Evaluation of Medical and Other Health Services at Wyoming Department of Corrections Facilities

January 9-13, 2006

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Introduction

On January 9-13, 2006, Consultants in Correctional Care conducted on-site audits of the health care services provided by Prison Health Services (PHS) at the Wyoming State Penitentiary (WSP) in Rawlins, the Wyoming Honor Farm (WHF) in Riverton, the Wyoming Honor Conservation Camp (WHCC) and Boot Camp in Newcastle, and the Wyoming Women's Center (WWC) in Lusk. The audits were performed by B. Jaye Anno, PhD, CCHP-A, Marshall B. Bischoff, MD, CCHP, and William Reinbold, MD. Dr. Anno is the owner and principle of Consultants in Correctional Care. Dr. Bischoff is an independent health care consultant with extensive experience in auditing the quality of medical care in correctional facilities. Dr. Reinbold is a correctional psychiatrist, who works at the prison in Angola, Louisiana.

Dr. Anno managed the audits and reviewed logs, records, and other documentation relating to the contract requirements for providing sick call (MD, DDS, PA, and nurse), off-site referrals for specialty care, informal and formal grievances, current staffing and the adequacy of licenses and certification, the adequacy of the quality assurance program, and meetings of staff including the cooperation of management, custody, and health services personnel.

Dr. Bischoff reviewed a number of aspects of the medical care provided including the medical intake process reviewing the Medical History & Screening Form and the Physical Assessment Form; the sick call process; the chronic care clinics, specifically those patients with diabetes, hypertension, seizure disorder, and/or asthma/chronic obstructive lung disease; and the inpatient care at WSP. He also reviewed the charts of the two inmates who died during the quarter.

Dr. Reinbold reviewed the mental health care provided at all four facilities. His comments are appended as a separate report.

This report includes findings, observations, conclusions and recommendations regarding the aspects of care cited above provided at the four Wyoming Department of corrections (WY DOC) facilities during October, November, and December of 2005.

Wyoming State Penitentiary (WSP)
Average Daily Population 587

Consultants in Correctional Care conducted this on-site medical audit on January 9-10, 2006. This audit reviewed the health care provided during the months

of October – December 2005. During that time period, medical services were contracted to Prison Health Services.

Staffing: The WSP has a total of 48.9 regular full-time equivalent (FTE) health staff positions (including the sex offender program) of which 88% were filled at the time of our on-site audit. The 6.25 vacant positions include a 1.0 PhD psychologist, 2.4 licensed professional counselors, a 1.0 psychiatric RN, and a 1.0 medical records supervisor. The remaining .85 positions are generally related to nursing vacancies, which are currently filled by agency personnel.

Professional licenses and certifications were reviewed for currency, and all were up-to-date. CPR certification for professional staff was also reviewed. All were current except for the medical director, the optometrist, and one RN.

Staff meeting minutes and statistical reports were reviewed for October through December. Nurses meetings, staff meetings, and MAC meetings were all held monthly. Statistical reports were also generated monthly.

Medical Intake Process: Dr. Anno reviewed the intake logs for October-December. A total of 245 individuals were admitted that quarter. Timeliness of admission screenings was problematic during the prior quarter. We are pleased to report significant improvement in all areas of intake screening. In October, 25 (36.2%) were not screened within 24 hours. By November, this figure was down to 13.7%, and by December, only 5.8% were not screened within the required 24 hours.

The intake logs were also reviewed to determine the timeliness of the medical, mental health, and dental assessments. Again, significant improvements had occurred. In October, there were still 12 inmates (27.3%) who were not given their physicals within the required seven days. By November, this figure was at 3.9%, and by December, only 1.6% of the new admissions had not had their physical assessment completed within seven days. The majority of these inmates (n=223 or 92%) had their mental health assessments completed within the required 14 days. As for dental exams, all of the new admissions had an exam within the required seven days from admission.

Dr. Bischoff also selected six medical records (#[redacted], #[redacted], #[redacted], #[redacted], #[redacted] and #[redacted]) from the Chronic Care Clinic Log dated January 5, 2006. They were reviewed for the appropriateness and timeliness of the Medical History and Screening and the Physical Assessment. All of the charts reviewed contained the Medical History and Screening and the Physical Assessment Forms. In all the cases, the Medical History and Screenings were appropriately completed and dated on the day of arrival. The Physical Assessments were completed on the day of arrival or the following day. In these six cases, the physical assessments were performed by the physician assistant and reviewed and signed by the physician.

