# Dallas County Jail
# 3rd Monitoring Report

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## Executive Summary

On September 29, 2008 to October 2, 2008, 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 have been definite improvements in all areas of service. Phase I construction is essentially completed and space is being brought into use. Phase II construction plans have been developed. Improvements in the electronic medical record will significantly help in improving services. This software is expected to be brought on at about the time of the next visit. The Quality Improvement program has made significant strides. This group needs to expand its internal monitoring especially in areas of monitoring by the Department of Justice team in order to transition to self monitoring. Obstetrical care is now substantially compliant; no other groups that were substantially compliant suffered any deterioration in service.

Infirmary care, tracking chronic illness and mental health programming remain as significant obstacles. A sick call pilot program was initiated in North Tower and we expect that as this rolls out to other areas of the jail, access to care will significantly improve. Overall, we continue to remain impressed by the progress of the Parkland and Dallas County Jail team.

## 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.

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 and is underlined.

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. Parties will need to determine how long these areas are to be monitored once in substantial compliance. 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:** Partial Compliance

**Factual Findings:**

We reviewed approximately 20 records of people who entered the jail, 10 within the month of August, 2008 and 10 within the month of September, 2008. We found that TB screening was consistently performed and on the one individual whose skin test was positive, there was appropriate follow up. Four of the 20 records lacked a central intake screening form. Those four individuals whose intake forms were missing all entered the jail the last day or two of the month of August, during which there was apparently some computer downtime due to effects of one of the hurricanes. It is important to insure that there is consistent implementation of procedures, even during significant disruptions. This will be something for the quality assurance program to monitor.

The current intake process continues to consist of a medical assistant performing the initial intake screen and vital signs. During our review we found that patients whose vital signs were abnormal were all seen by a registered nurse. However, in no instance did the registered nurse repeat the vital signs herself to verify the finding. This was also true of individuals who were referred on to an advanced level provider. In all instances the vital sign data obtained by the medical assistant, the least credentialed staff member, was copied by the registered nurse and the advanced level provider. Thus, there was no independent verification of this critical data.

We also identified that those individuals seen by the nurse had a part of the intake screen completed by the registered nurse, which is supposed to include a physical examination. The

documentation by the nurses was, in many instances, more consistent with performing a history, in that there were descriptions of things like "asymptomatic" or "hypertension". Thus the process of utilizing a registered nurse to perform the physical exam, consistent with the requirement of the health assessment under the National Commission on Correctional Healthcare Standards, would not have met the standard. In addition, the new standards require that at the completion of the health assessment, there is an initial problem list and an initial plan for each problem. This also was not performed by the registered nurses. Even when patients were referred on to an advanced level provider for an assessment, some of these were performed still by record review and others performed on a face-to-face basis, and did not include an initial problem list or plan.

Between the 10 records of patients who arrived in August and the 10 records of patients who arrived in September, there appeared to be an improvement in the timeliness of obtaining health assessments or first chronic care visits. However, our methodology was hampered by the fact that among the records selected were individuals who were released prior to the timelines in which the required assessments should have been performed, so that our sample size was not one in which we could draw a full conclusion. It did appear that beginning in September there was an increased probability of an advanced level provider face-to-face assessment occurring within the first seven days of arrival by the patient. However, these assessments must include both a problem list and an initial plan for each problem. For individuals with chronic diseases, the plans should be consistent with the disease specific guidelines.

We also identified a problem in that individuals who entered the jail on medications, especially for chronic diseases, usually did not receive these medications until either the third or fourth day that they were in jail. This is because the pharmacy system did not allow medication dispensing until patients were moved to a permanent housing unit, which could be entered into the pharmacy software. Thus, there was a delay built into the system. In addition, according to our review, staff members in the intake area were, without exception, not using the Pixus machine. These matters were discussed with the staff.

We reviewed a few records of patients for whom an alcohol withdrawal protocol was ordered. However, the key element in an alcohol withdrawal protocol, which is nurse monitoring, was hampered by the fact that there was no clear order within the protocol, with regard to the frequency with which nurses would perform this monitoring. There is a scale similar to the CIWA scale, which is a nationally recognized protocol and which will prove very helpful. However, the detoxification or withdrawal protocol needs to include specific directions to the nurses with regard to the frequency of their monitoring and the indications for contacting an advanced level provider. We also identified at least one case in which the patient's vital signs were consistent with an emergency and yet this did not seem to be recognized by the advanced level provider. This case was reviewed with one of the physicians and suggests that additional training may be indicated. Similarly, there were a few instances in which a more aggressive approach to assisting patients in bringing their diseases under control appeared to have been indicated.

**Recommendations:**

1. When there is computer downtime, procedures must be in place to insure that necessary documentation is performed and entered into the computer. This should be monitored by the QI program immediately after the disruption.
2. Vital signs performed by medical assistants should be repeated by the nurse and repeated a third time by an advanced level provider when they see the patient. This is critical for all abnormal vital signs and because healthcare decisions will get made based on this data.
3. At the time of our visit the RN physical exam portion of the intake process was not appropriate. The strategy should be reassessed to determine whether a more detailed RN history is appropriate or whether substantial training needs to be provided to the RNs regarding physical examination.
4. A strategy to improve the timeliness of receipt of critical medications on entry to the jail needs to be implemented. The current delay, averaging three days, is not acceptable. The goal should be no delay for patients on critical meds and as much as possible, meds should be received within the first 24 hours.
5. Both the quality and timeliness of the health assessment (possibly performed consistent with a first chronic care visit when indicated) should be improved. The health assessment must include both an initial problem list along with an initial plan for each problem.
6. Some training for staff with regard to an appropriate response to extremely abnormal vital signs is indicated.
7. The nursing protocol for withdrawal should include specific guidance with regard to the frequency of monitoring and the indications for contacting an advanced level provider.
8. For the initial admission/orders for infirmary notes, the orders should include the acuity level, vital sign frequency, medications, laboratory tests, activity, any other follow up, diet, any special needs and any pending consults, both onsite and offsite.

**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:** Partial compliance.

**Factual Findings:**

This item requires that screening be filed in the record. At our last visit there were problems with the quality of the scanning of the screen filed into the record. We did not find those problems on this visit. However, we did find that during a computer disruption at the end of August/beginning of September, there were four records in which the central intake screening form could not be found. Clearly, in an emergency, special procedures must be utilized and it would be appropriate for supervisors, at the time of such emergencies, to review the work of the day to insure that procedures, even during the disruption, are still compliant with requirements.

**Recommendation:**

Develop and implement a plan to insure adequate documentation during periods of electrical disruption.

**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.*

**Assessment:** Partial Compliance

**Factual Findings:**

This section only reviews medical acute care. Mental health items are reviewed in the Mental Health report. We reviewed the central intake screening/medical reception process by touring the central intake area and reviewing health record of chronic disease patients admitted to the facility in the past 180 days. Although some improvements have been made since our last visit, we found that newly arriving detainees with potentially serious medical conditions problems do not consistently receive timely medical evaluations and ensure continuity of essential medications (see Central Intake Record Reviews) .

We toured the booking area and found that sanitation had improved since our last visit. At our last visit we expressed concerns regarding the provision of privacy during the central intake

process and we find that this is substantially unchanged. There are two stations where the medical screening process is conducted. At each station there are two certified medical assistants that sit only a few feet apart from one another interviewing detainees. This does not provide adequate privacy and medical confidentiality. We understand there is a plan to change this process such that registered nurses complete the medical screening process in private offices. This will be a substantial improvement over the current arrangement.

Review of health records showed that admission medical screening is consistently taking place and results are being scanned into the medical record in a timely manner. Nurses have improved on the elaboration of positive responses to medical conditions. However, a provider still does not consistently see patients with acute or chronic medical conditions upon arrival to evaluate patients; develop an initial treatment plan, and ensure continuity of medications. In those records for which providers did order medications, review of medication administration records show that medication lapses of 3 to 4 days were common. The average length of time to order HIV medications was 3 weeks. While it may be appropriate to delay restarting medications for HIV patients' who have been off therapy or grossly non-adherent prior to incarceration, this decision should be made promptly after arrival, and not weeks afterward as is currently taking place.

There is not a systematic process to ensure that newly arriving patients receive a history and physical within 14 days of arrival. Although many chronic disease patients are being referred to a physician within 10-15 days, our review showed that not all active medical problems are addressed at these visits. This was particularly true for HIV patients who have other chronic diseases. At each of these chronic illness visits, the focus was almost exclusively on HIV related symptoms, and did address other positive findings on the medical history form.

**Recommendations**

1. Implement the new screening process to provide privacy and medical confidentiality as soon as practical.
2. Continue to monitor and improve sanitation of the booking area.
3. Patients assessed to be acuity 1 and 2 should be immediately referred to a clinician for clinical evaluation and development of an initial treatment plan.
4. In addition, a clinician should evaluate all patients on essential medications that should be continued without interruption (i.e. TB, HIV, mental health, insulin) and renew them in a timely manner.
5. A clinician should perform a targeted history and physical examination within 14 days for all detainees/inmates and develop a Problem List and treatment plan for each active problem.

**Remedial Measure of Agreed Order:**

*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:** Partial Compliance

**Factual Findings:**

Previous recommendations from the prior report were addressed. A review of the delerium tremens case was done. A group met and discussed the case. It was determined that within 24 hours of admission into an acute mental health bed the patient would have a physician evaluation by the physician assigned to the tower in which the patient is housed. Regarding prompt evaluation after hospitalization, all information to and from Parkland is now placed in an orange envelope. This is returned to the nursing station where the patient is housed. It is reviewed by the nurses initially. If the patient was prescribed medication, the doctor is called by phone (all hours) to obtain a prescription. Orders are handled in the same manner. The note is reviewed by the doctor the next clinic day and scheduled for follow up by at least two weeks. A physician has been assigned to review all hospitalizations.

