Dallas County Jail
8th Monitoring Report

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February 21st, 2011 visit

Executive Summary

On February 21, 2011, the monitoring team visited Dallas County Jail. The team included: Dr. Puisis, Dr. Metzner, Dr. Shansky, Madie LaMarre CNP, and Leonard Rice. The team toured the facility, reviewed reports, and interviewed staff. Dallas County Jail and Parkland Staff were completely cooperative and helpful in this monitoring visit.

There has been continued progress. In the medical program there are only 8 partially compliant items remaining; all others are substantially compliant. The environmental section has only 2 partially compliant items; fire safety and preventive maintenance plan. Several mental health and medical deficiencies are related to physical plant issues. Dallas County, however, is proceeding with construction of the new infirmary space. Completion of that construction should resolve several of these outstanding issues.

Given the continued progress of the medical program, we have developed a group of 23 self-monitoring items for the medical program that will hopefully become the self-monitoring instrument that can form the exit strategy for this agreement. These self-monitoring items are found in the recommendation section of the Quality Improvement section of this report. These 23 items include items in the agreement that are now partially compliant. Diligent monitoring using these items is the road map that will result in substantial compliance for the remaining outstanding partially compliant items. It is anticipated that the medical program will start this monitoring and send results quarterly. In line with the movement toward substantial compliance, the monitoring groups will reduce monitoring time. Several of the group will be on a reduced schedule for the next visit.

Of note, design implementation of the new infirmary progresses. This project has been funded. It is anticipated that completion of this unit will substantially move several areas into compliance.

Introduction and Facility Changes

The current population of DCJ on February 23, 2011 was 6370 inmates. Kays Tower had 2109; North Tower had 2506; West Tower 1293; and George Allen had 462. The Decker unit has been depopulated. It is not anticipated to be reopened. Dental units are functioning in George Allen and Kays Tower. An orthopedic clinic is now in operation on site at the Jail every other Tuesday. Ultrasounds are now performed in Kays Tower on the 4th floor where females are housed.

Definitions and Organization

This report is formatted in the manner requested by the Department of Justice. The format closely follows the Agreed Order. The report includes four parts for each section of the Agreed Order. The 23 items which were agreed to be suspended from monitoring were removed from this report.

In part one we rewrite verbatim (as requested) the pertinent portion of the Agreed Order. This first part is labeled Remedial Measure of Agreed Order.

The second part is the compliance rating labeled Compliance Assessment. This is the assessment that Experts make based on judgment, data, and chart reviews. The Compliance Assessment has three possible scores: substantial compliance, partial compliance, and non compliance. Substantial compliance means that the Experts determine that Dallas County Jail has satisfactorily met minimum standards of care for the area in question. Partial compliance means that some remaining problems exist before substantial compliance can be met. Non compliance means that much work needs to be done before compliance is met. The third part is the factual basis for forming the opinion in the Compliance Assessment. This will be as data driven as possible. For patient care areas, chart reviews form a substantial portion of this review. Touring, interviews, and reviewing data sources is also an important means of making assessments. The fourth part is recommendations. These recommendations are our view of what needs to be accomplished to attain compliance. We have underlined the headings for each section. We have also italicized the verbatim pertinent portions of the Agreed Order so that the reader is not confused regarding its origin. Finally patient chart review material is provided as a separate confidential document. Names and inmate numbers are also separately provided. These chart review documents will be sent to Parkland. If the Department of Justice or Parkland desires these documents they will be sent upon request.

Report

Remedial Measure of Agreed Order:

A. MEDICAL CARE

1. Intake screening:

1.a. DCJ shall implement and comply with policies to provide adequate medical and mental health intake screening to all inmates; shall provide a 14-day health assessment and examination; shall ensure continuation of prescription medications within 24 hours of intake; shall comply with stated policies to screen inmates for infectious disease; shall continue to provide mental health evaluations for all inmates whose histories or whose responses to initial screening questions indicate a need for such an evaluation; shall provide accurate diagnoses for inmates in need of mental health services; and shall continue to provide timely and appropriate referrals for specialty care.

Compliance Assessment: Substantial Compliance

Factual Findings:

We reviewed between 10 and 20 records of patients entering the jail with chronic problems between October 2010 and January 2011. As part of this review, we looked at both the timeliness of nurse and advanced level provider assessments and the quality of the assessments. We also looked at the professional performance in terms of the appropriateness of the decision making and the continuity with regard to completing physician orders. Overall, we found that patients with significant problems are identified timely, assessed timely and receive appropriate care. According to jail health service monitoring data, at least 90% of patients with problems are assessed by an advanced level clinician within 24 hours. We have no reason to question that data. One of the improvements that has occurred since our last visit is the nursing screen can now be performed electronically for all inmates who have been booked before the screen occurs.

However, we did find specific opportunities for improvement. There are a small number of patients who are assessed as immediate referrals to advanced level clinicians as they are acuity level 1 and these referrals do occur timely. It has become apparent to us that within the large group of patients categorized as acuity level 2, some are particularly vulnerable. We did find one patient who was identified as a type 2 diabetic on insulin, twice daily, who did not have his MAP assessment until about 30 hours after his entry. As a result, the patient received no insulin for the first 24 hours he was in jail. Clearly, such delays must be prevented.

A second patient arrived at the jail on 10/12/10 with an extremely elevated blood pressure and a

history of hypertension and arthritis. He was assessed as an acuity level 2 and was referred to an advanced level provider. However, for reasons that will be investigated, he did not receive his MAP assessment until four days later, on 10/16. This is clearly an unacceptable delay and resulted in his blood pressure rising to extraordinarily dangerous levels. We would like to emphasize that in our opinion these two cases are clearly exceptions. On the other hand, the best programs are always attempting to identify how to refine their processes to prevent such exceptions. We would encourage the medical leadership to develop criteria that would guide the nurses in identifying vulnerable patients assessed as acuity level 2 so that these patients would be treated by custody similar to or the same as acuity level 1 patients. We also encourage the program to report, on a daily basis, those individuals who have been housed for 24 hours and have not yet received an advanced level provider assessment. The quality improvement program should both insure that the patient has an immediate assessment and attempt to investigate why the delay has occurred.

We also found a patient who arrived on 11/22/10 with a history of diabetes and alcohol abuse. He was referred as an acuity level 2 and at his assessment was determined to be in alcohol withdrawal and had a blood pressure of 156/122. Neither the alcohol withdrawal, nor the extremely elevated blood pressure, was monitored, possibly because the patient was sent to general population. Fortunately, the patient did see a clinician for a scheduled chronic care visit two days later and the patient's problems were appropriately addressed. This returns us to the issue of a more organized approach to both detoxification and responses to poorly controlled blood pressures. We also saw the record of a patient who refused to answer any questions; however, he had told police that he was suicidal. He was ultimately cleared from suicide precautions and his assessment might have been redone. Finally, we still found intake records where some of the ordered services, be they vital signs or finger sticks, were not completed.

We would strongly encourage the quality improvement program to monitor this on an ongoing basis. In the records we looked at, reminders had been deleted but we were unable to access the explanation for this.

Recommendations:

1. The medical program should develop a set of criteria for the screening nurses to utilize to identify vulnerable acuity level 2 patients and then work with custody to insure that these patients get expedited assessments.
2. When patients are treated urgently for diabetes or hypertension, the protocol should include reassessment before the patient is returned to population in order to determine the effectiveness of the intervention.
3. Using daily reports, monitor the number of people listed as acuity levels 1 or 2 who are not assessed within 24 hours and then use those names to insure an assessment is provided and to determine causes for the delays.

