rate and benefit package for both LPNs and RNs to be able to compete with hospitals, clinics, and health services on the outside. Until this happens, this problem will not be resolved.
- An in-service on med pass should take place. It should be communicated to medication nurses/ CMA the consequences if they continue to make mistakes. This should be done both verbally and in a written memo. There also should be a review of the staffing requirements for med pass.

Additionally included in this report are Health services responses to the three of the mandatory health care standards and several of the outcome measure during the ACA Mock Audit on August 24-26, 2009.

Abbreviations:

ACA:	American Correctional Association
CMA:	Certified Medication Aid
DLMCJC	The David L. Moss Criminal Justice Center
DO:	Detention Officer
HA:	Health Authority
HSA	Health Services Administrator
HCPP:	Health Care Policies and Procedures
LPN:	License Practical Nurse
NCCHC	National Commission on Correctional Healthcare
NP	Nurse Practitioner
NP/PA	Mid levels
PA	Physician Assistant
PP	Private Provider
RHA	Responsible Health Authority
RN	Registered Nurse
RFP	Request for Proposal
SEG	Segregation units
TCSO	Tulsa County Sheriff's Office
TCSOJA	Tulsa County Sheriff's Office Jail Administration
TA	Technical Assistance

Introduction:

The David L. Moss Criminal Justice Center (DLMCJC) currently contracts with Correctional Health Management (CHM) for the provision of comprehensive medical, dental, and mental health services for their jail. The current contract with CHM ends July 1, 2010. The Jail Administration of DLMCJC has requested that Xenon LLC review some health delivery issues identified in this delivery system. Additionally DLMCJC had the American Correctional Association (ACA) on August 24-26, 2009 conduct a Mock Audit. This audit revealed that the Center was non-compliant on three (3) of the mandatory health care standards and substantial changes in several of their outcome measures were suggested. Based on these deficiencies, the Jail Administration has requested that Xenon LLC observe and review the findings outlined in the mock audit and the concerns outlined in the Scope of Work.

Scope of Work:
The Jail Administrator provided the following guidance to Elizabeth Gonldes, Ph.D. (Xenon LLC) in an email dated September 15, 2009.

The following issues/tasks outlined in the email are included in this written report created with the findings.

1. CHM misreported the average daily population, as reported to headquarters, (they have been reporting the number minus DOC and ICE inmates, which ends up being approximately 400 short of the actual number that affects staffing allowances and budget)
2. The outcome measures showed over 200 inmate illnesses caused by the food, (though the CDC stated it couldn't contribute any of the outbreak to food)
3. Inmates sent out to ERs for minor issues
4. Failure to complete all pill passes
5. Deficiencies in doctor/PA coverage
6. Use of full infirmary
7. Deficient procedure for conducting sick call
8. Use of agency nurses
9. Require security training/facility orientation for new personnel
10. Need for improved records keeping/MARS reports

The health services delivery technical assistance of the David L. Moss Criminal Justice Center, 500 South Denver, Tulsa, Oklahoma, 74103 was conducted September 19-23, 2009 by Elizabeth Gondles, Ph.D. Xenon LLC. The facility demographics are as follows:

Facility Profile

Category:
Rated Capacity: 1714
Actual Population: 1635
Average Daily Population:1630
Average Length of Stay: 7 to 14 days
Average Daily intake: 60
Satellites: 88 inmates

Security/Custody Level:
Maximum
Medium
Minimum
Low

Age Range of Offenders: 16 – 60s
Adjudicated Juveniles: 3
Inmates in Discipline Seg: 29
Inmates in Administrative Seg: 67
ICE offenders: 150
DOC Offenders: 207

Gender:
Adult Male:
Adult Female
Juvenile Male
Juvenile Female

Description of Facility

The David L. Moss Criminal Justice Center is located northwest of the downtown area in the city of Tulsa, Oklahoma. The facility is situated on 23 acres of land, which is owned by the county. The Tulsa County Sheriff's Office manages the facility. The facility is a direct supervision jail. The jail is a two story complex. The second floor supports the administrative areas and visitor's meeting area.

