

**OVERVIEW OF RECOMMENDATIONS BY MEDICAL EXPERT, TODD
WILCOX, M.D., WITHIN THE SANTA CLARA COUNTY DEPARTMENT OF
CORRECTION**

Submitted by: Mike Brady
Director Criminal Justice Division
Sabot Consulting
101 Parkshore Drive, Suite 100
Folsom, California, 95630
Mike.Brady@sabotconsult.com
916-798-2504

Introduction

On December 15, 2016, the Board of Supervisors approved an agreement with Sabot Consulting to administer a comprehensive gap analysis to assess and evaluate the provision of health care within the Santa Clara County Department of Correction (DOC). I retained five consultants to conduct the gap analysis. In an effort to keep the County updated on the progress of the gap analysis as the information becomes available, I have already provided the recommendations of the Suicide Prevention Consultant, Lindsay M. Hayes; the Dental Consultant, Dr. Jay Shulman; and the Mental Health consultant, Dr. Bruce Gage, M.D. I am now providing information from the final consultant, Dr. Todd Wilcox, who recently completed his assessment of the DOC's medical services. Dr. Wilcox was assisted in his review by Mark Ellsworth, R.N.

Qualifications

Dr. Wilcox has worked as a physician in jail and prison environments for 20 years. He actively practices in correctional health care as the Medical Director of the Salt Lake County Jail System and is frequently called as a consultant to assist facilities and organizations nationally in improving their delivery of care. He is one of a select group of individuals to have achieved the two most advanced levels of certification in correctional health care (CCHP-A and CCHP-P) from the National Commission on Correctional Health Care, and he frequently presents to national audiences on pertinent topics in this field of medicine. He is President of the American College of Correctional Physicians and is a Fellow of that organization.

Mark Ellsworth is a registered nurse with a master's degree in nursing administration. He has been a registered nurse for over 29 years. He has worked as a Director of Nursing and Health Care Administrator for large prison and jail systems. He has also worked as a health care consultant on projects that include prisons and jails. Mr. Ellsworth's areas of expertise include nurse staffing, electronic medical records systems, laboratory testing, and care-delivery models.

Methodology

Dr. Wilcox and Mr. Ellsworth interviewed health care staff, DOC custody and administrative staff, and prisoners randomly chosen on tours. They conducted facility tours of the Main Jail Complex and the Elmwood Complex over three days of on-site visits. They were provided with medical charts of patients selected from pre-identified lists of chronic disease, emergency room send-outs, and deaths; Adult Custody Health Services Division Policies and Procedures; and operational statistics and information provided by the DOC.

Recommendations

In evaluating the DOC, Dr. Wilcox and Ellsworth utilized a combination of contemporary health care guidelines applicable in all health care settings, legal standards specific to

correctional facilities, and standards promulgated by the National Commission on Correctional Healthcare. Dr. Wilcox made the following observations and recommendations.

Facilities

Dr. Wilcox did not encounter any physical plant issues that would be an impediment to providing appropriate medical, mental health, and dental care.

Observations

Dr. Wilcox noted that there are many good things happening within the DOC. He noted that they were very impressed with the professionalism of the officers. It was clear to them that the Sheriff's Office overall is a sophisticated operation that runs with discipline and efficiency. They appreciated the direct involvement by the senior leadership within the County and the Sheriff's Office. The officers that they interacted with were knowledgeable and enthusiastic about their jobs. Dr. Wilcox noted that the officer uniforms were sharp and well-kept; the officers were well groomed and carried themselves with a professional bearing. The officers they interacted with were forthright and knowledgeable in answering their questions.

Dr. Wilcox remarked that the Adult Custody Health Services Division is doing some excellent care. He also noted the way the system had been set up and the close geographic proximity of the Main Jail to Valley Medical Center afford the County a number of strategic advantages:

- The Talyst pharmacy system is an impressive triumph of technology.
- The integration with Valley Medical Center is excellent and confers a lot of benefit for the delivery of health care in the jails.
- The ease of access to specialty clinics is a distinct advantage of the integration between the jail and Valley Medical Center.
- Close proximity of lab and pharmacy resources greatly eases operational issues that plague other systems.
- Full integration of the health information systems of the Jail Medical Services and the Valley Medical Center has the potential to be a model system.

Medical Records

Dr. Wilcox noted that spreading out health information about one patient in different systems creates significant inefficiencies and opportunity for error in the delivery of health care. In addition, the ability to utilize the health care data for the prisoner population to conduct audits or continuous quality improvement inquiries is greatly compromised with the use of multiple systems.

Dr. Wilcox recommended that the County choose one medical information system and insist that all information about health care reside in that singular system. He recognized

that the County had already chosen EPIC as its target system for the future and endorsed this choice. He recommended that the EPIC implementation be expedited as much as possible and characterized it as the most important project for improving the health care delivery systems in the Santa Clara County Jail System.

