Public Health Seattle & King County
Jail Health Services
2007 Budget Proviso Response

Background/History

In 2002, the King County Council Auditor's office reviewed the King County Correctional Facility (KCCF) in Seattle and the Regional Justice Center (RJC) in Kent. Their report (Special Study King County Jails, Report No. 2002-05) indicated that one of the County's major cost drivers for criminal justice/corrections expense was the steadily rising cost of providing health care to the inmates in the two adult detention facilities.

Following this, in the 2003 Adopted Budget, the King County Council included two provisos directing the Department of Adult & Juvenile Detention (DAJD) and the Public Health Department's Jail Health Services (JHS) to:

- Retain an external consultant to review the existing health care program and provide recommendations in the areas of health care quality improvement, risk reduction, and cost containment.
- Establish a written agreement between DAJD and the Public Health Department detailing the roles and responsibilities of each entity in maintaining the health and safety of jail inmates.

In response to the provisos, the consulting services of Wellcon, Inc were retained. The consultant's overall assessment was that JHS provides a quality health care program that meets constitutional minimum standards for correctional entities. The consultant concluded that the greatest area of risk was at the individual patient level and not at the system level. Given this assessment, the final consultant report detailed a series of recommendations for risk reduction, cost reduction, and performance indicators to be included in the Memorandum of Understanding (MOU) between DAJD and Public Health. The consultant's recommendations strongly counseled JHS to implement an electronic health record (EHR), change human resources practices and staffing, make physical plant changes to improve the efficiency of health staff, and implement clinical and administrative practice improvements.

Following the consultant's recommendations, in August of 2003, the first MOU was signed by the Directors of DAJD and Public Health. In February 2004, the Jail Health Services Strategic Business Plan (SBP), *Positioning Ourselves for the Future*, was developed to address and respond to the consultant's other recommendations. The SBP outlines 4 key strategies for JHS to achieve its vision for the future. The strategies assume that the JHS scope of health care services meets both federally mandated minimum levels of care, best practices, and incorporates cost containment measures. The EHR and the clinical spaces remodel of Jail Health Services (ISP) are included within the business plan strategies.

Jail Health Services Strategic Business Plan Overview

Jail Health Services Positioning Ourselves for the Future is a 5-year strategic plan developed to reduce cost, reduce risk and improve quality of care for individuals in custody at the county's two adult detention facilities. The SBP supports JHS' mission which is *to provide quality health services, which meet community and professional standards of care, to the detained population of King County Department of Adult and Juvenile Detention; and to do so by hiring, training, and supporting a diverse staff of health services professionals in a multidisciplinary team.* The SBP includes four key goals for achieving our vision for the future:

1. We are recognized for the quality of care we deliver;
2. We are cost-effective in our clinical and business operations;
3. We are a desirable place to work; and,
4. We serve our inmate population in full partnership with DAJD.

The SBP was presented to the JHS Advisory Group[1], unions representing JHS employees, and JHS staff in early 2004.

The Strategic Business Plan strategies (outlined page 4) are interdependent and in many cases the success of any one strategy requires the success of all strategies. For example, many of the clinical practice redesign projects require the completion of the facility remodel as well as the full implementation of the EHR in order to be achieved. The SBP strategies touch every function and every line of business within JHS. As such, this plan outlines strategies for an operational overhaul – literally, a new way of "doing" jail health services.

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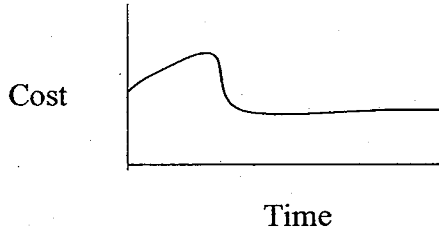
[1] The JHS Advisory Group, comprised of JHS stakeholders, was formed to oversee the development and implementation of the SBP. The committee's Membership included:
Dr. Kerri Ashling, Jail Health Medical Director, Seattle & King County Department of Public Health
Cheryle Broom, Auditor, King County Council,
Kelli Carroll, Budget Supervisor, King County Budget Office
Clifton Curry, Senior Legislative Analyst, King County Council
Richard Eadie, Judge, King County Superior Court
Michael Gedeon, Interim Chief of Administration, King County Department of Adult & Juvenile Detention
Greg Kipp, Chief Administrative Officer, Seattle & King County Department of Public Health
The Honorable Norm Maleng, Prosecuting Attorney, King County
Judy MacCully, Jail Health Services Supervisor, Seattle & King County Department of Public Health
Larry Mayes, Interim Director, King County Department of Adult & Juvenile Detention
Ron Perry, Principal Management Auditor, King County Council
Bette Pine, Jail Health Services Manager, Seattle & King County Department of Public Health
Dr. Alonzo Plough, Director and Health Officer, Seattle & King County Department of Public Health
David Randall, Legislative Analyst II, King County Council
Doug Stevenson, Legislative Lead Analyst, King County Council
Dorothy Teeter, Chief of Health Operations, Seattle & King County Department of Public Health
Dean Webb, Chief of Pharmacy, Seattle & King County Department of Public Health
Sheryl Whitney, Assistant County Executive, King County

The Wellcon consultant's recommendations stated that successful implementation of the strategic business plan and achievement of the strategies within it would require an infusion of resources at the front end. In short, financial investments were needed in order to realize the quality improvements and ultimately, the financial savings predicted in the plan. The Wellcon consultant used the following graphic to demonstrate how the infusion of resources can reduce future costs:



At the time of this report, JHS is 3 years into the 5-year timeline of the SBP. The plan has effectively guided our JHS Leadership Team and a significant amount of work has been accomplished to date. Because the plan strategies are so interdependent, the full benefits of the plan will not be realized until all of the strategies have been fully implemented in 2009. The following tables provide an overview of the SBP status/accomplishments to date, highlight some of the benefits of the SBP, and provide an overall timeline for execution of the plan.

JHS Strategic Business Plan Status Update

	Strategic Business Plan Strategies	Elements	Percent Complete	Status/Accomplishments
1	Design and implement **clinical and operational practice improvements**	*a) Apply conservative risk management practices and best practices for delivering correctional health services to redesign our clinical and clinical support practices for quality and cost efficiency.*	65%	• 9 projects completed • 14 projects underway • 6 projects not yet started
		b) Maintain National Commission on Correctional Health Care (NCCHC) accreditation under 2003 standards.	Ongoing	• Both sites fully accredited in 2005 • Ongoing preparation for next survey in 2007/2008
2	Implement **infrastructure improvements** to support changes in clinical and operational practices	*a) Modernize JHS medical equipment. (For example, purchasing electronic vital signs monitoring equipment for all exam rooms)*	45%	• ITR equipment upgrade competed June 2006 • Phase 1 Equipment Upgrade – underway, projected completion in Aug 2007 • Phase 2 Equipment Upgrade - not yet started
		b) Acquire and implement an Electronic Health Record (EHR).	75%	• Implementing EHR modules in a phased approach, projected completion in December 2007 • Updated Business Case approved by PRB in Dec 2006
		c) Implement the ISP/JHS remodel project in conjunction with DAJD	45%	• ITR remodel competed July 2006 • ISP-Phase 1, underway, projected completion Aug 2007 • ISP-Phase 2, projected completion Aug 2008
3	Develop and implement **human resources practices** which attract and retain qualified staff	*a) Staffing design to ensure appropriate licensure for task, training, work load, and supervision.*	40%	• Organizational restructure of JHS Leadership Team • Added Nurse Trainer & HR Analyst positions • Updated staffing plan in 2005 • Implemented Charge Nurse positions in 2005
		b) Recruiting practices designed to attract and retain the most qualified staff.	75%	• Developed nursing recruitment plan and recruitment brochure in 2005 • 10 FTE in nursing vacancies Feb 2004 down to 3 in Nov 2006
		c) Optimum labor relations.	Ongoing	• Monthly labor management meetings started in 2004 • Increased communication with staff starting in 2004
4	Build a **solid partnership with DAJD**		Ongoing	• MOU developed and updated annually • JHS and DAJD meet regularly to coordinate operational issues

JHS Strategic Business Plan Benefits

#	Strategic Business Plan Strategy	Elements	Financial Investments	Improved Quality & Risk Mitigation	Financial Savings	Expected Benefits
1	Design and implement **clinical and operational practice improvements**	*a) Apply conservative risk management practices and best practices for delivering correctional health services to redesign our clinical and clinical support practices for quality and cost efficiency.*	✔	✔	✔	• The quality of health care is improved as measured by staff productivity, timeliness of patient appointments, numbers of face-to-face health care visits, and utilization review • The JHS rate of expenditure growth over time will show a lower growth trend as cost containment measures are instituted and accountability measures are in place
		b) Maintain NCCHC accreditation under 2003 standards.	✔	✔		• The NCCHC review team confirms that JHS health care practice is efficient, of high quality, and meets constitutional minimum standards of care
2	Implement **infrastructure improvements** to support changes in clinical and operational practices	*a) Modernize JHS medical equipment.*	✔	✔		• Upgraded medical equipment supports a high quality and an efficient practice
		b) Acquire and implement an Electronic Health Record (EHR).	✔	✔	✔	• Improved access to health care information during clinical encounters • Improved overall management of health care information • Projected net cost savings, 7-years after implementation
		c) Implement the ISP/JHS remodel project in coordination with DAJD.	✔	✔		• Improved safety and work spaces for JHS staff • Improved clinical and infirmary spaces for better inmate care • Expanded pharmacy, lab, and storage spaces for improved quality and efficiency
3	Develop and implement **human resources practices** which attract and retain qualified staff	*a) Staffing design to ensure appropriate licensure for task, training, work load, and supervision.*	✔	✔	✔	• Morale and productivity increase with improved working conditions, good management, and appropriate training which promote high quality care practices • Turnover decreases with staffing and management improvements
		b) Recruiting practices designed to attract and retain the most qualified staff.	✔	✔	✔	• Fewer vacant positions decrease use of overtime and agency temps resulting in more stable staffing and improved continuity of care for patients
		c) Optimum labor relations.		✔	✔	• Relationship with union representatives is proactive and more collaborative; improves communication with staff
4	Build a **solid partnership with DAJD**			✔	✔	• Improved operational efficiencies through collaborative budget planning and coordination of day-to-day operations