4. Continue monitoring compliance with clinician orders, particularly with regard to finger stick and blood pressure monitoring.
5. When patients have multiple problems, including both psych and medical and end up frequently in mental health housing, develop a strategy to insure that the medical monitoring takes place.

Remedial Measure of Agreed Order:

1. b. Records documenting the assessment and results shall become part of each inmate's medical record. A re-admitted inmate or an inmate transferred from another facility who has received a documented full health assessment within the previous three months and whose receiving screening shows no change in the inmate's health status need not receive a new full physical health assessment. For such inmates, qualified personnel shall review prior records and update tests and examinations as needed.

Assessment: Substantial Compliance

Factual Findings:

Records were consistently found in the electronic record.

Recommendation:

None

Remedial Measure of Agreed Order:

1.c. When the initial clinical health screening indicates that an inmate has acute health or mental health needs, DCJ shall provide timely care by trained and licensed medical staff, registered nurses, or mental health professionals as soon as medically necessary, but no later than twenty-four (24) hours after the initial health screening. DCJ shall schedule individuals with chronic health or mental health needs, and those who are pregnant but who present in a stable condition, to be seen by medical staff or mental health professionals as soon as medically necessary. Incoming inmates who present with current risk of suicide or other acute mental health needs will be immediately referred for a mental health evaluation by a mental health professional. Staff will observe such inmates until they are seen by mental health professionals. Incoming inmates reporting these conditions will be housed under appropriate conditions unless and until a mental health care professional clears them for housing in segregation or with the general population.

A.2. Acute care:

A.2.a. DCJ shall provide adequate and timely acute care for inmates with serious and life-threatening conditions, and ensure that such care adequately addresses the serious medical needs of inmates. Adequate care will include timely medical appointments and follow-up medical treatment.

Compliance Assessment: Substantial Compliance

Factual Findings:

There have been 3 deaths since our last visit. For the year 2010 there have been five deaths. This is a very low number for a jail this size. The number of deaths has continued to decrease. This is a very positive finding. In 2008 there were 11 deaths. In 2009 there were 6 deaths. The mortality rate per 100,000 (based on average daily census) went from 178/100,000 in 2008 to 73/100,000 in 2010. The national average is 170/100,000. This portrays a very positive outcome.

The number of inpatient hospital days in 2007 was 3798 while the average daily jail census was 6439. In 2008 the number of hospital days was 3377 while the average daily census was 6152. In 2009 the number of hospital days was 3005 while the average daily census was 6165. In 2010 the number of hospital days was 2408 while the average daily census was 6843.

The number of ER visits shows a similar progressive decrease. In 2008 the number of ER visits totaled 3024. In 2009 the number of ER visits was 2167. In 2010 the number of ER visits totaled 1878. This steady reduction in hospital days and ER visits along with a significant reduction in mortality demonstrates good outcomes and more efficient utilization of service. Over the four year period since 2007 population at the jail has increased roughly 6% yet hospital days have decreased by 37%. Since 2008 mortality has decreased 45%. These are continuing trends demonstrating a system in control.

Recommendations:

None

Remedial Measure of Agreed Order:

3. Chronic care:

3.a. DCJ shall adopt and implement a system to track inmates with serious and/or chronic illnesses, including mental illnesses, to ensure that these inmates receive necessary diagnosis, monitoring and treatment.

3.b. DCJ shall implement a medication continuity system so that incoming inmates' medication for serious medical needs can be obtained in a timely manner, as medically appropriate when medically necessary. Within twenty-four hours of an inmate's arrival at the facility, or sooner if medically necessary, the County shall decide whether to continue the same or comparable medication for serious medical needs as an inmate reports on arrival that she or he has been prescribed. If the inmate's reported medication is discontinued or changed by medical staff, medical staff shall evaluate the inmate face-to-face as soon as medically appropriate. The County shall develop and implement a protocol and screening tool to guide staff in gathering necessary information and present such information to medical staff for medication continuity decisions.

Compliance Assessment: Partial Compliance

Factual Findings:

We collectively reviewed 38 records of patients with common chronic problems, including HIV disease, hypertension, diabetes, asthma and seizure disorder, along with patients being anticoagulated. We were pleased to find that very recently the program has implemented a new chronic care decision tree that can be used for all chronic diseases and has special prompts which are similar to those found in the NCCHC chronic care forms with regard to questions related to disease specific history. Unfortunately, given how recently the form has been implemented, most of the records we reviewed were using the prior forms. Although we did find improvements, we continue to find a few structural problems, but mostly deficiencies related to professional performance. In particular, the chronic disease note does not correctly provide the definition of good control for blood pressure when patients are diabetic. We were informed that this change will be made henceforth. We also learned that the old form, which was utilized in most of the records we reviewed, did not provide suitable options for the clinicians with regard to recommendations for follow up. Consequently, in several charts, although the patients were often scheduled within one month and sometimes even sooner, the plan in the chronic disease note indicated follow up in 90 days. We were told that this also has been corrected. We continue to see professional performance issues, particularly with regard to the appropriateness of the designation of degree of control. In some instances, patients were assessed as being in good control when the disease was not in good control and in other cases, the reverse was true.

As touched on earlier, we also found that when patients with chronic diseases presented with urgent problems, even on intake, when an intervention then occurred, such as providing medicine to lower blood pressure or blood sugar, there was no timely reassessment to determine the effectiveness of the intervention. This needs to be emphasized, both with the nurses and with the clinicians. Sending patients back to housing units when blood sugars or blood pressures are dangerously high is a liability generator which should be prevented. We also noted an absence of

the use of hydration as an adjunct to insulin or other strategies in an effort to acutely lower blood sugars. This is a very standard strategy used in almost all urgent care areas and emergency rooms and it is not clear why this is not utilized. Many jails utilize sugar free Gatorade or some equivalent to assist in achieving this outcome.

We also understand the practice of frequently reducing the reported insulin dose, particularly when the patient comes in with a well-controlled or low blood sugar. However, we saw that strategy implemented even when the patient's blood sugar was extremely high. We are not certain that that is advisable. We also uncovered a few cases in which follow up visits did not occur and there was no documented effort to bring the patient back into the system. This may have been an exception, but generally we encourage treating absence from a chronic care visit differently than absence from an acute care visit where the problem may have become resolved. Since inmates do not have the ability to cancel visits, which is an option to adults in other environments, some absences from acute care visits would have been corrected by the ability to cancel. Absences from chronic care visits do not suggest that the problem has been resolved.

Regarding HIV care, a physician assistant (PA) and chronic disease nurse are assigned to provide primary care to HIV infected detainees. We found both the PA and nurse to be very conscientious in their approach to their patients.

We reviewed six records of 101 patients known to have HIV infection. We found that 4 of 6 patients were seen in MAP. Of the 2 not seen in MAP, one patient did not initially identify himself as having HIV infection and another patient arrived in 2009 bypassing the MAP process for unknown reasons. The average length of time from completion of the central intake medical screening process until HIV patients were seen in MAP was 17 hours (range 7.5-27 hours), which is an improvement from the last review when the average time was 23 hours (range 18-30 hours).

The average time from admission until evaluation by an HIV clinician was 4.3 days (range =1 to 7 days). This is excellent and comparable to our last visit when the average length of time to be seen by an HIV clinician was 4.5 days.