The number of patients who went to the emergency room at parkland was 386 in July of 2007 and 271 in June of 2008. The numbers going to Parkland's ER has reduced by half. Over the past 6 months the number sent to Parkland's ER is relatively stable at 260 per month. This is a fairly high number but reflects the lack of emergency care and infirmary care at the jail. Once those processes are in place the numbers of visits to Parkland would be expected to be lower. There were no identified problems in getting sick patients to Parkland. No delays in care were identified.

Ten charts of patients hospitalized were reviewed. Of these, only two had significant problems. In one, a patient with diabetes and high blood sugar at intake was assigned to the infirmary but instead went to North Tower. He had been on lantus insulin as a civilian but because lantus is restricted on the formulary the patient received a different insulin regimen and remained out of control. He saw a physician six days after intake and developed diabetic ketoacidosis and had to be admitted to the hospital. A second patient had severe emphysema and became unstable. A physician assistant saw the patient and instead of hospitalizing the patient or placing the patient in the infirmary under daily physician observation, the physician assistant provided outpatient treatment and sent the patient back to general population and the patient became lost to follow up. The patient wasn't seen for weeks and when seen required urgent hospitalization.

Aside from these two errors, eight other patients were adequately managed through their acute

illness. Problems were identified timely and their hospitalizations were not preventable. In all cases, there were no delays in getting patients transported to the hospital and no barriers to hospital care. Follow up after hospitalization occurred in all cases.

There are two remaining issues. One is that lack of infirmary care results in excess hospitalization and trips to Parkland. The second remaining issue is that there is no mechanism for physicians to address emergencies at the jail. All patients with emergencies are transported to Parkland even when they could be managed by a physician on an outpatient basis. If there were an ability to address emergencies at the jail, many trips to Parkland could be avoided. Such a system should be put into place.

Relative to emergency care within the jail, compliance with this item is facilitated by maintaining a log for urgent/emergent problems. Although we were provided with a log, it lacked the fields for presenting complaint and disposition. Thus, this not only inhibited our ability to select a sample of cases with differing kinds of problems, but it also inhibits the supervisory staff's ability to utilize this log for training purposes, by selecting different organ systems based on presenting complaints and using cases and additional information for improving professional performance. We selected at least three or four records from each major housing area. We reviewed records in which the initial assessment was not complete. We also found records in which an LVN was the only person performing an assessment on a person presenting acutely with chest pain. We also found a record in which there was an inappropriate response to an extremely high blood sugar, and we found records in which either an advanced level provider was not contacted or when the advanced level provider was contacted the instruction was inappropriate.

**Recommendations:**

1. Add fields to the urgent care log for both presenting complaint and disposition.
2. Utilize these logs for the primary care clinician to review each morning so that records of people under their care who have had urgent problems can be easily reviewed. Also utilize the logs for training to be provided when the record review suggests a need for performance improvement.
3. Guidelines should be provided for nurses, and especially LVNs, for what data they are to collect before contacting an advanced level provider.
4. An LVN should not be utilized to perform an independent assessment which results in no contact to either a registered nurse or an advanced level provider.
5. Training should be given to all clinical staff with regard to appropriate responses to extremely abnormal blood pressures or blood sugars.
6. Patients with a chronic disease who present with an off-hour emergency should be seen by their primary care provider within a reasonable time frame for follow up care so that an appropriate assessment and modification of plan, if indicated, can be performed.

**Remedial Measure of Agreed Order:**

*A.2.b.DCJ shall train correctional officers to recognize and respond to medical and mental health emergencies, and shall ensure that inmates with emergency medical or mental health needs are promptly referred and transported for outside care when the facility is unable to provide appropriate care.*

**Compliance Assessment:** Substantial Compliance

**Factual Findings:**

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|---|---|
| Number of officers | 1293 |
| Number of new officers last 6 months | 132 |
| Number of new officers trained on health issues | 1183 |

Training consists of both mental health and medical issues. The training curriculum has been reviewed and is of good quality. Training is provided on issues related to hepatitis, HIV/AIDS, Tuberculosis, blood borne pathogen prevention, confidentiality and emergency procedures.

**Recommendations:**

1. The training program is of high quality. This program needs to be sustained. Though the training has not consistently been performed, substantial compliance can be sustained if the program continues to be performed as it now is.

**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:**

Previous recommendations were partly addressed. An audit of days-to-medication from central intake showed the average was 5 days. Though this was not timely the audit process was excellent. Mean day-to-medication was shorter and was occurring within 3 days. Day-to-medication was 2 days for acuity 1 & 2. This measured time was from time of central intake to the time patients actually received a first dose. This audit resulted in a new central intake policy. A recommended tracking system has yet to be developed. Two mechanisms were tried. A central intake log is maintained by nurses. This is used by clerks to make appointments. Previously, an analyst received all information from Central Intake for the previous two days and sorted chronic illness patients by housing unit. This system didn't work well and was changed to having a single intake nurse do this. This is very labor intensive and will be unnecessary when the new electronic record software (Pearl) starts. The clerk making the appointment does so by acuity. So the revised policy is that acuity 1 & 2 patients must be seen by 7 days and acuity 3 must be seen within 3 days. Acuity 1 & 2 are now seen in Central Intake by a provider (quick look) but though acuity 3 should be seen by a provider within 3 days, this is not occurring. All patients with chronic illness are to have their medications prescribed by Central Intake providers. Regarding starting HIV medications timely, if a patient knows their medication, it is started in Central Intake by the provider.

Only three of nine charts reviewed for medication timeliness demonstrated that medication was being delivered timely. This finding is consistent with DCJ's own audit that the mean time to medication was five days with a median of three days. It is promising that DCJ is capable of self audit in this regard. Nevertheless, improvement needs to occur.

There are still problems with continuity of care which appear to be related to scheduling and tracking issues. The Parkland team understands the problem and remains focused on solutions. The Parkland DCJ team has set a goal of ensuring initial assessment by an advanced level provider within 24 hours of incarceration and establishment of a disease registry. Their investigation has revealed that the number of persons with acute or chronic illness number 3750 a month. In order to remedy this, the following steps have been undertaken.

1. Since November of 2007, 24/7 coverage in Central Intake has been provided which was

meant to review all acuity 1 and 2 patients and all infirmary admission. While effort has reduced emergency transfers to Parkland Hospital from about 90 a month to 45 a month, it has not completely resolved the problem of seeing all chronic illness patients timely as they enter the jail.

2. There is recognition that 125 inmates a day with chronic or acute illness enter the jail daily. In order to evaluate these inmates, providers will be located in the second floor area where booked inmates are processed into the jail. Evaluation is ongoing regarding the number of providers that will be necessary to evaluate this volume of inmates. This process is complicated by the fact that from day one to day five of incarceration an increasing number of inmates are discharged from the jail (14% on day 1 and up to 58% by day 7). By making all inmates who are formally charged and will remain in the jail go through 2nd floor processing, most inmates will be captured. Those inmates who enter the jail other than through Central Intake and those who remain in Central Intake for several days are two remaining groups that need consideration.
3. Plans exist to increase the number of Central Intake providers in order to accommodate these plans.
4. Plans exist to substitute Registered Nurse intake screening of all inmates instead of utilizing CMA positions. This will ultimately reduce redundant evaluation of persons with chronic illness. By doing thorough Registered Nurse screening, those inmates without medical conditions (estimated at 60-70% of incoming inmates) will require no further evaluation and can be sent to general population.

In coming to our conclusions, we review a number of charts of persons with diabetes, persons on warfarin, asthma, epilepsy, and HIV. Care of diabetes and for persons on warfarin was generally quite good once the person reached a physician. Problems scheduling patients and tracking them through care remains problematic. There have been problems obtaining timely laboratory results. With a few exceptions, chart reviews demonstrated good quality care. We wanted to make special mention of the PharmD program in evaluation of persons on anticoagulation. This program, which is similar to the program used in the Parkland health system, is excellent and timely and effectively tracks persons on anticoagulation. Similar programs for persons with HIV and complicated illness would be very effective in managing the population of complicated disease patients.

A small sample of records of patients with asthma and seizures was reviewed. Although the sample was not large enough to draw any definitive conclusions, within the charts we reviewed we identified some opportunities for improvement. The asthma records continued to reflect an absence of the use of peak expiratory flow testing, both during emergent situations and during chronic care visits. In addition, we identified chronic care visits in which a follow up note form was utilized, even though the patient had never had a detailed disease specific history on or a chronic disease intake form. We identified one extremely complex obstetrical patient with asthma who, despite the identification of asthma as a serious problem, had not had any chronic care visit and another record in which the follow up plan included return to clinic in 12 months.

We also found at least one instance in which a patient was treated sequentially with emergency approaches but no chronic care visit or baseline strategy was utilized.

We reviewed 5 records of patients with HIV infection selected from a pharmacy list of patients taking antiretroviral therapy and from patients who had HIV laboratory tests ordered. These patients were located in the West and North Towers and the George Allen.

In 3 of 5 records reviewed a provider did not see the patient or review the record at the time of arrival. Of the records reviewed, the average time from admission until evaluation by an HIV clinician was 15 days (range =10 to 19 days), a significant improvement from our last visit when the average time frame was 27 days (range =3-74 days). The average time frame from time of arrival until initiation of HIV medications was 3 weeks.

Currently, the management of HIV patients is assigned to Dr. Pavelka, who is knowledgeable in the management of patients with HIV infection. Because only one physician at the jail manages HIV patients, delays in access to care sometimes occur as Dr. Pavelka has scheduled clinics in each of the locations where HIV patients are housed. We interviewed Dr. Pavelka who expressed concern that when HIV patients become symptomatic, rather than a nurse or primary care provider in the designated clinic seeing the patient, the patient is directly scheduled to see Dr Pavelka resulting in unnecessary delay in access to care. She believed that the current medical assistant assigned to her was not knowledgeable of clinic operations and was not able to adequately assist her in seeing patients efficiently.

