Report No. 2023-01

An In-Depth Follow-Up of

Healthcare in State Prisons

Office of the Legislative Auditor General

Report to the **UTAH LEGISLATURE**

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April 12, 2023

TO: THE UTAH STATE LEGISLATURE

Transmitted herewith is our report:

AN IN-DEPTH FOLLOW-UP OF HEALTHCARE IN STATE PRISONS [Report #2023-01].

An audit summary is found at the front of the report. The scope and objectives of the audit are included in the audit summary. In addition, each chapter has a corresponding chapter summary found at its beginning.

This audit was requested by the Audit Subcommittee.

We will be happy to meet with appropriate legislative committees, individual legislators, and other state officials to discuss any item contained in the report in order to facilitate the implementation of the recommendations.

Sincerely,

Kade Minchey

Kade R. Minchey, CIA, CFE

Auditor General

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LEGISLATIVE AUDITOR GENERAL

AUDIT SUMMARY

REPORT #2023-01 | April 2023

Office of the Legislative Auditor General | Kade R. Minchey, Auditor General

PERFORMANCE AUDIT

AN IN-DEPTH FOLLOW-UP OF HEALTHCARE IN STATE PRISONS

AUDIT REQUEST

The Legislative Audit Subcommittee requested an in-depth follow-up of "*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)" to evaluate the implementation status of each recommendation listed in the previous audit. This report also examines additional areas of concern that were identified during our follow-up review.

BACKGROUND

The previous audit raised concerns regarding systemic deficiencies within the Clinical Services Bureau (Bureau or prison medical). These concerns included a lack of follow-up and patient monitoring, inadequate monitoring of diabetic inmates, insulin distribution not meeting professionally recognized standards, noncompliance with national accreditation standards, and a need to improve administrative oversight. The 2021 audit identified 16 recommendations – 13 for the Bureau and three for the Utah Department of Corrections (UDC). We reviewed all but three recommendations which require a medical background; therefore, we refer to the Department of Health and Human Services (DHHS) for additional follow-up review.

KEY FINDINGS

- 1.1 Of the 13 recommendations we reviewed, four recommendations have been implemented, eight are in process, and one has been partially implemented; contrary to what UDC reported to the Legislature on October 19, 2022.
- 2.1 Cultural challenges have created and perpetuated systemic deficiencies.
- 2.2 A lack of accountability and undefined processes contribute to the culture of noncompliance.
- 3.1 Administered medication is not documented as required.
- 3.2 Ongoing supervision and monitoring of emergency medical technicians (EMTs) is still lacking.
- 3.3 Multiple factors negatively impacted the implementation of a new electronic record system.

Not All Recommendations Have Been Adequately Implemented

Of the 13 recommendations we reviewed in this in-depth follow-up audit, four recommendations have been implemented, eight are in process, and one has been partially implemented. This is an

RECOMMENDATIONS

- The Clinical Services Bureau should review and examine common operations and processes for the purpose of creating and developing standard operating procedures.
- Clinical Services Bureau management should establish a system of accountability including ongoing follow-ups and regular employee performance evaluations regarding compliance with Bureau policy and newly developed standard operating procedures.
- Clinical Services Bureau management should, in collaboration with DHHS, make the necessary changes to align culture more appropriately with Bureau strategy and processes.

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REPORT SUMMARY

improvement from our initial observations as this follow-up audit acted as a catalyst for change. However, we found that most problems persist despite Bureau and senior management's corrective efforts.

Management Needs to Address Aspects of Organizational Culture to Ensure Quality Care

Current Bureau management, including senior management, have demonstrated a commitment to improvement and change; however, despite corrective action, problems persist. One of the primary objectives of this follow-up audit was to identify the root cause as to why these issues remain.

We observed a culture of noncompliance that needs to be overcome to ensure quality care and improved patient outcomes. Although there are dedicated medical professionals in the Bureau working to provide quality care, these efforts can be overshadowed by others that lack the same level of professionalism.

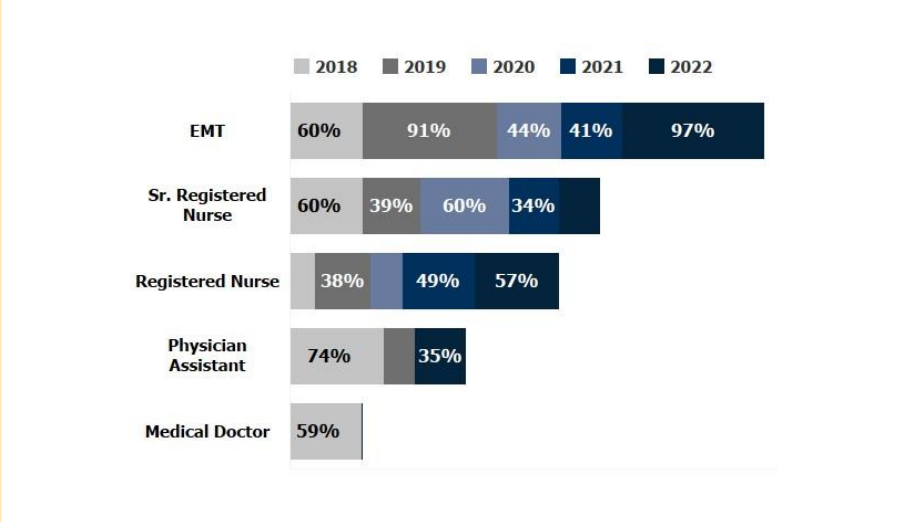
We believe one of the primary outcomes that may result from ongoing noncompliance includes increased risk associated with the lack of adherence to safety and proper protocols. In this report, we address cultural weaknesses within the Bureau while encouraging Bureau management to continue establishing a system of accountability.

New and Continuing Systemic Deficiencies Warrant Additional Recommendations

We found three new areas of concern that warranted four additional recommendations. These new areas were not identified in the 2021 audit report. We found instances of inadequate charting, or documentation, of administered medications at the Utah State Correctional Facility (USCF or Salt Lake prison site). Additionally, we identified concerns with insufficient supervision and oversight of EMTs performing delegated tasks, as well as implementation and compatibility issues associated with the electronic health record (EHR) system.

Prison Medical Has Experienced Significant Turnover Across Multiple Positions

We requested employee turnover data from the Division of Human Resource Management (DHRM) to analyze employee turnover rates for the past five years. We found that multiple positions experienced significant levels of turnover with EMTs experiencing a 97 percent turnover rate in 2022. The Bureau needs to address the issue of employee retention. However, until the Bureau adequately addresses issues associated with cultural noncompliance, employees that lack individual accountability and professionalism place a heavier burden on other, more dedicated medical staff—which can affect employee retention and invalidate recruiting efforts.



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CHAPTER 1 Summary

Systemic Deficiencies in Utah's Prison Healthcare System Remain

BACKGROUND

We were asked to perform an in-depth follow-up audit of "*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)." The previous audit contains 16 recommendations; however, because we did not procure a medical consultant for this follow-up audit, recommendations 2.3 through 2.5 are left to Department of Health and Human Services (DHHS) medical staff for additional follow-up and review. In this chapter, we report on the implementation statuses of the remaining 13 recommendations found in the previous audit. These implementation statuses are a significant improvement from our initial observations when we began this review. For example, this follow-up audit served as a catalyst for improvement as Bureau management took corrective action based on regular update meetings with our audit team.

Recommendation	Agency Reported Status*	OLAG Implementation Status
2.1 Ensure that all recommendations are adequately implemented.	In Process	In Process
2.2 Launch an internal review to determine if additional changes regarding operations and/or staff are needed.	Implemented	Implemented
2.6 Follow internal policies and professionally recognized standards regarding the administration of insulin and the oversight of diabetic inmates.	Implemented	In Process
2.7 Create policies and procedures to effectively manage nutrition and care for diabetics during disruptions or delays to the normal schedule.	Implemented	Implemented
2.8 Develop policies that help the organization be more compliant with CDC standards regarding medical issues such as the COVID-19 pandemic.	Implemented	Implemented
3.1 Ensure the use of EMTs is consistent with statute and best practices, and that nurses or qualified medical professionals are used when required.	Implemented	In Process
3.2 Ensure that personnel in the Clinical Services Bureau fully comply with required NCCHC standards.	In Process	In Process
3.3 Ensure compliance with statute regarding the protection of personal health information.	Implemented	In Process
3.4 Follow the inmate handbook regarding copays for mental health services.	Implemented	In Process
4.1 Follow Utah *Administrative Rule* when implementing incentive programs.	Implemented	Implemented
4.2 Be transparent with the Legislature in how program funds are being used.	Implemented	Partially Implemented
4.3 Create meaningful performance metrics that reflect program activity.	Implemented	In Process
4.4 Ensure that the Clinical Services Bureau's formulary, procedures, policies, and training materials are all up to date.	Implemented	In Process

** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

Chapter 1
Systemic Deficiencies in Utah's Prison Healthcare System Remain

1.1 Not All Recommendations Have Been Adequately Implemented

This in-depth follow-up audit was requested by the Legislative Audit Subcommittee in its April 2022 meeting. The request followed the release of audit report, "*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)." The 2021 audit report identified 16 recommendations – 13 for the Clinical Services Bureau (Bureau or prison medical), and three for the Utah Department of Corrections (UDC). This chapter of the follow-up audit summarizes the implementation status for 13 of the 16 recommendations from the 2021 audit.

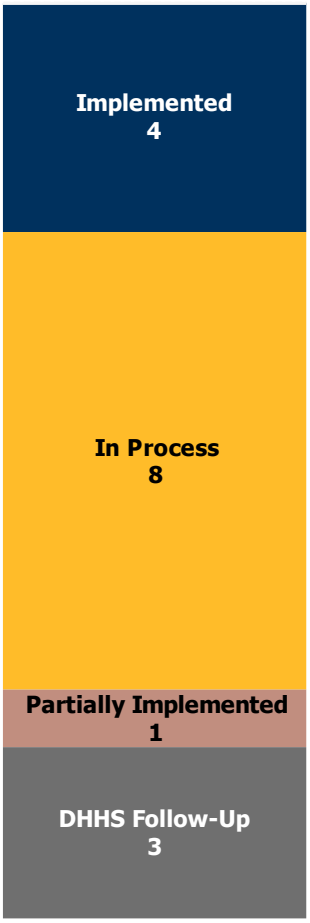
We did not procure a medical consultant for this follow-up audit; therefore, three of the previous audit's recommendations require additional follow-up by medical staff of the Department of Health and Human Services (DHHS). These recommendations require specialized medical skill and knowledge, as they address issues such as clinical judgments, correct treatments, and correct medications. That said, concerns remain regarding the three recommendations that we were not able to review. For example, two of the remaining 13 recommendations were reported to the Legislature as "in process" and the other 11 recommendations were reported as "implemented." Conversely, we found that nine of the 11 recommendations reported as "implemented" were either still in process or partially implemented; however, through management's efforts, a total of four recommendations have since been implemented. Recently, DHHS has been involved in the oversight and delivery of healthcare services for incarcerated individuals in Utah's prison system. Their involvement provides an opportunity for independent medical staff to conduct a review of the three recommendations deemed to require a specialized background.

We did not procure a medical consultant for this follow-up audit; therefore, three of the previous audit's 16 recommendations require additional follow-up by DHHS medical staff.

Two of the 13 recommendations were reported to the Legislature as "in process" and the other 11 recommendations were reported as "implemented." Conversely, we found that nine of the 11 recommendations reported as "implemented" were either still in process or partially implemented.

As of March 2023, four recommendations have been implemented, eight are in process, one has been partially implemented, and three require additional follow-up by DHHS medical staff.

The implementation statuses reported to the left below represent a significant improvement from our initial observations when we began this review. For example, this follow-up audit served as a catalyst for improvement as Bureau management took corrective action based on regular update meetings with our audit team. These changes along with UDC's report to the Legislature in October 2022 will be discussed in greater detail throughout this chapter.



Although management, including senior management, have been working to correct these issues, we found that most of the problems still persist. However, we do note several administrative changes within the Bureau that had an impact on the organization. A timeline can be found in Appendix B of this report.

Although management, including senior management, has been working on correcting these issues, we found that most of the problems still persist.

This follow-up audit report is outlined in the following way:

- Chapter 1 provides detail on the implementation statuses of each recommendation from the December 2021 audit report
- Chapter 2 provides information on what we believe to be the root cause of persistent and systemic issues, which is a culture of noncompliance
- Chapter 3 details new areas of concern we found while conducting our follow-up review

By way of introduction, there are two prison sites in the state of Utah: (1) the Central Utah Correctional Facility (CUCF or Gunnison prison site) located in Gunnison, Utah, and (2) the Utah State Correctional Facility (USCF or Salt Lake prison site), which was recently relocated from Draper to Salt Lake City. In the December 2021 audit, we evaluated each prison site independently. However, during our follow-up review, we found that the Gunnison prison site has shown improvements including a third diabetic pill line[1] and ensuring that all new intakes are seen for a medical assessment within the seven-day accreditation standard of the National Commission on Correctional Health Care (NCCHC). For these reasons, this follow-up audit is primarily focused on the delivery of healthcare at the Salt Lake prison site unless otherwise indicated.

[1] Pill lines are designated places in the prison facility where inmates who require medications that must be more carefully monitored are given their daily dosages.

Chapter 2 Recommendations and Associated Implementation Statuses

Chapter 2 of the 2021 audit report focused on the adequacy and appropriateness of healthcare given to inmates. Sampled cases from the 2021 medical review revealed some substantial concerns that indicated a need to repair key areas of the deficient healthcare system in Utah prisons. In this follow-up review, we evaluated five of the eight recommendations in Chapter 2 of the 2021 audit report. Of those, three have been implemented and two are in process. The remaining three recommendations require additional follow-up by DHHS medical staff.

