

Correctional Healthcare Companies (CHC), the current health care provider at the Outagamie County Jail, prides itself on providing high quality healthcare. CHC has extensive experience in serving facilities accredited by the National Commission on Correctional Health Care (NCCHC) and is excited to work with the Outagamie Sheriff's Office to seek NCCHC accreditation for the Outagamie County Jail. CHC is the primary medical provider for patients incarcerated at the Outagamie County Jail and, as such, medical decisions must be made by the CHC qualified health care personnel exercising his or her independent clinical judgement. CHC is committed to continuous improvement and, in addition to implementing the opportunities described in the following attachment, exercises best practices to ensure timely distribution of medication. CHC greatly appreciates and enjoys serving the Outagamie County Community and looks forward to continuing working together.

1. **RECOMMENDATION:** All medications are administered as direct observed therapy (DOT). There does not appear to be any "keep on person" allowed, as rescue inhalers and nitroglycerin are held by the unit officers and given when patients request it.
RESPONSE: This procedure has been changed, and inmates will be allowed to keep inhalers on person.

2. **RECOMMENDATION:** It is my understanding that the nurses are to document their review by circling the "yes" responses and signing their name or initials on the form. Occasionally, there would be forms that lacked the nurse's signature validating their review and acknowledgement. Therefore, some medication issues were not addressed, despite being noted at intake.
RESPONSE: Ongoing frequent training, including refresher training, is being instituted by CCS. Monthly quality reviews will be completed by the Operations Manager. The intake LPN will assist with this enhanced ongoing training effort.

3. **RECOMMENDATION:** Over the counter (OTC) medications like creams and ibuprofen are not routinely continued. It is unclear why such medications are not approved.
RESPONSE: These are not life sustaining medications, but they are provided based on patient need.

4. **RECOMMENDATION:** Medication that was brought in but did not have the appropriate packaging were repackaged by nursing staff into the appropriate authorized packaging prior to administration. Apparently, Wisconsin pharmacy and nursing laws allow for such practice which is normally prohibited elsewhere as it is considered dispensing and

trained professionals would need to know how to safely repack medication, as there are medications that are volatile and at risk of contamination.

RESPONSE: The repackaging of medications is allowed in Wisconsin. (NOTE: Medications are also routinely repackaged at Brewster Village in Outagamie County.)

5. RECOMMENDATION: During medication administration the nurse does verify the correct patient and would document the administration into the eMAR application software. However, there have been occasions where there are blanks, or incomplete entries into eMAR. In addition, there seemed to be a significant number of refusals. It is unclear from my review the cause of these discrepancies, and thus warrants further investigation.

RESPONSE: The facility's physical layout presents a barrier to medication administration, as the nurse provides medications to each inmate from the outside of each housing unit, through a food tray pass opening. Each inmate is required to come to the food tray pass to receive their medications from the nurse. Some inmates will refuse to leave their bunks or cells when called, or wave off the nurse to indicate that they do not want their meds. In these instances, the record is marked as an inmate refusal. Should the medication being refused by the inmate be a "no miss" medication (HIV, chemo, etc.) the nurse requests assistance from a corrections officer to try to persuade the inmate to respond to the food tray pass and speak with the nurse about the refusal.

The ERMA (medical software) program requires 100% documentation. This is achieved by either marking the medication as dispensed or refused. The Operations Manager will receive a report whenever 100% is not achieved.

6. RECOMMENDATION: Most medications that are administered are patient specific medication. However, there is use of stock medications and, despite the nurse supervisor explanation of a process in place, there does not appear to be evidence of accountability for each medication taken from stock, particularly when they are also split using a pill splitter.

RESPONSE: All narcotic medications are logged and signed off by two nurses each shift. This process is audited monthly.

7. RECOMMENDATION: Pill splitting should be avoided whenever possible as the fidelity of the strength of dosing is variable. Best practices for pill splitting is done under a Pharmacist's supervision using a computer laser guidance and not some portable tool pitting in a drawer in the med cart. Residual dust from such practice can lead to contamination of other medication or be inhaled inadvertently by the nurse.

RESPONSE: CCS will now only split scored pills.

