

A Second In-Depth Follow-Up of Healthcare in State Prisons

Office of the Legislative
Auditor General

Report to the UTAH LEGISLATURE



LEGISLATIVE AUDITOR GENERAL



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June 18, 2025

TO: THE UTAH STATE LEGISLATURE

Transmitted herewith is our report:

“A Second In-Depth Follow-Up of Healthcare in State Prisons” [Report #2025-12].

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.

[Utah Code 36-12-15.3\(2\)](#) requires the Office of the Legislative Auditor General to designate an audited entity’s chief officer. Therefore, the designated chief officer for the Department of Health and Human Services is Tracy Gruber. Tracy Gruber has been notified that they must comply with the audit response and reporting requirements as outlined in this section of *Utah Code*.

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 R. Minchey, CIA, CFE

Auditor General

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PERFORMANCE AUDIT

AUDIT REQUEST

This audit is the second in-depth follow-up of “A Performance Audit of Healthcare in State Prisons (Report No. 2021-17). In 2021, the audit made 16 recommendations intended to improve Clinical Services Bureau’s (CSB) operations. In 2023, we conducted “An In-Depth Follow-Up of Healthcare in State Prisons (Report No. 2023-01)” and found new and continuing deficiencies within the organization. In April 2023, the Legislative Audit Subcommittee prioritized this second-in-depth follow-up.

BACKGROUND

In July 2023, the responsibility of overseeing healthcare in Utah state prisons was transferred from the Utah Department of Corrections (UDC) to the Utah Department of Health and Human Services (DHHS or department). The name of the organization also changed from CSB to the Division of Correctional Health Services (CHS or division), becoming its own division in the department.

A SECOND IN-DEPTH FOLLOW-UP OF HEALTHCARE IN STATE PRISONS



KEY FINDINGS

- ✓ Continued Improvement in Oversight of Medical Operations Is Needed to Address Systemic Deficiencies
- ✓ CHS Has Made Efforts to Provide More Training; However, Ongoing Supervision Could Improve
- ✓ CHS Still Lacks Compliance with Statute, Essential NCCHC Standards, and Division Policy
- ✓ Management Has Improved Its Administrative Processes, but Communication with the Legislature Could Improve

Quality of Care Could Be Further Improved Through Additional Oversight

Although CHS has made some improvements, we found that significant delays and inadequate care are still occurring. This includes insufficient follow-up and ineffective treatment for diabetic inmates.

To address these concerns, the division should improve its internal controls and supervision practices to provide greater oversight. This will enable the division to fully address previously identified systemic deficiencies as well as improve the division’s overall operations.



RECOMMENDATION

- ✓ The Legislative Audit Subcommittee should consider prioritizing a third follow-up audit to be conducted in 24 months.

 **REPORT
SUMMARY**

Additional Effort to Evaluate Implementation Is Needed to Improve Compliance

In “An In-Depth Follow-Up of Healthcare in State Prisons (Report No. 2023-01)”, we identified a culture of noncompliance among prison medical staff. In response to the 2023 audit, Correctional Health Services (CHS or division) took steps to improve the culture and promote accountability.

Despite these efforts, we still found instances of noncompliance with statute, required standards, and division policy in this review. To address these concerns, division management should more effectively allocate its resources.

In addition, the division should also continue to evaluate and improve its system of accountability to address any lingering cultural issues.

New Administrative Processes Lay the Foundation for the Implementation of Audit Recommendations

The division has made significant improvements in its administrative processes; however, not all recommendations have been fully implemented. To fully implement the remaining recommendations, CHS should continue efforts to develop standard operating procedures (SOPs) and systems of accountability while also improving communication with the Legislature.

Additional Effort Is Needed to Fully Implement Past Audit Recommendations

Overall, we are encouraged by the progress that has been made since the 2023 audit. However, despite efforts to address previous audit recommendations, we found that only two additional recommendations from the 2021 audit, and one recommendation from the 2023 audit have been fully implemented.

The graphic to the right shows the current recommendations statuses from both audits.

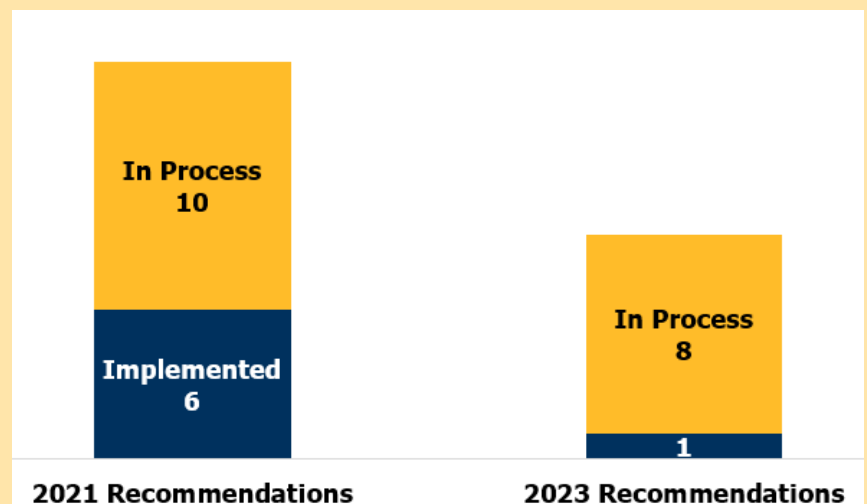


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Introduction

This audit is the second in-depth follow-up of “*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17).” In 2021, our office made 16 recommendations that focused on improving Correctional Health Services’ (CHS or division) operations in the following areas or themes:

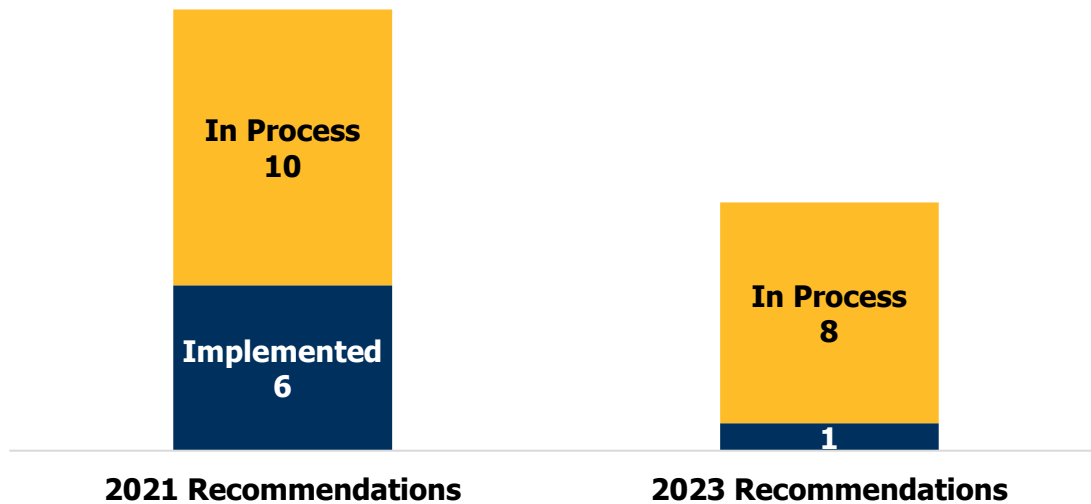
- Management oversight
- Compliance with required statute, standards, and policy
- Administrative processes

In 2023, our office released “*An In-Depth Follow-Up of Healthcare in State Prisons* (Report No. 2023-01)” which found that of the 16 original recommendations made, only four had been fully implemented. Furthermore, to address new and continuing deficiencies, we made nine additional recommendations. In April 2023, the Legislative Audit Subcommittee prioritized this audit, a second in-depth follow-up of healthcare services offered in state prisons. This audit is structured into three chapters to match the three themes mentioned above. Recommendations from both audits have been grouped accordingly. For example, oversight recommendations can be found in the oversight chapter (Chapter 1) and so on. For a full list of recommendations and their associated implementation statuses, see Appendix A.

Overall, we are encouraged by the progress that has been made since the 2023 audit. However, despite efforts to address previous audit recommendations, we found that only two additional recommendations from the 2021 audit, and one recommendation from the 2023 audit have been fully implemented. The graphic below shows the current statuses of the recommendations from both audits.



We are encouraged by the overall progress that has been made since the 2023 follow-up audit; however, we found that only two additional recommendations from the 2021 audit and one additional recommendation from the 2023 audit have been fully implemented.



CHS should continue to develop, implement, and evaluate effective solutions to the issues identified in previous audits to ensure that the remaining recommendations are fully implemented. This report is intended to highlight recent improvements and identify continuing deficiencies. We recognize that some of the unimplemented recommendations may be resolved quickly while others may take longer to implement. Additionally, we note that multiple factors may be contributing to the continuing deficiencies at CHS. For example, those in management and leadership positions that responded to the 2023 follow-up audit are different than those currently overseeing the division. Because of this transition, more time may be needed to fully implement the remaining recommendations. Therefore, CHS should strategically prioritize and address remaining recommendations using an updated timeline as appropriate. Considering that most recommendations remain unimplemented and systemic deficiencies persist, we recommend in Chapter 3 of this report that the Legislative Audit Subcommittee consider prioritizing a third follow-up audit to be conducted in 24 months.

CHS Has Undergone Significant Changes Since the 2021 Audit

CHS has undergone multiple changes that have had a significant impact on the division. In July 2023, the responsibility of prison medical was transferred from the Utah Department of Corrections (UDC) to the Utah Department of Health and Human Services (DHHS). Accordingly, the name of the organization was



also changed from the Clinical Services Bureau (CSB) to CHS, becoming its own division.

Following the transition, DHHS launched a comprehensive internal review of prison healthcare operations and similarly identified serious deficiencies impacting the quality and safety of patient care. As a result, DHHS established three key priorities 1) develop an adverse medical event reporting system, 2) optimize medication administration, and 3)

implement a communications strategy. The review also noted that the division experienced significant employee turnover, which is discussed in Chapter 1. Subsequently, DHHS has taken steps to develop short, intermediate, and long-term staffing solutions. For example, the division developed a staffing plan for some of their primary operations. These improvement efforts have been ongoing and are part of a greater transition to a new organizational structure.



DHHS identified serious deficiencies impacting the quality and safety of patient care.

The Legislature Provided a Significant Investment to Increase the Standard of Care

The Legislature made a significant investment to assist in the transition and increase the standard of care for Utah inmates. In the 2023 General Legislative Session, the Utah Legislature established the “Correctional Institution Clinical Services Transition Account” to ensure the seamless transition of services from UDC to DHHS. This account acted as a temporary spending authority for both UDC and DHHS while the two agencies transitioned the oversight and spending authority.

During the transition period in fiscal year 2023, the Legislature provided a significant investment of ongoing funding to help bolster the standard of care within CHS, and to improve the outcomes of those served.¹

Over \$5 Million

in one-time funding

Over \$13 Million

in ongoing funding increase

The transition account included the base budget for the division, as well as the new supplemental funding and the new ongoing funding granted to CHS in the 2023 General Legislative Session. In Appendix C, we provide an account of appropriation increases related to the transition.

¹ In the 2025 General Legislative Session, an additional \$5 million in one-time funding was approved to address a deficit associated with rising medical costs. Because this appropriation applies to fiscal year 2025, this supplemental funding was not considered in the total amount.

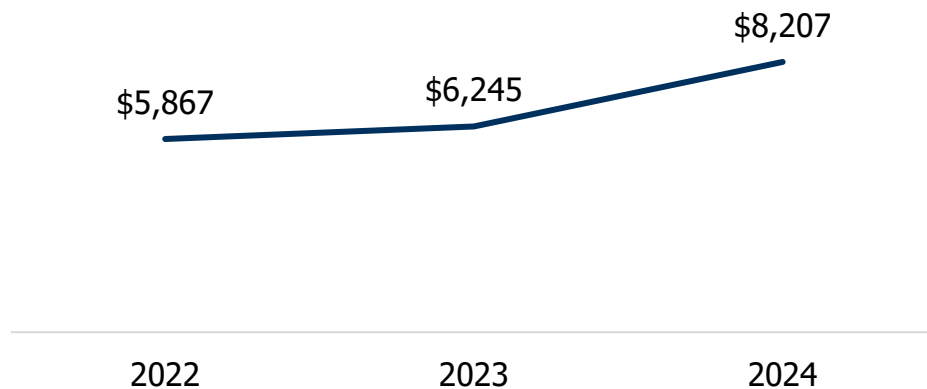


Since the transition, division spending has increased from \$38.1 million in fiscal year 2022 to \$56.8 million in fiscal year 2024. The \$18.7 million expenditure increase has been used in the following ways:

- \$4.6 million increase in external medical charges
- \$3.4 million increase in pharmaceutical medications
- \$8.5 million increase in division personnel
- \$2.2 million in all other expenses

We compared these rising expenditures to the average annual inmate population and found that annual healthcare costs per inmate have risen by more than \$2,340 over a three-year period. This information is depicted in Figure A.

Figure A Prison Healthcare Costs Per Inmate Have Increased Over the Last Three Fiscal Years As CHS Has Taken Steps to Address Inmate Care With Funding Increase From the Legislature. Costs per inmate have increased since the transition from UDC to DHHS by more than \$2,340 as DHHS has worked to improve the quality of care.



Source: Auditor generated based on data obtained from the state data warehouse and UDC.

Healthcare services saw an increase of about 35 full-time equivalents (FTEs) including nine new administrative positions. These increases, combined with rising pharmaceutical and external medical costs, contributed to a “hiring freeze” which began in March 2024.

CHS has taken steps to reduce expenses by applying for and receiving a \$500,000 grant for substance use and mental health. In addition, the division qualified to receive discounted pricing on pharmaceutical medication, resulting in an estimated \$2.7 million in cost savings. We are encouraged by CHS’s efforts to find opportunities for cost savings and increase accessibility to care.





