

Drinking From The Firehose

Are 14-day Assessments Flooding Your System With Too Much Work For Too Little Benefit?

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NCCHC Essential Standard J-32

Written Policy and defined procedure require, and actual practice evidences, that oral screening is performed, and instructions on oral health education is given as soon as possible, but at least within 14 days of admission. . .

NCCHC Essential Standard J-33

A full health assessment is completed for each inmate as soon as possible after arrival in consideration of results from the receiving screening process but no later than 14 calendar days after the inmate arrives at the Jail, . . .

NCCHC Important Standard J-39

Written policies and defined procedures require, and actual practice evidences, that post-admission evaluation of all inmates by qualified mental health personnel is completed within 14 calendar days of admission. . .

Booking Is TOO Early

Accurate clinical information difficult because:

- Patients still intoxicated / high
- Patients still agitated from arrest
- Patients confused by complexity of booking process already
- Patients withhold critical medical information because they think they will bail out
- Patients withhold info for fear it will be used forensically.

14 Days is TOO Long

- You have missed all the really important pathology:
 - Diabetes
 - HIV
 - Suicidality
 - Withdrawal
 - Infectious Diseases
 - Hypertension
 - Trauma

So What Is JUST RIGHT?

- Looked at our medical processes
- Looked at M&M data
- Looked at literature
- Looked at community practices
- Looked at the clinical goals of the 14-day assessment

Risk Stratification vs. Time

- PPD must be done 48-72 hours
- Risk for suicide highest in first 72 hours
- 80% of significant bad outcomes occur within 48 hours
- Withdrawal usually presents within first 48 hours
- Most of our sendouts were for prisoners in first 72 hours

Salt Lake County Jails Model

- Exams performed on Day 2 of incarceration
- Exams tied to the reading of the PPD
- All timing tracked in our EMR starting from the ordering of the PPD
- Performed by Credentialed Nurses
- All exams performed in a clinic setting
- 70 data points collected on history/exam covering medical, mental health, dental
- Clinical oversight provided by MD's

Nurse Credentialing Philosophy

- Nurses practicing the full scope of their licensure
- Allowed by DOPL so long as they are credentialed
- Allowed by NCCHC so long as they are overseen by MD
- Teach nurses how to follow the medical model
- Teach nurses how to be the first assessor of a patient and how to triage ambulatory patients

Nurse Credentialing

- Full lecture series designed for correctional pathology
 - Physical exam of all systems
 - Withdrawal
 - Infectious Diseases
 - Chronic Disease management
 - Mental Health
 - Dental assessments and triage
 - Disability assessment / appropriate medical accommodation
 - Differential diagnosis thought processes
 - Initial laboratory assessment of patients
- Clinical skills courses
- Testing for knowledge and skills competency by MD's

Post-Credentialing

- Make the nurses partners in care
- Patient consultation with MD's
- On-the-fly teaching sessions
- Review lectures
- Updates in healthcare
- Feedback to nurses regarding diagnosis, workup, treatment, outcomes

Impact On Nursing

Empowering Nursing staff:

- National Nursing shortage
- Training is a value-added feature of job
- Assists nurses in other jobs—ER, ambulatory care, ICU
- ↑ Training = ↑ job satisfaction
- Nurses doing more hands-on care that they enjoy vs. passing pills, doing paperwork
- Nurses more engaged with patient-care mission of health services
- Create higher level of skilled employees

Implementation of Program

Cooperation with Custody

- Evaluated prisoner flow
- Created a quarantine pod to hold prisoners until cleared medically
 - Good infectious disease control
 - Patients not scattered throughout jail—improves efficiency
- Created an exam production line monitored by custody
- Dedicated officers to perform these tasks daily
- Developed contingencies
- Incorporated ADA/clearances

14-day health assessments

The bad of what happened:

- Nurses complained of change
- Difficulty accessing patients—custody interface required a lot of CQI
- Clinical documentation required multiple revisions to make it more efficient

14-day health assessments

The GOOD of what happened:

- Legions of medical problems identified and rectified rapidly
- Nurses found assessments interesting
- Doctor productivity increased with better assessments and better data
- Substantial increase in RN assessment skills which makes them better in other areas
- Clearances standardized
- Doctors, administrators, risk management, attorneys all sleep better at night

Unintended Benefits of Program

External Referrals / Medical Encounters

- Facility ER send outs down 23%
- Ambulance runs down 32%
- Off-site referrals down 57%
- M&M complications down radically
- Praise from responding ACLS providers for increase in level of care

Unintended Benefits of Program

Internal Medical Statistics

- 87% reduction in Dr call for clearances
- Physician appointments stayed static
- Acuity of disease at physician appointments increased significantly—doctors pleased to be seeing real pathology
- Emergency responses by RN's decreased 64%

Case Study 1: Before the Program

- 47 year old homeless Native American
- Heavy drinker
- Uncooperative in booking
- Called by officers on day 3—not doing well
- Pt falls and hits head--dies

Case Study 2: Program Running

- 37 year old white female
- Known IVDA, methadone, xanax addict
- Poor info at booking screening secondary to drug euphoria
- Identified at Comprehensive Nurse Exam on Day 2—enrolled in withdrawal protocol and admitted to inpatient for monitoring
- Patient died, autopsy could not identify cause of death
- Attempt at litigation—clinical documentation so robust, litigation aborted

Summary

- Comprehensive Nurse Exams work fabulously
- 48-72 hours is the “Golden Day” for CNE's to be completed
- CNE's grease everything else in healthcare
- Doing these exams the right way makes all the bad things go away

Copies of slides available at:

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