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JHS Strategic Business Plan Timeline

Strategy #	SBP 5-year Plan	2004	2005	2006	2007	2008
		The JHS Strategic Business Plan was first unveiled in February 2004 as a 5-year plan to improve quality, reduce risk and contain costs.				
1	Clinical Practice Redesign Projects	*Clinical practice redesign projects are initiated and completed on a rolling basis - all projects will be underway by the end of 2008, many are contingent upon execution and/or completion of other SBP strategies.*				
1	NCCHC Accreditation	*Preparation for Jan 2005 Survey*	*Ongoing NCCHC accreditation readiness activates - next survey anticipated in late 2007 or early 2008*			
2	ISP ITR Remodel & Equipment Upgrade		*ITR remodel is complete*			
2	ISP Phase 1 & Equipment Upgrade			*August 2007 is projected completion date*		
2	ISP Phase 2, Equipment Upgrade & Project Completion				*Start and completion dates are projected*	
2	EHR Planning, Requirements, & Business Case	*Business Case approved by PRB in April 2005*				
2	EHR Vendor Selection & Contract Negotiations		*Project kick-off w/BCA in May 2006*			
2	EHR Design, Implementation & Project Completion			*Rolling implementation, first module implemented 10/06*		
3	HR Practice Improvements	*HR practice improvements are initiated and completed on a rolling basis - all projects are underway and will be completed by the end of 2008, many are contingent upon execution and/or completion of other SBP strategies*				
4	Partnership with DAJD	*Partnering with DAJD is ongoing - however, during the timeframe of the SBP, specific efforts have been made to improve collaboration and joint planning with DAJD*				
4	MOU annual review					

Detailed Strategic Business Plan Status Update & Benefits Overview

This section provides a more detailed overview of the scope, status, and benefits of each of the SBP strategies. There is particular focus on the EHR and ISP sections as these were specifically called out in the proviso.

1) **Design and implement clinical and operational practice improvements which result in high quality, cost effective delivery of health care.**

   a) ***Redesign our clinical and clinical support practices for quality and cost efficiency.***

   b) ***Maintain NCCHC accreditation under 2003 standards.***

Initially, JHS identified a list of 29 clinical and operational redesign projects targeted to meet the goal of providing both high quality and cost effective health care services. These projects are closely interrelated, and all of the redesign projects align with NCCHC accreditation requirements and were identified in conjunction with the ISP and EHR plans. Some of the redesign projects require that the EHR be implemented while others were able to be fully implemented before the EHR but will be enhanced by the support of the EHR. Similarly, some of the projects hinge upon the completion of the ISP in order to be executed.

List and Status of Clinical Practice Redesign Projects
9 projects complete: 1. Clarify nurse, provider and psychiatric evaluator roles and responsibilities in the psychiatric housing unit 2. Define and implement process for the provision of psychiatric discharge medications 3. Develop and implement an improved clinic scheduling system 4. Develop and implement revised infectious disease management protocols 5. Develop joint JHS/DAJD restraint/isolation policy 6. Redesign nurse triage system 7. Redesign psychiatric services 8. Revise emergency response protocols 9. Revise medical records routing protocol See Attachment A for project summaries of each of the completed projects.
14 projects underway: 1. Create a unified staffing matrix between facilities 2. Develop and implement a utilization review process 3. Implement a formal discharge planning program 4. Implement an equipment purchasing plan 5. Implement an inventory management system

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6. Implement scheduling/staffing improvements to decrease overtime and reliance on agency staff
7. Implement a reliable and timely medical records transfer system
8. Improve provider support in the medical and psych clinics
9. Redesign the infirmary program
10. Provide clerical support in ITR and the acute units
11. Provide cross training so all nurses may work in all areas of the facility
12. Redesign the pharmacy/medication administration system
13. Redesign the intake process – *complete at KCCF, RJC in process*
14. Revise chronic care guidelines

See Attachment B for an overview and status update on each of these projects.

6 projects not yet started:

1. Develop and implement a uniform policy in collaboration with labor
2. Develop and implement withdrawal management protocols
3. Establish a medical necessity committee – ***note****, in lieu of this an elective surgery guideline, requiring 3rd party review, was developed and the definition of medical necessity was formally defined in the PH/DAJD MOU.*
4. Investigate consolidation from 2 pharmacies down to one
5. Investigate costs and benefits of medical transcription in conjunction with the EHR implementation
6. Provide comprehensive health assessments on the 3rd day of incarceration

See Attachment C for a more detailed overview of each of these projects.

Compliance with the NCCHC 2003 Standards for Health Services in Jails is an ongoing process at JHS. This strategic business plan strategy element focus was on assuring the receipt of accreditation under the 2003 standards **and** developing a plan to ensure ongoing compliance. The annual accreditation plan developed after the survey in 2005 details roles, responsibilities, and tasks required for ongoing compliance. We have also moved from a paper-based to an electronic process for documentation of NCCHC compliance. As a result of this work, preparation for the next accreditation survey (likely in late 2007 or early 2008) will take significantly less time and resources than have been devoted to previous surveys.

2) Implement infrastructure improvements to support changes in clinical and operational practices.

a) Modernize JHS medical equipment.

b) Acquire and implement an Electronic Health Record (EHR).

c) Implement the ISP/JHS remodel project.

Integrated Security Project Update (SBP Strategy 2a and 2c)

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The Integrated Security Project is a remodel of the security electronics, a completely redesigned Intake, Transfer, and Release (ITR) area, and an upgrade of the health spaces in the King County Correctional Facility (KCCF) in Seattle. This project was funded and is being executed in three phases: ITR, Phase 1, and Phase 2. Modernization of JHS medical equipment is occurring concurrently with the ISP. ITR construction began in early 2005 and all phases are projected to be completed in August of 2008.

The remodel of the Intake/Transfer/Release (ITR) section of the facility involved complete demolition and reconfiguration of this space. Jail Health Services components in the ITR remodel included increasing from 1 to 3 clinical exam rooms, the addition of 4 work/interview stations for nursing and clerical staff and a supply room, along with wiring and equipping for the electronic health record.

Phase 1 of the ISP includes upgrading security electronics throughout the facility. Jail Health components included in this phase are updating, standardizing, reconfiguring, and equipping for the EHR the 8 exam rooms throughout the facility's housing units. This phase incorporated a new health assessment wing, consisting of 3 exam rooms, a small lab space, and a bathroom on the 9th floor.

Phase 2 of the ISP will remodel the health areas on the 6th and 7th floors of the facility to include reconfiguration and improvement of existing JHS clinical and administrative spaces, DAJD security electronics, and wiring and equipping for the EHR. Specific improvements include: expansion of the pharmacy; expansion of the laboratory; reconfigured and optimized clinic and infirmary to include ventilation that will improve management of patients with infectious diseases and compromised immune systems; and the addition of a newly constructed administrative space.

ISP ITR Remodel and Phase 1 Implementation Summary

The following now occurs as a result of the ITR remodel and work complete so far in the ISP Phase 1:

- ✓ JHS has been able to implement a redesign of the intake process at KCCF.
- ✓ Remodel of the 2nd, 4th, 9th, 10th, & 11th floors is complete and JHS is able to use the electronic health record in the exam rooms on these floors.
- ✓ The 9th floor health assessment clinic has been constructed and will be used initially to mitigate disruption when the 6th floor clinic is closed for remodel.

The following is a list of benefits that will result from the ISP:

- o Up-to-date equipment and improved work space supports the JHS goal of delivering high quality care that is consistent with community standard, Board of Pharmacy and other external stakeholder expectations, and NCCHC accreditation requirements.
- o The clinical practice redesign initiatives rely on remodeled space to facilitate enhanced screening and assessment and improved medical management of acute and chronic health conditions.

        - The remodeled ITR allows for JHS to conduct an initial health screening on all inmates booked into the facility – previously nurses only saw inmates pre-screened by corrections officers as having health issues.
        - The new 9th floor health assessment clinic will allow JHS to collect a comprehensive health history, conduct a physical exam, and perform infectious disease testing within 3-days of booking.
        - The remodel will improve infection control practices by separating clean and dirty utility areas and adding better ventilation capability to all infirmary rooms.

