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June 21, 2007

Judith Stanley
National Commission on Correctional Health Care
1145 West Diversey Parkway
Chicago, Illinois 60614

This document responds to the NCCHC's accreditation report review of findings dated March 16, 2007, in which NCCHC requested subsequent documentation of compliance with Essential Standard J-E-04, on or before July 02, 2007.

Maricopa County Correctional Health Services maintains a robust comprehensive program for continual quality improvement. Enclosed in report format and graphical representation, is Maricopa County Sheriff's Office and Correctional Health Services corrective action and evidence of compliance with the NCCHC standard.

Maricopa County Correctional Health Services anticipates the remaining standard, J-E-04, will be found in full compliance at the next NCCHC review meeting. Thank you for the opportunity to respond to the March 16, 2006 findings.

Best regards,

A handwritten signature in cursive script that reads "Dorinne L. Gray".

Dorinne L. Gray
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kwiktag®

032 907 765





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Confidential Pursuant to A.R.S. §§ 36-2401 to 36-2404

In their March 16, 2007 meeting, the Accreditation Committee of the National Commission on Correctional Health Care (NCCHC) voted to continue Maricopa County Sheriff's Office – Detention Bureau on Continuing Accreditation upon Verification to allow Maricopa County time to complete corrective action for one remaining essential standard, J-E-04 Health Assessment. Notification of this decision was dated May 2, 2007, and received by Maricopa County shortly thereafter. The notification from NCCHC instructed Maricopa County to forward a report of corrective action to NCCHC on or before July 2, 2007.

As reported in the NCCHC Accreditation Report Revised 03/16/2007, the following standards required corrective action:

Essential Standards in Partial Compliance
J-E-04 Health Assessment

Maricopa County CHS Report of Accreditation Compliance

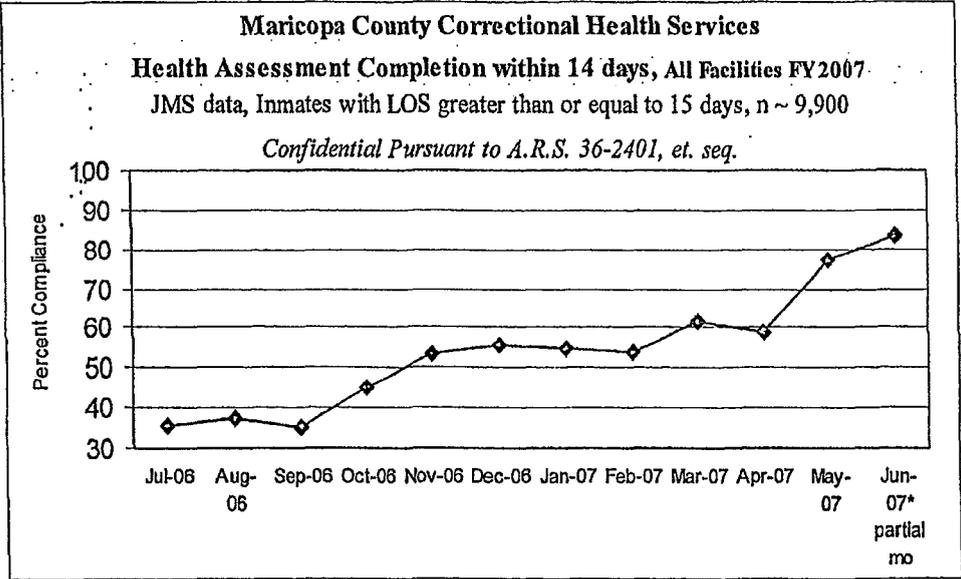
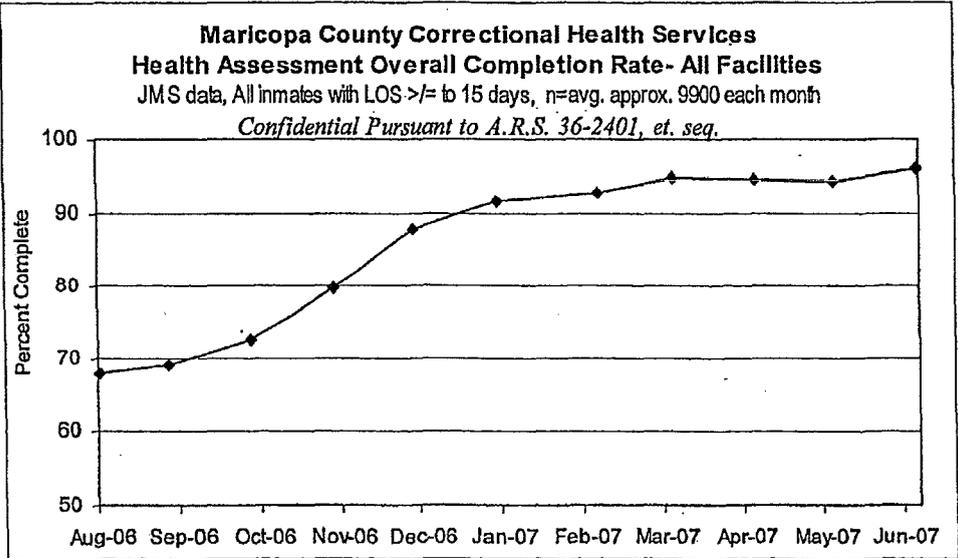
J-E-04 Health Assessment

June 2007:

CHS' robust initiatives for health assessment completion continue as described previously. Training of healthcare support staff to verify existence of prior incarcerations through patient identification numbers was completed.

The overall health assessment completion rate has remained greater than 90% for 6 consecutive months, rising to a high of 96.2% in June 2007. Maricopa County Correctional Health Services has also demonstrated 9 months of continual improvement in health assessment completion within 14 days of booking, and has reached a high of 82.8% compliance as of June 25, 2007. This improvement has continued even with a recent rise in inmate population, reaching over 10,000 on 6-11-07.

Maricopa County Correctional Health Services maintains that the intent of J-E-04 Health Assessment is met, and that CHS complies with this standard.



Previously reported February 2007:

CHS' new initiatives for health assessments have continued from September 2006 to present. Health Assessments have been brought current and are being maintained current at all Maricopa County Jail facilities. An extensive effort to validate and make current the documentation of physical exam, serology, and tuberculin skin testing completion dates in JMS (jail management system) was completed. Thorough training on the use of JMS was developed and implemented. The ongoing process for maintaining compliance with 14 day Health Assessments, is to schedule trained nurses to perform health assessments at LBJ 5 days per week, at Intake 24 hours per day/7 days per week, at Durango 3 days per week and at 4th Avenue 2 days per week, utilizing a "power squad" methodology. Maricopa County Sheriff's Office has contributed to the success of this project by providing sufficient detention officer staff to accompany medical personnel for power squads. Medical providers are completing health assessments during sick call at all facilities. To ensure the health assessments are completed within 14 days, inmates needing physical exams are placed on the sick call roster for completion of their physical exam at day 8-9 of incarceration. Additional training for healthcare support staff to verify existence of prior incarcerations (especially within the last twelve months) through patient identification numbers is currently being rolled out.

The health assessment completion rate rose to 91.6% in January 2007, and 92.6% in mid-February 2007. Maricopa County Correctional Health Services contends the intent of J-E-04 Health Assessment is met, and that CHS is in compliance with this standard.

Previously reported September 2006:

CHS hired 8 Traveler nurses to perform physical exams; working 12 hour shifts at both LBJ and 4th Avenue locations. Nurses are scheduled to provide 24/7 coverage at 4th Avenue Intake in an effort to complete health assessments upon inmate's entrance to the jail system. CHS will continue to hire up to a total of 15 Traveler nurses, as needed for improvement efforts, along with ongoing recruitment of regular staff. CHS staffing plan, based on Maricopa County Managing for Results program, was approved by the Maricopa County Office of Management and Budget, and the Maricopa County Board of Supervisors. The approved staffing plan provides the following increases in positions: Medical Records Technicians - 6 new FTEs, Mental Health Professionals - 10 new FTEs, MDs (Medical) - 7 new FTEs, MDs (Psychiatrist) - 3 new FTEs, Correctional Health Techs - 13 new FTEs, Licensed Practical Nurses - 7 new FTEs, Registered Nurses - 26 new FTEs, Health Unit Coordinators - 31 new FTEs, Nursing Supervisors - 4 new FTEs, Quality Coordinator - 1 new FTE

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CHS documentation forms have been reviewed and revised to improve the collection of health information. Methods of data collection and reporting have been reviewed.

Previously reported May 2006:

CHS focused effort at Durango jail to complete the health history, vital signs, and lab/diagnostic testing portion of the 14 day health assessment.

Medical Providers changed practice for every inmate requesting sick call to include assessment and treatment of the condition requiring sick call and to also include the physical exam, when applicable. CHS continues to actively recruit and retain medical providers and nursing



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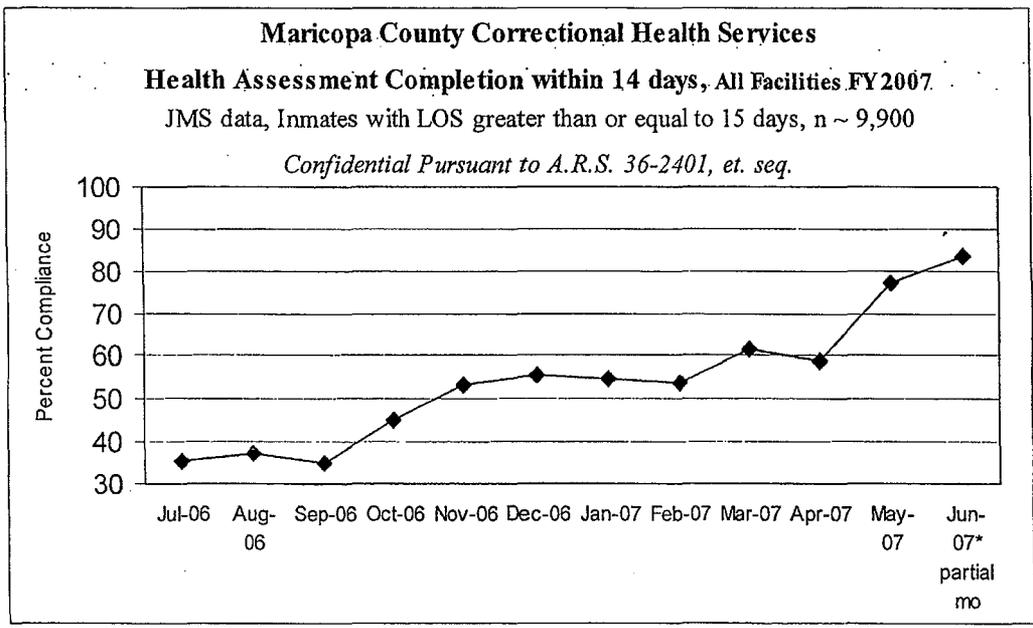
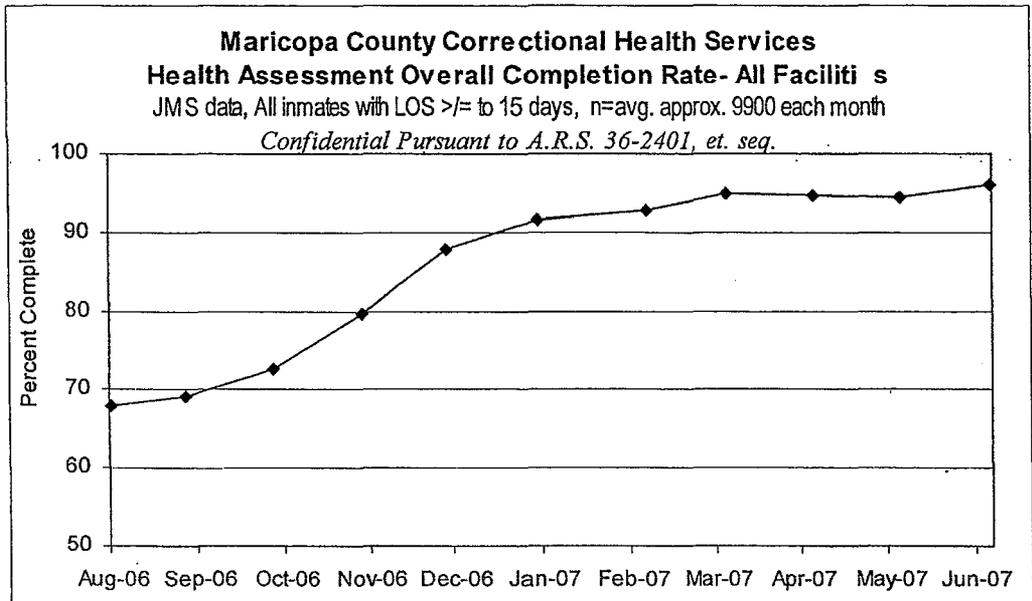
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Maricopa County Correctional Health Services maintains that the intent of J-E-04 Health Assessment is met, and that CHS complies with this standard.



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February 16, 2007

Judith Stanley
National Commission on Correctional Health Care
1145 West Diversey Parkway
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This document responds to the NCCHC's accreditation report review of findings dated December 11, 2006, in which NCCHC requested subsequent documentation of compliance with applicable Essential and Important Standards on or before February 22, 2007.

Maricopa County Correctional Health Services maintains a robust comprehensive program for continual quality improvement. Enclosed in report format and graphical representation, is Maricopa County Sheriff's Office and Correctional Health Services corrective action and evidence of compliance with NCCHC standards.

Maricopa County Correctional Health Services anticipates the remaining standards, J-E-04, J-E-05, and J-E-09, will be found in full compliance at the next NCCHC review meeting. Thank you for the opportunity to respond to the December 11, 2006 findings.

Best regards,


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In their November 17, 2006 meeting, the Accreditation Committee of the National Commission on Correctional Health Care (NCCHC) voted to continue Maricopa County Sheriff's Office – Detention Bureau on Continuing Accreditation Upon Verification with the qualification that compliance with all of the Essential Standards and at least 85% of the applicable Important Standards be demonstrated in a report to the NCCHC on or before February 22, 2007.

As reported in the NCCHC Accreditation Report Revised 12/11/2006, the following standards required corrective action:

Essential Standards in Partial Compliance

J-E-04 Health Assessment

Important Standards in Partial Compliance*

*note: Prior to this report, 35 of 37 applicable important standards (94.6%) have been cleared and/or found in compliance by NCCHC, which exceeds the required 85%.

J-E-05 Mental Health Screening and Evaluation

J-E-09 Segregated Inmates

Maricopa County CHS Report of Accreditation Compliance

J-E-04 Health Assessment

Previously reported May 2006:

CHS focused effort at Durango jail to complete the health history, vital signs, and lab/diagnostic testing portion of the 14 day health assessment.

Medical Providers changed practice for every inmate requesting sick call to include assessment and treatment of the condition requiring sick call and to also include the physical exam, when applicable. CHS continues to actively recruit and retain medical providers and nursing personnel. CHS revised the training curriculum for Nurses to perform physical exams. CHS plans to expand the training program with the recruitment of nurses.

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Managing for Results program, was approved by the Maricopa County Office of Management and Budget, and the Maricopa County Board of Supervisors. The approved staffing plan provides the following increases in positions: Medical Records Technicians – 6 new FTEs, Mental Health Professionals – 10 new FTEs, MDs (Medical) – 7 new FTEs, MDs (Psychiatrist) – 3 new FTEs, Correctional Health Techs – 13 new FTEs, Licensed Practical Nurses – 7 new FTEs, Registered Nurses – 26 new FTEs, Health Unit Coordinators – 31 new FTEs, Nursing Supervisors – 4 new FTEs, Quality Coordinator – 1 new FTE

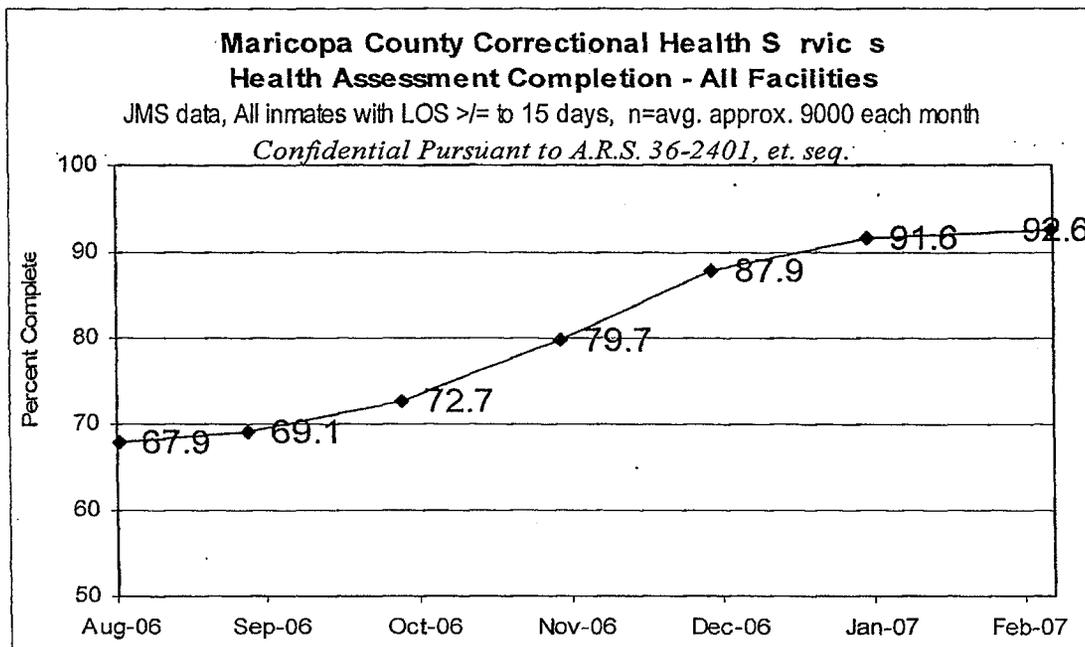
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February 2007:

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The health assessment completion rate rose to 91.6% in January 2007, and 92.6% in mid-February 2007. Maricopa County Correctional Health Services contends the intent of J-E-04 Health Assessment is met, and that CHS is in compliance with this standard.