CHAPTER 1 Summary

Quality of Care Could Be Improved
Through Additional Oversight



BACKGROUND

In “A Performance Audit of Healthcare in State Prisons (Report No. 2021-17)” and “An In-Depth Follow-Up of Healthcare in State Prisons (Report No. 2023-01)”, our office made eight recommendations relating to management’s oversight of prison medical operations intended to address multiple systemic deficiencies. These systemic deficiencies at times resulted in delays or a degraded level of care.

Recommendation	2023 Follow-Up Status	Current Status
2021 – 2.1 Ensure that all recommendations are adequately implemented.	In Process	In Process
2021 – 2.2 Launch an internal review to determine if additional changes regarding operations and/or staff are needed.	Implemented	Implemented
2021 – 2.3 Define the term “monitor” in patient charts with specific parameters on a case-by-case basis.	DHHS Follow-up Needed	In Process
2021 – 2.4 Increase oversight to ensure that appropriate case-by-case patient follow-up procedures are being completed.	DHHS Follow-up Needed	In Process
2021 - 2.5 Ensure that all patients have access to appropriate and timely clinical judgements by a qualified healthcare professional and correct treatments and medications.	DHHS Follow-up Needed	In Process
2021 - 2.6 Follow internal policies and professionally recognized standards regarding the administration of insulin and the oversight of inmates with diabetes.	In Process	In Process
2021 - 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.	In Process	In Process
2023 - 3.3 Establish a system for the ongoing supervision and monitoring of EMT delegates, including a well-defined reporting structure and consistent evaluations.	New Recommendation	In Process



CONCLUSION

While CHS has made some improvements, management should improve its internal controls and supervision to provide greater oversight. This will enable the division to fully address previously identified systemic deficiencies.





Chapter 1

Quality of Care Could Be Further Improved Through Additional Oversight

In “A Performance Audit of Healthcare in State Prisons (Report No. 2021-17)” and “An In-Depth Follow-Up of Healthcare in State Prisons (Report No. 2023-01)”, our



While we found that CHS has improved many of its administrative processes, additional oversight could improve the division’s ability to deliver quality healthcare and address systemic deficiencies.

office made eight recommendations relating to the management and oversight of prison medical operations. While we found that Correctional Health Services (CHS or division) has improved many of its administrative processes, additional oversight could improve the division’s ability to address systemic deficiencies and deliver quality healthcare to Utah inmates. Although the Utah Department of Corrections (UDC) and Department of Health and Human Services (DHHS) have both conducted internal reviews of the division, UDC and DHHS executive leadership should continue to monitor the

progress of previous audit recommendations until all have been fully implemented as recommended in the 2021 audit.²

Recommendation	2023 Follow-Up Status	Current Status
2021 – 2.1 Ensure that all recommendations are adequately implemented.	In Process	In Process
2021 – 2.2 Launch an internal review to determine if additional changes regarding operations and/or staff are needed.	Implemented	Implemented

² The original recommendation was for UDC executive leadership to ensure that all recommendations have been implemented; however, with the recent transition of the division to DHHS and the shared responsibility of ensuring inmates receive adequate healthcare, both executive leadership teams should work to ensure that the audit recommendations have been fully implemented.



A complete list of management and oversight recommendations as well as their associated statuses will be discussed throughout this chapter.

1.1 Continued Improvement in Oversight of Medical Operations Is Needed to Address Systemic Deficiencies

Oversight is a key component of ensuring implementation of an organization's mission. Effective oversight ensures that organizational objectives are met through the implementation of policies and procedures while also delegating responsibility to others in the organization as required. In the 2021 audit, we found that systemic deficiencies in prison medical operations negatively impacted patient outcomes. These systemic deficiencies, at times, resulted in delays or degraded levels of care. Although CHS has made some improvements, we found that significant delays and inadequate care are still occurring. This includes insufficient follow-up and ineffective treatment for diabetic inmates. To address these concerns, the division should improve its internal controls and supervision practices to provide greater oversight. This will enable the division to fully address previously identified systemic deficiencies as well as improve the organization's overall operations.

Occurrences of Inappropriate and Inadequate Care Persist

Despite CHS's efforts to provide medical staff with additional training and oversight, we found that some inmates in the prison system have continued to receive inadequate or inappropriate care. The 2021 audit concluded that inmates were receiving inadequate or inappropriate care, and that treatment lacked sufficient follow-up and monitoring. Unfortunately, these issues continue to persist. In this review, our consultant identified continued issues with inadequate or inappropriate care, vague monitoring orders, and insufficient follow-up.



Despite CHS's efforts to provide medical staff with additional training and oversight, we found that some inmates have continued to receive inadequate or inappropriate care.



The 2021 audit made three recommendations that required specialized skill and knowledge from a medical consultant. These recommendations were not part of the 2023 follow-up audit since we elected not to procure a medical consultant due to potential administrative changes with DHHS involvement. In 2024, DHHS hired an independent consultant to conduct a review of the division’s operations. DHHS’s consultant identified similar concerns and provided recommendations to improve documentation and the timeliness of care. These recommendations and their current implementation statuses are as follows:

Recommendation	2023 Follow-Up Status	Current Status
2021 – 2.3 Define the term “monitor” in patient charts with specific parameters on a case-by-case basis.	DHHS Follow-up Needed	In Process
2021 – 2.4 Increase oversight to ensure that appropriate case-by-case patient follow-up procedures are being completed.	DHHS Follow-up Needed	In Process
2021– 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	DHHS Follow-up Needed	In Process

Our Medical Consultant’s Review of Sampled Inmate Health Care Records Found Significant Concerns

In the 2021 audit, we contracted with a medical consultant and public health expert with over 40 years of experience as a medical provider. In this follow-up review, we contracted with the same medical consultant from the 2021 audit who reviewed two samples of records for a total of 50 inmates. Both samples consisted of inmates from the Utah State Correctional Facility (USCF or Salt Lake City Facility) and the Central Utah Correctional Facility (CUCF or Gunnison Facility). The first sample included a total of 40 inmates that were selected at random.³ The second sample included 10 inmates that were selected from a list of recent deaths.

³ Sampled cases were stratified by medical diagnosis and selected at random. Diagnoses were selected based on the recommendations of our medical consultant.



The medical consultant found that the systemic deficiencies identified in the 2023 audit persist. In this review, the consultant found that 50 percent of inmates received inappropriate or inadequate care compared to 17 percent in the 2021 audit; however, some of this increase is the result of incomplete documentation. The consultant's review identified the following issues:

- Inappropriate treatment given for existing medical conditions
- Sporadic and inconsistent administration of medications
- Significant delays in treatment or medication administration



The medical consultant found that 50 percent of sampled inmates received inappropriate or inadequate care, compared to 17 percent in the 2021 audit.

The increase in the percentage of inmates receiving inappropriate or inadequate



46 percent of sampled patients lacked timely care compared to nearly one-third in the 2021 audit.

care is concerning and should immediately be addressed. The medical consultant also found that 46 percent of sampled patients lacked timely care compared to nearly one-third in the 2021 audit. This deepens our concern that inmates are not receiving adequate care in the Utah state prison system.

In addition, the medical consultant identified continuing deficiencies in CHS's follow-up procedures and orders. He determined that 14 percent of inmates did not receive adequate follow-up care when it was applicable. This includes follow-up for chronic conditions such as diabetes and Hepatitis C. The consultant also found that providers in 19 percent of applicable cases left vague orders to "monitor" the inmates' condition, resulting in infrequent checks by medical staff.

Furthermore, the medical consultant determined that 36 percent of patient charts lacked sufficient documentation, making it difficult to determine if inmates were receiving adequate care. This included limited documentation of medical exams and patient history. The consultant also noted significant concerns regarding the lack of documentation for administered medication—an issue that is discussed in Chapter 2 of this report. The lack of documentation made it difficult to determine if inmates were receiving medication, or if changes in treatment were needed to improve the patient's condition; both factors



The medical consultant determined that 36 percent of patient charts lacked sufficient documentation, making it difficult to determine if inmates were receiving adequate care.



contributed to our consultant's conclusions of inadequate or inappropriate care. The medical consultant's complete report can be found in Appendix B.

As a result of the consultant's findings, CHS should take immediate steps to correct these continuing deficiencies. To address deficiencies identified in the 2021 audit, CHS offered additional training on providing adequate



Medical staff at the Gunnison prison site perform chart reviews of provider documentation to address insufficient documentation or situations that may require additional follow-up.

documentation. The division has also developed a chronic care team that tracks patients with chronic care needs to better provide them with ongoing care. Management also regularly conducts chart reviews for recent inmate deaths to determine if opportunities for additional training exist and providers discuss common problems in weekly or biweekly roundtables. Although CHS has made efforts to address these concerns, the lack of significant improvement in these three recommendations is troubling, and additional steps should be taken to address these deficiencies. At the Gunnison prison

site, nursing staff perform chart reviews of provider documentation to address insufficient documentation or situations that may require additional follow-up. These reviews are an example of an internal control that could be implemented at the Salt Lake prison site. To ensure inmates receive adequate care, management should develop additional oversight to improve CHS practices related to these recommendations.

Diabetic Care Has Improved, But Is Still Inadequate

Coordination and effective oversight are vital to treating diabetes in a correctional setting. Despite efforts to coordinate with UDC's staff and evaluate effectiveness, some diabetic inmates continue to experience significant delays between mealtimes and insulin administration. Significant delays can increase the risk of hypoglycemia⁴ and diminish the effectiveness of the treatment provided by medical staff.



Some diabetic inmates continue to experience significant delays between insulin administration and mealtimes.

⁴ Hypoglycemia is defined as a condition in which blood glucose levels drop below 70 mg/dL. Symptoms could include, but are not limited to, shakiness, irritability, confusion, tachycardia, and hunger. In extreme cases hypoglycemia can lead to a loss of consciousness, seizure, coma, or death.



In the 2021 audit, we found that insulin was not being administered according to professionally recognized standards. According to the American Diabetic Association (ADA) and the Federal Bureau of Prisons (BOP), rapid-acting insulin should be administered within 15-30 minutes of eating to reduce the risk of hypoglycemia.⁵ Additionally, CHS now includes a 30-minute standard between insulin delivery and meals as part of its internal policy. We identified significant delays in insulin delivery in both the 2021 and 2023 audits. Despite previous efforts to coordinate insulin and mealtimes, diabetic inmates are still experiencing significant delays at the Utah State Correctional Facility (USCF) in Salt Lake County.

In Chapter 3, we refer to a staffing analysis conducted by the division indicating that 18 percent of the positions required for pill line⁶ were vacant as of February 2025. Reportedly, these vacancies place a heavier burden on medical staff conducting pill lines, which could result in significant delays.

Recommendation	2023 Follow-Up Status	Current Status
2021 – 2.6 Follow internal policies and professionally recognized standards regarding the administration of insulin and the oversight of inmates with diabetes.	In Process	In Process

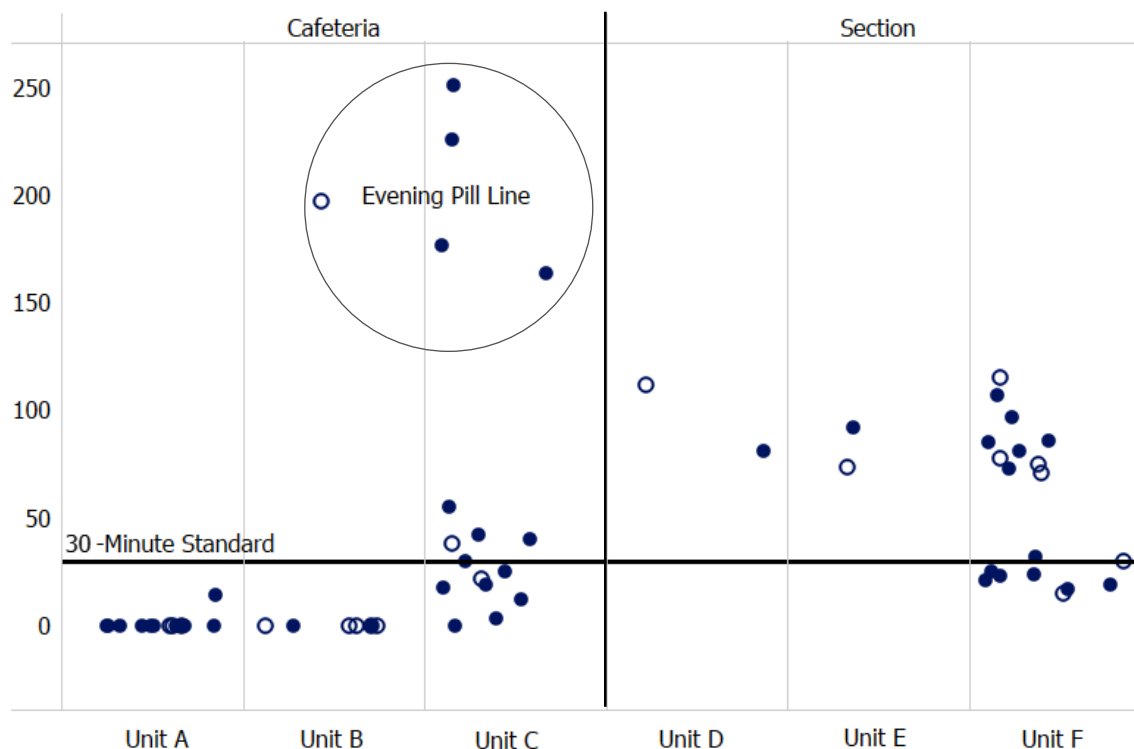
Throughout the course of this audit, we observed insulin delivery for 63 different inmates at pill lines in eight different USCF housing units. These observations included morning, afternoon, and evening pill lines. Of the 63 inmates, 24 (or 38 percent) experienced delays outside of the 30-minute standard. These delays happened most frequently in sections where food trays were delivered to inmates (up to 115 minutes), and during evening pill lines (up to 251 minutes). The length of these delays is concerning considering most of the diabetic inmates received rapid-acting insulin. Figure 1.1 shows the distribution of our observations and compares the difference between those who have meals delivered to their housing unit and those who leave the section to eat.