    - Improved work space allows staff to practice more efficiently because work space is designed to allow for clerical support of clinical staff and minimize the need for moving around the building. As a result, clinical staff will see more patients in a shorter time.
    - Expansion of the pharmacy will: provide expanded storage space; make it possible to consider safer and more cost effective drug packaging systems; and address Board of Pharmacy concerns related to inadequate space for the size of the operation.
    - All clinical areas of JHS will be wired and equipped for the electronic health record thereby maximizing the EHR investment and the opportunities for maximum efficiency in using this product.
    - The remodel attempts to move workspaces closer to county standards and address ergonomic standards. Recruitment and retention of staff will improve with better working conditions.
    - Safety of staff will be improved as all exam rooms will be equipped with duress alarms and configured to maximize staff safety - staff will always be positioned next to the exit.
    - Standardization of exam rooms will improve efficiency because no matter where a nurse or provider is posted, the exam room will have the same layout, equipment, and complement of supplies.

Electronic Health Record Update (SBP Strategy 2b)

The Electronic Health Record will replace the existing paper-based medical records for all jail health patients. The project strategy was to select a vendor-hosted and commercially available software solution that could meet at least 80 percent of JHS business requirements; assist in achieving JHS objectives; meet company viability thresholds; meet King County information system technical requirements; and, provide a sufficient return on investment within 7 years. Funding for the EHR was approved as part of the 2004 budget process and has been reviewed and approved by the OIRM Project Review Board.

Public Health has contracted with BCA (Business Computer Applications) for its PEARL Electronic Health Record System. The EHR is being implemented on a rolling schedule with all modules expected to be fully implemented and accepted by the end of 2007. Preparation for implementation included analysis and redesign of JHS clinical and administrative processes as well as workflow adjustment to take full advantage of the

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PEARL application. Users are trained as modules specific to their job responsibilities are implemented.

EHR Phase I (October 06 to March 07) Implementation Summary

The following are being managed with the assistance of the PEARL EHR:

- ✓ An electronic record is established in PEARL for all individuals booked into the jail using an interface with the Public Health Signature System (which is a patient registration system);
- ✓ Inmate locations are tracked and updated in real time in PEARL through an interface with the DAJD system.
- ✓ Medical and psychiatric clinic appointments are being scheduled in PEARL and there is an automatic alert to reschedule the appointment if the inmate is transferred between KCCF and RJC. Additionally the providers are closing their visits and requesting follow-up visits in PEARL.
- ✓ During clinic visits, providers are abstracting information from patients' paper records into their electronic records.
- ✓ Social Workers, Disease Intervention Specialists, Psychiatric Services and Dental staff are receiving requests for services electronically and setting their daily and weekly work lists using the PEARL system.
- ✓ Psychiatric Evaluation Specialists and Psychiatric Providers are documenting assessments and follow-up services using "PEARL Notebuilder" (the progress note module).
- ✓ Nursing staff are using PEARL to manage triage visits (sick call). They are reviewing pending services for patients; documenting vitals and triage notes; and using PEARL to request follow-up services.

Jail Health Services anticipates that the implementation of the Electronic Health Record Project will improve access to health care information during clinical encounters and improve the overall management of health care information. The new system is expected to streamline work processes by automating many healthcare functions which will: improve the quality, timeliness, and appropriateness of care; reduce duplication; lower the overall cost of care; and, reduce the risk of adverse clinical outcomes and litigation.

There are a number of benefits, many of which are not immediately financially quantifiable, that Jail Health Services expects to achieve with the implementation of an electronic health record. Among these are:

- o Pertinent health care data (historical information as well as current test results) will be readily available to health care staff in a timely manner to optimize patient care and improve patient safety.
- o The amount of time to locate and enter health care information into the patient's chart will be reduced, resulting in more efficient use of staff resources.

- Risk will be decreased through improved health care documentation, electronic notification of incomplete notes and orders and better chart legibility.
- Patient safety will be improved with alerts of allergies and drug interactions immediately displayed for providers so that modifications can be made.
- Direct entry of medication orders by prescribing providers will change work flow in the pharmacy eliminating the need for pharmacy staff to do direct entry of the order and thus decreasing the possibility of errors.
- Clinical decision making will be improved with the availability of critical clinical data displayed graphically and reported over time.
- The number of duplicate tests ordered by providers will be reduced.
- Continuity of care and referral management will be improved by providing inmates with discharge information related to their care while incarcerated.

The most recent cost benefit analysis, approved by the OIRM Project Review Board in December 2006, estimates that implementation of the EHR will allow JHS to reduce staff positions by 13.3 FTE and decrease the cost of medical records supplies and laboratory testing yielding a net cost savings of $829,617 seven years after implementation. Quantifiable benefits expected from implementing the EHR include:

- Savings in medical records operations through:
  - FTE reductions achieved by decreased chart pulls and decreased time managing paper-based records; and
  - Reduced medical records supplies expense.
- Savings in nursing staffing achieved by decreased time spent in record keeping and locating patient charts.
- Savings in the pharmacy and medication administration program through:
  - Reduction in staffing achieved by direct medication order entry, availability of data and automation of other pharmacy functions, and reduction in time needed to prepare for medication administration; and
  - Savings on the FSI Pharmacy information system.
- Savings on lab tests achieved by reducing the number of duplicative lab tests ordered.

3) Develop and implement human resources practices which attract and retain qualified staff.

a) Staffing design to assure appropriate licensure for task, training, workload, and supervision.

b) Recruiting practices designed to attract and retain the most qualified staff.

c) Optimum labor relations.

The HR strategy of the SBP has been particularly difficult to implement given the challenges of a national nursing and pharmacist shortage. This shortage coupled with frequent use of FMLA and a high rate of absenteeism amongst JHS staff has made it

more difficult to successfully execute SBP strategies. As a 24/7 operation providing necessary health services, most JHS staff positions require replacement if the career services staff person is on leave or out sick. Vacant posts are filled by staff working overtime or with temporary agency staff. Staffing shortages have impacted the implementation of the EHR, as well as certain clinical practice redesign initiatives, and NCCHC accreditation compliance.

To mitigate the impacts of absenteeism, as well as to ensure that all critical posts are filled, JHS requested (and received) a budget increase to start building a relief factor in existing positions. We have also requested a compensation review for physician and psychiatrist salaries as it is particularly difficult to hire staff into these job classes in the jail setting. The review of pharmacist compensation resulted in a significant salary increase for this job class in 2006. The physician compensation review is scheduled (by HRD) for this year. Finally, JHS is compiling data to quantify and analyze the impact of all types of employee leaves on our operations. This information will guide in developing a next steps plan to ensure full staffing.

In spite of these challenges, we have had success in the HR strategy. Through hiring an internal HR Analyst and restructuring nursing leadership, creative nursing recruitment strategies have been employed and we have been able to successfully reduce the number of vacant nursing FTE's in spite of the national shortage.

The restructuring of nursing leadership has significantly improved oversight of nursing staff during all shifts. It further positions JHS to better evaluate and respond to supervision issues, review work load, and maximize opportunities for training and for nurses to work to the full extent of their licensure. Through increased and more proactive communication with union representatives, we have been able to work more collaboratively. We expect collaborative possibilities to expand as trust is increased and positive relationships continue to develop.

4) Build a solid partnership with DAJD.

The disciplines of public health and corrections are inherently different – health care is therapeutic in nature and the corrections focus is on safety and security. Perhaps because of this, historically, JHS and DAJD have operated in silos. As a result each party had limited knowledge and understanding of each other's unique discipline. This SBP strategy focuses on ensuring that JHS and DAJD have increased understanding of each other's operations and actively collaborate in pursing the effectiveness of joint operations. Recent successes in this area include joint budget planning over the past 3 years and also the collaborative development of a cost model to accurately reflect the true costs (both health and correctional) of operating a jail program.

The very act of executing this plan has increased and formalized collaboration between Public Health/Jail Health and DAJD. There is a now a monthly "MOU" meeting in which Public Health and DAJD leadership meet to plan for and resolve issues in joint operations. Additionally, there has been a concerted effort for DAJD and JHS to include

each other in key operational meetings. With respect to the SBP, both the redesign projects and the ISP require significant joint planning and coordination. In planning for the JHS components of the ISP, JHS staff specifically sought input and developed plans that would also meet DAJD's needs. For example, when the health assessment clinic on the 9th floor becomes operational, the clinic will primarily serve inmates housed on that floor which will decrease the need for DAJD escorts.

When the EHR is fully implemented, we will have the ability to comprehensively review the JHS practice as outlined in the MOU. This will enable both JHS and DAJD to quantify health services provided at KCCF-Seattle and RJC-Kent. Further, we will also be able to easily produce service and health care outcome data that will inform and support operational decisions by both JHS and DAJD.

ATTACHMENT A

Project Summaries for Completed Clinical Practice Redesign Projects

1. Clarify Roles and Responsibilities in the Psychiatric Housing Unit
2. Emergency Response Protocols
3. Improved Clinic Scheduling System
4. Infection Control Program
5. Joint JHS/DAJD Restraint/Isolation Policy
6. Medical Records Routing Protocol
7. Provision of 7-day Supply of Psychiatric Medications at Release
8. Psychiatric Services Redesign
9. Triage Redesign

Attached to this coversheet are project summaries for each of the 9 clinical practice redesign projects that have been completed. Upon completion of a project, the summary is written in order to describe the project in the context of the SBP priorities, highlight changes resulting from the project, document work that was completed, and list any next steps or ongoing bodies of work associated with the project. Many of these projects feed into ongoing bodies of work and there will continue to be updates and improvements over time. However, they were called out as projects in order to make specific changes within the framework of the operational overhaul that will result from achieving all of the strategies laid out in the SPB.

Jail Health Services

***Strategic Business Plan – Practice Redesign Project Summary ***

Project Title Clarify Roles and Responsibilities in the Psychiatric Housing Unit

Project Overview

The purpose of this project was to refine and document the roles and responsibilities of each member of the psych services team, define hand-offs, and outline communication expectations between different disciplines.