With respect to record review, we note that efforts are being made to elaborate on the patient's medical history including opportunistic infections and previous antiretroviral therapy. Documentation of HIV-specific review of symptoms and inquiry regarding medication side effects tends to be minimal, even when patients have previously reported symptoms (e.g., chronic diarrhea).

Not all non-HIV chronic diseases (e.g. asthma) and other medical conditions were adequately addressed at each HIV clinic visit and were not being managed in another non-HIV chronic disease clinic. Of particular concern is that several patients were co-infected with TB infection and assessments of whether the patient received adequate preventive therapy was not consistently explored and addressed. This is significant because patients who are co-infected with TB and HIV have an 8% risk of developing active tuberculosis each year, as opposed to a 5-10% lifetime risk for non-HIV infected patients.

We noted that HIV laboratory tests were not consistently available at scheduled chronic disease appointments although they were ordered by the physician. In some records a CD4 count might be available but not an HIV viral load, both of which are necessary to assess the effectiveness of therapy and disease control. This was a concern to Dr. Pavelka as well. She indicated that if patients miss their scheduled laboratory appointments, they are not rescheduled as a matter of

course. We discussed phlebotomy services with nursing leadership who acknowledged problems with the consistency and timeliness of obtaining laboratory tests and leadership was developing strategies to address the problem. Patient's on antiretroviral therapy did not consistently receive laboratory monitoring for medication side effects (e.g. lipid panels for patients on protease inhibitors, etc) or screened for contraindications to selected medications (e.g., HLA-B*5701 genotype testing prior to initiation of Abacavir, etc.).

As found at the previous review, medications ordered at these initial visits were typically received in 2-3 days. Many patients were administered antiretroviral medications through a self-administered process rather than nurse administered which does not enable nurses or clinicians to precisely measure medication adherence. Thus, when patient's HIV disease is not well controlled clinicians cannot accurately weigh whether poor disease control is due to noncompliance or a failing regimen. Given the improvements in the pharmaceutical delivery systems, nurse administered medications would appear to be a more reliable system than self-administered medications as refills are less dependent on whether the inmate submits requests for refills in a timely manner. Dr. Pavelka expressed a desire to have the default system for antiretroviral therapy to be nurse administered. We discussed this with Dr. Porsa who agreed to facilitate this change. Once this is implemented, we recommend that a chronic disease nurse calculate the degree of medication adherence (e.g. 90% of all doses) just prior to scheduled chronic disease visits so this information is readily available to Dr. Pavelka.

With respect to medication renewals, we did note lapses in medication renewal however fewer lapses were noted than at the previous visit.

**Recommendations**

1. Health care leadership should review and revise medical intake procedures as needed to ensure that clinicians evaluate patients and start medications for patients with chronic illness timely. This should be described in standardized policy and procedures.
2. Initial evaluation must be thorough enough to ensure continuity of treatment (e.g. HIV patients need to have their history of medication, prior opportunistic infections, prior viral loads and CD4 counts documented).
3. A chronic illness tracking system must be developed.
4. Patients should have a baseline history and physical examination as timely as indicated based on the current status of their chronic illness.
5. A clinician should evaluate all HIV patients with a history of antiretroviral therapy (current or recent treatment) upon arrival to determine whether it is appropriate to continue the medications or defer pending evaluation by the HIV provider.
6. HIV patients should have a baseline chest x-ray and be offered immunizations (hepatitis A and B, Influenza, Pneumovax), if not already given.

7. While the length of stay of the inmate should be considered when ordering laboratory tests, policy should specifically address the timeliness of routine laboratory testing for specific chronic illnesses. Urgent laboratory tests should be ordered as indicated.
8. Improve the timeliness of receipt of chronic medications at the time of entry to include that inmates can begin their medication in Central Intake.
9. Ensure that patients who develop an emergency related to their chronic disease are referred back to their primary care provider timely so that their baseline plan may be adjusted.
10. At the initial HIV clinical visit, clinicians should document an HIV-targeted baseline history and physical examination that includes any previous opportunistic infections, review of symptoms, antiretroviral therapy history, and medication adherence and side effects. When HIV patients are seen in chronic illness visits, other chronic diseases should be evaluated as well. At each subsequent visit, clinicians should perform a targeted review of symptoms as well as evaluate medication adherence and side effects.
11. Based on our experience we recommend that antiretroviral therapy should be nurse administered so that medication adherence can be accurately measured and the information made available to the physician. Exceptions to nurse administered medications should be made on a case-by-case basis only among patients with demonstrated good adherence.
12. If patients are noncompliant with chronic illness medications, nurses should assess the reasons for noncompliance and notify clinicians in a timely manner, not waiting for the next clinic visit.
13. At the conclusion of each visit, physician orders should extend medications through the next clinic visit to ensure continuity of medications. For example if a patient is to be recalled in 90 day, order medications for 30 days with 3 refills to extend medications to 120 days. This will also promote the practice of reordering medications following a clinical evaluation, instead of a paper renewal that is not associated with a clinical evaluation of the patient.

**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:** Non Compliance

**Factual Findings:**

Previous recommendations were not all addressed. The concern is that this unit is the only unit where patients with more serious problems can be monitored. There are still no infirmary rules for admission or discharge; there is not yet a designated infirmary space. Admission notes are written only from central intake. No formal discharge note is written. There is no classification

system. Vitals are done only on two shifts but only for those with orders.

There is still no infirmary care in the Dallas County Jail. Medical staff acknowledges that they are not currently capable of providing skilled nursing care. Care is limited to observation. Admission to the observation area is not strictly restricted by medical order. Custody controls assignment within this unit. Patients sent to the observation unit now have an admission note but because custody controls assignment, it is still difficult to locate patients within the unit.

Approximately 200 patients are housed in the observation area. But identifying who is on the unit is challenging. The custody information system (AIS) system can produce a list of active inmates on the unit. In order to locate who is on the unit, nurses print a list of open scheduled appointments and match it to the AIS list. Because the UTMB EMR reminder list does not purge open appointments of inmates who have been discharged, the nurses have to compare the two lists and this takes considerable amount of time. Even to find out who needs vital signs the nurses have to spend hours in matching two paper lists of electronic records that don't speak to each other. The EMR list reviewed had people on it who are no longer in the jail. For all practical purposes, nurses are not fully informed of who is on the unit and why they are there.

The day of our visit there were 171 patients on the unit. Nurses get a sense of who is on the unit by printing a list of appointments for the entire infirmary. Appointments are created for every activity ranging from doing vital signs, blood testing or physician visits. Appointments are not automatically deleted when inmates are discharged from the jail. But if someone has been on the unit for over a year, nurses would not necessarily know they are on the unit unless there was an open appointment. For practical reasons, nurses identify patients on the unit by opening open appointment for a month period of time. For the most recent month, there were 396 open reminders (which includes vital signs, CBG, and appointments). Nurses print reminders on a two –day basis to understand what they need to do for the day. In most infirmary units, a physician can tour the unit and quickly look over patients. On this observation unit, the physician only knows about patients based on appointment lists and the appointment list does not give any clinical information. About 12 people a day come to the infirmary. These patients are not seen upon admission.

For inmates coming to the observation unit from the Central Intake area there is now a dedicated infirmary admission note format. When new medical record software is installed, this format will be used for all admissions including patients admitted from the jail general population areas. There are still no restrictions on observation unit admissions and any type of patient can be housed in the infirmary. Though custody staff can house inmates on the unit, it is estimated that 90% of inmates coming to the unit are admitted by medical staff. Nevertheless, there is still confusion as to who is on the unit.

For almost 200 complex patients, the unit has an RN,LVN and CNA per shift and 2 LVNs that pass medications. There is no charge nurse. This unit appears understaffed.

Ten charts were reviewed of patients who were housed in the observation unit. For three patients, it was not clear why they were on the unit. Patients admitted for detoxification did not consistently get evaluated. Notes and interventions by nurses were seldom documented at a frequency as ordered by the physician. Laboratory testing was not performed as ordered on two patients. Follow up evaluations did not consistently occur as scheduled. For two patients clinical problems were not addressed timely.

**Recommendations:**

The recommendations for this area are the same on the last report.

1. Even though the existing infirmary space is inadequate, a process for managing and tracking infirmary cases should be instituted. This should include:
    a. Admission and discharge rules.
    b. Admission notes by a physician to include orders.
    c. Discharge notes by a physician and a system for endorsement to another area of the jail.
    d. A system of classifying patients that includes the frequency of physician evaluations based on the classification.
    e. Routine vital orders for nursing on certain types of patients

**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:** Partial Compliance

**Factual Findings:**

An accurate roster of chronic illness patients is still not available. Therefore, tracking inmates with chronic illness is still not thoroughly done and results in patients getting lost. The idea of initiating a data base was not implemented. It was felt that the effort would be wasted because the new electronic record software will address the issue. We do not disagree. In the interim, a Certified Medical Assistant (CMA) log in intake is maintained. This is an Access database maintained electronically. This is new since the last visit. Previously, nurses maintained the log but only logged patients referred to the nurse-i.e. those with chronic illness. Now CMAs log everyone who comes into jail even though as many as 14% will subsequently leave within a day or two. We agree with logging all incoming inmates. Since all incoming inmates are evaluated

by the CMA, the CMA maintains the log. Five fields are recorded: CMA name, inmate last name, inmate first name, inmate date of birth, and disposition (sent to nurse or general population). This is equivalent to a hospital registration. This process is a adequate for those who come through intake, but some inmates are admitted to jail who do not come through intake. They come through via remote booking, expedited booking, etc. Matching this CMA log with the Adult Information System will yield a group of inmates who did not receive medical screening which ultimately can be used to screen unscreened patients.