The remainder of this section lists each recommendation, the implementation status reported by UDC, and the Office of the Legislative Auditor General's (OLAG's) determined implementation status for every Chapter 2 recommendation listed in the 2021 audit.

Recommendation	Agency Reported Status*	OLAG Implementation Status
2.1 Ensure that all recommendations are adequately implemented.	In Process	In Process
2.2 Launch an internal review to determine if additional changes regarding operations and/or staff are needed.	Implemented	Implemented

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

Due to the nature of the findings in the 2021 audit, we recommended that the executive director of UDC take steps to ensure that all recommendations were adequately implemented. Building on this recommendation, we also recommended that the executive director launch an internal review to determine if additional changes regarding operations and/or staff were needed. In response to the December 2021 audit, the executive director of UDC directed the agency's Internal Audit Bureau to conduct an internal review of the Clinical Services Bureau. This internal review was not complete at the time of UDC's presentation to the Legislature, but they reported that two of the 13 recommendations were "in process" and that the other 11 recommendations were "implemented." Conversely, we found that nine of the 11 recommendations reported as "implemented" were either still in process or partially implemented; however, through management's efforts, four recommendations have since been implemented. We include the implementation statuses from UDC's presentation to the Legislature in this chapter for two reasons: (1) to ensure that accurate

information is being reported to the Legislature, and (2) to illustrate the culture of noncompliance and lack of accountability.

Recommendation	Agency Reported Status*	OLAG Implementation Status
2.3 Define the term "monitor" in patient charts with specific parameters on a case-by-case basis.	Implemented	DHHS Follow-up Needed
2.4 Increase oversight to ensure that appropriate case-by-case patient follow-up procedures are being completed.	Implemented	DHHS Follow-up Needed
2.5 Ensure that all patients have access to: a. Appropriate and timely clinical judgements rendered by a qualified healthcare professional b. Correct treatments and medications for corresponding diagnoses.	Implemented	DHHS Follow-up Needed

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

In the 2021 audit, we contracted with a medical provider and public health expert to assist us in a medical review of sampled cases. The review found that inappropriate or inadequate medical care was given in about one in every six sampled cases (76 cases from 47 unique inmates). Moreover, a lack of follow-up and patient monitoring was identified in nearly one-third of all sampled cases. Due to potential administrative changes with DHHS involvement, we elected not to procure a medical consultant for this follow-up audit. Therefore, to ensure that these three recommendations have been adequately implemented, we recommend that medical staff from DHHS sample and review medical cases to determine if inmates are receiving appropriate and adequate care.

Recommendation	Agency Reported Status*	OLAG Implementation Status
2.6 Follow internal policies and professionally recognized standards regarding the administration of insulin and the oversight of inmates with diabetes.	Implemented	In Process

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

It Is Concerning That the Time Gap Between Insulin Distribution and Mealtime Has Grown Since the Previous Audit. In the 2021 audit, we found that insulin was not being administered according to professionally

recognized standards. The American Diabetes Association (ADA) recommends that regular insulin be administered 30 minutes before eating. Similarly, medical staff are trained to administer insulin within 30 minutes of mealtime. Significant deviations from this 30-minute standard could result in serious complications. To mitigate the amount of time between insulin distribution and mealtime, Bureau management implemented the control whereby carbohydrates are distributed to diabetic inmates during pill line. However, this practice remains largely inconsistent and continues to be a risk area.

It is important to note that we did not conduct full-scale audit work in this area. Instead, we sufficiently tested controls to assess the status of the recommendation. Based on our assessment, we concluded that the recommendation is not yet implemented, and, in some cases, the problem has grown even worse. Determining the full extent of the problem would require a more comprehensive audit. UDC and DHHS should continue to work to ensure that all recommendations are adequately implemented.

The 2021 audit documented diabetic inmates waiting more than 92 minutes between insulin and mealtimes. This follow-up review saw inmates waiting around 110 minutes.

Our conclusions are based on 20 observations[2] from five separate pill lines at four different housing units. We observed 16 inmates receive insulin outside of the 30-minute standard. The average wait-time between insulin distribution and mealtime for all 20 observations was roughly 68 minutes—which is more than double the 30-minute standard. For comparison, the 2021 audit documented inmates waiting more than 92 minutes between insulin and mealtimes, whereas our follow-up review saw inmates waiting around 110 minutes between insulin and mealtimes. Emergency medical technicians (EMTs) did not offer food or carbohydrates in most of these instances. Long wait times could be especially problematic for new intakes and inmates with behavioral concerns who do not have access to food items though prison commissary,[3] which is considered a privilege based on behavior. Working with DHHS, UDC should ensure that the standards of care are being met. The evaluation of standards, such as those established by the ADA and the Federal Bureau of Prisons, should also be considered.

Regulating Inmates with Diabetes Continues to Be Problematic. In the 2021 audit, we identified concerns involving diabetic inmates not receiving adequate monitoring or proper treatment from medical staff. Although most diabetic inmates reportedly have a glucometer to help them self-monitor their blood sugar levels, new intakes and inmates with behavioral concerns who do not have access to food beyond routine meals are largely dependent on prison medical staff for care. We examined glucometer readings of new diabetic intakes

[2] Regular or short-acting insulin was administered in 16 of the 20 observations. Regular insulin usually reaches the bloodstream within 30 minutes after injection, peaks anywhere from two to three hours after injection, and is effective for approximately three to six hours. Types of regular insulin include Human Regular (Humulin R, Novolin R, and Velosulin R).

[3] Commissary offers products for sale such as packaged food items, writing materials, electronics, additional hygiene products, arts and craft supplies, and approved clothing items.

and saw more than 50 instances of blood sugar readings that were well above or below what the ADA recognizes as a normal reading. For example, we observed a critically low blood sugar reading for a new intake who was not approved for food beyond scheduled mealtimes (commissary) and did not qualify for a "PM Box."[4] Compliance issues regarding controls implemented by Bureau management are addressed in Chapter 2 of this report.

In response to the 2021 recommendation to follow internal policies and professionally recognized standards regarding the administration of insulin and the oversight of inmates with diabetes, the Bureau opted to begin a third pill line to offer insulin more frequently to those who need it; however, this was only implemented at the Gunnison prison location.

Recommendation	Agency Reported Status*	OLAG Implementation Status
2.7 Create policies and procedures to effectively manage nutrition and medical care for diabetic patients during disruptions or delays to the normal schedule.	**Implemented**	**Implemented**
2.8 Develop policies, where appropriate, that help the organization be more compliant with CDC standards regarding medical issues such as the COVID-19 pandemic.	**Implemented**	**Implemented**

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

Initially, internal policy amendments were insufficient, incomplete, and failed to communicate critical updates to custody staff.

At the beginning of this in-depth follow-up review, we found that internal policy amendments were insufficient, incomplete, and failed to communicate critical updates to custody staff. As a result of this follow-up audit, internal policy was amended (in collaboration with custody) to develop a well-defined process to care for diabetic inmates during disruptions or delays to the normal schedule.

Similarly, our review of recommendation 2.8 provided an opportunity for Bureau management to meet with experts from DHHS to adjust and improve the newly created COVID-19 pandemic policies and procedures. Since then, the policy has been revised to reflect the recommended changes more appropriately.

[4] A PM box includes additional food items to help diabetic inmates regulate their blood sugar levels throughout the night. To qualify for a PM box, an inmate must receive a treatment order from a provider.

Chapter 3 Recommendations and Associated Implementation Statuses

Chapter 3 of the 2021 audit report emphasized ways that Bureau management could improve compliance with statute and standards. The four recommendations from Chapter 3 of the 2021 audit address compliance with statute, NCCHC standards, and internal policies and procedures, as well as the inmate handbook. We evaluated all four compliance recommendations and found that all four recommendations are in process of being implemented. The remainder of this section outlines each recommendation, UDC's implementation status, and OLAG's implementation status for every Chapter 3 recommendation listed in the 2021 audit.

Recommendation	Agency Reported Status*	OLAG Implementation Status
3.1 Ensure that the use of EMTs is consistent with state statutes and best practices, and that nurses or qualified medical professionals are used in required situations.	Implemented	In Process

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

During this in-depth follow-up review, we became concerned that EMTs were not receiving the level of supervision and oversight required by *Administrative Rule* for delegated tasks. These conclusions are based on our observations of the lack of documentation for controlled substances, administered medications, and insulin. We believe that opportunities exist to increase the level of supervision and monitoring that EMTs receive to be more consistent and compliant with *Administrative Rule* requirements. These concepts are discussed in greater detail in Chapter 3 of this report.

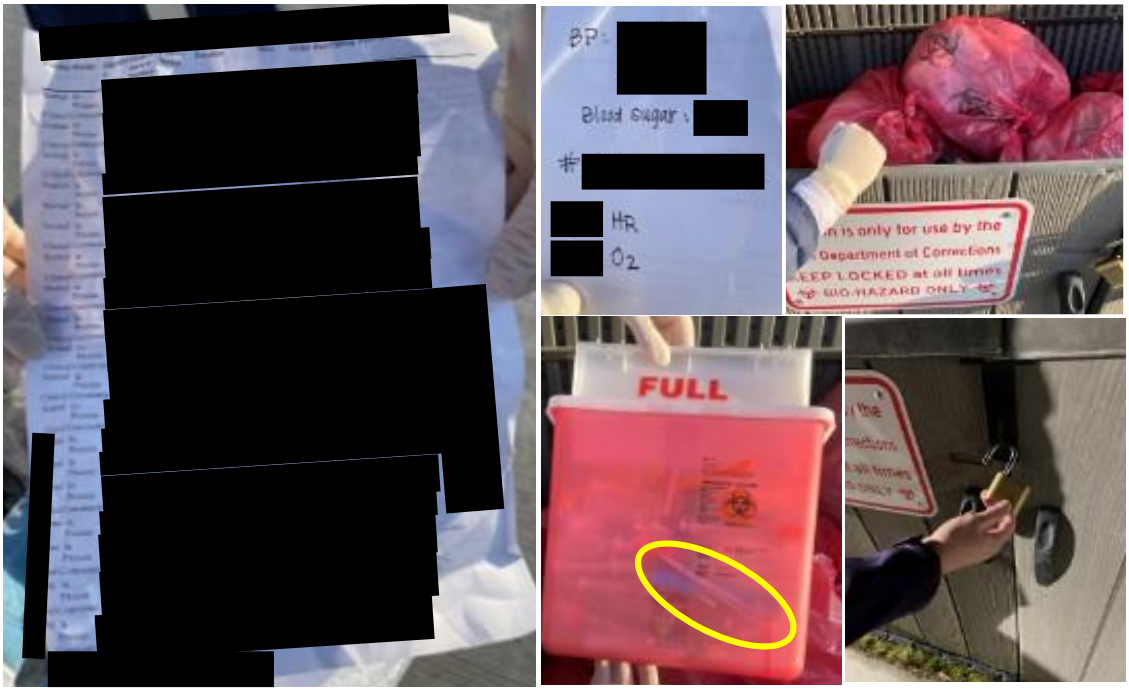
Recommendation	Agency Reported Status*	OLAG Implementation Status
3.2 Ensure that personnel in the Clinical Services Bureau fully comply with required NCCHC standards.	In Process	In Process
3.3 Ensure compliance with statute regarding the protection of personal health information.	Implemented	In Process

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

NCCHC is the official accreditation body for UDC. Per statute, the Bureau is required by ***Utah Code 64-13-39*** to apply for and meet all accreditation requirements set by NCCHC. Each standard is classified as either "essential" or "important." There are 39 essential standards and 21 important standards. NCCHC accredits facilities that demonstrate 100 percent compliance with applicable essential standards and 85 percent compliance with applicable important standards. The previous audit identified seven essential standards that were deficient and in need of corrective action. Appendix A of this follow-up report provides a status update on each of the seven essential standards from the 2021 audit report while also expounding upon any additional compliance issues relating to other essential standards.

Unprotected Personal Health Information and Unsecured Biohazard Bins Still Pose a Significant Risk. Over a 12-week period, we found personal health information (PHI)[5] relating to medical, mental health, and dental in the dumpsters of three different facilities at the Salt Lake prison site. Figure 1.2 shows examples of PHI that were found.

Figure 1.1 Unprotected Personal Health Information and Unlocked Biohazard Bins Were Found at Multiple Locations throughout the Salt Lake Prison Site. PHI such as provider assessment notes and a treatment sheet were found in dumpsters. An unlocked biohazard bin containing scissors, needles, and other sharp medical equipment was found in an area of the prison that is accessible by inmates.



Source: Auditor generated

[5] Statute defines records containing data on individuals describing medical history, diagnosis, condition, treatment, evaluation, or similar medical data as protected personal health information.

Bureau management has been proactive in attempting to correct the PHI issue; however, medical staff have failed to follow management directives suggesting that the root cause of persisting problems such as PHI, stems from a general disregard for rules and policies. Chapter 2 of this follow-up audit report attempts to address the culture of noncompliance while encouraging UDC to develop a system of accountability.

We also found biohazard bins left unlocked on three separate occasions. These bins often contain sharp medical instruments such as scissors and needles, as well as other hazardous medical waste such as blood and urine samples, which could pose a serious health and safety risk. This is especially concerning because one of the unlocked biohazard bins is in an area that is accessible by inmates.