Project supports the following strategic priorities (*check all that apply*)**:**

- ☒ NCCHC Accreditation
- ☒ Clinical Practice Improvement
- ☒ HR Practice Improvement (describe):
- ☐ DAJD Partnership Improvement (describe):
- ☐ Medical Equipment Modernization
- ☐ Electronic Health Record

Appropriate licensure for task, role clarification, workload management, improved job satisfaction

Changes/Improvements

From:	***To:***
Roles and responsibilities that are not defined in writing	Written roles and responsibilities for all staff assigned to the psychiatric housing unit (nursing, medical, psychiatric provider, PES, and clerical)
Unclear roles and responsibilities with overlap between nurses and PES	Clear roles and responsibilities that eliminate overlap between nurses and PES
Nurses performing clerical responsibilities	Nurses performing nursing tasks with clerical tasks performed by clerical staff
Intermittent team meetings	Regular psychiatric services staff meetings attended by all disciplines working in the unit

Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Quality of care and care coordination is improved through defined roles and responsibilities
- Defined roles and responsibilities ensure accountability for task completion
- Staffing efficiencies are gained through removing clerical tasks from nursing staff and by decreasing duplication of tasks across nursing and PES disciplines

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Timeline

Date	Description
2/04	• Convene Psych Services Roles Workgroup
6/04	• Present defined roles/responsibilities to staff
12/04	• Oversight of staff roles/responsibilities and team coordination is ongoing – responsibility for this work was formally transferred to the KCCF Nursing Supervisor and the Psychiatric Services Medical Director

Next Steps/Decisions to be Made

Task:	*Who:*
1. Complete the interrelated redesign project to cross-train KCCF nurses so that psych becomes a post that can be assigned to any nurse working in the facility.	Nursing Supervisors
2. This is an ongoing body of work that will be assessed as patient population and acuity changes.	Nursing Supervisors & Psychiatric Services Medical Director

Ongoing responsibility for this body of work: Nursing Supervisors

For more information, contact: Sandy Paxson, RN, and David Kersey, MD, *Project Leads*

Jail Health Services
***Strategic Business Plan – Practice Redesign Project Summary ***

Project Title Emergency Response Protocols

Project Overview

The protocol revisions for Medical Status (emergency response) included:

1. Redesign of the Medication Status recording form for Medical Status 2 and 3.
2. Replacement of the Medical Status 2 code response wagon with an emergency response (crash) cart.
3. Creation of a standardized stocking list, including specific locations on the cart for each item.
4. Creation of "Code Roles" defining and assigning essential bodies of work in a Medical Status 2 or 3.
5. Establishment of the requirement that all staff involved in a medical status 2 or 3 complete an Incident/Accident report.
6. Development of a Medical Director alert mechanism for all Medical Status 3's.

Project supports the following strategic priorities (*check all that apply*):

- ☒ NCCHC Accreditation
- ☒ Clinical Practice Improvement
- ☒ HR Practice Improvement (describe): Clarification of roles/responsibilities in emergency response, regular emergency response training
- ☒ DAJD Partnership Improvement (describe): Joint planning and execution of annual disaster and man down drills
- ☐ Medical Equipment Modernization
- ☐ Electronic Health Record

Changes/Improvements

From:	***To:***
Infrequent disaster drills	Coordinated JHS and DAJD annual disaster drills at both KCCF and RJC with written critique that is shared with all staff
Infrequent or absent man down (Medical Status 3) drills	Annual man down drills at KCCF and RJC with written critique that is shared with all staff
Infrequent or absent emergency response skills training for nurses	Annual emergency response "skills day" with defined curriculum and proficiency testing for nurses
Partial compliance with NCCHC's 2003 Standards for Health Services in Jails	Full compliance with NCCHC's 2003 Standards for Health Services in Jails

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No defined emergency response roles and responsibilities	An assigned code response team for each shift and defined roles/responsibilities within the team
A Medical Status 2 response wagon and a Medical Status 3 response cart	An emergency response ("crash") cart used in response to both Medical Status 2 or 3's – there are two of these at each site placed in key locations
A single medical status recording form that also required a progress note in the chart	Designated Medical Status 2 and Medical Status 3 recording forms that can go directly into the chart and do not require an additional charting in the progress notes
No formal process for alerting the Medical Director of a serious medical emergency in the facility	A formal process for informing the Medical Director that there has been a serious medical emergency in the facility

Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Documentation of Medical Status events is more thorough – responding staff roles are documented and times/types of interventions are recorded
- Emergency response crash carts are standardized across carts and sites so staff are able to find supplies and equipment quickly
- Code roles ensure that all critical functions are assigned and performed
- All Medical Status 3 are reviewed by the Medical Director – he determines the need for follow-up critical incident reviews

Timeline

Date	Description
1/04	• Emergency Response Protocol Committee formed
5/04	• Staff review and input
12/04	• Staff training on code roles, standardized crash cart supply list, and process for alerting the Medical Director in the case of Medical Status 3
12/04	• Implementation of revised emergency response procedures
09/05	• Assignment of code response teams on each shift

Next Steps/Decisions to be Made

Task:	*Who:*
1. Continue to perform annual man down and disaster drills at both KCCF and RJC – these are coordinated with DAJD. 2. Continue to provide annual emergency response skills day.	Medical Director and Nursing Supervisors

Ongoing responsibility for this body of work: Medical Director and Nursing Supervisors

For more information, contact: Ben Sanders, MD, *Project Lead*.

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Jail Health Services
*****Strategic Business Plan – Practice Redesign Project Summary *****

Project Title Improved Clinic Scheduling System

Project Overview

The clinic scheduling module of PEARL (Jail Health Services Electronic Health Record) was implemented at both Jail Health Services sites on Tuesday October 17, 2006. This implementation was the culmination of a 20-month (beginning in February 2005) process of incremental improvements in clinic scheduling. The project goals were to; link the clinic schedules at JHS' two sites, assure that those inmates with the highest priority needs were seen first in the clinic, and provide a mechanism for gathering and reporting on clinic demand and utilization data. The incremental changes included:

- New clerical procedures were documented to improve the use of the existing access database used at KCCF and the excel database used for RJC clinic;
- Improved programming in each of these databases in support of improved scheduling management;
- Establishment of a priority system used for all medical clinic appointments;
- Strategies for appointment consolidation; and
- Review of automated systems which could be implemented system wide addressing the transfer of patients between facilities assuring that appointments were rescheduled as necessary.

Project supports the following strategic priorities (*check all that apply*):

☒ NCCHC Accreditation

☒ Clinical Practice Improvement

☐ HR Practice Improvement (describe): ____

☒ DAJD Partnership Improvement (describe): "Clinic List" is now a single document rather than 3-5 separate lists

☐ Medical Equipment Modernization

☒ Electronic Health Record

Changes/Improvements

From:	*To:*
Separate clinic schedule systems at KCCF and RJC	A single unified electronic clinic scheduling module that is used for both sites
No ability to electronically transfer appointments between sites or flag an appointment if an inmate was transferred between facilities	The ability to electronically transfer an appointment from on site to another and an automatic "reminder" generated when an inmate moves to the other facility
No system to prioritize appointments based on urgency	The ability to prioritize clinic appointments based on urgency

No productivity monitoring or expectations for JHS providers	Explicit productivity standards for JHS providers, easily monitored with the EHR
Triage nurses having no way of knowing if a clinic visit has been scheduled for an issue presented during a triage visit	Triage nurses being able to look up the clinic schedule and confirm and add to an appointment based on a triage visit
No quick or easy way to view a patient's appointment history	An easily accessible history of appointments in PEARL
No ability to make appointments with a specific provider	The ability make appointments with a specific provider to improve continuity of care
A labor intensive manual system for canceling scheduling appointments when an inmate is released form jail	Automatic cancellation of all future appointments and appointment reminders when an inmate is released from jail
No way to know if an appointment was scheduled or changed	All actions taken on a patient's appointment are tracked and documented

Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Improved continuity of care
- More timely appointment access
- Appointments scheduled within specified timeframes based on urgency

Timeline

Date	Description
2/05	• Project Kick-off
06/05	• Implementation of initial project changes
10/06	• Implementation of PEARL Scheduling Module

Next Steps/Decisions to be Made

Task:	*Who:*
1. Quality assurance monitoring to ensure that appointments are closed.	EHR Team
2. Quality assurance monitoring to ensure that all requested appointments are scheduled, and, that patients are seen according to the requested priority.	EHR Team
3. Review of provider productivity.	Medical Director & Psychiatric Director

Ongoing responsibility for this body of work: EHR System Administrator

For more information, contact: Judy MacCully, *Project Lead*

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Jail Health Services
***Strategic Business Plan – Practice Redesign Project Summary ***

Project Title Infection Control Program

Project Overview

This project revised the existing infection control program and procedures to improve tuberculosis control, wound healing, and, identification and management of inmates with infectious diseases.

1. Revision of JHS Infection Control Program procedures to define expectations for: administrative functions; exposure control; TB Control; environmental sanitation; and infectious disease surveillance.
2. Implementation of an airborne alert system, first manually and then electronically in XKMS (DAJD's inmate management system) to alert JHS and DAJD staff when a potentially infectious inmate has entered the facility.
3. Improvement of STD testing and case reporting system via Disease Intervention Specialists testing and case reporting.
4. Implementation of a wound healing sub-specialty clinic at KCCF.
5. In collaboration with DAJD, development and implementation of a HIPAA-compliant protocol for assigning and sharing infection control precautions necessary when working with inmates with infectious diseases.