Inmates with medical conditions or problems who are referred by the CMA to the nurse have additional information logged by nurses in Central Intake. This database is separate from the electronic medical record but is maintained on the server on the P drive which is a shared Parkland server which is backed up every midnight and maintained by Parkland IT staff. Once the new electronic record is installed this information can be tracked directly into the electronic record. The additional information added by the nurse consists of:

- The Dallas County Jail ID # if available
- Date
- Chronic Illnesses

Some entries result in additional reminders. Reminders are electronic scheduled appointments in the electronic record. For example, when the OB/Gyn box is clicked on the database identifying that the woman may be pregnant or has a gynecologic chronic illness; it automatically sets up an appointment with the obstetrician. With the exception of OB/GYN patients this does not occur. For example, if diabetes or any other chronic illness is clicked, an automatic entry is made to the chronic clinic referral box. This will result in a database entry that a chronic clinic referral is necessary. The following day, (seven days a week-daytime only) an Admission-Discharge-Transfer (ADT) nurse will print a report from the Adult Information System (AIS- which is the custody database) of the last 24 hours of activity to include booking number, assigned tank, and release date. This gives a list of inmates who are still in the jail and their location. This report is saved and exported to her desktop as a spreadsheet. Information from the AIS data as a spreadsheet is imported into the Parkland shared database that has the chronic illness information. This is done daily so that on a daily basis the Parkland database is updated with the latest housing information. This updated Parkland database is available at all workstations in health care settings. The ADT nurse will sort the database by jail location which are:

North Tower
West Tower
Main clinic
Kays
George Allen
Decker
OB/GYN

HIV
Released

She the cuts and pastes each location to a separate spreadsheet and send to each location. These are emailed to each area's clinics. This doesn't give a scheduled appointment and doesn't track whether people have been seen but does give an up-to-date list of people with chronic illness at each location. This gives health care staff a list but not an appointment function. The only appointment function is the reminder list which has been found to be transferrable between locations.

This very cumbersome process speaks to the extra-ordinary effort to track chronic disease inmates. Despite the extremely labor intensive effort, inmates are still lost to follow up from intake. This is all necessary because inmates can not be entered into the electronic record at intake and scheduled appointments can't be generated from intake. New electronic record software (Pearl) will allow appointments to be generated from intake and should correct this problem.

**Recommendations:**

1. A system for tracking chronic illness still needs to be accomplished.
2. The tracking system should be able to identify patients with chronic illness and should allow for scheduling patients as needed.

**Remedial Measure of Agreed Order:**

*4. Treatment and Management of Communicable Disease:*

*a. DCJ shall implement and refine their communicable disease testing, monitoring, and treatment programs. DCJ shall continue to test for tuberculosis ("TB") all inmates arriving at the jail upon booking and will follow-up on test results as medically indicated.*

*b. DCJ shall develop and implement infection control policies and procedures to prevent the spread of infections or communicable diseases, including TB and Methicillin Resistant Staphylococcus aureus ("MRSA"), consistent with generally accepted professional standards of care.*
*c. DCJ shall establish effective infection control programs, including programs for TB and skin infections, that:*

*i. actively collect data regarding infections and communicable diseases;*
*ii. assess this data for trends;*
*iii. initiate inquiries regarding problematic trends;*
*iv. identify necessary corrective action;*

*v. monitor to ensure that appropriate remedies are achieved; and*
*vi. integrate this information into the Jail's quality assurance review.*
*vii. DCJ shall develop and implement adequate guidelines to ensure that inmates receive appropriate wound care. Such guidelines will include precautions to limit possible spread of communicable diseases.*
*viii. DCJ shall ensure that the specialized respiratory isolation ("negative pressure") and HVAC (heating, ventilating and air-conditioning) systems function properly.*

**Compliance Assessment:** Substantial Compliance

**Factual Findings:**

All prior recommendations were addressed. Monitoring has continued. Questioning and documenting TB symptoms are now integrated into the process of TB screening. Aggregate data is reported to Quality Improvement. This is the second consecutive substantial compliance rating for this item.

During this visit, we reviewed the infection control program and found it to be functioning quite well. There is consistency in the TB screening program as well as in the follow up of the patients whose TB skin tests are positive. We found one record in which, although the x-ray had been performed, the result was not in the chart, but the TB control coordinator was aware of this case and knew that appropriate follow up had occurred. The program has implemented a procedure in which patients whose skin tests are positive are interviewed with regard to symptoms of active disease in order to rule out the possibility of contagion. This is an excellent addition to the program. There is tracking of skin infections and MRSA and there is also a program of sexually transmitted disease screening, which is conducted with the assistance of staff from the Department of Health who appear on site three days per week. The infection control program appears to be well organized and well run.

Isolation rooms continue to be monitored on a continuous basis.

**Recommendations:**

1. Consider the possibility of gonorrhea and Chlamydia screening by having the Department of Health fund a study looking at the incidence of these infections on a sample population screen.
2. Maintain this monitoring system for continued compliance.
3. Implement the documentation of the TB symptom questions in the medical record.
4. Continue to monitor and track the incidence of these diseases and provide regular (at least quarterly) reports to the Quality Improvement Committee so that data can be analyzed and discussed.

**Remedial Measure of Agreed Order:**

*5Access to Health Care:*

In review of previous recommendations, DCJ has partially addressed the recommendations. A system of lock boxes has not yet been installed. The sick call process including separation of slip collection, providing a list to officers and entering appointments into the EMR is being done in the North Tower sick call pilot. Adequate sick call rooms are now equipped. Finally quality improvement evaluations are being performed for the North Tower pilot.

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

**Compliance Assessment:** Partial Compliance

**Factual Findings:**

This was evaluated by reviewing medical reception, nursing sick call, chronic disease management and urgent care. Health record review shows there are still delays in access to care at central intake. However improvements have been made in the timeliness of care from when inmates arrive at the facility until they are seen in the chronic disease program. The nursing sick call process is undergoing changes but does yet not consistently ensure adequate and timely response to health requests in all housing units.

**Recommendations:**

See recommendations below.

**Remedial Measure of Agreed Order:**

*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:**

Nursing sick call was evaluated by reviewing applicable policies and procedures, touring the health care clinics, interviewing staff and reviewing sick call requests and health records from North and West Towers and George Allen.

The Jail Administrative Team has developed policies and procedures regarding the collection and triage of non-emergent requests for health care (Procedures E-07) and Nursing Guidelines

(Procedure E-.11). These policies have some internal inconsistencies that were discussed with nursing leadership. There are aspects of the policies that are lacking in direction to staff and should be revised. We reviewed a newly developed form that nurses are to use to conduct health care assessments. This form was not well designed and is not consistent with the nursing process which is a systematic process to obtain subjective and objective data to make a nursing diagnosis and develop a treatment plan. The design of the form discouraged the collection of data needed to make a nursing diagnosis and plan.

DCJ is in process of improving the infrastructure to provide adequate access to health care services. Since our last visit several new clinics have been opened in the North and West Towers. These clinics are clean, organized, and well-equipped and supplied. These new clinics should enable nurses and clinicians to conduct patient evaluations in an appropriate setting.

DCJ has developed a team model to provide primary care services in the clinics. This model consists of a registered nurse and 2 licensed vocational nurses for every 1000 inmates 24 hours per day, 7 days per week. In addition, a certified medical assistant will be teamed with a primary care provider whenever a provider sees patients in the clinic. Currently, there is not full-time clinical staffing in each of the clinics. The model is designed for nurses to share responsibility and accountability for all nursing activities. Through discussions with nursing leadership we learned that the roles of the RNs and LVNs would be interchangeable (i.e., either level may conduct sick call, administer medications, or perform clerical duties). However, this does not recognize the differentiation in education and training of RNs versus LVNs to enable assignments to match the skills of the nurse. While many LVNs are conscientious, they do not have the requisite education and training to conduct independent nursing assessments as is required to evaluate patients during routine sick call and urgent encounters. Only registered nurses should perform activities that require independent nursing assessments.

To date, the new model has been rolled out only in the North tower fifth clinic that serves the 4th and 5th floors. Our review showed that nurses collect health service requests (HSRs) twice daily while making rounds or passing medications. This is done once on the night shift and once on the day shift. There currently are no locked boxes for inmates to submit their forms; so if inmates are asleep or out of cell when a nurse comes by, (s)he is unable to submit the HSR which delays their access to care. After collection and triage of the forms, the night shift staff develops a list of patients for the day shift nurse to see the following day, and likewise the day shift staff collects HSRs and schedules patients for the night shift to see. This system has enabled the timely collecting, triaging and scheduling of patients. Consequently there was no back log of HSRs in this clinic.

However, on other floors in the North and West Tower and outlying clinics (e.g. George Allen, etc) the new model has not been implemented and we found that although HSRs are collected in a timely manner, nurses do not triage and see patients in a timely manner. On the North Tower 7th floor clinic staff reported a large backlog of HSRs. We reviewed one stack of 34 HSRs that

inmates submitted 30 days prior to our visit which had not yet been addressed.

In the West Tower nurses were also collecting forms in a timely manner but were also not seeing patients in a timely manner. We reviewed one stack of HSRs that showed nurses often did not see the patient but instead scheduled the patient for future care (e.g. doctor visit or blood pressure monitoring). For example, one patient submitted a form that was triaged on 9/18/08 complaining that his HIV medications had been stopped. The nurse did not see the patient but emailed Dr. Pavelka on 9/23/08. The physician scheduled the patient for an appointment on 9/25/08, a week after the request was submitted. In another case the patient submitted a complaint on 9/14/08 stating that his heartburn medication was not working. On 9/19/08 the nurse documented that the patient was already taking Zantac and took no further action.