J-E-05 Mental Health Screening and Evaluation

Previously reported September 2006:

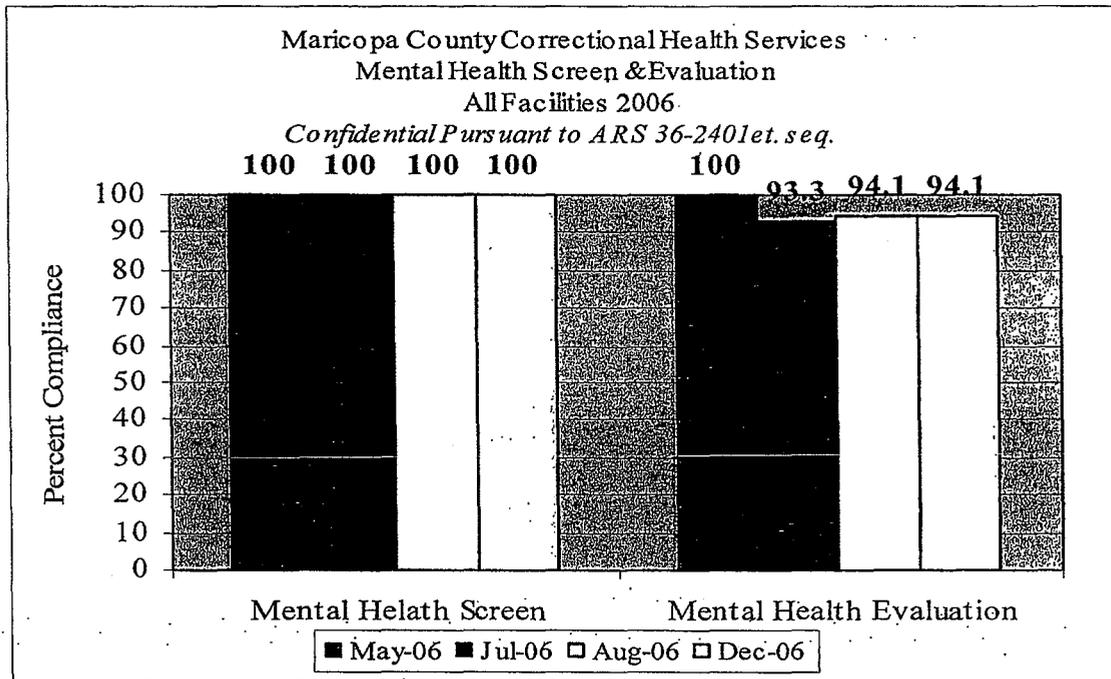
Mental Health Screening is completed on all detainees at time of booking. All persons are then compared to Value Options database (Maricopa County state-contracted Regional Behavioral Health Authority for Medicaid, non-Medicaid and Title XXI eligible residents). CHS is notified of persons receiving services from Value Options; mental health information is obtained from case managers; and continuity of care is achieved. At the time of classification, inmates are further screened for violent behavior, victimization, special education placement, and/or sex offenses. CHS Mental Health Professionals are notified via the electronic Jail Management System or referral of inmates with positive mental health screens needing further evaluation. Mental Health Professionals (MHP's) perform a face-to-face assessment on these inmates in the intake area. MHP's obtain outside records and treatment plans for those that are seriously mentally ill, track inmate movement, and alert the clinic, where the inmate will be housed, to the status of the inmate. MHP's at the housing facility perform a Mental Health Assessment within 14 days. The CHS Mental Health Assessment Form was developed and implemented in April 2006.

September 2006: The dynamic process stated above is ongoing with sustained effectiveness.

February 2007:

In June 2006, the NCCHC accreditation committee requested one additional month of data demonstrating compliance with J-E-05, Mental Health Screening and Evaluation standard. Maricopa County CHS submitted further data in September 2006. In the NCCHC revised report dated 12-11-06, there was no mention of evidence of compliance that was submitted. Maricopa County Correctional Health Services respectfully submits additional documentation of compliance, totaling 4 months, as evidence that this standard should be found in full compliance. Compliance that Mental Health Screening and Evaluations were completed within 14 Days of

booking are as follows: May 2006 = 100%, July 2006 = 93.3%, August 2006 = 94.1%, December 2006 = 94.1%. Maricopa County CHS intends to continue quarterly monitoring of this standard as part of the Continuous Quality Improvement Program.



J-E-00 Segregated Inmates

Previously reported September 2006:

Plan developed to revise policy and documentation practice.

Process in place: Inmates in segregation are checked by detention every 25 minutes.

Segregation checks by nursing staff are entered on the housing roster. Any inmate with a healthcare complaint is offered an Inmate Request for Medical Services form. Any inmate with any issue of questionable urgency is brought to the attention of the clinic RN, so that timely triage and sick call evaluation can be completed. A nursing note is documented in the individual inmate's medical record, progress note section.

February 2007:

The CHS policy and procedure entitled Segregated Inmates was revised on 12/15/06 and implemented 2/15/07, which addresses:

- MCSO notification to medical staff of initial inmate placement in segregation
- Review of inmate health information to determine contraindications to segregation
- Frequency of medical staff monitoring of segregated inmates based on degree of isolation in accordance with NCCHC standards
- Documentation methodology
- Reference to MCSO policy and procedure for segregated inmate safety and well being through detention security walks
- Reference to MCSO policy and procedure for segregated inmate access to programs and services
- Treatment of segregated inmates with non-urgent, urgent, and emergency health care needs

In June 2006, the NCCHC accreditation committee requested confirmation that the CHS plan was implemented in order to be found in compliance. Maricopa County Correctional Health Services has revised and implemented its Policy & Procedure and processes to comply with the NCCHC standards as stated above. This report serves as the requested confirmation. Maricopa County CHS contends this standard is in full compliance.



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September 29, 2006

Judith Stanley
National Commission on Correctional Health Care
1145 West Diversey Parkway
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This document responds to the NCCHC's accreditation report review of findings dated July 20, 2006, in which NCCHC requested subsequent documentation of compliance with applicable Essential and Important Standards on or before October 15, 2006.

Maricopa County Correctional Health Services maintains a robust comprehensive program for continual quality improvement. Enclosed in tabular format and graphical representation, is Maricopa County Sheriff's Office and Correctional Health Services corrective action and evidence of compliance with NCCHC standards.

Maricopa County Correctional Health Services anticipates areas needing corrective action will be cleared at the next NCCHC review meeting on November 17, 2006. Thank you for the opportunity to respond to the July 20, 2006 findings.

Best regards,

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Dorinne L. Gray
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Maricopa County Correctional Health Services

September 2006 Response to the NCCHC Accreditation Survey conducted December 2005, NCCHC final Report dated February 24, 2006

Confidential Pursuant to A.R.S. 36-2401, et. seq.

E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
PENDING COMPLIANCE ASSESSMENT					
E	J-E-04 Health Assessment	Partial	<p>HA be completed within 14 days Immunization provided as necessary</p> <p>While this represents significant progress, for full compliance, a compliance rate of at least 90% is required, provided the 10% non-compliance is due to random events and not a specific pattern. The facility remains in partial compliance. (NCCHC June 2006).</p>	<p>May 2006: Focused effort at Durango jail to complete the health history, vital signs, and lab/diagnostic testing portion of the 14 day health assessment.</p> <p>Medical Providers have changed practice for every inmate requesting sick call to include assessment and treatment of the condition requiring sick call and to also include the physical exam, when applicable. CHS continues to actively recruit and retain medical providers and nursing personnel. CHS has revised the training curriculum for Nurses to perform physical exams. CHS plans to expand the training program with the recruitment of nurses.</p> <p>September 2006: CHS has hired 8 Traveler nurses to perform physical exams, working 12 hour shifts at both LBJ and 4th Avenue locations. Nurses are scheduled to provide 24/7 coverage at 4th Avenue Intake in an effort to complete health assessments upon inmate's entrance to the jail system. CHS will continue to hire up to a total of 15 Traveler nurses, as needed for improvement efforts, along with ongoing recruitment of regular staff. CHS staffing plan, based on Maricopa County Managing for Results program, has been approved by the Maricopa County Office of Management and Budget, and the Maricopa County Board of Supervisors. The approved staffing plan provides the following increases in positions: Medical Records Technicians – 6 new FTEs Mental Health Professionals – 10 new FTEs</p>	<p>Significant improvement in the percent of Health Histories, vital signs, and lab/diagnostic tests completed <u>within fourteen days</u> at Durango: February 2006 = 65%, May 2006 = 82%, June = 79%, July = 82%, August = 77%</p> <p>Compliance with health assessment completion (all components of health assessment, all inmates, based on JMS) has improved: January 2006 = 69.4%, March 2006 = 70.7% (revised Sept. 2006)</p> <p>The method for determining health assessment data using the MCSO Jail Management System (JMS) was found to have inherent variations and inaccuracies.</p> <p>CHS performed a random chart audit of 152 charts in all facilities on inmates booked between January and August 2006. Please note, audit denominator data does not account for inmates that may not have had a medical record generated, (i.e. passed through intake without TST, serology testing, or physical exam AND who had never requested medical services).</p> <p>Results of Health Assessment Overall Completion, chart audit August 2006: Recording of Vital Signs = 97.4% Collection of health history = 98.0% TB testing = 99.3% Communicable Disease testing = 98.0% Physical Exam = 95.4% HA completed within 14 days =</p>

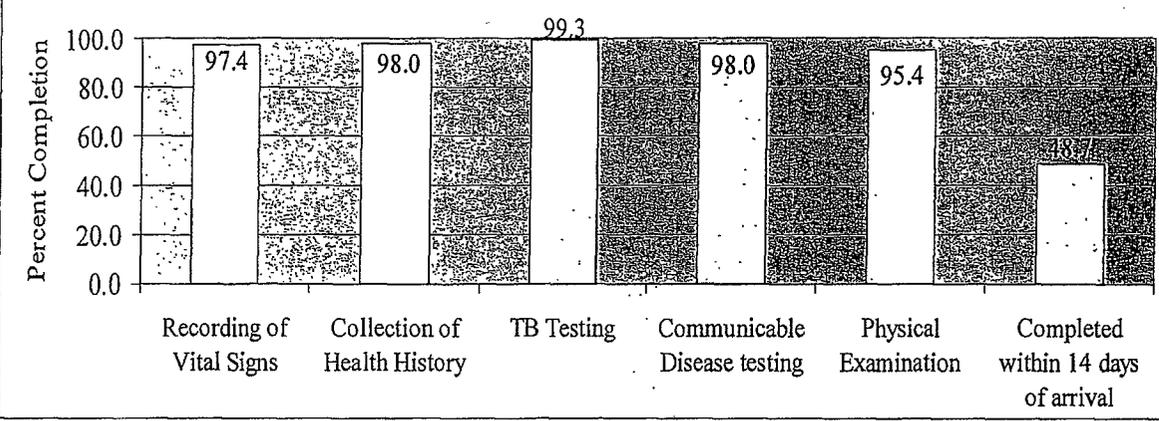
11/9/2006

Maricopa County Correctional Health Services
 September 2006 Response to the NCCHC Accreditation Survey conducted December 2005, NCCHC final Report dated February 24, 2006
Confidential Pursuant to A.R.S. 36-2401, et. seq.

E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
				<p>MDs (Medical) – 7 new FTEs MDs (Psychiatrist) – 3 new FTEs Correctional Health Techs – 13 new FTEs Licensed Practical Nurses – 7 new FTEs Registered Nurses – 26 new FTEs Health Unit Coordinators – 31 new FTEs Nursing Supervisors – 4 new FTEs Quality Coordinator – 1 new FTE</p> <p>CHS has continued system-wide efforts to complete past due health assessments, in an effort to improve inter-facility transfer of inmates to Department Of Corrections, and to decrease the number of inmates needing a health assessment. Future improvement emphasis will be on the completion of the health assessments in the earlier days of incarceration (within 14 days of booking)</p> <p>CHS documentation forms have been reviewed and revised to improve the collection of health information.</p> <p>Methods of data collection and reporting have been reviewed.</p>	<p>48.7%</p>

MC Confidential (June 08) 001114

Maricopa County Correctional Health Services
 September 2006 Response to the NCCHC Accreditation Survey conducted December 2005, NCCHC final Report dated February 24, 2006
Confidential Pursuant to A.R.S. 36-2401, et. seq.

E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance														
<p>Maricopa County Correctional Health Services Health Assessment Completion - All Facilities Inmates booked 1/06 - 8/06 with LOS >= to 15 days Medical Chart Audit Conducted August 2006, n=152 <i>Confidential Pursuant to ARS 36-2401 et.seq.</i></p>  <table border="1" data-bbox="532 561 1691 982"> <caption>Health Assessment Completion Data</caption> <thead> <tr> <th>Task</th> <th>Percent Completion</th> </tr> </thead> <tbody> <tr> <td>Recording of Vital Signs</td> <td>97.4</td> </tr> <tr> <td>Collection of Health History</td> <td>98.0</td> </tr> <tr> <td>TB Testing</td> <td>99.3</td> </tr> <tr> <td>Communicable Disease testing</td> <td>98.0</td> </tr> <tr> <td>Physical Examination</td> <td>95.4</td> </tr> <tr> <td>Completed within 14 days of arrival</td> <td>43.7</td> </tr> </tbody> </table>						Task	Percent Completion	Recording of Vital Signs	97.4	Collection of Health History	98.0	TB Testing	99.3	Communicable Disease testing	98.0	Physical Examination	95.4	Completed within 14 days of arrival	43.7
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Physical Examination	95.4																		
Completed within 14 days of arrival	43.7																		
I	J-E-05 Mental Health Screen & Evaluation	Partial	MH evaluations completed within 14 days Need two months of data In subsequent documentation, the facility submitted results of their corrective action since the February 2006 Accreditation Committee meeting. It reports results of the CQI study of mental health evaluations completed at all locations in May 2006 to be at 100%. While this represents significant progress, confirmation of at least one	September 2006: Mental Health Screening is completed on all detainees at time of booking. All persons are then compared to Value Options database (Maricopa County state-contracted Regional Behavioral Health Authority for Medicaid, non-Medicaid and Title XXI eligible residents). CHS is notified of persons receiving services from Value Options; mental health information is obtained from case managers; and continuity of care is achieved. At the time of classification, inmates are further screened for violent behavior, victimization, special education placement, and/or sex offenses. CHS Mental Health Professionals are notified via the	CQI Audit, all locations 2006: Mental Health Screens: May = 100%, July = 100%, August = 100% Mental Health Evaluations within 14 days: May = 100%, July = 93%, August = 94%														