Project supports the following strategic priorities (*check all that apply*):

- ☒ NCCHC Accreditation
- ☒ Clinical Practice Improvement
- ☐ HR Practice Improvement (describe): ______
- ☒ DAJD Partnership Improvement (describe): DAJD staff are provided with information and training to protect themselves from contracting diseases from inmates. DAJD and JHS work collaboratively to identify potentially infectious inmates
- ☐ Medical Equipment Modernization
- ☐ Electronic Health Record

Changes/Improvements

From:	***To:***
A wound healing clinic at RJC only	Wound healing clinics at KCCF and RJC
No airborne alert system	An electronic airborne alert system that triggers an alarm in the DAJD inmate management system any time an infectious person enters the facility
Infection control procedures that were outdated, not fully implemented, and sometimes unclear	Updated and clear infection control procedures that are reviewed on an annual basis to confirm applicability and/or needed changes

Ad-hoc and not specific STD testing/case reporting procedures	STD testing and case reporting procedures that are assigned to specific staff
No system for identifying, documenting and sharing the infection control precautions needed for an individual inmate/diagnosis	Defined procedures for identifying, documenting and sharing infection control precautions with JHS and DAJD staff

Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Identification and management of infectious or potentially infectious inmates is improved
- Communication and information provision between JHS and DAJD is improved
- JHS has on-staff expertise in wound healing
- Decrease in the number time-consuming contact investigations because fewer TB-infected inmates entered the facility without detection by JHS and DAJD staff

Timeline

Date	Description
7/04	• Enhanced STD Screening program begins
1/05	• Implementation of revised Infection Control procedures
4/05	• TB & Infection Control training for all staff
12/05	• All-staff meeting topic Infection Control Precautions
12/05	• Wound healing clinic pilot at KCCF
3/06	• JHS and DAJD electronic TB Airborne Alert system implemented
5/06	• JHS Infection Control Nurse receives Wound Care Nurse certification
5/06	• Implementation of wound healing sub-specialty clinic at KCCF
06/06	• Implementation of JHS and DAJD Inmate Medical Precautions procedures

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Next Steps/Decisions to be Made

Task:	*Who:*
1. Develop KCCF Wound Clinic as an integrated and standardized practice - expand on the current wound clinic project to include nursing staff instruction, EHR charting and referrals, incorporate deck supply inventory, and follow-up care education. 2. Ongoing coordination with DAJD to ensure training of Corrections staff. 3. This is an ongoing body of work that will require changes and updates as infection controls practices change, new diseases emerge, and existing diseases/treatments change.	Bill Danforth

Ongoing responsibility for this body of work: Infection Control Nurse

For more information, contact: Bill Danforth, RN, ARNP, *Project Lead*

Jail Health Services
*****Strategic Business Plan – Practice Redesign Project Summary *****

Project Title Joint JHS/DAJD Restraint Policy

Project Overview

The purpose of this project was to revise and merge existing JHS and DAJD restraint and isolation policies to ensure compliance with NCCHC's 2003 Standards for Health Services in Jails. The policy was revised, signed by the JHS Manager and Medical Director and the DAJD Director following review of:

- What constitutes "seclusion of psychiatric inmates" in a correctional facility;
- Reviewed current practice for ordering restraint;
- Developed template for use with all restrained individuals; and
- Developed documentation protocols for use with "secluded" individuals.

Project supports the following strategic priorities (*check all that apply*):

☒ NCCHC Accreditation
☒ Clinical Practice Improvement
☐ HR Practice Improvement (describe): ______
☒ DAJD Partnership Improvement (describe): Joint policy that defines roles/responsibilities for JHS and DAJD staff when placing and monitoring an inmate on 4 or 5-point restraints
☐ Medical Equipment Modernization
☐ Electronic Health Record

Changes/Improvements

From:	*To:*
Separate JHS and DAJD Policies	A joint policy for both departments
Separate restraint monitoring recording forms	A joint recording form that documents both JHS and DAJD monitoring

Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Documentation of restraint monitoring is improved
- Roles and responsibilities for restraint monitoring are clarified

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Timeline

Date	Description
2/04	• Project kick-off
7/04	• Use of Restraint and Seclusion: Joint Jail Health Services and Department of Adult and Juvenile Detention Policy and Procedure is effective

Next Steps/Decisions to be Made

Task:	*Who:*
1. Establish Restraint Review Committee to ensure ongoing quality assurance monitoring of adherence to restraint policy and documentation of monitoring per policy.	David Kersey

Ongoing responsibility for this body of work: Psychiatric Services Medical Director

For more information, contact: Judy MacCully, *Project Lead*

Jail Health Services
***Strategic Business Plan – Practice Redesign Project Summary ***

Project Title Medical Records Routing Protocol

Project Overview

A multidisciplinary project team reviewed the existing system for routing medical charts throughout both JHS facilities. The committee completed the following tasks:

1. Identified points of breakdown and inefficiencies through an operational analysis of existing medical records routing protocols.
2. Designed revised forms and procedures with feedback from staff involved in the processes.
3. Prepared communication and training materials, provided training, and implemented new protocols. Changes went into effect in December, 2004.
4. Subsequently, in December, 2005 the Infolinks bar-coded medical record tracking system was implemented. This system went a step further in improving our ability to track the location of medical records.

This project is an interim improvement until the electronic health record is implemented in 2007.

Project supports the following strategic priorities (*check all that apply*):

- ☒ NCCHC Accreditation
- ☒ Clinical Practice Improvement
- ☐ HR Practice Improvement (describe): ____
- ☐ DAJD Partnership Improvement (describe): ____
- ☐ Medical Equipment Modernization
- ☐ Electronic Health Record

Changes/Improvements

From:	*To:*
Medical charts that are difficult and time consuming to locate	Medical charts that are more easily and quickly located because they are "checked out" and their existing location is documented
A percentage of charts not being located in spite of thorough searching	Improved ability to locate charts at the time of request
No system for indicating that there are "loose" papers awaiting filing in a patient's chart	A system for indicating that there is additional paperwork that needs to be filed in the chart
A manual system for checking out charts to individuals	An automated, bar-code system for checking out charts to locations and individuals

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Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Improved quality of patient care by making health information available to providers in a more timely manner
- Improved efficiency for medical records and clinical staff through ease of chart location
- Improved completeness of charts by linking loose paperwork with existing charts more efficiently
- Staffing efficiencies gained because all staff spend less time searching for medical charts

Timeline

Date	Description
4/04	• Project team kick-off
9/04	• Staff review and input
12/04	• Staff training and implementation of revised procedures
12/05	• Implementation of Infolinks electronic bar coding system
12/05-2/06	• Infolinks training for all staff

Next Steps/Decisions to be Made

Task:	*Who:*
1. Implement the EHR which will eliminate the need to search for and/or route charts to various departments in the facility.	EHR Team

Ongoing responsibility for this body of work: TBD following implementation of the EHR

For more information, contact: Brandi DeFazio and Judy MacCully, *Project Leads*

Jail Health Services
*****Strategic Business Plan – Practice Redesign Project Summary *****

Project Title Provision of 7-day Supply of Psychiatric Medications at Release

Project Overview

Since November of 2005, Jail Health Services has provided a 7 day supply of psychiatric medications and medications to ameliorate the side effects of these medications to mentally ill inmates upon release from KCCF or RJC. The 3 days' supply previously prescribed by JHS was increased to 7 days to provide better continuity of care for these individuals as they seek and connect with mental health services in the community. If the patient has appropriate medical supervision, the patient will also receive a script for 30 additional days of medication (to be obtained in the community).

Project supports the following strategic priorities (*check all that apply*):

☒ NCCHC Accreditation

☒ Clinical Practice Improvement

☐ HR Practice Improvement (describe): _____

☐ DAJD Partnership Improvement (describe): _____

☐ Medical Equipment Modernization

☐ Electronic Health Record

Changes/Improvements

From:	*To:*
Provision of a 3-day supply of psychiatric medications at release	Provision of a 7-day supply of psychiatric medications at release
No prescription for psychiatric medications post-release	A prescription for a 30-day supply of psychiatric medications (for those individuals with appropriate medical supervision in the community)
No defined procedures for the provision of psychiatric medications at release	A defined procedure that results in a 7-day supply of psychiatric medications being placed in an inmate's property for release

Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Improved continuity of care for mentally ill inmates
- Improved release planning for mentally ill inmates

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Timeline

Date	Description
11/05	• Project implementation

Next Steps/Decisions to be Made

Task:	*Who:*
1. Ongoing spot-checking to confirm that psychiatric providers are ordering a 7-day supply of meds for property.	David Kersey
2. Coordination between psychiatric providers and pharmacy staff as needed.	Tony Tse & David Kersey

Ongoing responsibility for this body of work: Psychiatric Services Medical Director

For more information, contact: Maggie MacDonald, *Project Lead*

Jail Health Services
***Strategic Business Plan – Practice Redesign Project Summary ***

Project Title Psychiatric Services Redesign

Project Overview

Formalize psych team rounds in acute, sub-acute, and sheltered housing units. Implement treatment plans and follow-up (including release planning). Develop a process for communicating status and recommended follow-up care for patients moving from the psych housing unit to general population housing. Implement the BPRS at admit and discharge from psych housing. Develop an ongoing structure for supervision and management of all functions in psych services.

