Why This Audit Is Important

Correctional Health Services (CHS) is dedicated to providing medically necessary, evidence-based, cost-effective integrated health care services to patients in the County jails as they proceed through the judicial process.

We performed this audit to 1) identify opportunities for improvement or optimization in areas critical to service delivery and resource management, and 2) assess effectiveness of controls for ensuring continuity of medical care when patients are released from custody.

Key Findings

- Mapping the medication management process helped highlight opportunities to streamline and control medication sorting and distribution.

- Implementing unique patient identifiers can enhance patient care management and prevent duplicative health assessments.

- Reporting and document retention need improvement to help evidence the application of appropriate patient care procedures.

- Technology integration with other organizations can be enhanced to improve use of patient information and reduce manual processes.

All key findings requiring corrective action were addressed through agreed-upon management action plans.

What We Audited

Below is a summary of work performed and findings. Corresponding recommendations and responses start on page 4. The responses were approved by Tania Lynch, CHS Director, on June 1, 2020. More detailed observations and recommendations were communicated to management throughout the audit process.

Medication Management

Background – Medication costs are one of CHS's highest expenses. Distributing medications to CHS clinics and then to patients requires careful management of patient needs while avoiding waste.

Observations – We reviewed CHS's process for receiving, sorting, and distributing medications to CHS clinics. We found that the process is highly manual, complex, and time intensive. The process also involves security risks with transporting medications and controlled substances. There may be opportunities to improve the sorting and delivery of medications (**Recommendation 1**). To assist CHS with our recommendation, we developed a medication management process flowchart to visually depict the current process, complexity, and critical points that medication follows during the patient care lifecycle.

CHS's medication distribution process is highly manual and complex. A medication management process flowchart was developed to help identify areas for improvement.

Through additional interviews and observations, we found that CHS's medication management analysis procedures are time intensive, lack critical data attributes, or may not be timely. Accurate key performance indicators can be implemented for monitoring medication management (**Recommendation 2**).

Physical Examinations

Background – CHS tracks patients using the booking number created by the Sheriff's Office at intake. CHS is required to conduct a standard physical examination on each patient who has not had a full health assessment in the previous twelve months.

Observations – We reviewed CHS's intake procedures and determined there is no automated mechanism to identify and track patients' health assessments and treatment history across multiple bookings. Using unique patient identifiers instead of booking numbers can enhance patient care management and prevent costly duplicative health assessments. Under its vendor contract, CHS may have the opportunity to add unique patient identifiers within its electronic health record system (TechCare) without incurring additional costs (**Recommendation 3**).

Patient Releases – Coordinated Transitions and Medications

Background – CHS provides community transition planning to assist individuals with health needs as they prepare to return to the community. Transition patient releases require specific coordination across the CHS Community Transition Team, nurses, and community resources. CHS patients prescribed medications while in custody have the option of taking any remaining prescription medication with them upon release. The patient completes a Discharge Medication Release form to indicate their decision.

Observations – We reviewed a sample of patient files to verify that patient release medications were properly handled for patient discharges. In some instances, a Discharge Medication Release form had not been completed; however, in each instance there were no medications identified for the patient.

We found that CHS's did not have reporting functionality to produce a list of all coordinated transition releases for the period tested. Without the ability to identify all coordinated transition releases, we could not demonstrate that CHS followed proper release procedures for transition patients (**Recommendation 4**).

Patient Care – Right to Refuse and Chronic Care

Background – Informed Consent and Right-to-Refuse policies state that a face-to-face visit with a provider is required for patients who refuse care for a chronic condition. When a patient refuses care, CHS staff completes an Informed Consent form, which is also signed by the patient. If the patient refuses to sign the form, two people must witness the refusal and indicate "refused" on the form. In addition, there are requirements regarding follow-up visits.

Observations – We reviewed a sample of patient refusals and were unable to locate all required signatures. After further inquiry, we learned that required signatures were not always retained. We also noted a lack of documentation surrounding chronic care conditions and the procedures followed for the sample of patient refusals. Document retention can help evidence the application of appropriate procedures and may help detect missed medical treatments (**Recommendation 5**).

Electronic Health Record System (TechCare)

Background – CHS has deployed several technology platforms (e.g., applications, supporting database, and end-user portals) to enable real-time patient care information and critical records to serve CHS personnel with critical patient care requirements. These technology platforms are integrated with others administered by the Sheriff's Office and other organizations for more seamless information sharing.