The first floor of the jail supports the housing units, health services unit, food service, laundry, classification, records, open booking area, classrooms, library, and maintenance. There are two perpendicular hallways that connect into a main central hallway. This hallway contains the majority of the housing units. The housing units are two tier, each with its own attached outdoor exercise area, day room, medical room, and all purpose area that is sometimes used for pill pass. The females are located in a unit near the facility entrance and the juveniles are kept segregated in a separate unit from the adults. There are a total of sixteen direct supervision units, two adult male segregation units, and one female segregation unit. Male youth are in one unit and female youth in segregation are kept in the infirmary.

Technical Assistance Profile

The onsite technical assistance consisted of a pre-meeting with Chief Deputy Michelle Robinette, Jail Administrator and Captain Rick Weigel. We reviewed the issues and concerns of Jail Administration concerning health services delivery in the DLMCJC. Following the meeting, we toured the complete detention facility. This included inmate housing areas, booking, health services delivery unit, segregation, recreations areas, food service, and administration. Documents reviewed and observations included, but were not limited to the ACA Mock Audit Report; CHM health care policies and procedures; quarterly meeting reports; sick call observations in segregation units and general population; issues in the food services unit; medication pass in segregated units and general population; state regulations on scope of practice for nurses and mid levels;

booking and pre-booking. For the purposes of this technical assistance, I have focused specifically on health services.

Facility Health Services

Health Care Services for the David L. Moss Criminal Justice Center are provided through a contact with a private correctional healthcare provider. Correction Healthcare Management (CHM) corporate offices are located in Englewood Colorado. They have provided health services DLMCJC since July 1, 2005. CHM is responsible for the delivery of all health services (medical, dental, and mental health). Healthcare services are provided 24 hours a day, seven days per week. Nursing staff work two twelve hour shifts. They are 7:00 AM to 7:00 PM and 7:00 PM – 7:00 AM.

Health Care Staffing Plan for the DLMCJC

Positions	Required	Hours:
HAS	1	8 AM – 5 PM M-F
DON	1	8 AM - 5 PM M-F
Admin Assistant	1	8 AM – 4:30 PM M-F
RMA	1	8 AM – 4 PM M-F
Dental Assistant	1	M-W 12 Hr. Shift
Medical Records	3	M-F 40 hr./ Week
Physical Nurse	2	M-F 7 AM – 3 PM
Medication Aid/LPN	6	2 / 11PM-7 AM 2 / 3 PM- 11-PM
Sick Call Nurse	2	M-F 8 AM -4:30 PM
Infirmary Nurse	9	2 / 7 AM-7 PM 1 / 8 AM – 4:30 PM M-F 2 / 7 PM – 7 AM
Booking Nurse	4	1 / 7 AM-7 PM 1 / 7 PM -7 AM
ARNP/PA	1	8 AM -4:30 PM M-F PA Currently Part Time
Mental Health	2	7:30 AM -4 PM M-F
Medical Director	1	8 AM-5 PM M-F
Dentist	1	Mon –Wed 7:3O AM- 4:30 PM

Psychiatrist	1	20 Hrs / Week

Currently, vacancies include 2.9 nurse positions and a one full time mid level position, both of which are budgeted. The David L. Moss Criminal Justice Center has a 28 bed infirmary on site. The housing units are all single cell.

Staffing Considerations

The effectiveness of any correctional health care system is largely dependent on staffing considerations. We must consider the amount and type of staff. Is the staff knowledgeable about its work environment? Is the staff clinically competent? Does it suffer from burnout? Where can new staff be recruited? Much of an administrator's time should be spent answering these and other questions related to staffing issues. Staffing patterns concerns require special consideration in a correctional environment. Deciding how many staff of each type are needed is probably one of an administrator's most difficult tasks, as there is no national model that fits all correctional facilities. Factors that influence this decision vary widely. Among them are the characteristics of the institution, the inmate population, the number of inmates in each custody level, the size of the facility, the delivery system on and off site, and other constraints external to the facility, such as state licensing regulation, national standards, and court orders.

The staff is the primary resource of all correctional health systems. Decisions regarding their recruitment, selections, training, and development have enormous impact on the likelihood of successful attainment of the delivery system's goal. Failure to devote sufficient time, effort, and money to staffing issues reduces the quality of care and increases the probability of litigation.