Bureau management was alerted each time PHI was found and each time a biohazard bin was found unlocked. Despite management's efforts to fix these problems, we continued to find PHI that was not securely discarded. Bureau management should engage with medical staff to directly address problems associated with the improper disposal of PHI and unsecure biohazard bins.

Recommendation	Agency Reported Status*	OLAG Implementation Status
3.4 Follow the inmate handbook regarding copays for mental health services.	**Implemented**	**In Process**

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

The previous audit found that the Bureau had been charging inmates copays for mental health services, contrary to what is described in the inmate handbook. After analyzing the available data from January to June 2022, we found at least six instances where inmates were charged copays for mental health services. We learned that after the prison moved from Draper to Salt Lake City, the new electronic health record (EHR) system was unable to charge copays for medical services and prescriptions for nearly three months. Data from November and December 2022 did not show any mental health copay charges. As such, we are hopeful that this recommendation has been implemented as management is working on this issue. However, more time and data are needed to make an absolute determination regarding this recommendation.

Chapter 4 Recommendations and Associated Implementation Statuses

Chapter 4 of the 2021 audit report addressed issues such as administrative oversight and financial transparency. Of the four recommendations from that chapter, one has been implemented, two are in process, and one has been partially implemented. The remainder of this section outlines each

recommendation, UDC's implementation status, and OLAG's implementation status for every Chapter 4 recommendation listed in the 2021 audit.

Recommendation	Agency Reported Status*	OLAG Implementation Status
4.1 Follow Utah *Administrative Rule* when implementing incentive programs.	**Implemented**	**Implemented**

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

According to *Administrative Rule*, individual awards may not exceed $4,000 per pay period and $8,000 in a fiscal year, except when approved by DHRM and the governor. The previous audit found multiple instances where individual members of medical staff exceeded incentive thresholds for both the fiscal year and pay period without the required permissions. Upon reviewing financial data for the past fiscal year, we found that no employees received incentive bonuses above the threshold set by *Administrative Rule*. Additionally, in the previous audit, we found that a temporary EMT retention incentive program had continued past its intended timeframe without proper documentation. However, this incentive program is no longer offered to EMTs.

Recommendation	Agency Reported Status*	OLAG Implementation Status
4.2 Be transparent with the Legislature in how program funds are being used.	**Implemented**	**Partially Implemented**

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

In an attempt to be more transparent with the Legislature, UDC financial staff have adopted the practice of sending an annual email to the Office of the Legislative Fiscal Analyst. The email generally explains that the cost savings from vacant/unfilled positions have been reallocated to offset other costs such as external provider costs. While the formal update email is a step toward transparency, the email fails to provide necessary details as to the number of vacant positions, the dollar value of the reallocated funds, or how the reallocated funds are being used. The intent of the 2021 recommendation is increased transparency; therefore, providing greater detail to the Legislature will assist the fiscal analyst assigned to UDC with any budgetary or financial evaluations.

Recommendation	Agency Reported Status*	OLAG Implementation Status
4.3 Create meaningful performance metrics that reflect program activity.	**Implemented**	**In Process**

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

The 2021 audit found that the Bureau's performance metrics did not reflect actual program operations. At the outset of this follow-up audit, we found that the performance metrics for the Bureau had not changed, and that the performance metrics reported to the Legislature for fiscal year 2022 were the same performance metrics reported the year prior. As a result of this follow-up audit, new performance metrics were developed in collaboration with DHHS and submitted to the Legislature for approval. The new performance metrics focus on new intakes and mirror the standards put in place by NCCHC. As such, these new metrics will provide a more reasonable measure of the Bureau's performance. However, we believe that the Bureau should work to bolster its performance metrics to meet more aspects of its program activities and objectives, as outlined in the Utah Governor's Office of Planning and Budget and the Utah Office of the Legislative Fiscal Analyst's *Performance Measurement Playbook*. A more holistic approach to performance metrics will provide the Legislature and the public with measures that capture the Bureau's objectives and better assess the quality of care being provided.

Recommendation	Agency Reported Status*	OLAG Implementation Status
4.4 Ensure that the Clinical Services Bureau's formulary, procedures, policies, and training materials are all up to date.	**Implemented**	**In Process**

Source: Auditor generated
** As reported to the Law Enforcement and Criminal Justice Interim Committee on October 19, 2022.*

For accreditation purposes, the Bureau is required by NCCHC to review its healthcare policies and procedures annually. In the 2021 audit, we found that the Bureau's formulary,[6] procedures, policies, and training materials had not been updated for several years and contained outdated information. Although Bureau management has since updated its policies and formulary, its procedures and orientation manual have not yet been updated. This is especially important because the Bureau has undergone significant changes including a new location

[6] A formulary is a list of brand name and generic prescription drugs that are approved to be prescribed by a particular health insurance policy.

and a new EHR system, neither of which is reflected in existing materials. To ensure that medical staff have adequate resources, the Bureau should work to update its procedures and training materials.

CHAPTER 2 Summary

Several Aspects of Organizational Culture Need to Be Addressed by Management to Ensure Quality Care

BACKGROUND

To better understand why previous recommendations had not been implemented as reported, we examined the methods, behaviors, and processes of the Clinical Services Bureau (Bureau or prison medical) to identify organizational strengths and weaknesses. We observed a culture of noncompliance that needs to be overcome to ensure quality care and improved patient outcomes. In this type of culture, employees may be less likely to comply with established norms and regulations, which could result in inadequate medical care. This report documents the culture of noncompliance. More specifically, this chapter addresses cultural weaknesses within the Bureau while encouraging Bureau management to continue establishing a system of accountability.

FINDING 2.1
Cultural challenges have created and perpetuated systemic deficiencies.

RECOMMENDATION 2.1
We recommend that Clinical Services Bureau management ensure that medical staff are collecting and entering all inmate healthcare requests according to internal policy and NCCHC standards.

RECOMMENDATION 2.2
We recommend that Clinical Services Bureau management engage with medical staff to address inmate healthcare request related issues including healthcare requests not being entered into the electronic health record system.

FINDING 2.2
Lack of accountability and undefined processes contribute to a culture of noncompliance.

RECOMMENDATION 2.3
We recommend that the Clinical Services Bureau review and examine common operations and processes for the purpose of creating and developing standard operating procedures.

RECOMMENDATION 2.4
We recommend that Clinical Services Bureau management establish a system of accountability including ongoing follow-ups and regular employee performance evaluations regarding compliance with Bureau policy and newly developed standard operating procedures.

RECOMMENDATION 2.5
We recommend that Clinical Services Bureau management, in collaboration with DHHS, make the necessary changes to align culture more appropriately with Bureau strategy and processes.

CONCLUSION

The Department of Health and Human Services (DHHS) has recently been involved in the oversight and delivery of healthcare services for incarcerated individuals in Utah's prison system. We believe that a dramatic change needs to continue to address the culture of noncompliance at UDC. Current Bureau management, in collaboration with DHHS administration, should develop a full-scale plan to address and correct cultural issues.

Chapter 2
Several Aspects of Organizational Culture Need to Be Addressed by Management to Ensure Quality Care

2.1 Cultural Challenges Have Created And Perpetuated Systemic Deficiencies

The December 2021 audit concluded that the primary reason for the Clinical Services Bureau's (Bureau or prison medical) systemic deficiencies was inadequate oversight from multiple levels of personnel. While inadequate oversight was identified as a primary cause in the 2021 audit, underlying causes can be multifaceted. A root cause analysis identifies underlying reasons certain conditions exist. To better understand why previous recommendations had not been implemented as reported, we examined the methods, behaviors, and processes of prison medical to identify organizational strengths and weaknesses. Current Bureau management, including senior management, have demonstrated a commitment to improvement and change; however, despite corrective action, problems persist. Therefore, one of the primary objectives of this follow-up audit was to identify the root cause of why these issues remain.

Current Bureau management, including senior management, have demonstrated a commitment to improvement and change; however, despite corrective action, problems persist.

Compliance is crucial to ensure safety, integrity, and ethical behavior at all levels of an organization. Alternatively, we observed ongoing issues of noncompliance that need to be overcome to ensure quality care and improved patient outcomes. In a culture of noncompliance, employees may be less likely to comply with established norms and regulations, which can result in inadequate medical care. A culture of noncompliance can arise for various reasons, such as a lack of leadership, a lack of accountability, a lack of training, a lack of understanding or buy-in for the rules, or a sense that the rules are arbitrary or unfair.

In a culture of noncompliance, employees may be less likely to comply with established norms and regulations, which can result in inadequate medical care.

The Bureau's current administration is committed to improving healthcare services and has worked closely with custody, executive management, internal audit, and our audit team to address accountability issues and implement recommendations from the previous audit. However, despite management efforts, cultural challenges have created systemic deficiencies, perpetuated existing systemic deficiencies, and continue to impact the level of care provided. Although there are dedicated medical professionals in the Bureau working to provide quality care, these efforts can be overshadowed by others in the Bureau

who lack the same level of professionalism. Internal and external challenges such as the hazardous work environment, employee turnover, and competitive compensation packages from outside groups have made it difficult for management at the Utah Department of Corrections (UDC) to achieve a cultural change.[7] That said, management is ultimately responsible for changing the culture in a way that aligns with the Bureau's mission and objectives. The Department of Health and Human Services (DHHS) has been involved in the oversight and delivery of healthcare services for incarcerated individuals in Utah's prison system. We believe that a dramatic change needs to continue to address the culture of noncompliance at UDC. Current Bureau management, in collaboration with DHHS administration, should develop a full-scale plan to address and correct issues that can impact the culture and performance of the organization.

We believe that a dramatic change needs to continue to address the culture of noncompliance.

We believe one of the primary outcomes that may result from ongoing noncompliance includes increased risk associated with the lack of adherence to safety and proper protocols. This chapter addresses weaknesses within the Bureau while encouraging Bureau management to continue establishing a system of accountability.

Not All Inmate Care Requests Are Entered in the Electronic Health Record System According to Bureau Policy

As previously discussed, a culture of noncompliance typically results in a disregard for the rules by some staff. While we recognize the commitment and professionalism of medical staff in the Bureau, the persistent lack of compliance with inmate healthcare requests (ICRs) further illustrates the need for greater accountability. For example, inmates fill out and submit ICRs to request medical, mental health, dental, or optometry services. Entering every ICR into the electronic health record (EHR) system is not only required by the prison's accreditation body and internal policy, it also provides evidence of treatment and care while helping to alleviate liability. Failing to enter and record ICRs in the prison's EHR system threatens patient outcomes. For instance, two examples of ICRs that were not entered in the prison's EHR system are detailed below. Both examples are deeply concerning, and the omission of these requests could have resulted in adverse patient outcomes.

Example 1

An inmate diagnosed with major depressive disorder and a history of self-harm submitted an ICR to see a mental health provider stating that he was in "crisis." The ICR was not entered and was disregarded by frontline medical staff (we found the ICR in a secure shred bin).

[7] See Appendix B for a timeline of administrative changes at the Clinical Services Bureau that impacted the organization.

Example 2

An inmate submitted a request to see a medical provider, stating that he was having breathing problems, dizzy spells, and had experienced a recent fall. The ICR was not entered in the prison's EHR system despite this inmate being classified as a high-risk patient with a recent hospital visit.

While we note that some ICRs may have limited impact on an inmate's health, the effect of not documenting an ICR could be devastating. Bureau policy, as well as the standards of the National Commission on Correctional Health Care (NCCHC), require that all ICRs be effectively recorded; however, these controls are not consistently followed. Our collection of the contents from three medical room shred bins revealed that a total of 39 ICRs had not been entered into the prison's EHR system.

The 2021 audit similarly concluded that medical staff were not entering ICRs into the prison's EHR system. To remedy this practice, Bureau management developed a system of accountability, requiring frontline medical staff to retain physical copies of submitted ICRs and deliver those forms to nursing staff for quality assurance reviews. This system was implemented to ensure that every ICR is entered into the prison's EHR system. However, this control is presently failing. To test the effectiveness of this control, we conducted a night visit to the prison, which was also done on the previous audit. In both instances, we found medical staff on social media and watching online videos rather than completing assigned duties such as ICR quality assurance reviews.

The fact that the disregard for prioritizing job responsibilities has remained largely unchanged within the past year speaks to the cultural problem within the Bureau.

The fact that the disregard for prioritizing job responsibilities has remained largely unchanged within the past year speaks to the cultural problem within the Bureau. During the most recent night visit in January 2023, we noted that some ICRs awaiting quality assurance reviews were about two weeks behind their initial submission dates. Moreover, had staff completed their assigned ICR quality assurance reviews, the ICR from example 2 would have been discovered and likely remedied. In this example, we believe that the culture of noncompliance was perpetuated by medical staff failing to follow management's directives, as well as management's lack of follow-up and accountability regarding the newly implemented control. Failing to enter ICRs in the EHR system combined with the lack of urgency in quality assurance reviews provides further evidence of the cultural problem that exists within prison medical. Additionally, we observed submitted ICRs that had not been collected daily as required by policy and NCCHC standards. Therefore, we recommend that Bureau management engage with medical staff to address ICR related issues including ICRs not being entered into the prison's EHR system.

RECOMMENDATION 2.1

We recommend that Clinical Services Bureau management ensure that medical staff are collecting and entering all inmate healthcare requests according to internal policy and NCCHC standards.