Moreover, documentation on the HSRs reflected that patients were not informed of the nurses' disposition of the request. This perception was borne out when we made medication rounds in the West tower and a number of inmates complained to the medication nurse that they had submitted several HSRs for which there was no response. This included an inmate with a history of bilateral lower extremity deep vein thrombosis (blood clots) who complained of persistent pain and swelling in his legs and a patient who complained of losing vision in his right eye. We discussed this with staff who arranged to have these patients see the physician that day.

**Recommendations:**

See recommendations below.

**Remedial Measure of Agreed Order:**

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

**Compliance Assessment:** Partial Compliance

**Factual Findings:**

At our last visit, staff was not consistently logging and tracking HSRs, in part because of the large volume of requests. At the North Tower, 5th floor clinic the new process has now enabled staff to exert better control over the volume and now staff are consistently collecting and logging the forms. Because staff reported that the new system has not been implemented in the other areas of the jail we deferred evaluation of these areas until the new system has been fully implemented.

**Recommendations:**

See recommendations below.

**Remedial Measure of Agreed Order:**

*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:**

Our review showed that in the North Tower 5th floor clinic, staff were triaging and addressing health requests in a timely manner. However this was not the case on the North Tower 7th floor clinic nor in the West Tower (See patient record reviews).

**Recommendations:**

We recommend that a more structured nursing sick call process be developed and implemented. This process might include the following elements:

1. Assignment of nursing staff to tasks and functions based upon their education and training. Only registered nurses should perform independent assessments and not LPNs or CMAs. This is a new recommendation.
2. Lockable health service request boxes should be installed in each of the housing units so that inmates/detainees can submit request forms 24 hours per day. This is a continuing recommendation.
3. Ideally, the collection of health services request forms should be separated from the medication administration so that nurses can efficiently deliver medications without interruptions. This is a continuing recommendation.
4. Nurses should triage the requests within 24 hours and see patients with symptoms within the next 24-48 hours. This is a new recommendation.
5. The Health Service Request Form (kite) should be redesigned to permit nurses adequate room to document subjective and objective data, a nursing diagnosis and plan, including education. This is a new recommendation.
6. Quality improvement studies should be implemented to review the quality of nursing evaluations and timeliness of physician referral. This is a continuing recommendation.

**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:** Partial Compliance

**Factual Findings:**

There are continued problems with the current record keeping system. There were 18 deficiencies identified with the current electronic medical record system during our last visit. All of these issues are anticipated to be addressed by the new medical record system planned for installation in the upcoming months. In anticipation of this roll out, DCJ has developed EMR/Documentation/Scanning Teams to facilitate the process and to ensure that all areas of the jail are engaged in this roll out. There is no representative from the custody AIS data system; this will be necessary in order to ensure integration of the AIS system into the new electronic record.

The teams are working to implement a program of scanning necessary documents, develop a training program, review all forms, and ensure that each are of clinical care has their needs met by the new record system.

Scanning remains problematic. When the new electronic medical record software is installed there will be a reduced need for scanning as information will be able to be directly entered in Central Intake. Nevertheless, the team assigned to scanning is in the process of reviewing all forms, eliminating unnecessary forms and introducing electronic versions of existing paper forms so that scanning can be reduced. We did notice some improvement in getting documents into the medical record but deficiencies still exist.

Training has been instituted for the existing electronic record so that all staff are efficiently using the existing software. Some staff were unaware of the existing capabilities of the software and it was ineffectively used. Training has improved staff utilization of this software.

This area will be reviewed more carefully in the next audit when the new electronic medical record software is installed.

**Recommendations:**

1. Continue with existing plans for rolling out the updated software.

**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:**

Medication Administration was evaluated by inspecting the medication carts, interviewing staff, reviewing daily Medication Administration Records, assessing systems for medication renewal.

This area continues to improve. Since our last visit pharmacy services has continued to increase control of pharmaceuticals. Staff reported that the increased control of pharmaceuticals saved over $600,000 in the past fiscal year.

All medications in the North and West Tower are provided through pharmacy controlled pre-loaded medication carts. They are filled according to the top 150 prescribed medications used in the area. Each pre-filled cart has a 3 day supply of medications. Pharmacy services have a schedule for changing out the cassettes to ensure medication continuity. The nurses pick up the carts and take them directly to the floors.

There are Pyxis machines on several of the floors that provide a stock supply of medications. The Main Clinic, George Allen, Decker and Kays do not have pharmacy prefilled carts but retrieve medications from the Pyxis.

At our previous visit we noted that the medication administration process is extremely time consuming and nurses still document on daily medication administration records (MARs) that must be scanned into the electronic medical record (EMR). This is wasteful of staff time. However, Parkland has received funding for an automated dispensing system called Talyst that is capable of dispensing dose specific medication. Thus, if a patient is due to get 3 different medications in the morning Talyst will package and label the dose in one container. They have also received funding for a program called Accu-flo that will automatically barcode documentation of medication onto the MAR in the EMR. This will significantly increase the timeliness of medication administration and accuracy of documentation. These programs are anticipated to be installed in the next 6-8 months and will be integrated into existing electronic medical record software.

With respect to continuity of medications there continue to be lapses in medications for newly arriving inmates of approximately 3-4 days. There are also lapses in renewals of chronic disease medications however the lapses appear to be less frequent than at our last visit. This is in part due to Dr. Porsa assuming personal responsibility for the medication renewal system. Dr. Porsa receives printouts of patients whose medications are about to expire and facilitates their renewal. One drawback to this approach is that medications may be renewed independent of a clinical evaluation. Thus the same medications may be renewed regardless of the patient's disease control. Ideally all medications would be ordered following a clinical assessment of the patient.

The medication refill process is distinct from the medication order renewal process. In that medication refills are typically provided for 30 days for detainees who receive medications through a keep on person program. Continuity of medications is dependent on 3 steps occurring in a timely manner: a) the inmate requests the refill; b) the pharmacy refills the prescription; and c) the nurse delivers the medication to the detainee before he runs out of medication. Because inmates may not request medications in a timely manner, we recommend that certain medications are only nurse administered, such as TB and HIV medications. This will decrease the risk of medication lapses.

With respect to medication administration, nurses administer medications twice daily, with a third administration time for the few medications given three times daily. Staff provided us a schedule that showed that morning medication administration was scheduled from 0700 to 0900 hours. However we learned that medication pass does not consistently occur at this time. Some delays are due to the nurses spending a considerable amount of time checking the Medication Administration Records (MARs) and ensuring that the medications are actually in the cart. Theoretically, with the new pharmacy systems this should not be necessary. However, newly arrived detainees/inmates with medication orders may be housed in the tanks after the automated printing of the MARs and before the pharmacy fills the prescription. Thus nurses may encounter inmates in the tanks who request medication for which the nurses have neither a MAR or the medication.

On the day we observed medication administration in the West tower the nurse actually got started at approximately 0845. The medication cart was clean and well organized. It contained a hand-sanitizer that the nurse periodically used. At each tank, the nurse administered medications in accordance with standard nursing procedures. She checked the detainee/inmate identification, the MAR and the medication before administering it to the inmate. She did an excellent job.

However, one problem is that the correctional officer did little to assist the nurse in preparing the inmates for her arrival such as announcing her presence, having the inmates properly dressed and bring their IDs and a cup of water. Consequently the nurse spent an inordinate amount of time at each tank rousing inmates and reminding them repeatedly to bring water cups which delayed the process. This is in contrast to previous visits where correctional officers were proactive and assisted the nurse to efficiently administer medications. Another problem was that inmates complained that they had previously submitted sick call requests several days prior with no response. The nurse took notes and planned to follow-up. This is reflective the new system not yet being implemented in the West Tower, which reduces the efficiency of medication administration.

We observed nurses giving medications on the mental health units. The nurse and officer together went door to door. The officer opened each door in order for the nurse to administer the medication. This is a significant improvement from our last visit.

The evening medication administration is scheduled for 1900 to 2230. This permits hour of sleep (HS) medications to be given after 2000 hours, as they should.

**Recommendations:**

1. The pharmacy staff is to be commended for the increase control over pharmaceuticals.
2. The health care leadership should ensure that the policies and actual practices ensure that the medical reception and chronic disease management system ensures timely renewal and continuity of essential medications. This recommendation is an existing recommendation.
3. Medication administration times should be consistent from day to day. Medications should be delivered within 2 hours of a designated time. This is a new recommendation.
4. Health care and facility leadership should ensure that nurses and correctional officers work as a team to efficiently administer medications. This is a new recommendation.

**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:**

We reviewed medical clinic areas in West and North Tower, medical intake, classification, and the main clinic. In general sanitation in these areas has improved since our last visit. Since our last visit medical clinics have been added in each of the towers. These clinics are clean, organized, and well-equipped and supplied. They provide adequate examination space. A minor finding was that in 3 clinics the ophthalmoscope bulb was nonfunctional and there are no visual acuity charts in any of the clinics.

As previously noted, the booking area where medical screening is conducted does not provide adequate privacy and confidentiality of medical information. Although the area has been recently renovated, two open stations are placed a few feet apart from one another where staff conducts medical screening, potentially enabling officers and inmates alike to hear confidential medical information. Sanitation in this area has improved since our last visit but due to its constant use should be frequently monitored and cleaned. There are plans to change this arrangement so that screenings are conducted in offices.

Sanitation and organization in the main clinic has improved. There is currently no functional infirmary but plans have been made to make two of the tanks into a staffed infirmary.

Regarding construction, Phase 1 construction is complete with the exception of observation unit modifications. The renovations allow for expanded clinic encounter space and address many concerns. The construction work was well done. The phase 1 renovation of medical, dental and mental health spaces is substantially compliant with the agreed order. The remaining Phase 2 construction remains to be done.

