



CSB Audit Update

Law Enforcement and Criminal Justice Interim Committee

October 19, 2022



UTAH DEPARTMENT
UDC
OF CORRECTIONS

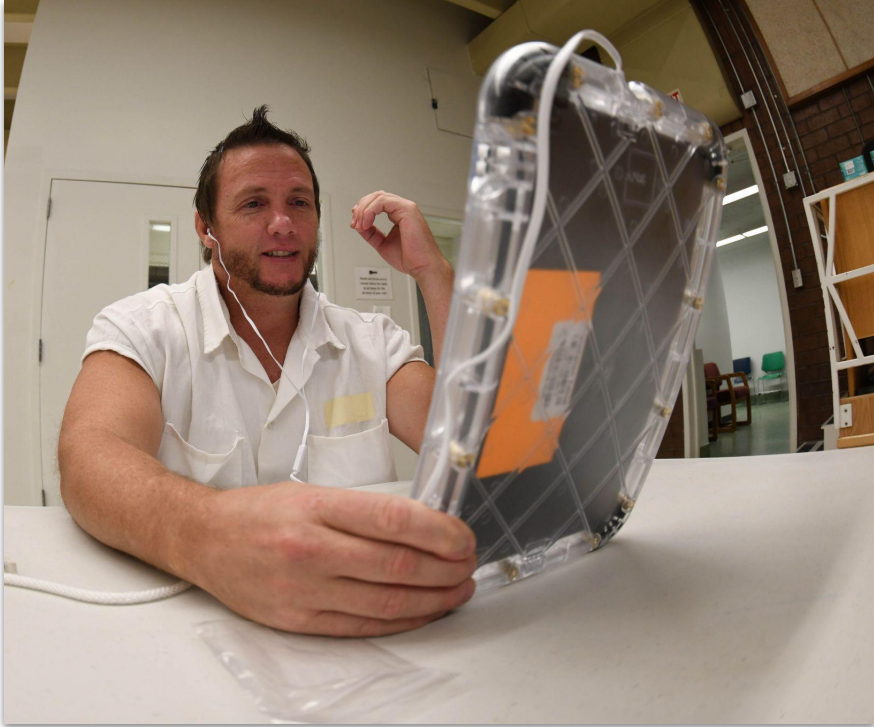


What's New



- New Leadership - New Director and Deputy Director
- New Facility - USCF
- New EHR - Fusion
- New recruitment for Apprentice RNs, Part time RNs, and LPNs to replace EMTs

What's New



- Reduced transports:
 - Implemented telemed at CUCF
 - Increased medical procedures at Gunnison Valley Hospital
- New Senior Business Analyst to manage EHR and all technology needs
- More over the counter medications available through Commissary

Recommendations Implemented

#	Recommendation	Response	Status
2.1	We recommend that the executive director of the Utah Department of Corrections ensure that all recommendations in this audit are adequately implemented.	–Weekly updates	In progress
2.2	We also recommend that the executive director of the Utah Department of Corrections launch an internal review to determine if additional changes not addressed in this report are needed regarding operations and/or staff.	–Field Work begins in April –Planned completion by December 2022	Implemented
2.3	We recommend that the Clinical Services Bureau ensure that providers and other medical staff define the term “monitor” in patient charts with specific parameters on a case-by-case basis.	–Purchase of a new Electronic Health Record with clear monitoring prompts - Fusion –Staff education and Training –Internal Audit tested and verified	Implemented
2.4	We recommend that the Clinical Services Bureau increase oversight to ensure that appropriate case-by-case patient follow-up procedures are being completed.	–All medical, mental health, and dental, review cases monthly. A tracking sheet has been put in place to document the review and findings. –Individual cases are reviewed weekly at provider meetings to provide oversight on outside consults or concerning cases. –The shift commander reports are reviewed for urgent responses or emergency transports. These are logged and reviewed for recommended medications and/or follow ups and consult referrals –Internal Audit tested and verified	Implemented