RECOMMENDATION 2.2

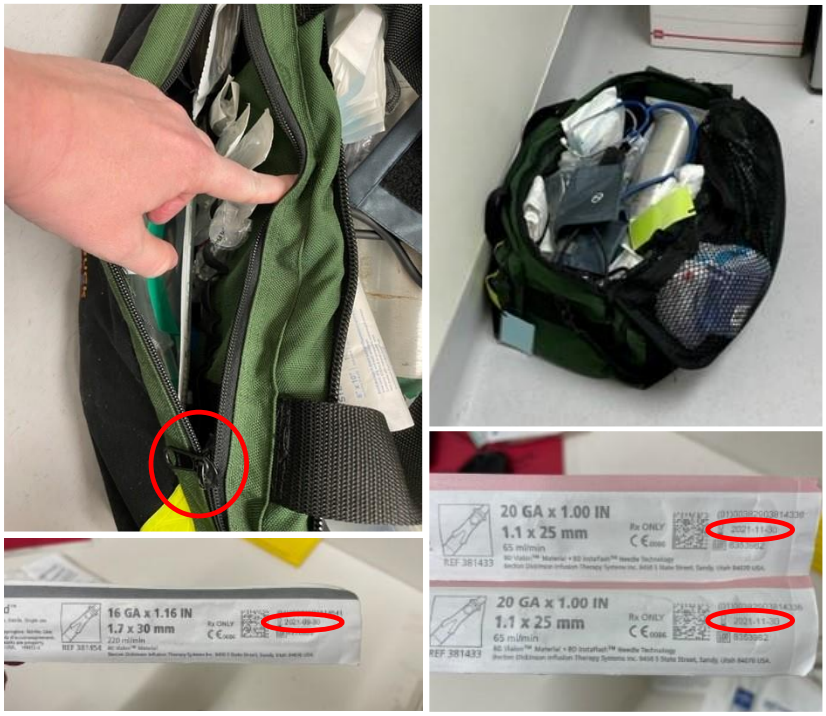
We recommend that Clinical Services Bureau management engage with medical staff to address inmate healthcare request related issues including healthcare requests not being entered into the electronic health record system.

EMTs Are Still Not Completing Shift Requirements

Emergency medical technicians (EMTs) are required by internal policy to complete an inventory of all medical supplies and fill out a daily log to ensure supplies are current and available. Similar to the findings from the 2021 audit, we found incomplete logs in multiple medical rooms that were missing information and outdated by several weeks. After bringing this to the attention of Bureau management, an electronic inventory list was created to allow management to monitor progress in real time. We reviewed electronic inventory lists from December 2022 and January 2023 and, while it appears that improvement has been made, medical supplies in six reviewed medical rooms are still not being checked or updated daily. Furthermore, items identified as "expired" or "missing" remained as such for extended periods of time. For example, intravenous (IV) starter kits were labeled as "expired" for more than one month before staff eventually left the columns blank. This is concerning because vital medical supplies may not be available when needed.

Similar to the findings from the 2021 audit, we found multiple incomplete logs in multiple medical rooms that were missing information and outdated by several weeks.

Figure 2.1 A Lack of Properly Maintained Medical Supplies Could Be Disastrous in the Event of an Emergency. Primary trauma bags (jump bags) carried by EMTs and paramedics in emergency situations were missing secure seal tags and contained expired medical equipment, such as syringes that had expired more than a year earlier. In one instance, a jump bag was missing an oxygen tank.



Source: Auditor generated

EMTs failing to replace expired or missing medical supplies raises questions as to the thoroughness of the medical supply room checks.

EMTs failing to replace expired or missing medical supplies raises questions as to the thoroughness of the medical supply room checks. These workplace practices lack individual accountability, professionalism, and place a heavier burden on other, more dedicated medical staff. Noncompliant cultural issues such as these should be addressed immediately by management to prevent adverse patient outcomes in the event of an emergency.

Personal Health Information Is Not Adequately Protected Per State Statute and National Standards

Despite sustained efforts and clear direction from management, finding personal health information (PHI) in prison dumpsters is still a problem. Similar to the previous audit, each time we found PHI in dumpsters, we alerted Bureau management. Subsequent reviews of three different dumpster locations found additional PHI that was inappropriately discarded such as provider notes, a treatment sheet, and a blood draw list. In March 2022, medical staff had mandatory PHI training in which each staff member was required to sign a form

indicating their understanding of PHI and the proper handling of it. The fact that multiple PHI documents were repeatedly found in prison dumpsters once again points to a disregard for the rules and a culture of noncompliance within the Bureau. To further mitigate this issue, Bureau management recently purchased 12 power shredders that will eventually be placed in each medical room in the prison. The purchase of these shredders demonstrates management's proactivity in rectifying the PHI problem; however, we believe that further controls are needed to ensure all ICRs are recorded in the prison's EHR system. To provide evidence that every submitted ICR is subsequently entered and recorded in the EHR system, Bureau management should consider transitioning to electronic submission of ICRs.

The fact that multiple PHI documents were repeatedly found in prison dumpsters once again points to a culture of noncompliance within the Bureau.

Regulating Inmates with Diabetes Continues to Be Problematic

To mitigate the amount of time between insulin distribution and mealtime, Bureau management implemented the practice of distributing carbohydrates to diabetic inmates during pill line.[8] However, this practice remains largely inconsistent and continues to be a risk area. For example, we observed an EMT refusing to provide carbohydrates to a diabetic inmate and another EMT leaving the required carbohydrates in the medical room during pill line. While we recognize that not every diabetic inmate needs supplemental carbohydrates, Bureau policies and procedures do not clearly define the process of distributing carbohydrates. Questions such as which inmates qualify for supplemental carbohydrates and the most appropriate type of carbohydrates (honey, crackers, bread, etc.) remain. That said, Bureau management has taken steps to update internal policy and continue to provide carbohydrates for distribution on pill lines; however, frontline medical staff have failed to ensure that this internal control is consistently applied.

Bureau management provided carbohydrates for distribution on pill lines; however, frontline medical staff have failed to ensure that this internal controls is consistently applied.

2.2 Lack of Accountability and Undefined Processes Contribute to a Culture of Noncompliance

Clearly written and communicated standard operating procedures are essential because they eliminate uncertainty about how best to complete a task. Many ongoing daily tasks are included and clearly defined in Bureau policies and procedures; however, policies and procedures have not been consistently followed. Examples of noncompliance include:

[8] Pill lines are designated places in the prison facility where inmates who require medications that must be more carefully monitored are given their daily dosages. Pill lines are held twice daily.

- **Record Keeping** – Bureau procedures require all administered medications to be documented in the prison's EHR system. However, medical personnel are not consistently keeping a record of administered medications including controlled substances and insulin.[9] A previous supervisor contributed to the culture of noncompliance by directing medical staff to "chart what you can."

- **Return of Medication** – Bureau procedures require all medications not being used to be returned to the pharmacy for disposal or return to stock as appropriate per state law. We observed unused medication in medical waste containers and secure shred bins rather than being returned to the pharmacy as required by policy.

- **ICR Collection and Record Keeping** – Bureau procedures require ICRs to be picked up daily by qualified health staff; the receipt of each ICR is to be subsequently entered into the prison's EHR system. On three separate occasions, we observed submitted ICRs that had not been collected for what appeared to be four days. Furthermore, not every ICR was entered into the prison's EHR system.

- **Inmate Identification at Pill Line** – Signage throughout the prison indicates that inmates must show their inmate identification cards to receive their medications at pill lines. However, frontline medical personnel are not consistently implementing this requirement. As a result, we observed wrong medications being administered to various inmates on multiple occasions. In some instances, medical staff were corrected by inmates.

- **Narcotic Accountability Logs** – ***Utah Code*** requires effective controls to be established and maintained to prevent the diversion[10] of controlled substances. Controls implemented by the Bureau include medical staff documenting the change of possession of a controlled substance by using narcotic accountability logs. This process has not been consistently applied and has resulted in statutory noncompliance.

- **Jump Bags** – Bureau policy states that medical supplies and mobile emergency equipment should be checked regularly. Despite management directives to complete these checks daily, medical staff have repeatedly failed to carry out this task as instructed.

The examples cited above do not represent an exhaustive account of daily operations. As such, we recommend that the Bureau review and examine common operations and processes for the purpose of creating and developing a list of standard operating procedures that address essential operations. Undefined processes can result in a lack of standardization, leaving the responsibility for defining common processes and procedures to individual staff members. Additionally, undefined processes may create training issues for new

[9] Medical staff failing to consistently document administered medications including controlled substances and insulin is discussed in greater detail in Chapter 3.
[10] The Department of Health and Human Services and the Centers for Medicare and Medicaid Services define drug diversion as the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber.

hires who are expected to complete daily tasks but do not receive the uniform guidance to do so.

After a list of standard operating procedures has been created and incorporated into Bureau policy, we recommend that the Bureau adequately train all medical personnel in the newly developed procedures to increase efficiency, reduce errors, promote accountability, and create a safe work environment. To ensure compliance, we also recommend that Bureau management establish a system of accountability including ongoing follow-ups and regular employee performance evaluations.

RECOMMENDATION 2.3

We recommend that the Clinical Services Bureau review and examine common operations and processes for the purpose of creating and developing standard operating procedures.

RECOMMENDATION 2.4

We recommend that Clinical Services Bureau management establish a system of accountability including ongoing follow-ups and regular employee performance evaluations regarding compliance with Bureau policy and newly developed standard operating procedures.

UDC Has Developed New Recruiting Initiatives; Employee Retention Remains Concerning

UDC, in conjunction with the Division of Human Resource Management (DHRM), has developed several new recruiting initiatives over the past year, including:

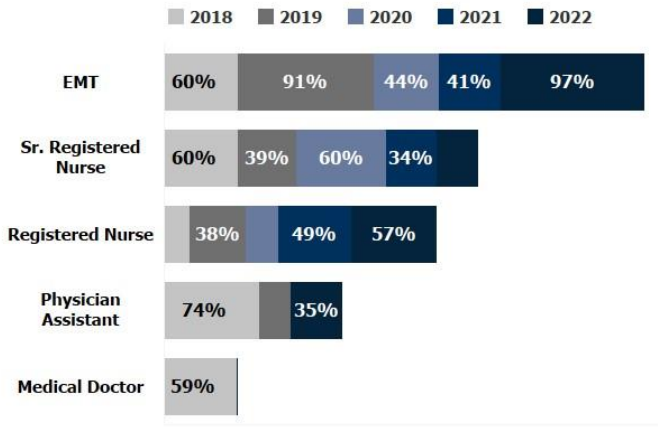
- A nurse apprentice program
- A hiring/retention bonus program
- A part-time nurse program
- An educational assistance program
- Increased compensation for nurse positions
- Internal promotions

Even though the Bureau has bolstered its recruiting efforts to include several new initiatives, the issue of employee retention still needs to be addressed. Recruiting and retention are inextricably linked. Until the Bureau adequately addresses issues associated with the culture of noncompliance, employees who lack individual accountability and professionalism will continue to place a heavier burden on other, more dedicated medical staff. These unprofessional workplace practices can affect employee retention and could undermine recruiting efforts. As part of

Even though the Bureau has bolstered its recruiting efforts, it still needs to address the issue of employee retention.

UDC's internal review of the Clinical Services Bureau, a survey was sent to nursing staff. The survey indicated that 47 percent of nursing staff were either "very dissatisfied" or "dissatisfied" with their job.[11] Those who reported overall job dissatisfaction indicated leadership, a lack of training, short staffing, and pay as concerns in their comments. We requested employee turnover data from DHRM to analyze turnover rates in the Bureau for the past five years. Figure 2.2 shows the percentage of turnover, by year, for the indicated positions[12] in prison medical.

Figure 2.2 Prison Medical Has Experienced Significant Turnover Across Multiple Positions. We requested employee turnover data from the Division of Human Resource Management (DHRM) to analyze employee turnover rates for the past five years. We found that multiple positions experienced significant levels of turnover with EMTs experiencing 97 percent turnover in calendar year 2022.



Source: Division of Human Resource Management and auditor analysis

Medical personnel report challenges such as being understaffed, overworked, and underpaid as reasons for the lack of productivity and noncompliance. We also recognize the significant investment made by the Legislature in the 2023 Legislative General Session to address some of these challenges. While we realize that there are many unique challenges associated with providing

We recognize the significant investment made by the Legislature in the 2023 Legislative General Session to address challenges faced by the Bureau.

[11] The survey was sent to 65 nursing staff, with 43 responses received within a 12-day period.
[12] Employee turnover data represents a collective dataset including employees for both the Gunnison and Salt Lake prison sites. The average number of monthly employees for calendar year 2022 include:

- EMT: 25 full-time equivalents (FTEs)
- Sr. Registered Nurse: 14 FTEs
- Registered Nurse: 42 FTEs
- Physician Assistant: 9 FTEs
- Medical Doctor: 4 FTEs

healthcare services to the state's prison population, medical staff have a duty and an obligation as healthcare professionals to fulfill their job responsibilities to the best of their ability. Until this happens, we cannot provide evidence that a lack of productivity and noncompliance can be attributed to staffing, compensation, or other issues. The organization's cultural noncompliance problem must be addressed.

The organization's cultural noncompliance problem must be addressed.

RECOMMENDATION 2.5

We recommend that Clinical Services Bureau management, in collaboration with DHHS, make the necessary changes to align culture more appropriately with Bureau strategy and processes.

CHAPTER 3 Summary

New and Continuing Systemic Deficiencies Warrant Additional Recommendations

BACKGROUND

While conducting an in-depth follow-up review of the recommendations provided in the December 2021 Healthcare in State Prisons audit, we found three additional areas of concern that warranted new recommendations. These new areas focus on (1) the insufficient documentation of administered medication, (2) the level of supervision and monitoring that emergency medical technicians (EMTs) receive while performing nurse delegated tasks, and (3) the implementation and compatibility issues associated with Fusion, the prison's new electronic health record (EHR) system.