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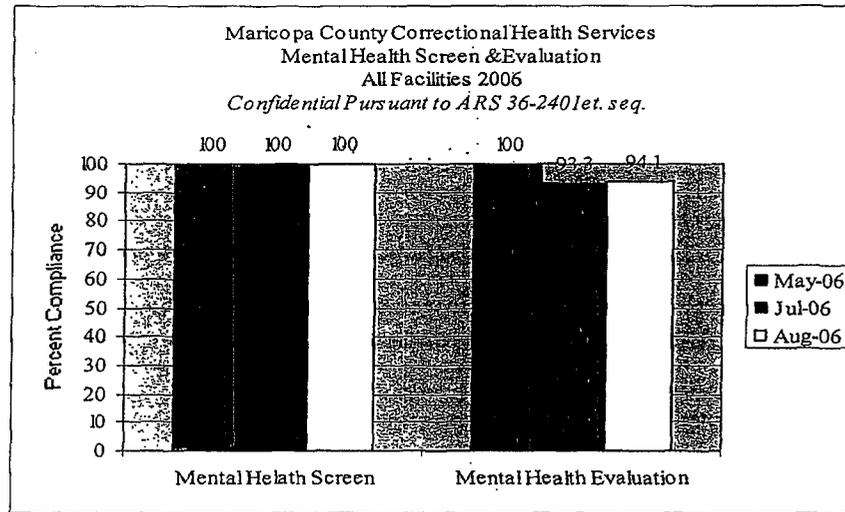
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Maricopa County Correctional Health Services

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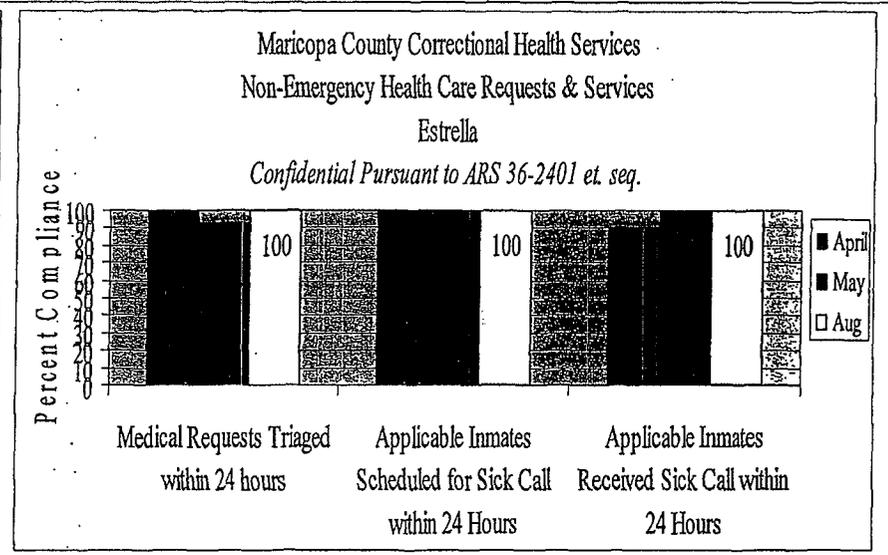
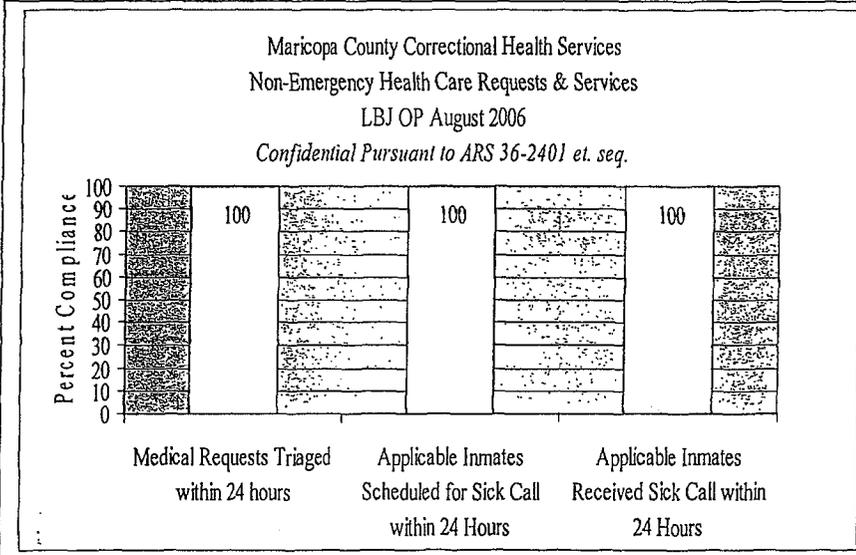
E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
			<p>more month of compliance is needed. The facility remains in partial compliance. (NCCHC June 2006).</p>	<p>electronic Jail Management System or referral of inmates with positive mental health screens needing further evaluation. Mental Health Professionals (MHP's) perform a face-to-face assessment on these inmates in the intake area. MHP's obtain outside records and treatment plans for those that are seriously mentally ill, track inmate movement, and alert the clinic, where the inmate will be housed, to the status of the inmate. MHP's at the housing facility perform a Mental Health Assessment within 14 days. The CHS Mental Health Assessment Form was developed and implemented in April 2006. September 2006: The dynamic process stated above is ongoing with sustained effectiveness.</p>	



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Maricopa County Correctional Health Services
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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
E	J-E-07 Non-Emergency Health Care Requests & Services	Partial	Estrella: Triage tank orders within 24 hours NO NCCHC RESPONSE DOCUMENTED, June 2006. Per phone conversation with Judy Stanley, CHS must document compliance at LBJ OP.	Estrella May 2006 : Process for triage and scheduling of sick call reviewed and revised September 2006: LBJ OP has implemented a robust process for face-to-face nurse triage. A nurse dedicated to this process has been hired and trained. At time of triage, any inmate determined to be priority level one (needs to be seen within 24 hours) are seen by a provider in the main LBJ OP medical clinic that day, or within 24 hours. Any inmate determined to need emergency medical treatment is transported to the Emergency Room. CHS is working closely with MCSO detention officers to ensure flawless delivery of sick call and triage. Triage and sick call processes at Estrella are ongoing	CQI Audit Estrella 2006: Medical Requests triaged within 24 hours: April = 100%, May = 93%, August = 100% Applicable inmates scheduled for sick call within 24 hours: April = 100%, May 2006 = 100%, August = 100% Applicable inmates received sick call services as scheduled within 24 hours: April = 100%, May 2006 = 100%, August = 100% CQI Audit LBJ OP 2006: Medical Requests triaged within 24 hours: August = 100% Applicable inmates scheduled for sick call within 24 hours: August = 100% Applicable inmates received sick call services as scheduled within 24 hours: August = 100%



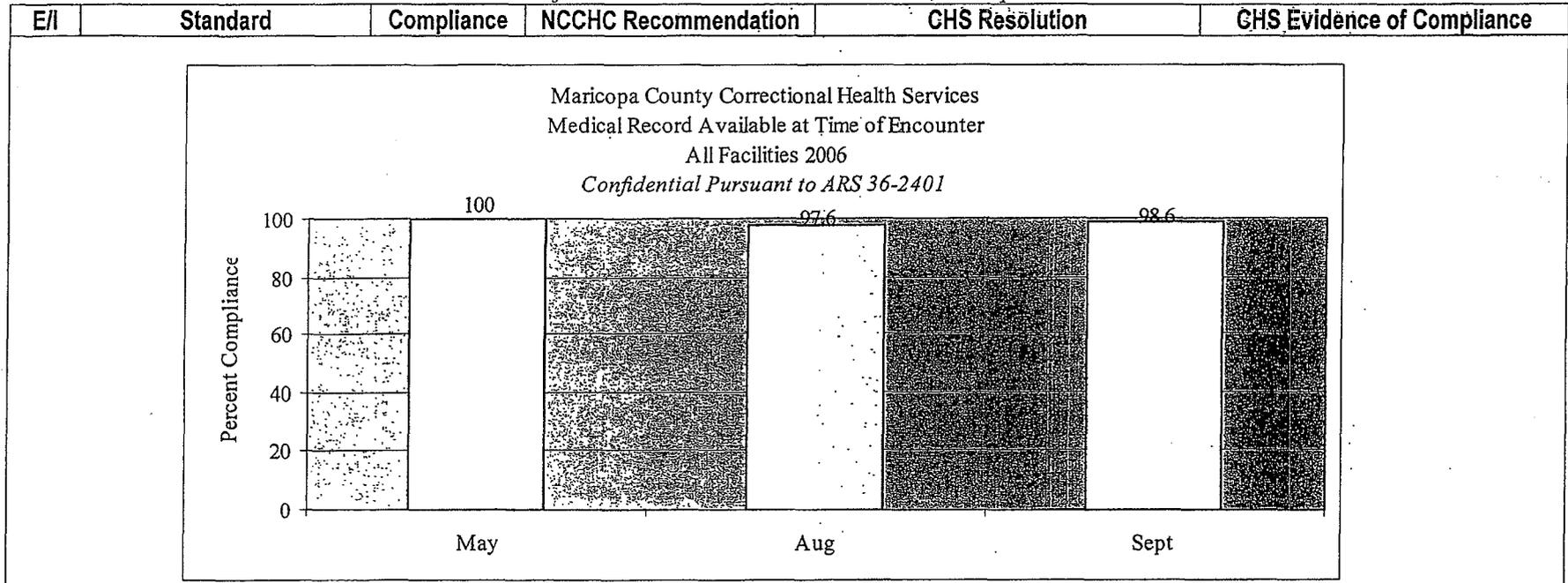
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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
I	J-E-09 Segregated Inmates	Partial	<p>4th Avenue – extreme isolation inmates to be seen daily; segregated inmates to be seen 3X per week (staffing sited)</p> <p>In subsequent documentation, the facility reports developing a plan to provide the daily health checks in the maximum security segregation ("Super Max") cells. Confirmation that the plan has been implemented is required for full compliance (NCCHC June 2006).</p>	Plan developed to revise policy and documentation practice.	<p>Plan developed</p> <p>Process in place: Inmates in segregation are checked by detention every 25 minutes. Segregation checks by nursing staff are entered on the housing roster. Any inmate with a healthcare complaint is offered an Inmate Request for Medical Services form. Any inmate with any issue of questionable urgency is brought to the attention of the clinic RN, so that timely triage and sick call evaluation can be completed. A nursing note is documented in the individual inmate's medical record, progress note section.</p>
I	J-H-04 Availability of health record	Partial	<p>Record is not always available at the time of the medical or mental health encounter – staffing cited</p> <p>NO NCCHC RESPONSE, June 2006.</p>	<p>CHS continues to pursue EMR. CHS has hired 4 additional Medical Record Technicians since January 2006. As of May 24, 2006, only 1 Medical Record Tech vacancy remains. CHS implemented a process to transfer medical records to on-site specialty clinics on day of clinic so that medical records are available to the provider prior to appointment.</p> <p>September 2006: As delineated in the CHS staffing plan, CHS has increased the number of Medical Record Technician FTE's by 6 full-time positions.</p> <p>An RFP for an electronic medical record has been published. The first bidders' conference will be on October 18, 2006.</p>	<p>CQI audit all sites 2006: Medical record available at time of the encounter: May 2006 = 100% August 2006 = 97.6% September 2006 = 98.6%</p>

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COMPLIANT PER NCCHC JUNE 2006					
I	J-C-07 Staffing Plan	Y	This standard will be met when Sick Call, Triage, Chronic Care and Consultant Care standards are met The other standards cleared by corrective action subsequent to the survey indicate that the facility is now in compliance with the intent of this standard (NCCHC June 2006).	See individual standards CHS has implemented strategies to aggressively recruit and retain necessary staff. CHS has completed a thorough evaluation of the tasks to deliver necessary health care and the staffing needs to complete those tasks. A report of this evaluation is being developed and will be presented to the Maricopa County Office of Management and Budget.	Sick Call / Triage standards met. See J-E-07 Evidence of Compliance Management of Chronic Disease intent of standard met. See J-G-02 Consultant Care intent of standard met: Utilization Management processes referrals for Consultant Care on a daily basis M-F. Appointments for authorized consultant care are scheduled per priority designated by referring provider. Statistics are kept regarding appointment status and monitored by the Quality Improvement Committee and Executive Leadership. Statistics were available to NCCHC Surveyors at time of survey. Between January 2006 and May 2006, Maricopa County CHS has hired 2

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
					Psychiatrists, 1 Forensic Psychologist, 3 Mental Health Professionals, 2 Psych RNs, 1 Psychometrist, 7 Correctional Health Technicians, 4 Health Unit Clerks, 1 Health Care Administrator, 4 LPNs, 9 RNs, 1 Nursing Supervisor, 1 Physician Assistant, 1 Service Worker, and 4 Medical Record Technicians.
E	J-D-01 Pharmaceutical Operation	Y	Subsequent to the February 2006 Accreditation Committee meeting, the facility submitted the results of CQI studies that confirmed their corrective action has improved the medication renewal process. The facility reports that timely renewals for April 2006 were at 92% compliance; and for May 2006, at 97%. The facility is in compliance with the standard. (NCCHC June 2006).	Medication Renewal Process - Medication process redesigned to discontinue use of dual MAR. All medication administration documentation has been unified to one MAR, which is maintained by nurses. The method for notifying the provider of upcoming medication expiration has been standardized throughout the jail system.	CQI Audit April 2006: Medication renewed timely = 92% CQI Audit May 2006: Medication renewed timely = 97% <u>Continued monitoring:</u> Medication renewed timely: July 2006 = 89% August 2006 = .100%
I	J-D-03 Clinic Space, Equipment & Supplies	Y	In documentation of corrective action taken after the survey, the survey reported that sharps counts were implemented at the 4 th Avenue Jail. Subsequent audits indicate that in February, March and April 2006, compliance with weekly sharps count was 100% at 4 th Avenue Intake, and 100% at 4 th Avenue Outpatient Clinic in May. The facility is in compliance with the std. (NCCHC June 2006).	Sharps counts implemented at 4 th Avenue jail	CQI Audit 4 th Avenue Intake, Sharps count completed at least weekly 2006: January = 100%; February = 100%; March = 100%; April = 100% CQI Audit 4 th Avenue Outpatient Clinic, Sharps count completed at least weekly 2006: May = 100% <u>Continued Monitoring</u> 4 th Avenue intake: Sharps count completed at least weekly 2006: May = 100%; June = 100%, July = 100%; August = 100%
I	J-D-05 Hospital and Specialty Care	Y	The facility needs certification from SAMHSA, or must obtain an exemption		CHS maintains it does not prescribe methadone to pregnant inmates to treat substance abuse disorders. Methadone is

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
			<p>NCCHC has been copied on correspondence between the SAMHSA representative and the facility regarding the need for OTP clinic accreditation leading to federal certification...However, the dialogue continues and the facility remains in compliance with this standard in every other aspect. The intent of the standard is met. (NCCHC June 2006).</p>		<p>only administered to prevent spontaneous abortion of the developing fetus, thus the administration of methadone is regulated by the physician's DEA number.</p>
E	J-E-12 Continuity of Care	Y	<p>Care ordered by providers is transcribed and provided as ordered</p> <p>The process for transcription, implementation and documentation of provider orders was reviewed and re-education given to involved health staff during February 2006. In April, a CQI audit confirmed significant progress and confirmation that actions take had addressed the issues. The review included all clinical sites. The facility reports that 97% of the orders were transcribed in a timely manner and 90% were initiated in a timely manner. The audit was repeated in May with 97% and 96% results respectively. The intent of the standard is now met (NCCHC June 2006).</p>	<p>Process for transcription, implementation and documentation of provider orders was reviewed. Documentation education delivered in February 2006.</p>	<p>CQI Audit April 2006 – All Clinical sites, includes laboratory, medication, other diagnostic testing, and treatment orders: Orders transcribed timely = 97% Orders initiated timely = 90%</p> <p>CQI Audit May 2006 – All Clinical sites, includes laboratory, medication, other diagnostic testing, and treatment orders: Orders transcribed timely = 97% Orders initiated timely = 96%</p> <p><u>Continued Monitoring:</u> CQI Audit July 2006 – All Clinical sites: Orders transcribed timely = 97% Orders initiated timely = 89% CQI Audit August 06– All Clinical sites: Orders transcribed timely = 92% Orders initiated timely = 90%</p>
I	J-E-13 Discharge Planning	Y	<p>Inmates who have serious health needs are given a supply of</p>	<p>Keep-on-person medication procedure in place</p>	<p>Maricopa County has implemented one of the most liberal Keep-on-Person programs</p>