Project supports the following strategic priorities (*check all that apply*):

- ☒ NCCHC Accreditation
- ☒ Clinical Practice Improvement
- ☒ HR Practice Improvement (describe): Roles clarification, appropriate supervision
- ☐ DAJD Partnership Improvement (describe): _____
- ☐ Medical Equipment Modernization
- ☐ Electronic Health Record

Changes/Improvements

From:	***To:***
Initial evaluations done on an on-call basis throughout the facility	A mental health receiving unit where inmates are on suicide precautions while awaiting evaluation
Follow-up on mental health housing units done on an ad-hoc basis	Follow-up performed at regularly scheduled intervals with daily follow-up rounds in acute mental health housing
Follow-up scheduling process inefficient and labor intensive, performed by psychiatric providers	Follow-up scheduling standardized and maintained by clerical staff
No quality control checks to ensure JHS is seeing everyone admitted to mental health housing	Quality control checks performed three times a week by clerical staff with provider supervision
No set standards for follow-up after leaving psych housing	Clearly communicated standards for scheduling follow-up in general population (GP)housing
No psychotherapy program	Psychotherapy groups offered every other week to mentally ill inmates in group mental health housing as well as those in general population

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No mental health check-ins with those in G.P. isolation housing	Weekly mental-health check-ins for everyone in isolation
No objective measurement of change in mental health symptoms	Initiation and use of a rating scale to quantify improvement
No quality control measurement	Formulation and on-going implementation of a quality control measurement system

Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Decreased risk for serious suicide attempts by having everyone awaiting evaluation on suicide observation
- Improved ability to discover decompensations among vulnerable mentally ill inmates in G.P. housing and to treat these more rapidly
- Better care due to more systematic delivery of same
- Improved quality of care through quality control measurement and responding to problems found
- Compliance with NCCHC's mental health standard

Timeline

Date	Description
03/07	• Project completed

Next Steps/Decisions to be Made

Task:	*Who:*
None	

Ongoing responsibility for this body of work: Psychiatric Services Medical Director

For more information, contact: David Kersey, *Project Lead*

Jail Health Services
*****Strategic Business Plan – Practice Redesign Project Summary *****

Project Title Triage Redesign

Project Overview

The purpose of the Triage Redesign Project was to move JHS from a chart-based triage/sick call process conducted twice per housing unit per day to a system of face-to-face nursing assessments done once daily per unit. The project improved efficiency/productivity of the sick call process with a goal of redirecting nursing resources. The following goals were achieved:

- Assured that all non-emergency requests by inmate-patients for health care be responded to in a timely, efficient manner by qualified health care professionals according to an established system of priority;
- Assured that RNs are functioning clearly within their legally defined scope of practice; and
- Improved overall quality of care and reduce risk/liability.

Project supports the following strategic priorities (*check all that apply*):

- ☒ NCCHC Accreditation
- ☒ Clinical Practice Improvement
- ☒ HR Practice Improvement (describe): Appropriate licensure for task
- ☒ DAJD Partnership Improvement (describe): Improved coordination between JHS and DAJD. Increased access to housing units at RJC.
- ☐ Medical Equipment Modernization
- ☐ Electronic Health Record

Changes/Improvements

From:	*To:*
Triage twice per day on each housing unit	Triage once per day on each housing unit
Triage of the kite (inmate communication) and/or the chart	Triage of the patient
Patients sometimes not seen in timely way and thus not always complying with the NCCHC standard for daily sick call	All health complaints addressed within 24 hours and full compliance with NCCHC standard for daily sick call
A inefficient and duplicative 2-3 step triage process including both nursing and providers	An efficient 1 step triage process done by registered nurses
Inappropriate nursing and provider roles/functions	Appropriate nursing and provider roles/functions
Sometimes taking and recording vital signs	Always taking and recording vital signs
Some health complaints resulting in a face-to-face encounter	ALL health complaints resulting in a face-to-face encounter

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Undefined procedures for provider referral with no ability to define the urgency of the referral	Defined procedures for provider referral with the ability to prioritize the urgency of the referral
No algorithms to use in determining follow-up treatment and/or provider response	Templated algorithms for the most frequently occurring health conditions with defined follow-up and treatment

Projected Project Results

↓ Risk / ↑ Quality / ↑ NCCHC Compliance

- Risk reduction as nurses practice according to scope of their licensure
- Improved quality and decreased risk as all patients who submit a health kite are seen face-to-face by a qualified health care professional
- Improved NCCHC compliance with the standard of triage of non-emergency health care requests w/in 24-hours
- Staffing efficiencies because medical records staff are pulling fewer records for triage

Timeline

Date	Description
11/04	• Data gathering and project design
12/04	• First Triage Redesign committee meeting
3/05-4/05	• Single triage pilots conducted at RJC and KCCF
4/05	• RJC implementation of redesigned triage procedures
5/3/05	• KCCF partial implementation of redesigned triage procedures
7/05	• Single triage pilot test in Psych at KCCF
8/1/05	• KCCF full implementation of redesigned triage procedures

Next Steps/Decisions to be Made

Task:	*Who:*
1. Implement interdependent projects including: o Electronic Health Record; o Improved clinic scheduling system; o Revised infection control protocols to include the implementation of a specialty wound healing clinic at KCCF – this will impact nursing resources assigned to treatments, a nursing function usually paired with triage.	Judy MacCully Bill Danforth, ARNP

Ongoing responsibility for this body of work: Nursing Supervisors

For more information, contact: Edie Maffeo, RN, MN, *Project Lead*

ATTACHMENT B

Summary & Status of Clinical Practice Redesign Projects Underway

1. Clerical Support in ITR and Acute Units
2. Equipment Purchasing Plan
3. Infirmary Redesign
4. Improve Provider Support in Medical & Psychiatric Clinics
5. Intake Redesign – *complete at KCCF, RJC in process*
6. Inventory Management System
7. Pharmacy/Medication Administration System Redesign
8. Provide Medical-Psychiatric Cross Training to All Nurses
9. Release Planning Program
10. Reliable and Timely Medical Records Transfer System
11. Revise Chronic Care Guidelines
12. Scheduling & Staffing Improvements to Decrease Overtime/Reliance on Agency Staff
13. Unified Staffing Matrix Between Facilities
14. Utilization Review Process

The following tables provide a brief description, status update and an overview of the expected benefits of the 14 clinical practice redesign projects that are underway but not yet complete. These projects range from being ten to ninety-five percent complete. Some of these projects will not be complete until the ISP is finished, the EHR is fully implemented or other redesign projects are implemented.

Included in this section is an update on the Pharmacy/Medication Administration System Redesign project. This is by far the largest and most comprehensive of the 29 clinical practice redesign projects. It has had a full-time project manager assigned since mid-2004 and includes work done by the Pharmacist Supervisors, Medical Director, Nursing Supervisors, Quality Manager, and Fiscal Manager. It commenced as the SBP was implemented in February 2004 and it will likely span the entire 5-year period of the SBP. This project has expanded since its inception as issues have been raised by our own staff, the Washington State Board of Pharmacy, the King County Ombudsman, and other internal and external stakeholders.

Project Title	**Responsible**	**Percent Complete**
Clerical Support in ITR & Acute Units	Deb Nanson Sandy Paxson	25%

Description:

Analyze staff roles and staffing needs in the infirmary, acute psych unit, ITR, and RJC clinic. If there is need for a clerical role, outline specific tasks and assign existing clerical support staff to specific areas.

Status:

- ITR at KCCF has 24-hour coverage by the clerical staff.
- There is a clerical staff person assigned to day shift in the psychiatric unit.

Expected Benefits:

- Expensive provider and nursing staff will not spend their time doing clerical tasks – clinical staff will be more efficient and will see more patients.
- Each unit will have a specific staff person assigned to do medical records and administrative support associated with unit operations.

Project Title	Responsible	Percent Complete
Equipment Purchasing Plan	Brandi DeFazio	85%

Description:

Develop an inclusive process to plan for equipment purchasing, to assure that medical equipment is adequate for patient care by repairing or replacing items when needed, and by upgrading technology when appropriate and financially feasible. Implement a planning process to secure funds for needed items, and to make the best use of any funds appropriated.

Status:

- Performed a detailed inventory of all existing JHS equipment.
- Developed an ongoing plan for annual equipment review, including:
  - Obtaining feedback from front-line staff regarding equipment repair/replacement needs;
  - Prioritizing equipment needs;
  - Planning for spending current year operating funds designated for equipment;
  - Planning for requesting additional funds if needed in an emergent situation;
  - Planning for requesting funds in the upcoming year budget for anticipated equipment needs;
  - Mid-year review of equipment purchasing to confirm/update needs and spending plan before annual purchasing deadlines
- Issued a Request for Proposals for medical equipment maintenance services. We are currently evaluating proposals.

Expected Benefits:

- Medical equipment will be in current, up-to-date, and in good repair.
- Medical equipment will be purchased to support the practice needs of JHS.
- A defined process for selecting and purchasing equipment in conjunction with the budget planning process will decrease the need for emergency funding requests.

Project Title	Responsible	Percent Complete
Infirmary Redesign	Ben Sanders	75%

Description:

Redesign the JHS Infirmary to:

1. Establish clearer lines of responsibility for patient care by the Infirmary provider;
2. Establish clearer criteria for Infirmary admission;
3. Improve charting of admission and discharge assessments by Infirmary providers;
4. Improve tracking of clinical data, especially follow-up requests and reasons for follow-up;
5. Establish a true "Observation status" for patients who may be considered for admission to the Infirmary; and
6. Improve efficiency of clinical operations overall, eliminating as many unnecessary "clerical" functions as possible.