As noted at previous visits, the overall quality of HIV care was good. The HIV clinician saw patients in a timely manner following their arrival at the jail and at appropriate intervals. Lab tests were generally ordered, performed in a timely manner and available to the clinician at the time of the clinic visit. Review of health records showed that the HIV provider is more thoroughly documenting review of HIV disease specific interval histories. Patient weights were more consistently documented.

However, we did note opportunities for improvement. At some visits, physical examinations were limited to HEENT (head, eyes, ears, nose and throat), and few rectal examinations were documented, even for men who have sex with men and who are at risk of sexually transmitted infections.

As noted at our last visit, clinicians did not consistently and adequately document clinical evaluation of other chronic non-HIV diseases by obtaining pertinent interval histories and physical examinations for each disease. The clinician sometimes addressed other chronic diseases in the treatment plan, but the plan was typically not supported by a clinical evaluation.

With respect to assessment of HIV and other chronic disease control, it would be more clinically useful to document whether a disease was well or poorly controlled, rather than symptomatic or asymptomatic. For example, an HIV patient may be asymptomatic but have a declining CD4 count which would signify worsening of his HIV disease. Likewise, a provider documented the patient's hypertension as being asymptomatic, which is not directly correlated with blood pressure control.

As noted in previous reports, clinician documentation using an EMR template resulted in clinical information being documented at subsequent visits that was not accurate (see patient record reviews). In one case, the provider documented that the patient received 3 doses of Bicillin for syphilis, when the patient had been released from the jail after the first dose. In another case, the clinician documented a rectal examination similar to the previous visit, when the purpose of the follow-up visit was to review labs. This raises questions as to the accuracy of clinical information in the EMR. We strongly recommend discontinuation of the use of EMR templates that may result in this type of documentation.

We noted documentation of influenza vaccination, but not pneumococcal vaccination. If pneumococcal vaccination has been provided at Amelia Court, it would be useful to note this in the record.

Our review showed improvement in patients receiving their medications due to improved evaluation in MAP and increased pharmacy resources. Once medications were initiated, continuity of medication orders was excellent.

However there continue to be issues related to nursing documentation of missed doses. For example, an AIDS patient was in the hospital for approximately 2 weeks with PCP pneumonia. While he was out of the jail, nurses documented a variety of reasons for missed doses including: no show, out of cell, refused, at PMH, etc. At one point, some nurses realized the patient was at Parkland, but other nurses continued to document no show, out of cell, etc as the reasons for not administering the medication.

Lastly, regarding chronic disease overall, we are encouraged by the current availability of a roster

derived from the problem list and the demonstration that the problem lists have been updated on a regular basis. This will facilitate a variety of monitoring efforts as well as teaching exercises.

Recommendations

1. Modify the software so that the definition of good control for hypertension in diabetic patients is consistent with your guidelines.
2. Ensure that when patients receive interventions for blood sugar or blood pressure control on an urgent basis, patients are retained or arranged to be reassessed in a timely manner so that if the intervention is ineffective, additional interventions occur timely.
3. Reassess the strategy of automatically reducing insulin dosages in patients whose blood sugars are extremely elevated.
4. Consider the use of hydration as part of the urgent interventions for patients with extremely elevated blood sugars.
5. Look at or study the frequency of chronic clinic no-shows and consider a system that reschedules patients or explains why they are not participating.
6. As part of your professional performance enhancement program, provide feedback to clinicians on an ongoing basis regarding their assessments of degree of control. It is particularly useful to look at their assessments in diabetics of glucose control when they only have finger stick data and in diabetics with regard to blood pressure control.
7. At baseline HIV visits clinicians should perform pertinent physical examinations that include systems most likely to be affected by HIV disease with particular attention to oral and skin findings. A baseline anal/rectal examination should be included for men who have sex with men to evaluate for sexually transmitted infections (e.g., anal condyloma, syphilis lesions, rectal discharge, etc).
8. Clinicians should address all chronic diseases at each clinic visit; obtaining appropriate interval histories, pertinent examinations and assessment of disease control. Treatments plans should be supported by the clinical data.
9. Clinicians should avoid use of templates that result in documentation of clinical information that is not current.
10. Health care leadership should study nursing documentation of missed medication doses and standardize definitions and documentation practices. Analyze reasons for missed doses and develop strategies to reduce them.

Remedial Measure of Agreed Order:

3.c. DCJ shall ensure that inmates who need skilled nursing services or assistance with activities of daily living shall receive medically appropriate care.

Compliance Assessment: Partial Compliance

Factual Findings:

Female and male infirmary care is managed in the West Tower building B area. A ten bed acute care female unit is being planned and beds are on order but have not yet arrived. A roster of infirmary patients now is in use. This roster contains a list of all patients on the infirmary and includes name, location, diagnosis, last provider visit and next scheduled provider visit. There is also a comment section for nurses, which lists nursing tasks for particular patients. The list is used by nursing staff to track when patients are to be seen.

Currently, there are 8 males and 6 female infirmary tanks. The maximum capacity is 163 and on February 21, 2011, the day of our visit the census was 120. Custody is now allowing beds to remain open so that medical staff can control inflow into these units. Even though a roster of patients is used to manage patients during their stay on the infirmary, patient can still be moved about within the infirmary unit. Patients with like diseases are not always housed together and patients with disabilities do not also have suitable facilities consistent with American Disabilities Act guidelines. So even though tracking on the unit is easier and nursing tasks are more easily monitored it is still very difficult to manage groups of like patients such as patients on detoxification protocols, boarder patients, diabetic patients, etc. Even though classification officers now collaborate with medical staff and permit only medical patients to be housed on the unit, assignments within the unit are still not in accordance with disease category. The classification system should permit medical staff to designate patients to specific tanks so that care can be tailored patient need by tank. This is still a barrier to coordination of care on that unit. As well, when patients are admitted to the infirmary, nurses assign housing location. This should be performed by physicians or physician assistants based on patient specific problems and related to specific housing for each set of problems. In this manner, tracking and management will become more manageable. Physician interval visits should be established by procedure to conform to the acuity and status of the patient.

One tank was retrofitted to an American for Disabilities Act (ADA) compliant tank with a special shower and toilet. However, there were several patients evaluated with mobility disorders (Parkinsonism and multiple sclerosis) who were housed in cells on the infirmary which were not ADA accessible. It is difficult to imagine how these ADA deficiencies can be corrected in the current unit. Every patient with a disability should be housed in a cell meant for persons with disabilities.

Provider staffing includes one doctor for 5 days; one doctor for three days; and a mid-level provider 5 nights a week. There is a part time Nurse Practitioner who covers the infirmary on Sundays. The lack of week-end coverage does hamper the ability to perform timely assessments because there is no lull in jail admissions. We recognize that physical plant deficiencies

significantly hamper the ability of staff to perform on this unit at the current level of staffing.

Recommendations

1. Continue to improve classification and assignment within existing infirmary areas.
2. Physicians should assign housing within the infirmary.
3. Interval physician and nurse visits within the infirmary should be based on patient acuity and status.
4. Make temporary accommodations for ADA type patients to improve safety.
5. We strongly urge the building of the new infirmary unit.

Remedial Measure of Agreed Order:

3.e. DCJ shall maintain an updated log of inmates with chronic illness. DCJ shall keep records of all care provided to inmates diagnosed with chronic illnesses in the inmate's individual medical record.