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
			necessary medications sufficient to last until the inmate is seen by community providers. The facility is meeting the intent of this standard. (NCCHC June 2006).	Reviewed prescription practice with providers	in the nation, which is an important element in our service. Inmates, who receive keep-on-person medications and are released, are permitted to take <u>all</u> remaining medications with them. Inmates, who receive direct-observation medications and are due to be released, will have prescriptions written for their medications upon request by the inmate. CHS works in partnership with Value Options Case Managers for inmates with serious mental health needs to ensure continuity of care at release. The VO Case manager receives notification of the inmate release and the patient is handed over to Value Options, who continues prescribed medications.
E	J-G-01 SNTP	Y	Use of treatment plans for medical problems Mental Health plans to outline and guide treatment were missing The intent of the standard is met (NCCHC June 2006).	Medical treatment plan forms re-implemented; Providers re-educated. MH SNTP form revised, educated and implemented April 2006.	CQI Audit April 2006 inpatient psych unit: The SNTP includes treatment goals, methods to meet goals and expected completion dates = 89%; The needs of the inmate are substantially met, consistent with their SNTP = 100%; Combined score = 95% <u>Continued monitoring:</u> Audit scheduled every 6 months, next audit October 2006
I	J-G-02 Management of Chronic Disease	Y	Effective system of tracking chronic disease Regularly scheduled clinics Consistent use of chronic care flowsheet Care consistent with current national guidelines The intent of the standard is met (NCCHC June 2006).	CHS utilized a consultant firm to develop a database to track chronic care inmates. Chronic care database allows the capability to monitor frequency of appointments in line with guidelines, so that appointments may be regularly scheduled as necessary. Chronic care form re-implemented; Providers educated to complete and consistent use. Plan developed for identification of high-risk patients for influenza vaccine.	Influenza vaccine ordered May 2006. Database designed.
E	J-G-03 Infirmary Care	Y	Admitting notes to include diagnosis, medication, diet, activity, diagnostic tests required,	Re-implemented use of in-patient admission order form to include diagnosis, medication, diet, activity, diagnostic tests required, and	<u>Continued Monitoring</u> April – Sept 2006, Infirmary: Admission orders include –

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Maricopa County Correctional Health Services
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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
			and frequency of vital sign monitoring In-patient record to include discharge plan or discharge notes. Providers to round on patients per policy Manual of nursing care to be available The facility is in compliance with the standard. (NCCHC June 2006).	frequency of vital sign monitoring Discussed documentation of discharge plan / notes with provider Perry & Potter Nursing manual on unit	Diagnosis = April - 100% May - 100% Aug - 93% Sept - 100% VS frequency = April - 94% May - 94% Aug - 80% Sept - 100% Activity = April - 97% May - 94% Aug - 93% Sept - 100% Diet = April - 100% May - 100% Aug - 93% Sept - 100% Lab / diagnostic testing = April - n/a May - 100% Aug - 100% Sept - n/a Medications = April - 90% May - 100% Aug - 93% Sept - 100% D/C plan documented = April - 100% May - 100% Aug - 100% Sept - n/a Discharge Order = April - 100% May - 100% Aug - 100% Sept - n/a

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
					Physician round per policy = April - 97% May - 100% Aug - 100% Sept - 100% Nursing round per policy = April - 100% May - 100% Aug - 100% Sept - 100%
E	J-G-05 Suicide Prevention	Y	Documentation required that shows Corrective action is identified and implemented for 2005 suicides The intent of the standard is met (NCCHC June 2006).	None Required - documentation available	Documentation available. All Corrective Actions completed and implemented. <u>Continued Monitoring:</u> No suicides have occurred 1-1-06 through 9-18-06.
COMPLIANT PER NCCHC FEBRUARY 2006					
E	J-A-01 Access to Care	Y	See J-E-07	None Required	
E	J-A-02 Health Authority	Y		None Required	
E	J-A-03 Medical Autonomy	Y		None Required	
E	J-A-04 Administrative meetings	Y		None Required	
E	J-A-05 Policies & Procedures	Y		None Required	
E	J-A-06 CQI Program	Y		None Required	
E	J-A-07 Emergency Response	Y	Involve correctional staff and community agencies in Emergency Response Plan	None Required	Mock emergency scenarios are conducted in Training Academy; MCSO officers involved in Mass Disaster Drills, Man-Down Drills and critiques of both.
E	J-A-08 Communication of Special Needs Patients	Y		None Required	
I	J-A-09 Privacy of Care	Y		None Required	
I	J-A-10 Inmate Death	Y		None Required	
I	J-A-11 Grievance Mechanism	Y	Monitor grievances by types, sites, time of day, etc. as part of CQI program	None Required	External grievances monitored by type and site. CHS receives reports from MCSO on all grievances by descriptor and location. MCSO is looking into possibility of updating their system to allow for enhanced monitoring and trending capabilities.

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
I	J-A-12 Sexual Assault reporting	Y		None Required	
E	J-B-01 Infection Control Program	Y	Comment: MRSA – high prevalence, significant local attention	None Required	Infection Control data do <u>not</u> support the conclusion that “there is a high prevalence of this disease at this jail”. Infection Control monitors all available laboratory reports, and all hospitalized inmate reports for positive MRSA cultures in CHS patients. Medical records of patients with positive MRSA cultures are reviewed, and a determination is made regarding probable community versus jail acquisition of infection. Reports are presented to the quarterly CHS Infection Control Subcommittee, which include a line listing of specific cases and graphic representation of monthly MRSA rate. Approximately 40 – 50% of identified MRSA cases are determined to be community-acquired. Occasional inquiries have been received from local news media. However, this is <u>not</u> frequent nor a “focus of significant local attention.”
E	J-B-02 Environmental Health & Safety	Y		Cleaning schedules doubled. Showers renovated. Issues corrected.	CHS submitted subsequent documentation to NCCHC. NCCHC has found the facility to be in compliance with the standard
I	J-B-03 Kitchen Sanitation	Y		None Required	
I	J-B-04 Ectoparasite Control	Y		None Required	
E	J-C-01 Credentialing	Y		None Required	
I	J-C-02 Clinical Performance Enhancement	Y		None Required	
E	J-C-03 Continuing Education	Y		None Required	
E	J-C-04 Training for Correction	Y		None Required	
E	J-C-05 Medication Administration Training	Y		None Required	
E	J-C-06 Inmate Workers	Y		None Required	
I	J-C-08 Health Care Liaison	N/A		None Required	
I	J-C-09 Orientation	Y		None Required	
E	J-D-02 Medication Services	Y		None Required	
I	J-D-04 Diagnostic Services	Y		None Required	
E	J-E-01 Information on health	Y		None Required	

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
	services				
E	J-E-02 Receiving Screening	Y		None Required	
E	J-E-03 Transfer Screening	Y		None Required	
E	J-E-06 Oral Care	Y		None Required	
E	J-E-08 Emergency Services	Y		None Required	
I	J-E-10 Patient Escort	Y	CQI study to determine if delayed access to diabetic pt due to escort not available is a system-wide problem	None Required	
I	J-E-11 Nursing Protocols	Y		None Required	
I	J-F-01 Health Education	Y	4 th Ave & LBJ – ↑ opportunities for the GP to receive health educ.	None Required	
I	J-F-02 Nutrition & Medical Diets	Y		None Required	
I	J-F-03 Exercise	Y		None Required	
I	J-F-04 Personal Hygiene	Y		None Required	
I	J-F-05 Use of Tobacco	Y		None Required	
E	J-G-04 Mental Health Services	Y		None Required	
E	J-G-06 Intoxication & Withdrawal	Y		None Required	
E	J-G-07 Pregnant Inmate care	Y		None Required	
I	J-G-08 Inmates with Alcohol or other drug problems	Y	Enhance substance abuse program at 4 th Ave & LBJ. Estrella has strong program	None Required	
I	J-G-09 Sexual Assault procedure	Y		None Required	
I	J-G-10 Pregnancy counseling	Y		None Required	
I	J-G-11 Orthoses & aids	Y		None Required	
I	J-G-12 Care of terminally ill	Y		None Required	
E	J-H-01 Health record format	Y	Would likely benefit from EMR	None Required	
E	J-H-02 Confidentiality of records	Y		None Required	
I	J-H-03 Access to custody info	Y		None Required	
I	J-H-05 Transfer of records	Y		None Required	
I	J-H-06 Retention of records	Y		None Required	
E	J-I-01 Use of restraint & seclusion	Y		None Required	
E	J-I-02 Emergency Psychotropics	Y		None Required	
I	J-I-03 Forensic information	Y		None Required	
I	J-I-04 End of Life decision making	Y		None Required	
I	J-I-05 Informed Consent	Y		None Required	
I	J-I-06 Right to Refuse treatment	Y		None Required	
I	J-I-07 Medical or other research	Y		None Required	

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Maricopa County

Correctional Health Services
Administration

May 26, 2006

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Phone: (602) 506-2906
Fax: (602) 506-2577

Ms. Judith Stanley
National Commission on Correctional Health Care
1145 West Diversity Parkway
Chicago, Ill 60614

Re: May 2006 Response to the NCCHC Accreditation Survey conducted
December 2005, NCCHC Final Report dated February 24, 2006

Dear Ms. Stanley:

This letter responds to the NCCHC Final Report described above.

NCCHC reports that Maricopa County meets 28 of the 35 **Essential Standards**.¹ The attached audit summary shows that Maricopa County has complied with the intent of all remaining Essential Standards. Statistically valid audits of Maricopa County's compliance indicators demonstrate that it has achieved 90% to 100% compliance in 6 of the remaining Essential Standards. In addition, CHS has demonstrated improvement in achieving compliance with J-E-04, Health Assessments. CHS invites the Commission's attention to the improvements listed in the Evidence of Compliance column in the attached Resolution Document.

NCCHC reports that Maricopa County meets 29 **Important Standards**. Given the 85% goal for meeting Important Standards, Maricopa County must comply with an additional 3 Important Standards, for a total of 32. The attached Resolution Document shows that Maricopa County meets at least 4 additional Important Standards, particularly J-D-03 (Clinic Space, Equipment and Supplies); J-E-05 (Mental Health Screen and Evaluation); J-E-13 (Discharge Planning); and J-H-04 (Availability of Health Records). Furthermore, Maricopa County has demonstrated improvement in achieving compliance with J-G-02 (Management of Chronic Disease).

The NCCHC survey report contains a number of statements that are not supported by the facts. In my previous discussions with NCCHC leadership, I explained how the survey and report impact Maricopa County's risk management and litigation interests. This means that Maricopa County has a significant financial stake in the accuracy of NCCHC pronouncements.

The listing of errata in this letter is not exhaustive and Maricopa County reserves the right to challenge, contradict or disclaim other incorrect or unsubstantiated statements by NCCHC at any time. Maricopa County requests that NCCHC correct the report to reflect the following:

¹ The original survey found compliance with 27 Essential Standards. NCCHC later found compliance with J-B-02, Environmental Health and Safety, based upon documentation submitted by the Maricopa County Sheriff's Office.

County governance should be properly noted.

The Maricopa County correctional health services are under the aegis of the Maricopa County Manager, not a city manager. The CHS Director reports to the Deputy County Manager, not the deputy city manager. References to the "CEO" should be the "CHS Director."

More importantly, the responsible health authority, Correctional Health Services, is a department of Maricopa County, not a separate corporation.

The report should accurately state the chronological record.

State that the NCCHC Accreditation Committee met in 2006, instead of 2005 and that the response is due in 2006, instead of 2005.

NCCHC should state the correct standards when asking for correctiv action.

For example, the report demands corrective action, citing J-E-13(2)(b), which applies to follow-up services with community providers. However, the narrative direction for corrective action requires CHS to supply a sufficient amount of medication to discharged inmates, which is a different standard under J-E-13(2)(a).

Maricopa County's infection control data contradict the report's conclusion that "there is a high prevalence of this disease at this jail."

Maricopa County searches for positive MRSA cultures in all laboratory results from Sonora Quest, the Maricopa County Public Health Laboratory, and all hospital reports collected by CHS Utilization Management. For the calendar year 2005, Maricopa County identified a total of 40 inmates with MRSA. Approximately 15 of those inmates acquired the infection in the community, rather than in the jail.

The report does not correctly describe the facilities. Correct descriptions are below in regular type.

The main campus consists of Estrella Jail, Estrella Support (Tents), Lower Buckeye Jail (LBJ), Towers Jail and Durango Jail.

The 4th Avenue jail processes all male and female inmates with the exception of self surrenders. The jail performs many functions that are not related to intake, such as maximum security housing, IA Court, Bonds and Forfeitures, and probation violations.

LBJ has serviced since April 2005 a 60-bed capacity infirmary and a 260-bed inpatient psychiatric facility.

The reference to "Estrella Support Jail" should be "Estrella Jail". Estrella jail does not perform intake functions. It also does not house male inmates. The report's discussion regarding corrective action under J-A-01 and J-E-07 confuses Estrella Support Jail with Estrella Jail.

"Estrella Tent City" is known as "Estrella Support (Tent City)". Also, Estrella Support (Tent City) is adjacent to the Estrella Jail, not Estrella Support.

The report misstates staff titles of persons interviewed.

Reference to "2 unit directors of nurses" should be "2 Nurse Supervisors." Reference to the "director of mental health services, two psychiatrists, the outpatient mental health director" should be "the inpatient mental health

professional supervisor, two psychiatrists, the outpatient mental health professional supervisor."

The Director of Mental Health performs psychological autopsy, not the chief psychologist.

The report misstates the process and documentation regarding disaster drills.

The survey team members were given unlimited access to file cabinets replete with documentation proving an annual disaster drill was held at each facility as required. The documentation also showed that all required man-down drills were performed in every facility and included participation by both MCSO officers and CHS health staff. Nevertheless, the report states that this documentation was unavailable. The report cites to interviews of 25 of the over 2000 detention officers as confirming that man-down drills have not occurred at 4th avenue jail, and that documentation was not available that man-down drills were performed at other jails.

The report should correctly describe Maricopa County's grievance procedure.

The Clinical Liaison / Risk Manager and Director of Quality Management review all external grievances and aggregate data of initial and institutional grievances.

Nursing, mental health or dental staff typically performs the initial review of grievances. The nurse supervisor, MHP supervisor or dentist responds to institutional grievances. External grievances are always reviewed and trended by the Clinical Liaison / Risk Manager and Director of Quality Management.

The report should correctly describe the inmate co-pay system.

The detention bureau provides each inmate with a copy of "Inmate Rules and Regulations," which sets out rules of the jail and describes the co-pay system. The information is provided at intake during the pre-booking health screening process. Co-pay is \$10.00, not \$5.00. We would be pleased to provide a copy of these rules if the survey team failed to obtain them.

If you have any questions regarding this response, please do not hesitate to contact me at (602) 690-7610.

Best regards,

/s/

Lindy Funkhouser, Director
Maricopa County Department
of Correctional Health Services



EXHIBITS

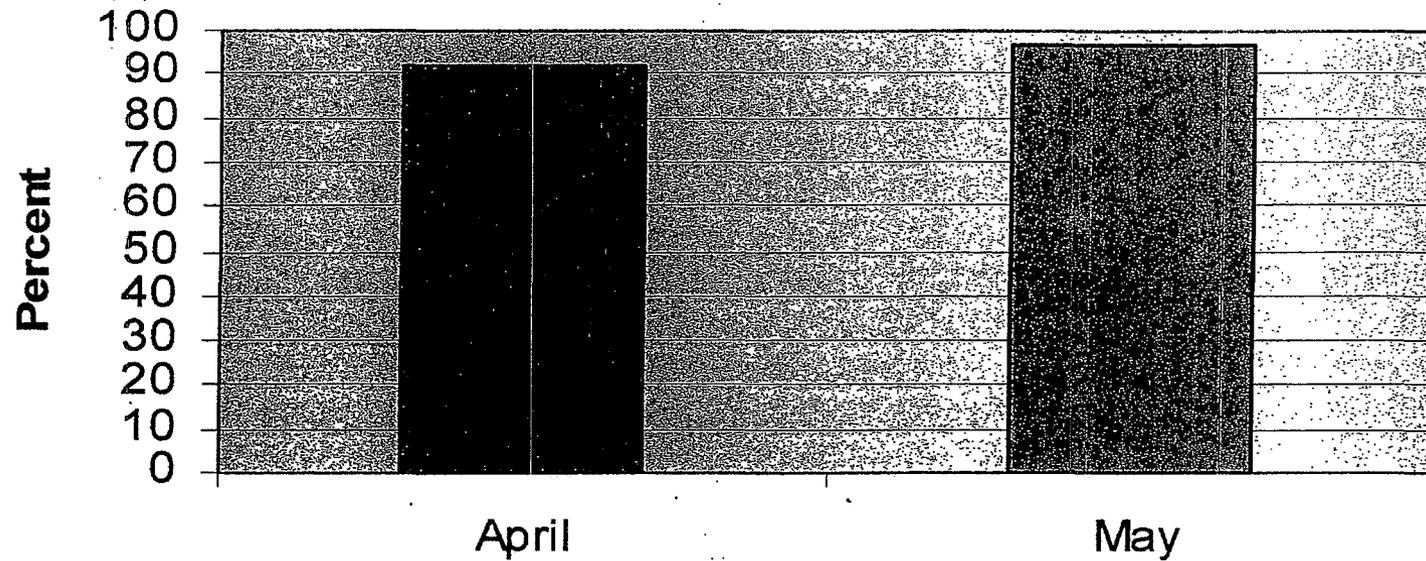
Maricopa County Correctional Health Services