Observations and Recommendations

Through onsite observation and interviews with Jail Administration, Health Services Administrator, Director of Nursing, and health and security staff, I have written below the following areas that I recommend be given priority in the review by Jail Administration.

Central Office Jail Administration

Observation: There is not a DLMCJC Correctional Health Services Professional to oversee health services delivery.

Recommendation: DLMCJC should put in place a Bureau/Division of Health Services. There should be, at a minimum, one qualified responsible Health Authority that represents the agency who is in charge of the delivery of adequate health services to the offenders in their charge. This person should report to the jail administrator and/or Captain.

This is extremely important because the organizational structure within which a correctional health care delivery system operates directly impacts its ability to attain its goals. In fact, the rank of health services within a correctional agency typically serves as a reflection of the perceived importance of health care in relation to the correctional

agency's total mission. In many jails, the percentages of operating costs devoted to health services range from 9 to 24% of the total operating budget.

Jails must provide adequate health services to inmates/youth. Without a Central Office Health Services Director, the correctional administrator has no way to judge the competency of the health staff or adequacy of the delivery system being carried out in correctional facilities. The Sheriff / Director of Corrections/Jail Administrators of local detention centers whether he/she privatizes health services, are ultimately the person responsible for the delivery of health services. It is the responsibility of the agency corrections administrator to develop and ensure that the correctional systems policies and procedures are carried out. This includes the health services delivery system. To make certain that these policies and procedures are fulfilled and that adequate health services are delivered to offenders in their charge, there must be collaboration between correctional administrators and health staff. It is not enough for a correctional administrator to have good intentions or trust that a private provider is carrying out the administrative and clinical mandate to provide adequate health care to inmates. The correctional administrator must have the expertise in his or her executive staff to judge the competency of the health staff, the adequacy of the health services being delivered to youth, and the quality of health services being provided.

Observation: DLMCJC does not employ Health Authority (HA) representing the county and the offenders.

Recommendation: DLMCJC should recruit at minimum a Register Nurse and/or a professional with a Masters in Health Services/Administration to oversee health services delivery to offenders in their charge.

Health Services Over Site

Observation: DLMCJC does not have a system to review and monitor health care services provided by private contractors, to measure adequate health service delivery, or to measure contract compliance for private providers.

Recommendations: DLMCJC should put a system in place to monitor the vendor's performance in a continuous and ongoing effort to ensure compliance with requirements of the health services contract. The system implemented should measure adequate health care delivery. The requirements and/or expectations should be based on the current ACA Health Care Performance Based Standards and Expected Practices. There should be a monetary liquidated damages clause that should be assessed for failure to meet performance and obtain ACA accreditation. This process of compliance should be implemented and monitored by TCSO Health Authority/Division/Bureau of Health Services.

Observation: TCSO DLMCJC does not have in place health care policies and procedures (HCPP). Its current policies and procedures for operations cover all operations except health services. Note: In the past, the private provider has refused DLMCJC a copy of their HCPP. Recently, they have provided a draft copy for the jail administrator to review and sign. At present, there is currently no copy of the HCPP signed and approved by all parties. However, there is a draft of policies and procedures

that has been developed by private health services provider that was submitted to TCSO for approval. An initial review by TCSO Jail Administration has not been completed.

Recommendation: DLMCJC along with private provider together should develop HCPP to include all ACA's Health Care Performance Based Standards and Expected Practices. The HCPP should be signed by both parties and implemented by all private health care providers.

In some jurisdictions the jail administration develops the HCPP and the private providers develop their own based on the jail's policies and procedures. It is important that the Jail Administration review and approve all policies and procedures utilized by private health care providers. Copies of all PPs should be written and signed by both Jail Administration and all private providers.

Fee-for Service Program

Observation: The DLMCJC has a fee-for service program. The inmates pay a nominal fee for self-initiated services and for prescriptions. All inmates receive services, whether or not they can afford to pay. No information on the fee-for service program could be obtained in the HCPP manual or Central Office.

Recommendation: During discussions with Administration, it was not clear how the inmate pays the co-pay, how these funds were being collected, or how the fund was being used. A policy and procedure should be written for the Fee-for Service Program and both Central office Administration and Health Services Administration should express clearly how the program should be implemented. Central Office should have a clear understanding of how the funds are being collected and appropriated.