Compliance Assessment: Substantial Compliance

Factual Findings:

The PERL medical record has a built in function that now provides a roster of all patients with chronic illness. Today that roster contains 886 patients for the most common diseases. Approximately, 14% of detainees are enrolled in chronic clinics at the jail. This list is available to all providers and nurses and is integrated with the electronic record.

Recommendations:

None

Remedial Measure of Agreed Order:

5 Access to Health Care:

5.a. DCJ shall ensure that inmates have adequate access to appropriate health care.

Compliance Assessment: Partial Compliance

Factual Findings:

Access to care was evaluated by reviewing sick call data, health records, medical clinic facilities, and interviews with inmates and health care staff.

Since our last visit, health care leadership has implemented significant improvements in the sick call process. This includes:

- Installation of sick call boxes on each of the housing tiers
- Development of a new health service request form (kite)
- Development of clinical criteria to guide nursing triage decisions
- Daily collection of health service request forms by clerks
- Triage of forms immediately following collection by a registered nurse
- Scanning of health service request form into the EMR which automatically generates a reminder.
- Nursing evaluation in a clinical setting
- Daily monitoring of access to care by Unit Manager

Health care leadership provided data that showed that nurses triaged 97% of all health service requests within 24 hours of receipt, and the remaining 3% were triaged within 48 hours. Our review supported these findings. In addition, health care leadership has increased work space for nurses performing nursing sick call, has implemented training, and is promoting increased involvement of medical providers in sick call management.

Health care leadership has also implemented process improvement studies to identify areas requiring continued improvement and to provide feedback to staff. These changes represent significant improvements in access to care and staff is to be commended for these accomplishments.

However, our review showed that although health service request forms are being collected and triaged in a timely manner, the timeliness with which nurses see patients remains highly variable. Nurses saw some patients in a timely manner, some untimely, and in several cases patients were not seen at all (See patient record reviews).

In addition to delays in the clinical evaluation of patients, the quality of nursing evaluations is typically inadequate. Nurses typically do not obtain adequate histories, perform pertinent physical examinations or make appropriate nursing diagnoses. The nursing assessment guidelines do not require the nurse to document objective findings; only check the absence of alarm symptoms. In the dental pain guideline, we were concerned that a treatment option for the nurse was Ibuprofen 200 mg twice daily for 5 days. This dosage and frequency is unlikely to adequately treat patients with moderate to severe dental pain.

We note that nursing signatures in the EMR do not consistently include nursing credentials, and it was unclear if the nurses evaluating patients were registered nurses, licensed vocational nurses, or both.

When nurses made referrals to clinicians, these appointments may or may not occur in a timely manner, and even if the clinician saw the patient, the reason for the referral was often not addressed.

5. b. DCJ shall ensure that the medical request ("sick call") process for inmates is adequate and facilitates adequate access to medical care.

Compliance Assessment: Partial Compliance

Factual Findings:

See above. The initial steps of the sick call process related to availability of forms, and timely collection and triage of forms is working well. Random inspections of housing units showed that correctional officers were in possession of health service request forms that could be provided to inmates upon request. These forms are being collected and triaged daily. Nursing triage decisions were generally appropriate; however in some cases, the disposition was not documented, or was inappropriate.

The timeliness and quality of nursing evaluation is still variable, as well as the success of nurse referrals to a clinician.

5. c. The sick call process shall include procedures for logging, tracking, and timely responses by medical staff.

Compliance Assessment: Substantial Compliance

Factual Findings:

Staff collects and scans health care requests into the EMR which automatically generates a reminder that can be used for tracking purposes.

5. d. DCJ shall develop and implement an effective system for triaging sick call requests based upon the urgency of the medical issue.

Compliance Assessment: Partial Compliance

Factual Findings:

Health care leadership has developed written clinical criteria for nurses to utilize in making

triage decisions. However the appropriateness of nursing decisions is in need of improvement and consistency. For example, on 2/15/2011 a patient submitted a health request complaining of blood in his urine and flank pain that was so severe that he could hardly stand up. A nurse triaged the form the following day and assigned it a routine disposition. The patient was released 7 days later on 2/22 without having been seen. In another case, on 2/11/2011 a patient wrote a health request complaining of a severe toothache such that he was unable to sleep at night. The form was triaged on 2/15/11 and a nurse did not see the patient until 2/22, seven days after a nurse triaged the form.

Recommendations:

1. Continue the timely collection and triage of health service request forms.
2. Health care leadership should continue to conduct nursing sick call studies and provide feedback to staff regarding:
    a. Documentation and appropriateness of the triage decision
    b. The timeliness of nursing evaluation in accordance with the triage disposition
    c. Documentation of the quality of the nursing evaluation (content and SOAP format)
    d. Appropriateness and success of the nursing referral to the clinician
    e. Timeliness and appropriateness of clinician evaluation (Did the clinician address the reason for the referral).
3. Redesign nursing assessment forms to require nurses to document normal and abnormal clinical findings.
4. Revise dental pain protocol to ensure that adequate pain management is available to patients.

Remedial Measure of Agreed Order:

6. Follow-Up Care:

6. a. DCJ shall provide adequate follow up care and maintain appropriate records for inmates who return to the Jail following hospitalization.

6. b. DCJ shall ensure that inmate who receive specialty or hospital care are evaluated upon their return to the jail and that, at a minimum, discharge instructions are recorded in the inmate's medical records and appropriately followed..

Compliance Assessment: Substantial Compliance

Factual Findings:

In general, the process of timely identification of problems that exceed the healthcare resources at the jail, sending out of patients to Parkland Hospital and their timely return and follow up at the jail is working well. We did identify a few problems in our review of six records, three of which were patients admitted to the hospital and three of which were patients returning from a visit to the emergency room. We did find some significant deficiencies with Parkland performance. However, we will not review those here. We have sent some documents to the Parkland Medical Director.

There was one patient whose case is useful to review. This patient was a 55-year-old female admitted to Parkland for weakness and incontinence. The patient presented at the jail with weakness and incontinence of stool and urine and was sent to the hospital. She remained in the hospital until 12/20, when she was discharged. Her discharge summary was actually dictated three days after the discharge and thus was not available when the patient was seen on 12/20 at the MAP area and the Parkland medical record through EPIC software was reviewed. The patient was treated for neurosyphilis, hepatitis C with cirrhosis and thrombocytopenia and a new diagnosis of hypothyroidism. Unfortunately, in the discharge summary, under final diagnoses and under discharge medications, the hypothyroidism was left off. Since the full discharge summary was not available, the MAP physician was completely unaware of this and the problem was not picked up until the patient was seen in clinic more than a month later. This raises the issue of how providers can obtain the discharge summary as timely as possible. We would strongly encourage a team looking at this in order to redo the current process.

In addition, we looked at three records which happened to be from a single provider and in each instance, although the patient was seen in the MAP area on the same day that he returned from the emergency room, none of the notes documented by this provider included any subjective information from the patient about his current state of affairs. This included both patients with surgery and with injuries. Thus, the value of the MAP note was compromised to some extent because there was no real subjective data on how the patient was feeling. Clearly, this is an area to review with clinicians regarding their professional performance.

Recommendations

1. Work on a process that allows primary care clinicians to access the discharge summary as timely as possible.
2. Focus professional performance with regard to the MAP clinicians so that they consistently document subjective patient history with regard to their current condition.

Remedial Measure of Agreed Order:

7. Record Keeping:

7.a. DCJ shall ensure that medical records are maintained consistent with generally accepted professional standards of care.