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J-D-01 Pharmaceutical Operation

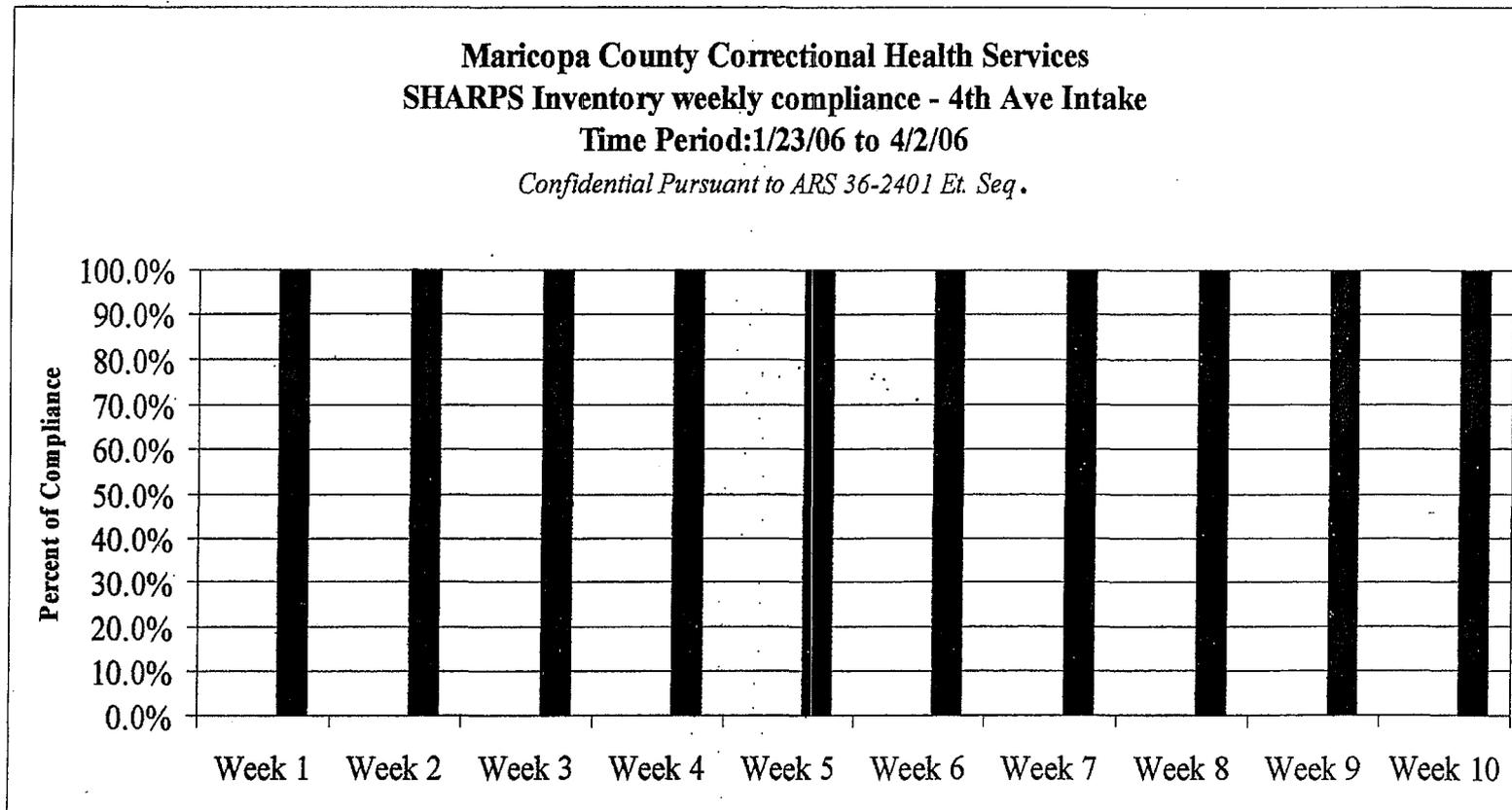
Maricopa County Correctional Health Services Medication Renewed Timely All Facilities 2006



Source: Maricopa County 2006 QI Audit
Results

J-D-03 Clinic Space, Equipment and Supplies

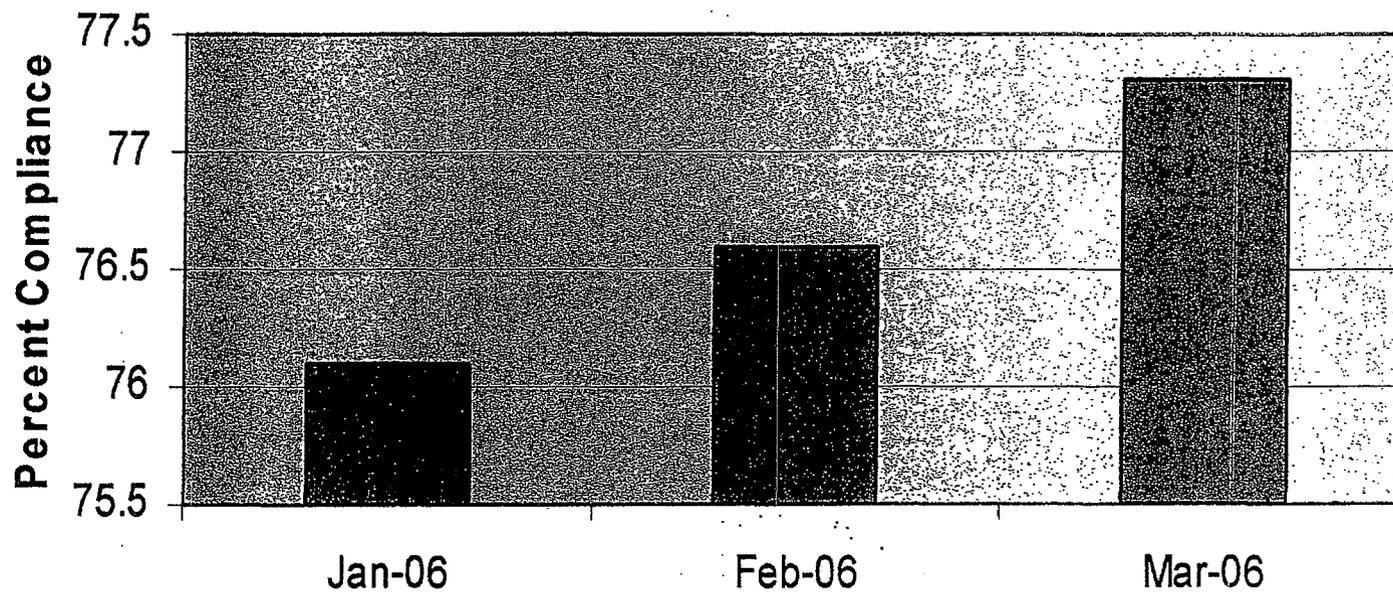
Maricopa County Correctional Health Services
SHARPS Inventory weekly compliance - 4th Ave Intake
Time Period: 1/23/06 to 4/2/06
Confidential Pursuant to ARS 36-2401 Et. Seq.



Source: Maricopa County 2006 QI Audit
Results

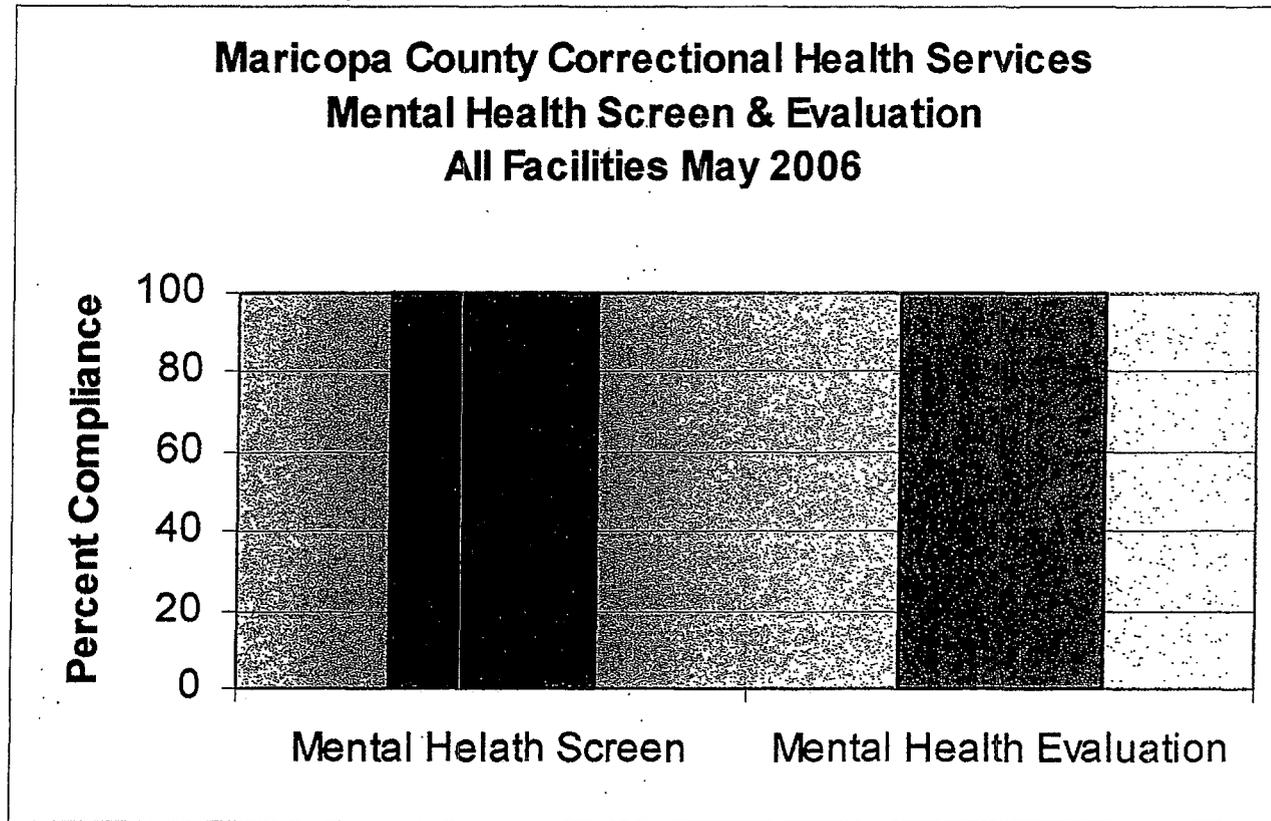
J-E-04 Health Assessment

Health Assessment Compliance Within 14 Days All Facilities



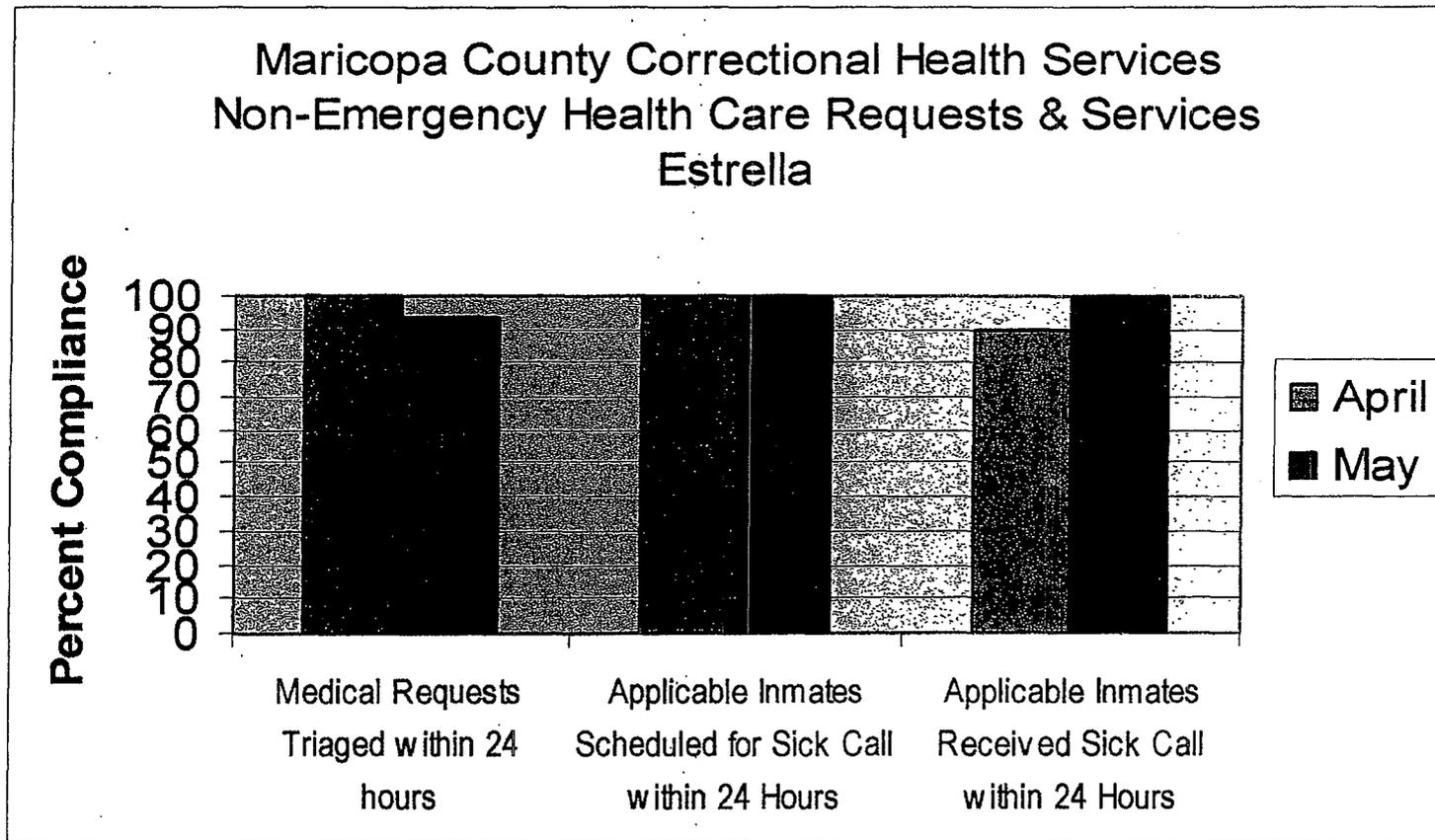
Source: Maricopa County 2006 QI Audit
Results

J-E-05 Mental Health Screen & Evaluation



Source: Maricopa County 2006 QI Audit
Results

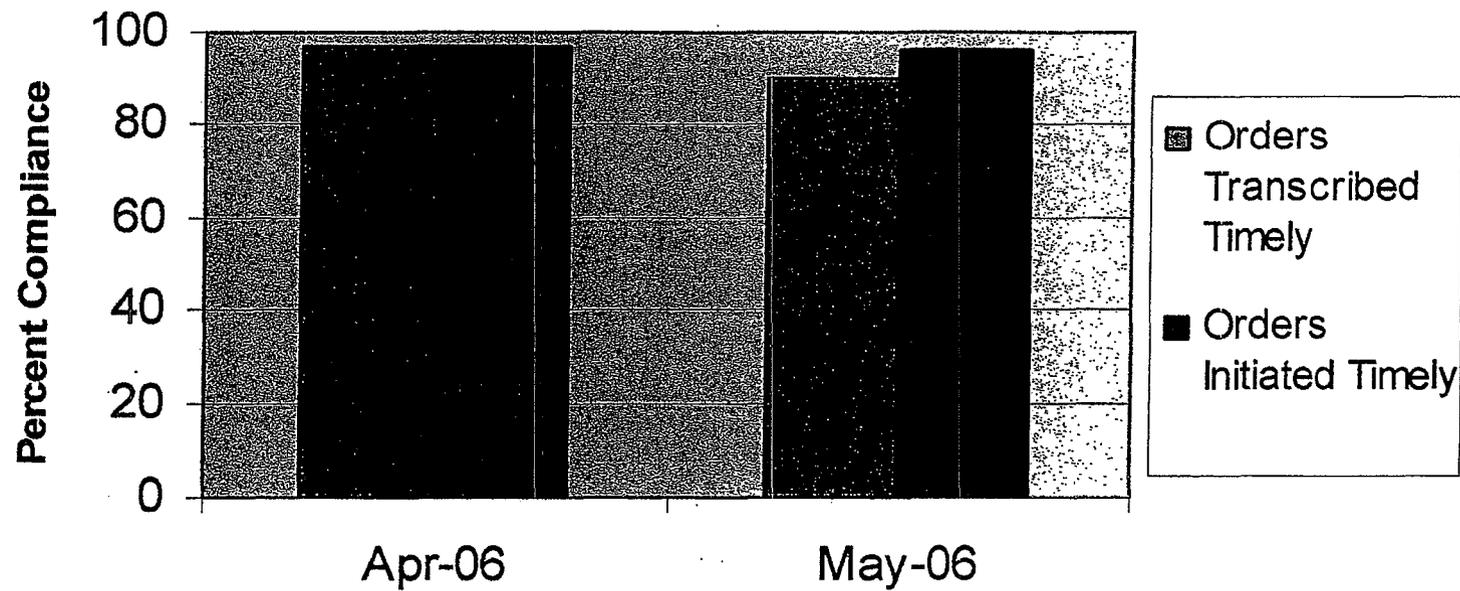
J-E-07 Non-Emergency Health Care Requests & Services