Sick Call Process: Dr. Anno reviewed the sick call logs for the quarter. Of the 863 sick call requests, 759 patients (88%) were seen on the date scheduled, which was usually only a day or two after receipt of the request. In only 29 cases (18 owing to a nursing shortage and 11 owing to a CO shortage), the facility was short-staffed, so a nurse triaged the requests and determined these patients could safely be carried over to the next day. This, too, is an improvement over the prior quarter. The remaining patients were not seen as scheduled for a variety of reasons including resolution of their problems, refusal to go to sick call, being a "no show" for sick call, transferring to another institution, at work, etc.

Dr. Bischoff reviewed twelve medical records (#[redacted], #[redacted], #[redacted], #[redacted], #[redacted], #[redacted], #[redacted], #[redacted], #[redacted], #[redacted], #[redacted] and #[redacted]) to determine the timeliness of the sick call process and the adequacy of the treatment provided. He noted the date of the submission of an Inmate Medical Request Form; the date triaged by the registered nurse, the licensed practical nurse, or the dental assistant; the assessment and treatment by the registered nurse; and if referred to a provider, the date seen by the provider. In all instances, the registered nurse, licensed practical nurse, or dental assistant evaluated the patient's request within one to three days, most often the same day or the next day.

Five of these patients (#[redacted], #[redacted], #[redacted], #[redacted] and #[redacted]) were evaluated, appropriately handled and/or treated by the nurse according to nursing protocols. Six patients (#[redacted], #[redacted], #[redacted], #[redacted], #[redacted] and #[redacted]) were seen by the registered nurse or licensed practical nurse and referred to the physician or physician assistant. Five of these patients were seen and treated by the health care provider within ten days. One patient (#[redacted]) submitted a request on December 21, 2005, stating "still having problem with my right hand, it is still numb...." He was triaged on 12/22/05, seen by the LVN on 12/24/05 and referred to the provider. There was no documentation in the progress notes whether the provider had yet seen the patient for this request. This patient had been previously seen by the provider on October 26, 2005.

One patient (#[redacted]) submitted a requested for dental care on September 28, 2005. On 10/3/05 he was notified that he was "already on dental list for middle part of October." He was seen in the dental clinic on 10/19/05.

Chronic Care Clinics

Dr. Bischoff reviewed the chronic care provided at WSP for the quarter. The Chronic Clinic Log dated January 5, 2006 contained 258 active patients with chronic conditions. Ninety patients were listed as having hypertension; thirty-seven patients as having asthma/chronic obstructive lung disease; thirty-seven patients as having diabetes mellitus; and eight patients as having seizure disorders. Twenty-seven of these patients had two or more of these chronic conditions. Although not reviewed on this audit; there were fifty-five patients listed with hepatitis C, and

seventy-nine patients with gastro-esophageal reflux disease (GERD) or dyspepsia. The remaining patients had a variety of other conditions including hypothyroid disease, gastritis, hyperlipidema, emphysema, Crohn's disease, HIV+, and herpes.

Twenty-four medical records were selected from the Chronic Clinic Log for review. These were patients whose last chronic care clinic appointment was in the months of October, November or December 2005. Six of these patients have hypertension ([redacted]); six have asthma ([redacted]); six have diabetes ([redacted]); and six have seizure disorders ([redacted]).

Hypertension: In the six charts reviewed, the Problem List included the diagnosis of hypertension and the Hypertension Flow Sheets were updated to include the last chronic care clinic visit. Only one patient ([redacted]) did not have his chronic care clinic visit within thirty days of arrival. He arrived on 5/23/05 and his initial visit was on 7/18/05. This occurred during the time of transition from CMS to PHS. One patient ([redacted]) did not have an EKG in the year 2005. His last EKG in the chart was on 2/4/04. Similarly, one patient ([redacted]) did not have a baseline chest x-ray in the present volume of his chart. One patient ([redacted]) did not have his annual urinalysis performed in 2005. The last one was dated 10/27/04. Two patients ([redacted]) did not have their blood pressures within acceptable control. Both had blood pressures above the range of 140/90 during the past three months.

