

**FOLLOW-UP AUDIT
OF
HCA/CORRECTIONAL MEDICAL SERVICES**



January 24, 2012

Final Report



Office of the
Performance Audit Director

Follow-Up Audit of HCA/Correctional Medical Services

Table of Contents

Introduction	1
Follow-Up Audit Scope and Methodology	2
Information Reviewed.....	2
Interviews Conducted	3
Background.....	3
CHS Overview.....	3
Medical Services Provided by CHS.....	4
Implementation of ICE and U.S. Marshal Contracts.....	5
CHS Organization.....	5
Correctional Health Services Merger	6
Key Personnel Changes.....	9
Funding & Expenditures Update.....	10
Liability Claims Expenditures Update.....	12
Progress in Addressing Key 2009 Audit Findings and Recommendations.....	12
Nursing Operations	12
Nursing Function	12
Nursing Staff Levels	13
Impact of CMS/CMH Merger on Nursing Staff.....	14
Nursing Schedules	15
Impact of the ICE Contract	16
Physician Operations and Other Medical Services	18
Physician/Nurse Practitioner Staffing Levels.....	18
Medication Orders	18
On-Site Clinics.....	19
Revenue Generating/Cost Avoidance Opportunities	20
Pharmacy-Related Issues	22
Medication Packaging.....	22
Self-Carry Medication	23

Follow-Up Audit of HCA/Correctional Medical Services

Controlled Substances	24
Medications.....	25
Administrative Issues and Support Services	26
Information Technology/Medical Records.....	26
Contract Management.....	28
Hospital/Clinic Scheduling.....	30
Supplies	33
OCSD-HCA Coordination	34
Establishment of OCSD Liaison.....	34
Transportation to Outside Hospitals/Clinics	35
Jail Facility Conditions	35
Conclusion	36
Appendices	A-1
Appendix A: Status of Findings and Recommendations	A-1
Appendix B: HCA's Response to Follow-Up Audit Report.....	A-26

Follow-Up Audit of HCA/Correctional Medical Services

Introduction

In 2008, the Board of Supervisors (Board) directed the Office of the Performance Audit Director (Office) to conduct an audit of the Correctional Medical Services (CMS) portion of the Medical and Institutional Health Services (MIHS) division of the Health Care Agency (HCA). The objectives of the performance audit were to:

1. Examine and document potential risks and operational deficiencies in the CMS program
2. Identify opportunities to improve business processes and increase operating efficiencies that will assist CMS in achieving its stated goals and objectives

The Board received the *Performance Audit of HCA/Correctional Medical Services* report on March 10, 2009. Based on the audit team's comprehensive review of the CMS program, inmate health care was determined to be generally adequate and available; however, the audit team identified several substantial opportunities for improvement within the CMS organization in the following areas:

- Organizational Culture
- Organizational Structure
- Management
- Nursing Operations
- Physician Services
- Pharmacy Services
- Administration
- Sheriff-HCA Coordination

For each of these areas, the audit team identified key issues and offered recommendations for improvement. Contingent upon the successful implementation of audit recommendations, the audit team estimated measurable annual value added (cost savings, revenue enhancements, increased productivity and staff time) of approximately \$2.7 million for a one year period. In addition, other potential savings were estimated at \$790,000 for a one year period.

In order to determine whether the 2009 audit findings and recommendations have been addressed, the Office conducted a follow-up audit of the CMS program, as directed by the Board. At the beginning of the follow-up review, the audit team learned that in early 2011, Correctional *Medical* Services and Correctional *Mental Health* Services (CMH) were merged under the Correctional Health Services¹ division of HCA.

¹ Correctional Health Services was previously referred to as the Medical and Institutional Health Services division.

Follow-Up Audit of HCA/Correctional Medical Services

Follow-Up Audit Scope and Methodology

Although CMS and CMH were merged under Correctional Health Services (CHS) in early 2011, the scope of this follow-up audit is limited to an evaluation of the medical services portion of CHS, consistent with the 2009 audit scope, over a three year follow-up period. Impacts of the merger were evaluated by the audit team and are mentioned throughout the report where appropriate. All findings and recommendations from the 2009 audit report have been thoroughly re-evaluated by the audit team; however, only key issues are discussed in detail in this report. Appendix A of this report provides a summary assessment of HCA's progress in addressing each finding/recommendation from the initial audit.

Information Reviewed

The following information was reviewed for the follow-up audit:

- 2009 Performance Audit Report of the HCA/CMS Program
- HCA and CHS Organizational Charts
- HCA Business Plans from 2009-2011
- Annual Budgets from FY 2008/09 to FY 2010/11
- Risk Management Expenditures update
- Memorandum of Understanding between HCA and the Orange County Sheriff-Coroner Department (OCSD) regarding the provision of Medical and Mental Health Services in adult jail facilities
- Pertinent meeting minutes
- CHS Policies and Procedures
- CHS Position Control/Staffing details
- Copies of current and previous contracts with CHS medical services contractors (i.e., WMC-A, CMC, ACS, AMM)
- Examples of CHS staff work schedules
- Pharmacy Status Reports
- Sample of Pharmacy Director's monthly inspections of medication areas
- Daily inpatient reports from WMC-A/CMC
- Statistical files for medical services provided by CHS
- Pharmacy statistics
- Controlled Substance Administration Records (CSARs)
- Patient health records
- CHART system records
- Treatment Authorization Requests (TARs)

Follow-Up Audit of HCA/Correctional Medical Services

- Supply inventory data

Interviews Conducted

Follow-up interviews/correspondence with:

- HCA Executive Management
- CHS Administrative Management
- CHS Medical Director
- CHS Pharmacy staff
- CHS Nurses
- CHS Supply staff
- CHS Medical Records staff
- Contract Hospital staff
- Fiscal Intermediary contractor
- HCA/Budget staff
- HCA/Contract Administration staff
- OCSD Staff
- Orange County Employee's Association (OCEA)

Background

There have been a number of changes to Orange County's correctional medical services since the 2009 audit. This section serves to remind readers of the function of correctional medical services and to highlight the major changes that have occurred during the follow-up period.

CHS Overview

The HCA/CHS program provides medical, dental and mental health care to all inmates/detainees housed in Orange County's jail facilities. According to Titles 15 and 24 of the California Code of Regulations, the Orange County Sheriff's Department (OCSD) is the responsible party for providing adequate health care to inmates in its jail facilities. However, in 1975, the Board approved OCSD's proposal to have inmate health care administered by HCA. Accordingly, there are two separate agencies (OCSD and HCA) involved in the provision of health care services to County inmates. OCSD is required to provide facility space, security for inmates and HCA staff, and resources for transporting inmates to outside hospital/clinic appointments. HCA staff is required to provide adequate health care services to inmates

Follow-Up Audit of HCA/Correctional Medical Services

housed in the County's operating jail facilities: the Men's Central Jail, the Intake & Release Center, the Theo Lacy Jail, and the James Musick Jail.²

Medical Services Provided by CHS

Medical services provided directly by CHS within the jail facilities include³:

- Initial physical examination prior to booking into the jail system (Triage)
- Daily sick call
- Pharmacy services
- Daily distribution of medication
- Dental services
- X-ray
- Diabetic care
- 24/7 emergency medical response

In addition to medical services provided within the County's jail facilities, CHS contracts for a number of services provided at outside hospitals/clinics. As previously mentioned, transportation of inmates to outside hospitals/clinics is provided by OCSD. The two major CHS contracts for medical services provided outside County jail facilities include:

- Western Medical Center – Anaheim (WMC-A) provides a designated medical facility for the provision of inpatient hospital and outpatient clinic services for County inmates/detainees
- Correctional Managed Care (CMC) physicians provide medical treatment at WMC-A to inpatient and outpatient inmates/detainees (e.g., surgical services, specialty consultations)

CHS also contracts out for the provision of radiological and administrative services including:

- American Correctional Solutions (ACS) provides radiology services to County inmates/detainees
- Advanced Medical Management (AMM) receives data from WMC-A and CMC pertaining to medical services provided to County inmates/detainees outside of jail facilities, maintains this information in a database accessible to CMS, and handles all appropriate billing for services

² The Women's Central Jail was closed subsequent to the 2009 audit and remains vacant as of October 2011.

³ Given that the follow-up scope is limited to the medical services portion of CHS, this list does not include mental health services provided within the jail facilities by CHS.

Follow-Up Audit of HCA/Correctional Medical Services

Implementation of ICE and U.S. Marshal Contracts

Since the initial audit, CHS has experienced a significant increase in workload due to the implementation of the Immigration and Customs Enforcement (ICE) contract with the federal government. In cooperation with OCSD, HCA/CHS implemented the ICE contract in August 2010 to house up to 838 federal detainees. Under this contract, male and female detainees are housed in three of the County's jail facilities: the Intake and Release Center (IRC), the Theo Lacy Facility (TL) and the James A. Musick Facility (Musick). The IRC is utilized for the booking of all detainees, as well as temporary housing (i.e., under 72 hours) for detainees who may need medical attention beyond the level of care provided at TL or Musick. Subsequent to being booked, male detainees are housed at TL, and women detainees are housed at Musick until the required 14-day health assessment has been completed, at which point male detainees may be transferred to Musick, depending on available bed space.

All federal detainees housed in County jail facilities receive health care services from CHS. HCA/CHS is compensated by ICE on a flat "per bed per day" basis to cover the costs of providing health care. This contract has led to significant revenue for the CHS program. The total revenue collected for services for the period of August 2010 through June 2011 was \$5.7 million. Though the same medical services are available to all County inmates, ICE detainees and regular County inmates are held to different standards; regular inmates receive health care services as required by Titles 15 and 24 of the California Code of Regulations while federal detainees receive health care services according to the more stringent Performance Based National Detention Standards (e.g., detainees must receive an in-depth health assessment within 14 days of being booked). Additional impacts from the ICE contract will be discussed later in this report. It is also important to note that a similar contract with the Department of Justice/United States Marshals Service was recently executed to house up to 282 additional federal inmates at OC jail facilities.

CHS Organization

The organization of the CHS function (including structure and personnel) was a topic of focus during the 2009 audit. In several instances, HCA implemented the recommendations of the audit team, and in others, they determined an alternative solution to address the finding. A more detailed description of HCA's progress is discussed in the subsequent sections of this report. Notwithstanding, it is important to identify some significant organizational changes at this point in the report due to their significant impact. These include: the merger of CMS and CMH under Correctional Health Services (CHS), key personnel changes, and the implementation of contracts with federal agencies.

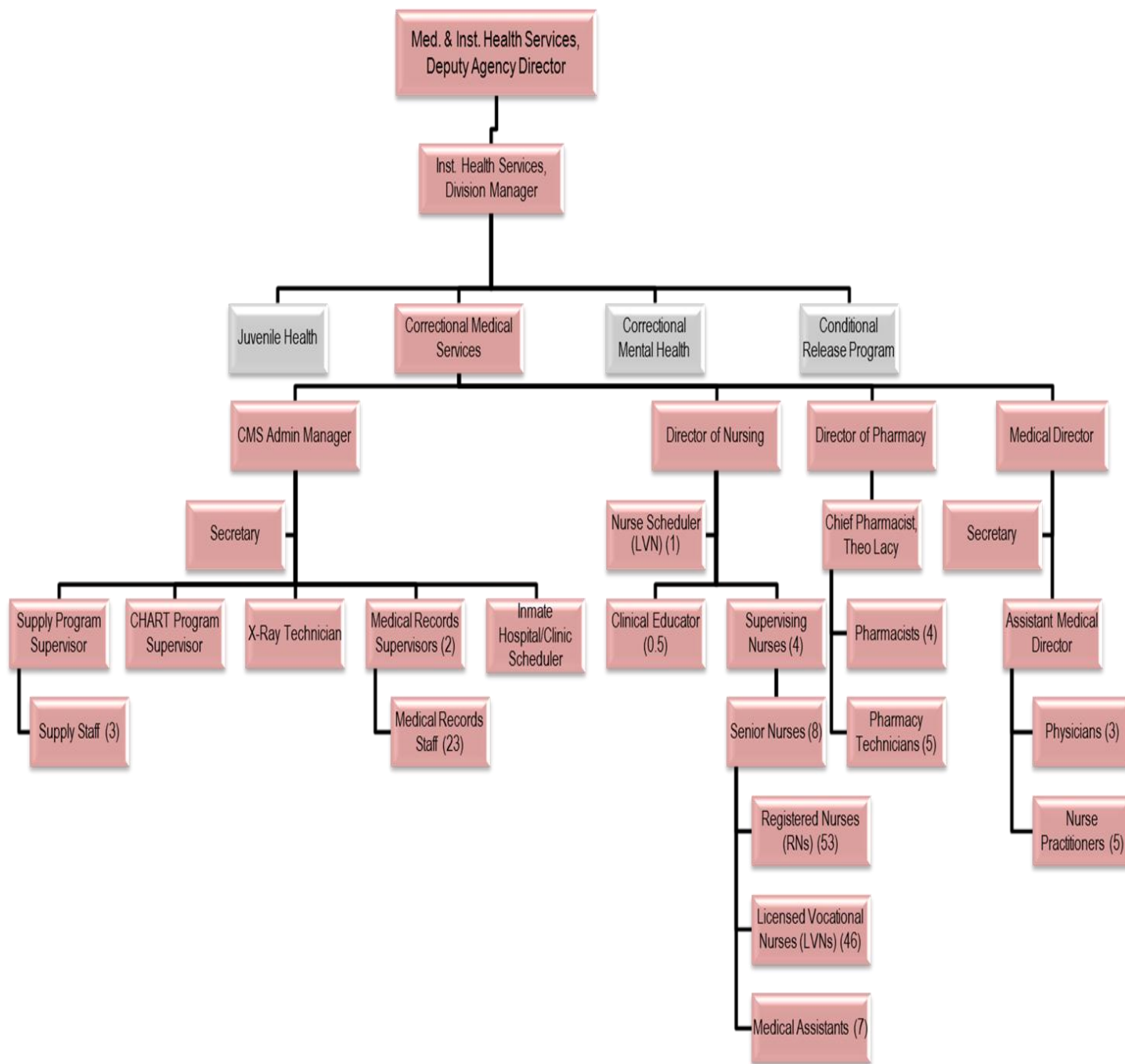
Follow-Up Audit of HCA/Correctional Medical Services

Correctional Health Services Merger

The 2009 audit team identified multiple issues with the former CMS organizational structure and thus provided several recommendations. As noted, the CMS portion of the Medical and Institutional Health Services organizational structure changed substantially since the original audit as demonstrated in the subsequent organizational charts. Provided on the following pages are the 2008 organization chart for CMS and the 2011 (current) organization chart for CHS (areas in grey were not included in the respective audits). Note the consolidation and integration of Correctional Medical Services and Correctional Mental Health.

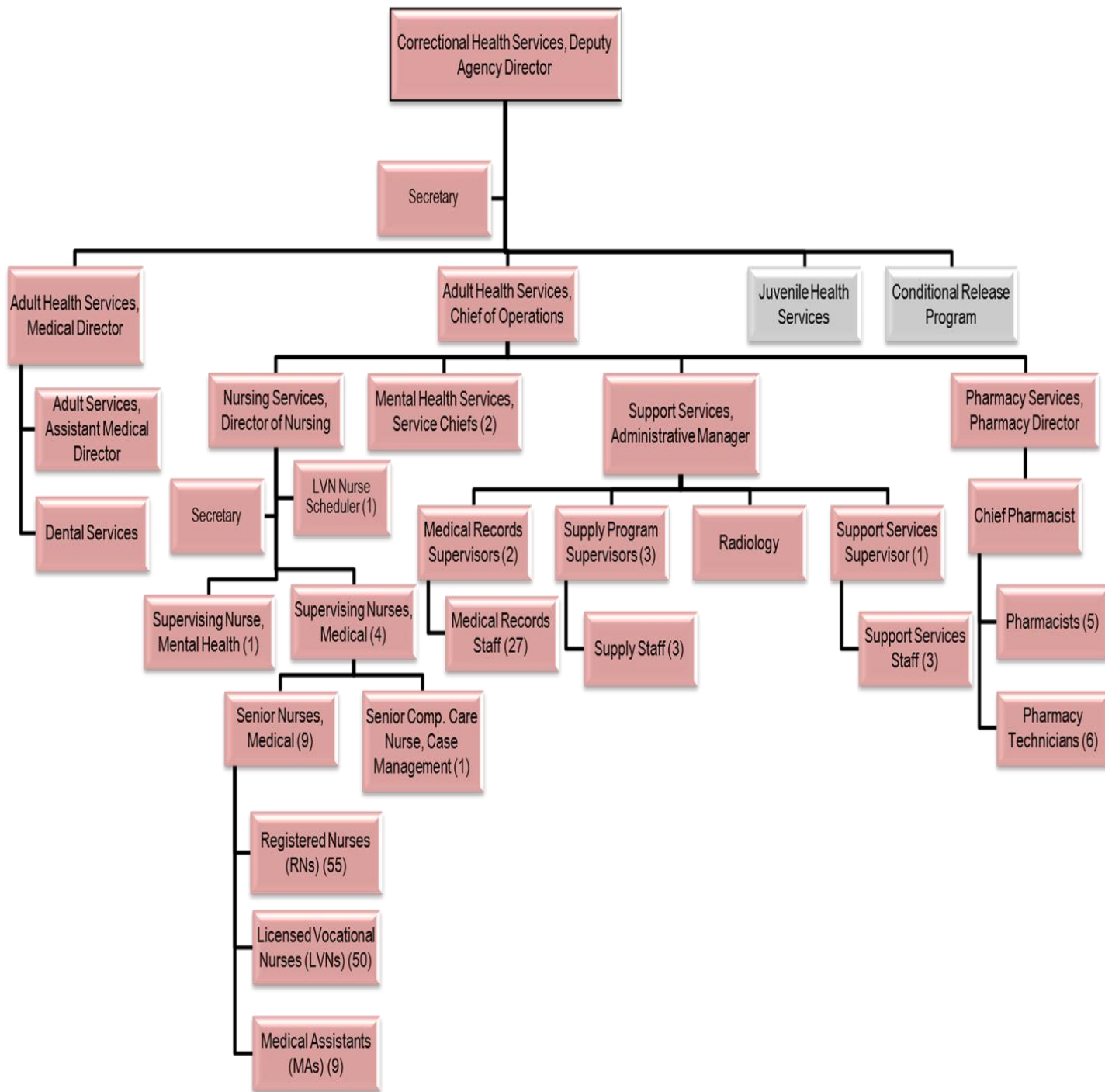
Follow-Up Audit of HCA/Correctional Medical Services

2008 Correctional Medical Services Organization Chart



Follow-Up Audit of HCA/Correctional Medical Services

2011 Correctional Health Services Organization Chart



Follow-Up Audit of HCA/Correctional Medical Services

Key Personnel Changes

In response to the initial performance audit, and in conjunction with the merger of CMS and CMH under CHS, there have been several key personnel changes, many of which occurred during the last 12-18 months. These include:

- Establishing a new Deputy Agency Director position in charge of CHS exclusively
- Establishing a Chief of Operations position
- Hiring a new Director of Nursing
- Hiring a new Medical Director
- Hiring a new manager of Support Services

HCA has been successful in these efforts by recruiting and appointing qualified, motivated, and well-respected individuals into critical leadership positions. Specifically, a new Deputy Agency Director was hired to oversee CHS; filling this leadership position with an individual that has a strong clinical background, as well as extensive experience in the correctional environment, demonstrates HCA's progress in elevating inmate health care to a first tier priority, as recommended in the initial audit. Moreover, this personnel decision has been generally well-received by CHS staff and consequently, employee morale has improved.