Source: Maricopa County 2006 QI Audit Results

J-E-12 Continuity of Care

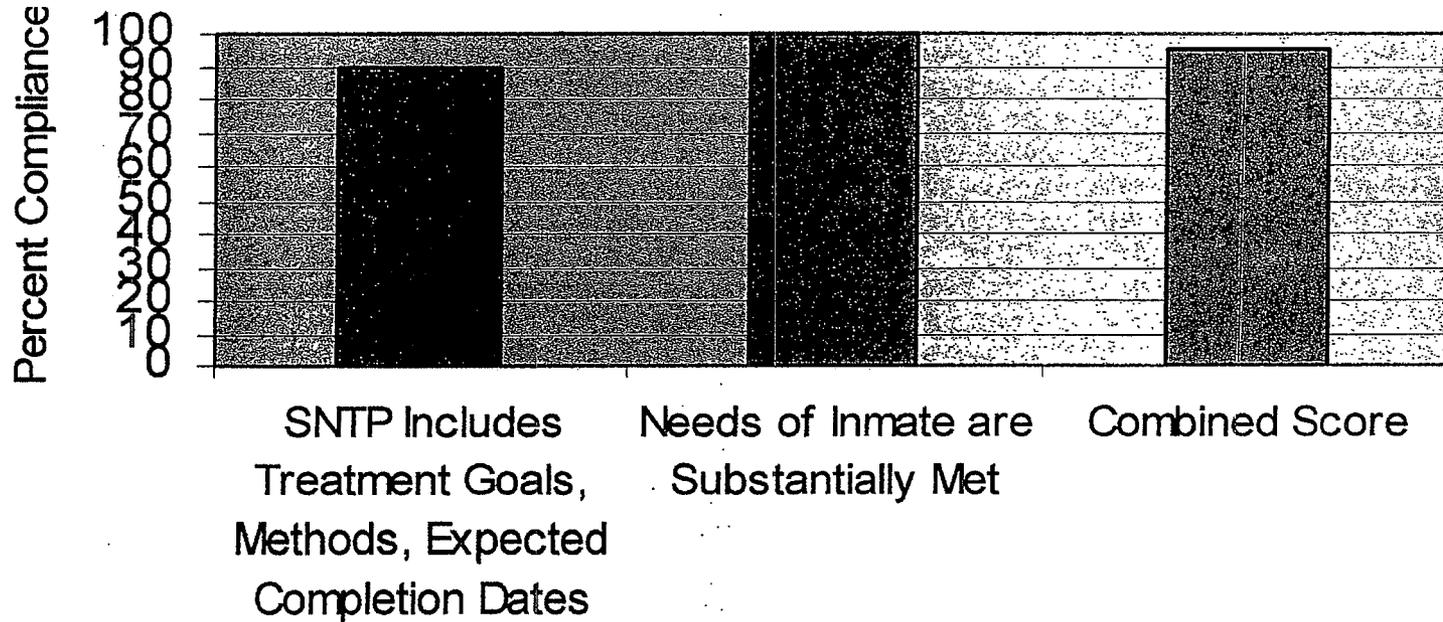
Maricopa County Correctional Health Services Continuity of Care All Facilities



Source: Maricopa County 2006 QI Audit
Results

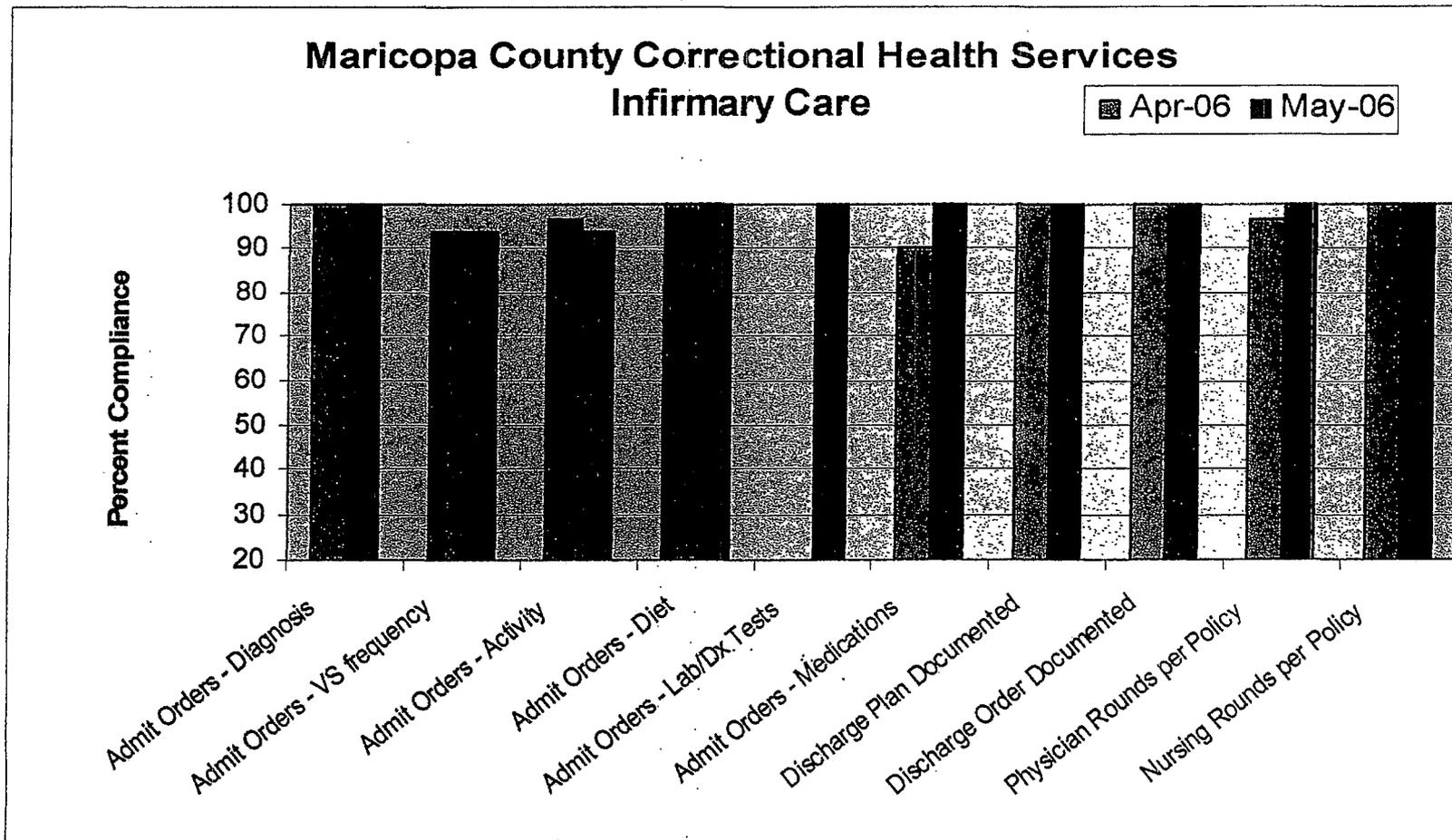
J-G-01 Special Needs Treatment Plans

Maricopa County Correctional Health Services Special Needs Treatment Plan April 2006



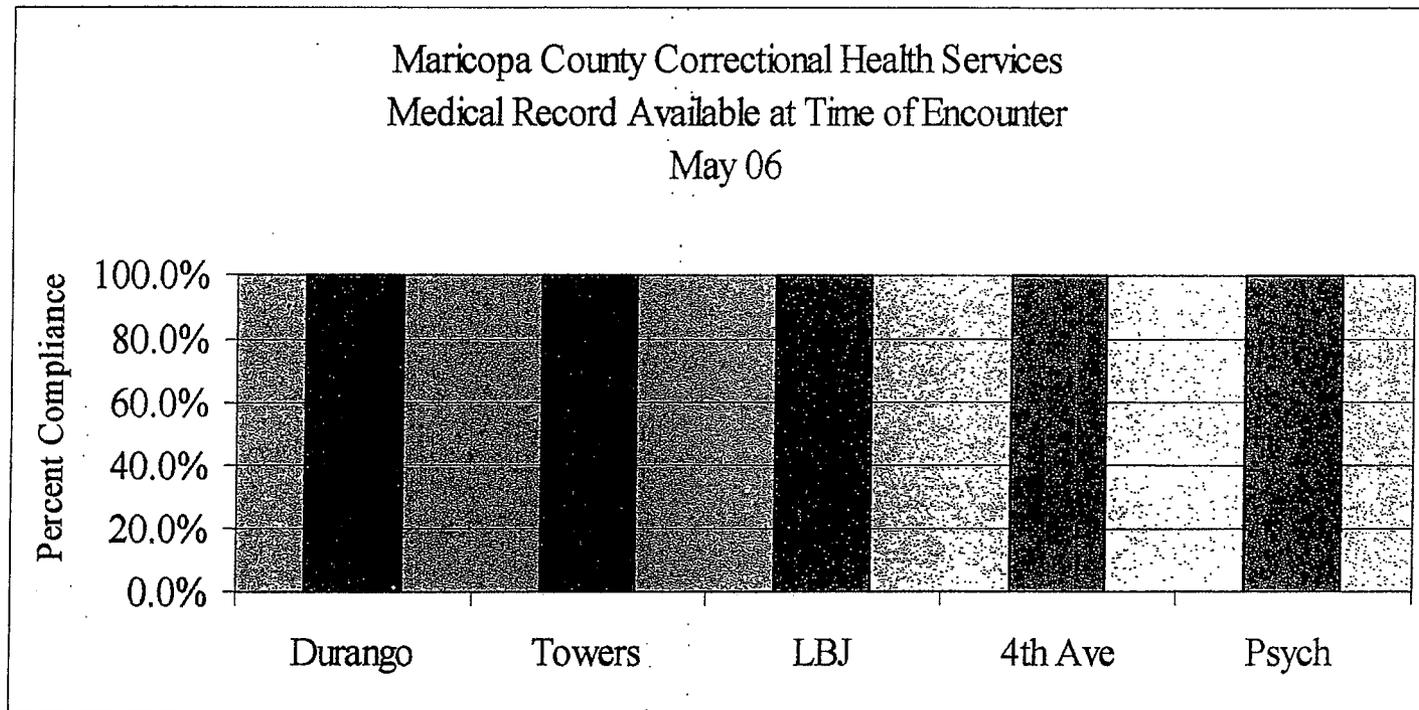
Source: Maricopa County 2006 QI Audit Results

J-G-03 Infirmiry Care



Source: Maricopa County 2006 QI Audit Results

J-H-04 Availability of Health Record



Source: Maricopa County 2006 QI Audit
Results



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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
E	J-A-01 Access to Care	Y	See J-E-07	None Required	
E	J-A-02 Health Authority	Y		None Required	
E	J-A-03 Medical Autonomy	Y		None Required	
E	J-A-04 Administrative meetings	Y		None Required	
E	J-A-05 Policies & Procedures	Y		None Required	
E	J-A-06 CQI Program	Y		None Required	
E	J-A-07 Emergency Response	Y	Involve correctional staff and community agencies in Emergency Response Plan	None Required	Mock emergency scenarios are conducted in Training Academy; MCSO officers involved in Mass Disaster Drills, Man-Down Drills and critiques of both.
E	J-A-08 Communication of Special Needs Patients	Y		None Required	
I	J-A-09 Privacy of Care	Y		None Required	
I	J-A-10 Inmate Death	Y		None Required	
I	J-A-11 Grievance Mechanism	Y	Monitor grievances by types, sites, time of day, etc. as part of CQI program	None Required	External grievances monitored by type and site. CHS receives reports from MCSO on grievances by descriptor and location. MCSO is looking into possibility of updating their system to allow for enhanced monitoring and trending capabilities.
I	J-A-12 Sexual Assault reporting	Y		None Required	
E	J-B-01 Infection Control Program	Y	Comment: MRSA -- high prevalence, significant local attention	None Required	Infection Control data do <u>not</u> support the conclusion that "there is a high prevalence of this disease at this jail". Infection Control monitors all available laboratory reports, and all hospitalized inmate reports for positive MRSA cultures in CHS patients. Medical records of patients with positive MRSA cultures are reviewed, and a determination is made regarding probable community versus jail acquisition of infection. Reports are presented to the quarterly CHS Infection Control Subcommittee, which include a line listing of specific cases and graphic representation of monthly MRSA rate.

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
					Approximately 40 – 50% of identified MRSA cases are determined to be community-acquired. Occasional inquiries have been received from local news media. However, this is not frequent nor a "focus of significant local attention."
E	J-B-02 Environmental Health & Safety	Y		Cleaning schedules doubled. Showers renovated. Issues corrected.	CHS submitted subsequent documentation to NCCHC. NCCHC has found the facility to be in compliance with the standard
I	J-B-03 Kitchen Sanitation	Y		None Required	
I	J-B-04 Ectoparasite Control	Y		None Required	
E	J-C-01 Credentialing	Y		None Required	
I	J-C-02 Clinical Performance Enhancement	Y		None Required	
E	J-C-03 Continuing Education	Y		None Required	
E	J-C-04 Training for Correction	Y		None Required	
E	J-C-05 Medication Administration Training	Y		None Required	
E	J-C-06 Inmate Workers	Y		None Required	
I	J-C-07 Staffing Plan	Partial	This standard will be met when Sick Call, Triage, Chronic Care and Consultant Care standards are met	See individual standards CHS has implemented strategies to aggressively recruit and retain necessary staff. CHS has completed a thorough evaluation of the tasks to deliver necessary health care and the staffing needs to complete those tasks. A report of this evaluation is being developed and will be presented to the Maricopa County Office of Management and Budget.	Sick Call / Triage standards met. See J-E-0 Evidence of Compliance Management of Chronic Disease intent of standard met. See J-G-02 Consultant Care intent of standard met: Utilization Management processes referrals for Consultant Care on a daily basis M-F. Appointments for authorized consultant care are scheduled per priority designated by referring provider. Statistics are kept regarding appointment status and monitored by the Quality Improvement Committee and Executive Leadership. Statistics were available to NCCHC Surveyors at time of survey. Between January 2006 and May 2006, Maricopa County CHS has hired 2

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
					Psychiatrists, 1 Forensic Psychologist, 3 Mental Health Professionals, 2 Psych RNs, Psychometrist, 7 Correctional Health Technicians, 4 Health Unit Clerks, 1 Health Care Administrator, 4 LPNs, 9 RNs, 1 Nursii Supervisor, 1 Physician Assistant, 1 Service Worker, and 4 Medical Record Technicians.
I	J-C-08 Health Care Liaison	N/A		None Required	
I	J-C-09 Orientation	Y		None Required	
E	J-D-01 Pharmaceutical Operation	Partial		Medication Renewal Process - Medication process redesigned to discontinue use of dual MAR. All medication administration documentation has been unified to one MAR, which is maintained by nurses. The method for notifying the provider of upcoming medication expiration has been standardized throughout the jail system.	CQI Audit April 2006: Medication renewed timely = 92% CQI Audit May 2006: Medication renewed timely = 97%
E	J-D-02 Medication Services	Y		None Required	
I	J-D-03 Clinic Space, Equipment & Supplies	Partial		Sharps counts implemented at 4 th Avenue jail	CQI Audit 4 th Avenue Intake, Sharps count completed at least weekly 2006: January = 100%; February = 100%; March = 100%; April = 100% CQI Audit 4 th Avenue Outpatient Clinic, Sharps count completed at least weekly 2006: May = 100%
I	J-D-04 Diagnostic Services	Y		None Required	
I	J-D-05 Hospital and Specialty Care	Partial	The facility needs certification from SAMHSA, or must obtain an exemption		CHS maintains it does not prescribe methadone to pregnant inmates to treat substance abuse disorders. Methadone is only administered to prevent spontaneous abortion of the developing fetus, thus the administration of methadone is regulated by the physician's DEA number.