FINDING 3.1
Administered medication is not documented as required.

RECOMMENDATION 3.1
We recommend that the Clinical Services Bureau ensure that all administered medication is documented as required by internal policy, NCCHC standards, and the Utah Controlled Substances Act.

RECOMMENDATION 3.2
We recommend that the Clinical Services Bureau engage with medical staff to directly address issues associated with documenting administered medication.

FINDING 3.2
Ongoing supervision and monitoring of EMTs are still lacking.

RECOMMENDATION 3.3
We recommend that the Clinical Services Bureau establish a system for the ongoing supervision and monitoring of EMT delegatees, including a well-defined reporting structure and consistent performance evaluations of delegated tasks.

FINDING 3.3
Multiple factors negatively impacted the implementation of a new electronic records system.

RECOMMENDATION 3.4
We recommend that Clinical Services Bureau management continue to ensure that the electronic health record system is capable of generating data reports that demonstrate compliance with NCCHC standards.

CONCLUSION

Although management has made some efforts to mitigate these issues, additional work is needed to ensure compliance with statute, *Administrative Rule*, and NCCHC standards. Engaging with staff and taking additional steps to ensure compliance in the above areas will also improve the Bureau's ability to deliver quality care and verify that the level of care provided is adequate to meet the needs of each inmate.

Chapter 3
New and Continuing Systemic Deficiencies Warrant Additional Recommendations

3.1 Administered Medication Is Not Documented as Required

In this in-depth follow-up review, our audit team found three new areas of concern that warranted four additional recommendations. These new areas were not identified in the 2021 audit report[13] and include:

- Inadequate charting, or documentation, of administered medication at Utah State Correctional Facility (USCF or Salt Lake prison site) pill lines[14] by frontline medical staff
- Insufficient supervision and oversight of emergency medical technicians (EMTs) performing delegated tasks
- Implementation and compatibility issues associated with the electronic health record (EHR) system

This section addresses the first of these three concerns regarding the inadequate documentation of administered medication. During our observation of 12 pill lines at seven unique prison locations, we found multiple instances where critical medications such as insulin were administered but not documented in the Clinical Services Bureau's (Bureau or prison medical) EHR system. Documenting administered medications is required by both Bureau policy and the National Commission on Correctional Health Care (NCCHC) standards. Upon further review, we found that controlled substances[15] also lacked sufficient documentation, which is required by the Utah Controlled Substances Act. In addition to these requirements, this new area of concern could have serious implications on the Bureau's ability to evaluate the adequacy of care provided to inmates.

[13] "*A Performance Audit of Healthcare in State Prisons* (Report #2021-17)."
[14] Pill lines are designated places in the prison facility where inmates who require medications that must be more carefully monitored are given their daily dosages. Pill lines are held twice daily.
[15] Drugs and other substances that are considered controlled substances under the Controlled Substances Act are divided into five schedules. Substances are placed in their respective schedules based on whether they have a currently accepted medical use treatment in the United States, their relative abuse potential, and their likelihood of causing dependence when abused.

Controlled Substances and Critical Medications Are Not Sufficiently Documented

Proper documentation of administered medication is vital to delivering appropriate care. Failing to document administered medications hinders medical staff's ability to effectively deliver quality care, as medical staff are unable to determine whether medications are being taken consistently. Furthermore, inadequate charting leaves doubt about the accuracy of EHR entries, making it impossible to determine if the level of care provided is sufficient. For example, medications such as seizure medication and insulin must be taken consistently as prescribed; however, we were unable to verify that this was happening due to a lack of documentation. Moreover, without the proper documentation, the Bureau risks the possibility of medication being diverted,[16] which is especially concerning when the medication is a controlled substance.

Failing to document administered medications hinders medical staff's ability to effectively deliver quality care.

We observed 38 instances where critical medications were administered but not documented.

We observed 38 instances of critical medications delivered on multiple pill lines that were administered to inmates but not documented in the prison's EHR system. These medications included a variety of mental health medications, seizure medications, and insulin. In one instance, a vital seizure medication was documented on only two occasions over a 30-day period despite the prescription directing that it be taken twice daily. We also observed a four-week Hepatitis C treatment cycle[17] that was only documented 16 out of 30 days in the month of November, despite explicit instructions by the provider to administer this medication daily. While these medications may have been administered to inmates on the missing days, we were not able to verify this due to the lack of documentation.

While the documentation of all administered medication is important to ensure that a patient receives adequate care, statute places special importance on documenting the administration of controlled substances. This is because controlled substances have a greater potential for abuse. The Utah Controlled Substances Act states,

[16] The Department of Health and Human Services and the Centers for Medicare and Medicaid Services define drug diversion as the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber.

[17] The regular market price of a Hepatitis C treatment cycle costs $23,724. However, the state prison system participates in a federal program to purchase these drugs at a discount.

Utah Controlled Substances Act

"[Any] individual who is authorized to administer or professionally use a controlled substance shall keep a record of the drugs received by the individual and a record of all drugs administered, dispensed, or professionally used by the individual . . ."

The statutory requirement to "keep a record" of the drugs received by the individual as well as the requirement to record "all drugs administered, dispensed, or professionally used" is violated when medical staff do not chart. Furthermore, we found that the transfer of controlled substances from nurses to EMTs (who administer medications on pill lines) lacked sufficient documentation. Although, the Bureau has a process in place to track when controlled substances are transferred between nurses and EMTs, this process is not always followed. The lack of transfer documentation places the responsibility for the medication on the nurse who initially obtained the controlled substance. Failing to follow these controls may jeopardize medical staff licenses as statute requires the Division of Professional Licensing to consider a nurse's effectiveness at maintaining controls against the diversion of controlled substances when issuing a license. While statute requires effective controls against diversion, these controls become ineffective when instructions are not followed and transfer records are not adequately kept.

Bureau management has taken steps to address documentation and charting concerns but EMTs have not followed management directives or used the provided tools as intended.

Bureau management has taken steps to address documentation and charting concerns by purchasing laptops for EMTs to use during pill lines; however, we found that these laptops were not used consistently. Ultimately, EMTs have not followed management directives or used the provided tools as intended. These actions are contrary to Bureau policy, NCCHC standards, and, in the case of individuals receiving controlled substances, statute; therefore, proper charting cannot and should not be disregarded.

To ensure that inmates receive adequate care and medical staff have the information that they need, we recommend that Bureau management ensure that all administered medications are accurately recorded and documented in the prison's EHR system. We also recommend that Bureau management engage with medical staff to directly address issues associated with documenting administered medications.

RECOMMENDATION 3.1

We recommend that the Clinical Services Bureau ensure that all administered medication is documented as required by internal policy, NCCHC standards, and the Utah Controlled Substances Act.

RECOMMENDATION 3.2

We recommend that Clinical Services Bureau management engage with medical staff to directly address issues associated with documenting administered medication.

3.2 Ongoing Supervision and Monitoring of EMTs Are Still Lacking

In the 2021 audit, we noted concerns that EMTs were being used for tasks outside their scope of practice. As a result, we recommended that Bureau management ensure that the use of EMTs is consistent with state statute and best practices. The Utah Department of Corrections (UDC) reports that they believe EMTs administering noncontrolled substances at pill line falls within their scope of practice. That said, EMTs administer controlled substances and insulin at pill lines, both of which qualify as delegated tasks that require nurse supervision and monitoring. During this in-depth follow-up review, we became concerned that EMTs are not receiving adequate supervision and oversight for the tasks delegated to them. For example, *Administrative Rule* places specific requirements on the delegator (nurse) of a task under the Utah Nurse Practice Act. According to *Administrative Rule* R156-31b-701a (5) a nurse is required to complete the following responsibilities related to monitoring and supervision:

- Provide ongoing appropriate supervision and evaluation of the delegatee;
- Ensure that the delegator or another qualified nurse is readily available, either in person or by telecommunication, to:
    - Evaluate the patient's health status
    - Evaluate the performance of the delegated task
    - Determine whether goals are being met
    - Determine the appropriateness of continuing delegation of the task
- If the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee.

During our observations of 12 pill lines, we saw multiple occurrences that caused us to question if current practices are sufficient to meet the requirements set forth in *Administrative Rule*. For example, *Administrative Rule* mandates that nurses evaluate the performance of a delegated task. Although the Bureau conducts annual performance evaluations for each employee, we question the quality and effectiveness of these reviews. As mentioned previously, we found several instances of insufficient charting of delegated tasks along with a lack of documentation for the transfer of controlled substances.

Additionally, we observed a need for clarification regarding the general reporting structure, including EMT reporting lines for delegated tasks. For example, one EMT shared that reporting structures frequently change, making it difficult to identify the correct supervisor. Unclear reporting structures and supervisory lines may also be attributed to EMTs being trained on pill line processes by other EMTs. While EMTs report this is commonplace, we are concerned that this practice may perpetuate the spread of misinformation and further limit supervision and oversight.

One EMT shared that reporting structures frequently change, making it difficult to identify the correct supervisor.

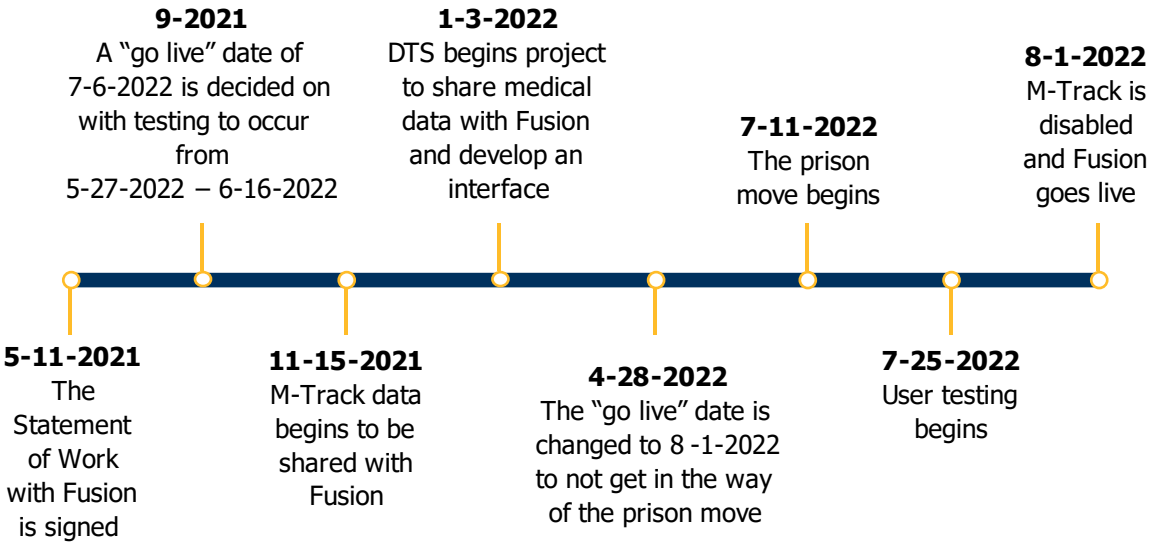
As a result of our observations during pill lines, we are concerned that EMTs are not receiving adequate supervision and monitoring for the delegated tasks they are asked to complete. Providing additional supervision and monitoring will improve the quality of care provided at pill line. Therefore, we recommend that the Bureau establish a system for the ongoing supervision and monitoring of EMT delegatees including a well-defined reporting structure and thorough performance evaluations of all delegated tasks.

RECOMMENDATION 3.3

We recommend that the Clinical Services Bureau establish a system for the ongoing supervision and monitoring of EMT delegatees, including a well-defined reporting structure and consistent performance evaluations of delegated tasks.

3.3 Multiple Factors Negatively Impacted the Implementation of a New Electronic Record System

On August 1, 2022, the Bureau migrated all medical and pharmacy records from its antiquated M-Track system to Fusion, the new EHR system. An error occurred during the migration, and many prescriptions were lost. Medical record data were also corrupted. As a result, staff from the Department of Health and Human Services (DHHS) were sent to help mitigate the situation. Although this issue has been widely reported, we mention it here because of the impact it had on the Bureau's ability to provide adequate healthcare to incarcerated individuals. Below is a timeline of the events surrounding the implementation of Fusion:



We found that numerous factors negatively impacted the implementation of Fusion, these include:

- The Department of Technology Services (DTS) was not involved in the procurement process or initial implementation apart from sending medical data to Fusion and developing an interface between the custody system and Fusion
- The move from M-Track to Fusion happened three weeks after relocating to the new prison site
- User testing for the new system began one week before the "go live" date and one supervisor reported that staff did not receive access to the test system until two days before the system went live
- Staff reported that the training they received was limited and did not allow for an understanding of how to perform basic or vital tasks

We include this here because it limited our work in this follow-up review and continues to be an issue for the Bureau. For example, the Bureau identified other issues with the system that they are currently working to correct. We learned that for nearly three months, the new EHR system was unable to charge copays for medical services and prescriptions. We also found that Fusion does not sufficiently track ICR submissions in a way that meets NCCHC standards. Furthermore, we were unable to replicate much of our work from the 2021 audit due to the lack of available data from Fusion. These limitations significantly impacted our ability to perform analyses and evaluate the performance of

For nearly three months, the new EHR system was unable to charge copays for medical services and prescriptions. It also does not sufficiently track ICR submissions in a way that meets NCCHC standards.

prison medical. The Bureau should continue to mitigate these problems and any others that arise from the ongoing implementation of Fusion and work to improve its capabilities to collect and report data.

RECOMMENDATION 3.4

We recommend that Clinical Services Bureau management continue to ensure that the electronic health record system is capable of generating data reports that demonstrate compliance with NCCHC standards.