Phase 2 architectural designs are drafted. This infirmary/acute mental health unit is a two story structure that will be located in the ground and 1st floor of North tower. Ground floor will be mental health and 1st floor will be medical. Access will be by elevator. There will be 108 general housing male beds, 24 single cells for males (most will be negative pressure), 24 general female housing beds and 12 single female cells (all are negative pressure). The overall design of the medical facility is to combine an infirmary and sub-acute unit with a medical clinic that will function as an intake medical physical examination center. The medical clinic area will include a specialized OB/Gyn examination room, an orthopedic examination area, two dental chairs, an

x-ray unit with digital x-ray, an eye examination room, a six chair dialysis center, and a physical therapy room. Three examination rooms, the conference rooms, and the physical therapy room will have telemedicine capability. The medical infirmary room itself is a large open room with an open nursing station.

**Recommendations:**

1. Continue with the HKS planning process and construction of the infirmary.
2. There should be a master schedule of sanitation and disinfection activities in each medical area. Staff should be assigned responsibility to ensure that these activities take place.

**Remedial Measure of Agreed Order:**

*6. Follow-Up Care:*

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

*b. DCJ shall ensure that inmates 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:** Partial Compliance

**Factual Findings:**

This item deals with follow up care either after specialty consultations or return from the hospital. We did find a substantial improvement in that a nursing acceptance form has been implemented both when patients return from a specialty consultation as well as when they return from a hospital ER visit or admission. In fact, this form is even utilized when the patients are transferred from one housing unit to another. This is an excellent strategy. However, we found that the performance of the nurses on the utilization of the form did vary and in some instances the documentation was not consistent with the expectations of the purpose of the form. Things, such as findings and/or plan/recommendations, were not documented on some of these acceptance notes. We also found that there were, in some instances, delays in obtaining reports, especially from procedures performed at Parkland Hospital. We discussed with staff the need to assign a person the responsibility to know when reports should be available and to attempt to access those reports and if they are not available, to call the service provider in order to ensure that those reports are provided timely. This is crucial in order to insure continuity. A follow up primary care provider visit cannot be of maximal value unless critical data is available to be discussed with the patient. Out of eight records reviewed, we also found two in which the follow up visit with the primary care provider had not occurred. On the other hand we did find several records in which there was a follow up visit and good documentation by the clinician with regard

to discussion of the plan with the patient.

**Recommendations:**

1. The quality assurance program, under nursing supervision, must monitor and assist in improving the performance of the nurses with regard to their documentation on the acceptance notes.
2. For complex cases or cases in which there is a significant change in the plan as recommended by the consultant, the primary care provider should be contacted in order to timely determine the next steps in the plan.
3. An assigned staff person must work to ensure that reports, especially from procedures performed at the hospital such as EMGs or colonoscopies, are available for the provider as soon as possible.
4. Providers should make an effort to review the Parkland medical database to determine if reports are available.

**Remedial Measure of Agreed Order:**

*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:** Partial Compliance

**Factual Findings:**

Efforts were made to address all prior recommendations but all recommendations remain ongoing concerns. This item requires a tracking log in order to review the timeliness of referrals. The logbook contains the following fields: date ordered; date received by jail scheduler; date received by Parkland scheduler; the date that the Parkland scheduler provides the appointment date; the reason the patient is referred; the referral status, that is whether the appointment is approved or pending; the actual appointment date; the appointment status, that is whether or not the patient is still in the jail. The appointment type should also be listed, which is new or follow up. And finally, if possible a field for date of follow up visit with the primary care provider should be tracked. In general appointments were provided timely, usually within 30-45 days. However, we found a few instances in which appointments were pending for greater than 30 days. The scheduler should be instructed that when there are delays in providing an appointment date the problem should be brought to the attention of a supervisory clinician, such as the medical director, who can discuss the problem with the appropriate specialty service. Fortunately this is an exception and will occur infrequently. Most appointments are accomplished within four to six weeks of the time of order.

Although there have been improvements in follow up, particularly with the implementation of the acceptance note by the nurses, the nursing documentation on that note can be improved. We found several instances in which neither findings nor recommendations were listed on the acceptance note. We also found instances in which there was no primary care physician follow up visit.

**Recommendations:**

1. For the tracking log consider adding fields for new requests versus follow up visits since for timeliness purposes only the initial visits or new visits need to be tracked. Also consider adding a field for date of primary care follow up visit.
2. Through nursing oversight, improve the performance of the nurses with regard to the documentation on the nursing acceptance note, especially with reference to findings and plan.
3. Ensure that a primary care clinician follow up visit occurs timely and includes all of the relevant information needed by the clinician to discuss the findings and plan with the patient.

**Remedial Measure of Agreed Order:**

*10. e.DCJ shall ensure that pregnant inmates are provided adequate pre-natal care in accordance with generally accepted professional standards of care.*

**Compliance Assessment:** Substantial Compliance

**Factual Findings:**

An on-site Obstetrician delivers routine gynecologic and obstetrical care. We audited ten records of women who were pregnant. Nine of ten women had adequate interval visit. All women had appropriate labs drawn. All except one woman either had an ultrasound done or had an ultrasound scheduled. Ten of ten women had sexually transmitted disease screening. Nine of ten women had a PAP smear done. Two of two applicable women had their higher risk pregnancy evaluated at Parkland. Glucose tolerance testing was performed in five of seven applicable women.

One significant issue was that the one woman who did not get appropriate interval visits was a mental health patient who was lost for a period of time. The problem of mental health patients with medical problems housed on mental health units not getting their medical problems assessed is a recurring and significant problem. This should be addressed.

**Recommendations:**

1. Assess why medical patients on mental health units get lost to follow up and develop a corrective action.
2. Maintain care delivery for pregnant women.

**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

All key positions are budgeted and filled with qualified personnel. Parkland Jail Health projects 273.6 positions for FY 2009 which includes 30 contract labor positions. There is currently a 13% vacancy rate. The pharmacy and Central Main clinic have the highest vacancy rates of 27% and 26% respectively. Most vacancies (about 40%) are nursing positions reflecting nurse recruitment problems facing health care programs nationwide. Nurse vacancies are filled mostly with contract labor positions.

Staffing needs can't be determined because programs in key areas have not yet been developed. The sick call program and infirmary care are not yet in place. Whether these will require more or less staffing has not yet been determined.

Custody staffing needs are also difficult to determine. Significant reductions in hospital and emergency room trips to Parkland have reduced officer trips. The development of on-site dialysis will reduce officer trips. Mental health has initiated additional mental health programming in the West Tower.

Custody and medical needs are fluctuating and until programs are developed and in place, it is not possible to precisely audit whether staffing is adequate. What is occurring is that significant staff increases have occurred in line with a good faith effort to roll out necessary care. The addition of a new infirmary and opening of South Tower will require staff but may also create efficiencies. This is one area where due to the evolving nature of the programs being rolled out, the adequacy of staffing will be evidenced by the outcomes we find. We will continue to monitor this area.

**Recommendations:**

1. Review staffing relative to existing program deficiencies and determine if the solution is additional staffing or improved efficiency.
2. Ensure that program deficiencies are corrected.

**Remedial Measure of Agreed Order:**

*11. b.DCJ shall ensure that medical staff receive adequate physician oversight and supervision.*

**Compliance Assessment:** Substantial Compliance

**Factual Findings:**

Credentialing is performed at Parkland and ensures qualified practitioners are hired. Re-credentialing occurs every two years. This ensures that the licenses and qualifications match the job requirements.

In addition, the Medical Director oversees peer review on every clinician including physician assistants and nurse practitioners. This is performed every three months. The peer review consists of a review of ten charts for each provider including mid-level providers. The review is done by jail physicians with Dr. Porsa auditing this work. The reviews consist of a structured review consisting of 13 questions. Reviewers note that care was adequate, inadequate or not applicable for each item; the score is calculated as the percent of items performed adequately.

The lowest score on a recent audit was 71%. The two lowest score physicians were counseled by the Medical Director. One doctor received a poor evaluation and has been repeatedly counseled and will have change of assignment in relation to her abilities.

In addition to peer review, there is a mental health/medical/pharmacy morbidity mortality case discussion. These educational sessions consist of review of actual problem cases that highlight key or important drug-drug interactions. A pharmacist from Parkland is present and presents key areas of concern. These clinical discussions promote understanding of key potential problems

**Recommendations:**

No recommendations

**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. – covered in mental health section.*

*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*

**Compliance Assessment:** Partial Compliance

**Factual Findings:**

There is not much change in this item from prior the prior report. A firm number of necessary custody staff is difficult to determine due to the changing program needs and development of on site programs.

As discussed in the last report, several areas may have impact on custody staffing. These include:

- South Tower opens July of 2009 and may change needs as certain types of inmates with medical conditions may move into that facility who can be managed with fewer custody staff.
- Decker closes prior to opening of South Tower.
- While George Allen is staying open the Kays facility will close in January of 2009.
- Dialysis is expected to open by our next report, which will free up some movement officers.
- A new infirmary will open in approximately 3 years which will require officer staffing.
- New mental health offices and programming space has opened in West Tower

As a result of these ongoing changes, a firm recommendation depends on how these programs develop.

**Recommendations:**

1. Assess officer staffing needs as new programs roll out.
2. Correct management issues on the infirmary unit so that it can function as an infirmary. This may require more staffing in the short term.