 **Delays happened most frequently in sections where food trays were delivered to inmates, and during evening pill lines.**

⁵ According to the BOP, if the rapid-acting insulin dose is not high enough to cause at least some symptoms of hypoglycemia in the absence of food, then it is also not high enough to provide adequate glucose control.
⁶ 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.



Figure 1.1 Buildings That Deliver Meals to Inmate Housing Units Often Experience Delays Between Mealtimes and Insulin Delivery. We found that inmates housed in buildings where food is delivered to the section more often experience delays between mealtimes and receiving insulin than inmates who leave the section to eat in another location. Exceptions to this include inmates who received insulin during evening pill line.



Note: Closed dots represent inmates who received rapid-acting insulin. Open dots represent inmates who received insulin other than rapid-acting.

Source: Auditor observations and USCF custody logs.

We found that the practice of administering insulin to inmates close to the time they leave their housing unit to eat in another location has been implemented. However, additional coordination is needed in sections that have food delivered. For example, during our pill line observations, we saw food arriving in two neighboring sections at close to the same time. The pill line in the first section started nearly the same time food arrived; however, by the time the medical staff began administering pill line to the second section, more than an hour had passed from the time food had been delivered. This increased the delay between mealtimes and insulin in the second section by over an hour. Moreover, even though we only observed two evening pill lines,⁷ we found that these pill lines occurred well outside mealtimes. As a result, inmates who received insulin during evening pill lines did so well outside the 30-minute standard, increasing the risk of hypoglycemia and diminishing the effectiveness of the treatment.

⁷ Evening pill lines are scheduled to begin from 7:00 PM and can last until 9:00 PM.



CHS and UDC Have Taken Steps to Mitigate Meal Delays. To mitigate concerns regarding delays between insulin administration and mealtimes, we



We observed medical staff offering additional food items in the form of crackers to inmates receiving insulin, but this did not occur in 19 of the 63 observations (30 percent).

observed medical staff offering additional food items in the form of crackers to inmates receiving insulin, but this did not occur in 19 of the 63 observations (30 percent). These inconsistencies demonstrate the irregularities in the implementation of this control. In response to our office's concerns in previous audits regarding insulin distribution, CHS developed a policy to mitigate the delays between insulin delivery and mealtimes by mandating that medical staff coordinate with custody staff to ensure that diabetic

inmates receive meals within one hour of insulin delivery; however, we did not see this occur during the only disruption we witnessed during our pill line observations. Custody staff in some housing units also have access to additional food items or crackers if an inmate experiences a hypoglycemic episode.⁸ Although this can help mitigate the impact that meal delays can have on diabetic inmates, the custody staff that we spoke with were not always aware of their responsibility or the availability of additional food items. Additionally, a lack of coordination between diabetic inmates receiving insulin in connection with mealtimes could diminish the effectiveness of CHS's treatment for diabetic inmates. According to the BOP,

The Federal Bureau of Prisons

"The correctional environment poses challenges for coordinating insulin administration with food intake, particularly for inmates on [rapid-acting] insulin. The consequences of insulin/food mismatch are, at best, suboptimal control of hyperglycemia; at worst, the result of insulin/food mismatch is frequent and potentially severe hypoglycemic episodes. Because of the many factors in a correctional environment that can interfere with the optimal timing of insulin and food, the insulin regimen should be as 'forgiving' as possible. The shorter the onset and peak of the insulin, the more critical it is to coordinate food intake with insulin administration."

⁸ We also note that some inmates have access to additional food through commissary placing an added responsibility for health on the inmate. Inmates can also be prescribed additional food to keep on hand if needed; however, CHS reports that this is most often a temporary measure.



This demonstrates the importance of coordinating with custody staff because delays could result in, at best, suboptimal treatment for diabetic inmates or, at worst, hypoglycemia which could lead to more serious complications. Considering this, CHS and UDC should make additional efforts to coordinate insulin and meal delivery to increase the effectiveness of their treatment.

Conversely, the Gunnison prison site has developed a system to effectively coordinate insulin administration and meal delivery with custody staff. At CUCF, medical staff are required to wait for diabetic pill line until custody has confirmed that meals have arrived at the housing unit and are ready to be delivered. According to CUCF leadership, medical staff coordinate with custody staff and meals are not served until pill line can occur. At USCF, staff vacancies may prevent pill lines at the Salt Lake prison site from occurring simultaneously. Staff vacancies will be discussed in greater detail in Chapter 3 of this report.



At CUCF, medical staff are required to wait for diabetic pill line until custody has confirmed that food has arrived at the housing unit.

We believe that additional coordination in addressing this issue at USCF is attainable. In response to the previous audits, CHS has developed a performance metric to document test results for diabetic inmates. It has also commenced conducting monthly reviews of diabetic inmates. The division has similarly found significant delays between the administration of insulin and mealtimes. Continued evaluations regarding the effectiveness and additional efforts to coordinate with custody staff could help to provide better care for diabetic inmates.

1.2 CHS Has Made Efforts to Provide More Training; However, Ongoing Supervision Could Improve

Lastly, while CHS has made improvements, we found that emergency medical technicians (EMTs) still perform delegated nursing tasks with limited



EMTs administer controlled substances and insulin at pill lines, which require supervision and monitoring from a registered nurse.

supervision from nursing staff. Therefore, recommendations associated with this area are still considered “in process.” In the 2021 audit, we noted concerns with the practice of using EMTs in a nonemergency setting, such as administering medications at pill line. Although EMTs possess some clinical training, their scope of practice is primarily focused on medical emergencies. UDC countered that

EMTs administering noncontrolled substances at pill line falls within an EMT’s scope of practice; however, we found that EMTs administer controlled



substances and insulin at pill lines—both of which qualify as delegated tasks requiring supervision and monitoring from a registered nurse.

Recommendation	2023 Follow-Up Status	Current Status
2021 – 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.	In Process	In Process
2023 – 3.3 Establish a system for the ongoing supervision and monitoring of EMT delegates, including a well-defined reporting structure and consistent evaluations.	New Recommendation	In Process

In 2023, we recommended that CHS establish a system for the ongoing supervision and monitoring of EMT delegates, including a well-defined reporting structure and regular performance evaluations of delegated tasks. According to *Administrative Rule R156-31b-701a (5)* a nurse is required to complete the following responsibilities related to monitoring and supervision for delegated tasks:

Administrative Rule R156-31b-701a (5)

“[Requirements] for a delegator during the supervision and monitoring of a task are as follows:

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

In this review, we found that EMTs perform the same functions that they did in previous audits and that ongoing supervision of these delegated tasks could still improve. Nevertheless, CHS has shown improvement in its capacity to train medical staff. Related to previous audit recommendations, the division developed a required training module on how to administer medication



including the different types of medication and their common side effects. Management has also placed greater emphasis on training nurses regarding delegated tasks and evaluating whether the needs of patients are being met. Additionally, we saw communication improvements including the implementation of daily update meetings and daily care team meetings involving medical, mental health, and custody staff.

Despite these efforts, ongoing supervision for EMTs can still improve. For example, we reviewed calendar year 2024 and 2025 annual employee evaluations for EMTs and found that all 23 of these evaluations were incomplete. As a result, we question the effectiveness of these evaluations.



We reviewed calendar year 2024 and 2025 annual employee evaluations for EMTs and found that all 23 of these evaluations were incomplete.

It is important to note that CHS has plans to conduct quarterly surveys of nurses and EMTs on the performance of delegated tasks. These are still in the process of being developed.



The lack of ongoing supervision is concerning because we identified multiple deficiencies in delegated tasks.

The lack of ongoing supervision is concerning because we identified multiple deficiencies in delegated tasks. For example, we noted instances when the administration of insulin and controlled substances lacked documentation in CHS's electronic health record system (EHR). The lack of documentation undermines the division's ability to

evaluate whether inmates are receiving adequate care—an issue addressed in greater detail in Chapter 2. We also noted instances when narcotic accountability logs,⁹ a measure put in place to track the chain of custody for controlled substances, were incomplete. This reduces CHS's ability to ensure that medication is delivered to the intended recipient and creates a security risk within the prison. Although CHS has made improvements, the continuation of these deficiencies for delegated tasks indicates a need for additional ongoing supervision. As such, we believe that ongoing supervision can improve.

⁹ **Utah Code** requires effective controls to be established and maintained to prevent the diversion of controlled substances. A control implemented by the division is the practice of medical staff documenting the change of possession of a controlled substance by using narcotic accountability logs. However, this process has not been consistently applied and has resulted in statutory noncompliance.



CHAPTER 2 Summary

Additional Effort to Evaluate Implementation
Needed to Improve Compliance



BACKGROUND

In “A Performance Audit of Healthcare in State Prisons (Report No. 2021-17)”, our office made four recommendations relating to compliance. In “An In-Depth Follow-Up of Healthcare in State Prisons (Report No. 2023-01)”, our office identified a culture of noncompliance and made five additional recommendations.

Recommendation	2023 Follow-Up Status	Current Status
2021 - 3.2 Ensure that personnel in Correctional Health Services fully comply with required NCCHC standards.	In Process	In Process
2021 - 3.3 Ensure compliance with statute regarding the protection of personal health information.	In Process	In Process
2021 - 3.4 Follow the inmate handbook regarding copays for mental health services.	In Process	Implemented
2021 - 4.1 Follow <i>Administrative Rule</i> when implementing incentive programs.	Implemented	Implemented
2023 - 2.1 Ensure that medical staff are collecting and entering all inmate healthcare requests according to internal policy and NCCHC standards.	New Recommendation	In Process
2023 - 2.2 Engage with medical staff to address inmate healthcare request related issues including healthcare requests not being entered into the electronic health record system.	New Recommendation	In Process
2023 - 2.5 Management, in collaboration with DHHS, make the necessary changes to align culture more appropriately with Bureau strategy and processes.	New Recommendation	In Process
2023 - 3.1 Ensure that all administered medication is documented as required by internal policy, NCCHC standards, and statute.	New Recommendation	In Process
2023 - 3.2 Engage with medical staff to directly address issues associated with documenting administered medication.	New Recommendation	In Process



CONCLUSION

Despite efforts to promote accountability and improve compliance, we still found instances of noncompliance with statute, required standards, and CHS policy in multiple areas.





Chapter 2

Additional Effort to Evaluate Implementation Is Needed to Improve Compliance

In “*An In-Depth Follow-Up of Healthcare in State Prisons* (Report No. 2023-01)”, our office identified a culture of noncompliance among prison medical staff. In response to the 2023 audit, Correctional Health Services (CHS or division) took steps to improve the culture and promote accountability. For example, CHS has placed a greater emphasis on self-reporting negative medical events with the intention of promoting growth and training. Changes in staff and disciplinary action have also occurred as deemed necessary by division management.



Multiple recommendations related to compliance are still “in process” although progress has been made.

Despite these efforts, we still found instances of noncompliance with statute, required standards, and division policy in this review. Therefore, multiple recommendations related to compliance from “*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)” and the 2023 audit are still considered to be “in process” although progress has been made. A complete list of compliance recommendations and their associated statuses will be discussed throughout this chapter.

2.1 CHS Still Lacks Compliance with Statute, Essential NCCHC Standards, and Division Policy



CHS has made significant improvements in many of the recommendations made in previous audits.

We acknowledge that occurrences of noncompliance may still happen despite management’s best efforts to promote and maintain accountability. We also recognize that CHS has made significant improvements in many of the compliance recommendations made in previous audits.



Recommendation	2023 Follow-Up Status	Current Status
2021 - 3.4 Follow the inmate handbook regarding copays for mental health services.	In Process	Implemented
2021 - 4.1 Follow <i>Administrative Rule</i> when implementing incentive programs.	Implemented	Implemented
2023 - 2.5 Management, in collaboration with DHHS, make the necessary changes to align culture more appropriately with Bureau strategy and processes.	New Recommendation	In Process

For example, CHS has been compliant with *Administrative Rule* regarding employee incentives and internal policy on mental health copay charges—both of which were previously identified problems as recorded in the 2021 audit. Despite these improvements, we found frequent noncompliance in other areas, leading us to conclude that additional work is required to address prior audit recommendations.

Although we identified continued noncompliance, we also recognize that barriers to care still exist. Barriers such as frequent turnover and a lack of personnel resources have likely contributed to CHS’s ability to fully comply. Ongoing concerns with the electronic health record system and the complexity of the inmate population have also contributed to CHS’s efforts to implement a system for complete compliance. That said, division management should more effectively allocate its resources to address these concerns. In addition, the division should also continue to evaluate and improve its system of accountability to address any lingering cultural issues.



CHS should continue to evaluate and improve its systems of accountability.

CHS Has Taken Steps to Create Systems of Accountability; However, Additional Steps Need to Be Taken. In the 2023 audit, we found that medical staff were not thoroughly reviewing emergency medical bags¹⁰ and replacing expired medical supplies. Failing to complete these checks could diminish the effectiveness of the emergency response and increase the risk of infection.

¹⁰ A jump bag, or “jump kit,” is the primary trauma bag carried by EMTs and paramedics. It contains a basic set of emergency supplies and other items.