Intake Process

Dr. Wilcox noted that the single most important activity for risk reduction and the delivery of appropriate medical care in correctional health care is an adequate intake screening assessment and plan. One of the most important aspects of intake screening is it helps with the continuity of care. A major function of the intake process is to identify patients who may be at risk for severe withdrawal from alcohol, opiates, and other substances. Another important function is to identify seriously mentally ill prisoners and to manage them in ways that frequently differ from how the rest of the prisoner population is managed.

Dr. Wilcox made the following recommendations for improving the intake process:

- The intake facility would benefit from a redesign of the physical plant. At a minimum, the nursing interview stations where the intake assessments are done need to be modeled after traditional health care design. This would eliminate the standup desk in favor of sit-down stations that guarantee privacy and enable the nurse to have full observation of the patient as well as access to the patient to conduct a proper physical examination.
- Nurses who perform the intake assessment should be adequately and specifically trained to do intake screenings and the training should be updated yearly.
- Nurses should complete all five vital signs as well as height and weight measurements on every patient.
- Additional room functionalities need to be added to the intake area to enable staff to isolate and to separate patients when appropriate. These room functionalities should include isolation cells, padded cells, biohazard cells, and an area where a more extensive physical exam could be conducted if necessary.
- From an operational perspective, unifying the intake process for male and female prisoners would open up a significant amount of physical plant space to provide for these options and it would greatly reduce the duplication of staff necessary to run two separate parallel tracks.
- Redesign the alcohol, opiate, and benzodiazepine withdrawal assessment and treatment protocols to conform to contemporary standards.

- Change the management techniques for seriously mentally ill, acutely intoxicated, and behaviorally challenged patients to a methodology of separation and isolation during the booking process as opposed to restraints in the lobby area.
- Enhance staffing for medication verification and continuity-of-care process to account for the large volume of prisoners booked into the jail.
- Implement a comprehensive tracking methodology for all requests for outside medical records, reconcile requests against what has been received, and document follow-up requests when the information has not been received.
- Investigate whether additional consent is necessary from prisoners in order to obtain their health care records in a way that is compliant with HIPAA standards.

Sick-Call Process

Dr. Wilcox noted that the sick-call process pertains to the provision of routine health care in correctional facilities. In general, the fundamental flow of this process begins with the submission of a health services request by the prisoner that is utilized as a notification that the prisoner needs to be seen by a provider. Typically, a nurse will review the initial request for care and determine how quickly the provider needs to see the inmate.

Dr. Wilcox noted that the DOC has many of the typical elements of a sick-call process with a “white card” system. Dr. Wilcox recommends the following improvements to the white card process:

- Create an operational process whereby white cards are readily available from officers and nurses.
- Create a process so that completed white cards can be submitted at any time to a locked mailbox that is accessed only by health care staff.
- Conduct formal training for the nurses on appropriate triage techniques and decision-making.
- Create an actual triage function that is staffed by a dedicated nurse who is properly trained and does triage as the primary responsibility on the shift.
- Redesign the sick-call process to include a triage encounter with a brief face-to-face visit with a nurse including a full set of vital signs within 24 hours of submission of the health services request.
- Assign a triage score at the time of face-to-face triage to schedule patients with providers according to priority.
- Redesign the white card form to provide more information to prisoners.

- Inform all prisoners submitting white cards what their triage grade is and what that means for when the prisoner will be seen.
- Implement an aging report as part of the health services administrative dashboard to monitor backlogs and care for medical, mental health, and dental appointments.

Nursing Standardized Protocols

Dr. Wilcox noted that nursing protocols are utilized extensively by jails in the delivery of correctional health care. A properly designed nursing assessment protocol is a tool that allows nurses to collect basic health care data and diagnostic test results to enable clinicians to make decisions. Adult Custody Health Services has created an extensive library of nursing standardized protocols that nursing staff use in the treatment of patients within the jails. Dr. Wilcox made the following recommendations pertaining to nursing standardized protocols:

- Redesign nursing protocols into assessment protocols as opposed to treatment protocols.
- Schedule patients who need prescriptive care with a medical provider to assess the patient and order the appropriate care.

Physician Availability / Staffing

Dr. Wilcox noted that most jail environments have a need for 24-hour on-call medical coverage. As Dr. Wilcox observed, the DOC is a large jail with complex patients. The prisoner volume at the County jail is at about 65,000 per year. Dr. Wilcox noted that this volume exceeds most emergency rooms in the United States. Physicians who work inside the County jail are not on-call and not available 24 hours a day. Jail staff sends inmates to the emergency room when physicians are not in the facility. Dr. Wilcox recommends the following improvement to physician availability and staffing:

- Establish a methodology whereby the in-house clinicians for medical and mental health are available to the institution 24 hours a day, seven days a week.

Medical/Custody Interface

Dr. Wilcox observed the interaction between medical and custody staff at the DOC and made the following recommendations:

- Encourage officer involvement in ensuring that blank white cards are available in the housing units.
- Require nursing staff to collect the health services requests from a request box.

- Monitor the availability of blank white cards in all units as part of the unit daily management log.