7. b. DCJ shall ensure that DCJ medical and mental health records are centralized, complete, and accurate. To ensure continuity of care, medical record information shall be submitted to outside medical providers when inmates are sent out of the Jail for medical care, and reports and records from those providers will be returned with the inmates to the Jail.

7.c. DCJ shall maintain unified medical and mental health records including documentation of inmates' psychiatric histories and individual mental health assessments.

Compliance Assessment: Substantial Compliance

Factual Findings:

PERL has been in use since May of 2010. There were no problems of significance in locating or reviewing medical records during this visit. While there are interface issues and issues with getting information out of PERL for use in quality studies or in assisting management in operations issues, the record itself is adequate.

Recommendations:

1. Continue to de-bug software.
2. Consider consolidating software modules.
3. Assign data analysts to provide data acquisition to clinical staff for process and quality improvement work.

Remedial Measure of Agreed Order:

8. Medication

8. a. DCJ shall ensure that treatment and administration of medication to inmates is implemented in accordance with generally accepted professional standards of care. DCJ shall develop policies and procedures for the accurate administration of medication and maintenance of medication records. DCJ shall provide a systematic physician review of the use of medication to ensure that each inmate's prescribed regimen continues to be appropriate and effective for his or her condition.

8. b. DCJ shall ensure that medication administration is hygienic and recorded concurrently with administration.

Compliance Assessment: Partial Compliance

Factual Findings:

We evaluated medication administration by reviewing health records, assessing systems for medication renewal, observing medication administration and reviewing kites/EMR of inmates stating that they had not received their medications. In general we found that pharmacy and medication services are working well, and this area is close to being in substantial compliance.

Through the use of technology, the facility has the capability to rapidly measure and evaluate whether patients receive medications in a timely manner; and the capacity to identify and study reasons patients do not receive medications in a timely manner.

Pharmacy data shows that each day approximately 3000 patients receive medications at the jail, and 17,000 new prescriptions are processed each month. Although the numbers of annual prescriptions have significantly increased from 2008 to 2010 (139,000 to 200,000), actual pharmacy costs have declined from $5.8 million to $4.3 million in 2010. Health care leadership, including the Director of Pharmacy Services, is to be commended for expanding pharmacy services in a more cost effective manner.

At our last visit, there were delays in entering medication orders into CIPS due to lack of adequate pharmacy resources, resulting in delays in initiating and changing medications. However, pharmacy resources have since been increased (currently there are 7 pharmacists and 8 pharmacy technicians) and we did not find any significant delays in medication order entry into CIPS. Once entered into CIPS medications orders are not typically dispensed and delivered to the patient the same day. Access to medications has also been increased by the installation of 34 Pyxis machines throughout the facility. Once initiated, continuity of medication orders is excellent.

The facility implemented the Pearl EMR and Accuflo eMAR in mid-2010 and has been working through implementation issues such as slow computers and barcode scanning issues. These issues have largely been resolved but pharmacy staff continues to address some technical issues related to the medication delivery system.

We inspected medication carts and observed medication administration. Although most medication carts were clean and well organized, in a few carts we found loose pills and patient specific medication packages from January 2011 that should have been discarded or returned to the pharmacy.

We observed several nurses administering medications. We note that nurses do not use medication cups, instead tearing open the medication package and pouring the medication directly into the patient's hand. As noted at our last visit, one inmate dropped a pill onto the

floor which can be attributed to lack of medication cups.

Correctional officers did not consistently conduct oral cavity searches for patients receiving medications. This increases the likelihood that patients will cheek and/or hoard medications.

With respect to documentation of medications into the EMR; we note that the MAR still shows that medications are given at a set time each day (e.g., 0800 in the morning for all patients). Morning medication administration typically does not begin until 0730 and takes 3-4 hours across the jail. Therefore some patients will not receive the medication in the accepted window of an hour before, or hour after a set time. Moreover, if a patient is out to court and returns to his housing unit at 1400, if the nurse gives him his medication at that time, the MAR would record it as being given at 0800. This can present issues especially with patients on twice daily dosing of medications and is not in compliance with generally accepted standards of pharmacy or nursing practice.

Finally, we note continued inconsistency with how nurses document missed medications. As noted in the HIV section of this report, an AIDS patient was in the hospital for approximately 2 weeks with PCP pneumonia. While he was out of the jail, nurses documented a variety of reasons for missed doses including: no show, out of cell, refused, at PMH, etc. At one point, some nurses realized the patient was at Parkland, but other nurses continued to document no show, out of cell, etc as the reasons for not administering the medication.

It appears that nurses are either unclear as to how the definitions of missed doses are to be applied, or in other cases documenting that the patient is refusing medications when the patient is not even in the facility. This is an area that needs to be addressed.

While many challenges to accurate and timely medication administration at the jail have been addressed, frequent inmate movement within the jail remains a challenge and requires increased communication between health care and custody staff to prevent missed doses and ensure continuity of medications.

Recommendations:

1. Health care leadership should continue to evaluate whether pharmacy resources adequately meets the demand for services.
2. Health care leadership and DSO staff should develop policies and procedures to minimize medication disruptions when detainees transfer and/or move within the facility.
3. Health care leadership should standardize the definitions for missed doses and train nurses. Conduct studies regarding missed doses and develop and implement strategies to address the causes.

4. Assess nursing resources to deliver medications within an hour window before or after a set administration time. Consider establishing the morning medication administration time as 0900 with an acceptable window for administration between 0800 and 1000. Medications given after this window should be documented at the actual time given. The same process should occur for evening administration times.
5. Nurses should use medication cups to administer patient medications.
6. Correctional officers should routinely conduct oral cavity searches to minimize cheeking and/or hoarding of medications.

Remedial Measure of Agreed Order:

9. Medical Facilities:

9. a. DCJ shall ensure that sufficient clinical space is available to provide inmates with adequate medical care services including: intake screening; sick call; physical assessment; and acute, chronic, emergency, and specialty medical care (such as for geriatric or pregnant inmates).

9. b. DCJ shall ensure that medical areas are adequately clean and maintained, including installation of adequate lighting in medical exam rooms. All hand washing stations in medical areas shall be fully equipped, operational, and accessible.

Compliance Assessment: Partial Compliance

Factual Findings:

George Allen remains open. The Decker facility has been de-populated which means that all detainees have been removed. Decker is unlikely to re-open. A female acute care infirmary unit will open within a few months. One unit on the male infirmary was retrofitted to be compliant with ADA regulations. However, there are more ADA patients than can fit on this one unit. More ADA cells are needed. This will be remedied by the new infirmary. Plans for the new infirmary are continuing; nevertheless, the reason for partial compliance related to this issue is the deficiency in infirmary space for medical and mental health. This should be resolved with construction of the new facility.

New equipment includes a new ultrasound unit on the 4th floor of Kays Tower where the OB clinic is located. A Picture Archiving and Communication System (PACS) has been installed at the jail which permits immediate access to radiological images; reports are in the electronic record. Telemedicine equipment is being installed in the MAP area as well as single units in West and North Towers and George Allen.

The first planning meeting with the architects and clinical staff occurred the week prior to our visit. Planning meetings are going to occur every other week. Planning is expected to be completed in September of 2011.

A secure unit is planned for construction at Parkland Hospital.

We toured the facility and reviewed selected medical clinic areas in the North, West, and South towers, main clinic, and male and female infirmaries.