Management has since implemented a process for holding staff accountable by means of medical bag seals, daily logs, and weekly audits; however, our review found expired medical supplies in six out of the seven bags we checked at the Utah State Correctional Facility (USCF or Salt Lake City Facility) and all four of the bags checked at the Central Utah Correctional Facility (CUCF or Gunnison Facility). Figure 2.1 shows examples of medical bag seals as well as expired emergency medical supplies.

Figure 2.1 Emergency Medical Bags Are Not Being Thoroughly Reviewed Despite Efforts to Improve Accountability. Searches of emergency medical bags found multiple examples of expired medical supplies. Expired medical supplies are highlighted using red circles.



Source: Auditor generated based on emergency medical bag checks.

Upon review, we found that CHS's accountability process provided only a surface-level inspection of its emergency medical bags. After the issue was discussed with division management, we conducted an additional review and found no expired medical supplies. To ensure consistent implementation, CHS should continue to evaluate and improve its process and provide continuous accountability for medical staff in preparation for future emergency situations.



After the issue of expired supplies was discussed with CHS management, our team conducted an additional review and found no expired supplies.



Correctional Healthcare Services Can Improve Compliance with NCCHC Standards to Demonstrate Effectiveness of Care

In previous audits, we identified issues of noncompliance with multiple “essential” standards required for accreditation with NCCHC. According to *Utah Code*,¹¹ state correctional facilities are required to maintain this accreditation.

Recommendation	2023 Follow-Up Status	Current Status
2021 - 3.2 Ensure that personnel in Correctional Health Services fully comply with required NCCHC standards.	In Process	In Process

The Gunnison prison site recently completed its reaccreditation with NCCHC in 2024. Consequently, the deficiencies we identified in this report are primarily associated with the Salt Lake prison site. Although this follow-up audit is not an accreditation review, CHS leadership has reported that they expect the accreditation review for USCF to occur sometime in the fall of 2025. The upcoming review escalates our concern with continuing issues. Therefore, CHS should take steps to quickly address any remaining concerns.

 **CHS should quickly take steps to address concerns related to essential NCCHC standards.**

We also want to recognize the progress that CHS has made in addressing many of the deficiencies previously identified in past audits. For example, NCCHC standards require the following:

- An initial health assessment within seven days of arrival at the facility
- A mental health evaluation within 30 days of arrival at the facility
- An oral examination (performed by a dentist) within 30 days of arrival at the facility

We estimate that approximately 99 percent of all inmates in calendar year 2024 received each of the assessments within the required timeframe. We are encouraged with the division’s progress and efforts as they continue toward full compliance. A full list of CHS’s compliance efforts with NCCHC accreditation standards can be found in Appendix D of this report.

¹¹ *Utah Code 64-13-39*



Inmate Health Care Requests Are Still Not Being Responded to Promptly



Inmate healthcare requests are the primary method used by inmates to communicate their medical needs to CHS staff.

The primary method for inmates to communicate their medical needs is through inmate healthcare requests (HCRs). These requests have historically been submitted verbally or physically using paper forms. According to NCCHC standards, HCR requests are required to be picked up, reviewed, and triaged daily by healthcare professionals. Furthermore, a face-to-face

evaluation should be conducted within 24 hours of receipt by healthcare staff if applicable.¹² In the 2023 follow-up audit, we found that HCRs were experiencing significant delays, including some being thrown away by medical staff. Although CHS has made some improvements, these problems are still occurring.

Recommendation	2023 Follow-Up Status	Current Status
2023 - 2.1 Ensure that medical staff are collecting and entering all inmate healthcare requests according to internal policy and NCCHC standards.	New Recommendation	In Process
2023 - 2.2 Engage with medical staff to address inmate healthcare request related issues including healthcare requests not being entered into the electronic health record system.	New Recommendation	In Process

Multiple HCRs We Reviewed Experienced Delays. Due to concerns with HCRs not being entered into the EHR system, the division revised its policy to streamline its processes and limit the collection of HCRs to night shift staff. We reviewed documentation for 56 inmate HCRs from multiple buildings at USCF and found that seven HCRs had not been entered. Although the severity of the issues identified in the requests varied, we did find some that had potentially

¹² NCCHC notes that not every written healthcare request requires a face-to-face evaluation. For example, requests for an extra blanket, a religious diet, or asking a question about a copayment are some of the reasons provided by NCCHC to omit a face-to-face evaluation.



serious medical concerns. Below are a few examples of HCRs that were not entered into the division's EHR system:

Example 1

An inmate claiming that they were feeling homicidal.

Example 2

An inmate requesting to schedule a visit with a provider to renew blood pressure medication.

Example 3

An inmate requesting to meet with a provider to be prescribed an anti-psychotic medication and schedule an appointment with a therapist.

While inmates can alert custody staff during emergency situations, we are concerned that missed HCRs could diminish the division's ability to provide treatment in what could become life-threatening scenarios.

Additionally, we are concerned that inmates are experiencing other delays in the HCR process. For example, after reviewing drop box collection points, we found that HCRs are not always being picked up by night shift staff—similar to what was observed in the 2023 audit. According to NCCHC standards and CHS policy, HCRs should be entered by healthcare staff within 24 hours. We documented multiple healthcare requests that exceeded this standard. One request was entered 13 days after we observed it being collected. We also noted significant delays in the prioritization process with 53 percent of HCRs at the Salt Lake prison site and 23 percent at Gunnison prison site not being prioritized or triaged within the 24-hour standard as required by NCCHC and division policy. Furthermore, some of the healthcare requests had no record of being triaged although it appears that some were seen by providers soon after.



We reviewed HCR drop boxes and found that HCRs are not always being picked up by night shift staff.



Additionally, we found that not all qualifying HCRs appear to be receiving face-to-face evaluations within the 24-hour timeframe required by NCCHC standards



We found that 49 of the 56 HCRs we documented did not receive a face-to-face evaluation within 24-hours.

and division policy. We documented 56 HCRs at various points in the request process and found that 49 did not receive a face-to-face evaluation within 24 hours. We analyzed the division's HCR data and found that, in calendar year 2024, 68 percent of healthcare requests at the Salt Lake prison site (USCF) did not receive a face-to-face assessment. Although

not all HCRs require a face-to-face evaluation, only six percent of HCRs at the Gunnison prison site the same year did not receive a face-to-face. We reviewed HCRs at USCF that did not receive a face-to-face and confirmed that no face-to-face evaluations were performed for some of the following issues:

- Request to see a cardiologist relating to problems in the upper chest
- Gastrointestinal bleeding
- An abscessed¹³ tooth

These examples indicate a lack of compliance with NCCHC standards, potentially delaying care. Moreover, we are concerned that this issue may become exacerbated through a new HCR submission system.

A New Electronic HCR Submission Process Creates Greater Reliance on Receiving Prompt Face-to-Face Evaluations.

The 2023 follow-up audit suggested transitioning to an electronic HCR submission process to provide evidence that every submitted HCRs is recorded in the prison's EHR system. In response, an electronic submission option was developed for CUCF in the summer of 2024 and for USCF in April 2025. We recognize these improvements and support the division's efforts to transition to an electronic submission system but note that privacy concerns reportedly



CHS developed an electronic submission option for HCRs which has been implemented at both facilities.



CHS should develop processes to assess the division's effectiveness at entering, triaging, and responding to HCRs.

prevent the requestor from including any additional comments outside of simply requesting a visit. These processes create a greater reliance on prompt face-to-face visits to directly address concerns and place an added burden on medical staff since every request must receive a face-to-face evaluation to prioritize severity. Paper submissions are also still available to

¹³ An enclosed collection of pus that is a sign of infection and is usually swollen and inflamed.



inmates as some inmates prefer paper or do not have access to tablets. As a result, physical HCR submissions may still be left unentered by medical staff. To mitigate these risks, CHS should monitor the implementation of the electronic submission system and develop processes to assess the division’s effectiveness in entering, triaging, and responding to HCRs.

Protected Health Information and Medication Still Lack Proper Disposal, and Biohazard Containers Were Left Unsecure

In addition to providing quality care, each member of CHS staff has the responsibility to protect the privacy of their patients and maintain a secure facility. In the 2021 and 2023 audits, we found that protected health information (PHI) and medication were being improperly disposed of contrary to statute,¹⁴ NCCHC standards, and the division’s policy. In response, management placed shredders in medical areas, conducted training, and implemented weekly random checks of medical rooms.

Recommendation	2023 Follow-Up Status	Current Status
2021 - 3.3 Ensure compliance with statute regarding the protection of personal health information.	In Process	In Process

We conducted five reviews of USCF dumpsters and found that PHI was still being improperly discarded.¹⁵ These actions pose a risk to inmate security and privacy. We also conducted a review of the CUCF dumpsters and found multiple occurrences of PHI being improperly discarded. Figure 2.2 shows examples of PHI found by the audit team.

¹⁴ According to **Utah Code 63G-2-302(1)(b)** the following are considered private and may not be disclosed except under specific circumstances: “records containing data on individuals describing medical history, diagnosis, condition, treatment, evaluation, or similar medical data.”
¹⁵ Some medication is prescribed by providers for inmates to “keep on person”; however, the PHI we found in dumpsters included medication packets and bottles that are required to be retained by medical staff, leading us to conclude that medical staff improperly discarded the PHI.

Figure 2.2 PHI Still Found in Trash and Biohazard Bins Are Still Left Unsecured. We conducted searches of medical room trash and prison dumpsters and found multiple occurrences of PHI that were improperly discarded. We also found nine instances where biohazard containers were left unlocked, creating a potential safety risk.



Source: Auditor generated based on observations of medical room trash and prison dumpsters.

Furthermore, during our reviews of medical room trash bins, we found improperly discarded medication and PHI. One instance that was especially concerning was when our team found a packet containing a controlled substance and narcotic in medical room trash instead of being properly disposed of, posing a potential security risk.

Additionally, the 2023 follow-up audit found that biohazard bins containing sharp medical instruments such as scissors and needles as well as other hazardous materials were being left unlocked, one of these in an area accessible to inmates. During this audit, we found biohazard bins left unlocked on multiple occasions, creating a health and safety risk. This issue was discussed with CHS leadership who report that they have since implemented daily checks and conducted additional reviews to mitigate these concerns. As such, CHS should continue to evaluate and improve its accountability processes and provide additional training for staff as required.



Our team found a packet containing a controlled substance and narcotic in medical room trash instead of being properly disposed of by medical staff.



Controlled Substances and Insulin Still Lack Proper Documentation, but New Processes Are Being Developed

Lastly, proper documentation of administered medication is a fundamental aspect of delivering appropriate care to inmates and preventing the diversion of medications to unintended recipients. The lack of documentation diminishes CHS’s ability to determine if they are providing adequate care to state inmates. In the 2023 audit, we found that medications critical to patient care were not properly documented by medical staff, contrary to NCCHC standards and division policy. These medications included mental health medications, seizure medications, and insulin. During the 2023 review, we also found multiple examples of a lack of documentation of controlled substances which is required by the Utah Controlled Substances Act.

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 . . .”

In response to our findings in the 2023 audit, CHS required medical staff to document administered medications in patient charts at the time the medication was given. Management also made efforts to track the number of medications that are not being documented and engage with staff to address these concerns. Despite these efforts, we found that controlled substances continue to lack sufficient documentation, limiting the division’s ability to provide quality care.

Recommendation	2023 Follow-Up Status	Current Status
2023 - 3.1 Ensure that all administered medication is documented as required by internal policy, NCCHC standards, and statute.	New Recommendation	In Process
2023 - 3.2 Engage with medical staff to directly address issues associated with documenting administered medication.	New Recommendation	In Process



During this audit, we focused most of our efforts on reviewing the electronic health records of inmates receiving controlled substances. We opted to do this because of the potential for diversion¹⁶ and abuse. We reviewed six months of controlled substances documentation for 27 inmates from four different buildings at the Salt Lake prison site. Over the six-month period, we identified 109 instances for which no documentation of administration existed. We cross-checked chain of custody records for the medication to ensure that the medication was picked up by medical staff and not returned to the pharmacy. Therefore, it is unclear whether these controlled substances were administered to the intended recipient or diverted by some other means. These actions



Despite management's efforts, we found that controlled substances lack sufficient documentation of administration.

demonstrate noncompliance with statute, NCCHC standards, and administrative policy.

To better address charting and documentation issues, CHS implemented a barcode scanner approach allowing medical staff to scan medication as it is administered to inmates. Despite this automatic documentation process, we still found gaps in inmate patient charts after automation was implemented.

Furthermore, we attended multiple pill lines at USCF after scanners were introduced. We noted that medical staff failed to scan barcodes for controlled substances because of the time it adds. During one of these pill lines, a nurse administered an incorrect dose, demonstrating the need for additional training, evaluation, and follow-up to fully address this recommendation.

Lastly, a recent update to the prison's EHR system enables medical staff to review medications that have not been marked as "administered" or "not administered" after each pill line.

However, staff and shift supervisors are not always utilizing this tool. When used correctly, this tool provides additional accountability for staff and serves as a method to evaluate the implementation of these processes, ensuring compliance with CHS policy and NCCHC standards. Therefore, CHS should continue to develop and refine its accountability processes related to medication administration.



CHS should continue to develop and refine its accountability and medication administration processes.

¹⁶ The Department of Health and Human Services (DHHS) 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.



CHAPTER 3 Summary

New Administrative Processes Lay the Foundation
for the Implementation of Audit Recommendations



BACKGROUND

In this chapter, we discuss the work that has been done to improve CHS's administrative processes. In the 2021 and 2023 audits, we made eight recommendations intended to improve CHS's administrative processes. These included updating policy, developing standard operating procedures, improving data-reporting systems, and developing meaningful performance metrics.