Jail and Health Services Administration Meetings

Observation: Conducts quarterly meetings with food services and health care services.

Recommendation: Because of many of the issues stated in this report, I strongly recommend monthly meetings with jail administration and health services only. Topic of discussion and corrected actions should include, complete staffing, grievances, CQI reports, inmate issues with medications pass and/or health call, infection control, infirmary admissions, hospital admissions, emergencies, referrals, changes in any of the health services delivery system, immerging issues, number of no-shows for health services, etc.

Health Services Daily/Weekly Reports

Observation: No daily or weekly staffing report are given.

Recommendation: Include with Daily Medical report a daily staffing report. If staffing absentees are substantial, jail administration should be notified immediately.

Orientation for New Health staff

Observation: In an interview with HAS/DON, it was revealed that new health staff do not have formal class orientation. All orientation is on-the-job training with health care staff while they are performing their duties. Security training has been non-existent over the last several months because HSA stated that DLMCJC has not scheduled orientation for new hires.

Recommendation: Central Office Administration along with HAS and DON should meet to develop a training policy that includes a formal class orientation for health services as well as security orientation for all new hires. According to the CHMs, the PP is not currently being followed. The DLMCJC should implement a new hire orientation to include new hire health care professionals. This should be addressed by Central Office and Health Services Administration as soon as possible. This is critical because correctional staff must be provided the necessary training to effectively carry out their duties in health services. Health services must also be able to be oriented to the security issues related to providing health care within a correctional environment.

Medication Pass (Med Pass/Pill Call) (failure to complete all pill passes)

Observations: Routine medication pass for the general population takes place twice daily, both in the J and F halls and in the pods. Medications are administered by Certified Medication Aids (CMA) and Licensed Practical Nurses (LPN). Med pass staff hours are 3:00 P.M. -11:00 P.M. and 11:00 P.M. – 7:00 A.M. The estimated times that the med pass staff are out administering meds in the general population and segregation units (SEG) are 6:00 P.M. -10:00 P.M. and 2:30 A.M. to 6:00 A.M. Several issues concerning med pass should be addressed:

1. Med pass Staff has not been able to complete administering medications to the inmates.
2. There are security issues pertaining to administering medications from the operations desk in the halls.
3. Waking up inmates at 2:30 A.M. to administer medications has caused inmates to refuse their medications.
4. In the draft CHM policy and procedure under Medication Services it does not fully address how to follow up on missed medications. **Once the CMA records the inmates' missed medication in the MAR and CMA supposedly notify health services than what are the next steps?** In my interviews, it appeared that several inmates at the 2:30 A.M. med pass refused their medications because they did not want to wake up.

Recommendation: There are only two CMAs and/or LPNs per shift to administer medications in both the general population and SEG units. With the facility configuration and the amount of medications that need to be administered, there have been times in which the night shift has overlapped the time when breakfast is being served. Security has asked the med pass staff to suspend med pass. This has caused some problems with the day shift. Inmates who did not receive their meds have had to be tracked down. Inmates often miss their medications either because they are at court or because their next dosage is too close to the time when health services finally reaches them. To address these issues, I would recommend adding one additional staff position per shift to assist in the delivery of medications to inmates in a timely manner. There have been questions about delivering medications to inmates in the hallways near the operations desk. The timing of medication delivery is also an issue. Waking inmates at 2:30 A.M.

and asking them to line up in the hall does not bode well nor create a positive environment. Some inmates complain and others refuse to get up to take their medication. In addition, the situation also poses a security risk. I would explore alternate times to conduct med pass, develop a plan to follow up on inmates that miss their medications because of court etc., and eliminate conducting med pass in the halls. In each unit, there is an area that sometimes is being utilized for med pass. It is this area that should be used to conduct med pass as opposed to the hallways.

In addition, there should be a written policy and procedure on med pass specifically outlining where and when med pass for this facility takes place.

Inmates on Medication Prior to Incarceration

Observation: When an inmate who is on medications enters a facility, there has been a lag time with health services getting documentation/approval for the inmate to continue the medications.

