

# Facility of the Year — Salt Lake County Metro Jail Talk About a Revolution! Jail Turnaround Turns Heads

by Jaime Shimkus

**T**hat management buzzword “reengineering” doesn’t begin to describe the changes that took place at the Salt Lake County Metro Jail over the past few years.

Reinvention, revolution—whatever word one uses, the transformation was so impressive—and so effective—it earned the jail NCCHC’s 2001 Facility of the Year award.

Coinciding with a \$132 million construction project that gave the jail a new, state-of-the-art home in January 2000, the entire corrections operation underwent significant changes, moving to a high-tech direct supervision model. But it was the health services department that caught NCCHC’s attention.

Just a few years ago the department was in bad shape, says Capt. Troy Dial, a division administrator who oversees medical and other jail services. “It was scary. Our health services administrator quit shortly before our 1997 accreditation survey, and while we thought we’d been doing OK, the survey showed that we were not. We were put on probation. That was the catalyst. We never wanted to go through that again.”

The experience raised some hard questions. “We had to ask ourselves why we did so poorly, and what we needed to do to fix this place,” says Todd Wilcox, MD, CCHP, a key participant in the turnaround. In 1997 Wilcox was working as one of the jail’s physicians, but today he’s president of a company called Wellcon that provides contract medical services for the jail and he also serves as medical director.

Redesigning health services while simultaneously planning for a major relocation might seem overwhelming, but it actually worked in their favor, says Dial. “Moving into the new jail was paramount. We had really archaic medical equipment that we didn’t want to bring

with us. So when the construction committee asked what we needed, we took a careful look at how we wanted things to flow and came up with a good model.”

In terms of physical plant, health services nearly doubled its capacity, with space for 45 medical inpatient beds, 18 mental health crisis beds, 70 mental health subacute beds and 10 negative air beds. The construction budget also allowed for capital purchases, enabling the department to acquire medical equipment and other technologies, such as information systems, that have proven well worth the investment.

## A BUSINESS APPROACH

Move or no, health services faced a big challenge: Providing quality care in an efficient, cost-effective manner. With a private sector background and an MBA, Wilcox applied business concepts to get the department on track. That was a departure from the “old days of crisis management,” he says. “We’d rush to put a Bandaid on a problem without fully understanding the impact on the system.”

Logically, the process began with the requisite surveys, assessments

and reviews. It was important not only to ascertain what was wrong (and right) with the current system, but also to learn from experiences at other jails.

Administrators also gained invaluable “outsider” input when it enlisted the help of Phase 2 Consulting, an agency that specializes in health care. Phase 2 helped with system design and implementation, and one of its consultants, Howard Salmon, is serving as the jail’s health authority during the agency’s three-year contract.

Use of a consultant has another advantage, according to Wilcox: It lends “validation” to the recommendations, thus helping to secure buy-in from government decision-makers.

Ultimately, the changes implemented at the Metro jail were vast, too vast to be described fully here. Some of the most significant changes, however, related to staffing, physician services and information technology.

## FULLY STAFFED

A basic problem, revealed by an evaluation of the “culture,” was pervasively low morale. Department leaders “set out to create a new image,” according to the NCCHC award nomination. They changed the name “dispensary” to “health services” and crafted a statement of mission, vision and goals.

But nobody needed a survey to tell them what was all too obvious: The department was “tragically understaffed,” with obsolete staffing ratios, says Wilcox. “That contributed to a lot of our deficiencies.”

To thrive in a tight nursing market, creative measures were needed, says

health services administrator Mark Ellsworth, BSN, who joined the jail one month before the move. They adopted an RN model, created a director of nursing position, added flexibility to schedules and improved compensation and benefits. Now the nurses, almost all of them RNs, have greater responsibility and autonomy, handling, for example, physical assessments and sick call triage. Adds Ellsworth, “Our DON is very proactive in scheduling nurses to fit their lifestyle.”