Similarly, HCA established the Chief of Operations position to oversee major functions of the CHS program including Support Services, Nursing Operations, Pharmacy Services and Mental Health Services. This leadership position is filled by an individual who also possesses a clinical background and has previous nursing management experience in the County's jail facilities. The Chief of Operations has worked diligently to effectively communicate with staff and address issues in all areas of the program, creating a more positive environment. With line managers from each major function reporting to the Chief of Operations, the Deputy Agency Director is now able to focus on strategic issues and challenges facing CHS.

Another key personnel change within CHS was the appointment of a new Director of Nursing (DON). The DON oversees the nursing operations and reports directly to the Chief of Operations. Previously, there was considerable frustration among line staff caused by the vacancy of the Director of Nursing position, which required that medical issues be addressed by administrative (non-medical) personnel. The current DON is familiar with the intricacies of providing health care in the County's jail facilities, having worked as a line nurse for the CHS program. Based on audit team interviews, it is clear that this individual also has strong support among line nursing staff.

Lastly, a new manager was hired to oversee the Support Services function of CHS. This individual manages medical records, supplies, radiology, and support service activities

Follow-Up Audit of HCA/Correctional Medical Services

including the inmate hospital/clinic scheduling function. Previously, this administrative position was enmeshed in clinical functions, causing significant frustration among staff throughout the program. Now, there are multiple levels of clinical support (i.e., Agency Director, Chief of Operations, Director of Nursing, Medical Director), allowing the support services manager to focus exclusively on administrative duties.

These key personnel changes made by HCA have initiated movement away from the previous problematic, recalcitrant environment towards a more constructive and communicative culture. Though assignment of these critical leadership positions is fairly recent, the follow-up audit team identified a notable improvement in employee morale and significant progress in addressing a majority of the initial audit recommendations.

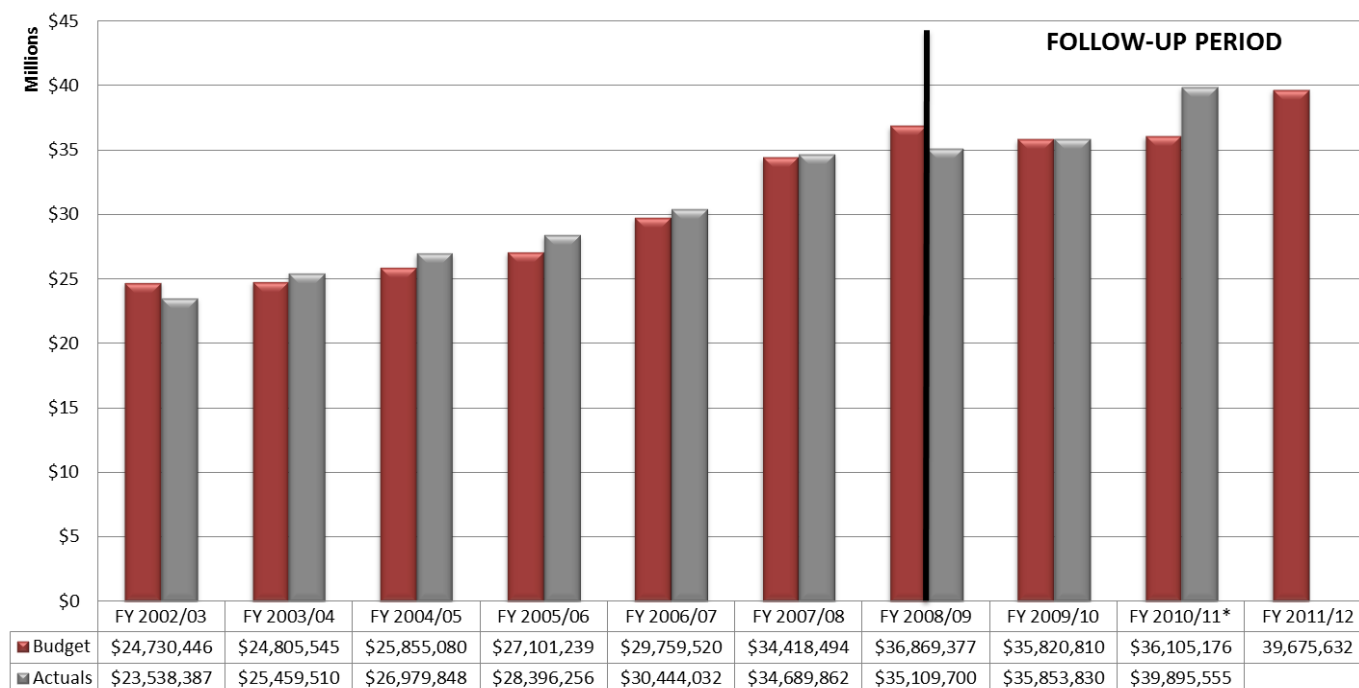
Funding & Expenditures Update

HCA/CHS is financially responsible for the provision of health care services to County inmates/detainees, with the exception of security and transportation resources expended by OCSD. It is important to note that although CMS and CMH were merged under CHS, the program budgets remain separate.

Historical expenditure data presented in the 2009 initial audit report showed that CMS consistently spent above its annual budget, with the exception of FY 2008/09. In that year, the Total Expense Budget was \$36.9 million with Total Actual Expenditures reaching only \$35.1 million, \$1.8 million below the budgeted amount. The chart on the following page shows this historical pattern.

Follow-Up Audit of HCA/Correctional Medical Services

Budget vs. Actual Expenditures - HCA/Correctional Medical Services



*A portion of the FY 2010/11 Actual Expenditures are offset by revenue generated from the ICE contract.

During the follow-up period, Total Actual Expenditures increased by \$5.2 million (or 15.0%), from \$34.7 million in FY 2007/08 to \$39.9 million in FY 2010/11. The primary expenditure components, as identified in the initial audit, are Salaries and Employee Benefits (S&EB) and Professional/Specialized Services:

- In FY 2007/08, S&EB accounted for \$18.0 million (or 52%) of Total Actual Expenditures. During the follow-up period S&EB increased by \$2.8 million to \$20.8 million in FY 2010/11 but still accounted for 52% of total actual expenditures.
- Professional/Specialized Services accounted for \$14.2 million (or 41%) of Total Expenditures in FY 2007/08; in FY 2010/11, it accounted for \$16.2 million (still 41% of total expenditures).

Over the entire (initial and follow-up) period, from FY 2002/03 through FY 2010/11, Total Actual Expenditures for CHS increased by \$16.4 million (or 69.8%). Notably, in FY 2010/11, actual expenditures surpassed the budget by \$3.8 million; however, it is important to recognize that a portion of FY 2010/11 costs are offset by the revenue generated from the ICE contract. While the FY 2010/11 budget included \$2.6 million in anticipated ICE revenue, the total revenue billed for service from August 2010 through June 2011 was \$5.7 million, thus revenue generated from the

Follow-Up Audit of HCA/Correctional Medical Services

ICE contract offsets a sizeable portion (approximately 82%) of the budget to actual expenditures variance in FY 2010/11.

Liability Claims Expenditures Update

In the initial audit, the audit team noted that expenses/payouts related to inmate medical care liability claims/lawsuits over the five year period from July 1, 2003 through June 30, 2008⁴ totaled approximately \$1.2 million, or about \$240,000 per year. During the three-year follow-up period, HCA spent approximately \$90,000 total, or about \$30,000 per year, settling or defending lawsuits related to correctional medical care. Thus, since the initial audit, the program has markedly reduced annual liability expenditures. Although some of this reduction in liability claims expenses may be coincidental, by addressing many findings from the initial audit, HCA/CHS has reduced its operational liability and risk exposure.

Progress in Addressing Key 2009 Audit Findings and Recommendations

Nursing Operations

Nursing Function

HCA/CHS has made commendable progress in addressing 2009 audit recommendations pertaining to the nursing function. Particularly, the establishment of the Chief of Operations position, coupled with the fulfillment of the long-time vacant Director of Nursing position (as recommended in the 2009 performance audit report), are two key accomplishments. As noted earlier, to fill key leadership positions with individuals who have medical backgrounds provides the CHS nursing function with multiple layers of clinical oversight. In addition, HCA recently implemented another 2009 audit recommendation: the establishment of a Case Management position (Case Manager), who liaises with outside hospitals/clinics (e.g., Western Medical Center – Anaheim) to ensure the most cost effective treatment for inmates. The Case Manager position is currently filled by a Senior Nurse whose primary focus is to evaluate the condition of individual inmate/detainee patients being treated at outside facilities and to arrange for their return to jail facilities as soon as medically reasonable. In addition, the Case Manager supervises an LVN position that is dedicated to handling chronic care issues in the inmate/detainee population. Though the implementation of the Case Management function is

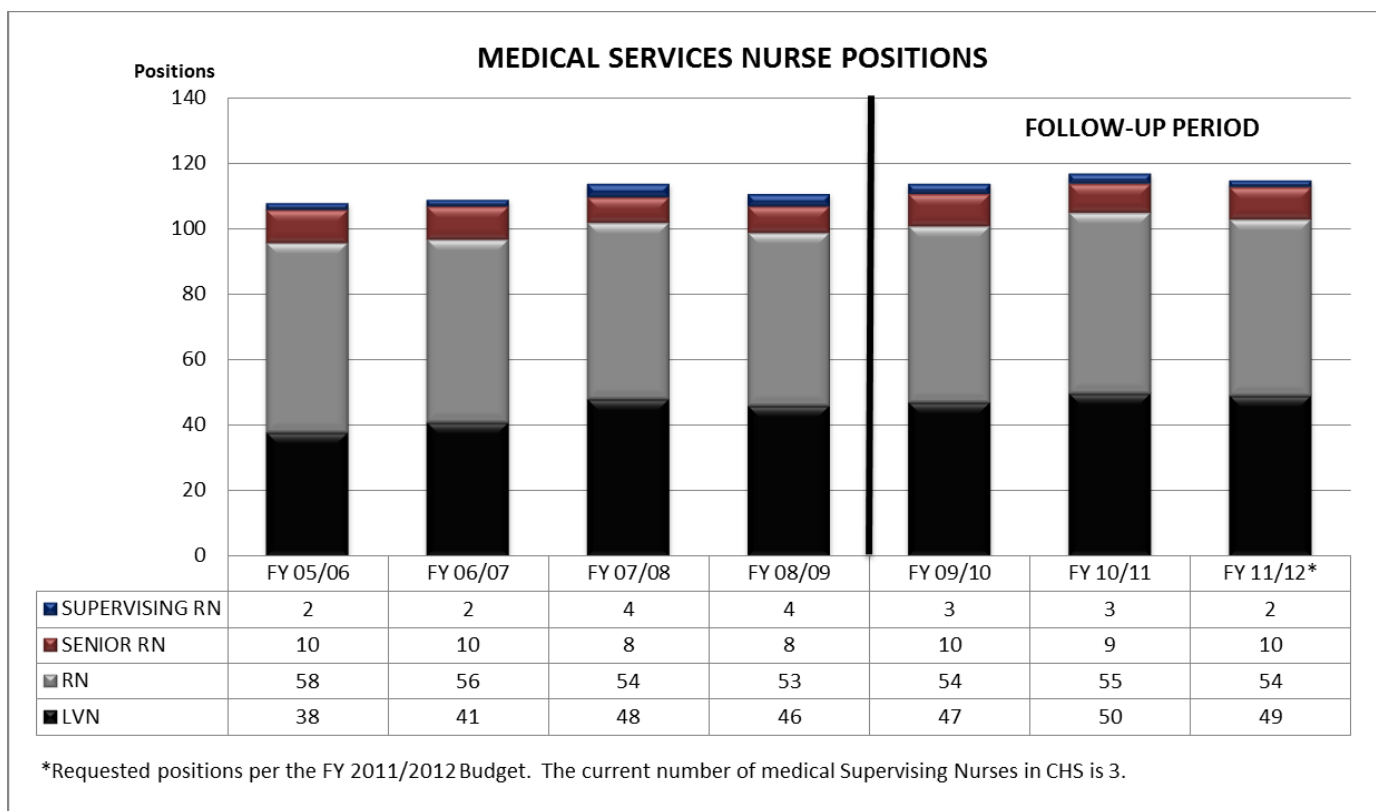
⁴ The claims reviewed do not include those filed by inmates against OCS that also have components pertaining to the medical care received while in custody. CEO/Risk Management is not equipped to electronically search claims at that level of detail. The same methodology was used for the follow-up review of HCA/CMS liability claims.

Follow-Up Audit of HCA/Correctional Medical Services

relatively new, CHS management intends to further develop the function and integrate it with other medical services (e.g., hospital/clinic coordination).

Nursing Staff Levels

Nursing staff levels were of particular concern in the 2009 audit. The audit team recommended, and HCA agreed, that the number of Supervising Nurses should be reduced and the number of Senior Nurses should be increased to sufficiently meet coverage needs. The chart below shows the change in nurse staffing during the follow-up period.



As recommended by the audit team, HCA reduced the number of Supervising Nurses and increased the number of Senior Nurses. Although CMS and CMH have merged organizationally into CHS, medical and mental health nurses operate in distinct units, and thus it should be noted that the chart on the previous page does not include mental health nurses, affording an apples to apples comparison over time.

Follow-Up Audit of HCA/Correctional Medical Services

Impact of CMS/CMH Merger on Nursing Staff

FOLLOW-UP FINDING #1

There is a problematic level of uncertainty and confusion among nursing staff regarding individual roles, responsibilities, and expectations, post-merger. Although CHS management has communicated with staff on several occasions during the merger to explain overall changes and to encourage staff input, CHS has not provided documentation to nursing staff addressing specific changes to individual roles, responsibilities, and expectations as a result of the merger.

CHS management demonstrated to the audit team that they made considerable efforts to communicate with staff regarding the merger. The information distributed to staff clearly explained the following:

1. The purpose of the merger is to strengthen the correctional health care delivery system and increase efficiencies.
2. There have been a number of organizational structure changes, including adjustments to the supervisory reporting structure.
3. Staff input is encouraged by CHS management.

In spite of this intensive effort to communicate with staff, the audit team observed a consistent sense of confusion, and frequently heard the theme of uncertainty expressed by nursing staff regarding the impact of the merger on individual employee roles within the program. Therefore, in order to fully elucidate the day-to-day impacts of the merger, CHS should clarify the following in a central document distributed to all nursing staff:

1. How has the merger impacted individual roles and responsibilities of medical and mental health nurses?
2. What degree of integration is expected for medical and mental health nurses?
3. How are medical and mental health nurses expected to handle “dual sick calls”?⁵

Promulgating a central document to staff will also provide a backstop to respond to the rumors and misinformation that inevitably accompany a change of this scale. Such a document will also provide a single, sanctioned source of information for staff to use as a guidepost.

⁵ CHS management communicated with staff that medical and mental health nurses will be cross-trained to become more familiar with issues outside of their expertise in order to conduct “dual sick calls” in situations where inmates/detainees have both medical and mental health issues.

Follow-Up Audit of HCA/Correctional Medical Services

FOLLOW-UP RECOMMENDATION #1

CHS management should develop and distribute a central document which clarifies all changes in roles, responsibilities, and expectations for medical and mental health nurses as a result of the merger. This document should clearly describe the expected degree of integration of medical and mental health nurses, and it should also include general guidelines for conducting “dual sick calls”.

Nursing Schedules

Another primary concern addressed in the 2009 audit was nursing work schedules. CHS concurred with the related audit recommendations and has taken several steps to implement them. For example, CHS no longer utilizes a Supervising Nurse (a management position) to create nurse schedules and instead has assigned a Licensed Vocational Nurse (LVN) to develop schedules for all CHS nurses (i.e., LVNs, Registered Nurses, Senior Nurses).⁶ Under the new organizational structure, the nurse scheduler reports to the DON for review and approval of all nurse schedules. Additionally, CHS modified LVN schedules, as was recommended in the original performance audit; the audit team had found LVN schedules to be inconsistent with other nursing staff, resulting in supervision difficulty, inefficiency, and excessive staff coverage. CHS management initially changed LVN schedules to eight-hour shifts to eliminate unnecessary schedule overlaps; however, after further consideration, LVN schedules were revised to twelve-hour shifts, which is both consistent with the original audit recommendations and a change well-received by LVNs.