Diabetes: In the six charts reviewed, all of the patients had their diabetic condition listed on the Problem List and the Diabetes Flow Sheets were updated to include the last chronic care clinic visit. One patient ([redacted]) did not have his initial chronic care clinic visit with thirty days of arrival. He arrived on 7/18/05 and was not seen until 12/2/05. One patient ([redacted]) did not a documentation of his annual funduscopic examination in 2005. His last examination was on 11/11/04. Two patients ([redacted]) did not have an annual EKG in 2005. The last examinations in the charts were 9/24/04 and 12/8/04 respectively. Similarly, patient [redacted] did not have his annual chemistry profile, urinalysis or microalbuminuria in 2005. His last chemistry was on 12/3/04 and last rinalysis on 12/7/04. Patient [redacted] did not have a HbA1c during the past six months. The last one in his chart was dated 3/3/05. Four patients ([redacted]) did not have documentation of having received the Pneumovax in the present volume of their charts. Similarly, at the time of our audit, these same patients did not have documentation of having received the influenza vaccine for 2005/2006 in their charts.

Asthma: In the six charts reviewed, all of the patients had their chronic condition of Asthma/COPD listed on the Problem List and their Flow Sheets were updated to include their last chronic care clinic visit. Three patients ([redacted]) did not have the required annual complete blood count (CBC). The last CBC values on the charts were in 2003 or 2004. Three patients ([redacted],

[redacted], and [redacted] did not have documentation that they had received the Pneumovax and two patients ([redacted] and [redacted]) did not yet have documentation that they had received the annual flu vaccine for 2005/2006. Another patient ([redacted]) had his Pneumovax and Influenza vaccine ordered on 12/19/05, but there was no documentation that they were administered.

Seizures: In the six charts reviewed, only one patient ([redacted]) did not have a liver function test (LFT) within the past six months. One patient ([redacted]) did not have his seizure disorder under control.

Infirmary (Inpatient Services): The PHS Medical Housing Log for the dates 12/6/05 through 1/6/06 contained the names of nine inmates. Only one ([redacted]) was identified by the staff as an inpatient and had an inpatient chart. This 60 year old diabetic and hypertensive patient had his left 4th toe amputated in May of 2005, secondary to gangrene, which later became infected. On 12/31/05, he was referred to the hospital in Casper for surgical debridement of the wound and possible partial amputation. He returned to the infirmary on 1/6/06 from the Casper hospital.

A second inmate ([redacted]) was not identified as an inpatient by the staff and had no inpatient chart, but was listed on the Medical Housing Log as returning from the hospital on 12/27/05. This inmate apparently became weak, lost his balance and fell. He complained of chest pain and weakness in his left arm. He was sent to the Carbon County Memorial Hospital ER on 12/26/05 with a diagnosis of rule-out cardiac myocardial infraction. This inmate, as noted above, returned from the hospital on 12/27/05. On 12/29/05, an IV with normal saline was ordered and started. According to Dr. Bischoff, this inmate should have been designated as an inpatient.

Mortality Review: There were two deaths reported during the quarter. Dr. Bischoff reviewed both charts. The first death ([redacted]) occurred on October 18, 2005. This 50 year old male patient had end-stage liver disease secondary to hepatitis C. He returned from out-of-state housing in Texas on October 10, 2005. On 10/12/05, he fell in this cell, hit his head and was sent to the ER for evaluation. The patient continued to decline and expired on 10/18/05. The autopsy report indicated the cause of death as bilateral acute pneumonia complicating end-stage cirrhosis. His manner of death was natural.

The second inmate death ([redacted]) occurred on November 26, 2005. This 57 year old Hispanic male had a history of diabetes, neuropathy, hepatitis C and dementia. He was housed in the infirmary due to his low level of function (primarily due to his dementia). On 11/25/05, he vomited in his cell; this was dark red with dark chunks of material. He was transported to the local hospital with the diagnosis of GI bleed. He was admitted to the ICU, but continued to decline and expired on 11/26/05. No autopsy report was available.

Continuous Quality Improvement (CQI): Dr. Anno reviewed the CQI studies for the quarter. The recently hired CQI nurse has been very active. CQI meetings were held on 10/27/05, 11/7/05, and 1/5/06. A number of studies were conducted each month including 11 in October, four in November, and eight in December. We were pleased to note that CQI studies were conducted on mental health care and dental care as well as medical care. Corrective action is planned for areas with deficiencies.