Complete List of Audit Recommendations

Complete List of Audit Recommendations

This in-depth follow-up audit made the following nine new recommendations in addition to the 16 recommendations made in audit report, "*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)." The numbering convention assigned to each recommendation consists of its chapter followed by a period and recommendation number within that chapter.

Recommendation 2.1

We recommend that Clinical Services Bureau management ensure that medical staff are collecting and entering all inmate healthcare requests according to internal policy and NCCHC standards.

Recommendation 2.2

We recommend that Clinical Services Bureau management engage with medical staff to address inmate healthcare request related issues including healthcare requests not being entered into the electronic health record system.

Recommendation 2.3

We recommend that the Clinical Services Bureau review and examine common operations and processes for the purpose of creating and developing standard operating procedures.

Recommendation 2.4

We recommend that Clinical Services Bureau management establish a system of accountability including ongoing follow-ups and regular employee performance evaluations regarding compliance with Bureau policy and newly developed standard operating procedures.

Recommendation 2.5

We recommend that Clinical Services Bureau management, in collaboration with DHHS, make the necessary changes to align culture more appropriately with Bureau strategy and processes.

Recommendation 3.1

We recommend that the Clinical Services Bureau ensure that all administered medication is documented as required by internal policy, NCCHC standards, and the Utah Controlled Substances Act.

Recommendation 3.2

We recommend that Clinical Services Bureau management engage with medical staff to directly address issues associated with documenting administered medication.

Recommendation 3.3

We recommend that the Clinical Services Bureau establish a system for the ongoing supervision and monitoring of EMT delegatees, including a well-defined reporting structure and consistent performance evaluations of delegated tasks.

Recommendation 3.4

We recommend that Clinical Services Bureau management continue to ensure that the electronic health record system is capable of generating data reports that demonstrate compliance with NCCHC standards.

Appendix

A. Clinical Services Bureau Documented Deficiencies with NCCHC Standards

The National Commission on Correctional Health Care (NCCHC) is the official accreditation body for the Clinical Services Bureau (Bureau or prison medical). According to statute, the Bureau is required to apply for and meet all NCCHC accreditation requirements. Each standard is classified as either "essential" or "important." NCCHC requires that accredited facilities demonstrate 100 percent compliance with essential standards and 85 percent compliance with important standards. Listed below are seven essential standards and previous deficiencies highlighted in the 2021 audit report, "*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)." Current deficiencies identified in our follow-up audit are also included.

Standard: NCCHC Essential Standard: P-E-04(1): All inmates receive an initial health assessment as soon as possible, but no later than seven calendar days after admission.

- **Previous Deficiency:** The 2021 audit found that, over a three-year period, 180 inmates did not receive their health assessment within the seven-day standard. This was documented by analyzing inmate intake and refusal data.

- **Current Deficiency:** At the Utah State Correctional Facility (USCF or Salt Lake prison site), 23 inmates did not receive their health assessment within the seven-day standard. Notably, all inmates at the Central Utah Correctional Facility (CUCF or Gunnison prison site) received their health assessment within the seven-day standard. This was documented by analyzing inmate intake and refusal data for calendar year 2022.

Standard: NCCHC Essential Standard: P-E-05(6): Mental health evaluations of patients with positive screens should be completed within 30 days, or sooner if clinically indicated.

- **Previous Deficiency:** The previous audit found that, over a three-year period, three qualifying male inmates at the Draper prison site (now Salt Lake) did not receive a mental health evaluation within the 30-day standard. The audit team was not able to verify mental health evaluations for 143 inmates due to poor record keeping. Over a two-year period, 15 qualifying female inmates at the Draper prison site did not receive an evaluation within the 30-day standard. Gunnison did not provide the requested data. This was documented by analyzing mental health intake and refusal data for male and female inmates.

- **Current Deficiency:** At the Salt Lake prison site, we found that three inmates did not receive a mental health evaluation within the 30-day standard. We were also unable to verify mental health evaluations for 20 inmates due to poor record keeping. At the Gunnison prison site, all inmates received a mental health evaluation within the 30-day standard; however, we were unable to verify mental health evaluations for four inmates due to poor record keeping. This was documented by analyzing mental health intake and refusal data for inmates in calendar year 2022.

Standard: NCCHC Essential Standard: P-E-06(6): An oral examination is performed by a dentist within 30 days of admission.

- **Previous Deficiency:** The 2021 audit found that, over a three-year period, 277 male inmates and 31 female inmates (308 total cases) at the Draper prison site did not receive an oral examination within the 30-day standard. It is important to note that 301 of these cases were identified as noncompliant during calendar year 2020. While the COVID-19 pandemic affected clinical operations, 7 cases were identified as noncompliant prior to 2020. The Gunnison prison site did not provide the requested data. This was documented by analyzing dental intake and refusal data for male and female inmates.

- **Current Deficiency:** We found that 132 inmates at the Salt Lake prison site did not receive an oral examination within the 30-day standard. Furthermore, we were unable to verify oral examinations for three inmates due to poor record keeping. At the Gunnison prison site, 73 inmates did not receive an oral examination within the 30-day standard, and we were unable to verify oral examinations for 17 inmates due to poor record keeping. Despite having a higher number of inmates who did not receive their oral examinations (when compared to medical assessments and mental health evaluations), we observed an increase in compliance during the second half of the year, which is encouraging.

Standard: NCCHC Essential Standard: P-E-07(4): A face-to-face encounter for a healthcare request is conducted by a qualified healthcare professional, or the healthcare liaison (if applicable), within 24 hours of receipt by health staff.

- **Previous Deficiency:** The 2021 audit found that this was not always occurring at the Draper prison site; however, face-to-face encounters were occurring at the Gunnison prison site. This was documented by observing 20 pill lines over a five-week period.

- **Current Deficiency:** We found that face-to-face encounters are still not consistently occurring at the Salt Lake prison site. This was documented by observing 12 pill lines over a seven-week period.

Standard: NCCHC Essential Standard: P-C-05(2): Staff administering or delivering prescription medication should be trained in common side effects.

- **Previous Deficiency:** The 2021 audit raised concerns that emergency medical technicians (EMTs) were delivering medications beyond their level of training and that they lacked the proper training regarding medication side effects. The audit team observed several examples of this occurring.

- **Current Deficiency:** The Utah Department of Corrections (UDC) reports that EMTs administering noncontrolled substances at pill line falls within their scope of practice. This issue is discussed further in Chapter 3 of this follow-up report; however, we are concerned that EMTs lack the proper supervision and monitoring required for nurse delegated tasks.

Standard: NCCHC Essential Standard: P-A-08(7): Access to health records and health information is controlled by the responsible health authority.

- **Previous Deficiency:** The 2021 audit found personal health information in public dumpsters outside the prison.

- **Current Deficiency:** We found personal health information in dumpsters at three different facilities at the Salt Lake prison site. The contents of these dumpsters are eventually transferred to a public landfill.

Standard: NCCHC Essential Standard: P-D-01(3): The facility maintains records as necessary to ensure adequate control and accountability for all medications, except those that may be purchased over the counter.

- **Previous Deficiency:** The 2021 audit found medications that should have been retained and returned to the pharmacy in public dumpsters outside the prison.

- **Current Deficiency:** We observed unused medication in medical waste containers and secure shred bins rather than being returned to the pharmacy as required by policy. Furthermore, we have serious concerns regarding the insufficient documentation of administered medications including controlled substances and insulin. These issues are addressed in Chapter 3 of this report.

During this follow-up audit, we identified deficiencies in two additional NCCHC essential standards that were not included in the previous audit. Below are the NCCHC essential standards and compliance indicators along with their documented deficiencies:

Standard: NCCHC Essential Standard: P-F-01(3): Clinical protocols for patients with chronic diseases are consistent with national clinical practice guidelines.

- **Current Deficiency:** The American Diabetes Association (ADA) recommends that regular insulin be administered 30 minutes before eating. Similarly, medical staff are trained to administer insulin within 30 minutes of mealtime. We observed 16 inmates receive insulin outside of the 30-minute standard.

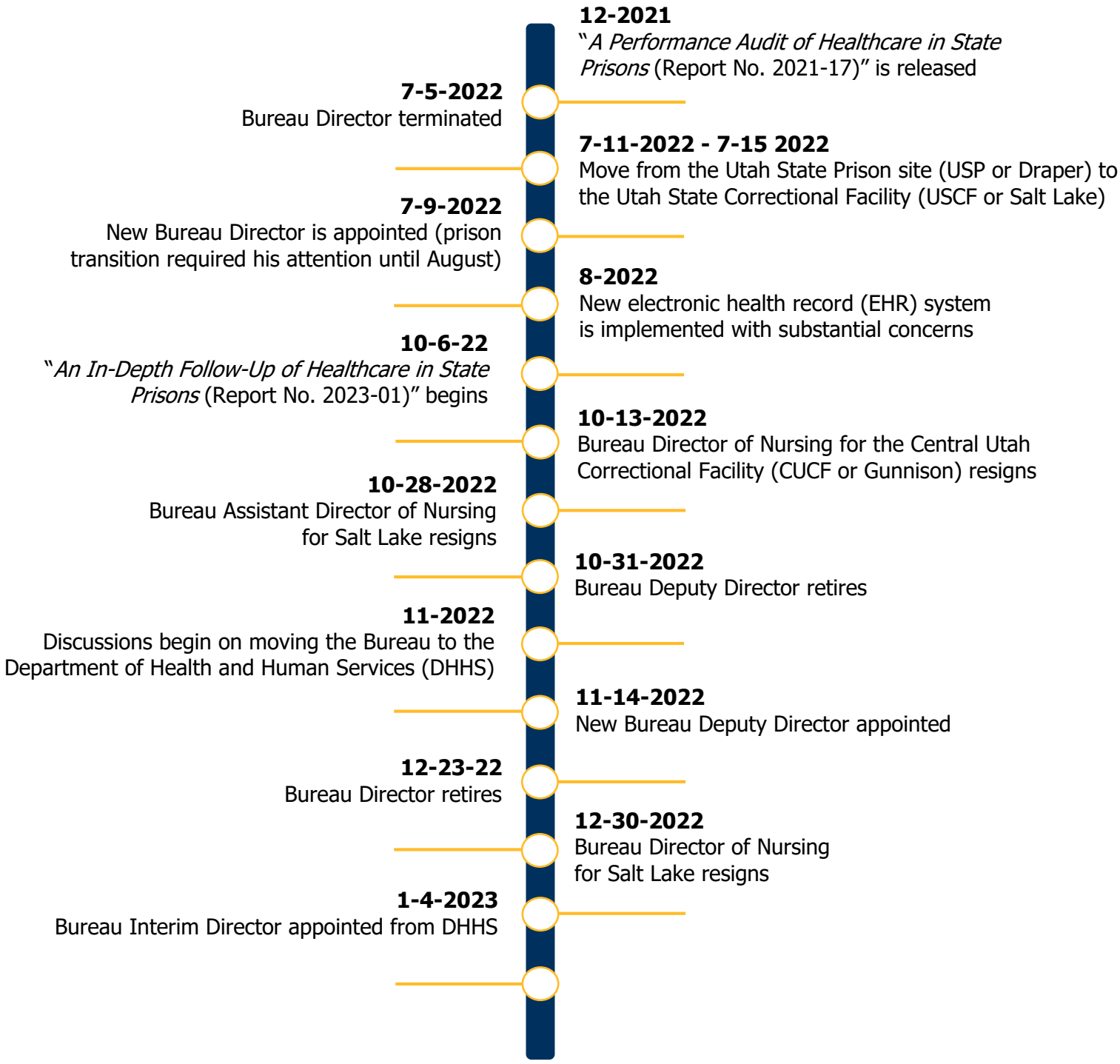
Standard: P-F-01(6): Documentation in the health record confirms that providers are following chronic disease protocols and special needs treatment plans by monitoring the patient's condition and status.

- **Current Deficiency:** We found multiple instances where critical medications such as insulin were administered but not documented in the prison's electronic health record system.

While this follow-up audit is not an accreditation review, the information contained in this report may help Bureau management review its processes to ensure compliance with NCCHC standards.

B. Timeline of Clinical Services Bureau Changes

From the time that the audit, "*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)" was released, the Clinical Services Bureau (Bureau or prison medical) experienced multiple administrative changes that made an impact on the organization. Below is a timeline of events that have taken place as reported by the Department.



Agency Response

State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Utah Department of Corrections
Executive Office

BRIAN NIELSON
Executive Director

Audit Response

March 29, 2023

Kade R. Minchey CIA, CFE, Auditor General
Office of the Legislative Auditor General Utah State Capitol Complex
Rebecca Lockhart House Building, Suite W315
P.O. Box 145315
Salt Lake City, UT 84114-5315

Dear Mr. Minchey,

Thank you for the opportunity to respond to the recommendations in *An In-Depth Follow-up of Healthcare in State Prisons* (Report #2023-01). On behalf of the Utah Department of Corrections (UDC), I want to express my appreciation to the Office of Legislative Auditor General and the resources expended to support improving the Clinical Services Bureau (CSB). We are grateful for the professionalism of the staff and their willingness to work collaboratively with UDC in conducting this follow-up audit, as well as their continued guidance and recommendations to ensure that the health care system in Utah's prisons is functioning at an effective level.