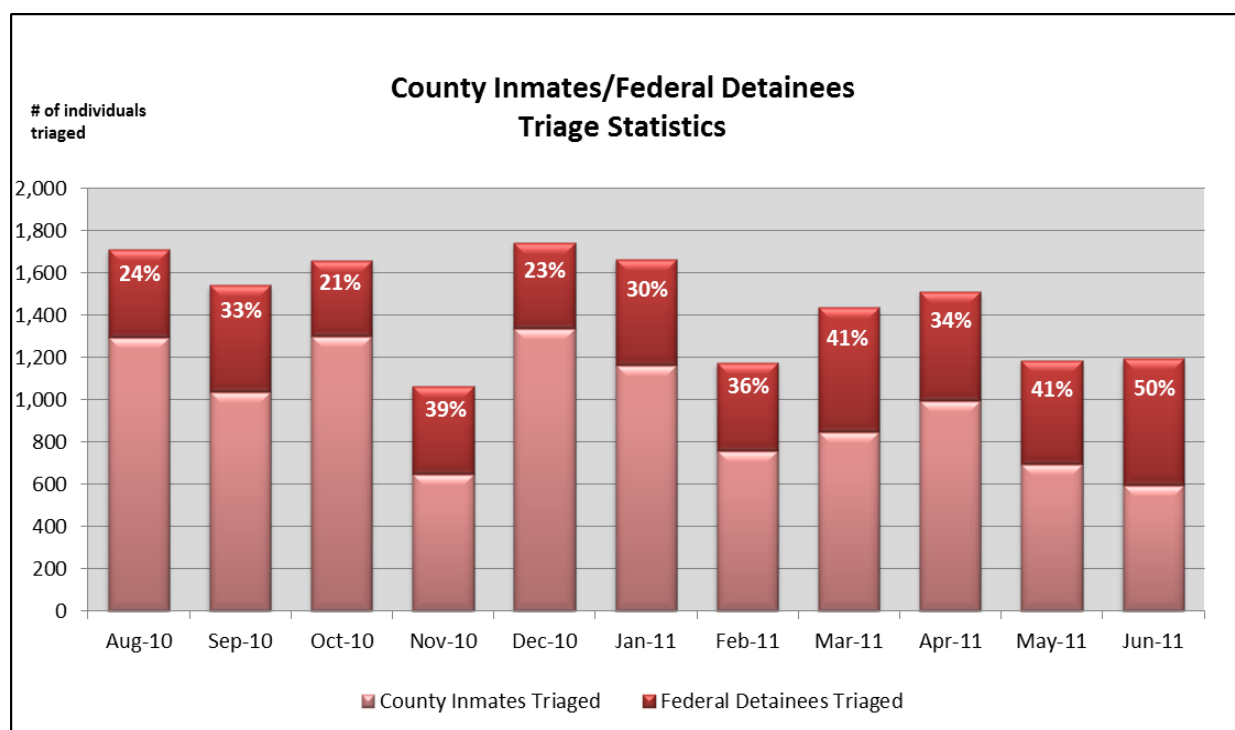
Though CHS has made significant progress in addressing nursing schedules, the follow-up audit team identified an opportunity to further increase workplace efficiency, cooperation and camaraderie between CHS and OCSD. Specifically, Senior Nurse schedules do not necessarily match the schedules of OCSD staff. Instead, Senior Nurses sit in on OCSD briefings at the end of their shift, only to then re-brief the oncoming Senior Nurse who comes on shift thirty minutes later. By adjusting nurse schedules to be in line with OCSD’s schedules (i.e., shifting nurse schedules by thirty minutes), CHS could maximize efficiency and minimize the risk of critical information not being transmitted between shifts.

⁶ The CHS nurse scheduler is currently responsible for creating the schedules of both Medical and Mental Health nurses. Prior to August 2011, the Supervising Mental Health nurse was responsible for creating the schedule for all Mental Health nurses.

Follow-Up Audit of HCA/Correctional Medical Services

Impact of the ICE Contract

As discussed earlier in this report, the County contracts with Immigration and Customs Enforcement (ICE) for the detention and care of up to 838 detainees in the Orange County Jail System. The ICE contract has generated a significant amount of revenue, totaling approximately \$5.7 million from August 2010 through June 2011. During this 11 month period, CHS staff triaged an average of 474 detainees per month. The chart below depicts the percentage of ICE detainee triages in relation to the total number of triages per month throughout the County jail system since the contract began.

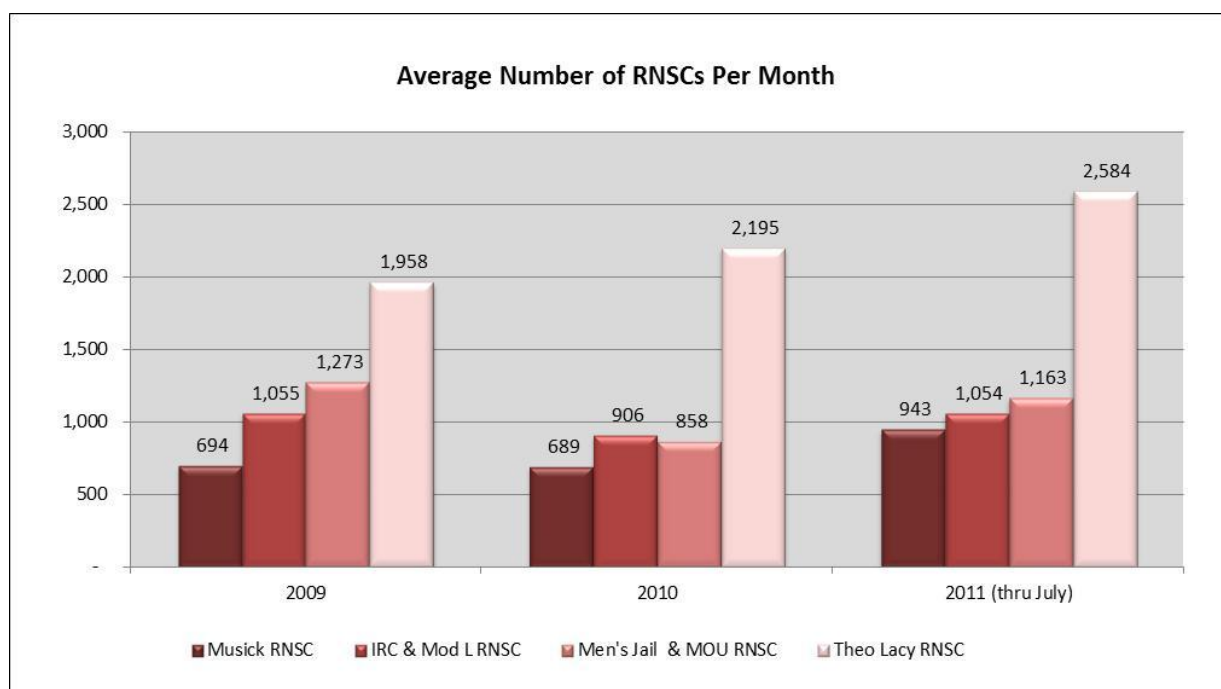


The total number of triages throughout the OC Jail system (including both federal detainees and regular inmates) has fluctuated since commencement of the ICE contract, ranging from a low of 1,064 triages in November 2010 to as many as 1,747 in December 2010. In the first six months of 2011, HCA completed over 8,000 total triages; of these 8,000 triages, more than 3,000 (or 37.5%) of them were for ICE detainees. Detainees only make up about 13% of the total jail population⁷; however, on average, detainees account for 34% of the total number of triages per month. Most recently, in June 2011, federal detainees accounted for 599 (or 50%) of the 1,195 total triages completed by CHS.

⁷ As of September 2011, there is an average of 800 ICE detainees with a total average daily jail population of 6,000 inmates/detainees.

Follow-Up Audit of HCA/Correctional Medical Services

Though detainees make up a relatively small portion (13%) of the total jail population, CHS staff consistently mentioned a considerable increase in overall medical staff workload (i.e., sick calls, treatments) since the implementation of the ICE contract. As previously stated, the standards that HCA/CHS must follow in providing health care services to federal detainees are strict and require CHS to dedicate significant resources to caring for the relatively small population of federal detainees. CHS does not currently track medical services statistics in sufficient detail to compare the number of detainee sick calls in relation to the total number of sick calls; however, available data, compiled in the chart below, shows that since the ICE contract was initiated (in August 2010) there has been a marked increase in the number of RN sick calls (RNSCs) at the facilities in which detainees are primarily housed (i.e., James A. Musick and Theo Lacy).



In 2009, the average number of RNSCs per month at Musick and TL were 694 and 1,958, respectively. There was a slight increase in these numbers by the end of 2010, and in the first 7 months of 2011, the average number of RNSCs per month reached 943 at Musick (a 35.9% increase since 2009) and 2,584 at TL (a 32.0% increase since 2009). At the jail facilities where federal detainees are not housed (i.e., IRC and Men's Jail), the average number of RNSCs per month decreased from 2009 to 2011. This RNSC data, though limited, substantiates the claim of CHS staff that the implementation of the ICE contract has had a sizeable impact on their workload. The need for better tracking of ICE-related and other workload statistics is discussed in a later section of this report.

Follow-Up Audit of HCA/Correctional Medical Services

Physician Operations and Other Medical Services

Physician/Nurse Practitioner Staffing Levels

Although there was no specific finding related to physician/nurse practitioner staff levels, the physician and nurse practitioner ranks of CHS experienced significant turnover during the follow-up period. This turnover has hampered CHS' ability to build momentum for positive change in some functional areas of the organization. During the 2009 audit, there were five full-time County physicians (including the Medical Director and Assistant Medical Director), five nurse practitioners, and a number of extra help physicians working a varying number of hours. Due to a variety of separations, the roster of CHS medical providers dwindled to one full-time physician (the current Medical Director), some extra help physicians, and four to five nurse practitioners, at its lowest point in 2010. Currently, the number of medical providers is partially restored, with two full-time physicians, six to seven nurse practitioners, and extra help physicians working a collective equivalent of two full-time positions. Two physician positions remain vacant, including the Assistant Medical Director position. It is also worth noting that the Medical Director position has turned over three times since the initial audit.

Medication Orders

The initial audit yielded two findings related to medication orders, both of which have been sufficiently addressed during the follow-up period. The first issue was an inability for physicians to approve telephone orders for medications in the CHART system. The issue arose when off-site physicians provided verbal orders to an on-site nurse who then entered the orders into the CHART system, but the physician could not access the CHART system from the off-site location to electronically approve those orders. Subsequent to the audit, CHS successfully added a component to the CHART system that allows CHS physicians to view a queue of pending medication orders requiring electronic approval. This added functionality was observed by the audit team during fieldwork.

The second medication-related finding was that prescriptions included in discharge orders for patients returning from inpatient hospitals or off-site outpatient clinics were not always properly reviewed by a County physician before the processing and distribution of the prescription. In March 2009, the Medical Director issued a new protocol for patients returning from hospitals/clinics whereby the doctor/nurse practitioner on-site at the jail facility was tasked with reviewing all medication orders and approving them prior to processing. In the event a doctor/nurse practitioner is not on-site, the on-call doctor is notified and must conduct a similar approval over the phone in coordination with on-site nursing staff. In the end, hospital/clinic

Follow-Up Audit of HCA/Correctional Medical Services

discharge orders are received and reviewed by CHS providers prior to being entered into CHART for medication processing, as recommended by the audit team.

On-Site Clinics

In light of the significant challenges identified in the initial audit pertaining to the transport of inmates to and from off-site outpatient clinics, a key recommendation of the 2009 audit was the evaluation and implementation of such clinics inside the jail facilities. HCA concurred with this recommendation and in the subsequent three year period started on-site service delivery for both OB/GYN and optometry clinics.

FOLLOW-UP FINDING #2

- a) There is a significant backlog of optometry appointment requests that need to be satisfied.**
- b) CHS has not yet implemented an on-site dialysis clinic.**

In regards to optometry services, a clinic is held periodically (i.e., 1-2 times per month) and has been a positive implementation for HCA/CHS. However, the backlog of optometry appointment requests is significant (i.e., over 115 pending requests as of September 2011). Therefore, CHS should consider establishing additional optometry clinic dates to alleviate the accumulation of patients who need to be seen.

In addition, the initial audit team identified dialysis as a high potential candidate for on-site services; however, CHS has not implemented a dialysis clinic in the jail facilities. The opportunity to bring dialysis services on-site was being discussed as early as 2008, and at that time, OCSO set aside space at TL for the express purpose of establishing an on-site dialysis clinic. Due to the high frequency of clinic visits for dialysis patients, the establishment of an on-site clinic remains a more efficient operational alternative. CHS advised the audit team that they are currently preparing an all-inclusive RFP for a variety of on-site services, including dialysis.

Follow-Up Audit of HCA/Correctional Medical Services

FOLLOW-UP RECOMMENDATION #2

- a) CHS should establish additional optometry clinic dates to help reduce the number of outstanding appointment requests.
- b) CHS management should continue recent efforts to secure an on-site dialysis provider, and should begin tracking, in collaboration with OCSD, the number of off-site dialysis appointments and the associated number of trips made by OCSD deputies for this purpose in order to demonstrate the cost-benefit analysis of this initiative.

Revenue Generating/Cost Avoidance Opportunities

Two of the recommendations made by the audit team in 2009 addressed the potential for CHS to generate revenue and mitigate the waste of clinical staff time on frivolous or unnecessary nurse sick calls (RNSC).

FOLLOW-UP FINDING #3

CHS has not conducted a complete cost-benefit analysis of revenue generating/cost avoidance enhancement initiatives (i.e., selling OTC medication through the Commissary, implementing sick call co-pay) due to inadequate data tracking and a lack of detailed operational metrics.

The first recommendation was to add a greater number of over-the-counter medications to the OCSD Commissary. This recommendation stemmed from the audit team's observation that when inmates required non-prescription medications (e.g., acetaminophen, ibuprofen, hydrocortisone cream) they would frequently submit a request to be seen by a nurse, who would then provide them with one or two doses of the medication. In light of the logistics associated with a RNSC, this is a highly inefficient means of delivering non-prescription medication, if that is, in fact, the sole purpose of the inmate's request. Subsequent to the initial audit, CHS management worked with OCSD-Commissary to add six of the most frequently distributed over-the-counter medications to the list of commissary products offered to inmates. After a pilot period, however, OCSD-Commissary noted that, with the exception of acetaminophen and ibuprofen, OTC medications were not being ordered in a sufficient volume for the Commissary to cover its administrative costs of offering them. In addition, CHS and OCSD were unable to find a solution to the problem of inmates who wanted OTC medications, but did not have sufficient funds in their jail accounts. Consequently, all medications except

Follow-Up Audit of HCA/Correctional Medical Services

acetaminophen and ibuprofen were removed from the Commissary list. If an inmate does not have sufficient funds for these medications, he/she must submit a request to be seen by a nurse who may then provide the appropriate medication free of charge to the patient. During interviews and follow-up fieldwork, the audit team determined that the cost avoidance/increased productivity from fewer RNSCs was not considered in this pilot program. In addition, without having developed a plan for how to address individuals who refuse to purchase the medications and instead continue to submit RNSC requests, the true potential gain from such a program was never fully tested or realized.

The second recommendation made by the audit team in 2009 was to begin charging co-pays (e.g., \$3) to inmates for sick call appointments. Several other counties have successfully instituted this practice. In order to determine the potential revenue associated with a co-pay system, CHS staff benchmarked against the system in place in San Bernardino County, which has a similarly sized jail population to Orange County. San Bernardino County recoups \$3,000 per month (\$36K per year).

In addition to being a nominal revenue source for OCSD, it was envisioned that CHS would realize a reduction in frivolous sick call requests by inmates. OCSD and CHS loosely examined the logistics of implementing such a system and determined that the amount of administrative work associated with doing so outweighed any enhanced productivity for nursing staff. For example, the California Penal Code does not permit counties to charge inmates for follow-up appointments for any services ordered by County providers. Similarly, emergency medical situations would also be exempt from charges. CHS and OCSD indicated that the time required for medical providers (nurses/nurse practitioners/doctors) to assess each sick call and determine chargeability according to California Penal Code (Section 4011.2) would be excessive. However, the audit team has reviewed the Penal Code section and there are relatively few decision points that providers would need to make; the relevant sections are excerpted below:

- *An inmate shall not be denied medical care because of a lack of funds in his or her personal account at the facility*
- *The medical provider may waive the fee for any inmate-initiated treatment and shall waive the fee in any life-threatening or emergency situation, defined as those health services required for alleviation of severe pain or for immediate diagnosis and treatment of unforeseen medical conditions that if not immediately diagnosed and treated could lead to disability or death.*
- *Follow-up medical visits at the direction of the medical staff shall not be charged to the inmate.*

As such, it appears a provider must only determine whether the sick call is a “life-threatening emergency situation” and whether the sick call is a follow-up requested by a CMS provider.

Follow-Up Audit of HCA/Correctional Medical Services

Another procedural challenge raised by CHS staff is the mechanism for handling protests by inmates when they feel they have been inappropriately/inaccurately charged a co-pay. CHS indicated to the audit team that they do not have the existing staff capacity needed to attend to such administrative matters. Moreover, additional electronic tracking and accounting protocols would also need to be implemented to support a co-pay system. Both of these concerns are legitimate and would need to be factored into a comprehensive cost-benefit analysis. In spite of these challenges, CHS management indicated that they are continuing to analyze the possibility of sick call co-pays but have no immediate plans for implementation.

FOLLOW-UP RECOMMENDATION #3

CHS management should conduct a pilot data collection project that tasks nursing staff with tracking sick calls where (1) the sole purpose of the patient is to obtain over-the-counter medications and (2) the provider believes that the sick call was unnecessary/frivolous. Once this data is obtained, CHS management should revisit, in collaboration with OCSD, the cost-benefit of (a) adding more over-the-counter medications to the OCSD commissary list and (b) implementing co-pays for sick calls.

Pharmacy-Related Issues

The audit team identified several Pharmacy-related issues in its 2009 report. Overall, CHS has made significant progress in addressing these audit recommendations.

Medication Packaging

In the area of medication packaging, CHS has successfully mitigated the inefficiency caused by the manual packaging of a significant amount of medication by the LVNs; a finding of the original audit. Previously, all medication orders that were entered into the CHART system subsequent to the Pharmacy's automated preparation of medication (i.e., 1:00PM the day before distribution) were manually packaged by LVNs. In response to the audit finding, CHS initially planned to implement an update query in CHART that would afford later packaging of medications, and thereby reduce the amount of manual packaging of medications; however, CHS was unable to implement such a query. As a workaround, all non-emergency medication orders entered into CHART are now defaulted to begin the following day to permit automated packaging. Under this new prescribing protocol, LVNs are only required to manually package emergency (i.e., STAT) doses and consequently, the LVNs' manual packaging workload is reduced.