In general, we found that medical clinics were clean, well organized and adequately equipped and supplied. In some clinics otoscope and/or ophthalmoscope bulbs were not functional or power cords were missing.

On 2 North, West side the medical area was cluttered and in need of routine sanitation. In the West tower, 2nd floor clinic there was no AED in the clinic.

The female infirmary is unchanged since our last visit. Many of the beds and mattresses were in poor condition, unlike the male infirmary which has medical beds.

Recommendations:

1. Continue to monitor the sanitation and medical equipment in all medical clinics.
2. The infirmary space work-a-rounds for both males and females remains a key deficiency.
3. The female infirmary should be adequately equipped and supplied to provide a therapeutic environment, including bedside tables, etc.
4. Continue to monitor the sanitation of all medical clinics.
5. Continue progress on the new infirmary unit.

Remedial Measure of Agreed Order:

10. Specialty Care

a. DCJ shall ensure that inmates whose serious medical or mental health needs extend beyond the services available at the Jail shall receive timely referral for specialty care to appropriate medical or mental health care professionals qualified to meet their needs, in accordance with generally accepted professional standards of care.

b. DCJ shall ensure that inmates who have been referred for outside specialty care by the medical staff or another specialty care provider are scheduled for timely outside care appointments and transported to their appointments. Inmates awaiting outside care shall be

seen by medical staff as medically necessary to evaluate the current urgency of the problem and respond as medically appropriate.

c. DCJ shall obtain records of care and diagnostic tests received during outside appointments in a timely fashion and include such records in the inmate's medical record or document the inmate's refusal to cooperate and release medical records. Following a visit to an outside specialist, medical staff, mental health staff, or a dentist shall review information and documentation available from the visit and provide reasonable follow-up care.

d. DCJ shall maintain a current log of all inmates who have been referred for outside specialty care, including the date of the referral, the date the appointment was scheduled, the date the appointment occurred and the reason for any missed or delayed appointments, and information on follow up care, including the dates of any future appointments.

Compliance Assessment: Substantial Compliance

Factual Findings:

We reviewed five records of patients who were seen for either consultations or procedures between October 2010 and January 2011. We were pleased to learn that since our last visit, the jail clinicians may now order directly into the EPIC software. This clearly facilitates the processing. We continue to find timely access to services as well as timely follow up by the primary care clinician. Out of five consults and five procedures, in one consult and in one procedure, we could not find documented primary care clinician follow up. This is an area that warrants continued monitoring on some regular basis to insure that the process is, in fact, stable.

Recommendations:

1. Monitor this process possibly as frequently as semi-annually.

Remedial Measure of Agreed Order:

11. Staffing, Training, and Supervision:

a. DCJ shall provide adequate staffing and training of medical, mental health, and correctional staff necessary to ensure that adequate medical and mental health care is provided.

Compliance Assessment: Partial Compliance

Factual Findings

There are 287 FTE positions. There is no registry use. Nurse overtime equates to about 11.8 FTEs. 8% of hours worked in nursing are overtime. There are 4 RN vacancies 4 LVN vacancies and 2 provider vacancies; both provider vacancies are mid-level providers.

Staffing patterns were reviewed. A float pool was added to address the concern about relief factor for nursing. Two pharmacists and four technicians have been added which appears to have addressed delays in medication order processing.

Until access to care issues related to health service requests, dental care, and medication administration are compliant, this area will remain partially compliant in the event that it is determined that these deficiencies are a result of lack of staffing.

Recommendations:

1. Reassess nurse and provider staffing pending compliance with medication administration, timely high acuity evaluations, and health service request evaluations.

Remedial Measure of Agreed Order:

11. c. DCJ shall ensure that services and procedures, such as medication administration and use of cut-down tools, are performed by nurses or other properly trained staff.

11. d. DCJ shall provide adequate numbers of correctional staff to ensure inmates have access to appropriate medical care. Also covered in mental health section

This is covered in the mental health report

Remedial Measure of Agreed Order:

11.e
DCJ shall conduct initial and periodic training for all correctional staff on how to recognize symptoms of mental illness and respond appropriately. Such training shall be conducted by qualified mental health professionals and shall include instruction on how to recognize and respond to mental health emergencies.

This section covered in mental health.

Remedial Measure of Agreed Order:

12. Quality Assurance Review:

a. The DCJ shall develop and implement quality assurance programs adequate to identify

and correct serious deficiencies in medical care, mental health care, suicide prevention, sanitation, and fire safety.

Compliance Assessment: Partial Compliance

Factual Findings:

The quality improvement program at the Dallas County Jail has continued to expand its onsite monitoring. The scope of its current work is quite impressive, including the development of a new chronic care decision tree which has now been implemented and should result in practice more consistent with the Dallas County Jail clinical guidelines. This decision tree will not only be used for the chronic care visits but also for medical assessments. They are beginning to track the percentage of chronic care visits performed on this new decision tree form. Their data demonstrates that the numbers of patients seen within 24 hours as acuity level 1 or 2 has increased and the number of inmates assigned acuity level 3 has decreased. This ultimately means that more patients with significant problems are being seen more timely and this ultimately is an indirect indicator of improved care. The program has developed a new report which allows a daily publishing of patients assessed as acuity level 1 or 2 who did not have their MAP assessment within 24 hours. The jail health program can then use this list to make sure those people have their assessment immediately and, equally important, identify the reasons that contribute to these delays. They are also monitoring the frequency with which nurses in the screening area are able to complete the nurse screen electronically. This can only be done for patients who have been previously booked because they then have a booking number. It presumably will be better than 95% of all intakes. They have begun to monitor the occurrence of follow up visits after specialty services and in fact, performance in this area has improved. They are also looking at access to care and in particular timeliness of nurse face-to-face encounter as well as timeliness of nurse triage and there has been improvement in both areas since our last visit. The quality improvement program also continues to perform environmental inspections. They have begun to review the percentage of emergency room returns in which a clinician documents review of the relevant EPIC documents. This is clearly a step forward. However, we learned that because the review is done on the same day that the patient is discharged, this usually will not include a review of the critical discharge summary. A new process needs to be developed in order to insure that the discharge summary is in fact reviewed timely. The program continues to work on chronic care audits and has reviewed follow up after scheduled offsite services such as consultations or procedures. Our review substantiates that their performance in this area has improved.

Recommendations:

In an effort to establish a system of self-monitoring which can be the basis for an exit strategy in this agreement, medical monitors worked with the quality improvement group to develop the following instrument. This instrument is a series of 23 monitoring items. Good outcomes on

these measures would result in substantial compliance on remaining partially compliant items. As well, adequate performance of this auditing will demonstrate a system capable of monitoring itself. The expectation is that the program can begin using these audit items to develop a metric set which can be produced quarterly. In the future this can be used for a self monitoring process.

Intake

1. Every day review an outlier report that contains the names of medical acuity levels 1 or 2 who have not had a MAP assessment within 24 hours. This information should be used both to insure the assessment occurs as soon as possible and also to investigate the causes for the delay.
2. The medical leadership should develop criteria used to identify so-called vulnerable patients assessed as acuity level 2. Once the nurse has identified a patient as vulnerable acuity level 2 for custody purposes they should be moved to MAP for their assessment on an urgent basis. The second audit is to track the performance in this area.
3. Continue studying the compliance with physician ordered monitoring for blood pressure, other vitals and finger sticks from intake. Nursing should use these audits to identify causes for non-performance and intervene appropriately.