**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:**

There has been a tremendous amount of activity within the quality assurance program since our last visit. In fact, several strategies have been implemented in order to improve timeliness, continuity and appropriateness of service. The program is clearly headed in the right direction. However, as with any relatively new program, much needs to be done. I believe the semi-monthly meetings will facilitate the timeliness of improvement implementation. We discussed the utility of documenting the quality assurance meeting minutes in a manner that allows staff who did not attend the meetings to understand exactly what was studied, what was found and if the performance was not acceptable, what the possible causes of the unacceptable performance were and what strategies will be implemented to improve the performance. There has been a

major strategy change introduced with regard to the sick call program and this has been piloted in a few areas. The data is still being analyzed with regard to the new strategies and what is working and what could still be improved. We discussed looking at not only timeliness with regard to the sick call program, but also professional performance, particularly with regard to the appropriateness of performance on nursing sick call. A reassignment of duties with regard to only registered nurses performing sick call was also discussed.

With regard to central intake we talked about a process in which all screens conducted by the medical assistants are given to the RNs, not just those with positive findings or abnormal vital signs. We also discussed the need for the RNs to repeat any vital signs which were identified as abnormal when performed by the medical assistants. With regard to central intake and completing a timely health assessment, we discussed the advisability of performing the initial chronic care visit for individuals with chronic diseases earlier in the process and this is being studied with the possible goal of achieving the initial health assessments/chronic care visit for people with chronic diseases by day three.

Overall, we are impressed by the efforts being made through the quality assurance program. A major focus for both nursing and medical supervision is improving the performance of line staff nurses with regard to nursing assessments in sick call, urgent care, the nursing acceptance notes and the intake process, including the physical examinations. With regard to the advanced level clinicians, performance improvements are needed with regard to the intake process, urgent/emergent problems and chronic disease monitoring and response. These professional performance improvements, coupled with process improvements, will result in the program achieving compliance with this agreement.

The quality assurance program has been monitoring offsite referrals and is responsible for implementing the acceptance note documented by a nurse on patients' return from all offsites and in fact from transfers into new housing units. In addition, a peer review program has been initiated. Ten records per quarter are reviewed for each clinician, including physician assistants and nurse practitioners. In addition the chronic care program is being monitored with regard to the timeliness of the initial visit. Intake screens are also being reviewed. There is also an emergency care audit tool which is looking at the timeliness of emergency response, as well as follow up, including physician follow up. We also discussed utilizing the urgent/emergent care logbook for teaching as referred to previously. With regard to the use of ambulances we discussed the need to look at the time the ambulance was called in relationship to the time that the EMTs arrive at the site of the patient to determine whether or not there are any delays of the ambulance staff getting through the jail.

**Recommendations:**

1. Continue to audit areas identified in our monitoring as problematic for which jail staff have developed corrective action plans.

**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:**

Dental requests are recorded in the EMR. The EMR does not permit tracking the number of requests or the number of outstanding requests. Dental requests are not all seen. The number of un-addressed dental requests is unknown because the data can not be identified from the medical record. One indication that more dental need exists is that about a third of dental requests are repeat requests because the patient had yet been triaged or seen. Open reminders from the prior month are listed, reviewed, triaged and scheduled. Waiting times for these scheduled appointments average 40 days. But these appointments are only a portion of existing dental requirements because only recent open reminders are obtained. Another problem with the current scheduling system is that old appointments and appointments for patients who have been discharged from jail are not purged. Therefore, the list of patients with appointments grows and grows indefinitely. This is supposed to be corrected by Pearl, the new electronic medical record software.

About 6.6% of appointments are for temporary restorations, 66% are extractions and 28% are triage evaluations. For July through August of 2008, about 112 procedures are performed monthly. For a five day week, this is about 6 procedures a day. Over a longer period, dental statistics document about 10-11 procedures a day provided by 1.8 dentists FTE positions. This could be improved.

Recently the dental staff did a dental refusal audit of 100 patients who refused dental. About 50% did not have a dental problem. This should be investigated further.

In our last report we recommended that dental staff triage dental complaints. The corrective action undertaken for this recommendation has improved triage capabilities. All sick call nurses

have been trained in dental triage. The training slides are excellent. The training emphasizes 3 acuity levels. These are Ludwig's angina; pain or infection; and self limiting condition. All requests of inmates are recorded in the EMR by nurses and the kite is scanned into EMR. In addition to being scanned the nurse staff who pick up kites create a reminder which forms the dental appointment. The nurses will have done a face to face triage on each of these. Nurses work off standing orders to give antibiotics; this is not recommended by NCCHC standards and we do not recommend nurses doing this either.

Recent reminders are logged by a dental assistant and random tier rounds are now being done on a dental availability basis. This is an excellent idea. The dental assistant is now purging released reminders and prints a list of reminders on the same day of appointment.
The dentist sees as many patients as they can. Those who are not seen are not rescheduled but their reminder remains in the system. Once a week the dental assistant attempts to purge old reminders. As of the day of our visit there were 233 inmates waiting for appointments since September, and 343 since August.

**Recommendations:**

1. Eliminate standing orders for antibiotics. Nurses should schedule these patients to see a provider for antibiotics.
2. Ensure that patients with high acuity dental problems (pain and infection) are treated timely. This will require improving data acquisition from the EMR.

## C. SANITATION AND ENVIRONMENTAL CONDITIONS

**Remedial Measure of Agreed Order:**

*C. 1.Sanitation of Laundry:*

*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 is still in substantial compliance. However, the planned utilization of the North Tower basement for medical services will necessitate the moving of the preparation and sorting operations to another location. Part of this operation has temporarily relocated to the Decker facility. Plans to close Decker will require a move to another location that has not yet been fully determined. A small space in the new South Tower is being considered. I did not have an opportunity to see this space but I was told that it is a small space that was neither planned nor sized for laundry operations. The laundry handles 32,000 pieces of laundry every day. Inadequate space and/or staffing for preparation and sorting operations could bring the facility out of compliance.

Two inmates were identified that indicated they washed their own boxers in their cells. This behavior was much improved during this visit however.

**Recommendations:**

1. The facility must decide on a permanent location for the laundry sorting and preparation operations that is large enough and can be adequately staffed with either inmate workers or paid staff. Consideration must be given to location, staffing and distribution requirements.
2. Staff should continue to discourage inmates from washing their clothes in the 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:**

With the exception of an unsupported used sharps container, no problems were observed with the storage of biohazardous materials. Personal protective equipment has been obtained and placed in control centers throughout the jail. I saw only one instance of mishandling of biohazardous materials. This occurred at the Nurses' station on Seven East, North Tower, where an LVN was giving shots and putting the used needles in a drawer in the medicine cabinet instead of in the

sharps container that was mounted on the end of the cabinet. When she was questioned about her practice, she immediately removed the needles from the drawer and placed them in the proper container.

EPA listed disinfectants are used throughout the facility for cleaning biohazard spills. Spill kits are available in each control center. Staff has been trained in their use and is knowledgeable about their use and location.

**Recommendations:**

1. Continue to monitor staff behavior to assure proper procedures are being followed.
2. Continue to train new staff as they are hired.
3. Monitor and replace spill kits as they are used.

**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:**

In the North Tower at the 7 East Nurses' station, I observed an unsecured sharps container on top of a medication cabinet at the Pyxis station. In the Infirmary, Exam Room B-3108, I observed another unsecured sharps container. No other problems were observed with the installation or location of biohazard disposal containers.

**Recommendations:**

1. Continue to follow Parkland Hospital's policy re: biohazard handling, storing and disposal policy.
2. Monitor to assure that sharps containers are mounted securely in an upright position.
3. Continue with staff training.
4. Continue to monitor use of sharps containers and red biohazard bags.

**Remedial Measure of Agreed Order::**

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

**Compliance Assessment:** Substantial Compliance

**Factual Findings:**

No unsecured sharp instruments were observed during this visit.

**Recommendations:**

1. Continue to monitor proper storage and disposal of sharps, including needles, scalpels, and other medical waste that could injure staff or inmates.

**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:**

This was the area of greatest improvement since the April visit. Only a very few mattresses were observed that were not able to be properly cleaned and disinfected. The few that were seen were in use by inmates who had been incarcerated for some time and had the same mattress they were issued when they were processed into the facility. Only one worn mattress was seen in stacks that were ready for issuance to inmates. Staff indicated that NO additional funding was received from the county for additional mattresses. Because of the constant wear and the damage done by inmates to mattresses, this is a matter of concern for the future as mattresses need to be replaced.

**Recommendations:**

1. The jail's policies and procedures regarding mattress inspection, cleaning, disinfection and storage, e.g., George Allen Sanitization Post Order, should be strictly adhered to at all times.
2. Post orders regarding mattresses still need to be standardized. Different jails are using different chemicals to disinfect mattresses.

**Remedial Measure of Agreed Order:**

*3.Environmental Control:*

*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:** Partial Compliance

**Factual Findings:**

No issues with razors were found during this visit. Issues continue to exist with the proper documentation of cleaning supplies being logged in and out of the housing units. Excessive amounts of commissary items were observed in some cells, i.e., West Tower, 2nd floor, Tank 6, cells E and F. Six rolls of toilet paper were also seen in Cell F. Large amounts of food is being hoarded by some inmates, including potentially hazardous foods such as sausage, cheese, etc., that should not be kept out of refrigeration longer than four hours. A sausage biscuit was observed in a cell at 4:21 pm that had been delivered at the breakfast meal. Another cell contained 7 meat sandwiches plus additional meat and cheese. Inmates were unaware of the potential for food borne illness when eating products kept in this manner.

**Recommendations:**

1. Monitor and train staff in proper use of stamps in the Pass-On books.
2. All cleaning supplies should be logged in and out of housing units each time they are used.
3. Steps should be taken to limit inmates ability to keep potentially hazardous food products, such and meat, milk, cheese, etc., in their cells for more than 4 hours.
4. Hoarding of commissary items increases fire loading and inhibits adequate cleaning of cell areas, especially when it is not kept in the personal property bags. Inmate rules regarding the use of personal property bags should be enforced uniformly through all of the jails.