Follow-Up Audit of HCA/Correctional Medical Services

In a related finding, the audit also recommended that CHS adjust the Pharmacy work schedule to move medication packaging timelines closer to medication distribution schedules. The audit team found that the Pharmacy packaged medication too far in advance, resulting in a significant amount of wasted medication due to inmates changing locations. Moreover, at TL, medication for Monday was prepared two days in advance because there were no Pharmacy Technicians assigned on Sundays. Subsequent to the audit, CHS evaluated this issue and assigned a Pharmacy Technician to the Theo Lacy facility on Sundays; this Pharmacy Technician prepares medication for Monday, thereby partially addressing the packaging timeline issue. Overall, however, the Pharmacy continues to package daily medication by 1:00p.m. the day before it is to be distributed. As identified in the audit, this practice results in a significant amount of undistributed medication due to the constant movement of inmates in the period between packaging and distribution. In an attempt to reduce the amount of wasted medication, CHS has updated procedures for returning undistributed medications to the Pharmacy. New policies and procedures allow for all unopened medication packages to be reused by the Pharmacy; therefore, less medication is wasted, even if it is not distributed. Accordingly, LVNs have been instructed to keep medication packages closed until the time of actual administration. To illustrate the impact of these changes subsequent to the initial audit, the Pharmacy began a manual count of all unopened, undistributed medication, and determined that from September 2009 through February 2011 approximately \$66,250 has been saved due to modified policies and procedures.

Self-Carry Medication⁸

In a further accomplishment, CHS has adequately addressed the audit finding concerning self-carry monitoring documentation at the James Musick facility. The initial audit team had found that documentation of random spot checks of self-carry medications were not always provided to the Pharmacy according to policy. Subsequent to the audit, CHS increased efforts to ensure proper review and documentation of self-carry medication is maintained. For example, the Pharmacy Director reviews self-carry documentation during monthly on-site inspections and presents a summary of the results at the monthly CHS Quality Improvement meetings. As noted earlier in this report, through commendable effort on the part of HCA and OCSD, CHS recently implemented self-carry procedures at the Theo Lacy facility and Men's Central Jail. This change will result in a further reduction in both automated and manual medication packaging workload. It should also be noted that CHS has developed a rigorous review process for this expansion of the self-carry program.

⁸ OCSD/HCA allows inmates to carry a limited supply of certain approved medication (e.g., hydrocortisone cream, ibuprofen, contact lens solution) in the jail facilities.

Follow-Up Audit of HCA/Correctional Medical Services

Controlled Substances

In response to audit findings and recommendations, CHS also strengthened its controlled substances (e.g., oxazepam, codeine, clonazepam, lorazepam) policies and procedures (P&P). For instance, CHS now requires that a shift count of controlled substances be performed simultaneously by the oncoming and outgoing nurse, whereas prior to the initial audit, dual verification was not always performed and the nurse who performed the count was solely accountable for the accuracy of the shift count; interviews with various CHS nursing staff and audit team observations confirm this change in practice. In addition, a new P&P requires that all completed Controlled Substance Administration Records (CSARs) be reviewed by a Senior Nurse prior to submission to the Pharmacy. Lastly, a new policy was established that requires the Pharmacy to conduct monthly inspections of the medication areas⁹. As part of that review, the Pharmacist verifies that the actual count of controlled substances on hand reconciles to the active CSAR. All nursing staff received training on the updated controlled substances P&P.

In light of the higher risk associated with controlled substances, a component of the initial audit included sample testing of Controlled Substance Administration Records. The audit team reviewed 45 inmate doses to verify that the controlled substance dose, inmate name, booking number, and date administered per the CSAR matched the medication administration records in the CHART system. From the 45 doses reviewed, the audit team found seven instances where records did not properly account for controlled substance transactions. The follow-up audit team examined 90 inmate doses (double the initial sample testing size), utilizing the same testing methodology, and found only one discrepancy (i.e., one dose was recorded on the CSAR as being administered but there was no record of the medication being administered according to the CHART system). Thus, follow-up testing confirms the increased effectiveness of CHS' new and updated P&P.

FOLLOW-UP FINDING #4

There are no policies and procedures requiring CHS staff to reconcile the Controlled Substance Administration Records to the CHART medication distribution records resulting in a minor documentation control weakness.

While CHS has shown notable improvement in the controlled substances area, CSAR testing conducted by the follow-up audit team identified one remaining opportunity for improvement. Senior nurses conduct a review of each completed CSAR for accuracy and completeness prior to

⁹ Medication areas are designated rooms in the jail facilities, accessible only to medication nurses and Pharmacy staff, where daily medication is delivered from the Pharmacy for distribution to inmates.

Follow-Up Audit of HCA/Correctional Medical Services

submission to the Pharmacy for final review; however, there is no procedure in place requiring CHS to reconcile the CSAR to CHART. To clarify, a dose of medication for a specific patient may be documented on the CSAR as having been returned to stock because it was not administered; yet the LVN responsible for medication distribution could accidentally record the dosage in CHART as administered. As a result, when CHS staff views the patient's medical history in CHART, it will appear to them that medication for the patient was properly distributed, when in reality the patient never received the medication. Incorporating periodic reconciliations of CSARs to CHART in the senior nurse review process will further enhance the documentation controls around controlled substances.

FOLLOW-UP RECOMMENDATION #4

CHS should further strengthen the controlled substances policies and procedures by requiring staff (e.g., Senior Nurses, Pharmacy personnel) to conduct periodic reconciliations between the Controlled Substance Administration Records and CHART medication distribution records.

Medications

FOLLOW-UP FINDING #5

- a) **High-value non-controlled medication that is undistributed continues to be placed in unlocked "Return to Pharmacy" bins in the dispensary areas.**
- b) **Due to budget constraints, CHS has been unable to purchase dispensing machines to maintain a running inventory of medications kept outside of the Pharmacy.**

As recommended by the audit team in 2009, CHS installed locked cabinets for the storage of undistributed medication in the dispensary areas of the Central Men's Jail and the Theo Lacy facility. However, it is current practice for only undistributed controlled substances to be locked in the cabinets; all other undistributed medication is still maintained in unlocked containers in the dispensary areas. Though medication rooms are locked when medication nurses and/or pharmacy staff are not present, non-controlled substance medications remain unsecured and, consequently, there is a potential risk for theft of high-value medication.

The initial audit also recommended an evaluation of on-site dispensing machines to properly track medications maintained outside the pharmacy. CHS determined that the initial capital

Follow-Up Audit of HCA/Correctional Medical Services

investment of approximately \$250,000 to purchase the dispensing machines, and an ongoing \$23,000 annual support cost, made the implementation of dispensing systems impossible due to budget constraints. Consequently, there is still no automated tracking of medications maintained outside of the Pharmacy, and until funds are made available for on-site dispensing systems, CHS must rely on the Pharmacy's monthly inventory counts as the lone means of tracking non-controlled substance medication maintained outside of the Pharmacy.

FOLLOW-UP RECOMMENDATION #5

- a) **Further strengthen controls over undistributed medication by requiring all undistributed medication (e.g., controlled substances and non-controlled substances) be placed in one-way locked containers, accessible only to pharmacy staff and the senior nurse on shift.**
- b) **CHS should require Pharmacy staff to periodically validate that high-value, non-controlled medications documented in CHART as undistributed have been returned to the Pharmacy.**
- c) **The CHS Pharmacy should continue performing monthly inventory counts of medication. CHS should continue to examine the feasibility of implementing dispensing systems to more accurately track medications maintained outside of the Pharmacy.**

Administrative Issues and Support Services

The functional area of CHS with the most opportunities for improvement identified in the 2009 audit was Administrative and Support Services operations. This area includes information technology, medical records, hospital/clinic scheduling, supply management, and contract management. At least 18 (or 38%) of the original 48 findings were related to these areas. Overall, the follow-up audit team found that while there has been some progress in these areas, there remains considerable need for improvement.

Information Technology/Medical Records

A critical issue raised during the initial audit was the antiquated computer system used by CHS, the CHART system. At the time of the original audit, HCA indicated that it had planned to develop an RFP to purchase a new Electronic Health Records (EHR) system to replace CHART, but had not yet secured the budgetary resources to do so. The audit team had recommended some interim modifications to CHART and a change management process for

Follow-Up Audit of HCA/Correctional Medical Services

alterations to the CHART system. During the follow-up period, CHS addressed some of the original recommendations, including:

- Syncing OCSD's Automated Jail System (AJS) with CHART on a more frequent (hourly) basis, allowing CHS to view more current and accurate housing assignments for inmates, which is especially important for the distribution of medication
- Utilizing the scheduling component of CHART to schedule in-house medical appointments (though currently only for the required 14-day physicals of ICE detainees)
- Enabling electronic approval of verbal medication orders by physicians
- Developing a formal IT change request process for modifications to the CHART system
- Formation of a CHART Working Group to maximize the potential of the system

However, much of the unutilized functionality of CHART described in the 2009 audit remains untapped. This includes not fully utilizing the system to document important information, such as inmate medical visits for diagnosis and treatments, RN and physician progress notes, hospital discharge summaries, vital signs, diabetic readings, and lab results. Consequently, the management of hard copy medical records continues to require a significant number of clerical staff (20+). In addition, new problems with the CHART system have continued to manifest themselves. For example, the follow-up audit team confirmed during its fieldwork that there is an ongoing problem whereby booking numbers for some inmates/detainees are not syncing properly from the AJS system into the CHART system, leading to random individuals, with their medication orders, dropping off of CHART medication distribution rosters. In an attempt to mitigate this issue, CHS staff does not enter medication orders until the inmate/detainee has been assigned a booking number in the CHART system. Moreover, to ensure that no inmate/detainee falls through the cracks, CHS has been forced to implement an inefficient manual reconciliation between the two systems on a daily basis.

FOLLOW-UP FINDING #6

CHS has not yet procured or implemented a fully electronic medical record system.

In a related recommendation, the initial audit team also recommended that HCA develop an RFP for a new fully electronic health record system. The audit estimated that HCA/CHS has the potential to save between \$500K and \$750K annually on clerical staffing costs by implementing such a system. Due a number of issues, including the significant turnover at the highest levels of the CHS organization, there was little progress made on this recommendation until approximately six months ago. However, during the last six months, HCA/CHS has made significant progress, including defining a detailed set of requirements for the new system,

Follow-Up Audit of HCA/Correctional Medical Services

assembling the financial resources necessary to support the purchase/development/modification of a system this size, and preparing/releasing the RFP document. Thus, although an EHR system has not yet been procured or implemented within the past 3 years, HCA is currently moving in the right direction. Unfortunately, until the new system is implemented, medical record keeping will continue to be largely manual and will accrue the associated costs.

FOLLOW-UP RECOMMENDATION #6

CHS management should proceed with the selection of a vendor to customize and implement a fully electronic health record system to replace the partially utilized, antiquated system that is currently in place, which will lead to a number of benefits for CHS, including significant operational efficiencies and staffing cost reductions.

Contract Management

FOLLOW-UP FINDING #7

HCA has not sufficiently addressed several of the contract administration deficiencies identified in the 2009 audit.

As mentioned earlier in this report, the largest contracts utilized by CHS are for inpatient hospital/outpatient clinic facility space with Western Medical Center-Anaheim (WMC-A), and for inpatient/outpatient physician services with Correctional Managed Care (CMC). In FY 2010/11, the County paid \$5.1 million to Western Medical Center-Anaheim (WMC-A) and \$2.3 million to Correctional Managed Care (CMC), for a total of \$7.4 million. The initial audit identified a number of areas where these vendors were out of compliance with the language of their respective contracts, including the completion of required Utilization Review/Quality Assurance and the timely provision of accurate profit and loss statements. The audit team also identified that the profit margin for CMC was far above industry standard. Lastly, the audit team noted that the responsibilities for administering these contracts were not clearly delineated within HCA.

In the area of Utilization Review, CHS has made progress, adding more specific and robust requirements for WMC-A in the contract that took effect on July 1, 2009. The audit team has confirmed that WMC-A provides the County with daily summaries, Monday through Friday, of the individuals housed in the Custody Unit of the hospital, as required. In addition, the audit team reviewed minutes from the monthly Utilization Review/Operations meetings, and it is apparent that individual cases are reviewed from a medical perspective with more frequency.

Follow-Up Audit of HCA/Correctional Medical Services

Moreover, as noted earlier, CHS has assigned a Senior Nurse and an LVN to liaise with WMC-A and other outside hospitals to ensure that County inmates/detainees are receiving quality care and to discuss the most cost-effective housing arrangements for inmates/detainees who need treatment or are recovering.

Despite this progress in Utilization Review, several of the other significant deficiencies identified in this area have been only partially addressed, if at all. Troublingly, the audit team discerned that for nearly all of 2009 and 2010, there was little or no contract management of either the CMC or WMC-A contract by HCA. For example, the initial audit team was unable to reconcile the profit/loss statements provided by CMC and WMC-A to internal accounting documents. Consequently, the new contracts that were negotiated with these vendors in 2009 included a requirement that they provide the County with audited profit/loss statements on an annual basis. CHS management confirmed that neither vendor had complied with these terms since the initiation of the contracts in July 2009; it was only at the completion of this audit report that HCA obtained the required documents and has recently begun to review them. In addition, although the new contract with CMC includes a requirement that the company's profit not exceed 10% of the total cost to the County, there had been no verification of CMC's compliance with this requirement. Both WMC-A and CMC are also required to provide Expenditure and Revenue Reports (WMC-A on an annual basis; and CMC on a quarterly basis); yet, neither contractor had furnished the County with a single report in this regard during the follow-up period. Thus, although the improvement of CHS contract management activities was a critical recommendation of the initial audit (and one with which HCA was in concurrence), progress in this area was inadequate during the follow-up period.

The audit team did complete a cursory review of the last-minute profit/loss submittals from CMC and WMC-A and noted that both entities provided audited documents as required by the contracts. In addition, the profits shown in the CMC submittals appeared to be in compliance with the 10% not-to-exceed requirement of the contract. One preliminary concern noted by the audit team was the profit margins shown by WMC-A, which were 35% and 17% in FY 2009/10 and FY 2010/11, respectively.

FOLLOW-UP RECOMMENDATION #7

CHS and HCA-Contracts Administration should consistently enforce existing contract terms with WMC-A and CMC.

Follow-Up Audit of HCA/Correctional Medical Services

Hospital/Clinic Scheduling

The coordination of inpatient hospital visits and outpatient clinic visits for medical procedures is a critical and risk-laden function for CHS and OCSD. Specifically, the scheduling and tracking of these appointments is a task that must be carefully and thoroughly conducted. During the initial audit of the former CMS program, there were a number of issues identified with this important function. Some of the scheduling problems included:

- The tracking process for ensuring that inmates/detainees who needed medical services, as determined by a County provider, were being scheduled and seen at off-site hospitals/clinics was ineffective. CMS was unable to verify how quickly patients were being seen, if at all, subsequent to the initial Treatment Authorization Request (TAR) submittal by the physician.
- The TAR appointment logs maintained by WMC-A were not always updated, thus WMC-A was unable to generate a list of all outstanding TARs (i.e., inmates/detainees not yet treated at off-site hospital/clinic).
- The appointment scheduling and monitoring process was ineffective. CMS scheduling staff and the WMC-A hospital clerk maintained two separate TAR logs, which were not always properly updated or reconciled. Also, CMS had no mechanism to monitor the status of individual TARs.

FOLLOW-UP FINDING #8

CHS has not significantly improved the efficacy or automation of the tracking process for ensuring that inmates/detainees who need medical services are being scheduled and seen at off-site hospitals/clinics.

Overall, many of the problems identified in this area in 2009 remain, and the associated risks persist. Although CHS has made some recent progress in this regard: (1) added a level of supervision over the Hospital/Clinic Scheduling staff, (2) begun the task of documenting and mapping the scheduling process, and (3) has plans to implement a spreadsheet that will allow for better tracking, there has been little concrete progress in addressing the underlying findings during the follow-up period. To illustrate, when a TAR is received by the CHS Hospital/Clinic Scheduling staff, this information is not captured for tracking in any manual or electronic form. Instead, TARS are faxed to WMC-A, where they are input into the hospital appointment log. Then, on a daily basis, WMC-A staff prepares a roster of individuals from this appointment log to be scheduled for the following day. CHS Hospital/Clinic Scheduling staff then verifies that the tentatively scheduled inmates/detainees are (1) still in an Orange County facility, (2) not

Follow-Up Audit of HCA/Correctional Medical Services

scheduled for court, and (3) still in need of medical treatment. Once the roster is finalized between CHS and WMC-A, it is sent to OCSD to coordinate transportation.

No later than three days after the scheduled appointments, WMC-A sends CHS a finalized list of those inmates who were (1) scheduled and seen, and (2) scheduled but not seen. CHS staff, in turn, compiles the lists provided by WMC-A into an Excel spreadsheet on a monthly basis. However, at no point does CHS use this information to verify that all TARs faxed to WMC-A have been scheduled. In addition, the processes at WMC-A remain unchanged with respect to tracking scheduled appointments, such that they are still unable to provide a list of all outstanding TARs. In sum, there remains the potential risk of inmates/detainees not being scheduled or seen at off-site hospitals/clinics and CHS/WMC-A being unaware of this situation.

FOLLOW-UP RECOMMENDATION #8

CHS should immediately implement an electronic tracking mechanism for all Treatment Authorization Requests and develop an automated means of reconciling this information with the data maintained by WMC-A.

FOLLOW-UP FINDING #9

There is an insufficient level of CHS clinical involvement in the determination of the priority and sequence of inmate/detainee off-site hospital/clinic appointments.

