



SALT LAKE COUNTY JAIL:

NCCHC Facility of the Year Nomination

TROY L. DIAL

We are honored to have been selected as the National Commission on Correctional Health Care (NCCHC) Facility of the Year. This honor is bestowed on a single entity out of 500 accredited jails, prisons, and juvenile detention centers which has met and surpassed the commission's stringent standards, and which has made vast strides in improving prisoner health care.

A few years ago, an NCCHC site survey revealed several areas of deficiencies and identified needs for improvement for the Salt Lake County (Utah) Jail's health care system. The results of that survey created a sense of awareness that made us take notice of our training, staffing procedures, equipment, and overall organization. Using the survey as a baseline, we began the arduous struggle of transforming the health care system.

During the first months of our transformation, NCCHC's resources were directional in an otherwise dismal, confusing correction's health care world. What we quickly realized is there were no pat answers to fixing a correctional system and that every system is substantially different. The standards became our goals and the real story to be chronicled is how we altered the inherent components of our system to meet those goals.

Outlined below is a summary of the events that have led to the evolution of the Salt Lake County Jail's Health Services Unit.

Changes in Management

With the growing and evolving sheriff's office came a new wave of correctional administrators who brought with them an enhanced combination of experience and education. It was their enlightened leadership approach that enabled multiple changes in health services and created the flourishing, mature system we now have. Although the improvements to health services outlined are specific to health care, assistance from the corrections administration was key to our success.

Changes in Consulting Advice

With a focus on modernizing health care within the jail, the sheriff's office felt it was critical to receive input on system design and implementation from well-known health care consultants. Following a national Request for Proposal, a respected national health care consulting firm was retained. It was their task to do a comprehensive review of the master plan for health services and then guide the development of staffing, capital equipment purchases, and contractual agreements with professional providers, and act as health authority. The consultant made suggestions for change accompanied with validation from other facilities that have tried similar moves. Without their experience, knowledge, and contacts, many of the final pieces of our health care system would still be mired in governmental red tape and confusion. For correctional systems

that are serious about change, hiring an outside consultant with experience is the single most important move to initiate and manage the process.

Health Care Culture

After evaluating our culture, it became apparent that the jail's medical component was experiencing challenges directly related to low morale. To address this, we set out to create a new image for ourselves. First, we changed our name from "Dispensary" to "Health Services." Then we formulated a mission statement that conveyed our goals and vision. We created a director of nursing position and filled it with an administratively experienced R.N. We lobbied to increase nursing pay to match community standards. Implementing these and other changes has turned health services into a cohesive, fun, and rewarding place to work.

Changes in Operations

To meet many of the NCCHC standards, we had to reinvent the way we performed health care functions.

Using the standards as our goals, we created ways around our system to accomplish those goals, including

- Instituting a multidisciplinary comprehensive CQI, chart review, and peer review process.
- Completely revamping the Special Needs Communication within the jail by creating a "medical card" that travels with the prisoner locator card making his special medical needs known at all times regardless of location.
- Addressing infectious diseases through a comprehensive surveillance tool using the Infectious Disease Committee as the launching ground. We did serial samplings of clothing, mattresses, and cell floors and sent those samples to an entomologist to look for lice both before and after delousing.
- Contracting with a mobile X-ray company to provide on-site films and over reads.
- Rewriting the entire Health Services Unit policy manual using NCCHC standards as a guideline.

Changes in Staffing Levels

Several staffing changes needed to occur to increase efficiency and quality of care in health services. To increase nursing presence in critical areas like booking and sick call, we temporarily employed PRN nurses from a nursing pool. We implemented a *Keep on Person* medication program to give nurses more time for critical tasks. After completing an intensive staffing study to identify and create a realistic staffing model, we justified the need for an increase in nurses and received allocations to hire. We also implemented an administration model that includes a health administrator, director of nursing, and three nursing supervisors. These individuals oversee the disciplines of infectious disease, continuous quality improvement, and nursing education.