8. RECOMMENDATION: While it is known to be challenging to ensure patients are released with their medications, there appears to be no consistency with documentation of patients being given their release meds. It is especially troublesome when a patient came in with controlled substances in their property and the physician did not approve its use, yet it is unclear what became of those medications after the patient was released.
RESPONSE: The new Spillman Jail Records Management System which is in the process of being implemented for a September 2018 go-live, will enable staff to flag inmates that have medications. The inmate will be provided with these medications upon release, and this will be documented on the medical release form, and this will also be audited monthly by the Operations Manager.
9. RECOMMENDATION: Commonly folks entering jails off the streets are intoxicated or undergoing withdrawal and thus require additional attention and treatment. It is unclear from the documents reviewed if there are specific nurse detoxification protocols as it appears that there are just various memos that provide general guidance on gabapentin and clonidine.
RESPONSE: CCS does have detailed detox protocols. The additional LPN will be available to assist with these cases.
10. RECOMMENDATION: The corporate policies and procedures regarding pregnant females entering the facility on Medication Assisted Treatment (MAT) states that Tylenol #3 with Codeine is to be used. This is not the standard of care nor condoned by the Drug Enforcement Agency (DEA) or the Substance Abuse and Mental Health Services Administration (SAMHSA).
RESPONSE: Site specific policies are being implemented which will deal specifically with the use of Subutex.
11. RECOMMENDATION: Alcohol withdrawal/detoxification treatment needs to include thiamine, folic acid, and a multivitamin.
RESPONSE: Inmates receive thiamine and folic acid for 30 days as part of the detox protocols. A multivitamin is not medically needed.
12. RECOMMENDATION: Benzodiazepine taper and monitoring should be done even if patient states he/she was on it as needed (PRN) in the community.
RESPONSE: This is CCS's policy, and is currently being done.
13. RECOMMENDATION: While CCS created a memo regarding the need to taper gabapentin, I did not see such practice.
RESPONSE: The memo referenced by Dr. Wu is unknown to CCS. The CCS physician does not see the need for a taper.

14. RECOMMENDATION: The jail receives patients as young as 17 who are treated as adults and not minors. However, national standards and patient consents need to be adhered to for those under 18.

RESPONSE: CCS will attempt to obtain consent, but will still treat youthful offenders without parental consent.

15. RECOMMENDATION: It appears from several cases reviewed that CCS policy regarding ADHD treatment is too restrictive as there may be individuals that need to continue on stimulant medication to stay focused on their court proceedings as well as school/education. Decisions should be individualized to specific patients and not be unavailable simply due to age.

RESPONSE: ADHD medication is provided on a case by case basis. Several factors, for example, schooling and/or age are used. CCS evaluates the use of this medication based on patient needs.

16. RECOMMENDATION: There were incidences found in the review that patients should have been seen sooner for mental health services, particularly if the physician chose not to approve the continuation of the medication that the patient was prescribed prior to arrival at the jail. I recommend a separate review on staffing needs for mental health services.

RESPONSE: Funding for an additional 20 hours of mental health services has been added to the 2019 budget, bringing mental health services to 80 hours per week, which will be staffed by two full time mental health workers.

17. RECOMMENDATION: Initial health assessments are to be done within two weeks, and sooner for high risk individuals. Some of the charts reviewed in the sample were out of compliance with CCS's own policy, as they were being done beyond the 14 days or never done despite being in the jail at day 14.

RESPONSE: CCS is committed to maintaining this standard of care, and when behind, corrections staff will be assigned to provide inmate escorts, reducing the amount of time needed for each H & P. The 2019 budget provides for an additional LPN at 40 hours per week, which will help in completing these on time. The on-site supervisor will monitor and assign these as needed to complete as necessary.

18. RECOMMENDATION: Chronic care does not appear to be done timely as patients claimed to be on certain chronic disease treatment. Patients with chronic conditions such as hypertension, coronary artery disease, asthma, Crohn's disease, diabetes mellitus and epilepsy require ongoing medication to control their conditions and thus should be seen routinely and many correctional systems do not charge co-pays for these visits or medication orders.

RESPONSE: Chronic care patients will now be scheduled in ERMA (medical software) and placed on a scheduled care plan. Inmates are not charged for chronic care scheduled follow up appointments. Medication flat rate fee will make medications affordable and less costly to the inmate patients.

19. RECOMMENDATION: There have been instances found that patients are ordered steroid inhalers but no rescue inhalers. This is illogical as the patients require both. In the medical literature there have been instances where patients not properly educated on the differences are found to have high morbidity and mortality due to not using the correct inhaler during asthma exacerbations. Asthmatics will not get immediate benefit and relief during and exacerbation by using steroid inhalers.

RESPONSE: This should not occur; all CCS staff will be made aware and trained accordingly.