Recommendations Implemented

#	Recommendation	Response	Status
2.5	We recommend that the Clinical Services Bureau ensure that all patients have access to: <ol style="list-style-type: none"> Appropriate and timely clinical judgments rendered by a qualified healthcare professional. Correct treatments and medications for corresponding diagnoses. 	–All clinical staff are appropriately qualified healthcare professionals with recognized training, licensure (DOPL), and certifications. –Added timely and appropriate care reviews to CQI –Also improved the paper ICR system by adding an accountability component	Implemented
2.6	We recommend that the Clinical Services Bureau follow internal policies and professionally recognized standards regarding the administration of insulin and the oversight of inmates with diabetes.	–Enhanced process for reviewing chronic care needs and added monthly care reviews	Implemented
2.7	We recommend that the Clinical Services Bureau create policies and procedures to effectively manage nutrition and medical care for diabetic patients during disruptions or delays to the normal schedule.	–New policy and procedures developed and implemented for diabetic nutrition and pill lines –Internal Audit tested and verified	Implemented
2.8	We recommend that the Clinical Services Bureau develop policies, where appropriate, that help the organization be more compliant with CDC standards regarding medical issues such as the COVID-19 pandemic.	Added policy language regarding response to pandemics and epidemics in accordance with State and CDC guidelines –Internal Audit tested and verified	Implemented

Recommendations Implemented

#	Recommendation	Response	Status
3.1	We recommend that the Clinical Services Bureau ensure that the use of emergency medical technicians in the prison is consistent with state statutes and best practices, and that licensed nurses (or other qualified medical professionals) are used in situations that require a level of skill and knowledge beyond what an EMT is certified for.	–New recruitment for Apprentice RNs, Part time RNs, and LPNs to replace EMTs	Implemented
3.2	We recommend that executive management at the Utah Department of Corrections ensure that personnel in the Clinical Services Bureau fully comply with required NCCHC standards	–Continued work towards NCCHC accreditation preparation and review of standards –Pre-Audit Oct. 12-14 –First quarter audit in 2023 –Internal Audit tested and verified	In progress
3.3	We recommend that the Clinical Services Bureau ensure compliance with statute regarding the protection of personal health information	–Implemented quarterly training –Added AAA agreement in UPM –Internal Audit tested and verified	Implemented
3.4	We recommend that the Clinical Services Bureau follow the inmate handbook regarding copays for mental health services.	–Revised process to ensure no MH copays are assigned per the Inmate Handbook –Internal Audit tested and verified	Implemented

Recommendations Implemented

#	Recommendation	Response	Status
4.1	We recommend that the Clinical Services Bureau follow Utah Administrative Rule when implementing incentive programs.	–Switched from bonus pay to shift differential pay –Quarterly meetings with HR representative to review payroll agreements. –Internal Audit tested and verified	Implemented
4.2	We recommend that the Clinical Services Bureau be transparent with the Legislature in how program funds are being used.	–Highlighted for the LFA where funds for unfilled FTEs is used to cover the cost of medical care. –Process in place to notify annually	Implemented
4.3	We recommend that the Clinical Services Bureau create meaningful performance metrics that reflect program activity.	–Developed new reporting measures in line with NCCHC standards –Coordinated with GOPB and LFA	Implemented
4.4	We recommend that the Clinical Services Bureau ensure that its formulary, procedures, policies, and training materials are all up to date.	–Revised policies and policy review processes including annual formulary review –Updated training materials –Internal Audit tested and verified	Implemented

UDC Internal Audit

- Objectives:

1. OLAG recommendations follow-up and testing of improvements
2. RN Retention - staff engagement survey
3. Fusion Data Migration - data cleanup and testing
4. Use of Medical Information Release Form

- Findings and Improvements

- Training updates and online access/tracking
- Identified retention issues and preferences of RNs
- Provided real-time prescription data testing
- Worked closely with CSB and Fusion to resolve any data inconsistencies quickly
- 219 inmates have completed this form since March

Implementation of Recommendations

- 16 total recommendations
 - 14 implemented
 - 2 in progress
- Internal Audit Review: Completed by December 2022
- NCCHC Resource Team: October 12-14, 2022 (Pre-audit)
- NCCHC Audit: First Quarter 2023
- OLAG Follow-up Audit: Entrance Meeting Oct 6, 2022



Questions?

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