In addition to the issues with tracking off-site medical visits by inmates/detainees, the follow-up audit team also confirmed that there is an inappropriate level of decision-making authority placed with CHS Hospital/Clinic Scheduling clerks. At the time of the initial audit, the Assistant Medical Director was heavily involved with the management of TARs, especially in determining an acceptable priority and sequence for the list of individuals in need of treatment. Currently, CHS has no Assistant Medical Director, and the Medical Director does not have the time required to appropriately manage the scheduling of hospital/clinic appointments. Consequently, CHS Hospital/Clinic Scheduling staff (clerical staff with no clinical background) is tasked with reviewing TARs prepared by CHS physicians and determining the priority and sequence of appointments. Though CHS Hospital/Clinic Scheduling staff does consult with the Medical Director on a frequent basis if there are questions, this correspondence is at the discretion of the clerical Hospital/Clinic Scheduling staff. Adding further risk, Hospital/Clinic Scheduling staff does not have a clear guiding document that provides them with direction on how to prioritize across a variety of medical treatments/conditions. Although physicians do

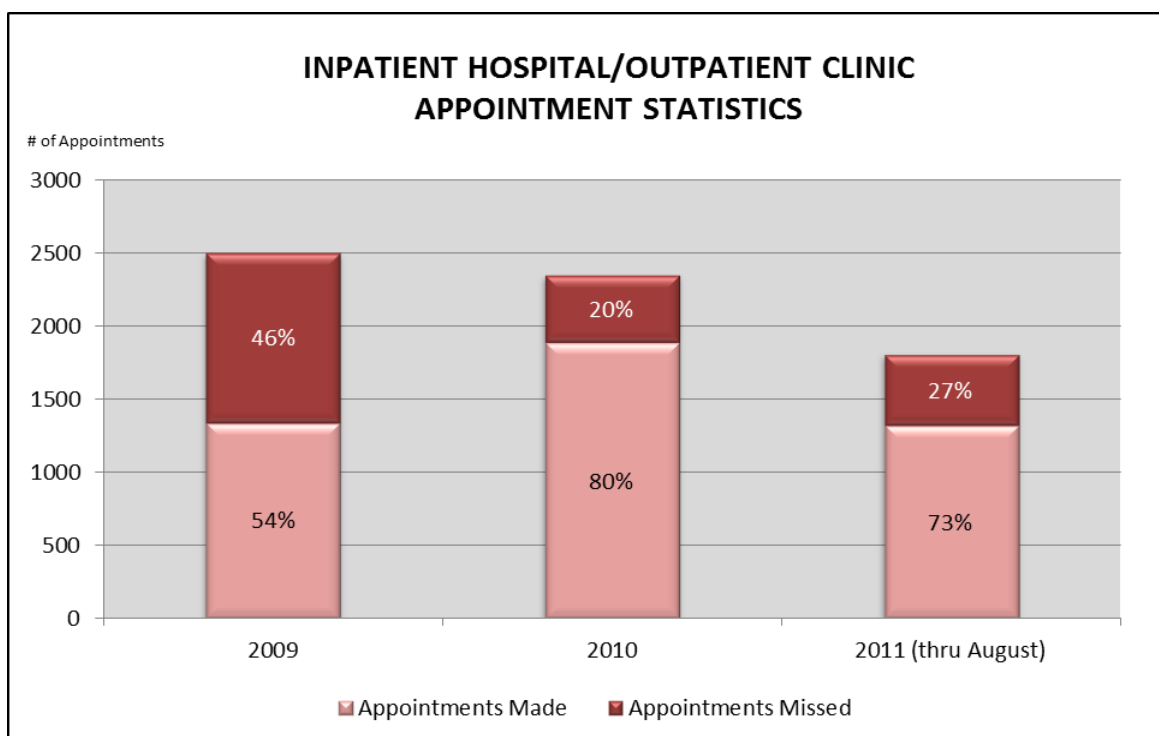
Follow-Up Audit of HCA/Correctional Medical Services

indicate on the TAR how quickly the individual should be seen (e.g., within 7 days, within 14 days), there is currently minimal clinical involvement in the overall management of TAR prioritization.

FOLLOW-UP RECOMMENDATION #9

CHS should assign clinical staff (e.g., physician or nurse practitioner) to make all medical-related decisions involved in the hospital/clinic scheduling process and to ensure that clerical Hospital/Clinic Scheduling staff are relieved of responsibility for any decisions with medical implications.

One bright spot in hospital/clinic scheduling has been the improved communication and coordination between CHS and OCSD to reduce the amount of missed hospital/clinic appointments. The initial audit noted that on a daily basis approximately 30-40% of inmates scheduled for clinic/hospital visits did not make their appointments. This number was an approximation, as there was no data maintained to provide a precise percentage. Subsequent to the 2009 audit, CHS began compiling daily reports from WMC-A and calculating the percentage of missed appointments. As is apparent from the chart below, there has been a notable improvement during 2010, and thus far in 2011, in reducing the number of missed hospital/clinic appointments.



Follow-Up Audit of HCA/Correctional Medical Services

Supplies

The ordering and storing of medical and other supplies needed for CHS operations is handled by a small staff that reports to the Support Services Manager. The initial audit team identified three issues in this area: the reporting structure of the supply unit¹⁰, the lack of an inventory tracking system, and the assignment of operational data aggregation to supply staff. The follow-up results in this area are mixed; however, CHS management is developing plans to address these issues more fully in the near future.

With respect to the supply unit reporting structure, the addition of the Operations Manager and the appointment of a new Director of CHS have mitigated the problems identified in the 2009 audit, as both of these individuals have clinical backgrounds. Moreover, the new Support Services Manager has been working with supply staff to achieve more consistent orderliness of the supply storage areas and better tracking of medical supplies. The audit team observed both of these improvements through interviews with staff and site visits.

In terms of medical supply inventory tracking, CHS has made some progress but the deficiency in this area has not been completely addressed. Specifically, CHS has implemented a limited electronic tracking system where supplies are scanned upon their addition to inventory, which automatically updates the count of supplies in a database. However, the current technology in use does not provide for automated reduction of the supply database when an item is removed from inventory. As such, supply staff must manually adjust the database counts as items are dispensed. Supply staff also conducts monthly manual counts of supplies to ensure that accurate counts are maintained. Thus, with some additional automation¹¹, the supply inventory process can be further streamlined with enhanced controls.

An additional finding of the 2009 audit was the inaccuracy of operational statistics collected by nursing staff at each jail facility, which are aggregated by the Supply Manager. These statistics, which are written onto forms by nursing staff, are hand delivered, faxed, or sent via intra-office mail to the Supply Manager, who then inputs the information into an Excel spreadsheet. This data is then sent to OCSD, where it is incorporated with other jail-related statistics that are sent to the State, as required by Title 15.

¹⁰ The 2009 audit recommended that the Supply unit be realigned under the nursing function rather than under the purview of the Administrative Manager.

¹¹ In a 2008 analysis conducted by HCA/IT, it was determined that the inventory system upgrade offered by the selected vendor that would allow CHS to maintain a perpetual inventory would cost an additional \$5,400 per year.

Follow-Up Audit of HCA/Correctional Medical Services

FOLLOW-UP FINDING #10

CHS has not addressed the quality and efficiency of operational data collection and aggregation, which is required to be kept and reported to the State by Title 15.

Unfortunately, to date, CHS has taken no additional steps to enhance the accuracy of this information since the original finding was made in 2009. Multiple CHS staff acknowledged during interviews with the follow-up audit team that the accuracy of this information remains problematic. CHS management did indicate that the responsibility for aggregating this information will be shifted away from Supply staff in the near future; a move which is supported by the audit team. In addition, the opportunity to automate much of this data collection should be included in the new EHR system that CHS is in the process of procuring. However, the implementation of this system is likely 1-2 years away, and thus CHS should find interim steps to enhance the quality of this operational data.

FOLLOW-UP RECOMMENDATION #10

CHS management should ensure that all the data collection and reporting tools necessary to comply with Title 15 are included in the new EHR system. In the interim, consider additional training of nursing staff on the need for accuracy in this information; consider assigning a CHS manager the responsibility of spot-checking this information to enhance accountability; proceed with plans to reassign the responsibility for data aggregation and reporting; consider including Medical Records staff in the data collection process, as these individuals review hard copy medical files prior to and after the provision of clinical services.

OCSD-HCA Coordination

Establishment of OCSD Liaison

Since the 2009 audit, coordination between OCSD and HCA/CHS has improved markedly. An important step in this improvement was the assignment, by OCSD, of a liaison to resolve OCSD-HCA coordination issues. The liaison meets regularly with CHS staff to evaluate issues from a security perspective. In collaboration with CHS staff, the liaison is tasked with solving problems that impact both agencies. For instance, OCSD and HCA/CHS worked together to streamline the background check process for potential CHS staff, as recommended in the 2009 audit. Both OCSD and CHS staff noted better lines of communication and an enhanced spirit of cooperation.

Follow-Up Audit of HCA/Correctional Medical Services

Transportation to Outside Hospitals/Clinics

Another concern raised by the 2009 audit team was the unreliable transport of inmates to outside hospitals/clinics. The initial audit found that scheduled hospital visits were missed frequently due primarily to OCSD transportation issues (e.g., lack of available deputies to transport, the time of transport conflicting with other Sheriff responsibilities, security classification of individual inmates). Subsequent to the 2009 audit, the logistical problems in transporting inmates to outside hospitals/clinics have been ameliorated, despite the increasingly diverse jail population (e.g., ICE detainees, U.S. Marshal inmates). The follow-up audit team found that OCSD/Transportation staff communicates more effectively with CHS staff, and Transportation deputies are more willing and able to accommodate multiple trips to hospitals/clinics. As a result, there has been a significant decrease in the number of missed hospital/clinic appointments. Statistics maintained by CHS, though limited, in conjunction with various OCSD and CHS staff interviews, support this conclusion.

Jail Facility Conditions

FOLLOW-UP FINDING #11

Some facility issues identified in the 2009 audit have not been adequately addressed; however, OCSD has in place a formal plan to implement various alterations, modifications, and improvements to each jail facility.

As previously discussed, OCSD is responsible for providing and maintaining adequate facility space to provide inmates with medical services. In the 2009 audit report, several issues pertaining to the medical areas of County jail facilities were identified. Accordingly, the audit team presented multiple recommendations to improve facility conditions. During the follow-up period, OCSD made some improvements to facility conditions, such as the refurbishment of beds in the Men's Jail Observation Unit; however, some facility issues have not yet been adequately addressed. For example, the current condition of the IRC triage remains ergonomically problematic despite modifications made by OCSD subsequent to the 2009 audit. Similarly, although minor changes were made at the James Musick facility subsequent to the original audit (e.g., installation of panic buttons in exam rooms), additional facility improvements remain necessary to enhance the security of medical personnel.

OCSD confirmed with the audit team that they are aware of the need to improve these facilities and innovative plans to address facility issues have been developed. In fact, several

Follow-Up Audit of HCA/Correctional Medical Services

modifications will soon be implemented in accordance with a state mandated court order¹² to bring all County jail facilities into compliance with Americans with Disabilities Act (ADA) regulations. Additionally, OCSD has developed a formal plan to implement various alterations, modifications, and improvements throughout the County's jail facilities. CHS has been involved throughout the process of developing facility improvement plans, further demonstrating enhanced coordination between the two agencies.

FOLLOW-UP RECOMMENDATION #11

CHS should continue coordinating with OCSD as planned jail facility changes materialize to ensure that all pertinent 2009 audit findings are adequately addressed.

Conclusion

Overall, HCA has made demonstrable progress since 2009 in addressing a majority of the initial audit findings. Based on follow-up audit observations, HCA has reformed the organizational structure of CMS and made several changes in key leadership positions, both of which have led to significant improvements. In addition to overall changes in the organizational structure of the program, some of the more significant improvements made by CHS during the follow-up period include:

- Strengthened policies and procedures
- Implementation of on-site clinics for optometry and OB/GYN
- Improved communication and coordination with OCSD

Alongside the significant progress made by HCA/CHS in addressing a majority of audit findings, the follow-up audit team identified areas where improvement is still needed. Some of the most important issues for HCA/CHS to address include:

- Improving data tracking/reporting
- Increasing contract management efforts to ensure contractor compliance with reporting requirements
- Selecting, developing, and implementing a new electronic health records system

¹² United States District Court, Central District of California. Case No. SACV 01-981 ABC(MLGx) consolidated with Case No. CV 75-3075 ABC (MLGx).

Follow-Up Audit of HCA/Correctional Medical Services

- Addressing the problems identified by the audit team with the Hospital/Clinic Scheduling function
- Further strengthening policies and procedures to limit risk liability

The audit team also identified two additional topics that were not part of the original audit but have significantly impacted the CHS operation as a whole with some associated opportunities for improvement:

- Communication to staff regarding the merger of Correctional Medical and Correctional Mental Health, specifically in the area of nursing, needs some additional work from management. Although CHS management has made notable efforts to communicate anticipated changes, a more comprehensive, formally documented description of all changes to roles, responsibilities, and expectations will address some existing confusion and concern from staff.
- The implementation of the ICE contract generated approximately \$5.7 million in revenue from August 2010 through June 2011 for CHS, a welcomed boost in financing. However, follow-up observations and interviews with staff confirm that the ICE contract has also notably increased the workload of CHS staff. CHS management should work with OCSD to further develop tracking methods for this increased workload to ensure the County is fully reimbursed for all resources (including staff time) committed to this contract.

Follow-Up Audit of HCA/Correctional Medical Services

Appendices

Appendix A: Status of Findings and Recommendations

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
1 Negative employee morale impedes meaningful progress.	1 Remove all organizational and personnel barriers to change within the CMS organization. Set in place a leadership team that is willing and able to promote an environment of performance and optimism that will ensure that the findings in this audit are implemented in a timely manner. A formal audit action plan should be established that is supported by the resources necessary to bring about lasting improvements, and CMS management's progress should be actively monitored by HCA Executive Management.	Concur	HCA Concur with recommendation. Key personnel changes have been made and a Task Force is in place to ensure that agreed recommendations of this audit are implemented. This Task Force includes all senior management positions within CMS and will include executive and senior management positions from other areas of HCA as needed. The team is being led by the Medical and Institutional Health Services (MIHS) Deputy Agency Director.	F-1/R-1 FULLY ADDRESSED	HCA has made significant organizational structure and management changes during the follow-up period. See follow-up report section, <i>Organizational Structure</i> for more details regarding these changes.
2 The current CMS Administrative Services structure impedes operational efficiency and effectiveness.	2.1 Relocate the CMS Program Manager from the Central Jail Complex to HCA/Headquarters and assign the following overall administrative responsibilities for the CMS function: Human Resources Coordination, Budget, Contract Administration, Purchasing, and Medical Recordkeeping/IT. This position should continue to report to the Institutional Medical Health Division Manager, but have no line authority over jail medical staff.	Do Not Concur	HCA concurs that the Administrative Manager position should focus on administrative and programs support functions as opposed to clinical. The administrative manager classification is the most appropriate in the county system to lead support services. This position coordinates ancillary functions of supply, radiology, medical records, information technology (IT) and purchasing in support of the CMS clinical functions. The supervisory and line staffs for these functions are housed in the CJX. HCA believes it is essential that the Administrative Manager be co-located on-site to provide coordination, access, and leadership.	F-2/R-2.1 FULLY ADDRESSED	Although HCA initially disagreed with the audit finding/recommendation, they have since made significant organizational structure and management changes. See follow-up report section, <i>Organizational Structure</i> for more details regarding these changes.

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
	2.2 Realign the X-Ray Technician and Inmate Hospital/Clinic Scheduler under the CMS Medical Director.	Do Not Concur	While these functions could be assigned to the CMS Medical Director, HCA believes they are most appropriately placed under support services to provide coordination, liaison, and back-up support. The CMS Medical Director is responsible for overall medical leadership, direction, and policy setting along with directly managing all physician and nurse practitioner staff and overseeing hospital and specialty clinic services. HCA believes that the above two positions are most efficiently supervised on a day-to-day basis by support services, freeing the Medical Director to focus on medical leadership. The Medical Director and Assistant Medical Director will continue to provide clinical direction for radiology and clinic services.	F-2/R-2.2 FULLY ADDRESSED	The X-Ray Technician and Inmate Hospital/Clinic Scheduling function remain under the purview of the Support Services Manager. Given the organizational structure and management changes (as detailed in the follow-up report section <i>Organizational Structure</i>), the alignment of these functions is no longer an issue. However, the follow-up team found that there needs to be clinical staff assigned to manage all medical-related decisions involved in the hospital/clinic scheduling process to ensure that Inmate Hospital/Clinic Scheduling staff are relieved of responsibility for any decisions with clinical implications.

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
	2.3 Realign the supply room function under the Nursing authority structure at each jail facility.	Do Not Concur	<p>HCA agrees that there have been performance and communication issues regarding the supply function. However, they believe these issues are best addressed by maintaining supply functions under support services. The supply rooms support the entire CMS Program, not just nursing. Supply staff also order and maintain supplies and equipment for physicians, medical records, dental, radiology, administration, and selected facility related needs (furniture, computer equipment, coordination of repairs not handled by OCSO, etc.). In addition, supply procurement, inventory, delivery, and control is typically best managed in a centralized manner to ensure economy of scale, standardization, and inventory control.</p> <p>HCA has taken a number of steps to improve support, and plan to make further enhancements. Steps taken include: 1) Implemented a Nursing Shift Report which includes a section for nursing to report all supply and/or equipment issues; 2) Established a log of all equipment that is pending repair or maintenance that is available on the CMS central server for all staff; 3) Implemented customized electronic order forms for each medical service area that allow CMS staff to check the status of any order at any time; 4) Created a "CMS Supplies" e-mail account so CMS staff does not have to send their requests to multiple supply team members.</p>	<p>F-2/R-2.3 NO LONGER AN ISSUE</p>	HCA disagreed with the audit finding/recommendation and as such, the Supply function remains aligned under the Support Services function. However, based on follow-up observations the Supply function is operating efficiently and therefore, the audit team concludes that this is no longer an issue.

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
3 Inmate health care is a priority, but a secondary priority for OCSD and a non-core service for HCA.	3 Due to the risks inherent in a correctional medical operation (i.e., financial, ethical, legal, public/political sensitivity), CMS should be elevated to a first tier priority for both OCSD and HCA.	Do Not Concur	HCA considers CMS a first tier priority within HCA. The OCSD advises that inmate health care is a priority and they will work with HCA to ensure this occurs.	F-3/R-3 FULLY ADDRESSED	HCA and OCSD have demonstrated progress in elevating inmate health care to a first tier priority by making several key personnel changes and improving communication/coordination between agencies.
4 There is a lack of accountability with CMS management and line staff.	4.1 HCA should create a Task Force of high-performance HCA employees to comprehensively address the management/accountability deficiencies identified in this audit.	Concur	HCA concurs with recommendation. This Task Force has already been created and is meeting regularly.	F-4/R-4.1 FULLY ADDRESSED	HCA established a Task Force which met regularly through March 2010 to address the issues identified in the audit.
	4.2 Throughout CMS, performance standards should be established, communicated, and enforced. When basic performance expectations and standards are not met, employee training, counseling, and then discipline should occur.	Concur	HCA concurs with this recommendation.	F-4/R-4.2 FULLY ADDRESSED	CHS management communicates performance expectations to all levels of staff. When standards are not met by individual employees, a "Memo of Expectations" is distributed, and Improvement Plans are developed to address the employee's issues.
	4.3 Appropriately address all conflicts of interest within CMS.	Concur	HCA concurs with this recommendation. Both situations discussed in the report have been addressed.	F-4/R-4.3 FULLY ADDRESSED	All conflicts of interest identified in the original audit have been appropriately addressed.