20. RECOMMENDATION: Some medications were crushed despite no specific orders to do so in the prescriber order. The nurse claims that for some medications there are standing orders to have them crushed when they are to be administered. I would strongly recommend such standing orders to be withdrawn and have medications only crushed when individually ordered to do so by the physician.

RESPONSE: There is no standing order to crush medications. Seroquel is always crushed when ordered. Other medications are crushed if the medication is abused by the inmate patient.

21. RECOMMENDATION: There does not appear to be any timely alerts or refusal of medications to the physician. Supposedly after three consecutive missed doses or refusal of medications the nurse is to alert the physician. However, there is no tracking system in place to ensure the nurse is communicating with the physician.

RESPONSE: CCS is implementing an automated notification system. Three refusals will result in seeing the Nurse Practitioner.

22. RECOMMENDATION: On occasion, meds are not sent with the patient to the Outagamie County jail (from another corrections facility) despite being written in the transfer form that accompanied the patient. When instances occur, it would be best to document feedback to the sending facility for them to do a process improvement study.

RESPONSE: CCS believes the time is better spent providing timely care to the inmate, as opposed to dealing with the sending facility.

23. RECOMMENDATION: I would caution the physicians to be mindful of continuing medications that are outside known safety parameters for a diagnosis.

RESPONSE: The CCS physician reviews and prescribes the medications in an acceptable amounts.

24. RECOMMENDATION: Diabetics are found to be automatically put on regular insulin sliding scale as opposed to their routine insulin regimen. While the diet can be better controlled in the jail setting, it may be appropriate to have individual orders for each diabetic after some time of adjustment to the jail diet.
RESPONSE: This is a part of the chronic care program. Diabetics will be seen every 90 days. The Nurse Practitioner will review patient's blood sugar levels monthly and see inmate patients as medically needed.
25. RECOMMENDATION: HIV+ patients aren't fast tracked to get their meds as soon as possible, despite a memo taped in the nurses' station. This may be the results of the nurses no knowing which medications are used in HIV treatment as the patient did not feel comfortable providing that HIV diagnosis to the correctional officer during screening.
RESPONSE: All nurses are trained on HIV medications. These are considered high risk patients and will be fast tracked. The LPN will help, and the flat rate medication fee policy will ensure less costly medications to the patient.
26. RECOMMENDATION: Emergency Department discharge recommendations are not always followed, and there does not appear to be any documented rationale of why not. Folks who were sent to the Emergency Department is because they require a higher level of care that could be provided at the jail and subsequently returned should be continued on appropriate treatment that was initiated there or at the very least an appropriate substitution with rationale.
RESPONSE: The CCS physician will be contacted with the ER discharge instructions, and the physician will decide to continue or adjust the order and this info will be properly documented.
27. RECOMMENDATION: Lastly, a concern is the rather broad spectrum of nurse talent and skill sets. The health care system is very much dependent on the strength of the nurses and there does not appear to be sufficient review of nurse assessments and clinical skills. Little can be determined from the medical charts provided to demonstrate the frequency of communication with the physician showing that they are right on top of the patient's treatment plans and ensuring nursing practices are adequate.
RESPONSE: RN's will do an on line assessment/training, and yearly competency evaluations will be completed by the Operations Manager.
28. RECOMMENDATION: Records do not appear to demonstrate that urine pregnancy test is done prior to administration of medications. Women of child bearing age may or may not know if they are pregnant, in which case certain medications may need to be given with caution and discontinued if found to be pregnant.

RESPONSE: When a female comes in with medications, reported opiate use, or states she is unsure if she is pregnant, or if medications are ordered, a pregnancy test will be done. For all others, a pregnancy test will be done at the time of the H & P.

29. RECOMMENDATION: In addition, baby ASA is an over-the-counter medication, but it is used frequently for coronary arterial disease and stroke prophylaxis, and the nurses need to be aware of its importance and to call the MD for decision and order. It was uncommon to see these medications ordered which does pose a risk for patients to have heart attacks, especially with the added stress of being in jail.

RESPONSE: Baby ASA is provided based on inmate patient need.

30. RECOMMENDATION: Finally, I am uncertain if nurses are properly educated on certain specialized drugs and how they are to be handled. It is unclear if nurses have sufficient training on oral chemotherapy medications. Granted the nurse administering medications did wear gloves, which did provide protections from absorption and affecting her own health.

RESPONSE: The pharmacy provides instructions on medications when sent. In these cases, the nurses are instructed to wear gloves.