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
E	J-E-01 Information on health services	Y		None Required	
E	J-E-02 Receiving Screening	Y		None Required	
E	J-E-03 Transfer Screening	Y		None Required	
E	J-E-04 Health Assessment	Partial	HA be completed within 14 days Immunization provided as necessary	<p>Focused effort at Durango jail to complete the health history, vital signs, and lab/diagnostic testing portion of the 14 day health assessment.</p> <p>Medical Providers have changed practice for every inmate requesting sick call to include assessment and treatment of the condition requiring sick call and to also include the physical exam, when applicable. CHS continues to actively recruit and retain medical providers and nursing personnel. CHS has revised the training curriculum for Nurses to perform physical exams. CHS plans to expand the training program with the recruitment of nurses.</p>	<p>Significant improvement in the percent of Health Histories, vital signs, and lab/diagnostic tests completed within fourteen days at Durango: February 2006 = 65%, May 2006 = 82%</p> <p>Compliance with health assessment completed within 14 days (all components of health assessment, all inmates) has improved: January 2006 = 76.1%, March 2006 = 77.3%</p>
I	J-E-05 Mental Health Screen & Evaluation	Partial	MH evaluations completed within 14 days Need two months of data	Mental Health Screening is completed on all detainees and is required prior to acceptance for booking. Mental Health Professionals are notified by the electronic Jail Management System of all inmates with positive mental health screens. Mental Health Professionals (MHP's) perform a face-to-face assessment on these inmates in the intake area. MHP's obtain outside records and treatment plans for those that are	<p>CQI Audit, all locations 2006: Mental Health Screens, May = 100% Mental Health Evaluations, May = 100%</p>



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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
				seriously mentally ill, track inmate movement, and alert the clinic, where the inmate will be housed, to the status of the inmate. MHP's at the housing facility perform a Mental Health Assessment within 14 days. The CHS Mental Health Assessment Form was developed and implemented in April 2006.	
E	J-E-06 Oral Care	Y		None Required	
E	J-E-07 Non-Emergency Health Care Requests & Services	Partial	Estrella: Triage tank orders within 24 hours	Estrella: Process for triage and scheduling of sick call reviewed and revised	CQI Audit Estrella April 2006: Medical Requests triaged within 24 hours = 100% Applicable Inmates scheduled for sic call within 24 hours = 100% Applicable inmates received sick call services as scheduled within 24 hour = 90% CQI Audit Estrella May 2006: Medical Requests triaged within 24 hours = 93% Applicable inmates scheduled for sic call within 24 hours = 100% Applicable inmates received sick call services as scheduled within 24 hour = 100%
E	J-E-08 Emergency Services	Y		None Required	
I	J-E-09 Segregated Inmates	Partial	4 th Avenue – extreme isolation inmates to be seen daily; segregated inmates to be seen 3X per week (staffing sited)	Plan developed to revise policy and documentation practice.	Plan developed
I	J-E-10 Patient Escort	Y	CQI study to determine if delayed access to diabetic patient due to escort not available is a system-wide problem	None Required	



Maricopa County Correctional Health Services

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E/I	Standard	Compliance	NCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
I	J-E-11 Nursing Protocols	Y		None Required	
E	J-E-12 Continuity of Care	Partial	Care ordered by providers is transcribed and provided as ordered	Process for transcription, implementation and documentation of provider orders was reviewed. Documentation education delivered in February 2006.	CQI Audit April 2006 – All Clinical sites, includes laboratory, medication, other diagnostic testing, and treatment orders: Orders transcribed timely = 97% Orders initiated timely = 90% CQI Audit May 2006 – All Clinical sites, includes laboratory, medication, other diagnostic testing, and treatment orders: Orders transcribed timely = 97% Orders initiated timely = 96%
I	J-E-13 Discharge Planning	Partial	Inmates who have serious health needs are given a supply of necessary medications sufficient to last until the inmate is seen by community providers.	Keep-on-person medication procedure in place Reviewed prescription practice with providers	Maricopa County has implemented one of the most liberal Keep-on-Person programs in the nation, which is an important element in our service. Inmates, who receive keep-on-person medications and are released, are permitted to take <u>all</u> remaining medications with them. Inmates, who receive direct-observation medications and are due to be released, will have prescriptions written for their medications upon request by the inmate. CHS works in partnership with Value Option Case Managers for inmates with serious mental health needs to ensure continuity of care at release. The VO Case manager receives notification of the inmate release at the patient is handed over to Value Options, who continues prescribed medications.
I	J-F-01 Health Education	Y	4 th Ave & LBJ – more opportunities be given for the general population to receive health education	None Required	
I	J-F-02 Nutrition & Medical Diets	Y		None Required	
I	J-F-03 Exercise	Y		None Required	
I	J-F-04 Personal Hygiene	Y		None Required	



Maricopa County Correctional Health Services

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E/I	Standard	Compliance	NCCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
I	J-F-05 Use of Tobacco	Y		None Required	
E	J-G-01 SNTP	Partial	Use of treatment plans for medical problems Mental Health plans to outline and guide treatment were missing	Medical treatment plan forms re-implemented; Providers re-educated. MH SNTP form revised, educated and implemented April 2006.	CQI Audit April 2006 inpatient psych unit: The SNTP includes treatment goals, methods to meet goals and expected completion dates = 89%; The needs of th inmate are substantially met, consistent with their SNTP = 100%; Combined score = 95%
I	J-G-02 Management of Chronic Disease	Partial	Effective system of tracking chronic disease Regularly scheduled clinics Consistent use of chronic care flowsheet Care consistent with current national guidelines	CHS utilized a consultant firm to develop a database to track chronic care inmates. Chronic care database allows the capability to monitor frequency of appointments in line with guidelines, so that appointments may be regularly scheduled as necessary. Chronic care form re-implemented; Providers educated to complete and consistent use. Plan developed for identification of high-risk patients for influenza vaccine.	Influenza vaccine ordered May 2006. Database designed.
E	J-G-03 Infirmary Care	Partial	Admitting notes to include diagnosis, medication, diet, activity, diagnostic tests required, and frequency of vital sign monitoring In-patient record to include discharge plan or discharge notes. Providers to round on patients per policy Manual of nursing care to be available	Re-implemented use of in-patient admission order form to include diagnosis, medication, diet, activity, diagnostic tests required, and frequency of vital sign monitoring Discussed documentation of discharge plan / notes with provider Perry & Potter Nursing manual on unit	CQI audit April 2006, Infirmary: Admission orders include – Diagnosis = 100% VS frequency = 94% Activity = 97% Diet = 100% Labs / diagnostic testing = none applicable Medications ordered & on MAR = 90% Discharge plan documented = 100% Discharge Order = 100% Physician round per policy = 97% Nursing round per policy = 100%

Maricopa County Correctional Health Services
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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
					CQI audit May 2006, Infirmery: Admission orders Include - Diagnosis = 100% VS frequency = 94% Activity = 94% Diet = 100% Labs / diagnostic testing = 100% Medications ordered & on MAR = 100 Discharge plan documented = 100% Discharge Order = 100% Physician round per policy = 100% Nursing round per policy = 100%
E	J-G-04 Mental Health Services	Y		None Required	
E	J-G-05 Suicide Prevention	Partial	Documentation required that shows Corrective action is identified and implemented for 2005 suicides	None Required – documentation available	Documentation available. All Corrective Actions completed and implemented.
E	J-G-06 Intoxication & Withdrawal	Y		None Required	
E	J-G-07 Pregnant Inmate care	Y		None Required	
I	J-G-08 Inmates with Alcohol or other drug problems	Y	Enhance substance abuse program at 4 th Ave & LBJ. Estrella has strong program	None Required	
I	J-G-09 Sexual Assault procedure	Y		None Required	
I	J-G-10 Pregnancy counseling	Y		None Required	
I	J-G-11 Orthoses & aids	Y		None Required	
I	J-G-12 Care of terminally ill	Y		None Required	
E	J-H-01 Health record format	Y	System would likely benefit from EMR	None Required	
E	J-H-02 Confidentiality of records	Y		None Required	
I	J-H-03 Access to custody info	Y		None Required	
I	J-H-04 Availability of health record	Partial	Record is not always available at the time of the medical or mental health encounter – staffing cited	CHS continues to pursue EMR. CHS has hired 4 additional Medical Record Technicians since January 2006. As of May 24, 2006, only 1 Medical Record Tech vacancy remains.	CQI audit all sites 2006: Medical record available at time of the encounter, May 2006 = 100%

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E/I	Standard	Compliance	NCCHC Recommendation	CHS Resolution	CHS Evidence of Compliance
				CHS implemented a process to transfer medical records to on-site specialty clinics on day of clinic so that medical records are available to the provider prior to appointment.	
I	J-H-05 Transfer of records	Y		None Required	
I	J-H-06 Retention of records	Y		None Required	
E	J-I-01 Use of restraint & seclusion	Y		None Required	
E	J-I-02 Emergency Psychotropics	Y		None Required	
I	J-I-03 Forensic Information	Y		None Required	
I	J-I-04 End of Life decision making	Y		None Required	
I	J-I-05 Informed Consent	Y		None Required	
I	J-I-06 Right to Refuse treatment	Y		None Required	
I	J-I-07 Medical or other research	Y		None Required	



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February 20, 2006

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This letter responds to the NCCCHC's accreditation survey report draft ("Draft") dated February 7, 2006. The Draft contains findings and recommendations of the most recent accreditation review meeting with the Maricopa County Sheriff's Office and Correctional Health Services ("County"). This letter responds to the findings and appraises NCCCHC of Maricopa County's plan of action to address areas of deficiency.

The County thanks the auditors for a very thorough review. Their comments were very perceptive and valuable for the County's ongoing process of restructuring correctional health care in the County jails. Since the exit interview, staff has been addressing areas of concern that the survey team expressed during the audit process. This letter is to inform NCCCHC of the County's progress and future plans. This letter also clarifies some items regarding the County's practices.

Listed below in tabular format are standards cited in the draft of February 7, 2006, as well as our plans to address the area of concern for each standard that is cited to bring us into full compliance:

<p>J-A-07 Emergency Response Plan</p>	<p>The County is surprised that the Draft finds partial compliance with this standard, since the County's pre-audit checklist indicated full compliance. Moreover, the exit conference did not cite this standard as an area of concern. The County's record of emergency drills also indicates compliance with this standard. Appendix 1 is a summary sheet of emergency drill dates for the calendar year 2005 along with evaluation write-ups for the emergency responses. This information was available during the audit. Please review the documentation of compliance and provide additional guidance as appropriate. The emergency drill evaluations have been widely circulated at staff meetings and the County has developed administrative corrective action plans as a result of these disaster drills.</p> <p>The County agrees that correctional officers should be included in a mass disaster drill and expects to have such a drill later this year.</p>
<p>J-B-01</p>	<p>The Draft finds partial compliance with this standard based on a</p>

Infection Control
Program

statement that clinical staff does not culture abscesses for MRSA. This statement is inaccurate. The County's MRSA program is quite active given the high prevalence of this condition. The County treats the more complex MRSA patients through the Maricopa Medical Center. As part of that treatment many of the cultures that are obtained for patients with complicated wounds are obtained at the hospital. The County shares in that clinical data and uses the information to manage these complex patients.

The evolving knowledge base with regard to methicillin resistant staphylococcus aureus includes recognition that there are two very distinctive clinical entities involved. These entities are genetically separate and are treated very differently based on their virulence. Hospital Acquired MRSA (HA-MRSA) does require very sophisticated management including culture and sensitivity to optimize treatment. The County actively participates in this program and uses the data to provide appropriate treatment plans for patients.

Community Acquired MRSA (CA-MRSA) is a distinctly different clinical entity from Hospital Acquired MRSA. The County's clinical guidelines with respect to infections have been developed with the assistance of fellowship-trained infectious disease physicians in the County's practice environment. Those guidelines currently do not recommend culturing of skin abscesses at initial presentation. If the wounds do not respond to initial irrigation, debridement and appropriate wound care then culturing is appropriate and is performed within the County's facility.

The County's infectious disease nurse monitors the culture results of patients with wounds and maintains an ongoing surveillance of this disease entity. MRSA has been the focus of significant attention locally. The County frequently uses the disease surveillance data and clinical observations to monitor any significant deviations in the prevalence of these infections within our jail population. Historical MRSA surveillance data is presented in Appendix 2.

Perhaps the audit team did not have sufficient time to fully investigate the scope of the County's disease surveillance for MRSA. A complicating factor might be that the surveillance system occurs in conjunction with the local hospital. The County maintains that it fully complies with the standard and practices at the cutting edge of the evidence in the infectious disease treatment community.

<p>J-B-02 Environmental Health and Safety</p>	<p>The findings under this standard have been forwarded to the Maricopa County Sheriff's Office. Their Facilities Division and the Sheriff's Office have addressed these issues and a report indicating their compliance is contained in Appendix 3.</p>
<p>J-C-04 Training for Correctional Officers</p>	<p>The Maricopa County Sheriff's Office is aware of this standard and is proactively addressing the CPR training. Evidence of compliance with this standard is included in Appendix 4.</p>
<p>J-C-07 Staffing Plan</p>	<p>The County has devoted considerable activity to improving staffing levels. The County has initiated a concerted hiring effort, supported by an improved salary structure. Staffing gains, to date, since the audit are summarized below:</p> <ul style="list-style-type: none"> • 6 RN's • 4 LPN's • 4 medical records clerks • 10 correctional healthcare technicians • 2 psychiatrists • 2 mental health professionals • 6 new medical providers requested <p>Staffing is the County's top priority and many of the corrective action plans identified in this document are dependent upon that effort's success. This effort is ongoing and the County will periodically update NCCHC on its progress. Evidence of the County's staffing and recruitment plan is in Appendix 5.</p>
<p>J-D-01 Pharmaceutical Operations</p>	<p>The County agrees that the medication renewal process must be improved. The Draft indicates that corrective action is not required for this standard.</p> <p>The County has redesigned the medication process since the auditors were on site. The County discontinued the use of dual medication administration records (MAR). All records have been unified into one MAR, which is maintained now exclusively by nurses. This improvement will enhance continuity of care in the administration and renewal of medications. This revision began on February 1, 2006, and the improvements in the process are evident. The County will perform a quality assurance study on the medication renewal process after the new procedures have run for several weeks. The County expects to document full compliance shortly.</p>

J-E-04
Health
Assessment

The County acknowledges ongoing difficulty with this standard. The limitations in the past have been staffing. The County is improving staffing, as noted in the comments to J-C-07. The County expects to implement a sustainable solution once the additional staff is on board and oriented. The County plans to perform health assessments in the Booking area because of the movement dynamics within the Maricopa County Jail System as a whole.

The solution for fixing the health assessment requires multiple changes within our operation. Those changes have been identified and are enumerated below:

1. Increased clinical staffing (ongoing).
2. Appropriate training and credentialing of staff to perform assessments (curriculum designed, staff will be trained once they are hired).
3. Adequate officer support to facilitate the flow through the Booking Clinic (the hiring of additional correctional health technicians to perform the intake screening will enable the officers to be freed from the pre-intake area to assist with clinic flow in the back. This process will begin on March 1, 2006, and the County expects to have the officers freed up within one month's time).
4. Better data to eliminate repeat exams. A study of the health assessment process demonstrates that many patients are receiving duplicate exams while others are receiving none. The County is working to control the information and to generate more reliable data.
5. Improve the documentation process. The County is redesigning the health assessment to be more efficient and user-friendly. The goal is to improve productivity and remove unnecessary documentation.