Medication Timeliness and Chronic Illness

4. Measure vulnerable patients receiving medications timely as a result of nurses using the Pyxis machines. This can be done with the same pool of patients that meet the criteria of vulnerable acuity level 2.
5. Perform an audit of the timeliness of receipt of medications defined as critical by the medical program. The goal here is eliminating dose discontinuity as opposed to general medication discontinuity.
6. A general qualitative review of the appropriateness of the care received by vulnerable patients.

Infirmary

7. Reviewing the appropriateness of the acuity assignment by the clinician at the time of admission.
8. Track number of disabled patients who are not in an ADA cell.
9. Assessing whether nurses and providers are performing assessments that are at the frequency consistent with the acuity levels of their patients.
10. Assessing the quality of both nursing and provider assessments in the infirmary.
11. Looking at the completion of infirmary and MAP and general population orders. This may include educating nurses about documenting the reasons for deleting reminders.

Medication-Timeliness of Administration for Routine Medications

12. 80% or medications are administered within 24 hours of the order. This again is an opportunity to review the outliers taking more than 24 hours and attempt to understand the causes.
13. Professional performance is evaluated with regard to the chronic care clinic visits. This should be greatly improved with conscientious utilization of the decision tree form.
14. Adequacy of justification for enrollment in chronic illness clinic, specifically in patients enrolled for either asthma or seizure disorder.
15. Appropriateness of the assessment of the degree of control by the clinicians in relationship to Dallas County Jail Chronic Clinic Guidelines: An initial area of focus should be the appropriateness of the assessment of degree of control of hypertension, specifically in patients who are diabetics. Continue to look at the average hemoglobin A1c in patients in the jail greater than 90 days and look at the completion of guideline specific process items such as eye exams, foot exams and vaccinations for patients with chronic diseases who are in the jail for 12 months.

ER and Hospitalization Visits

16. Continue to monitor the occurrence of follow up visits at the MAP and documentation of review of the EPIC documents. This study should include reviewing whether the clinicians are documenting a subjective history at the time of the MAP visit. After working with Parkland to develop more timely access to discharge summaries, track the documentation by primary care clinicians that they have reviewed and acted on where indicated the discharge summary to support patient continuity.

Specialty Clinic

17. Continue to monitor the timeliness of appointments and the appropriateness and timeliness of primary care clinician follow up after the reports are available and this may be done semiannually.

Nursing

18. Continue to review the appropriateness of nursing interventions to bring patients into better control and whether or not appropriate reassessment was done, particularly with regard to urgent interventions to lower blood pressure or blood sugar.

Sick Call

19. Monitor collection and initial triage of requests within 24 hours.
20. Monitor nurse face to face evaluation within 2 business days.

21. Monitor the timeliness of patient visits with advanced level provider after referral from nurse. The standard should be 80% of these referrals should be seen within one week. Continue to analyze the outliers for factors that contribute to any delays. The sick call study should be done every two months.
22. Evaluate quality of nurse evaluation.

Dental Care

23. Monitor that dental evaluations occur within one week of complaint of painful condition.

This is a very, very ambitious agenda but it can be used to more quickly achieve the outcomes the program desires which will contribute heavily to the achievement of substantial compliance in the overwhelming majority of remaining areas.

Remedial Measure of Agreed Order:

13. Dental Care:

a. DCJ shall ensure that inmates receive adequate dental care consistent with generally accepted professional standards of care and that such care be provided in a timely manner.

b. DCJ shall ensure that inmates with emergency dental needs shall receive such care immediately. Adequate dentist hours will be provided to avoid unreasonable delays in dental care.

Compliance Assessment: Partial Compliance

Factual Findings:

A new Dental Director is in place. Dr. Jones work for the Baylor College of Dentistry. He does not work at the jail but supervises and oversees the program. There are 2 FTE dentists. One of these FTE positions is comprised of 2 oral surgery fellows from Baylor. There are 3 dental assistants. All dental hours are now engaged 100% in clinical work. Dental care is provided 3 days a week at George Allen and Mondays and Fridays at Kays Tower. George Allen clinic provides care for patients housed at George Allen and North Tower. Kays clinic provides care for patient housed at Kays and West Tower.

Charts of ten patients were reviewed. Overall, these patients complained of dental pain in kites but were not seen on average for over a month. This is too long of a wait for persons with dental pain. Four of the ten had placed multiple kites to be seen. The worse case was a patient who complained June 7th and wasn't seen until January of 2011. On several of these kites, nurses saw

the patient but did not always refer the patient to the dentist. These reviews demonstrated that there is still an excessive delay in getting dental attention for painful conditions.

The dental program has not had consistent coverage for a full year since monitoring started. The current wait time to see a dentist is 24 days. However, because of the inconsistent coverage it isn't possible to determine whether there needs to be another FTE dentist or whether the inconsistent coverage is the cause of the delay. Until coverage is consistent no opinion on this can be rendered except that the current backlog is too long.

Recommendations:

1 This program needs to be re-assessed after the full panel of dentists is available and engaged.

C. SANITATION AND ENVIRONMENTAL CONDITIONS

Remedial Measure of Agreed Order:

C. 1. Sanitation of Laundry:

C.1.a. DCJ shall develop and implement policies and procedures for laundry procedures to protect inmates from risk of exposure to contagious disease, bodily fluids, and pathogens. DCJ shall ensure that inmates are provided clean clothing, underclothing and bedding in compliance with policy, and that the laundry exchange schedule provides equitable distribution and pickup service to all housing areas.

DCJ shall train staff and educate inmates regarding laundry sanitation policies.

Compliance Assessment: Substantial Compliance

Factual Findings:

The laundry operation continues to be in substantial compliance. Inmate laundry is being changed out every five days, which exceeds Texas Jail Commission and ACA standards.

Only a few instances of inmates washing personal clothing in their housing areas was noted. Clean laundry storage areas were protected and uniforms and bedding appeared to be in good condition. Linen and clothing supplies are maintained at satisfactory PAR levels.

Because of a temporary issue with cold temperatures in the George Allen jail at the time of the inspection, I asked that additional blankets be issued to the inmates until the situation was

rectified. The blankets were supplied to the jail by the laundry division promptly.

Recommendations:

Continue to monitor and discourage the practice of inmates washing their personal clothing in the housing units.

Remedial Measure of Agreed Order:

C.2. Protection from Biohazards:

C.2. a. DCJ shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials. DCJ shall ensure that any inmate or staff utilized to clean a biohazardous area are properly trained in universal precautions, are outfitted with protective materials, and receive proper supervision when cleaning a biohazardous area.

C.2.b. DCJ shall provide and ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.

Compliance Assessment: Substantial Compliance

Factual Findings:

Spill kits are readily accessible to staff when needed. Appropriate chemicals and personal protective equipment are available for use. Adequate policies and procedures are in place.

Recommendations:

None

Remedial Measure of Agreed Order:

C.2. c. DCJ shall ensure biohazard disposal containers in medical areas are properly installed and positioned so as to limit unnecessary risk to staff.

Compliance Assessment: Substantial Compliance

Factual Findings:

Biohazard disposal containers were present in the medical areas and were properly positioned and installed.

Recommendations:

None

Remedial Measure of Agreed Order:

C.2.d. DCJ shall secure all sharp medical tools.

Compliance Assessment: Substantial Compliance

Factual Findings:

Sharp medical tools, such as needles, scalpels, scissors, etc. were secured.