Status:

- An operating procedure for revision of Infirmary admission and discharge has been drafted.
- EHR planning has included planning for all of the elements of Infirmary Redesign and these changes will be implemented in conjunction with implementation of the infirmary module of the EHR.

Expected Benefits:

- Patient care and continuity of care will improve for the most medically acutely ill inmates in the jail system.
- Infirmary patients will be admitted and discharged by provider order based on defined admission criteria.
- Provider and nursing efficiency will be improved because clerical and medical records tasks will be delegated to clerical staff.

Project Title	Responsible	Percent Complete
Improve Provider Support in Medical & Psychiatric Clinics	Sandy Paxson Deb Nanson	25%

Description:

Assure that clerical and nursing functions in the clinic are clearly defined, communicated, and performed. Assure that providers are able to maximize their productivity and determine appropriate staffing levels based on patient demand and benchmark data.

Status:

- Planning for nursing support of clinic operations is underway.
- Clerical support requirements will be finalized once the EHR is implemented.

Expected Benefits:

- Physicians and Nurse Practitioners (JHS' most expensive staff) are more productive and see more inmates on any given day.
- Clinical staff work to the full extent of their licensure.
- Roles and responsibilities are defined and commensurate with the skills, training, and job class of all individuals working in the clinic.

Project Title	**Responsible**	**Percent Complete**
Intake Redesign	Edie Maffeo – KCCF Deb Nanson – RJC	KCCF - 95% RJC - 50%

Description:

Redesign the intake health assessment process to assure that inmates identified by DAJD during the deferral screening are assessed by a nurse for appropriateness of admission to jail, and all inmates booked into jail receive a brief nursing assessment, are fully registered, and have medical charts located or generated at the time of admission. Full time clerical support for ITR will relieve RN's of clerical duties and assure that the most appropriately skilled staff will perform the required tasks thereby promoting improved quality of clinical care and administrative services in ITR.

Status:

- Intake Redesign has been fully implemented at KCCF and includes the following elements:
  - All inmates booked into jail receive an intake health assessment and mental health screening.
  - A baseline set of vital signs is collected on all inmates at booking.
  - Clerical staff support intake operations on all three shifts.
  - A medical chart is created for all inmates booked into the facility.
- Planning for implementation of Intake Redesign at RJC is underway.

Expected Benefits:

- Improved identification of arrestees who are not safe to be in jail.
- Earlier identification of health conditions that require intervention while incarcerated.
- Fewer medical status codes due to unidentified health conditions.
- Reduction in the numbers of inmates requiring hospitalization as a result of lack of continuity of care.
- Increased productivity through efficient and effective assignment of personnel.
- Improved documentation and record keeping via registration and creation of a chart for all inmates booked into the facility.
- Decreased risk and improved quality of care because a baseline set of vital signs and an initial assessment is conducted on every inmate booked into the facility.

Project Title	Responsible	Percent Complete
Inventory Management System	Nancy Maranville	80%

Description:

Establish an inventory management system that assures sufficient and suitable supplies are available for medical, dental, and psychiatric services.

Status:

- Analyzed current supply inventory and developed standard formulary of medical supplies to reduce the variety of supplies ordered, and to order as cost-effectively as possible.
- Developed a formal process for requesting and receiving approval to purchase new supplies which are not included on the standard formulary.
- Developed a standard system for supply storage and labeling, and designed supply storage plans for the remodeled JHS spaces.
- Remaining project tasks have been defined and scope for implementation following the completion of the ISP remodel and the EHR implementation.

Expected Benefits:

- Potential cost-savings because supply inventory will be managed more closely and ordered against an established formulary.
- The process for requesting, ordering and stocking of supplies will be streamlined and consistent from one time to the next.
- There will be an inventory system that will improve ease of re-order and allow JHS to know what supplies and in what quantities are on hand at any given time – this will be particularly beneficial in the event of a pandemic flu or other disaster event.

Project Title	**Responsible**	**Percent Complete**
Pharmacy/Medication Administration System Redesign	Brandi DeFazio Maggie MacDonald	70%

Description:

Improve pharmacy and medication administration processes to reduce medication errors, clarify roles and responsibilities, and achieve full compliance with NCCHC and Board of Pharmacy standards and regulations.

Status:

Given the size and complexity of the Pharmacy/Medication System Redesign project, this status update is provided in the form of a timeline that highlights completion of sub-projects within this project.

- August 2004 – Developed and published standardized procedures for the organization of medication administration carts to improve efficiency in preparing for medication passes.
- August 2004 – Revised automated drug dispensing device procedures to limit access to only those hours when the pharmacy is closed. This included implementing a new form for nurses to document any medications unavailable for a medication pass.
- October 2004 – Implement procedures defining medications that can only be administered via single dose to increase patient safety.
- October 2004 - May 2005 – Improved control and accountability of medications by moving all prescription medications into a locked medication cart or cabinet.
- December 2004 – Published written guidelines and expectations for writing complete medication orders.
- January 2005 – Eliminated the use of sample medications to become compliant with Board of Pharmacy requirements for medication packaging.
- January 2005 – Developed and trained pharmacy technician staff to detailed job descriptions to assure that all tasks are completed in a timely and consistent manner.
- May 2005 – Implementation of updated Medication Administration Manual including the following significant changes:
  - Revised system for dispensing over-the-counter medications to ensure compliance with nursing scope of practice and to improve documentation of all medications provided to inmates;
  - Formal procedures for returning unused medications to the pharmacy for improved inventory and accountability of medications;
  - New guidelines for categorizing medications by urgency of administration and those instances in which it is appropriate to retrieve medications from the automated drug dispensing device;

- Revised procedures for documentation and follow-up when an inmate refuses a medication;
- Concurrent revision to the JHS Guide to Nursing Practice to ensure consistency between these two procedure manuals.

- April 2006 – Implementation of multidisciplinary Pharmacy Quality Assurance Committee. This committee develops and monitors the completion of the annual pharmacy quality improvement and NCCHC compliance plan.
- July 2006 – Implemented FSI Pharmacy System Security procedures to clarify and codify security and access procedures for the pharmacy data system.
- July 2006 (KCCF) and September 2006 (RJC) – Implementation of the printed Medication Administration Record (MAR) to improve legibility, accuracy and standardization of the MAR. This change increase Pharmacist oversight of MAR generation and has substantially reduced the number of instances where staff cannot find a medication that needs to be administered.
- July 2006 (KCCF) and September 2006 (RJC) – Implementation of Pharmacy Services Standards and Refill Schedule to clarify the times that Pharmacy will dispense medications for single dose or keep-on-person administration.
- August 2006 – Installed pharmacy key combination lock boxes at both sites to improve pharmacy security and ensure that pharmacy keys are made available only to licensed pharmacists.
- October 2006 – Implementation of Pharmacist Supervisor On Call procedures to clarify the roles and procedures for after-hours pharmacy issues.
- October 2006 – Implementation of Obtaining Legend Medications when JHS Pharmacy is not Available procedures to clarify the process for obtaining critical medications when the pharmacy is closed.
- November 2006 – Implemented Pharmacy Staffing Model to develop "relief" parameters for pharmacy staff. The model is based on prescription volumes and takes into account volume-based and non-volume-based tasks.
- February 2007 – Implementation of the Medication Incident Report (MIR). The MIR tracks and categorizes all reported medication incidents which are then entered into a database. The Pharmacy QA committee will review data reports and create action plans based on findings at least quarterly.
- March 2007 – Implementation of updated Medication Administration Manual including optional staff training and required post test completion. This edition consolidates and clarifies medication administration procedures.
- March 2007 – Installed interface between the pharmacy data system and the DAJD inmate management system to update inmate locations and releases in the pharmacy system. This is an "interim fix" prior to implementation of the PEARL pharmacy module.

Numerous additional smaller projects have also been implemented to improve the

pharmacy/medication administration system during this time period.
Expected Benefits: • Full compliance with accreditation, legal and regulatory requirements. • Improved tracking and follow-up when medication incidents are reported. • Decreased use of the automated drug dispensing devise. • Decreased medication incidents and decreased number of incidents that result in actual errors.

Project Title	Responsible	Percent Complete
Provide Medical-Psychiatric Cross Training to All Nurses	Deb Nanson Sandy Paxson	10%

Description:

Develop curriculum and plan for orientation of nurses to all medical and psychiatric posts. A designated charge nurse will provide orientation to specific posts and will assess individual nurses' skills based on pre-defined criteria.

Status:

- Planning for cross-training of nurses to all posts is underway.

Expected Benefits:

- There will be increased flexibility in staffing which will allow for better coverage in the event of staffing shortages.

Project Title	Responsible	Percent Complete
Release Planning Program	Mark Alstead	50%

Description:

Develop a system, processes and tools for providing sufficient medications and arrangement of the necessary follow-up housing and health care services in the community. Target population is mentally ill and inmates with complex medical needs.

Status:

- Release planning is in place for pregnant women and HIV/AIDS patients.
- Release planning activities have been implemented for certain patients with opioid-dependency, mental illness, and individuals with medical problems (e.g., cancer, brain injury, renal failure).

Expected Benefits:

- Improved continuity of care and transition from incarceration into the community.
- The most acutely ill individuals will be transferred to health care and other services upon release from jail.