Nursing Culture

Dr. Wilcox noted the importance of transparency in an institution so that prisoners can easily identify medical staff and their role in the institution. Dr. Wilcox underscored the need for nurses to act as advocates for prisoners. Dr. Wilcox had the following recommendations for improvement of the nursing culture:

- Require that all health care staff who interact with patients wear a standardized uniform with respect to color and presentation.
- Require that the health care staff uniforms be embroidered in a standardized location with the staff member's first name, last initial and job title within the institution.
- Implement educational programs, staff support, and administrative practices that encourage the nurses to be patient advocates.

Continuous Quality Improvement

Dr. Wilcox noted that a continuous quality-improvement process is one of the most important functions in monitoring an institution, and needs to be done with appropriate rigor and appropriate statistical power to assess adequately the delivery of health care in an institution. Continuous quality improvement is so important that Dr. Wilcox indicated that a nurse trained in this discipline should be exclusively dedicated to this function. Not only does staff need to complete individual studies to test different hypotheses within the system, but staff needs a management dashboard to measure the performance of the system on a routine basis. Accordingly, Dr. Wilcox recommended the following for continuous quality improvement:

- The County needs multiple individuals overseeing quality of care in all of the jails. There should be regular meetings that include representatives from all levels of the organization, from all facilities, and from custody regarding quality improvement.
- Quality-improvement studies should be routinely conducted and analyzed; and recommendations should be published to all staff.
- Areas where change is identified should be scheduled for a follow-up study to ensure that the changes have actually occurred.

//

//

Chronic Care

Dr. Wilcox noted that conducting regular and thorough chronic care clinics for the typical chronic diseases that exist in the prisoner population is one of the most effective techniques at reducing risk to the patients and to the system. This is because chronic care patients have a high propensity for having medical complications that require emergency treatment. Seeing them regularly and ensuring their stability and the effectiveness of their current treatment plan is essential to minimize bad outcomes. One of the most important components of a chronic care delivery system is the ability to identify patients who have the chronic diseases. Dr. Wilcox recommended the following for addressing chronic care issues at the DOC:

- With the launch of EPIC, create a system where patients can be tracked by diagnosis, and reports can be generated to identify high-risk patients who need to be seen.
- Create dedicated disease based chronic care clinics that are staffed by an appropriate provider who is knowledgeable in the management of that specific disease process.
- Conduct continuous quality improvement studies targeting the adequate delivery of chronic care services to the patients who qualify as chronic care patients.
- Implement additional techniques for managing patients who require insulin and create a comprehensive diabetic management protocol for the institution.

Discharge Medications / Continuity of Care

As Dr. Wilcox noted, jails need to develop a discharge process to address continuity of care into the community. This includes ensuring that prisoners are provided with discharge medications where appropriate. Dr. Wilcox made the following recommendations:

- Devise a methodology whereby patients can be discharged from jail and receive a set number of days of their medication to ease their transition back into the community. This program should pertain to all prescription medications with the exception of controlled substances, injectables, and PRN (as needed) medications.
- Devise a methodology whereby patients are given information about health care appointments at the hospital that are scheduled for them in the future.
- Provide patients with a discharge summary of their care that details their current medications, their allergies, their current diagnoses, and important diagnostic information

//

//

Institutional Issues

Dr. Wilcox also considered a few miscellaneous institutional issues that affect the delivery of medical care at the jail. He mentioned that keep-on-person (KOP) medication programs are standard in correctional health care and there are many patients who can manage this process without any difficulty. Dr. Wilcox noted that certain medications are not amenable to a KOP process, including controlled substances, injectable medications, tuberculosis medications, and medications with narrow therapeutic windows where toxicity may be problematic in an overdose setting. In addition, certain patients are not mentally stable or responsible enough to manage a KOP program and they should not be managed in that fashion. In his experience, however, Dr. Wilcox found that most institutions are able to manage approximately 75% of their medication administration using an appropriate KOP program.

Dr. Wilcox mentioned that disruption of the circadian rhythm is particularly troublesome for mentally ill patients, especially those with bipolar disorder. The jail serves breakfast for some inmates early in the morning, and because of that, there is quite a bit of health care in the middle of the night to manage patients who are on insulin or have other dietary/medication needs. White cards are also expected to be turned in during the early morning hours. Accordingly, Dr. Wilcox recommended the following:

- Investigate the possibility of deploying a KOP medication process within the Santa Clara County Jail System and possible nursing staff savings associated with this process.
- Modify the facility schedules to serve meals at normal times of day that conform to normal circadian rhythms.
- White cards should be readily available in the units, from officers, and from nurses; and there should be a methodology for submitting them into a locked mailbox in each unit for medical staff to access and then assess. In units where prisoners are not allowed out because of security or behavioral issues, some methodology for submitting white cards must be devised so that access to care is not impeded.

Staffing

Although Dr. Wilcox did not study a staff model he suggested that a staffing analysis should be conducted in the process of evaluating changes in the health care delivery model.