Recommendations:

None

Remedial Measure of Agreed Order:

C.2.e. DCJ shall destroy any mattress that cannot be sufficiently sanitized to kill bacteria.

Compliance Assessment: Substantial compliance

Factual Findings:

The jail continues to be in substantial compliance with this order. A few slightly damaged or worn mattresses were seen in the South Tower.

Recommendations:

More diligence is needed to identify damaged or worn mattresses and to remove them from use.

Remedial Measure of Agreed Order:

C.3. Environmental Control:

C.3.a. DCJ shall ensure adequate control and observation of jail cell environs, including razors and cleaning supplies. All cleaning tools and hazardous chemicals shall be removed from housing areas after use.

Compliance Assessment: Substantial Compliance

Factual Findings:

The jail continues to be in substantial compliance. Cleaning supplies are placed in the housing units three times a day and are removed after use. The exception to this practice is South Tower, which is a direct observation facility. Cleaning supplies and equipment are left in the housing units for use as needed.

Since the September inspection, the jail staff have adjusted the cleaning schedules to allow supplies to be left in the housing units for a longer period of time after meal service, allowing inmates more time to clean cells and dayrooms.

Recommendations:

None

Remedial Measure of Agreed Order:

C.3.b. Chemical cleaning agents shall be safely stored, used, and mixed. Inmates provided cleaning agents shall receive training on the safe storage, use, and mixture of chemical cleaners.
Compliance Assessment: Substantial Compliance

Factual Findings:

The chemical closets continue to be exceptionally clean and well organized throughout the jails. Automated chemical dispensing units in the chemical closets are used throughout the jail.

Recommendations:

None

Remedial Measure of Agreed Order:

C.4. Maintenance and Sanitation of Facilities:

C.4.a. DCJ shall immediately revise and implement written housekeeping and sanitation plans to ensure the proper routine cleaning of housing and shower areas, and medical areas.

DCJ shall implement a preventive maintenance plan to respond to routine and emergency maintenance needs, including maintenance of shower, toilet, and sink units.

Compliance Assessment: Partial Compliance

Factual Findings:

Revised policies and procedures related to sanitation and housekeeping activities were submitted to me just prior to this tour. These revisions brought some improvements to the policies but they remain unsatisfactory. During the tour, I met with jail management and supervisory staff to review and offer suggestions and recommendations regarding form and substance to the policies. Staff will continue to address this issue before the next visit.

Staffing issues have improved with the depopulation of the Decker facility and the transfer of that staff into the other jails. Additionally, the County has approved forty-seven new positions that will be filled in the coming months. During this visit, the management staff proposed a policy change which will require supervisors to designate floor sanitation officers each day who will be responsible for the facilitation and assurance of housekeeping and sanitation activities in the housing areas of the jail. Other officers will be responsible for the common and public areas of the jail. Given the current economic conditions, it is unlikely that funding could be obtained to hire full-time sanitation officers. Therefore, I have accepted this recommendation and have offered suggestions for revisions of the Post Orders for these officers. This process will be implemented immediately and will be evaluated during the next visit to the jail.

Discussions were held with supervisory staff concerning cleaning schedules and use of chemicals in the jail. Prior to this visit, Commissioner Price provided me with a document from the jail's chemical provider, dated September 4, 2009, regarding the cleaning procedures and use of their products in the jail. Several changes were recommended by the company to affect cleaning outcomes and cost savings. I found these recommendations to be valid and useful if implemented. One of the recommendations involved the reduction in the frequency of floor mopping with the cleaner/disinfection chemical being used from three times a day to only once a day. Studies have consistently shown that floor surfaces are not a normal source of pathogen transmission and it is not necessary to use disinfectants on these surfaces on a frequent basis. The chemical provider estimated an annual savings to the jail of almost $125,000 per year if this recommendation is implemented. To date, jail staff have been reluctant to implement this change, citing inmate unrest if the floor is not mopped after each meal.

The other issue addressed by the chemical provider concerned the proper chemical with which to clean shower walls and floors more effectively. These recommendations have not been implemented, allegedly due to safety and security concerns. The jail continues to use the Ceramic and Tile Cleaner, which is ineffective.

Work has been completed on the showers in Tanks 13 and 14 in the West Tower. A shower renovation project is underway in the North Tower. I was shown a pilot shower on 2-East and asked to comment on the suitability and design of the shower. Recommendations were made to

increase the depth of the shower units where possible, to properly seal all joints, and to mitigate a trip hazard at the front of the units. This project is expected to be completed in April.

Recommendations:

1. Floor officers who are assigned sanitation responsibilities should be adequately trained for the tasks and must be allowed the time to adequately carry out those tasks. Other responsibilities for the designated sanitation officers should be secondary to the sanitation responsibilities, with the exception of emergency situations.

2. Work should continue on the P&P's, Post Orders, and SOP's to achieve accuracy, consistency, clarity, and applicability.

3. The recommendation of the jail's chemical supplier regarding floor cleaning should be implemented. Floors should be mopped with a cleaner/disinfectant once a day. Other cleanings should involve sweeping, dust mopping or wet mopping with a simple cleaning product.
4. The chemical provider should be consulted about proper cleaning chemicals and procedures for the stainless steel shower units and for the remaining ceramic tile showers in the jail.

Remedial Measure of Agreed Order:

C.5. Fire and Life Safety:

C.5.a. DCJ shall ensure that the Jail has adequate fire and life safety equipment, including installation and maintenance of fire alarms in all housing areas. DCJ shall ensure that all fire and life safety equipment is properly maintained and inspected, with adequate documentation thereof.

Compliance Assessment: Partial Compliance

Factual Findings:

Work continues to improve fire safety in the jail. Only four cells remain to be balanced and tested for proper smoke evacuation in the North Tower. New duct work and air handlers are being installed in Lew Sterrett B building, which contains the infirmary, intake and holdover cells. It is expected that this work will be completed by September.

Fire evacuation drills have been instituted in the jail by the Fire Marshal and jail management staff. The initial drills were conducted in the George Allen and Decker facilities. An evacuation

drill is scheduled for the West Tower in March. Others will follow. Shift commanders and other management staff have been used as evaluators in these drills to enhance knowledge transfer to all facilities.

All fire control systems were operational at the time of this visit.

This Order remains in "Partial Compliance" pending completion of the on-going construction and repair work in the Lew Sterrett B and North Tower buildings.

Recommendations:

Complete on-going construction work and continue to institute evacuation drills in each facility.

Remedial Measure of Agreed Order:

C.5.b. DCJ shall implement competency-based testing for staff regarding fire/emergency procedures.

Compliance Assessment: Substantial Compliance

Factual Findings:

Staff continue to receive on-going fire safety training. No issues were identified in this area during this visit.

Recommendations:

None

Remedial Measure of Agreed Order:

C.5.c. DCJ shall ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location and that staff are adequately trained in use of the emergency keys.

Compliance Assessment: Substantial Compliance

Factual Findings:

The jail continues to be in compliance with this section of the order.

Recommendations:

None

Remedial Measure of Agreed Order:

C.5.d DCJ shall control combustibles and eliminate highly flammable materials throughout inmate living areas.

Compliance Assessment: Substantial Compliance

Factual Findings:

No excessive amounts of combustible materials and no highly flammable materials were observed in housing areas during this tour. No fire events have occurred since the last visit in September, 2010.

Recommendations:

None