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
5 The current allocation of four Supervising Comprehensive Care Nurse positions is excessive.	5.1 Reduce the number of Supervising Nurses to two, with one responsible for nursing activities at the Theo Lacy and James Musick Facilities, and one responsible for the Central Jail Complex. Each Supervisor should be on site Monday through Friday to assist Senior Nurses with the day-to-day operations and facilitate problem solving.	Concur	The new Director of Nursing is working with HCA/HR to review the roles and responsibilities of these positions in order to propose the most appropriate staffing structure. Her review will take this recommendation into consideration. In addition to the current duties and responsibilities of these positions, other factors being considered are: 1) The need for additional managerial/supervising nursing staff with 24/7 responsibility for oversight and supervision or nursing services at five adult correctional facilities. Currently, the DON is the only position with this responsibility; 2) The financial impact of various approaches, including overtime, on-call and call-back pay required by the current labor MOU governing nursing positions; 3) Long and short-term staff planning in consideration of the abilities of current staff. Included in this planning is the staffing structure to meet immediate needs with the current classifications, and how this structure would transition with future staff promotions and/or attrition.	F-5/R-5.1 FULLY ADDRESSED	The nurse staffing structure was evaluated and the number of Supervising Nurses was reduced to 1 for a period of time. In the current environment, there is 1 Supervising Nurse assigned to Theo Lacy and James Musick, 1 Supervising Nurse assigned to the Central Jail Complex, and 1 Supervising Nurse overseeing the night shift at all facilities. The fourth Supervising Nurse position is currently vacant, however, HCA/CHS plans to utilize this position to provide nursing education and training.
	5.2 Both the vacant Supervising Nurse position and the Supervising Nurse position currently responsible for recruiting should be reclassified to a Senior Nurse level and reassigned to either (1) WMC-A as the CMS hospital liaison or (2) the Theo Lacy Jail Facility to improve Senior Nurse coverage.	Concur	As detailed in the response to Recommendation 5.1, the DON is currently reviewing the roles and responsibilities of the four Supervising Nurse positions, three of which are filled and one of which is vacant. The Performance Audit recommendations will be considered in her evaluation.	F-5/R-5.2 FULLY ADDRESSED	A Case Management position was established at the Senior Nurse level to act as the liaison with outside hospitals/clinics.

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>6 The current allocation of eight budgeted Senior Nurse positions is insufficient to meet coverage needs.</p>	<p>6 Increase the number of Senior Nurse positions to ten in order to fill in coverage gaps to ensure day-to-day supervision, especially at the Theo Lacy Facility. The one temporarily promoted position should be made permanent, and the second position should come from the reclassification of one of the Supervising Nurse positions.</p>	<p style="text-align: center;">Concur</p>	<p>HCA concurs with recommendation and is increasing the number of senior nurses from nine to ten.</p>	<p style="text-align: center;">F-6/R-6 FULLY ADDRESSED</p>	<p>HCA has increased the number of Senior Nurse positions. There are currently 9 Medical Senior Nurse positions filled (2 additional vacant positions) and 2 Mental Health Senior Nurse positions. The 2 vacant medical Senior Nurse positions are in the process of being unfrozen by HCA/Human Resources.</p>
<p>7 The current LVN schedules are inefficient and lead to supervision difficulty because they are inconsistent with the schedules of other nursing personnel.</p>	<p>7 Transition all LVN positions to either eight-hour shifts or twelve-hours shifts in order to eliminate the unnecessary staff overlap that currently exists with either the "4-10" and "9-80" schedule. Implementing this change would be more efficient, allowing six LVN positions to either be deleted or reassigned to assist with IMQ accreditation-related tasks (e.g. 14-day health inventories). The decision between eight and twelve-hour shifts needs to be made only after a thorough review of shift activities and Fair Labor Standards Act (FLSA) requirements is completed and any procedural adjustments are made (e.g. reduction in the number of medication passes).</p>	<p style="text-align: center;">Concur</p>	<p>HCA concurs with recommendation which was also recommended by an HCA consultant, Sandra Fair. The DON and HCA/HR are evaluating 8-hr vs. 12-hr shifts and other possible shift alternatives for LVN staff. Following this evaluation, the optimal shift configuration and required staffing level will be proposed by the DON and the approved plan will be implemented.</p>	<p style="text-align: center;">F-7/R-7 FULLY ADDRESSED</p>	<p>HCA adequately addressed the audit finding by initially modifying the LVN schedules to 8-hour shifts in July 2009. After further consideration, LVN shifts were recently revised to 12-hour shifts. For additional details regarding this issue, see follow-up report section <i>Nursing Schedules</i>.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>8 The bi-weekly master nursing schedule has been the source of considerable frustration among nursing staff.</p>	<p>8 Utilize an administrative support employee who reports to the Director of Nursing (DON) to develop the schedule for review by the DON. This person should also work collaboratively with the Supervising Nurses assigned to specific facilities to address any problems that arise. This solution will not only make more effective use of the Supervising Nurse resources, but will empower the Scheduler to make any schedule-related decisions in consultation with, and with the authority of, the DON and Supervisors.</p>	<p>Concur</p>	<p>HCA concurs with recommendation, with the clarification that an employee with a clinical background is needed to facilitate discussions with nursing staff and to better understand what level of nursing staff is needed by shift and location.</p>	<p>F-8/R-8 FULLY ADDRESSED</p>	<p>Subsequent to the audit, an LVN was assigned as the Nurse Scheduler and the position reports directly to the Director of Nursing. For additional details regarding this issue, see follow-up report section <i>Nursing Schedules</i>.</p>
<p>9 The current number of daily medication passes consumes significant staff resources and may not all be necessary.</p>	<p>9 CMS Physician and Pharmacy staff should perform a formal evaluation of the 1:00PM med pass for the purpose of determining the feasibility of discontinuing the pass in the future, or limiting the pass to include only those medications that must be given between the 9:00AM and 7:00PM passes.</p>	<p>Do Not Concur</p>	<p>In anticipation of this recommendation, the Medical Director and Pharmacy Director have conducted a review of the 1:00PM medication delivery and have determined that it is clinically necessary for appropriate levels of care. The volume of doses from this review and the medical considerations do not support elimination of the 1:00PM medication pass.</p> <p>In view of the Audit recommendations, HCA will work with OCS D to determine if inmates may be allowed to self-carry medications in facilities other than James Musick. If this is possible, the Medical Director and Pharmacy Director will re-evaluate the impact on the 1:00PM medication pass.</p>	<p>F-9/R-9 FULLY ADDRESSED</p>	<p>The medication pass structure was evaluated, as recommended, and HCA/CMS determined that all four med pass times were necessary due to certain medications that are required to be distributed multiple times throughout the day.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
10 Coordination efforts between OCSD and CMS have been unsuccessful in establishing a physician residency and training partnership with local medical programs.	10 CMS and OCSD should develop a partnership with a local medical school residency program.	Concur	HCA concurs with recommendation. CMS previously provided a residency rotation program for UCI Medical Center residents, but the program was suspended due to issues related to security clearances. CMS and OCSD have recently collaborated on security concerns to allow nursing students to obtain clinical experience in the jail. CMS will work with OCSD on a streamlined process to obtain security clearances for resident physicians, and will begin discussions with UCI Medical Center regarding re-establishment of the residency program.	F-10/R-10 FULLY ADDRESSED	HCA/CMS staff met with representatives from local medical school programs, however, the costs and resources required to establish a partnership with a local residency program would not be cost effective to pursue at this time.
11 WMC-A does not perform meaningful hospital or physician Utilization Reviews of services provided according to contract requirements.	11 CMS/Physicians should ensure that adequate utilization review procedures are performed. Any changes to utilization procedures should be discussed with CMS Management before being implemented.	Concur	HCA concurs with this recommendation. The current utilization review procedures and practices will be reviewed, evaluated and updated under the leadership of the CMS Medical Director and reviewed by CMS Management prior to implementation. CMS management will ensure regular review and updating of utilization review procedures.	F-11/R-11 PARTIALLY ADDRESSED	HCA has made some progress towards addressing this issue. Utilization Review requirements were negotiated into the contract with WMC-A in 2009. Hospital utilization data is maintained in a database by Advanced Medical Management (AMM). The database is capable of generating Utilization Reports according to parameters determined by HCA/CHS; however, HCA/CHS has not determined which parameters to set in order to generate reports from the AMM database to identify trends in hospital/clinic services.
12 Telephone orders for medication are not approved electronically in the CHART electronic medical record system.	12 CMS should complete its efforts to roll-out the electronic approval of verbal medication orders in the CHART system.	Concur	HCA concurs with this recommendation and is in the process of implementing it. Full implementation is planned by March 31, 2009.	F-12/R-12 FULLY ADDRESSED	Telephone orders are now approved electronically in the CHART system. See follow-up report section <i>Medication Orders</i> for more details regarding this issue.

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
13 Medications prescribed by contract Physicians at the hospital/clinic are not always properly reviewed by a CMS physician before the prescription is processed.	13 All medication orders should be properly reviewed and approved, at least verbally, and ideally electronically, by a County Physician before it is entered into the CHART system.	Concur	HCA concurs with this recommendation, and plans to fully implement it by March 31, 2009.	F-13/R-13 FULLY ADDRESSED	Medication prescribed by outside hospital/clinic physicians are now reviewed by a CMS physician before the prescription is processed. For more details regarding this issue, see follow-up report section <i>Medication Orders</i> .
14 Controlled substance documentation and disposal procedures are not always followed.	14.1 CMS should immediately enforce the regulations and procedures related to controlled substances.	Concur	HCA concurs with this recommendation. Additional education and training of the nurses regarding the proper return of controlled substances will be provided in accordance with the response to Recommendation 14.2.	F-14/R-14.1 FULLY ADDRESSED	Controlled Substance P&P's were strengthened and the Pharmacy Director enforces all regulations related to controlled substances.
	14.2 CMS Pharmacy should provide additional training to nursing staff on the proper procedures to account for and dispose of controlled substances.	Concur	HCA concurs with this recommendation. The CMS Pharmacy staff will provide additional and regular periodic training on controlled substance procedures.	F-14/R-14.2 FULLY ADDRESSED	Nursing staff received appropriate training regarding updated controlled substance procedures.
	14.3 The Pharmacy Director should ensure that a specific formal policy and procedure exists and is enforced to address required spot checks of controlled substance inventories at all dispensary facilities.	Concur	HCA concurs with this recommendation. The current Policies and Procedures will be updated by March 31, 2009.	F-14/R-14.3 FULLY ADDRESSED	Controlled Substance P&P's were revised and now require the Pharmacy Director to conduct monthly inspections of medication areas which includes a reconciliation of the controlled substances on-hand. For additional details regarding this issue, see follow-up report section <i>Controlled Substances</i> .

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
	<p>14.4 Additional monitoring procedures should be performed by the Senior Nurse responsible for ensuring the substance administration record is properly completed to include a periodic review of the CHART system medication/hard copy distribution record to the Controlled Substances Administration Record. Any differences should be immediately addressed.</p>	Concur	<p>HCA concurs with this recommendation. The CHART Administrator is in the process of developing an interactive search to accommodate the periodic review of controlled substance medication doses. Due to the lack of complexity in programming this feature, assistance of the CHART vendor is required. The CHART Administrator and Pharmacy Director have set a target implementation date of July 1, 2009.</p>	<p>F-14/R-14.4 PARTIALLY ADDRESSED</p>	<p>Senior Nurses appropriately review the Controlled Substances Administration Records (CSARs) on a daily basis prior to submission to the Pharmacy to ensure that the count of medication on-hand reconciles to the CSAR. The follow-up audit team identified room for improvement in this area: HCA/CHS should enforce the P&P and require that Senior Nurses conduct a periodic review of the CHART system medication distribution records to the CSAR. For additional details regarding this issue, see follow-up report section <i>Controlled Substances</i>.</p>
<p>15 There is no validation that undistributed medications are properly returned to Jail Pharmacies to be destroyed.</p>	<p>15 A process to ensure that undistributed medications are properly returned to the Pharmacy should be evaluated by CMS Management. That process should include the overnight storage of medications in a secure location with access only by Pharmacy personnel and the medication nurse.</p>	Concur	<p>HCA concurs with this recommendation. The Pharmacy Director and the DON will review pharmaceutical security practices and the current policy and procedures for returning undistributed medications to ensure consistency across all nursing areas.</p>	<p>F-15/R-15 PARTIALLY ADDRESSED</p>	<p>Undistributed controlled substances are maintained in locked cabinets in medication rooms only accessible to medication nurses and Pharmacy staff. Undistributed non-controlled substances are maintained in unsecure containers in medication rooms, therefore, the follow-up audit team identified room for an opportunity to further strengthen controls over undistributed medications, particularly high-value, non-controlled substances. See follow-up report section <i>Medication</i> for additional details regarding this issue.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>16 The CMS Pharmacies package medication too far in advance resulting in a significant number of medications that must be destroyed.</p>	<p>16 CMS should evaluate the current Pharmacy work schedule with the goal to improve medication packaging timelines that are closer to medication distribution schedules.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation. Past reviews of the pharmacy work schedule have indicated that (1) to prepare unit-dose packages closer to time of distribution, it would be necessary to add pharmacy staff on the night shift (midnight to 7AM), and (2) reassignment of staff from other shifts would not be possible because coverage and workload demands during peak usage times require the present coverage. The Pharmacy Director will take a fresh look at the pharmacy work schedule.</p>	<p>F-16/R-16 FULLY ADDRESSED</p>	<p>CHS evaluated the Pharmacy schedule, as recommended, but was unable to adjust packaging timelines, though in an attempt to reduce the amount of wasted medication, CHS has updated procedures for returning undistributed medications to the Pharmacy. For details regarding this issue see follow-up report section <i>Medication Packaging</i>.</p>
<p>17 Some new medication orders are not included in the inmate's medication package when they are filled by the Pharmacy.</p>	<p>17 CMS should quickly complete its efforts to create the required update query in the CHART system in order to reduce the number of medications packaged by the LVNs.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation. A target implementation date of March 31, 2009 has been set and training of LVNs on the new procedure is in process.</p>	<p>F-17/R-17 FULLY ADDRESSED</p>	<p>HCA/CMS was unsuccessful in attempts to implement an update query in CHART; however, medication prescribing protocols were revised to address this issue. For details regarding this specific issue, see follow-up report section <i>Medication Packaging</i>.</p>
<p>18 Random spot checks of Musick jail facility self-carry medications are not always provided weekly to the Pharmacy according to policy.</p>	<p>18 The CMS Pharmacy should monitor self-carry medication random spot check records to ensure documentation is provided in compliance with established procedures.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation. The Pharmacy Director and Supervising Nurse responsible for the James Musick facility will monitor records jointly and regularly report findings to the Quality Improvement Committee. Of note, a recent detailed CMS review of these required spot checks for calendar year 2008 indicated a significant improvement.</p>	<p>F-18/R-18 FULLY ADDRESSED</p>	<p>Self-Carry medication spot checks are conducted regularly and discussed at monthly Quality Improvement meetings. In addition, self-carry medication practices were recently implemented at Theo Lacy and Men's Central Jail. See follow-up report section <i>Self-Carry Medication</i> for additional details regarding this issue.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>19 There is no perpetual inventory of formulary medications maintained outside of the Pharmacy.</p>	<p>19 CMS should evaluate available dispensing systems that may be purchased within current budget constraints.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation.</p>	<p>F-19/R-19 PARTIALLY ADDRESSED</p>	<p>Dispensing systems were evaluated, as recommended, though no such systems were purchased due to limited resources. There is still no perpetual inventory of formulary medications maintained outside of the Pharmacy. See follow-up report section <i>Medications</i> for additional information regarding this issue.</p>
<p>20 OCSD currently does not contribute any financial resources to offset the cost of correctional medical services provided by HCA.</p>	<p>20 OCSD should begin to contribute financial resources to cover at least some of the fiscal burden of providing inmate medical services. Immediate contribution opportunities exist with some much needed capital and infrastructure investments, such as: (1) refurbishing medical observation units at the jails, (2) an electronic medical record system, and (3) building out clinic space at the jails. In addition, the cost of over-the-counter (OTC) medications sold through the commissary, when such a program is implemented, should be funded with Inmate Welfare/Commissary dollars in OCSD.</p>	<p>Do Not Concur</p>	<p>OCSD advises that while this sounds reasonable on the surface, OCSD is facing serious financial difficulties as well. It is OCSD's position that HCA has been given funds to provide health care services and OCSD will work with HCA on programs that are mutually beneficial and realize cost savings.</p> <p>OCSD will work with County Counsel to determine if the Inmate Welfare Fund can be used on the types of programs suggested by the Audit Report.</p>	<p>F-20/R-20 NO LONGER AN ISSUE</p>	<p>OCSD does not contribute to the CMS program financially, however, both HCA and OCSD agree that OCSD is responsible for providing facility space and transportation resources. In addition, OCSD has made some improvements to facility conditions and additional upgrades will be implemented in response to a court order, unrelated to the CMS performance audit. For additional details regarding this issue, see follow-up report section <i>Jail Facility Conditions</i>.</p>
<p>21 CMS contract administration and program monitoring roles are not clearly defined, resulting in ineffective contract oversight.</p>	<p>21 HCA/Contract Administration and CMS should delineate the responsibilities for contract administration and contract program monitoring. Once this occurs, CMS should ensure contract monitoring is performed as required.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation. These duties will be clearly defined by April 1, 2009 and will be revised/updated prior to July 1, 2009 to reflect all contract changes indicated in HCA's responses to Recommendations 26.1 through 26.4.</p>	<p>F-21/R-21 PARTIALLY ADDRESSED</p>	<p>Responsibilities for managing/monitoring contracts was assigned to HCA/Contract Development Management (CDM). The follow-up audit team found that HCA has not fully addressed the contract administration issues identified in the initial audit. For details about this issue, see follow-up report section <i>Contract Management</i>.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
22 CMC contract physicians do not input discharge planning orders into the CHART system when an inmate leave WMC-A.	22 CMS should ensure that County and contractor computer systems are compatible to allow for electronic access to the medical records. After this occurs, CMS should require that CMC contract physicians input discharge planning information into the CHART system in order to achieve a fully electronic medical record as required by the contract.	Concur	Past liability concerns raised by CMS, the hospital, and the physician group resulted in previous access to the CHART system at WMC-A by non-CMS staff being terminated. HCA will re-evaluate those concerns with County Counsel to determine how this issue may be resolved.	F-22/R-22 FULLY ADDRESSED	Subsequent to the audit, electronic access to the medical records system was provided to CMC; however, security issues resulted in that access by non-CHS staff being terminated. As a workaround, HCA has implemented new processes for the return of an inmate from an outside hospital/clinic to ensure that discharge information is reviewed by a county provider and subsequently entered into the CHART system.
23.1 Profit and Loss Statements are not prepared according to the contract period as required.	23 HCA should require by contract that CMC obtain an independent audit of the Profit and Loss Statement annually to ensure that the statements accurately present CMC's profit.	Concur	HCA concurs with this recommendation. An independent audit requirement will be negotiated into the upcoming agreement for physician services.	F-23.1/R-23 PARTIALLY ADDRESSED	The contract agreement with CMC was renegotiated to require that CMC provide an annual independently audited P&L statement; however, HCA/CDM has not held CMC accountable to the terms of the agreement and therefore, no P&L statements have been provided to the County. Since the audit team identified this issue, HCA has subsequently requested and received these P&L
23.2 CMC over-reported expenses included on Profit and Loss Statements.				F-23.2/R-23 PARTIALLY ADDRESSED	statements and are reviewing them. For additional information regarding this issue, see follow-up report section <i>Contract Management</i> .
23.3 CMC's Revised Profit and Loss Expenditures do not agree with supporting documentation.				F-23.3/R-23 PARTIALLY ADDRESSED	