Recommendation: There is a draft CHM policy and procedure written to address this issue under the policy Medication Services. The policy does not, however, address whose responsibility it is for contacting the outside pharmacy at which the inmate's prescription was issued and/or getting approval from the on-call physician to get orders, etc. This should be addressed as soon as possible. The designated health staff should be briefed on his/her responsibility and accountability in ensuring that the inmates' medication and or special needs are identified by the book-in nurse and are addressed and satisfied.

Health Call

Observation: Health call services for the general population are available 5 days per week in the medical department. Offenders must place a request via a computer kiosk in their units. In the segregation units, health call slips are given to inmates by security and sometimes by the LPN. The only way an inmate can see medical personnel is to fill out a health call slip, except in emergency situations. Once an inmate in the segregation unit fills out the slip, he/she gives it back to the DO. The DO then sends the slip to the medical department.

Requiring inmates in the segregation units to request health call slips from security staff and return them can impede their access to health care. In interviewing staff, it was discovered that the inmates in isolation are visited by the nurse on a daily basis for sick call concerns. However, one nurse that I spoke with communicated that this was not routinely done.

Recommendation: Upon arrival at the facility, all inmates – both adult and juveniles – should be informed about how to access health care services. This information should be communicated both orally and in writing, and should be conveyed in a language that is easily understood by each inmate. When a literacy, language problem, or physical handicap prevents an inmate from understanding oral and/or written information, a staff member or translator should assist the inmate. It appears that inmates in the general population can request direct access to care from the health services staff via a kiosk.

In all segregation units for adults and youth, a revision of the process for health call should exclude security staff, and a direct method for health call requests to health staff should be implemented. I would recommend when inmates in segregation units go for their one hour recreation time, a health call box be placed near the door where they enter the recreation area. When the inmates return, they will have an opportunity to take a health call slip. They can take it back to their cell and give it to the nurse when they make their daily rounds. Health/Sick call nurses should collect these slips in the segregation units. In addition, when nurses are making their rounds in the segregation units, they need to take time to talk to and observe inmates and specifically ask if they need anything and how are they doing. Nurses and mental health services should fill out logs (date, time, and reason for being their) and sign their own name.

Inmates Count for Private Health Services Provider

Issue: The HSA has been under-reporting the average daily population to the private provider's headquarters. The HSA was not including DOC and ICE inmates. As a result, the HSA has been approximately 400 inmates short, which has caused issues with staffing allowances.

Recommendation: HSA Response: HSA has now corrected her mistake in under reporting inmate counts to CHM central office. She now reports all DOC and ICE inmates.

Doctor/PA Coverage

Issue: PA Vacancy. Only a part-time PA is employed.

Recommendation: I recommend hiring a full-time Mid Level PA. HSA has communicated that CHM is going to hire a PA through an agency. I recommend a salary review on what is being offered and a review of the salaries currently being offered in Tulsa County for PAs in outside facilities. I would also recommend developing a competitive package and advertising as such.

Infirmary Environment and Sanitation

Observation: The Infirmary has a marginal level of cleanliness.

Recommendation: The infirmary should be thoroughly cleaned. Food should be eaten only in the employee area and not at the nurses' station. Neatness and organization also need to be improved. The floors and baseboards are very dirty and should be cleaned and waxed. The infirmary cells should also be routinely cleaned and sanitized, as there is an odor. The infirmary housekeeping plan should be set up to ensure that all areas of the infirmary are actively checked and inspected for cleanliness, and a process should be put in place to check off the inspections and cleanings. Designated staff should be assigned with this responsibility.

Infection Control

Observation: It appears that Health Staff are not practicing Standard Precautions. I observed several health care staff coughing and sneezing into their hands. Additionally, I did not see much hand washing after services were rendered.

Recommendation: In-service should be given on both shifts on Standard Precautions. A reminder about the importance of practicing Standard Precautions should be given both verbally and in a written memo.

Use of full infirmary

Increase Emergency Room Visits for Minor Medical Issues

Discussion: In my interview with HAS, it was communicated that the Medical Director sent many of the inmates with minor issues to the emergency room because he was afraid of liability issues. This accounts for the increase in the outcome measure.

Correction: CHM has addressed this issue by coordinating a meeting with CHM's corporate Chief Medical Director and the Jail Medical Director to review services that should be delivered in the infirmary. CHM spent a day with the Medical Director and eased his concern about the liability issue. The HSA feels that many of the services that were being sent out will now be delivered in the infirmary. I would recommend a utilization review process be put into place for all consults and non-emergency procedures.