Recommendation	2023 Follow-Up Status	Current Status
2021 – 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
2021 - 2.8 Develop policies, where appropriate, that help the organization be more compliant with CDC for medical issues such as COVID-19.	Implemented	Implemented
2021 - 4.2 Be transparent with the Legislature in how program funds are being used.	Partially Implemented	In Process
2021 - 4.3 Create meaningful performance metrics that reflect program activity.	In Process	In Process
2021 - 4.4 Ensure that CHS's formulary, procedures, policies, and training materials are all up to date.	In Process	Implemented
2023 - 2.3 Review and examine common processes for the purpose of creating and developing standard operating procedures.	New Recommendation	In Process
2023 - 2.4 Establish a system of accountability regarding compliance with Bureau policy and newly developed standard operating procedures.	New Recommendation	In Process
2023 - 3.4 Continue to ensure that the electronic health record system can generate reports that demonstrate compliance with NCCHC standards.	New Recommendation	Implemented



CONCLUSION

While we found that administrative processes have generally improved, CHS could still increase its communication with the Legislature regarding the needs of the organization. This could provide the Legislature with important information as CHS works to address critical needs.





Chapter 3

New Administrative Processes Lay the Foundation for the Implementation of Audit Recommendations

In “*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)” we identified a need to improve Correctional Health Services’ (CHS or division) administrative processes and made five associated recommendations. In 2023, we released “*An In-Depth Follow-Up of Healthcare in State Prisons* (Report No. 2023-01)” which shows that three out of the five administrative recommendations had not been fully implemented. The 2023 follow-up audit also made three additional recommendations to address administrative concerns related to a lack of standardized processes and poor data reporting capabilities. Since then, the division has made significant improvements, but not all recommendations have been fully implemented. To fully implement the remaining recommendations, CHS should continue efforts to develop standard operating procedures (SOPs) and systems of accountability while also improving transparency with the Legislature. While associated recommendations and their current implementation statuses can be found throughout the chapter, a complete overview of all recommendations and their associated statuses can be found in Appendix A.

3.1 Management Has Improved Its Administrative Processes, but Communication With the Legislature Could Improve

Of the 25 combined recommendations made in the 2021 and 2023 audits, eight were intended to improve CHS’s administrative processes. These recommendations included updating policy, developing SOPs, improving data-reporting systems, and developing meaningful performance metrics. Overall, we found that CHS has made substantial progress in this area, laying a foundation for the division to make additional improvements and address recommendations that have not yet been fully implemented.



CHS has made substantial progress in updating policy, developing standard operating procedures, and improving data-reporting systems and performance metrics.

CHS Has Made Efforts to Update Policy and Standardize Processes for Medical Staff

Policies and procedures are fundamental to the success of an organization. In *“The Best Practice Handbook: A Practical Guide to Excellence for Utah Government (Report No. 2023-05),”* it states that “Standards serve as the foundation upon which an organization operates.” In previous audits, we made multiple recommendations intended to improve division policies and procedures and standardize its processes. We found that CHS has made significant progress in this area, but additional work remains to develop and implement SOPs, including a system of accountability as recommended in the 2023 follow-up.

Recommendation	2023 Follow-Up Status	Current Status
2021 – 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
2021 - 2.8 Develop policies, where appropriate, that help the organization be more compliant with CDC for medical issues such as COVID-19.	Implemented	Implemented
2021 - 4.4 Ensure that CHS’s formulary, procedures, policies, and training materials are all up to date.	In Process	Implemented

The 2021 audit demonstrated that prison medical services lacked important policies and procedures such as navigating disruptions to the normal schedule for diabetic inmates and how to be more compliant with the Center for Disease Control (CDC) for medical issues such as the COVID-19 pandemic. Furthermore, policies, procedures, training materials, and the formulary¹⁷ were out-of-date and in need of review. The 2023 follow-up audit concluded that the recommendations relating to specific policies had been implemented; however, not all policies, procedures, and training materials were up to date as recommended in the 2021 audit.

¹⁷ A formulary is a list of brand name and generic prescription drugs that are approved to be prescribed by a particular health insurance policy.



From that time, CHS has successfully reviewed and updated its administrative policies and other materials that were previously identified as out-of-date. As part of this effort, division management developed an annual policy review process providing continuous improvement to CHS’s operations. We are encouraged by the work the division has done to address this recommendation and now consider the recommendation to update its policies, procedures, training materials, and formulary as “implemented.”

 **Division management developed an annual policy review process to provide continuous improvement to CHS’s operations.**

The next two recommendations address the development and implementation of SOPs, as well as the development of a system of accountability to ensure compliance. These two recommendations are still “in process.”

Recommendation	2023 Follow-Up Status	Current Status
2023 - 2.3 Review and examine common processes for the purpose of creating and developing standard operating procedures.	New Recommendation	In Process
2023 - 2.4 Establish a system of accountability regarding compliance with Bureau policy and newly developed standard operating procedures.	New Recommendation	In Process

The 2023 audit also identified a need for standardized operating practices among medical staff in the form of SOPs including a system of accountability. The 2023 audit identified examples of noncompliance with policies and procedures and recommended that CHS review and examine common operations and processes to create greater

 **CHS has created 75 standard operating procedures (SOPs) and has 92 additional SOPs in various stages of development.**

standardization. In addition, the 2023 audit recommended that the division create a system of accountability to include ongoing follow-ups and regular employee performance evaluations. In response to these recommendations, the division has created 75 SOPs and has an additional 92 SOPs in various stages of development. Furthermore, the division has also developed “clinical care pathways” to create a standard of care for patients with diabetes, opioid use disorder, and Hepatitis C.

We are encouraged by the effort and collaboration that has gone into addressing these recommendations. However, because the division has a considerable number of SOPs

still in progress, the recommendation remains “in process.” The work that is being done will lay a foundation to standardize medical practices among staff. To fully implement this recommendation, CHS should continue developing and standardizing processes for fundamental operations. We also emphasize the need for additional oversight and accountability regarding newly developed policies and procedures to ensure the delivery of quality care. Although CHS has made some effort to develop a system of accountability, we observed multiple examples of noncompliance that are discussed at length in Chapter 2.

Performance Metrics and Data Reporting Capabilities Have Improved

In addition to reviewing and developing policies and procedures, CHS has improved its data reporting capabilities and performance metrics to be more reflective of the practices of the division.

Recommendation	2023 Follow-Up Status	Current Status
2021 - 4.3 Create meaningful performance metrics that reflect program activity.	In Process	In Process

In previous audits, we found that medical services lacked performance metrics that accurately measured the performance of the division. For example, antiquated performance metrics focused primarily on assessments performed during intake and how quickly the division was responding to inmate healthcare requests. While these metrics provide some insight into CHS operations, they lack a comprehensive look at division performance. Newly created internal performance metrics not only include intake assessments and response times, but are far more comprehensive to include diabetic monitoring, employee turnover and vacancy rates, accreditation standards, and workplace survey results among others.



CHS has improved its data reporting capabilities and performance metrics to be more reflective of division practices.



The metrics created by CHS track the division’s performance over time and how that performance relates to a set of predetermined target values. This practice provides



CHS should work with LFA to ensure that updated performance metrics are reported to the Legislature.

greater opportunities to measure the division’s progress. In addition to the creation of these internal performance metrics, CHS should work more closely with the Office of the Legislative Fiscal Analyst (LFA) to ensure that updated metrics are reported to the Legislature. Currently, the performance metrics reported to the Legislature reflect only the antiquated metrics shown in previous audits. Providing

the Legislature with accurate and updated information fosters accountability and promotes transparency for informed decision making.

Recommendation	2023 Follow-Up Status	Current Status
2023 - 3.4 Continue to ensure that the electronic health record system can generate reports that demonstrate compliance with NCCHC standards.	New Recommendation	Implemented

The 2023 follow-up audit found that the division’s new electronic health record (EHR) system lacked the ability to measure important standards required for accreditation with the National Commission on Correctional Healthcare (NCCHC)—which is mandated by statute.¹⁸ CHS has since spent over \$270,000 to improve the EHR’s data reporting capabilities, enabling it to report on required NCCHC accreditation standards. In the 2025 Legislative General Session, the Legislature passed House Bill 39 to establish a workgroup that will study and review the EHR for additional improvements—this recommendation is now considered “implemented.”



CHS has spent over \$270,000 to improve EHR reporting capabilities, enabling it to report on required NCCHC accreditation standards.

¹⁸ *Utah Code 64-13-39*

Additional Funding Has Gone Towards Addressing the Needs of CHS but Communication with the Legislature Could Improve

Although CHS has improved several of its administrative processes, we found that communication with the Legislature could still improve. This is crucial, considering the significant investments the Legislature has made.

Recommendation	2023 Follow-Up Status	Current Status
2021 - 4.2 Be transparent with the Legislature in how program funds are being used.	Partially Implemented	In Process

In the 2021 audit, we highlighted concerns with the lack of transparency and the use of personnel funds to pay for external medical provider costs. Over a five-year period, the 2021 audit team found that management had redirected \$11.3 million from personnel



CHS should work to maintain communication with the Legislature regarding its use of funds and any additional needs.

services to pay off a \$9.6 million deficit from external medical provider costs. While this is allowed, we viewed this as an opportunity to increase communication with the Legislature on how funds were being used. Additionally, it provided an opportunity for the division to be more proactive in its recruiting and retention efforts.

As part of our audit process, we spoke with representatives from DHHS and LFA and found that opportunities still exist for increased communication. For example, we learned that CHS still lacks clear communication with the Legislature on its use of funding for vacant positions to pay for other costs. CHS has received additional funding to help increase the standard of care; however, it was not immediately clear how this funding was used or how it addressed the needs of the division. In Appendix C, we provide an account of appropriation increases related to the transition. Increasing communication can provide the Legislature with important information as CHS works to address critical needs within the division such as resource allocation and staffing concerns.



CHS Has Continued to Experience Rising Costs for External Medical Providers and Pharmaceutical Medications.

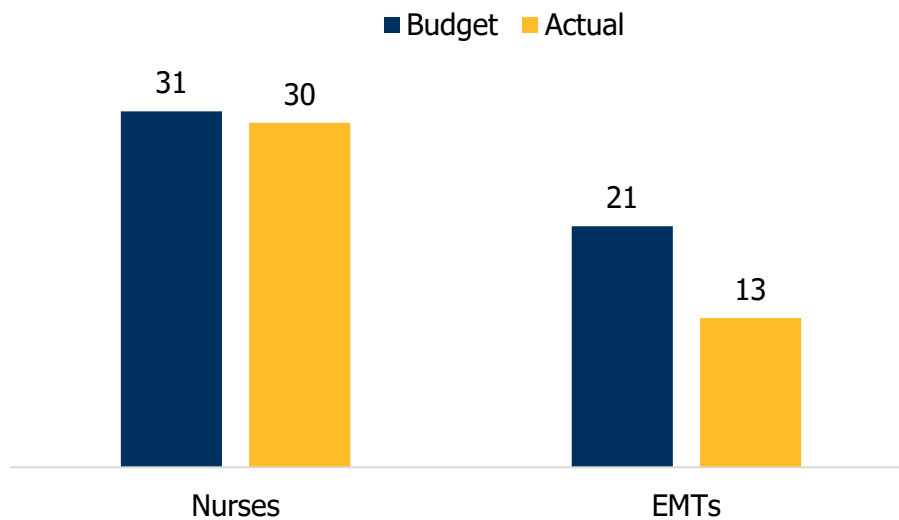
Although CHS received additional funding from the Legislature, the division instituted a “hiring freeze” to mitigate rising costs in areas such as external care and medications. Although CHS has taken steps to address concerns regarding the division’s budget and associated expenses, we are concerned that staff vacancies have negatively impacted the quality of care provided to inmates in the prison system. For example, low staffing for the pill line¹⁹ function can contribute to delays.



We are concerned that staff vacancies have negatively impacted the quality of care provided to inmates in the prison system.

Although vacancies are often a reality, vacancies in pill line appear to be diminishing CHS’s ability to provide adequate care. According to a staffing analysis conducted by the division, 18 percent of positions (one nurse and eight emergency medical technicians) required for pill line were vacant as of February 2025. Figure 3.1 shows the number of vacant FTEs compared to actual FTEs for nurses and emergency medical technicians (EMTs) who conduct pill lines.

Figure 3.1 CHS Has Multiple Vacancies for Pill Line Staff. As of February 2025, CHS estimated that it needs one additional nurse and eight additional EMTs for its pill line operations. This makes up nearly one-fifth of the staff required for pill line operations.



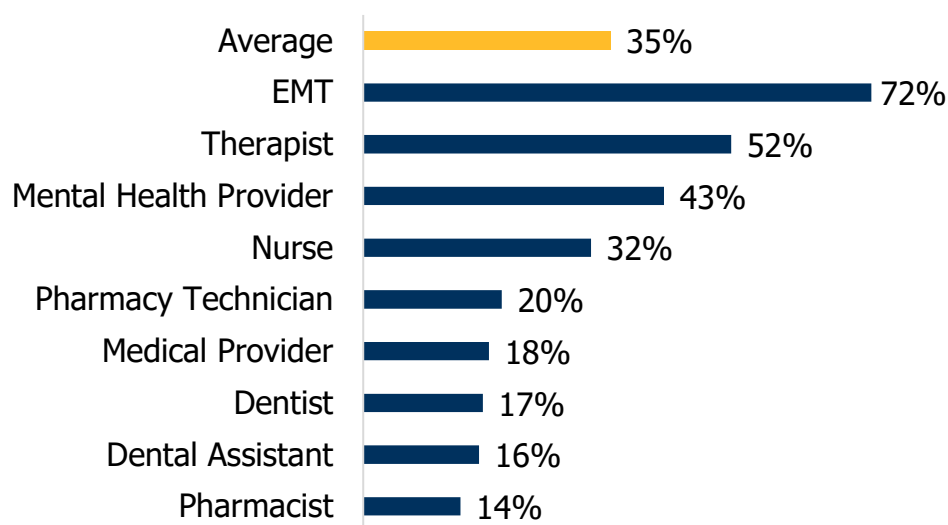
Note: Vacancy data is as of February 2025.