We concur with all recommendations in this report and appreciate this follow-up audit as it will be key in helping us address and respond to ongoing issues within our system. Working with our partners at the Department of Health and Human Services (DHHS), we are committed to diligently working to fully implement these recommendations. This response acknowledges UDC's challenges in addressing prior recommendations, while also highlighting important progress being made within CSB to ensure that individuals who are incarcerated receive an improved level of care. I recognize the ongoing concern with past recommendations, and the addition of new findings and recommendations, and as a result, I will ensure that UDC addresses all items in the follow-up report. In addition, with the transition of CSB to the DHHS, the responses contained in this follow-up report, reflect input from DHHS. Together, UDC and DHHS are committed to implementing the

plans submitted in response to the recommendations, as well as ensuring accountability for the funding received from the Utah Legislature to operate CSB.

Sincerely,

Brian Nielson
Executive Director

CHAPTER I of Report No.2023-01–Update on Prior Recommendations

Recommendation 2.1 of Report No. 2021-17. We recommend that the executive director of the Department of Corrections ensure that all recommendations in this audit are adequately implemented.

Agency reported implementation status: In Process
OLAG implementation status: In Process

Updated Department Response: The Department concurs that this recommendation is "In Process." With new leadership within the CSB and the intended transition of this operation to DHHS, the opportunity to ensure all recommendations of this audit are implemented is timely.

What: The Executive Director of UDC will continually monitor and ensure the implementation of all recommendations in this audit.

How: The Executive Director will require the UDC Office of Internal Audit and CSB to produce a monthly report to update the status of implementation of the plans included in this follow-up audit. This monthly report will be reviewed in a meeting that will include the Executive Director, the Director of CSB, and the Executive Director of DHHS or designee.

When: Immediately and in process.

Contact: Brian Nielson, briannielson@utah.gov, (385) 337-9385.

Recommendation 2.2 of Report No. 2021-17. We also recommend that the executive director of the Department of Corrections launch an internal review to determine if additional changes not addressed in this report are needed regarding operations and/or staff.

Agency reported implementation status: Implemented
OLAG implementation status: Implemented

Recommendation 2.3 of Report No. 2021-17. We recommend that the Clinical Services Bureau ensure providers and other medical staff define the term "monitor" in patient charts with specific parameters on a case-by-case basis.

Recommendation 2.4. We recommend that the Clinical Services Bureau increase oversight to ensure appropriate case-by-case patient follow up procedures are being completed.

Recommendation 2.5. We recommend that the Clinical Services Bureau ensure that all patients have access to:

- **Appropriate and timely clinical judgements rendered by a qualified healthcare professional.**
- **Correct treatments and medications for corresponding diagnoses.**

Agency reported implementation status for 2.3, 2.4, and 2.5: Implemented
OLAG implementation status for 2.3, 2.4, and 2.5: DHHS Follow-up needed

Updated Department Response: The Department concurs that follow up is needed from DHHS for recommendations 2.3, 2.4, and 2.5. The following response is provided to address all three of these recommendations.

What: DHHS will conduct a review of a sample of records to determine whether the standard of care is being met and whether operational, policy, or procedural changes need to be made. This review will allow DHHS to produce a report that is responsive to these recommendations.

How: The following steps will be taken:

- DHHS will coordinate with UDC to obtain a sample of medical records and leverage a DHHS contracted or staff physician to conduct this review. This review will take place under the supervision of the DHHS Executive Medical Director.
- From the review, DHHS will produce a summary of its findings which will outline operational, policy, or procedural changes needed to align CSB practices with National Commission on Correctional Health Care (NCCHC) standards and best practices and to meet these recommendations. Training will then be developed to ensure ongoing adherence to the operational expectations.
- DHHS will work with CSB to define the term “monitor” and provide recommended changes that will lead to improvements in the monitoring of patients.
- DHHS will work with CSB to implement operational changes, including ongoing quality controls, and internal audit functions to ensure CSB staff are conducting needed follow up in accordance with NCCHC standards.
- DHHS will work with CSB to ensure that all patients have access to appropriate and timely clinical judgments, and the correct treatments and medications, in accordance with NCCHC standards.

When: This recommendation will be fully implemented by January 2024.

Contact: Dr. Michelle Hofmann, mhofmann@utah.gov, (385) 348-1519.

Recommendation 2.6 of Report No. 2021-17. We recommend that the Clinical Services Bureau follow internal policies and professionally recognized standards regarding the administration of insulin and oversight of inmates with diabetes.

Agency reported implementation status: Implemented
OLAG implementation status: In Process

Updated Department Response: The Department concurs, in part, that this recommendation is "In Process." While UDC recognizes that the audit is recommending adherence to the standard of care established by the American Diabetes Association (ADA), CSB adheres to NCCHC standards of care, as required by Utah Code Ann. §64-13-39. As a result of the first audit, CSB has implemented the recognized standards of care for incarcerated diabetic patients in accordance with NCCHC standards and the standards developed by the Federal Bureau of Prisons, both of which reflect the context of carceral settings and the restrictions or limitations that exist therein. However, the recommendation clearly suggests that ADA standards of care be applied. As a result, CSB will review the suggested standards developed by the ADA and evaluate application of those standards in a carceral setting.

What: The CSB will continue to ensure diabetic care is provided in accordance with NCCHC and Federal Bureau of Prison standards and will review standards developed by the ADA.

How: The following steps will be taken:

- The Chronic Care team will conduct monthly meetings reviewing medical standards in comparison to diabetes management protocols for a random sample of diabetic inmates, which will be documented and maintained at the Bureau level for continuous quality improvement (CQI) review.
- CSB leadership will conduct a review and evaluation of the ADA standards and provide a report to the UDC and DHHS Executive Directors on whether adherence to these standards is feasible.
- CSB will provide annual specialized training for all staff providing care to diabetic patients.

When: This recommendation will be fully implemented by July 2023.

Contact: Christi Johnson, christijohnson@utah.gov, (385) 214-7556.

Recommendation 2.7 of Report No. 2021-17. 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.

Agency reported implementation status: Implemented

OLAG implementation status: Implemented

Recommendation 2.8 of Report No. 2021-17. 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.

Agency reported implementation status: Implemented
OLAG implementation status: Implemented

Recommendation 3.1 of Report No. 2021-17. 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.

Agency reported implementation status: Implemented
OLAG implementation status: In Process

Updated Department Response: The Department concurs that this recommendation is "In Process."

What: The Department, in coordination with DHHS, will review the use of emergency medical technicians (EMT) within CSB to ensure staff are performing within their scope of practice. Additionally, review will be performed to determine the most effective and efficient use of EMTs, including supervision and oversight of EMTs by RNs to optimize existing staff and determine additional staff needed to perform the necessary functions in CSB. This will include defining the role of EMTs, needed supervision in the performance of their functions, and ensuring alignment with NCCHC standards.

How: The following steps will be taken to fully implement this recommendation:

- A policy will be developed and implemented which clearly defines the role of EMTs, in accordance with NCCHC standards.
- In response to the original audit, the UDC and DHHS sought additional funding to convert some of the EMT positions to RN roles. This funding was appropriated by the Legislature during the 2023 General Session. As the shift of CSB to DHHS begins, UDC and DHHS will continue to evaluate the EMT role and determine the number of EMT positions that will be converted to RN positions to ensure compliance with NCCHC standards for EMTs.

When: This recommendation will be fully implemented by July 2024.

Contact: Christi Johnson, christijohnson@utah.gov, (385) 214-7556.

Recommendation 3.2 of Report No. 2021-17. We recommend that executive management at the Department of Corrections ensure that personnel in the Clinical Services Bureau fully comply with NCCHC standards.

Agency reported implementation status: In Process
OLAG implementation status: In Process

Updated Department Response: The Department concurs that this recommendation is "In Process."

What: DHHS shall assist UDC in evaluating current compliance with the NCCHC standards and develop practices, policies, procedures, or training needed to ensure compliance with the standards.

How:

- DHHS will conduct a review of current CSB practices, policies, and procedures to determine the level of compliance with the NCCHC standards.
- Following this review, DHHS will provide a report to the Executive Directors of UDC and DHHS on the status of NCCHC compliance, including an overview of which standards are being met and any corrective action needed on standards not being met.
- Based on the findings of this report, CSB will develop any practices, policies, procedures, or training needed to ensure compliance with the standards.
- Following the first report, DHHS will provide a follow-up report on a bi-annual basis on the status of NCCHC compliance, including an overview of which standards are being met and any corrective action needed on standards not being met.
- CSB will provide an annual training on NCCHC standards for applicable staff.

When: The first report will be submitted by June 30, 2024 and every 6 months thereafter.

Contact: Brian Nielson, briannielson@utah.gov, (385) 337-9385; Tracy S. Gruber, tracygruber@utah.gov, (801) 538-4001.

Recommendation 3.3 of Report No. 2021-17. We recommend that the Clinical Services Bureau ensure compliance with statute regarding the protection of personal health information.

Agency reported implementation status: Implemented
OLAG implementation status: In Process

Updated Department Response: The Department concurs that this recommendation is "In Process." It is a priority of both UDC and DHHS to protect and safeguard private health information. It is expected that all CSB staff understand the importance of

protecting confidential or private health information, as well as the state and federal laws governing that information.

What: Quarterly Mandatory Training to ensure compliance with the relevant statutes and rules that govern confidential and private health information will continue for all staff. In addition, CSB will continue to ensure its staff has access to shredders and shred bins and knowledge of location and expected use of those shredders and bins. Moreover, CSB will establish clear internal controls established to ensure this private information is protected. The policies and procedures, as well as internal controls will include clear actions that will be taken if staff do not comply with the policies and procedures developed to protect private health information.

How: The following steps will be taken:

- CSB will update its policy and applicable procedures on confidential and private information.
- CSB will continue to conduct and document mandatory quarterly training regarding protecting confidential or private health information. This training requirement will be added to the Utah Performance Management System.
- CSB will ensure placement of more shredders and shred bins.
- On a weekly basis, CSB leadership will conduct random checks of trash bins, workstations, and other spaces to monitor compliance and begin a process of accountability in accordance with the updated policies and procedures for instances of noncompliance.
- CSB leadership will issue an "all staff" directive and reiteration of current policy on private information, including a clear notification that violations of this policy will result in immediate disciplinary action.

When: This recommendation will be fully implemented by July 2023.

Contact: Amanda Alkema, aalkema@utah.gov, (385) 414-1767 and Christi Johnson, christijohnson@utah.gov, (385) 214-7556.

Recommendation 3.4 of Report No. 2021-17. We recommend that the Clinical Services Bureau follow the inmate handbook regarding copays for mental health services.

Agency reported implementation status: Implemented
OLAG implementation status: In Process

Updated Department Response: The Department concurs that this recommendation is "In Process."

What: The Department will formalize and update the policy related to inmate copays. Additionally, CSB will implement quality controls to ensure copays are not being charged for mental health services.

How: The following steps will be taken:

- CSB will review and update the policy relating to all inmate copays to ensure it aligns with the inmate handbook. These policies will be reviewed annually.
- CSB will develop and implement training to all CSB staff, as well as UDC staff, involved with collecting inmate copays.
- CSB will establish a quality control process to ensure these copayments are not being charged. On a quarterly basis, CSB will collect a random sampling of records from patients receiving mental health services. After collecting the sample of patients, CSB will review all copayments collected from these patients and reconcile to ensure none were for mental health services.

When: These recommendations will be fully implemented by January 2024.

Contact: Christi Johnson, christijohnson@utah.gov, (385) 214-7556.

Recommendation 4.1 of Report No. 2021-17. We recommend that the Clinical Services Bureau follow *Utah Administrative Rule* when implementing incentive programs.

Agency reported implementation status: Implemented
OLAG implementation status: Implemented

Recommendation 4.2 of Report No. 2021-17. We recommend that the Clinical Services Bureau be transparent with the Legislature in how program funds are being used.

Agency reported implementation status: Implemented
OLAG implementation status: Partially Implemented

Updated Department Response: The Department concurs that this recommendation has been "Partially Implemented."

What: As part of the CSB transition to DHHS, the Legislature established a restricted account for all CSB funds. UDC and DHHS will document and report how these funds are used.

How: The following steps will be taken:

- DHHS will use specific coding to account for costs that will be applied to the restricted account. This coding can be used to obtain further information if needed.

- UDC and DHHS will provide a report on the progress and utilization of these funds to the Executive Offices and Criminal Justice (EOCJ) Appropriations Subcommittee during the 2023 Interim Session and the 2024 General Session.

When: This recommendation will be fully implemented by January 2024.

Contact: Nate Winters, natewinters@utah.gov, (801) 450-2098; Tommy Riley, triley@utah.gov, (385) 622-3094; Robert Bond, robertbond@utah.gov, (801) 545-5612.

Recommendation 4.3 of Report No. 2021-17. We recommend that the Clinical Services Bureau create meaningful performance metrics that reflect program activity.

Agency reported implementation status: Implemented
OLAG implementation status: In Process

Updated Department Response: The Department concurs that this recommendation is "In Process."

What: In addition to what is now being reported to GOPB and LFA, CSB will begin implementing the DHHS strategic planning and performance approach known as Results Based Accountability (RBA). In this approach, CSB will establish outcomes and performance measures associated with each outcome. CSB will use a matrix to place these measures into proper classifications including those measuring outputs (e.g. numbers of people served, number of programs established), efficiency measures (e.g. wait times, error rates), and measures to determine if the goal of a particular program or appropriation is being achieved and whether those served are better off. These metrics will also be developed in consideration of the requirements outlined in SB 188 (2023).

How:
- CSB leadership and DHHS executive leadership will work to establish the CSB RBA plan.
- In the coming months, CSB will ensure these metrics align with and satisfy the requirements of SB 188 (2023).
- All outcomes and measures will be included in the required reports to EOCJ outlined in the response to recommendation 4.2 above.