Nursing Logs for Services Rendered

Observation: Health services does not sign in the housing units. Security does it for them. A review of the logs revealed that they were not filled out correctly.

Recommendation: When health services makes their daily rounds, they should be required to log in with a description of the services being delivered, the date, the time in, and sign out time after services have been rendered. Health services should sign the log in the presence of the DO.

Use of Agency Nurses

Discussion: Jail Administration has concerns about nursing shortages, which have been systemic for a long period of time. This has caused many issues in health services delivery by CHM contracting with agency nurses that do not have corrections training or experience. CHM has stated that they have tried to find nurses by advertising, etc., but because of the national nursing shortage, it has been very difficult.

Recommendation: CHA starts both their LPNs and RNs at $14.32 per hour. This is below what the nurses in the Tulsa County area are getting paid on the outside. CHM needs to raise its hourly rate and benefit package for both LPNs and RNs to be able to compete with hospitals, clinics, and health services on the outside. Until this happens, this problem will not be resolved.

Records Keeping/MARS Reports

Discussion: CMAs and LPN are not correctly documenting the dispensing of medications and/or inmate refusal of medications in the MARs. Additionally, many have not initialed or provided their signature.

Recommendation: In my discussion with the HSA/DON, I was assured that an in-service addressing the issues has taken place with the health staff responsible for med pass. I stressed to them that there should be consequences for staff that continue to make mistakes. This should be done both verbally and in a written memo. There also should be a review of the staffing requirements for med pass.

ACA MOCK AUDIT: AUGUST 24-26, 2009

Health Care Standards Missed.

Standard 4-ALDF-2D-03 Mandatory: Medical and Dental instruments, equipment, and supplies (syringes, needles, and other sharps) are controlled and inventoried.

Findings: The inventory of dental instruments identified numerous inventory deficiencies concerning instruments in designated areas compared with the inventory list.

Corrective Action: Health Services communicated that the dentist has been given an in-service on the important reasons for making sure that all dental instruments are controlled and inventoried and put back in the proper place. The HSA feels that the dentist will comply with the rules and that this problem has been resolved. Health Services should provide written documentation to jail administration on how this problem has been resolved.

Standard 4-ALDF-4C-24 Mandatory: A comprehensive health appraisal for each inmate is completed within 14 days after arrival at the facility.

Findings: Facility documentation for 2009 identified intake date as May 22, 2009, but the health appraisal was not completed until June 12, 2009.

Corrective Action: HSA/DON agree that this was a result of health services not following up successfully on inmates that do not show up for their scheduled physicals. They currently do not have a process in place to resolve this and they are not sure how they can. I communicated that both health services and security together should develop a plan that will track inmates that do not show up for appointments. If security knows that an inmate has a health appointment and the inmate gets called out for court etc., health services should be notified. In turn, health services must develop a process to call security to reschedule the inmate's appointment. If it is a health appraisal or a mental health appraisal that must get completed by a certain date or an appointment that must be followed up on for the health of the inmate, health services must make every effort to complete the health services needed later that day or evening. Security and health services must come together to resolve this issue as soon as possible. Health Services

should then provide documentation to jail administration in writing how they have resolved this problem.

Standard 4 ALDF-4C-30 Mandatory: All inmates receive a mental health appraisal by a qualified mental health person within 14 days of admission to the facility.

Findings: Facility documentation for 2009 identified the intake date as May 22, 2009, but mental health screenings were not completed until June 12, 2009.

Corrective Action: HSA/DON agree that this was a result of health services not following up successfully on inmates that do not show up for their scheduled physicals. They currently do not have a process in place to resolve this and they are not sure how they can. I communicated that both health services and security together need to develop a plan that will track inmates that do not show up for appointments. If security knows that an inmate has a health appointment and the inmate gets called out for court etc., health services needs to be notified. In turn, health services must develop a process to call security to reschedule the appointments. If it is a health appraisal or a mental health appraisal that must get completed by a certain date or an appointment that must be followed up on for the health of the inmate, then health services must make every effort to complete the health services needed later that day or evening. Security and health services at their administrative meetings must come together to resolve this issue as soon as possible. Health Services should then provide documentation in writing to the jail administration on how they have resolved the problem.