Source: CHS estimate of pill line staffing needs.

¹⁹ 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.

In Chapters 1 and 2 of this report, we note systemic deficiencies and instances of noncompliance that have not been fully addressed by CHS. We recognize the negative impact that staffing can have on these areas, including the potential for burnout and increases in turnover ratios. For example, CHS has experienced significant levels of turnover in operational positions in recent years. Employee turnover decreases institutional knowledge and has the potential to create instability or inconsistencies in an organization. We found that many important positions have experienced significant turnover over the last two years as shown in Figure 3.2.

Figure 3.2 Key Medical and Mental Health Positions Have Experienced Significant Turnover Over the Last Two Years. We looked at the average quarterly turnover over the past two calendar years for several key positions throughout CHS and found that medical and mental health have experienced significant turnover.



Source: Auditor generated based on data obtained from the state data warehouse and the Utah Department of Human Resource Management (DHRM).

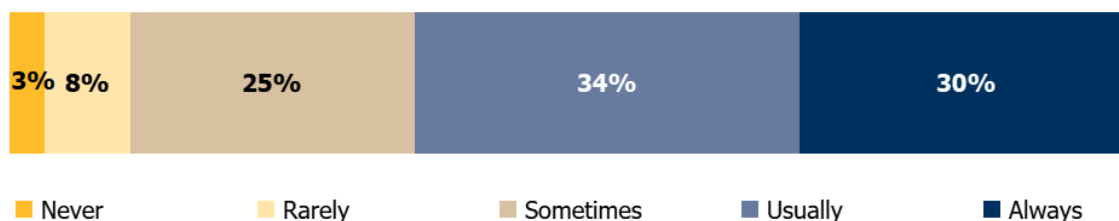
As part of our audit, we also conducted a cultural survey of CHS employees. We found that 63 percent of respondents agreed that the division has a positive culture; however, almost two thirds of respondents reported that morale is low. We also learned that, although 89 percent of respondents reported that they feel passionate about their work, 50 percent reported that they have actively looked for other employment in the past year. This is concerning given historical turnover rates and current vacancies. Lastly, we found that 64 percent of survey respondents indicated that they were “usually” or “always” understaffed.



Although 89 percent of CHS survey respondents reported that they feel passionate about their work, 50 percent reported that they have actively looked for other employment in the past year.



How often do you feel your team is understaffed?



Although low staffing impacts CHS's operations, we also note the significant investment that the Legislature has made as part of the transition. As mentioned in the introduction, the Legislature allocated an additional \$13 million in ongoing funding and an additional \$5 million in one-time funding in 2023. Greater transparency on how CHS funds are being allocated, and the cost-saving efforts of the division, could provide the Legislature with accurate and updated information on what is being done to address budget concerns. For example, CHS leadership spoke with us on additional work that could be done to look at prescription practices and high utilization expenses. Continuing to identify opportunities for additional cost savings could improve the efficiency of CHS's cost allocation and its ability to address staffing needs.

Continuing to identify opportunities for additional cost savings could improve the efficiency of CHS's cost allocation and its ability to address staffing needs.

Overall, we are encouraged by the progress that has been made since the 2023 audit and recognize the division as it continues to develop, implement, and evaluate effective solutions to address the remaining recommendations. Considering the amount of work that remains to fully address unimplemented recommendations, we recommend that the Legislative Audit Subcommittee consider prioritizing a third follow-up audit to be conducted in 24 months.

RECOMMENDATION 3.1

The Legislative Audit Subcommittee should consider prioritizing a third follow-up audit to be conducted in 24 months.





Complete List of Audit Recommendations





Complete List of Audit Recommendations

This report made the following recommendation. The numbering convention assigned to each recommendation consists of its chapter followed by a period and recommendation number within that chapter.

Recommendation 3.1

The Legislative Audit Subcommittee should consider prioritizing a third follow-up audit to be conducted in 24 months.





Appendices



A. Status of Recommendations from Previous Audits



In “*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)” our office made 16 recommendations to Correctional Health Services (CHS). We also made nine additional recommendations in “*An In-Depth Follow-Up of Healthcare in State Prisons* (Report No. 2023-01).” Despite the effort that has been made to address previous audit recommendations, we found that only two additional recommendations from the 2021 audit and one additional recommendation from the 2023 audit have been fully implemented.

2021 Audit Recommendations

Recommendation	2023 Follow-Up Status	Current Status
2021 - 2.1 Ensure that all recommendations are adequately implemented.	In Process	In Process
2021 - 2.2 Launch an internal review to determine if additional changes regarding operations and/or staff are needed.	Implemented	Implemented
2021 - 2.3 Define the term “monitor” in patient charts with specific parameters on a case-by-case basis.	DHHS Follow-Up	In Process
2021 - 2.4 Increase oversight to ensure that appropriate case-by-case patient follow-up procedures are being completed.	DHHS Follow-Up	In Process
2021 - 2.5 Ensure that all patients have access to: b. Appropriate and timely clinical judgements rendered by a qualified healthcare professional c. Correct treatments and medications for corresponding diagnoses	DHHS Follow-Up	In Process

2021 - 2.6 Follow internal policies and professionally recognized standards regarding the administration of insulin and the oversight of inmates with diabetes.	In Process	In Process
2021 - 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
2021 - 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
2021 - 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.	In Process	In Process
2021 - 3.2 Ensure that personnel in Correctional Health Services fully comply with required NCCHC standards.	In Process	In Process
2021 - 3.3 Ensure compliance with statute regarding the protection of personal health information.	In Process	In Process
2021 - 3.4 Follow the inmate handbook regarding copays for mental health services.	In Process	Implemented
2021 - 4.1 Follow <i>Administrative Rule</i> when implementing incentive programs.	Implemented	Implemented
2021 - 4.2 Be transparent with the Legislature in how program funds are being used.	Partially Implemented	In Process

2021 - 4.3 Create meaningful performance metrics that reflect program activity.	In Process	In Process
2021 - 4.4 Ensure that Correctional Health Services' formulary, procedures, policies, and training materials are all up to date.	In Process	Implemented

2023 Audit Recommendations

Recommendation	2023 Follow-Up Status	Current Status
2023 - 2.1 Ensure that medical staff are collecting and entering all inmate healthcare requests according to internal policy and NCCHC standards.	New Recommendation	In Process
2023 - 2.2 Engage with medical staff to address inmate healthcare request related issues including healthcare requests not being entered into the electronic health record system.	New Recommendation	In Process
2023 - 2.3 Review and examine common operations and processes for the purpose of creating and developing standard operating procedures.	New Recommendation	In Process
2023 - 2.4 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.	New Recommendation	In Process
2023 - 2.5 Management, in collaboration with DHHS, make the necessary changes to align culture more appropriately with Bureau strategy and processes.	New Recommendation	In Process

2023 - 3.1 Ensure that all administered medication is documented as required by internal policy, NCCHC standards, and the Utah Controlled Substances Act.	New Recommendation	In Process
2023 - 3.2 Engage with medical staff to directly address issues associated with documenting administered medication.	New Recommendation	In Process
2023 - 3.3 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.	New Recommendation	In Process
2023 - 3.4 Continue to ensure that the electronic health record system is capable of generating data reports that demonstrate compliance with NCCHC standards.	New Recommendation	Implemented





B. OLAG Medical Consultant Report



Medical Consultant's Report on the OLAG Audit of the State Prison's Medical System

This audit was performed by reviewing a total of 50 inmate cases selected by the Office of the Legislative Auditor General (OLAG) staff. I already had some familiarity with the state prison's medical system because I served as the consultant for the 2021 audit. I also reviewed the document on Emergency Medical Technicians (EMTs) training regarding medications.

My overall impression of the prison's medical system is that it is adequate; however, there are deficiencies in several areas.

1. Electronic Health Record (EHR)/Record Keeping: in my last report I indicated that the prison definitely needed a new EHR. I was pleased to see that they are using a new system; however, as it is being used there are several concerns.
 - a. Medication charting: there were numerous cases where medications are not being charted as either administered or not administered. This makes it very difficult to determine if an inmate's condition is due to not receiving meds that were ordered, or whether an adjustment in medication is needed. This is particularly concerning for chronic illnesses that require regular medication (e.g. hypertension, diabetes, hyperlipidemia). In health care there is a saying that "if it's not written/charted, it wasn't done." I believe that this directly applies to the lack of medication charting despite the training document that clearly states that this is required.
 - b. Exam charting: there is very limited information charted when inmates are seen by a provider and have an exam. The note will include a copy of the inmate's problems and medications, and the reason for the visit; but the patient history and exam are very limited. The most concerning example of this involved an inmate complaining of shortness of breath, yet there was no lung exam recorded and the inmate was later diagnosed with pneumonia. Once again, if it wasn't written, it wasn't done, and some provider assessments were lacking an adequate and appropriate physical exam.
2. Personnel: in my last report, I was critical of the use of EMTs to be the first contact between inmates and the health care system. This is primarily true at the Utah State Correctional Facility (USCF), rather than at the Central Utah Correctional Facility (CUCF). While EMTs are well trained to address major, life-threatening emergencies, they are not trained to address issues related to chronic illness or acute (non-life threatening) illness (basic health care concerns). They simply act as a go between to send the inmate's healthcare requests (HCRs) on to someone else to review. I have seen several examples of inmates having to submit the same HCR on consecutive days for 3-4 days before any action is taken. At CUCF, much of the first contact with inmates is done by nurses (RN, LPN)

who have more appropriate training. I saw examples of inmates either getting appropriate reassurance about their condition, or a brief on-site exam, or an appropriate and timelier referral to a provider. I understand that EMTs are “cheaper” than nurses, but unless they receive a significant amount of training, I do not feel that they are providing a fully adequate level of health care.

3. Communicable Disease Control and Disease Screening: the prison staff does a very good job of regularly screening for tuberculosis (TB), and for the most part, screening for human immunodeficiency viruses (HIV) and Hepatitis C (Hep C). These latter two illnesses will have a higher prevalence in this population because of the frequency of tattooed inmates and inmates who abuse intravenous substances. I do have a concern regarding the follow-up testing for inmates testing positive for Hep C, or if they have elevated liver enzymes despite testing negative for Hep C. When Hep C is suspected by either test, it needs to be followed by a Hep C viral test (a PCR test) which will accurately show whether the patient has active, Hep C virus in their system. Not only is this a risk to the individual, but should another inmate come into contact with the infected person’s blood, they could be infected, too.
4. Treatment for Hep C: fortunately, there are now two drugs that effectively treat Hep C. The prison is using Epclusa for twelve weeks which is nearly always curative. However, before a patient is treated with Epclusa, they must be documented as not having Hepatitis B (Hep B). Should that not happen, and the inmate has Hep B also, the Epclusa treatment will actually facilitate a severe worsening of the Hep B which can result in liver failure and even death. I did not see evidence that all inmates being treated for Hep C had been proven to not have Hep B.
5. Preventive Health: the prison’s medical system is not being used to track the recommended screenings for certain chronic illnesses and to ensure that they occur on a timely basis. I have attached a list of the current recommendations for adults that are appropriate for the prison population. Just as a provider can review an inmate’s problem list to see all their medical conditions/diagnoses; there should be a place to review the inmate’s preventive health screenings (when they were done, and when the next is due). More detail on the frequency for these screenings will be found on the website for the U.S. Preventive Health Services Task Force. Unfortunately, failure to follow these screenings can result in significant morbidity or mortality. One final comment on screening relates to screening for prostate cancer. You will note that it is not included on the recommended list because of the poor predictability of a positive test. The test in this case is a blood test to measure the level of a Prostate Specific Antigen (the PSA test). The current recommendation is that this test should not be done until an informed discussion is held with the patient. This ensures that the patient knows how a positive result will be handled along with the risks associated with a further work-up for prostate cancer. The patient is then allowed to decide whether or not to have this testing. I found several examples of inmates having PSA testing without any counseling or informed decision making.

Respectfully submitted,

Marc E. Babitz, M.D.

US Preventive Health Services Task Force Recommendations

The US Preventive Health Services Task Force (USPSTF) recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.

The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.

The USPSTF recommends screening for hepatitis B virus (Hep B) infection in adolescents and adults at increased risk for infection. See the Practice Considerations section for a description of adolescents and adults at increased risk for infection.

The USPSTF recommends screening for hepatitis C virus (Hep C) infection in adults aged 18 to 79 years.

The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years.

The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.

The USPSTF recommends screening for LTBI in populations at increased risk. See the "Assessment of Risk" section for additional information on adults at increased risk.

The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese.

The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.

Note: I have not included the recommendations for immunizations on this list, but clearly inmates need to be offered annual flu vaccination and annual (or semi-annual) COVID-19 vaccination. Documentation must indicate that these were offered and either given or refused.



C. New Funding During Transition Period



Correctional Healthcare Services (CHS or division) is primarily funded through the General Fund. In 2023, a shared transitional account was established to facilitate a smooth transition of prison medical from the Utah Department of Corrections (UDC) to the Department of Health and Human Services (DHHS). The Legislature appropriated nearly \$13.3 million in additional ongoing funding to the division for the transition. In 2025, the Legislature also appropriated an additional \$5 million in one-time funding to address rising costs and structural deficit. The following appropriations represent new funding from the general fund (bold) and the flow of funds between the two agencies from fiscal years 2023 to 2025.