When: This recommendation will be implemented by January 2024.

Contact: Steve Gehrke, sgehrke@utah.gov, (385) 237-8040; Dr. Michelle Hofmann, mhofmann@utah.gov, (385) 348-1519.

Recommendation 4.4 of Report No. 2021-17. We recommend that the Clinical Services Bureau ensure that formulary, procedures, policies, and training materials are all up to date.

Agency reported implementation status: Implemented
OLAG implementation status: In Process

Updated Department Response: The Department concurs that this recommendation is "In Process."

What: CSB will review all formulary, procedures, policies, and training materials and ensure they align and integrate with the newly implemented Electronic Health Record (EHR) system.

How: The following steps will be taken:

- CSB will compile all training material and will shift to a quarterly training schedule.
- CSB leadership will review all formulary, procedures, policies, and training materials on an annual basis.
- CSB and the EHR working group (as described in the response to Recommendation 2.1 of Report No. 2023-01 below), will review and evaluate procedures and protocols to ensure they align with EHR workflows.

When: This recommendation will be fully implemented by July 2024.

Contact: Christi Johnson, Deputy Director christijohnson@utah.gov 801-231-4840.

CHAPTER II of Report No. 2023-01–New Recommendations

Recommendation 2.1 of Report No. 2023-01. We recommend that the Clinical Services Bureau management ensure that medical staff are collecting and entering all inmate healthcare requests according to internal policy and NCCHC standards.

Department Response: The Department concurs with this recommendation. Through the move of CSB to DHHS, there is an EHR working group that is implementing this recommendation.

What: CSB leadership will ensure the ongoing implementation of the EHR system and that all staff are trained and informed on the expectations of collecting and entering all health care requests into the EHR, in accordance with NCCHC standards.

How: The following steps have been, or will be, taken to ensure staff are collecting and entering all inmate health requests according to policy and NCCHC standards:

- Manual collection and entry of Inmate Care Requests (ICRs) will be minimized by July 2024. UDC will instead implement an electronic system for submitting ICRs that will integrate with the EHR system in most parts of the prison.
- In areas where paper ICRs are still used, CSB will establish a central collection point for paper ICRs, which will be secured, and picked up and entered at least daily by a designated health staff.
- CSB will develop, implement, and train on a new policy regarding collecting and entering ICRs into the EHR.
- DHHS will provide a bi-annual report to the Executive Directors of UDC and DHHS on the status of NCCHC compliance and accreditation. The report will include an overview of which standards are being met and any corrective action being taken on standards not being met.

When: This recommendation will be fully implemented by July 2024.

Contact: Amanda Alkema, aalkema@utah.gov, (385) 414-1767; Christi Johnson, christijohnson@utah.gov, (385) 214-7556.

Recommendation 2.2 of Report No. 2023-01. We recommend that Clinical Services Bureau management engage with medical staff to address inmate healthcare request related issues including healthcare requests not being entered into the electronic health record system.

Department Response: The Department concurs with this recommendation.Through the move of CSB to DHHS, there is an EHR working group that is implementing this recommendation.

What: CSB leadership will ensure the ongoing implementation of the EHR, including the development of workflows, which will ensure all medical staff are trained consistently on how and what must be entered into the EHR.

How: The following steps have been or will be taken:

- CSB is working closely with the EHR working group to integrate the electronic ICR into the new EHR in alignment with NCCHC standards.
- The Department is working on implementing the use of e-tablets and e-kiosks, allowing most inmates access to enter an ICR electronically.
- Additional funding has been appropriated to correct system challenges in the new EHR and to develop consistent workflows.
- An annual report of any outstanding EHR issues will be provided to the Executive Director of UDC and DHHS.

When: This recommendation will be fully implemented by July 2024.

Contact: Julio Silva, jsilva@utah.gov, (385) 270-7798; Christi Johnson, christijohnson@utah.gov, (385) 214-7556.

Recommendation 2.3 of Report No. 2023-01. We recommend that the Clinical Services Bureau review and examine common operations and processes for the purpose of creating and developing standard operating procedures.

Department Response: The Department concurs with this recommendation.

What: CSB will begin a process of regularly reviewing operations, processes, policies, and procedures. CSB processes will mirror the process implemented in DHHS for the development of policies and procedures, which requires review at a minimum of every three years. Through the move of CSB to DHHS, there is a Service Design and Delivery working group that is supporting the implementation of this recommendation.

How: The following steps have been or will be taken:

- CSB and the Service Design and Delivery working group will continue to evaluate the services and operations of CSB. Through this evaluation, CSB will implement the recommendations for improvement made by the working group.
- CSB will continue to leverage its restructured leadership that includes expertise in both clinical and healthcare operations to support the development, implementation, and improvement of its standard operating procedures.
- CSB will utilize funding appropriated by the Legislature during the 2023 General Session to hire and onboard a CSB research consultant whose primary task will be to review all existing policies and standard operating procedures within CSB.
- CSB will review all standard operating procedures on an annual basis and make any necessary updates.

When: This recommendation will be fully implemented by July 2024.

Contact: Christi Johnson, christijohnson@utah.gov, (385) 214-7556.

Recommendation 2.4 of Report No. 2023-01. We recommend that Clinical Services Bureau management establish a system of accountability including ongoing followups
and regular employee performance evaluations regarding compliance with Bureau policy and newly developed standard operating procedures.

Department Response: The Department concurs with this recommendation.

What: CSB will align job and performance expectations with those established in DHHS. These performance expectations include ensuring that all CSB employees have a clear understanding of their job and individualized goals to increase accountability and performance.

How:

- CSB will develop or update standard performance expectations for each job title in CSB, utilizing the Utah Performance Management (UPM) system.
- CSB supervisors will meet with each employee they supervise and create individual performance goals for the employee, utilizing UPM. In addition, supervisors will hold monthly one-on-ones with those they supervise.
- CSB will ensure that all supervisors attend DHHS or Division of Human Resource Management (DHRM) Supervisor Training annual
- ly.CSB will conduct annual evaluations and quarterly reviews for all employees beginning in Fiscal Year 2024.
- The DHRM, in collaboration with CSB, will produce an annual report to the DHHS Executive Director that will include the number of staff who have current UPMs.

When: This recommendation will be fully implemented by January 2024.

Contact: Christi Johnson, christijohnson@utah.gov, (385) 214-7556; Monica Jimenez (DHRM), mjimenez@utah.gov, (385) 228-0242; Tracy S. Gruber, tracygruber@utah.gov, (801) 538-4001.

Recommendation 2.5 of Report No. 2023-01. We recommend that Clinical Services Bureau management in collaboration with DHHS make the necessary changes to align
culture more appropriately with Bureau strategy and processes.

Department Response: The Department concurs with this recommendation. As part of the transition of CSB to DHHS, creating a culture that reflects outcomes and emphasizes employee accountability is a key measure of success for the transition. This effort is well underway through the CSB Transition Steering Committee and its working groups.

DHHS is well-positioned to ensure the culture within CSB is aligned with effective strategy and process given its emphasis on this throughout the merger of the Utah Department of Health and the Utah Department of Human Services.

What: UDC will continue to support DHHS in embedding its department cultural expectations within CSB. These expectations include ensuring that there is a culture that supports outcomes and accountability to the individuals being served, as well as employees to each other. The development of this culture is supported by embedding three critical components of culture established within DHHS: (1) DHHS' vision that all Utahns have fair and equitable opportunities to live safe and healthy lives; (2) DHHS'

values, including accountability, connection, efficacy, equity, empathy, impact, innovation, and support; and (3) DHHS' five core principles.

In addition to the three components of culture, CSB will create and implement a strategic plan that reflects the RBA principles and framework utilized at DHHS. Through this framework, there will be clearly stated outcomes and performance metrics for which CSB and its staff will be held accountable. This work is already being supported through the involvement and engagement of the DHHS Executive Director and DHHS leadership in overseeing the joint management of CSB alongside UDC leadership.

How: The following steps will be taken to implement this recommendation:

- DHHS and CSB will develop and implement the CSB RBA plan.
- DHHS executive leadership will meet weekly with CSB leadership.
- DHHS will lead monthly CSB all-staff meetings that incorporate cultural expectations.
- CSB will establish a CSB staff council that will support the development of policies, procedures, and workplace norms with which all CSB employees will be expected to align.
- UDC and DHHS will develop and incorporate a joint on-boarding process that reflects the expectations of employees and accountability for ensuring that outstanding and high quality services are provided within CSB.
- CSB Director will serve on the DHHS Executive Leadership Team (ELT) and participate in all DHHS ELT communications and meetings to ensure consistency of expectations that are reflective of DHHS.

When: This recommendation will be fully implemented by January 2024.

Contact: Dr. Michelle Hofmann, mhofmann@utah.gov, (385) 348-1519; Amanda Alkema, aalkema@utah.gov, (385) 414-1767; Dean Weedon, deanweedon@utah.gov, (801) 538-7130.

CHAPTER III of Report No. 2023-01

Recommendation 3.1 of Report No. 2023-01. We recommend that the Clinical Services Bureau ensure that all administered medication is documented as required by internal policy, NCCHC standards, and the Utah Controlled Substances Act.

Recommendation 3.2 of Report No. 2023-01. We recommend that the Clinical Services Bureau engage with medical staff to directly address issues associated with documenting administered medication.

Department Response: The Department concurs with recommendations 3.1 and 3.2.

What: CSB will ensure that its policies, procedures, and operations align with all relevant standards for administration of medication, including NCCHC standards and the Utah Controlled Substance Act. CSB is working with Fusion, the vendor of the EHR system, to implement medication scanning into the EHR. Medication administration expectations and standards will be established, and all staff will be trained to those standards.

How:

- CSB will review and update all policies, procedures, and operations relating to the administration of medication to ensure alignment with relevant NCCHC standards and the Utah Controlled Substance Act.
- CSB will integrate review of all policies and procedures for administration of medication within its annual review of all CSB policies and procedures.
- CSB will incorporate training on the policies and procedures for medication administration within its onboarding training and required annual training for relevant CSB staff.
- CSB leadership will conduct quarterly audits of charting and documentation of administration of medication by pulling a random sample of cases for patients receiving medications.
- In cases of noncompliance, after action reviews and root cause analysis will be conducted by CSB leadership.

When: This recommendation will be fully implemented by January 2024.

Contact: Christi Johnson, christijohnson@utah.gov, (385) 214-7556; Dr. Michelle Hofmann, mhofmann@utah.gov, (385) 348-1519.

Recommendation 3.3 of Report No. 2023-01. We recommend that the Clinical Services Bureau establish a system for the ongoing supervision and monitoring of EMT delegates, including a well-defined reporting structure and consistent performance evaluations of delegated tasks.

Department Response: The Department concurs with this recommendation.

What: The Department, in coordination with DHHS, will review the use of EMTs within CSB to ensure staff is performing within the scope of practice. Additionally, review will be performed to determine the most effective and efficient use of EMTs, including supervision and oversight of EMTs by RNs to optimize existing staff and determining additional staff needed to perform the necessary functions in CSB. This will include defining the role of EMT's, needed supervision in the performance of their functions, and ensuring alignment with NCCHC standards.

How: The following steps will be taken:

- A policy will be developed and implemented which clearly defines the role of EMTs, in accordance with NCCHC standards.
- In response to the original audit, the UDC and DHHS sought additional funding to convert approximately half of the EMT positions to RN roles. This funding was provided by the Legislature through the 2023 appropriated budget. As the shift of CSB to DHHS begins, UDC and DHHS will begin to transition these roles through attrition, thus converting much of the EMT workforce to RNs to ensure compliance with NCCHC standards for EMTs.

When: This recommendation will be fully implemented by July 2024.

Contact: Christi Johnson, christijohnson@utah.gov, (385) 214-7556; Dr. Michelle Hofmann, mhofmann@utah.gov, (385) 348-1519.

Recommendation 3.4 of Report No. 2023-01. We recommend that Clinical Services Bureau management continue to ensure that the electronic health record system is capable of generating data reports that demonstrate compliance with NCCHC standards.

Department Response: The Department concurs with this recommendation.

What: UDC and DHHS will continue the implementation of the working group assigned to ensure the EHR system is operating as contracted. This includes the identification and tracking of issues with the EHR and necessary change requests. UDC and DHHS will conduct an audit of the EHR system to ensure that its functionality aligns with NCCHC standards. Once it has ensured that the system is in compliance with NCCHC standards, it will work with the EHR vendor to identify the needed reports to evaluate compliance with NCCHC standards. Finally, the produced reports will be issued to UDC, DHHS, and CSB leadership on a monthly basis and used to make any necessary adjustments to operations where there are instances in which CSB operations are not in compliance with NCCHC standards.

How: The following steps have been or will be taken:

- CSB and the EHR working group will continue to develop a list of critical issues, a governance structure and a designated process for elevating concerns or issues with the EHR. Through this working group, the issues with the EHR will continue to be tracked, elevated, and fixed, to ensure that NCCHC standards relating to data collection are met.
- UDC will ensure that resources appropriated by the Legislature will be utilized to correct identified challenges within the EHR system.
- CSB will coordinate with Fusion to ensure that the EHR system produces monthly reports that demonstrate compliance with NCCHC standards; reports will be provided to UDC and DHHS Executive Directors, as well as the CSB Director.

- CSB will coordinate with Fusion to produce an annual report of any outstanding EHR issues and identify areas in which CSB is not complying with NCCHC standards as revealed in the EHR reports. UDC and DHHS executive directors will review the annual report with CSB leadership on an annual basis.

When: This recommendation will be fully implemented by July 2024.

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