31. RECOMMENDATION: Overall, the utilization of the vendor's policies and procedures does meet the majority of patients need for fail medication delivery but there are areas for opportunity and improvement. Health care vendors will execute what is expected in any agreement. Thus, it is important to clearly spell out the expectations whenever the agreement is due for negotiations or amendments. CCS is well aware of national standards as many of their other business agreements require they meet NCCHC standards. It would be helpful for Outagamie County to obtain a 2018 NCCHC Standards for Health Services in Jails book to review and consider adding compliance indicators pertaining to D-01 Pharmaceutical Operations and D-02 Medication Services as a form of contract monitoring.

RESPONSE: NCCHC Accreditation is provided for in the 2019 budget.

32. RECOMMENDATION: Obtaining medications for inmate process (from page 8) – Medications are provided timely when patients come in with the medications. However, there is need to focus on when medications are not coming in with the patients.

RESPONSE: The change to a flat rate fee of \$7.75 for medications and the policy of not waiting for medications to be brought in once the inmate is in jail will greatly reduce the wait time for medications. The nurse will assess the need and order the medications after getting the physicians approval, instead of waiting for medications to be brought in by family members of the inmates.

33. RECOMMENDATION: The greatest liability appears to be relying on the internal mail delivery system to communicate with the patient to determine whether he/she would like to have their medications ordered by the vendor and be charged for it or go without until they are able to have the medication brought to the jail. By having this latter option puts patient lives at risk and there is no monitoring to ensure there is a timely response or action. While the patients are transient with short stays, there were instances in which patients were released prior to any response. As we all know, medications are increasingly more expensive and thus many cannot afford copays. While patients will not be denied care if indigent, they are still expected to settle their bills at a later time when funds are available. This unseen burden does still factor in on how patients make their choices. NCCHC's first standard is access to care and as part of its compliance indicator is to ensure that parries like copays for treatment are not overly excessive that would deter inmates from seeking care. Many correctional systems have eliminated copays for chronic care and mental health medications. Thus, stakeholders need to be educated on good public health strategies and not look for short term pharmacy savings as ultimately the savings can be easily negated by one bad outcome resulting in a large settlement sum.

RESPONSE: Electronic messaging will be used by inmates to communicate with medical and mental health staff. The initiation of a small flat fee for medications will greatly reduce concerns for the cost of medications to the inmates, and the policy of not waiting for, or accepting medications from outside the facility (with rare exception) after inmate intake will greatly expedite the administering of medications in the jail.

34. RECOMMENDATION: While the correctional officers certainly are experienced to continue doing the intake screening and you have nursing staff in place around the clock, perhaps it would be best to consider having those screening performed by the nurse and thus potentially eliminate the need to have to ask the inmates about medications through the mail system. This may make intake more meaningful and productive.

RESPONSE: The three year average for bookings/intakes per day is 16.7 (1st shift 6.9, 2nd shift 6.4, 3rd shift 3.4). The new LPN will review all intake paperwork as soon as possible.

35. RECOMMENDATION: Refusals of medications appear to be frequent and thus perhaps meds should be ordered PRN which allows for patient to continue to be offered the medication when needed as opposed to constantly which then requires a refusal form to be completed. This is unnecessary busy work for nursing staff.

RESPONSE: This has been corrected. Any OTC medications are required to be PRN.

36. RECOMMENDATION: Since CCS employs a physician who can prescribe buprenorphine, the jail should consider implementing a Medication Assisted Treatment (MAT) program and thus improve continuity of care with re-entry back to the community. Agreements should be sought with local opioid treatment programs to continue methadone for MAT

and buprenorphine can be utilized in opioid detox which is a more humane approach than to have the patient undergo withdrawal. Verification of patients coming into the facility should have urine drug screen done and the physician can augment medication verification through the state's prescription monitoring program (PMP) which is a network of state databases that lists the controlled substances that are prescribed to the patient in the community.

RESPONSE: Community partners/programs are needed for this. Inmate evaluation is also needed to ensure inmates are sincere in involving themselves with these types of community-based treatment opportunities. CCS will assist in coordinating efforts with community based programs if requested to.

MISCELLANEOUS NOTES:

Medication flat fee to \$7.75 per med	Oct.1, 2018
Increase MH hours from 60 to 80/week	January 2019
Add LPN, 40 hrs/week	July 2019
Electronic messaging – inmate to HSU	July 2018
“Keep on person” inhalers	August 1, 2018
“Has meds” flag for inmate release	September 2018
NCCHC Accreditation	Begin process 2019
HSU access to CJU calendar	Current
Better way to notify HSU when inmates are being transferred to other counties	New Spillman JRMS will provide scheduling program