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
24 CMC's profit margin from the CMS contract far exceeds industry standards.	24 HCA should (1) request that CMC reduce their rates for the remainder of the current contract term (June 2009), and (2) ensure that future negotiated physician contracts provide appropriate profit margins in accordance with industry standards and are in line with other government entities contracting for correctional medical services.	Concur	HCA will approach CMC regarding their current contract funding. HCA is committed to negotiating contracts that are fiscally appropriate for the services being provided and/or populations being served.	F-24/R-24 PARTIALLY ADDRESSED	The contract with CMC was renegotiated in 2009. The total maximum obligation was calculated with a profit limited to 10%, though there has been no verification of CMC's compliance with this requirement, as the County, at the time of audit fieldwork, had not received the required audited profit and loss (P&L) statements. Since this discovery, HCA has requested and received this information. For additional information regarding this issue, see follow-up report section <i>Contract Management</i> .
25.1 WMC-A is unable to provide sufficient documentation to explain the expenses reported in the Profit and Loss Statements provided to the County.	25 HCA needs to hold WMC-A accountable to the terms of the contract regarding the preparation of annual profit and loss statements. In addition, HCA needs to work directly with WMC-A to clarify and verify the actual costs of the Custody Hospital Services that WMC-A provides in order for both sides to be fully prepared for the upcoming request for proposal (RFP) and potential contract negotiations. Lastly, HCA should require that WMC-A obtain an independent audit of their annually-provided profit and loss statements to ensure that the County has complete and accurate information.	Concur	HCA concurs with this recommendation.	F-25.1/R-25 PARTIALLY ADDRESSED	HCA/CDM has not held WMC-A accountable to all contract terms. Specifically, at the time of audit fieldwork, WMC-A had not provided the required annual independently audited P&L statements, nor had the contractor provided the required Expenditure and Revenue reports. Since this discovery, HCA has requested and received this information. For additional information regarding this issue, see follow-up report section <i>Contract Management</i> .
25.2 Profit and Loss Statements are not provided or prepared according to the terms of the contract.				F-25.2/R-25 PARTIALLY ADDRESSED	

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>26 The physician and hospital custody database maintained by CMC is incomplete, inaccurate and largely unutilized by CMS for contract monitoring and program management purposes.</p>	<p>26.1 CMS and HCA/Contract Administration need to articulate the goal for maintaining the custody database and who is responsible within HCA to ensure that goal is achieved. Both parties need to work together to determine how this data, and any additional data that can be captured, will be utilized to improve CMS from a programmatic and operational standpoint.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation.</p>	<p>F-26/R-26.1 PARTIALLY ADDRESSED</p>	<p>The custody database is now maintained by a fiscal intermediary, AMM. However, HCA has not determined how this data should be utilized to improve CHS from a programmatic and operational standpoint. For more information regarding this issue, see follow-up report section <i>Contract Management</i>.</p>
	<p>26.2 HCA needs to renegotiate with CMC to eliminate the \$100,000 charge for inputting data that is already necessary for CMC to conduct its own internal billing and claims processing. This information should be provided to the County for minimal or no charge as part of normal contract monitoring. CMC should be able to provide a data file to the County on a monthly basis with all relevant information.</p>	<p>Do Not Concur</p>	<p>The \$100K payment to CMC was not for the collection and submission of its own information. The payment was for CMC to collect, incorporate, and review all hospital data to verify that where there were physician charges there were corresponding hospital charges, thereby ensuring a complete medical service record. The collection and maintenance of the database will be turned over to a third-party vendor effective July 1, 2009. The third-party vendor will receive electronic billings from both the hospital and the physician, grouping the manner required by HIPAA, and set up streamlined processes to review and validate their claims, and to provide consolidated reports.</p>	<p>F-26/R-26.2 FULLY ADDRESSED</p>	<p>The \$100,000 charge has been eliminated from the contract agreement with CMC and AMM has been assigned as the responsible party for maintaining hospital/clinic data.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
	<p>26.3 HCA/Contract Administration should work directly with WMC-A to import their charge data directly into a database that is maintained in-house by HCA/Contract Administration or by CMS program management.</p>	Do Not Concur	WMC-A will submit their claims data to the third-party vendor in a manner consistent with their billings to other health plan providers.	<p>F-26/R-26.3 FULLY ADDRESSED</p>	WMC-A submits their claim data to AMM, a third-party vendor.
	<p>26.4 HCA/Contract Administration or CMS program management needs to conduct some degree of periodic auditing of this data to ensure accuracy and completeness. Based on the audit team's experience, this objective can be achieved with minimal time and resources on the part of HCA.</p>	Concur	HCA concurs with this recommendation. HCA does and will continue to audit the data to ensure any duplicates or other inaccurate data are identified and eliminated from the overall database.	<p>F-26/R-26.4 PARTIALLY ADDRESSED</p>	The information is readily available to HCA through the AMM portal, though periodic auditing of the information by HCA/CDM or CHS is not conducted as recommended by the audit. HCA is currently trying to determine what information/reports to utilize from the database.

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>27 CMS management is unable to definitively explain the reason that there is a sustained increase in the daily census of inpatient inmates at WMC-A, that began in late 2007.</p>	<p>27 CMS management needs to specifically determine whether this increase in the inpatient hospital inmate population is a permanent shift, or one that can be mitigated through operational changes on the part of both CMS and OCSD. If in fact some of the inmate inpatients at WMC-A can be moved back to the jail by making some improvements to the observation units at the jail, and boosting training and initiative on the part of nursing staff, then HCA and the County may be able to lower the inpatient hospital inmate population to a level that can be accommodated in the existing unit, thereby avoiding an expensive build-out of additional custody space. If, however, HCA and OCSD determine that there are no internal measures to address the increased inpatient population, then both HCA and OCSD should commit financial resources for the build-out of the custodial facility at WMC-A, should the current contract be extended past June 2009. Not only does the responsibility for care ultimately fall to the Sheriff's Department, but OCSD also stands to achieve significant cost savings if they do not have to commit overtime resources to one-on-one guarding of each inmate patient that is out in the general population of the hospital.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation and is working with OCSD and contract hospital to further analyze and reduce the census.</p>	<p>F-27/R-27 FULLY ADDRESSED</p>	<p>HCA has established a Case Management position, who liaises with outside hospitals/clinics (e.g., Western Medical Center – Anaheim) to ensure the most cost effective treatment for inmates. For more details about this issue, see follow-up report section <i>Nursing Function</i>.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>28 The inpatient/outpatient scheduling process requires improvement.</p>	<p>28.1 CMS should complete its efforts to fully interface the outpatient/inpatient approval/scheduling process in the CHART system to include electronically created sequentially numbered TARs with online priority/approval function, outpatient scheduling, and reporting queries that provide CMS Management information to monitor the process.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation. CMS is currently working with the CHART vendor to build a module for scheduling of outpatient clinic appointments including a priority/approval function, monitoring capabilities, and reporting queries. After a preliminary review of the request, the CHART vendor has stated that there is a high level of complexity to develop the module which will significant time to test and implement.</p>	<p>F-28/R-28.1 PARTIALLY ADDRESSED</p>	<p>This issue has not been satisfactorily addressed. HCA has made some efforts to improve the hospital/clinic scheduling process; however, CHART system limitations have prevented significant progress towards creating a more electronic process. On a positive note, HCA has improved communication and coordination with hospitals/clinics and OCSD Transportation; this improvement is reflected in the graph on page 33 of the report, which illustrates an increase of appointments made relative to appointments missed during the follow-up period. See follow-up report section <i>Hospital/Clinic Scheduling</i> for additional details regarding this issue.</p>
	<p>28.2 CMS should change its organizational structure to have the CMS Scheduling Clerk report to the Assistant Medical Director with technical support from program administrative services.</p>	<p>Do Not Concur</p>	<p>Please see response to Recommendation 2.2.</p>	<p>F-28/R-28.2 PARTIALLY ADDRESSED</p>	<p>The Hospital/Clinic Scheduling function still reports to the support services manager; however, scheduling staff has permission to contact the Medical Director. See follow-up report section <i>Hospital/Clinic Scheduling</i> for details regarding this issue.</p>
	<p>28.3 CMS should work with OCSD to find solutions that will ensure that inmates are transported to scheduled clinic/hospital appointments.</p>	<p>Concur</p>	<p>HCA concurs and is working with OCSD to improve the outpatient clinic appointment system.</p>	<p>F-28/R-28.3 FULLY ADDRESSED</p>	<p>Coordination between HCA and OCSD has improved significantly. OCSD assigned a liaison to coordinate with HCA/CHS which has been very beneficial. Improvements in this area are validated by the decrease in missed appointments as seen in the graph on page 33 of this report. For additional information about this issue, see follow-up report section <i>OCSD-HCA Coordination Follow-Up</i>.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>29 The CHART electronic medical record information system is not fully utilized resulting in significant system-wide inefficiencies.</p>	<p>29 CMS should move forward immediately to purchase a new fully automated medical records information system. In the interim, CMS should more fully utilize the CHART system and establish a cross-over timeline for moving hard copy components to the electronic medical record in CHART until a new medical record system is available. A formal on-going training program is required regardless of which electronic medical record system is in place. An analysis of hard copy medical records currently used should be performed to determine if any system customization is required to achieve this goal. In the near term, CMS should delete 2-3 medical records positions, and in the long run aim to eliminate 10-15 positions.</p>	<p style="text-align: center;">Partially Concur</p>	<p>HCA concurs that a new automated medical information system for correctional healthcare would be desirable and is moving towards that objective. HCA will procure a consultant to evaluate all aspects of CMS in relation to an electronic health records system with the long term goal of a full Electronic Medical Record (EMR).</p> <p>HCA agrees that there are aspects of the current CHART system which should be evaluated for further implementation. HCA will work with the vendor to review potential additional applications and realize any available savings.</p> <p>HCA does not agree, however, that it is prudent to attempt to expand CHART into a full EMR as suggested in the recommendation. CHART is a 1990 era product that is based on a DOS platform and is supported by a single vendor who has a full time job outside of Orange County. It was originally envisioned as a pharmacy system interfaced with the Sheriff's system and it has served that purpose well. CHART is used in only two other locations in the country. According to the vendor, substantial programming time would be required in attempting to convert CHART into an EMR, and limited vendor support would be available. With respect to the training issue, CMS currently has four CHART "super users" that can provide training. All four will be used to ensure that all new and existing staff members are oriented, trained, and comfortable using CHART. An update of the CHART Users Manual will be completed by March 1, 2009 and placed on the CMS server where it will be accessible to all CMS staff.</p>	<p style="text-align: center;">F-29/R-29 PARTIALLY ADDRESSED</p>	<p>HCA has made some modifications to the CHART system, however, several inefficiencies and limitations continue. An RFP for a new fully electronic health records system was recently released and HCA has received 14 proposals in response. For details about this issue see follow-up report section Information Technology/Medical Records.</p>
<p>30 The CHART system is written in an outdated programming language and its future system maintenance and support is limited.</p>	<p>30 HCA should continue its efforts to purchase a new system to replace CHART, especially in light of the short term support available in the near future, the cost savings to be realized from a reduction in the manual recording keeping process, and to mitigate potential high-risk operating deficiencies created by maintaining a semi-manual medical record keeping system.</p>	<p style="text-align: center;">Concur</p>	<p>HCA concurs with this recommendation.</p>	<p style="text-align: center;">F-30/R-30 PARTIALLY ADDRESSED</p>	<p>HCA has not yet implemented a new electronic health records system, however, a detailed RFP was recently released and HCA has received 14 proposals in response. For details about this issue see follow-up report section <i>Information Technology/Medical Records</i>.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
31 CMS does not coordinate with HCA/IT or follow change management best practices when modifying the CHART system application.	31 CMS should work with HCA/IT to implement ongoing adequate change management procedures in accordance with best practices.	Concur	HCA concurs with this recommendation. CMS now has a formal process for prioritizing and authorizing system change requests.	F-31/R-31 FULLY ADDRESSED	HCA/CMS implemented a formal change process for modifying the CHART system.
32 Sheriff AJS (Adult Justice System) inmate demographic information is not uploaded often enough into the CHART system.	32 CMS Management should work with HCA/IT and OCSD/IT to receive more frequent updates of AJS information in the CHART system.	Concur	HCA concurs with this recommendation. CMS will facilitate discussions between HCA/IT and OCSD/IT toward the objective of receiving more frequent updates from the Automated Jail System (AJS) information into CHART. OCSD advises that they concur with this response. OCSD has made several upgrades over the past two years at the request of HCA. All of these upgrades were paid for by OCSD.	F-32/R-32 FULLY ADDRESSED	The Sheriff AJS system now updates with the CHART system every hour instead of the previous four hours.
33 A total of \$1.2 million has been spent either settling or defending CMS lawsuits over the last five fiscal years.	33 With the implementation of recommendations included in this report, CMS should realize greater risk avoidance and liability protection.	Concur	HCA concurs.	F-33/R-33 FULLY ADDRESSED	HCA has demonstrated significant improvement in reducing their liability claims expenditures. See follow-up report section <i>Liability Claims Expenditures Update</i> for more information about this issue.

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>34 Recruiting medical professionals has been challenging for CMS.</p>	<p>34 CMS should address this background issue with OCSD at their periodic meetings to determine if OCSD could customize its background check to expedite the hiring process. If this cannot be done, and if finances permit, CMS should consider partially funding an OCSD background position whose first priority would be to perform CMS-related background checks.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation, and will discuss and evaluate alternatives for improvement with OCSD.</p>	<p>F-34/R-34 FULLY ADDRESSED</p>	<p>OCSD and HCA worked together to adequately improve the background check process. This issue is addressed in the follow-up report section <i>OCSD-HCA Coordination Follow-up</i>.</p>
<p>35 CMS has not implemented a medical supply inventory tracking system.</p>	<p>35 CMS should complete the inventory tracking project as soon as possible.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation. HCA/IT completed a review of available systems and a vendor has been selected. The new system is expected to be in place by the end of March 2009.</p>	<p>F-35/R-35 FULLY ADDRESSED</p>	<p>HCA successfully implemented a new inventory tracking system, as recommended, though the system is limited and does not allow for a perpetual inventory count. See follow-up report section <i>Supplies</i> for details regarding this issue.</p>
<p>36 CMS Storeroom/Supply staff report organizationally to the CMS Program Manager.</p>	<p>36 CMS should assign the supply room function to report organizationally to the Director of Nursing. Any ancillary purchasing support needed can be provided by the CMS/Administration function recommended earlier in this report.</p>	<p>Do Not Concur</p>	<p>See response to Recommendation 2.3.</p>	<p>F-36/R-36 NO LONGER AN ISSUE</p>	<p>The Supply function still reports to the support services manager and was not realigned under the DON. Given the significant organizational structure changes made during the follow-up period, and the follow-up audit team's observations of a supply function that is operating sufficiently, this is no longer an issue.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>37 Statistical summaries of medical services delivered by CMS to inmates are not accurate and are compiled by the inappropriate organizational unit.</p>	<p>37 In the short term, CMS should establish procedures to ensure that statistical summary data is accurately compiled by staff and assign the responsibility to compile statistics to CMS Administration. Once CMS has implemented a fully electronic medical record, statistical data should be generated from the CHART system automatically.</p>	<p>Concur</p>	<p>HCA concurs with this recommendation and will implement procedures by April 30, 2009.</p>	<p>F-37/R-37 NOT ADDRESSED</p>	<p>Tracking of medical services provided to inmates is still not accurate and the information has continued to be compiled by an inappropriate organizational unit. For details regarding this issue, see follow-up report section <i>Supplies</i>.</p>
<p>38 The transportation of inmates from jail facilities to the clinic/hospital is expensive, taxes limited deputy resources, has security-related concerns, and often does not result in all scheduled inmates getting to hospital or clinic appointments.</p>	<p>38 OCS D and HCA should begin an in-depth analysis of how to implement outpatient clinic(s) in its jail facility(ies).</p>	<p>Concur</p>	<p>HCA concurs with this recommendation and will work with OCS D and the specialty contract physician group to analyze options. There are a number of efforts that have been underway and/or attempted and some that continue to move forward in this area. For example: 1) The specialty physician group does have one doctor currently providing Ob/Gyn clinic services on site; 2) Outpatient Dialysis at Theo Lacy was put out to bid approximately three years ago and the costs were determined to be prohibitive. This option is being re-evaluated; 3) CMS is currently working towards the establishment of an on-site Optometry clinic.</p>	<p>F-38/R-38 FULLY ADDRESSED</p>	<p>HCA has taken multiple steps to address this issue. See follow-up report sections <i>On-Site Clinics</i> and <i>OCS D-HCA Coordination Update</i> for additional information regarding this issue.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>39 The clinic schedule often conflicts with OCSD/Transportation's court runs.</p>	<p>39 CMS should work with CMC contract physicians to reschedule clinic times to accommodate OCSD/Transportation and maximize transportation resources.</p>	<p style="text-align: center;">Concur</p>	<p>HCA concurs with this recommendation, and will work with the CMC contract physicians and Sheriff's Department to improve clinic transportation coordination.</p>	<p style="text-align: center;">F-39/R-39 FULLY ADDRESSED</p>	<p>HCA has improved coordination with OCSD in providing transportation to outside hospitals/clinics. See follow-up report section <i>OCSD-HCA Coordination Update</i> for more information regarding this issue.</p>
<p>40 The IRC medical screening area is not adequately designed to ensure privacy of medical information.</p>	<p>40 CMS should work with OCSD to make the necessary adjustments to comply with best practices.</p>	<p style="text-align: center;">Concur</p>	<p>HCA concurs with this recommendation, which was also identified in the Crout & Sida report. HCA will pursue possible alterations with OCSD.</p> <p>OCSD advises that they will work with HCA to determine the best course of action.</p>	<p style="text-align: center;">F-40/R-40 PARTIALLY ADDRESSED</p>	<p>Subsequent to the audit, OCSD modified the IRC medical screening (triage) area; however, additional facility changes need to be made. OCSD acknowledged the outstanding issues in the IRC triage area, and has developed plans to address the remaining inefficiencies and privacy concerns. See follow-up report section <i>Jail Facility Conditions</i> for more information regarding this issue.</p>
<p>41 Facility improvements are needed in the Men's Jail Observation Unit to provide a higher quality of care for inmates who need skilled nursing care.</p>	<p>41 OCSD should upgrade the condition of the Men's Jail Observation Unit.</p>	<p style="text-align: center;">Concur</p>	<p>OCSD advises that they will work with HCA to determine the best of course of action in light of the County's current financial situation.</p>	<p style="text-align: center;">F-41/R-41 PARTIALLY ADDRESSED</p>	<p>Subsequent to the audit, OCSD made some improvements to the Men's Jail Observation Unit, such as refurbishment of the beds. Additional improvements are scheduled to be made in response to a court order resulting from an unrelated lawsuit. For additional information regarding this issue, see follow-up report section <i>Jail Facility Conditions</i> .</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>42 The physical layout of the area in the Women's Jail designated as the Observation Unit does not allow for adequate line-of-sight viewing of the inmates.</p>	<p>42 OCSD should investigate placing cameras in each cell that could be viewed at the nursing station.</p>	<p>Concur</p>	<p>OCSD advises that some of this will be covered in OCSD's pending digital camera project. OCSD will work with HCA on the remaining areas.</p>	<p>F-42/R-42 NO LONGER AN ISSUE</p>	<p>Subsequent to the audit, the Women's Jail was closed and remains unoccupied as of October 2011. Prior to the reopening of this facility, OCSD should ensure that all necessary changes have been made. OCSD is required to make specific changes in accordance with a court order from an unrelated lawsuit. For additional information regarding this issue, see follow-up report section <i>Jail Facility Conditions</i>.</p>
<p>43 Frequent maintenance problems with the lone elevator to Mod-O and the Theo Lacy Pharmacy are a cause for concern with CMS staff.</p>	<p>43 OCSD staff needs to ensure that the elevator to Mod-O and the Theo Lacy Pharmacy is functioning at all times. In addition, CMS and OCSD should consider relocating the Theo Lacy Pharmacy to a more central location, such as at the current Theo Lacy Dispensary. Such a move would give pharmacy staff easier access to vehicles picking up and dropping off medications, and would also give doctors, LVNs and RNs easier access to pharmacy staff for the last-minute procurement and packaging of medications.</p>	<p>Concur</p>	<p>OCSD advises that there are 2 elevators to this area of the Theo Lacy Jail. One of them is always working and generally they are both working. OCSD will work with HCA to determine how to progress with enhancements in this area.</p>	<p>F-43/R-43 NO LONGER AN ISSUE</p>	<p>Elevators to Mod-O at Theo Lacy are generally working, though when maintenance problems occur, there is stairwell access to and from the area. The Pharmacy was not relocated to a more central location but CHS staff did not express concern about the location of the Theo Lacy Pharmacy.</p>