	FY2023		FY2024		FY2025	
	1x	Ongoing	1x	Ongoing	1x	Ongoing
Clinical Services Bureau Restructure (shared with UDC)	\$4,922,400		\$658,000	\$13,264,200		
Inmate Amendments				\$211,300		
Hiring Delays Correctional Health Services			(\$592,700)			
Substance Use Treatment in Correctional Facilities					(\$125,000)	\$269,800
Core CHS funding from original restructure						\$46,650,900
Reallocation of COLA and ISF costs from UDC						\$1,164,100
Other						\$2,700
Corrections Medical Restructure - UDC						\$1,072,600
Corrections Medical Restructure - Restricted Account						(\$50,398,700)
Corrections Medical Restructure - Total			\$1,248,700			(\$1,508,400)

Source: Auditor generated based off a report received from DHHS Finance.



D. Status of CHS Documented Deficiencies with NCCHC Standards



The National Commission on Correctional Health Care (NCCHC) is the official accreditation body for Correctional Health Services (CHS or division). According to statute, Utah state correctional facilities are 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 nine essential standards that our office noted the deficiencies for in “*A Performance Audit of Healthcare in State Prisons* (Report No. 2021-17)” and “*An In-Depth Follow-Up of Healthcare in State Prisons* (Report No. 2023-01).”

In 2024, the Central Utah Correctional Facility (CUCF or Gunnison prison site) received its reaccreditation with NCCHC. Consequently, the majority of the deficiencies noted in this appendix were found at the Utah State Correctional Facility (USCF or Salt Lake prison site) unless specifically stated.

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.

- **2021 Audit 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.
- **2023 Audit Deficiency:** At USCF, 23 inmates did not receive their health assessment within the seven-day standard. Notably, all inmates at CUCF received their health assessment within the seven-day standard. This was documented by analyzing inmate intake and refusal data for calendar year 2022.
- **Current Status:** We found that in calendar year 2024, 15 inmates arriving at USCF and one at CUCF received an initial health assessment later than seven calendar days after admission. This demonstrates improved compliance with the standard for USCF.

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.

- **2021 Audit Deficiency:** 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.

- **2023 Audit 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.
- **Current Status:** We found that in calendar year 2024, one inmate arriving at USCF received a mental health evaluation later than 30 calendar days after admission. This demonstrates improved compliance with the standard.

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

- **2021 Audit 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, seven 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.
- **2023 Audit 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.

- **Current Status:** We found that in calendar year 2024, two inmates arriving at USCF and two arriving at CUCF received an oral examination later than 30 calendar days after admission. This demonstrates improved compliance with the standard.

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.

- **2021 Audit 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.
- **2023 Audit 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.
- **Current Status:** According to NCCHC, not all inmate healthcare requests (HCRs) require a face-to-face evaluation; however, 49 out of the 56 HCRs we documented at various points in the request process did not receive a face-to-face within 24 hours. Additionally, 68 percent of HCRs at USCF and six percent of HCRs at CUCF did not receive a face-to-face evaluation in 2024. We identified multiple examples of these HCRs that did not receive a face-to-face evaluation which indicates a lack of compliance.

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

- **2021 Audit 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.
- **2023 Audit Deficiency:** The Utah Department of Corrections (UDC) reported that EMTs administering noncontrolled substances at pill line fell within their scope of practice. However, we noted our concerns that EMTs lack the proper supervision and monitoring required for nurse delegated tasks.

- **Current Status:** CHS has developed training on medication administration for staff administering medication at pill line. This training includes common side effects, improving compliance with this standard; however, we are concerned that EMTs lack ongoing supervision and monitoring required for delegated tasks as discussed in Chapter 1 of this report.

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

- **2021 Audit Deficiency:** The 2021 audit found personal health information (PHI) in public dumpsters outside the prison.
- **2023 Audit Deficiency:** We found PHI in dumpsters at three different facilities at the Salt Lake prison site. The contents of these dumpsters would eventually be transferred to a public landfill.
- **Current Status:** We conducted five reviews of USCF dumpsters and found that PHI was still being improperly discarded.²⁰ We also reviewed CUCF dumpsters on one occasion and found PHI improperly disposed of by medical staff. Additionally, we conducted reviews of medical room trash bins at both facilities and found PHI, suggesting a lack of compliance with this standard.

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.

- **2021 Audit Deficiency:** The 2021 audit found medications that should have been retained and returned to the pharmacy in public dumpsters outside the prison.
- **2023 Audit 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 expressed serious concerns regarding the insufficient documentation of administered medications including controlled substances and insulin.
- **Current Status:** We conducted reviews of dumpsters and medical room trash bins at both facilities and found two instances that medication was improperly discarded by USCF medical staff. In one case, the medication

²⁰ Some medication is prescribed by providers for inmates to “keep on person”; however, the PHI we found in dumpsters included medication packets and bottles that are required to be retained by medical staff, leading us to conclude that medical staff improperly discarded the PHI.

that was thrown away was a narcotic and controlled substance in the medical room trash. This indicates a lack of compliance with this standard.

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

- **2023 Audit 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.
- **Current Status:** We saw efforts to coordinate with UDC custody staff to deliver meals close to insulin administration; however, we observed 23 out of 63 inmates experiencing delays outside of the 30-minute standard at USCF. The longest of these delays was 251 minutes.

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.

- **2023 Audit Deficiency:** We found multiple instances where critical medications such as insulin were administered but not documented in the prison's electronic health record system.
- **Current Status:** We documented multiple instances where USCF inmates with chronic diseases such as diabetes lacked documentation of the administration of treatment in the electronic health record (EHR) system. We also documented 109 controlled substance doses over a six-month period that lacked documentation of being administered at USCF. Insufficient documentation was also noted by our medical consultant who identified a lack of documentation in 18 out of 50 cases (36 percent) that he reviewed which included inmates with chronic illnesses. These issues demonstrate a lack of compliance with this standard.





Agency Response Plan





State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

DR. STACEY BANK
Executive Medical Director

NATE CHECKETTS
Deputy Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

June 9, 2025

Mr. Kade Minchey
Utah Legislative Auditor General
Utah Capitol Complex
P.O. Box 145315
Salt Lake City, UT 84114-5315

Dear Mr. Minchey,

Thank you for the opportunity to respond to the recommendations in *A Second In-Depth Follow-Up of Healthcare in State Prisons* (Report No. 2025-12). This letter includes the response from the Utah Department of Health and Human Services (DHHS) and its Division of Correctional Health Services (CHS).

Since the 2023 follow-up audit, our team has worked incredibly hard to make significant improvements to the healthcare services we provide to individuals within Utah's prison system. This includes the development and implementation of dozens of policies, extensive training, automating healthcare requests and medication administration, and improving overall culture among CHS employees. We are proud of the progress our team within CHS has made since the 2023 follow-up audit, and we know our journey to establishing a high-quality healthcare operation within Utah's prison system is ongoing.

DHHS recognizes the important role the Office of Legislative Auditor General plays in our efforts to being a high-quality and efficient department. We are grateful to the audit team and their work highlighting remaining areas of concern to improve the healthcare delivery system within the Utah Department of Corrections. You and your staff have been professional and collaborative and DHHS appreciates the guidance this follow-up audit provides. It is through this collaboration that we are confident we will achieve the expectations of the Utah Legislature and continue to build trust and confidence in this operation.

DHHS agrees that there remain areas of needed improvement within CHS. The following updates address our progress and action we will continue to take to address all recommendations.

Sincerely,

Tracy S. Gruber
Executive Director

State Headquarters: 195 North 1950 West, Salt Lake City, Utah 84116
telephone: 801-538-4001 | email: dhhs@utah.gov | web: dhhs.utah.gov

The following provides updates to the audit recommendations contained in both *A Performance Audit of Healthcare in Prisons* (2021-17) and its follow-up audit, *An In-Depth Follow-Up of Healthcare in State Prisons* (2023-01). The response is structured to first address the recommendations in the 2021 audit, followed by updates to the 2023 follow-up audit and this 2025, second in-depth follow-up report.

2021 Recommendations

Recommendation 2.1. Ensure that all recommendations are adequately implemented.

Department Response: The department concurs with this recommendation and current implementation status.

Update: As established in the 2023 audit, CHS leadership will continue to meet regularly with the executive directors of UDC and DHHS and the Offices of Internal Audit to ensure all audit recommendations are adequately implemented. This activity will continue to include the production of a monthly report to update the status of implementation of the recommendations included in this follow-up audit.

When: Every other month until the audit recommendations are implemented.

Responsible Staff: Tracy S. Gruber, DHHS Executive Director

Recommendation 2.3. Define the term “monitor” in patient charts with specific parameters on a case-by-case basis.

Department Response: The department concurs with this recommendation and current implementation status.

Update: CHS developed clinical care pathways (CCPs) for type 1 diabetes, type 2 diabetes, hepatitis C, and opiate use disorder. The CCPs define the required “monitoring” at the clinical condition level and embed evidence-based recommendations to standardize ongoing care for the specific clinical condition.

CHS will reeducate providers to refrain from using the term “to monitor” and instead use language that individualizes the specific parameters of treatment for all clinical encounters. The effectiveness will be evaluated through the peer-review process to provide greater oversight.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Dr. Marcus Wisner, CHS director; Todd Gay, CHS medical director

Recommendation 2.4. Increase oversight to ensure that appropriate case-by-case patient follow-up procedures are being completed.

Department Response: The department concurs with this recommendation and current implementation status.

Update: As required in the 2023 follow-up audit, DHHS hired an outside consultant to review a sample of medical records to evaluate the appropriateness of care to patients. That review was completed on September 5, 2024. That report revealed ongoing challenges within CHS with regard to documentation and timely delivery of healthcare services similar to the findings provided by the medical consultant working with the Office of the Legislative Auditor General.

In April 2025, CHS initiated a process to ensure continuity of care for patients treated by outside medical providers. This process ensures CHS providers review and approve recommended treatments, medications, and follow-up appointments. In May 2025, CHS and UDC implemented an electronic health care request format. This new format requires face-to-face triage within 24 hours. This triage system will enhance appropriate level of response by CHS providers based on face-to-face interviews by CHS nurses and emergency medical technicians. CHS will continue to utilize the turnaround time reports from its electronic health record system, Fusion, to evaluate timelines of response to HCRs.

Reports are provided to the CHS quality management committee and action plans will continue to be produced to correct identified deficiencies.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer

Recommendation 2.5. Ensure that all patients have access to appropriate and timely clinical judgements by a qualified healthcare professional and correct treatments and medications.

Department Response: The department concurs with this recommendation and current implementation status.

Update: While CHS concurs that this recommendation requires ongoing attention to be fully implemented, it asserts that significant progress has been made to address this recommendation. As noted by the medical advisor hired by DHHS, there continues to be concerns with documentation entered into the CHS electronic health record and this ongoing lapse in best practice makes it challenging to determine whether adequate and timely care has been delivered. However, CHS does not agree that the lack of documentation supports the conclusion that healthcare quality is “inadequate,” as stated in the follow-up audit. In order to support CHS’ assertion that care is adequate and that it needs to improve beyond simply being adequate, CHS

will continue to improve on documentation within Fusion and track its timeliness measures that it established after the 2023 follow-up audit. The introduction of electronic Health Care Requests (HCRs) at USCF on April 1, 2025, has had a powerful and positive impact. First, we saw a 35% increase in the number of HCRs submitted in April, suggesting patients have better access to care. The new electronic system has been quickly adopted, as it was used for 41% of all submissions in its first month. Moreover, our capacity to complete face-to-face assessments has grown substantially. Despite the higher volume of requests, the percentage of cases resulting in a completed face-to-face assessment increased from 39.7% in March to 74.6% in April. Our current average for routine care is 20 days for a medical provider, 13 days for a mental health provider, and 17 days for a dentist.

In addition, CHS will ensure that chronic care teams and HCR operations continue to utilize the turnaround time reports from Fusion to evaluate timelines of response to HCRs. Additionally, agreements with outside consultants, providers, and UDC will include reasonable standards for response times to medical care. CHS will ensure access to care through tracking monitoring metrics established in the CCPs; examining the integrity of the HCR collection process including the daily collection of HCRs; timeliness of triage; percentage of face-to-face triage assessments completed; timeframes associated with provider visits; and completing peer reviews of clinical encounters to evaluate clinical judgements, documentation, and the implementation of clinically appropriate care.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer and Todd Gay, CHS medical director

Recommendation 2.6. Follow internal policies and professional recognized standards regarding the administration of insulin and the oversight of inmates with diabetes.

Department Response: The department concurs with this recommendation and current implementation status.

Update: CHS monitors a key metric to evaluate the effectiveness of diabetes management among inmates. This metric, the Hemoglobin A1c, is recognized in the medical community as a way to monitor diabetic control. Additionally, CHS will continue to implement the activities it established in response to the 2023 follow-up audit. This includes the continued use of clinical care pathways (CCPs) for type 1 and type 2 diabetes. These standards of care incorporate the expertise of subject matter experts in the management of diabetes in a carceral setting and will be optimized using a multidisciplinary team-based, data driven approach.

CHS will continue to conduct monthly meetings with its chronic care team to review the care of a random sample of diabetic inmates in comparison to the established CCPs, including

monitoring the effectiveness of diabetes management using hemoglobin A1C levels. This is documented and maintained on CHS' online data dashboard. CHS will provide annual training to CHS staff related to the care of diabetic patients consistent with the established CCPs.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer; Todd Gay, CHS medical director

Recommendation 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.

Department Response: The department concurs with this recommendation and current implementation status.

Update: In response to the 2023 follow-up audit, CHS consulted with the Utah Department of Commerce, Division of Professional Licensure to review the use of EMTs to ensure they are performing within their scope of practice. In response to that review, CHS developed and implemented a policy which defines the role of EMTs, in accordance with NCCHC standards and consistent with state statute and policies.