**Remedial Measure of Agreed Order:**

*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:** Partial Compliance

**Factual Findings:**

Cleaning chemicals continue to be improperly stored, used and identified. For example, in the North Tower, Janitor Room 2-266, I observed a spray bottle with a disinfectant label that actually had a chemical sanitizer in the bottle (DZ-7 label & Apriza 2 chemical). These are two totally different chemicals designed to be used for specific purposes and to provide different levels of control of infectious microorganisms. In this case the label would indicate that the chemical in the bottle had disinfection qualities when, in fact, the chemical in the bottle was only

a sanitizer, which provides a reduced level of pathogen control. The Apriza 2 chemical is not suitable for use where a disinfectant is needed, e.g., disinfecting mattresses between users. Unlabeled or mislabeled chemical bottles were observed in other areas of the jail.

In the North Tower, 7 West, Chemical Room 7-266, I observed an inmate filling mop buckets using the automated chemical dispenser. When I questioned her about how much water and chemical she placed in the buckets, her answer was, "Not too much to be too heavy. About a half bucket or less." Although this does not present a chemical concentration issue because of the automated mixing system, it does present the issue of having enough mop water to clean the housing unit. Less than a half bucket full of water and chemical mix would quickly become very dirty and unsuitable for continued use, requiring frequent water changes. This finding indicates a lack of training and supervision of inmate workers. This, of course, speaks to the lack of adequate sanitation officers to properly monitor the facility housekeeping activities. Another example was found in the North Tower, 5 East Medical Clinic, where I observed a mop bucket being taken out of Tank 9. There was no evidence that the mop had been used at all. The water in the bucket was still very clean and the tank was still very dirty. This is another example of a lack of staff supervision of housekeeping operations.

An integral part of a safe chemical operation is compliance with the Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard which requires Material Safety Data Sheets (MSDS) to be "**readily accessible during each work shift to employees when they are in their work area(s)"** (Ref. 29 CFR 1910.1200(g)(8)). I frequently found these sheets to be missing, out of date, and not kept where chemicals are stored so as to be "readily accessible" to the employees. MSDSs that are kept in a Sergeant's office does not meet the requirements. OSHA has interpreted the above-referenced paragraph to mean that an employee should not have to ask for an MSDS or go through a supervisor to see one.

**Recommendations:**

1. As stated in my previous report, these findings support earlier findings that there is simply not enough staff assigned to sanitation duties to properly oversee and monitor cleaning activities and chemical usage. Floor officers simply do not have the time, with all of their other responsibilities, to provide adequate oversight to this area of responsibility. Additional sanitation officers are needed and policies should be amended to clarify responsibility in this area.
2. Inmates should never be allowed to handle chemicals without a trained officer present.
3. The department policies and procedures and post orders do not clearly indicate who is responsible for overseeing the filling of the chemical bottles and the preparation of the cleaning carts. This should be clearly delineated to a trained sanitation officer.
4. MSDS notebooks should be kept in each location where chemicals are stored and should only contain MSDS forms for the chemicals stored in that location. A master copy should be kept in the administration area. Staff should be properly trained in the use of

these notebooks.

**Remedial Measure of Agreed Order:**

*4. Maintenance and Sanitation of Facilities:*

*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:**

I did not have a chance to see or review any changes in the facilities' policies and procedures or post orders since the last visit. A compliance assessment of this remedial order will be assigned after the January visit.

Several major renovation projects are currently in progress, including upgrades and repairs of fire safety systems in several of the jails, a shower overlay project in the North Tower, asbestos flooring removal and bulkhead replacement in George Allen, construction of a new dialysis unit, and housing renovation work in the West Tower.

There continues to be an excessive number of maintenance and sanitation problems in the jail, including inoperable intercoms, inadequate shower temperatures, clogged sinks and shower drains, and broken toilets. Several of the renovation projects listed above are being done by the county maintenance staff. This work is limiting their ability to respond to the normal maintenance deficiencies in a timely manner, but this should improve once the renovation projects are complete.

During the tour of George Allen I discovered that some of the new sink/toilet combination units that have been installed during the bulkhead replacement project do not have hot or tempered water capability. The American Correctional Association Standards for Adult Local Detention Facilities, 4th Edition and the American Public Health Association Standards for Health Services in Correctional Institutions call for hot and cold or tempered water at lavatories. It is my professional opinion that the lavatories that only provide cold water are not acceptable and the replacement of the previous combination units with new units that do not provide a hot or tempered water source is an unacceptable maintenance response to the problem. Warm or tempered water reduces surface tension and allows more effective cleansing of skin surfaces while cold water tends to deter inmates from using the lavatories for hygiene purposes and is less

effective for cleansing.

Staff that I questioned indicated satisfaction with the work order submission procedure. I was able to track the issuance of work order requests for identified problems and determine their status.

**Recommendations:**

1. As recommended previously, policies and procedures for housekeeping and sanitation plans should clearly identify the who, what, where, when and how of housekeeping and sanitation practices in the facility.
2. The duties of the Sanitation Officer should be clearly defined and these duties should be limited to activities that are directed to the assurance of a healthy, clean, safe environment and not include other duties such as ensuring inmates are ready for court, providing meaningful recreation for inmates, and providing routine supervision of cleaning crews, cleaning stairwells, elevators and the officers dining room, etc., as is specified in some of the Post Orders I reviewed.
3. I reiterate my earlier recommendations that additional sanitation officers are badly needed.
4. Continue to monitor and prioritize maintenance requests until renovation projects are completed.
5. The facility and the maintenance department should explore solutions to provide hot water to the sinks in the George Allen facility. It is noted that hot water lines are present at the mop sink and in the showers that are adjacent to these sinks.

**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:** Non Compliance

**Factual Findings:**

Progress is being made in this area and work is continuing. Several issues are still outstanding at the George Allen facility. The facility is still on a 15 minute fire watch status. The smoke evacuation system at George Allen is still not operational in all areas. The sprinkler system and the fire alarm system are operational but the fire alarm system does not currently meet fire codes.

The Decker Jail smoke evacuation system is now functional as are the sprinkler and detection systems. The fire alarm system at the Cook Chill facility has been totally replaced and approved by the Fire Marshal's office. The new smoke evacuation system and the fire alarm system in the West Tower is about 75% complete. The sprinkler system has been inspected and approved. The West Tower remains on a 15 minute fire watch. The North Tower has some marginal smoke detection and evacuation issues. All systems at the Kays Jail have been inspected and approved by the Fire Marshal's office. Fire safety equipment, e.g., hoses, air packs, fire extinguishers, etc, are regularly inspected by a commercial vendor.

During this tour I visited the Sterrett kitchen and observed serious issues that affect fire and life safety as well as food safety. The ventilation system in this kitchen is grossly inadequate for the size and space of this operation. Condensation was so heavy I could barely see from one side of the room to the other. Mold was growing on the ceiling. Water was dripping off the ceiling onto my head and very likely onto the food during the plating process. The condensation is so thick it rolls out into the hallway every time a door is opened. Food carts are being washed in this open area where food is handled and the water stands up to an inch deep in places because the floor does not slope properly to the floor drains. This environment creates a severe slip/fall hazard and a major liability issue for the jail. On an exterior wall adjacent to the tray washing machines, I saw three electrical outlets. Two of the outlets did not have covers on them and the third one had neither a receptacle nor a cover plate, just two wires that were protruding out of the box into the room. When tested I found all three of these outlets to be live. The combination of live electrical wires and a very wet floor poses a severe electrocution hazard. To the facility's credit, this situation was corrected within an hour after being brought to staff's attention. However, this does not excuse the fact that I should not have been the person to identify this serious issue. The electrical hazard was blatantly obvious. I saw it the first time I entered the kitchen. Staff is there every day on multiple shifts. These hazards didn't just occur. The electrical covers and the missing receptacle didn't just fall off. The missing parts were nowhere around the area. It is almost inconceivable that the kitchen supervisor, or a food service worker, or a quality assurance inspector had not identified this hazard and had it corrected immediately. This kitchen needs immediate attention. I saw no evidence that the jail's Quality Assurance Unit even goes into this kitchen.

**Recommendations:**

1. Continue to bring all buildings and systems in compliance with Life Safety Codes, the Texas Jail Commission and the Fire Marshal's Office.
2. Fifteen minute fire watches should continue as required by the Fire Marshal.
3. The cart washing operation in the Sterrett kitchen should be moved out of the kitchen into a separate location away from the food preparation area. This would eliminate a great deal of the standing water and moisture in the room.
4. The kitchen ventilation system needs to be redesigned and modified to reduce condensation in this area.

5. The floor drains under the tray washing machines should be cleaned on a regular basis to maximize the drain capacity.
6. The ceiling should be cleaned to remove mold that is present.
7. This kitchen should be monitored frequently for both life safety and food safety hazards.

**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:**
Training is on-going. With one exception, all officers questioned during this tour demonstrated adequate knowledge of fire/emergency procedures.

**Recommendations:**

1. Continue implementation of the new system.
2. Provide good documentation of drills and training.

**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:**

All keys are appropriately marked and stored. Training of staff continues. Only one officer was identified who was not familiar with which keys opened which doors. (Control Center on 6 East in the North Tower)

**Recommendations:**

1. Continue on-going training for staff.

**Remedial Measure of Agreed Order:**

*C.5.dDCJ shall control combustibles and eliminate highly flammable materials throughout inmate living areas.*

**Compliance Assessment:** Substantial Compliance

**Factual Findings:**

As discussed above, some cells continued to have more personal property than will fit in the personal property bags, but not to the extent seen in previous visits.

**Recommendations:**

1. More emphasis on monitoring by staff.

2. Additional staff would be of great assistance in ensuring compliance.

3. Limit amounts of personal flammable property and enforce the use of the personal property bags.