Observations – We interviewed key employees, reviewed applicable documentation, and observed CHS processes. We found that the CHS technology platforms have been insufficiently integrated or have persistent, unresolved integration issues that have limited the efficiency and effectiveness of access to, or use of, critical patient information. In addition, processes have been designed to manually cross-reference information across disparate systems to validate current patient care information and records (**Recommendation 6**).

> *There are opportunities to enhance technology support for CHS operations through establishing automated interfaces with key information systems.*

To assist CHS in identifying the dataflow in and out of its current electronic health record system (TechCare), we provided an Interface Map that specifies each interface point and its key integration details. A traceability matrix template was also provided to assist in capturing additional data specific information helpful in preventing unintended business process impacts from occurring due to interface changes.

Additional Information

This audit was approved by the County Board of Supervisors and was conducted in conformance with International Standards for the Professional Practice of Internal Auditing. This report is intended primarily for the County Board of Supervisors, County leadership, and other County stakeholders. However, this report is a public record and its distribution is not limited. If you have any questions about this report, please contact Mike McGee, County Auditor, at 602-506-1585.

Recommendations and Responses

Recommendations	Responses
1 Identify solutions to improve the sorting and delivery of medications to CHS clinics.	Concur – in progress Implementation of an automated medication process that would provide workflow efficiency, minimize waste, reduce the medication acquisition team workload, reduce the medication administration time, and provide real time reporting. Target Date: 12/31/2021
2 Establish formalized key performance indicators (KPIs) useful in determining and addressing underlying issues related to medication management and administration (e.g., medication waste, diversion, errors, incorrect orders, stock outages).	Concur – in progress Collaboratively, nursing will work with the Quality Management Team on expanding studies/audits regarding the CHS Medication Management process. Key indicators will include, but are not limited to Medication Waste, Diversion and Stock Outages. Target Date: 12/31/2021
3 Review the TechCare contract and amendments to assess opportunities for adding unique patient identifiers and other features to TechCare.	Concur – in progress CHS will continue to work collaboratively with County Procurement to identify existing contract language in support of identifying patients with unique identifiers within the TechCare electronic health record. CHS will also need to partner with MCSO on adding a unique identifier data feed to existing system interfaces between TechCare and MCSO's SHIELD jail management system. A shared patient identifier data feed from MCSO will allow for uniformity in unique identifiers among both systems. In collaboration with County Procurement and MCSO, CHS will then work with NaphCare on implementing a change to the process. Target Date: 12/31/2021

Recommendations	Responses
4 Enhance reporting capabilities to include coordinated transition releases versus routine releases in order to evidence that proper release procedures are followed.	Concur – will implement with modifications In order to enhance reporting capabilities for coordinated transition releases, CHS will develop a new scanned document category within TechCare titled "Scanned Courtesy Release." All coordinated courtesy release forms will be scanned into the patient health record under this title. Once this is developed and implemented, the ability to run a report capturing all coordinated courtesy releases will be easily executed. Target Date: 6/30/2021 Additionally, as the process relates to medications at time of release, CHS will implement metrics to capture how many patients request medications at the time of release from custody, how many leave the facility with medications in hand, and how many decline. Target Date: 6/30/2021
5 Enhance procedures to help ensure proper signatures are obtained when care is refused by a patient. Consider incorporating a required field within the electronic health record system (TechCare).	Concur – will implement with modifications A review of CHS SOP J-G-05- Informed Consent and Right to Refuse, denotes some ambiguity regarding the procedures for obtaining a witness signature when a patient refused treatment or services. As a result, the SOP (J-G-05) will be revised, and staff will be retrained. Also, TechCare will be modified to ensure that the signature is obtained before completing the form. Upon revision of the SOP and staff training, a random sample of refusal data will be tested to ensure that the proper procedures are followed. Target Date: 01/31/2021 - Policy modification 08/31/2020 - TechCare modification 09/30/2020 - Staff training 10/31/2020 - Random sample of refusal data 01/31/2021.

Recommendations	Responses
6 As TechCare is integrated with current/future systems, define all critical data points and system requirements to establish automated and reliable system interfaces, in collaboration with the Sheriff's Office and other interested parties.	Concur – in progress CHS will comprehensively update all interface documentation for SHIELD, Pre-Booking, Health Current, Diamond Pharmacy, OPAL PACS, TD Synergy, Mercy Maricopa and any future interfaces. Along with individual interface documentation, the traceability matrix provided will be utilized to capture all data points and to identify potential points of failure and improve system reliability. Target Date: 9/30/2020