Changes in Professional Services

The new health authority recommended several changes in our professional services. One of the biggest transformations for us has been in the area of mental health. The consultant significantly changed the service specifications for the mental health provider. The new provider has embraced and executed these changes. Now, patients have become the focus of an integrated and compassionate approach to their care. We have also instituted a model for specialty care that has enabled us to bring specialty care on-site. This eliminated lengthy delays in appointment scheduling and the burden of transportation. We now have specialists in infectious disease, orthopedics, cardiology, urology, ENT, surgery, OB/GYN, and chronic pain management who deliver on-site care. We purchased the following new equipment to support the specialists:

- Surgical equipment
- Fiber-optic sigmoid- and rhinoscopes
- Monitoring equipment
- Lab equipment

This investment has paid tremendous dividends in quality and speed of care while minimizing financial charges and hospital visits. Requests for Proposals were written with close attention to detail and clinical outcomes. As a result the respondents to those requests rec-



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ognized this system for what it has become—a comprehensive, multispecialty model of health care. Our entire professional landscape has been transformed into a community-standard model.

Changes in Physical Plant

Moving into a new building in January 2000 gave us the opportunity to implement changes to health care that were previously limited by the size and existing equipment of our facility. Corrections insisted that medical be involved in the planning and implementation stages to ensure that the physical plant met our needs and goals. The new building significantly increased our capacity providing medical inpatient beds, mental health crisis beds, mental health subacute beds, and negative air pressure beds.

Changes in Training

To improve the overall quality of care, we implemented staff orientation for health services and coordinated with corrections. We initiated training programs for nurses in tuberculosis, OSHA, bloodborne pathogens, and disease processes. We also created and filled a nursing educator position to design and teach all continuing nursing education courses. The courses include credentialing in testing, emergency triage, patient transport, emergency childbirth, disease management, and nursing assessment skills.

Changes in Equipment

Most of the health care equipment that existed in health services was surplus and was so out of date that it was unusable. We began a comprehensive purchasing plan to update all medical equipment prior to moving into the new facility. Our plan included:

- Automatic vital sign machines
- Automatic external defibrillators
- New autoclaves and surgical equipment
- 20 dedicated medical exam rooms
- In-house X-ray machine
- Specialty medical procedure rooms
- Multiple negative air rooms
- Inpatient mental health and medical rooms
- State-of-the-art dental suite

- Administrative offices and education room
- CLIA certified lab
- Orthopedic room, trauma room, and physical therapy suite
- ADA compliant exam tables
- Slit lamp
- ACLS crash carts
- Stryker emergency transport guernseys
- Backboards

The purchase of this new equipment improved the quality and efficiency of care.

Changes in Technology

One of the biggest challenges for the health services unit was fragmentation of care. Medical, mental health, dental, and pharmacy all had separate record systems. Multiple efforts to resolve this had been tried without success. Determined to find a solution, we launched an exhaustive search for an electronic medical record system. The result was the installation of the PEARL Medical Information Management System. Integrating our records through this software has impacted health services in profound ways. Now, patient records can be found easily, nurses can communicate directly with doctors through e-mail, and all clinicians can know the status of each patient instantly.

This information processing technology allowed us to design special features of our health care system that even improved upon baseline standards of NCCHC. For example, at the time a prisoner completes the booking screening, his PPD is placed and the computer order for that placement automatically triggers a reminder to read the PPD on Day 2 and perform the health assessment. Another example of maximizing technology is our ability to expand chronic care to include all patients who are on anticoagulants, immunosuppressive drugs, and drugs with narrow therapeutic windows such as digoxin. We search the database for these patients and flag them into chronic care clinic to make sure that they automatically receive periodic care.

Installing this record system was the event that culminated our process of change and pulled all of the pieces together into the cohesive, comprehensive health care system we now have.

Summary

The transformation of the Health Services Unit at the Salt Lake County Jail has been a remarkable journey that started with an NCCHC audit. The degree of our deviation from national norms was clearly outlined in the report. It was that tool that underscored our need for change. Our experience could be characterized by the phrase "Complete Revolution," and the only constant throughout that upheaval has been the NCCHC Standards Manual. We certainly have devised many innovative approaches to meeting those standards. We are grateful that the standards are written as milestones with significant leeway to allow for adaptive, creative implementation. As we look back on our history, we see our NCCHC audits as consultative sessions with experts in the field who originally provided us with tangible feedback and constructive criticism and who now honor us for heeding their advice by nominating us as Facility of the Year. ☺

Although many people have been involved in the transition of the Salt Lake County Jail's health care system, the following team of individuals played vital roles in bringing about the administration of change: Sheriff Aaron D. Kennard, Chief Paul Cunningham, Chief of Corrections, Captain Troy Dial, Division Administrator, Todd Wilcox, MD, MBA, CCHP, Medical Director, Mark Ellsworth, RN, Health Administrator, Steve Szykula, Ph.D., Mental Health Administrator, Howard Salmon, Phase 2 Consulting/ Health Authority