Follow-Up Audit of HCA/Correctional Medical Services

2009 AUDIT FINDING	2009 AUDIT RECOMMENDATION	HCA RESPONSE TO RECOMMENDATION: CONCUR/ DO NOT CONCUR	2009 HCA WRITTEN RESPONSE TO AUDIT RECOMMENDATION	FOLLOW-UP AUDIT STATUS OF 2009 FINDING/ RECOMMENDATION (F/R)	NOTES ON PROGRESS IN ADDRESSING/IMPLEMENTING AUDIT FINDING/RECOMMENDATION
<p>44 There is not a sustained security presence in the medical area.</p>	<p>44 Ensure that a deputy is present at all times during inmate sick call at the James Musick Facility.</p>	<p style="text-align: center;">Concur</p>	<p>OCSD advises that they concur with this recommendation.</p>	<p style="text-align: center;">F-44/R-44 PARTIALLY ADDRESSED</p>	<p>CHS has taken the following steps to increase security presence at the James Musick facility in the medical area: (1) installed panic buttons in the exam rooms, (2) installed video camera in waiting area, (3) relocated Sergeant's office to be closer to the medical office. Though these improvements are positive, there is still not a sustained security presence in the medical area. The medical space at James Musick is limited and the inmates housed at the facility are generally a low security classification.</p>
<p>45 OCSD currently does not charge modest fees to inmates for some medical services provided as is common with other law enforcement agencies.</p>	<p>45 OCSD and CMS should work together to determine the feasibility of charging inmates for sick call and/or the selling of OTC medications through the Sheriff Commissary.</p>	<p style="text-align: center;">Concur</p>	<p>HCA will work with OCSD to determine the feasibility of implementing this recommendation.</p>	<p style="text-align: center;">F-45/R-45 PARTIALLY ADDRESSED</p>	<p>OCSD and CMS worked together to add certain OTC medications to the Commissary list, however, the items were subsequently removed. CHS and OCSD also considered the feasibility of charging inmates a modest fee for medical services such as sick call appointments, but after limited examination of the logistics of implementing such a system, they determined that the amount of administrative work associated with doing so outweighed any enhanced productivity for nursing staff. However, the follow-up audit team found that a more comprehensive analysis should be conducted to determine the feasibility of implementing such a system. OCSD and HCA are planning to comply with this request. For more information regarding this issue see follow-up report section <i>Revenue Generating/Cost Avoidance Opportunities</i>.</p>

Follow-Up Audit of HCA/Correctional Medical Services

Appendix B: HCA's Response to Follow-Up Audit Report



*Excellence
Integrity
Service*

COUNTY OF ORANGE HEALTH CARE AGENCY

OFFICE OF THE DIRECTOR

DAVID L. RILEY
DIRECTOR

BOB WILSON
ASSISTANT DIRECTOR

MAILING ADDRESS:
405 W. 5TH STREET, 7TH FLOOR
SANTA ANA, CA 92701

TELEPHONE: (714) 834-8021
FAX: (714) 834-3860
E-MAIL: driley@cocha.com

December 9, 2011

TO: Steve Danley, Performance Audit Director
Office of the Performance Audit Director

SUBJECT: HCA's Response to Performance Office Follow-Up Audit of CMS/CHS

Attached is the Health Care Agency (HCA) response to the Follow-Up Audit of HCA Correctional Medical Services. The noted improvements in the correctional health program are the result of many dedicated HCA employees that take great pride in the work they do in this very challenging setting for a patient population that is sicker and older than ever before. In light of the changing demographics of the patients we serve and the uncertainties of how AB109 will affect our resources, Correctional Health Services (CHS) stands ready to work closely with Orange County Sheriff's Department (OCSD) to address the challenges ahead.

As you point out in your report, the merge of Correctional Medical Services (CMS) with Correctional Mental Health (CMH) has resulted in a program that is much different from the program you and the audit team reviewed in 2009. This merge of CHS, which was announced and implemented in January of this year, will result in a health care delivery system that is more efficient and coordinated than in past years. This merge has created opportunities for CHS to model best practice within the correctional community and retain the excellent parts of the program that make us uniquely Orange County.

In the years since your last review, the program has taken on the additional responsibility of providing care to both ICE detainees and U.S. Marshal Inmates. HCA staff has responded to these additional patient care needs and has been recognized as a "Best Practice" organization by the Immigration and Customs Enforcement (ICE) federal agency for the provision of healthcare to federal detainees in the correctional setting.

HCA will continue to strive for excellence in the care we provide and will do so in a fiscally responsible manner. I thank you and your staff for your work on this report. The recommendations from your office will help us further enhance the Correctional Health Services program. We will continue our follow-up efforts and wish to reaffirm the commitments we have made to address the issues that have been identified.


David L. Riley, Director

KW:DRL 11-098
Attachment

cc: Bob Wilson
Kathryn Wild

Follow-Up Audit of HCA/Correctional Medical Services

Orange County Health Care Agency

Response to Follow-up Review of Correctional Medical Services

Recommendation #1

CHS management should develop and distribute a central document which clarifies all changes in roles, responsibilities, and expectations for medical and mental health nurses as a result of the merge. This document should clearly describe the expected degree of integration of medical and mental health nurses, and it should also include general guidelines for conducting “dual sick calls”.

HCA Response: Over the past 12 months CHS management has worked closely with nursing and all other personnel to accomplish a merger of the Correctional Medical and Mental Health Programs. Throughout this period, much fact-finding and re-evaluation of roles and responsibilities took place, including site visits to several other county correctional programs in an effort to review best-practice models and processes.

CHS is currently working to update all policy and procedure manuals to reflect these changes. The updated manual will include specific detail regarding roles, responsibilities and expectations for nursing as well as other CHS classifications. In addition to updating the core policy and procedure manual for CHS, HCA will prepare a specific document for nursing describing expectations, roles and responsibilities. This will also describe the expectation that nursing sick call for inmate patients will include addressing both medical and mental health complaints.

Recommendation #2

- a) **CHS should establish additional optometry clinic dates to help reduce the number of outstanding appointment requests.**
- b) **CHS management should continue recent efforts to secure an on-site dialysis provider, and should begin tracking, in collaboration with OCS, the number of off-site dialysis appointments and the associated number of trips made by OCS deputies for this purpose in order to demonstrate the cost-benefit analysis of this initiative.**

HCA Response: The optometry waiting list is being monitored by the Medical Director to ensure that referrals are being made appropriately. Additional clinic dates will be added to resolve the backlog.

CHS is preparing an all-inclusive solicitation for professional services that will include an on-site dialysis clinic at the Theo Lacy Facility. In June, our current provider was requested to provide cost estimates for providing a dialysis clinic. However, their initial response to bring this service in-house would have resulted in significant cost increases to HCA. Based on this result, it was decided that a solicitation would be the best method to get information to decide whether this service could be implemented in a cost effective manner. The objective of providing on-site medical clinics must be weighed against a number of factors including cost of providing each medical service. Cost data

Follow-Up Audit of HCA/Correctional Medical Services

related to the current provision of dialysis is being assembled in order to use in the analysis of the proposals that will be solicited.

Recommendations #3

CHS management should conduct a pilot data collection project that tasks nursing staff with tracking sick calls where (1) the sole purpose of the patient is to obtain over-the-counter medications and (2) the provider believes that the sick call was unnecessary and/or frivolous. Once this data is obtained, CHS management should revisit, in collaboration with OCSD, the cost-benefit of (a) adding more over-the-counter medications to the OCSD commissary list and (b) implementing co-pay for sick calls.

HCA Response: A meeting between CHS and OCSD was held to address the co-pay issue and the benefit of adding additional over-the-counter (OTC) medications to the commissary. A recommendation has been made to implement the co-pay program that is acceptable to both HCA and OCSD and should be in place in the next four to six months.

The Medical Director has developed a list of items that inmates should be able to purchase that should help to decrease unnecessary sick call encounters for nursing. This list is being reviewed by OCSD to ensure there are no security concerns with the items proposed.

Recommendations #4

CHS should further strengthen the controlled substances policies and procedures by requiring staff (e.g., Senior Nurses, Pharmacy personnel) to conduct periodic reconciliations between the Controlled Substance Administration Records and CHART medication distribution records.

HCA Response: CHS is proud of the increased accountability in this area and the diligent recordkeeping and attention to detail by staff which was demonstrated in the post-audit review. In order to strengthen this area, CHS will be adding a periodic quarterly review to the existing Continuous Quality Improvement (CQI) audits already in place for controlled substances in order to reconcile any outstanding discrepancies.

Recommendations #5

- a) **Further strengthen controls over undistributed medication by requiring all undistributed medication (e.g., controlled substances and non-controlled substances) be placed in one-way locked containers, accessible only to pharmacy staff and the senior nurse on shift.**
- b) **CHS should require Pharmacy staff to periodically validate that high-value, non-controlled medications documented in CHART as undistributed have been returned to the Pharmacy.**
- c) **The CHS Pharmacy should continue performing monthly inventory counts of medication. CHS should continue to examine the feasibility of implementing dispensing systems to more accurately track medications maintained outside the Pharmacy.**

HCA Response: Maintaining strict control over the pharmaceutical inventory is a priority for all CHS program personnel. Undistributed medications for patients who are

Follow-Up Audit of HCA/Correctional Medical Services

released from custody or have their medications discontinued are returned to the Pharmacy for restocking or destruction, based on regulations governing reuse. As identified in the audit report, this practice has resulted in significant cost savings for medications that were previously wasted.

CHS will further strengthen this process by storing all undistributed medications in locked cabinets within the locked medication room at each facility. These medications will be included in the monthly inventory currently being done by the Pharmacy. CHS continues to research costs for dispensing systems in hopes that a cost-effective option can be identified.

Recommendations #6

CHS management should proceed with the selection of a vendor to customize and implement a fully electronic health record system to replace the partially utilized, antiquated system that is currently in place, which will lead to a number of benefits for CHS, including significant operational efficiencies and staffing cost reductions.

HCA Response: During the period since the audit was conducted, HCA conducted an extensive requirements analysis and from that process developed and issued an RFP document to solicit proposals for a comprehensive jail medical system that will replace CHART and includes an electronic health record (EHR) system. Scarce fiscal resources were allocated to this project during a very difficult budget year which has allowed the process to proceed. As a result, CHS is now reviewing proposals from the 14 vendors that responded to our Request for Proposal (RFP). The paper screening of proposals was completed in November. On-site system demonstrations with the top five or six vendors will be completed by mid-January 2012. A recommendation to take to the Board for approval is planned by July 2012. After approval by the Board of Supervisors, it will take up to 11 months for customization, training and implementation. This places the project completion in 2013.

Recommendations #7

CHS and HCA-Contracts Administration should consistently enforce existing contract terms with WMC-A and CMC.

HCA Response: Since the audit, some contract related monitoring activities and data gathering have not been completed on a timely basis as was the intent envisioned when this data was required by the contract terms. As a result, HCA-Contracts Administration has restructured internal processes and reassigned staff to provide for and emphasize consistent monitoring and enforcement of the contract terms with both WMC-A and CMC, to include assignment of all CHS contracts to a new contract administrator, development of tracking documents to monitor expenditures and revenues monthly, and electronic notification and monitoring protocols to assist the administrator in communicating and receiving required information from WMC-A and CMC timely, accurately, and within the contract terms.

CHS contracts for a dedicated unit within the WMC-A hospital. While the unit cannot be used for any other purpose, HCA was still able to negotiate an overall bed day rate that is below WMC-A's reported OSHPD bed day rate. The intent of this negotiated

Follow-Up Audit of HCA/Correctional Medical Services

rate was to place a cap on the overall cost for this unit, thereby minimizing the fiscal risk to the County for providing care for an indeterminate number of inmates with serious conditions that must necessarily be sent to this unit. Additionally, the CHS has put into place increased utilization management resulting in utilization of fewer bed days in the Unit than before, thereby decreasing WMC-A's overall costs against the flat rate CHS pays for the dedicated Unit. CHS will use the experience gained in achieving these results along with the fiscal reporting required through the contract terms to push for further reductions in contract costs during future negotiations.

Recommendations #8

CHS should immediately implement an electronic tracking mechanism for all Treatment Authorization Requests and develop an automated means of reconciling this information with the data maintained by WMC-A.

HCA Response: CHS is pleased with the progress to date that has resulted in improved compliance with the specialty clinic referral process. As part of a planned implementation and immediately following receipt of the OPAD report CHS implemented a system to manage the TAR requests through the use of a shared electronic file with all CHS providers and the appointment desk. This file is reviewed daily and reconciled with the WMC-A database to ensure that appointments are requested within the timeframe and desired specialty service. The electronic file is also reconciled with the physical TAR to ensure accuracy with the request. The CHS EHR will include a module to fully automate this process and should be in place by the second quarter of 2013.

Recommendations #9

CHS should assign clinical staff (e.g., physician or nurse practitioner) to make all medical-related decisions involved in the hospital/clinic scheduling process and to ensure that clerical Hospital/Clinic Scheduling staff are relieved of responsibility for any decisions with medical implications.

HCA Response: CHS has recently reorganized and this has resulted in the elimination of the Assistant Medical Director position. In place, an Administrative Nurse Practitioner will provide direct clinical oversight to these schedulers. This Administrative NP will relieve the scheduling staff from making any decisions that have medical implications. This position is currently in the unfreeze process and will be filled once a recruitment can be opened. In the meantime, the Medical Director is responsible to provide clinical direction to this group.

Recommendations #10

CHS management should ensure that all the data collection and reporting tools necessary to comply with Title 15 are included in the new EHR system. In the interim, consider additional training of nursing staff on the need for accuracy in this information; consider assigning a CHS manager the responsibility of spot-checking this information to enhance accountability; proceed with plans to reassign the responsibility for data aggregation and reporting; consider including Medical Records staff in the data collection process, as these individuals review hard copy medical files prior to and after the provision of clinical services.

Follow-Up Audit of HCA/Correctional Medical Services

HCA Response: The Request for Proposal (RFP) for the CHS EHR required that the system selected is capable of providing the program with the data elements necessary to comply with all Title 15 reporting mandates, as well as a wide range of flexibility to provide ad hoc reporting as program needs shift and expand over time. All top rated proposals have very robust report writers included in the system specifications.

Currently, the responsibility for ensuring the accuracy of the data collected has been shifted to the Support Services Manager. Nursing supervisors and seniors are also tasked to ensure that, on a daily basis, nursing personnel are submitting accurate and timely statistics prior to the end of each scheduled shift.

Recommendations #11

CHS should continue coordinating with OCSD as planned jail facility changes materialize to ensure that all pertinent 2009 audit findings are adequately addressed.

HCA Response: CHS and OCSD will continue to work collaboratively in all identified areas that are undergoing change based on the recommendations from the 2009 Performance Audit and the modifications required to achieve compliance with ADA.

The Triage area at the IRC is being modified to enhance the ability of nursing personnel to communicate with new arrestees and resolve some confidentiality issues during the screening process. The glass barrier that was installed in 2005 is being removed and that work order has been submitted to OCSD R&D for processing.