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<table>
<tr><td>Project Title

Reliable & Timely Medical Records Transfer System</td><td>Responsible

Judy MacCully
Sean Dumas</td><td>Percent Complete

75%</td></tr>
<tr><td colspan="3">Description:

The goal of the Transfer Improvement Project is to revamp the intra-facility transfer process to ensure that inmates are not transferred between KCCF and RJC without their medical record accompanying them. The new procedures will ensure that there is continuity of medications and health care, in accordance with the NCCHC standard, any time an inmate-patient moves between facilities.</td></tr>
<tr><td colspan="3">Status:

• JHS staff have worked with key DAJD staff to set up communication loops, develop joint procedures, and to more accurately define the transfer population.
• A revised operating procedure was put in place in May 2005.
• Transfer screening documentation forms have been revised.</td></tr>
<tr><td colspan="3">Expected Benefits:

• Improved continuity of medical care when inmates are transferred between facilities.
• Reduced risk of adverse health outcomes as a result of missed treatment of medications.</td></tr>
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Project Title	**Responsible**	**Percent Complete**
Revise Chronic Care Guidelines	Ben Sanders	25%

Description:

The review and revision of the "Chronic Care guidelines" is part of a larger project including development of "Clinical Practice Guidelines" (CPGs) for jail health staff. The CPGs are discussed and developed according to the best available data at the level of the Jail Health Services Clinical Practice Group, an entity including medical providers (physician and nurse practitioner), psychiatric providers (physician and nurse practitioner), and dental practitioners, with special input at present from pharmacy and other clinical nursing staff that is scheduled to meet every other month.

Status:

- The JHS Clinical Practice Group has been meeting to review and adapt established practice guidelines for inclusion in the jail health setting since 2005.

Expected Benefits:

- All clinical practice guidelines will be sourced and the associated patient care will be current and based on best practice standards.
- The consistency of care provided across different providers will improve.

Project Title	**Responsible**	**Percent Complete**
Scheduling & Staffing Improvements to Decrease Overtime/Reliance on Agency Staff	Brandi DeFazio	90%

Description:

Review staffing plan, bodies of work by position, and ongoing program needs to determine the number of posts needed as population and health acuity fluctuates.

Status:

- In support of the goal of reducing overtime and reliance on agency staff, the following tasks have been completed:
  - Hired an Administrative Staff Assistant to manage the scheduling process for nurses and pharmacy staff, and to be the point of contact with temporary employment agencies.
  - Increased part-time nursing positions to full-time. This has occurred both through the budget process and attrition.
  - Revised nursing utilization by identifying more functions, or bodies of work, which should be performed by Registered Nurses (RNs), and limiting the bodies of work which should be performed by Licensed Practical Nurses (LPNs). The result of this change is that it allows more flexibility to assign nurses on any given day based on who is available to work.
  - Developed a comprehensive staffing matrix for all non-management staff at both facilities. This matrix defines the number and type of staff needed/scheduled for each function or "body of work," by shift and day of the week.
  - On a regular basis, staffing patterns are reviewed and adjusted to assure that they are consistent with the body of work analysis described above.
  - Developed threshold models for each facility so that staffing can be increased or decreased based upon inmate population projections from DAJD.
  - Implemented a detailed process for tracking the number of shifts filled by agency staff, including the reason temporary staff were needed.

Expected Benefits:

- Project cost savings associated with decreasing the use of overtime and temporary agency staff.
- Decreased need for orientation and training associated with the hiring of temporary agency staff.
- Improved continuity of care for patients as they are served by regular staff.

Project Title	**Responsible**	**Percent Complete**
Unified Staffing Matrix Between Facilities	Brandi DeFazio	95%

Description:

Develop a staffing plan for JHS, rather than for each facility individually. Take into consideration efficiencies and cross-training in order to staff JHS as an entire system. Address acute or urgent volume needs of each facility that might arise.

Status:

- Staffing analysis has occurred and it has been determined which job classes are most conducive for scheduling across the two facilities.
- The following employee groups are commonly scheduled across the two facilities as needed: Administrators, Pharmacists, Medical Providers, Dentist and Dental Assistant, Disease Intervention Specialists, and Social Workers.
- The following employee groups are commonly scheduled at only one facility, but on occasion are asked to work at the other facility when a critical need arises: Pharmacy Supervisors and Technicians, Registered Nurses, Licensed Practical Nurses, Administrative Specialists II and III, Psychiatric Providers, and Psychiatric Evaluation Specialists.

Expected Benefits:

- JHS staffing is flexible and able to meet the changing needs of the inmate population.
- JHS is able to gain economies of scale by operating as a system comprised of two sites, rather than as two independent sites.

Project Title	Responsible	Percent Complete
Utilization Review Process	Ben Sanders	90%

Description:

Review and update current guidelines for referral. Establish a process of review for all referrals. Develop a system to track referral patterns by site and individual provider. Give feedback to providers based on findings.

Status:

- Criteria for appropriate outside medical referrals were communicated to JHS staff and the Department of Adult and Juvenile Detention (DAJD) leadership in September 2005. The utilization review process confirms that all outside referrals meet the defined criteria.
- The utilization review process has been defined and includes review of a sample (usually a full month of requests) of Medical/Psychiatric Patient Transfer forms, in order to determine whether requests for medical care outside the jail are appropriate. The first data collection sample was obtained in January 2006.
- Data collection and analysis have permitted specific feedback to ordering provider staff regarding the completeness of request forms and clinical data recorded on the forms. These have also permitted meaningful feedback to DAJD leadership regarding whether the volume and type of requests for health care services outside the jail truly represents "necessary care".
- The system for ongoing collection and sharing of data needs to be formalized and a schedule needs to be developed.

Expected Benefits:

- The appropriateness of all referrals for health care outside the jail will be confirmed by a clinical review.
- The number of inappropriate referrals will decrease as providers receive feedback regarding the appropriateness of referrals they made.
- The documentation of referrals will improve as providers receive feedback regarding the completeness of request forms and the quality of clinical data recorded on the forms.

ATTACHMENT C

Description and Expected Benefits of Projects Not Yet Started

1. 3-Day Health Assessments
2. Investigate Pharmacy Consolidation
3. Medical Necessity Committee – ***note***, *in lieu of this an elective surgery guideline, requiring 3rd party review, was developed and the definition of medical necessity was formally defined in the PH/DAJD MOU.*
4. Medical Transcription Cost Benefit Analysis - *to be done in conjunction with the EHR implementation*
5. Uniform Policy - *to be developed in collaboration with labor*
6. Withdrawal Management Protocols

The following tables provide a brief description and an overview of the expected benefits of the 6 clinical practice redesign projects that have not yet been started. Several of these projects - 3-Day Health Assessments, Investigate Pharmacy Consolidation, and Medical Transcription Cost Benefit Analysis – require completion of the ISP or implementation of the EHR in order to be started. In the interim, prior to the establishment of a Medical Necessity Committee, an elective surgery guideline, requiring 3rd party review, was developed and the definition of medical necessity was formally defined in the PH/DAJD MOU.

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Project Title
3-Day Health Assessments
Description:
Establish processes and systems to conduct health assessments in the newly built 9th floor health assessment clinic at KCCF. Plan for 3-day health assessments at RJC. Develop associated policies and procedures.
Expected Benefits:
• A comprehensive health history and physical exam early on in the incarceration process will improve quality and continuity of health care. • There will be fewer medical emergencies because more information is available earlier on in an inmate's incarceration.

Project Title
Investigate Pharmacy Consolidation
Description:
Analyze the feasibility of consolidating the KCCF and RJC pharmacy sites in order to realize potential cost savings through efficiency gains. Operating and staffing two relatively small pharmacies results in expensive backfill when a single employee is out for illness or vacation. Considerations will include: 1. Availability of space; 2. Method for transporting medications between facilities; and 3. Systems to allow prescription orders to be transmitted between facilities.
Expected Benefits:
• Possible cost savings through efficiency gains.

Project Title
Medical Necessity Committee
Description:
Establish a committee to determine scope of practice at JHS, assist with utilization review, and develop best practice guidelines for health care in the jail setting.
Expected Benefits:
• The scope of service provided by JHS will be well defined and prioritized. • Scope of services will be reviewed against best practice guidelines for jail health care and in the context of constitutional minimum standards for health care in correctional facilities. • Utilization review will be done in the context of the defined scope of services for JHS.

Project Title
Medical Transcription Cost Benefit Analysis
Description:
Analyze the benefits of using a medical transcription system for entering provider progress notes into the electronic health record. If decision is made to use medical transcription, determine the most cost effective and efficient method for recording and transcribing provider notes, procure services, provide training, and implement at JHS.
Expected Benefits:
• Possible cost savings if it takes less time for transcription staff to enter provider progress notes. • Possible opportunity for staff efficiency so that medical providers can see more patients.

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Project Title Uniform Policy
Description: Establish a uniform policy for JHS staff including guidelines for purchase and cleaning of uniforms.
Expected Benefits: • JHS staff will be easily recognizable to inmates, Corrections staff, and other individuals working in or visiting the facility. • JHS staff will be professional and consistent in appearance.

Project Title Withdrawal Management Protocols
Description: Review and update current drug and alcohol withdrawal management protocols. Incorporate more active nursing involvement in the assessment and management of withdrawal.
Expected Benefits: • There will be increased oversight, through more nursing involvement, of inmates withdrawing from drugs and alcohol. • Management of drug and alcohol withdrawal will improve as protocols are updated to current, best practice standards.