Referrals: Dr. Anno reviewed the outside referral logs for the quarter. There were 97 requests for outside care, all of which were approved. For the vast majority of these cases (n=90 or 92%), approval was received within one week of the request. The time interval from the date of approval of the request to the date the patient was seen was also calculated. In October, 66.6% were seen within one month and 93.3% were seen within two months. In November, 70.6% were seen within one month and 85.3% were seen within two months. For December, these figures were 70% and 100% respectively. Again, this is a significant improvement over the prior quarter.

Grievances: Dr Anno reviewed the inmate grievance logs for health services for the quarter. There were 156 informal grievances and 41 formal grievances filed for a total of 197. The tone of the responses was respectful and staff is doing a better job of keeping the grievance logs up-to-date. It is evident that the staff take grievances seriously, because over a quarter of them (26.4%) were deemed to have merit. The total number of formal grievances filed for the quarter was 237, of which 20.2% were complaints about health services.

Conclusions and Recommendations:

Health care services at WSP have been under contract to Prison Health Services (PHS) since July 1, 2005. This audit reviewed the delivery of health care for the last quarter of 2005. The PHS clinic staff is obviously very committed to providing quality health care services. The medical intake process performed very well during the months audited. Staff continued to get better and better at performing the required receiving screenings, intake physicals, and dental and mental health exams within the required time frames. In the medical records reviewed, all of the patients had a Medical History and Screening performed on the day of arrival and their Physical Assessments within 1-2 days of arrival at the institution. The physician assistant performed the physical examinations. In all the cases audited, examinations performed by the physician assistant were reviewed by the physician.

The sick call process also appears to be functioning very well. The vast majority (88%) of patients were seen on the date scheduled, usually only a day or two after their requests. In the twelve charts audited, the PHS Inmate Medical Request Forms were reviewed by a nurse or dental clerk in a timely fashion. When

appropriate, the registered nurse assessed and treated the patient, generally on the same day. When a referral was made to a health care provider, the patient was seen within ten days from the submission of the request.

The chronic care program at WSP is also functioning quite well. In all of the charts audited, the patient's chronic condition was listed on their problem list and flow sheets were routinely updated. Nevertheless, there were a few patients that lacked the required baseline and/or periodic laboratory and diagnostic tests (e. g., chest x-ray, electrocardiogram, fundoscopic examination, complete blood count, liver function test, chemistry panel, and urnialysis). These requirements are based on national guidelines to assist the provider in monitoring the patient's chronic condition and the results from these tests indicate the quality of medical care provided. In several instances, there was a lack of documentation for the required vaccines (Pneumovax and annual influenza) in the audited volume of the patients' medical records. Many of these patients have more than one volume to their medical record. It is prudent to place baseline diagnostic and laboratory reports along with the last chronic care clinic visit in the latest volume of the patient's medical record. The use of the PHS standardized chronic care forms, specific to the chronic condition, (i.e. diabetes, hypertension, asthma, and seizure disorder) have proven extremely useful in evaluating and monitoring these patients. The completion of the flow sheets is critical in determining when the periodic diagnostic and laboratory tests need to be ordered. There definitely has been an improvement in the in the Chronic Care Program overall. Only a few deficiencies were noted.

The infirmary at WSP continues to house a mix of "medical patients" and "residents." There appears to be some confusion among the staff as to whether the inmate is a resident or an inpatient. An inpatient chart is required for each identified patient. The chart must contain a physician's admit order, an admission history and physical, and periodic provider progress notes. Generally, this process functions very well; however, during this audit, only one patient was identified as an inpatient. Nonetheless, there was another inmate who recently returned from the hospital and was receiving IV therapy, but was not identified as an inpatient. There needs to be a better process for identifying and monitoring infirmary inpatients.

The mortality reviews of inmate deaths were acceptable.

A number of other improvements were noted this quarter as well. Staff vacancies were down, all professional staff had proof of licensure, and only three staff members were in need of proof of current certification in CPR. Staff meetings were held monthly and the CQI program has become very active. Approval for outside referrals was timely, and there was an increasing trend in getting the patients to outside providers in a timely manner. All in all, a job well done.