CHS has developed and implemented training programs which further define EMT scope of practice in medication administration, triage of non-emergency health care requests, crisis evaluation, and delegation. In addition, CHS will develop policies that will require the registered nurses to conduct direct observations to evaluate the activities of the EMTs to ensure they are performing all functions within their scope of practice sufficiently. This will include the cadence for which these direct observations of the EMTs will take place. The performance plans for the nurses will include a metric around whether these observations are conducted within the required cadence.

CHS will provide annual training for all RNs and EMTs covering medication administration, crisis evaluation, triage of non-emergency healthcare requests, and the principles of appropriate delegation. To ensure this training is effective, supervisors will conduct and document direct observations of EMTs in practice. These formal training logs will then be regularly reviewed by CHS nursing leadership. Performance will be documented in individual UPM profiles. For further details on the EMT role, please see our response to Recommendation 3.3 (2023) below.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer

Recommendation 3.2. Ensure that personnel in Correctional Health Services fully comply with required NCCHC standards.

Department Response: The department concurs with this recommendation and current implementation status.

Update: The Central Utah Correctional Facility (CUCF or Gunnison facility) received accreditation in December 2024. NCCHC delayed its accreditation review at the Utah State Correctional Facility (USCF or Salt Lake City facility), considering it a new facility after the closure of the Draper prison. USCF is awaiting its initial facility accreditation survey that will take place fall 2025. CHS and UDC will continue to prepare for the upcoming NCCHC survey by evaluating current compliance with the NCCHC standards and develop practices, policies, procedures, or training needed to ensure compliance with the standards.

Based on the findings of this review, CHS will develop any practices, policies, procedures, or training needed to ensure compliance with the standards. Following the initial facility accreditation survey at USCF, CHS leadership will provide a copy of the NCCHC survey report to the executive directors of UDC and DHHS.

When: Ongoing, and fully implemented January 2027.

Responsible Staff: Dr. Marcus Wisner, CHS director; Emily Shuman, CHS compliance officer

Recommendation 3.3. Ensure compliance with statutes regarding the protection of personal health information.

Department Response: The department concurs with this recommendation and current implementation status.

Update: It remains a priority for CHS to protect and safeguard private health information (PHI). CHS implemented all activities outlined in its response to the 2023 follow up audit, including development of policies; mandatory training; access to shredder bins; and the issuance of an “all staff” directive regarding the importance of protecting PHI. While it fully implemented all components related to this recommendation, CHS acknowledges that PHI continues to not be protected to the standards established in CHS policy and procedure at the Utah State Correctional Facility.

As a result, CHS will continue to take reasonable precautions to prevent the incidental exposure of PHI. This includes the documenting of mandatory quarterly training regarding PHI and tracking completion of the training in staff UPMs. CHS leadership will keep conducting random checks of trash bins, workstations, and other clinical locations to monitor compliance.

When: Ongoing, and fully implemented January 2026.

Responsible Staff: Dr. Marcus Wisner, CHS director

Recommendation 4.2. Be transparent with the Legislature in how program funds are being used.

Department Response: The department concurs with this recommendation and current implementation status.

Update: CHS takes its responsibility to utilize and track funds appropriated to it by the Utah Legislature (Legislature) seriously. It continues to be committed to full transparency to the Legislature and the public on the use of appropriated funds the Legislature has entrusted to CHS. In an effort to enhance that transparency and provide confidence that the funds are being utilized as appropriated, CHS will continue to collect data on the effectiveness of its programs and expenditures. It will continue to utilize appropriate accounting codes and standards to fully account for the funds appropriated.

In an effort to strike the appropriate balance between CHS' dual function serving as both a healthcare provider and healthcare payer, CHS is actively engaged in establishing financial controls for outside medical and pharmaceutical costs. Through its partnership with the Public Employee Health Plan (PEHP), CHS recently implemented prior authorization for medical care in an effort to ensure that medical treatment provided is appropriate for the patients' needs. It also expanded its participation in the 340B drug pricing program to allow it to purchase drugs at a low cost.

CHS values the relationship with the Legislature and will continue to improve communication. CHS will update its online data dashboard on an appropriate cadence and provide that data to legislative financial analysts (LFA) to include in the Compendium of Budget Information (COBI).

When: Ongoing, and fully implemented January 2026.

Responsible Staff: Dr. Marcus Wisner, CHS director; Emily Shuman, CHS compliance officer

Recommendation 4.3. Create meaningful performance metrics that reflect program activity.

Department Response: The department concurs with this recommendation and current implementation status.

Update: In addition to the metrics established, including those required in Utah Code §26B-4-1002, UDC and CHS will continue to collaborate on establishing relevant metrics agreeable to both departments that are indicators of meaningful performance.

CHS will ensure that its online data dashboard is updated and that the data is provided to legislative financial analysts (LFA) to update the COBI.

When: Ongoing, and fully implemented January 2026.

Responsible Staff: Dr. Marcus Wisner, CHS director; Emily Shuman, CHS compliance

2023 Recommendations

Recommendation 2.1. 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 and current implementation status.

Update: CHS acknowledges that it continues to work on the activities related to this recommendation, while recognizing it has made significant progress since the 2023 follow-up audit. This progress includes the development and implementation of revised policy and procedures to ensure the daily collection of hard copy HCRs are consistent with NCCHC standards. All members of the nursing staff and mental health staff have received training in the triage of non-emergency health care requests.

The most significant progress related to this recommendation is the implementation of an electronic HCR process. CHS worked alongside UDC to minimize the use of hard copy HCRs by implementing this automatic approach to submitting HCRs, which took effect in December 2024 at CUCF; and in April 2025 at USCF.

CHS will continue to work toward the reduction of HCRs that are submitted on paper and increase the use of the electronic HCR system.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer

Recommendation 2.2. 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 and current implementation status.

Update: CHS leadership will ensure the ongoing implementation of the electronic healthcare requests, including the development of processes which will ensure all medical staff are trained consistently on how and what must be entered into the EHR. CHS will also ensure that the nursing administration is monitoring the daily completion of face-to-face triage to ensure compliance with NCCHC standards.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer

Recommendation 2.3. 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 and current implementation status.

Update: CHS has established a robust policy framework where all procedures are accessible on the DHHS platform and reviewed annually, consistent with NCCHC standards. A recent comprehensive review resulted in 75 new SOPs and nearly 80 new policies aimed at ensuring high-quality, safe patient care. To ensure these standards are consistently applied, CHS will provide targeted staff training and verify compliance through established accountability measures, such as audits and supervisory oversight.

CHS will develop and implement new policies and procedures, as needed and on an ongoing basis. When new policies and procedures are developed, training will be provided as necessary.

When: Ongoing.

Responsible Staff: Dr. Marcus Wisner, CHS director; Emily Shuman, CHS compliance officer

Recommendation 2.4. 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.

Department Response: The department concurs with this recommendation and current implementation status.

Update: CHS adheres to all DHHS policies related to annual performance evaluations, including utilizing DHHS' performance management system. CHS developed and implemented strategies to improve communication across the organization including a policy newsletter, CHS team updates, monthly "all hands" meetings and online training. Shift huddles have been implemented by nursing administration to drive awareness and compliance with updated policies and SOPs.

CHS will implement formalized training for supervisors in the UPM process and will develop a process to monitor the completion of monthly UPM completions. Additionally, CHS supervisors, along with all supervisors within DHHS, will be required to complete the DHHS supervisor training curriculum within the next 12 months to support the development of skills necessary to clearly communicate and evaluate job expectations.

CHS will include clearly defined performance metrics in annual performance reviews and it will continue to improve in the development of establishing clear performance expectations in annual performance plans.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Dr. Marc Wisner, CHS director; Emily Shuman compliance officer

Recommendation 2.5. 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 and current implementation status.

Update: CHS has implemented all activities relevant to this recommendation. It recognizes that the need to incorporate culture requires ongoing focus and effort. As a result, it will continue to work on embedding the cultural expectations of DHHS. These expectations include ensuring that there is a culture that supports outcomes and accountability to the individuals being served, and to all staff members. 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, CHS will continue implementing its strategic plan that reflects the RBA principles and framework utilized at DHHS. This work includes updating its RBA plan to align with its priorities to provide quality healthcare. This year, CHS will be required to report performance metrics to DHHS and UDC leadership in monthly accountability sessions. These combined activities form the foundation for a system of accountability for CHS leadership and staff.

When: Ongoing.

Responsible Staff: Dr. Stacey Bank, DHHS executive medical director; Dr. Marcus Wisner, CHS director

Recommendation 3.1. Ensure that all administered medication is documented as required by internal policy, NCCHC standards, and the Utah Controlled Substance Act.

Department Response: The department concurs with this recommendation and current implementation status.

Update: CHS acknowledges that the documentation, chain of custody and administration of medication is an area for improvement. Since the issuance of the 2023 follow-up audit, CHS prioritized the implementation of medication bar code medication administration (BCMA) with its electronic health record (EHR) vendor, Fusion. This effort took significantly longer than anticipated and was not implemented until spring 2025. CHS anticipates BCMA will dramatically improve documentation of medication, as well as the administration of medication. It also anticipates that this process will assist UDC in addressing its concerns regarding diversion of controlled substances.

BCMA, an evidence-based strategy to improve patient safety, was not available within Fusion when UDC implemented this EHR in 2022. CHS required Fusion to develop this capability throughout its operations. This new process also required a full revision of the CHS processes associated with medication administration. CHS leadership, in a multidisciplinary effort, developed The CHS Medpass Manual, which includes all SOPs related to medication administration and documentation consistent with BCMA processes. All clinical staff responsible for administering medications were trained prior to implementation.

CHS will ensure that all policies, procedures, and operations align with the relevant standards for medication administration, including NCCHC and the Utah Controlled Substances Act. CHS will continue to work with Fusion to optimize the documentation processes associated with medication administration in the EHR, refine the process, and improve patient safety.

To ensure the safe and effective administration and documentation of medications consistent with NCCHC and all legal and regulatory requirements, CHS staff will complete an annual review and training in medication administration and the associated policies, procedures and SOPs. New staff members will receive training during onboarding and prior to medication administration to patients. CHS staff will be retrained as indicated when a policy or procedure is changed. Medication administration is further discussed below in our response to Recommendation 3.2 (2023) .

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer

Recommendation 3.2. Engage with medical staff to directly address issues associated with documenting administered medication.

Department Response: The department concurs with this recommendation and current implementation status.

Update: CHS will ensure that all policies, procedures, and operations align with the relevant standards for medication administration, including NCCHC and the Utah Controlled Substances

Act. The implementation of BCMA required a complete revision of medication administration policies, procedures, and SOPs. Following these revisions, staff received updated training in the CHS Medpass Manual which includes all SOPs related to medication administration and BCMA. The CHS quality management committee will continue to monitor and evaluate the monthly compliance of medication administration to ensure the safe and effective administration and documentation of medications consistent with NCCHC and all legal and regulatory requirements.

CHS will evaluate medication administration and associated documentation at an individual provider level, review documentation to ensure the accountability and appropriate documentation of all controlled substances consistent with the Utah Controlled Substances Act. Additionally, it will increase staff accountability for the documentation of medication administration using corrective action and the UPM process.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer

Recommendation 3.3. 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, in part, with this recommendation. It concurs that the recommendation's current implementation status is *in process*.

Update: CHS agrees that it must improve supervision of EMTs while also asserting that EMTs are operating within their scope of practice, as required by NCCHC standards and state statute.

As required by the 2023 follow-up audit, CHS developed and implemented a policy which defines the role of EMTs. Furthermore, CHS developed an organizational structure that provides a well-defined reporting structure for each EMT to a senior registered nurse. CHS will continue to improve the daily supervision of EMTs by registered nurses who are responsible for the supervision and monitoring of delegated tasks.

CHS will ensure that the RNs responsible for supervising EMTs will establish clear performance expectations which will be documented. Through a designed audit tool, nursing administration will evaluate individual EMT practice, including observation of medication administration, documentation of medication administration, management of diabetic patients including insulin administration, administration and accountability of controlled substances, and the triage of non-emergency health care requests. EMT practice and performance will be managed by a senior registered nurse in the UPM process.

Additionally, CHS agrees that improvement is needed for the administration of controlled substances. CHS will develop and implement an electronic tracking system for the accountability

of these medications using the existing Pyxis system. RNs and EMTs will receive annual training in medication administration, crisis evaluation, triage of non-emergency health care requests, and principles of delegation.

When: Ongoing, and fully implemented June 2026.

Responsible Staff: Jon Butterfield, CHS chief operating officer





State of Utah

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June 9, 2025

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RE: Support for Correctional Health Services – Audit Response Second Follow-Up Audit: Healthcare in State Prisons

To Whom It May Concern,

The Utah Department of Corrections (UDC) fully supports Correctional Health Services (CHS) in their response to your audit report, "A Second In-Depth Follow-Up of Healthcare in State Prisons."

We recognize that providing timely and effective healthcare to those in our custody is crucial. UDC is committed to working with CHS as they implement your recommendations and improve healthcare delivery and oversight within our correctional facilities. As the agency responsible for over 20,000 justice-involved individuals, we understand that quality healthcare is vital for their safety and dignity, as well as for our overall mission.

CHS has made significant progress in strengthening clinical protocols, staffing, performance monitoring, and internal coordination. We strongly support their efforts. UDC is actively collaborating with CHS on key priorities that align with your audit, including:

- * Improving joint oversight of service timeliness and quality.
- * Expanding access to appropriate medical services.
- * Supporting the recruitment and development of healthcare professionals in correctional settings

We appreciate CHS's transparency and diligence in addressing current and long-term needs. UDC is dedicated to being an active and accountable partner in this ongoing work.

Thank you for your continued oversight in improving correctional healthcare. This letter serves as our official support and commitment to ongoing collaboration.

Sincerely,

Jared Garcia (Jun 9, 2025 10:53 MDT)

Jared Garcia
Executive Director
Utah Department of Corrections







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