Outcome Measures

Outcome Measures: Two-hundred eleven inmate illness attributed to food service operations in the previous 12 months. The same outcome measure data recorded with health services was also reported by the ACA Mock Audit team. The Tulsa County Health Department was contacted and they were advised that the outbreak was attributed to sub-standard food. Jail Administration stated that the CDC could not contribute any of the outbreak to the food and stated it was a Nor virus. I have requested a copy of the report. Health services does not have a copy in their files.

Recommendation: As stated, I have requested a copy of the health department's report and suggested that the Accreditation Manager and Health Services Administrator place it in the accreditation file to document the reason for the outbreak. The Accreditation Manager, Health Service Administrator, and the Director of Nursing should communicate the correct information to the auditors, and Health Services should correct any documentation that states the outbreak was attributed to food operations.

Outcome Measure: A review of the number of offenders whose illnesses were attributed to poor hygiene practices during the preceeding12 months was 3,149, a relatively high number. The facility reported 10,736 offenders diagnosed with hygiene related conditions such as scabies, lice, or fungal infections in the preceding months.

Recommendation: The HSA/DON was not able to provide reasoning for this, except to say that there has been a high percentage of inmates with Athletes Foot coming into the

system. I suggested that booking nurses more thoroughly screen inmates when they come in to the system, and determine if treatment is needed so they can receive it as soon as possible.

Outcome Measure: There were a total of 313 grievances regarding access to health care services submitted in the past 12 months, with 47 found in favor of the offender.

Recommendation: HSA stated that when the inmate accesses communication to the different services in the jail via the kiosk, the inmate sometimes unintentionally sends many calls to the health services area. The HSA has not corrected this count. I recommended that the HSA contact Captain Weigel to develop a process that corrects the true number of grievance that Health Services receives. In the meantime, the inflated number of grievances has been reported in HAS's outcome measure.

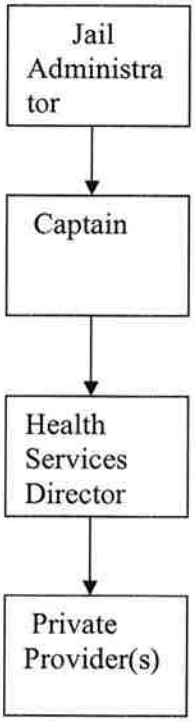
Outcome Measure: There were a total of 30,143 cardiac diets received by offenders with orders for 1,005 diets in the preceding months.

Recommendation: HSA communicated that food services does not count the different types of diets ordered. They report a total number of special diets (cardiac, low fat, hypertensive, diabetic diets, etc). The previous medical director rarely ordered these diets, but it is more commonplace with the new medical director. It is unclear if the HAS understands what the outcome measure is asking and if the data collected and calculated measure are correct. I recommended that she contact Leslee Hunsicker, ACA, Health Services Administrator, to review the outcome measure process. Additionally, I advised her to ask ACA for the Technical Manual for Outcome Measures and definitions. I believe this will assist the HSA in collecting the correct data.

There were other issues with outcome measures that the HSA seemed to have difficulty with and many questions about. I advised her to make sure that she contacts Leslee Hunsicker, ACA, Health Services Administrator, to explain the outcome measure process for ACA Accreditation and determine what she needs to do to correct the mistakes she has made in her calculations to date. I advised her to do this as soon as possible given the fact that the DLMCJC will be holding their Accreditation Audit in the near future. This information will need to be corrected before that audit can take place.

Jail Administration should require health services to provide written documentation to the jail administrator on how each of the issues outlined in this document have been resolved.

Bureau of Health Services Proposed Structure



Request for Proposal (RFP)

Purpose: This RFP solicits proposals from organizations with experience and expertise in providing health services to the offender populations in local detention. The TCSO seeks to continue to deliver adequate health care to the offender population in a cost effective manner. The TCSO intent is to have all health services personnel provided by the successful respondent or respondents.