Those steps did the trick. Even though the new set-up added 50 FTEs of nursing time, all of the positions are filled, Dial says. “We have not had a difficult time recruiting. We empower our nurses and give them great scheduling. They love to work here.”

plaints, virtually all are certified specialists, as well. Recruited through Wellcon, the specialists work in infectious disease, orthopedics, cardiology, urology, ENT, surgery, Ob/Gyn and chronic pain management. Equipment to support these specialties was covered in the capital budget.

Mindful that some might regard such services as excessive, Wilcox says, "We provide only medically necessary care, but in this day and age, general practitioners cannot provide the care necessary for hundreds of conditions."

More fundamentally, offering specialty care on-site eliminates delays in obtaining appointments and the burden of transporting inmates, and it streamlines workups. "This model allows us to be very efficient and to reduce expenses," notes Ellsworth.

Mental health care is another area that has undergone dramatic change, with a new focus on "integrated and compassionate" care, according to jail officials. Also contracted out, the program is administered by Steve Szykula, PhD, of Comprehensive Psychological Services.

#### **E-RECORDS**

A major driver of efficiency in the new operation is the state-of-the-art electronic medical records system. Says Dial, "There's no way we could do all that we're doing without the EMR."

Record-keeping had been a mess, says Ellsworth. Medical, mental health, dental and pharmacy all had their own systems, and even if staff members could find the record they needed, chances were it would be incomplete. With electronic access to integrated records, caregivers can know a patient's status or update information instantly. The software also alerts caregivers to take specific actions, such as following up on tests, and to order medications electronically.

The biggest benefit, though, may come from the ability to generate reports that administrators can use to better manage the department. In fact, Wilcox says, "The only way you can control costs effectively across a large health care system is with computerized records and analysis."

#### **OPERATIONAL OVERHAUL**

Virtually no stone was left unturned in the department. Among the many changes they made, the group . . .

- Improved staff training through a better orientation process and new programs on topics such as TB and bloodborne pathogens
- Developed a multidisciplinary, comprehensive CQI, chart review and peer review process
- Created a medical card that travels with the prisoner locator card, making any special needs known at all times
- Implemented a disease surveillance tool to combat infectious disease
- Contracted with a mobile x-ray company to provide on-site service
- Rewrote the entire policy manual using NCCHC standards as a guideline

What's next for the department?

One major goal is to open a planned acute medical unit, though it's been put on hold due to the economic downturn. But one thing's certain: These folks won't be sitting still. ❖

## **At a Glance**

**FACILITY:** The maximum security Salt Lake County Metro Jail opened in January 2000 in South Salt Lake City. Designed for future expansion, the 1-million-square-foot complex replaces an 800-bed jail in Salt Lake City. A satellite facility, Oxbow Jail, is classified as minimum security.

**MARKET SERVED:** The jails serve a 764-square-mile county with a population exceeding 698,000.

**CORRECTIONAL POPULATION:** The average daily population at the two jails is about 2,000 (including inmates held by federal marshalls and the INS), with the majority housed at the Metro complex.

**HEALTH CARE SERVICES:** Staffing exceeds 100 FTEs. The breakout for key clinical positions: 3.5 physician FTEs with expertise in at least 8 specialties; 1 dentist; 3 nursing supervisors; 68 RNs; 4 LPNs; 1 psychologist/clinical coordinator; 2 discharge planners; 8 mental health professionals; 2 APRNs; 1.5 psychiatrists. Administrative titles include health authority, health administrator, director of nursing and mental health administrator.

**ACCREDITATION:** The jail, which first sought accreditation to comply with a federal consent decree, has maintained that status since 1983.

**QUOTEWORTHY:** "One thing that has proven to be a constant is change. We're never happy with where we're at. But we approach everything in CQI fashion. When we find a problem, we study the system to identify weaknesses that need improvement instead of blaming individuals."—Todd Wilcox, MD, MBA, CCHP