In a Request for Competitive Sealed Proposal (RFP) for health services TSCO should include medical, dental, and mental health, and related health services in custody at the DLMCJC. If a suitable offer is made in response to this RFP, the DLMCJC may enter into a contract to have the selected Offeror(s) perform all or part of the work. The provisions of services are primarily provided on-site at the DLMCJC facility. Specialized services may be provided through agreements with area providers such as hospitals, clinics, medical specialists, laboratories, and other specialized services. In this RFP TCSO will collect information necessary for the evaluation by qualified bidders, to provide for a fair and objective evaluation of the proposals.

Calendar of Events: The schedule of the project is given below, and is subject to changes.

RFP Timeline:

Dates	
RFP Development:	**January 1, 2010**
RFP Issued:	**March 01, 2010**
Letter of Intent (Required) Deadline:	**March 12, 2010**
Pre-Bid Conference:	**March 15, 2010**
Site Visit:	**March 15, 2010**
Question Cutoff Date:	**March 15, 2010 (4:00 P.M.)**
Proposal Due Date:	**March 26, 2010**
Oral Presentations:	**March 29, 2010**
Estimated Dates	
Contract Award Notification:	**April 02 , 2010**
Contract Negotiations:	**April 05, 2010**
Contract Start Date:	**July 1, 2010**

Conclusion:

This technical report represents a summary of my visit, along with my observations and recommendations. The minimal time allotted was well spent. However, this report is based on the opinion and expertise of one person and should therefore not be assumed to be inclusive of every aspect of a comprehensive preparation required to achieve success.

During my TA visit, I reviewed all the areas of concern outlined in the scope of work. These concerns and affiliated recommendations are contained with my report. In talking with both security and health care staff, there were many concerns and questions regarding preparation for the accreditation audit as well as issues concerning compliance with standards/expected practices/outcome measure. There is an area that I observed that was not in my scope of work that needs to be corrected and a plan of action written before The ACA accreditation audit takes place (food service). I would recommend that TCSO contact the ACA to delay the accreditation audit until a solid plan of action is developed and a temporary food delivery system is in place until the new kitchen can be built and everyone in involved with food service is trained.

Based on my findings, I would strongly suggest that Jail Administrator establish a central Office Bureau of Health Services. This Bureau of Health Services should be staffed by a Director of Health Services who is employed by DLMCJC. At a minimum, this person should be a Registered Nurse with administrative experience.

The organizational structure within which a correctional health care delivery system operates directly impacts its ability to attain its goals. In fact, the rank of health services within a correctional agency typically serves as a reflection of the perceived importance of health care in relation to the correctional agency's total mission. In many jails and prisons, the percentages of operating costs devoted to health services range from 9 – 24% of the total operating budget.

A correctional administrator must provide adequate health services to inmates/youth. Without a Central Office Health Services Director (HSD), the correctional administrator has no way to judge the competency of the health staff or adequacy of the delivery system being carried out in the facility. The correctional administrator, whether he/she privatizes health services, is ultimately the person responsible for the delivery of health services. The agency corrections administrator has the responsibility to develop and ensure that the agency's policies and procedures are carried out. This includes the health services delivery system. To make certain that these policies and procedures are fulfilled and that adequate health services are delivered to inmates/youth, there must be collaboration between correctional administrators and health staff. It is not enough for a correctional administrator to have good intentions or trust that a private provider is carrying out the administrative and clinical mandate to provide adequate health care to the population we serve. The correctional administrator must have the expertise in his or her executive staff to judge the competency of the health staff, the adequacy of the health services being delivered, and the quality of health services being provided, all within the agency's budget.

Many of the health service delivery issues outlined in this report are a result of the lack of understanding of correctional healthcare issues by jail administration and contract oversight and monitoring of the private provider. Once the Bureau of Health Services is

established and a Director of Health Services is hired, I believe many of the issues outlined in this report will be resolved. The DLMCJC has an excellent facility to deliver quality health care services as well as professional qualified executive team to carry this out.

I want to thank Michelle Robinette, Jail Administrator and her staff for all their many kindnesses to me during my work at the DLMCJC. I am available for further assistance concerning this report and in any other future endeavors that might contribute toward achieving the mission of the Tulsa County Sheriff's Office.

Blocks
CHC + NCCHC Standards breached

J-A-01
J-E-07
J-E-09
J-E-11
J-E-12

Interpreter
Medication Standing orders
Dental cleaning + restoration ≥ 6 months

This is an incomplete list