The corrective action suggests that additional clarification is needed for the STD and TB testing programs. The County designed the current STD and TB testing program in conjunction with the County Health Department and the Arizona State Health Department. These agencies are fully aware of the County's screening activities and symptomatic testing. The agencies assisted in identifying the highest risk populations and designing the current program. The County

	<p>respectfully requests that NCCHC remove this corrective action since the issue has been addressed.</p> <p>The County is revising its corrective action plan for immunizations. The immunizations will be provided through chronic care clinics. Immunizations are available through the County's pharmacy vendor. The flu season is currently over in Arizona and flu vaccines will not be pertinent until next season. The County does not foresee any difficulty in implementing this plan. The County will initiate the process of identifying asthmatics and supplying them with Pneumovax immunization as part of the forthcoming chronic care plan.</p>
J-E-05 Mental Health Screening and Evaluation	<p>The Mental Health Screening and Evaluation is tied to the health assessment process that the County is designing. Many of the limitations in the health assessment also pertain to the mental health screening and evaluation. The action plan for mental health assessment will be identical to the action plan for health assessment. The County will document compliance as the program takes shape.</p>
J-E-07 Nonemergency Healthcare Requests and Services	<p>CHS agrees with the auditors' findings. The County has formulated a plan to fully comply with this standard. The County will devote new nursing and provider staff to this process. The County will triage all patients within 24 hours of a sick call request. The triage acuity that is assigned will drive the schedule so that the sickest patients will be seen first. The County will produce an aging report of the time between submission of sick call requests and a provider encounter. This will assist greatly in modifying staffing to ensure that patients are seen in a timely manner for medical, mental health and dental encounters.</p> <p>The County is revising the process of rotating clinics. The variance in access to care has particularly been a problem at the Lower Buckeye Jail. The plan is to centralize the LBJ outpatient clinic and all prisoners who need to be seen, regardless of their housing location, will be brought to that clinic for their sick call encounter. This change will occur within the next two to four weeks. The County expects to achieve full compliance with the standard.</p> <p>The County will submit additional evidence of our compliance as these processes come online.</p>
J-E-09	<p>The 4th Avenue Jail has become operational within the past 12</p>

<p>Segregated Inmates</p>	<p>months. The County has had to revise monitoring of segregated inmates to comply with this standard and to work within the correctional daily schedule. Some of the County's modifications occurred since the audit and Appendix 6 contains documentation of the new practices. The County believes that it is in full compliance with the requirement to check segregated inmates 3 times per week.</p> <p>Joanne Dorman assisted the County in pre-survey preparations. She reviewed our isolation practices and determined through consultation with Judith Stanley that none of our areas qualified as "extreme isolation" because of the ability of prisoners to interact with each other through the windows between cells.</p>
<p>J-E-12 Continuity of Care During Incarceration</p>	<p>Compliance with this standard relates to clinical staffing. The County is increasing staffing with the goal of complying with this standard. The County will conduct CQI reviews of this standard and forward that information to NCCHC.</p>
<p>J-E-13 Discharge Planning</p>	<p>The County maintains that its discharge planning meets the intended goals of this standard. The County maintains that it directs resources toward patients with significant health needs. For example:</p> <ul style="list-style-type: none"> • The infectious disease staff follows all patients with communicable diseases and coordinates hand-off care with the Maricopa County Public Health Department. • The County internally tracks patients who are identified as Seriously Mentally Ill by the community mental health vendor (Value Options). Care is coordinated through on-site visits from Value Options case workers prior to prisoner release. This degree of discharge planning for the mentally ill exceeds other jails. • The County coordinates discharge planning for HIV patients with the Maricopa County Public Health Department. HIV caseworkers come to the jail, visit with the patients, and make plans for discharge medications, housing, food, and healthcare benefits. • The County has two full-time caseworkers who provide discharge planning for any hospitalized patient. Patients are transitioned to assisted living environments, skilled nursing environments, rehabilitation units, or the jail infirmary.

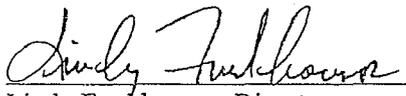
	<ul style="list-style-type: none"> The County supplements resources for the seriously mentally ill via the County's Restoration to Competency Program. This program coordinates and tracks care of mentally incompetent patients. The program fosters good discharge planning to ensure that these fragile patients receive optimal care as they move from inpatient to step-down status, and into general population. Planning is critical as patients move from the Arizona State Hospital back to the jail environment. <p>The Draft does not fully appreciate the tight interdigitation of the County's care with the available community resources. The County maintains that its discharge planning is robust for individuals with serious health needs.</p>
<p>J-G-01 Special Needs Treatment Plans</p>	<p>The County is redesigning the chronic care encounters for medical and mental health patients. The plan is to add providers for dedicated chronic care clinics at all facilities. Patients will then be identified and scheduled into these dedicated clinics and the special needs treatment plans for these patients will be initiated and followed. Compliance with this standard will be forthcoming as this program is launched. Additional data will be provided to NCCHC as it becomes available.</p>
<p>J-G-03 Infirmary Care</p>	<p>The County uses the Perry and Potter Nursing textbook as its manual of nursing care. This text was selected by a committee of nurses and has been in place for over a year. Copies of this manual are located in all clinical areas.</p> <p>Internal policies and practices are being addressed to standardize the charting practices in all inpatient units. The County will complete CQI studies focused on compliance with this standard. The studies will be sent to NCCHC as they are completed.</p> <p>The provider staffing enhancements will address the weekend coverage of the infirmaries. Once staff positions are hired, providers will be expected to round daily (weekends included) in the medical and mental health infirmaries.</p>
<p>J-G-06 Intoxication and Withdrawal</p>	<p>Scott Chavez provided the County with the federal code related to this standard. The County researched this issue with its pharmacists and providers. The best available information demonstrates that national guidelines are evolving for methadone treatment for pregnant women. The available federal law is not clear. The core issue</p>

	<p>focuses on the reason for using methadone and the identity of the patient. The County does not administer methadone for substance abuse therapy of pregnant women. The County administers methadone to prevent a spontaneous abortion. The fetus, not the mother, is the patient. Therefore, the guidelines for OTP therapy and the need for CSAT certification do not apply.</p> <p>The County maintains that administration of methadone to prevent spontaneous abortion is regulated by a physician's DEA number, not a substance abuse DEA number. This practice accords with hospital and correctional healthcare practices nationwide. More developed federal guidelines are necessary before NCCHC requires corrective action. The County respectfully requests full credit for standard J-G-06.</p>
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Thank you for the opportunity to respond to the Draft. The County believes that it has achieved compliance in several areas and is hopeful that those will be cleared prior to the final accreditation report. The County is working diligently to perform action plans that will clear the areas needing corrective action.

If you have any questions regarding this response, please do not hesitate to contact me at (602) 690-7610.

Best regards,



Lindy Funkhouser, Director
Maricopa County Department
of Correctional Health
Services

APPENDIX 1



Maricopa County
Correctional Health Services

234 N. Central Ave, 5th Fl.
Phoenix, Arizona 85004
Phone: (602) 506-2906
Fax: (602) 506-2577

TO: NCCHC

The source documents for these emergency drill summaries are voluminous and will be made available upon request at Maricopa County's Lower Buckeye Jail, Administration Building, Suite 2100, in Phoenix Arizona.

CHS/MCSO Disaster Drill Exercises

CY 2005

OBSERVERS RECOMMENDATIONS

Madison: Man Down, Shift 2, 1/17/05

Response/Recommendations:

MCSO:

- Detention staff secured the pod. They had the inmate lay in initial position until medical arrived. Once medical staff determined the inmate needed to be placed in a neck brace and back board, officers assisted medical staff as directed such as moving him to a position to allow him to be placed on the back board. Detention staff then escorted the inmate to the hospital.

CHS, RN Smitherman:

- RN Smitherman and a CNA arrived on scene with the gurney, backboard and "man down" bag. RN Smitherman did an initial assessment, then placed a neck brace on inmate. She then log rolled the inmate into a position so he could be placed on a backboard. This was done with the help of the CNA and detention staff. Once in the clinic the medical staff made the arrangements for the inmate to be transported.

Debriefing/Recommendations:

Action Plan:

Estrella: Man Down*, Shift 3, 1/22/05

* (Actual Incident)

MCSO, No Input;

CHS, Rigo Quiroz, LPN

- Man Down – Non-Responsive Inmate. All officers responded in a timely manner and offered to assist with CPR. The initial radio call was a general call for assistance for an inmate down.

Debriefing/Recommendations:

1. It would be helpful in the future if radio call for assistance would be more informative (ie fall from top bunk, head injury, cutting on self, ect.) This would enable the medical staff to respond with more equipment and facilitate everyones critical role.
2. A triage area should have adequate lighting, accessibility and space to perform all necessary activities to enhance performance by responding personnel.

Action Plan:

02/21/06

Towers: Man Down Drill, Shift 2, 3/7/05

MCSO

- Officer Bagshaw A8039, called for Medical assistance, and Officer Sutton G. A8191 placed the detached finger tips into a bag and then that bag was placed into a bag containing ice. They were transported to medical by Officer Coble A8640 who assisted in gathering the severed fingers and by wrapping the injured hand with a towel and instructing Cobb to apply constant pressure. Officer Means A9146 kept Cobb's attention focused and instructed him to sing, talk whatever to maintain consciousness.

CHS

- RN Malinchalk arrived with LPN Candy they were will prepared with the "Man Down" cart, as well as providing the ice, and bags to transport the severed fingers. Phoenix Fire was called at 1710 hours per PAC Avalos; they arrived at about 1720 hours. RN Malinchalk called to verify which hospital had a had surgeon so she could direct the ALS ambulance to that Emergency room. Cobb was transported via ambulance #431, escorted by Officer Botello A8410 to St. Josephs hospital at 1735 hours.

Debriefing/Recommendations:

- To include small, clear, Bio-Hazard bags in the Emergency Kits in each tower.

Action Plan:

Estrella Support Clinic: Man Down Drill, Shift 1, 4/22/05

Response:

MCSO,:

- Mandown and request for medical assistance was clearly stated on the radio. There was no officer in the clinic for approx 30 seconds, so the medical staff could not leave the locked clinic to respond to the emergency. The officer unlocked the clinic door specifically told the RN the nature of the emergency (shock from an electrical outlet). Detention did not move the inmate.

CHS:

- The RN instructed the MA to contact Estrella clinic for backup and to remain in the clinic. An LPN and MA accompanied the RN to the designated site. The RN asked if "someone had a wheelchair or stretcher". Sgt. Coler was very good about instructing one of his officers to obtain a stretcher and backboard and bring it to the site.

Debriefing/Recommendations:

1. Must have an officer present at all times to allow the nurse out of the clinic to respond to emergencies.
2. Need a Stryker cot/stretcher with large wheels. The wheels on the current cot got stuck all the way to the clinic due to the thick layer of gravel in the yard. Some tents are so far out into the yard that it would take a long time and several very strong officers to carry a letter to the clinic.

Action Plan:

Estr Ila Support Clinic: Mass Casualty, Shift 2, 5/6/05

Response:

MCSO:

- Patients were brought to the clinic. Officers were present while the patients were evaluated. MCSO transportation arrived within the 30 minute window allowed by the on call provider.

CHS:

- Phone call to staffing office was a little unclear, calls were made to the clinic by the HCA to clarify the situation. Estrella Clinic nurse manager sent Hector Molina, LPN, to assist with the routine clinic work (completing accuchecks and administering insulin). The staffing office called the Durango clinic and had Vicki Woods, MA, sent to assist with the clerical work (creating charts, answering the phones, ect.).

Debriefing/Recommendations:

1. HCA will assess/evaluate the situation with the staff involved to determine if having the LPN deal with the more critical patients was the optimal use of nursing resources.

Action Plan:

Towers: Man Down, Shift 3, 6/10/2005

MCSO:

- 3 dayshift detention officers were reporting to work. One officer began to enter to control tower and noticed the inmate swinning from the top tier rails in the corner of the pod. He called out to the 2 other officers and they entered the pod. One officer grabbed the inmate's legs and reduced tension on the sheet. The second officer retrieved the "911" tool and went up the stairs to cut the noose. The inmate struggled against the officers.

CHS, Name:

- Response by Medical: W. Clark, LPN applied a C-collar to the patient. H. Wilkinson, RN started an IV. The patient was conscious and responsive. Phoenix fire was called.

Debriefing/Recommendations:

Detention: The officer stated that he used the "911" tool for about 20 seconds to saw the noose. He became tired and a second officer took over. The tool was very dull. The officer stated that the "911" tool in Tower 6 is also dull.

Medical: The clinic is routinely staffed for 12 hours only (0700-1930 hours) An LPN frequently works the 11-7 shift. In IV line could not have been started if the incident had occurred on the night shift

Action Plan:

Estrella Jail: Man Down Drill, Shift 2, 6/26/05

Inmate Michell walking down steps had fallen causing back pain and left unable to move. Cause of the incident was the inmate stepping onto a plastic lunch bag on the steps.

MCSO

- From the time the initial call was placed by Security Control four officers, medical team and Sgt. Responded to the scene within sixty seconds. The first officer on the scene ordered the inmates in the pod to lockdown and secured the area. The other officers arrived to assist securing the area. House officers advised to stop all radio transmission until the emergency was cleared. Sgt. Tenny notified security control and advised the officers to contact MCSO radio to contact Phoenix Fire.

CHS

- Medial arrived with backboard and C- collar to examine without moving the inmate. It was determined that Phoenix Fire Paramedics needed to be contacted due to the unknown nature of the inmates condition. Medical Staff stayed with the inmate until they arrived keeping her from moving. The paramedics arrived and examined the inmate, placed her in a C-collar then placed her onto a backboard for transportation to the hospital.

Debriefing/Recommendations:

- **Medical and responding officers were not aware that an inmate had fallen off the steps and medical help arrived without the proper equipment to treat the injured. Medical staff had to retrieve the additional supplies from the Estrella clinic. The house officers needed to clearly advise responding the type of medical emergency.**

Action Plan:

Durango: Man Down Drill, Shift 3, 7/1/05

MCSO

- Inmate was observed to collapse and fall to the floor. Officer quickly radioed for assistance and numerous officers responded and secured the area.

CHS

- Medicals response time was 4 minutes from initial radio call at 0100. Nurse arrived with guerny and medical emergency pack.

Debriefing/Recommendations:

- **None**

Action Plan:

Durango: Man Down Drill, Shift 2, 7/8/05

MCSO

- Inmate exited from restroom with a towel draped over his left arm. Officers immediately locked down the inmates and notified other officers of the situation. Supervisors were immediately notified.

CHS

- Officers radioed for medical assistance and LPN arrived on the scene and removed the inmate to medical. RN assessed the inmate and made the decision to send him to MMC for evaluation and treatment.

Debriefing/Recommendations:

- *None*

Action Plan:

4th Ave. Jail: Man Down Drill, Shift 2, 7/11/05

Unresponsive inmate lying on cell floor, to be discovered

MCSO;

- Officers entered the cell first and the inmate was secured with handcuffs and leg shackles. The Sgt. controlled the number of officers in the cell and surrounding area. One of the officers asked the nursing staff if a gurney was needed. It was brought to the site along with a backboard.

CHS;

- J. VanEvery, RN assessed the patient. P. Brooks, LPN took vital signs. Instruction was given to detention to log roll the patient, put him on a backboard and place him on the gurney.

Debriefing/Recommendations:

- **The nursing staff did not put on stab proof vests. Was this indicated in this situation? To be discussed with detention supervision.**
- **The nursing staff did not have an ambu bag or c-collar with the man down bag. There were no straps on the gurney. Nursing/medical staff need to determine the necessity of having a bag, collar, and/or straps on each gurney.**
- **The clinic currently does not have a disaster bag for a mass casualty.**
- **Gurney is difficult to raise and lower. Detention officers present practiced (after the drill) raising and lowering the gurney with a patient on the cot.**

Action Plan:

4th Ave. Jail: Man Down Drill, Shift 1, 7/12/05

Response:

MCSO;

- Officers entered the smoke filled area with SCBA's. Nursing was advised to remain in the main hall. Two inmates were brought out to the hall for evaluation. Officers responded to medical questions appropriately.

CHS;

- D. Rogers, RN assessed the patients. P. Smith, LPN stood by for assistance. R. Hinzman, MA retrieved the vital sign monitor and checked the patients. T. Colpitts arrived at the scene from the clinic. She immediately went to the Sgt in charge and asked questions about the inmates and sustained injuries. She then proceeded to each patient and completed a brief history. The first inmate was placed on the gurney and wheeled to the clinic. Instruction was given to detention staff about the workings of the gurney. The second inmate was walked to the clinic. T. Colpitts did instruct R. Hinzman to contact CHS administration and other nursing staff in the facility for assistance.

Debriefing/Recommendations:

- The nursing staff did not put on stab proof vests. Was this indicated in this situation? To be discussed with detention supervision.
- There were no straps on the gurney. Nursing/medical staff need to determine the necessity of having straps on each gurney.
- The clinic currently does not have a disaster bag for a mass casualty.
- Gurney is difficult to raise and lower. Detention officers present practiced (after the drill) raising and lowering the gurney with a patient on the cot.
- Nursing/medical needs to consider an SVN machine in each mini clinic for breathing treatments.
- W. LaPoint, HCA waited 5 minutes for the elevator to get to the 4th floor. (2 minutes for the elevator to arrive at the basement and appx 3 minutes for the door to open).

Action Plan:

Fourth Avenue Jail: Man Down Drill, Shift 3, 7/13/05

Inmate found in the medical holding tank who appeared to have cut his wrists and was unresponsive. The cutting device was on the floor in plain sight.

MCSO

- Multiple officers responded to the area, more than were needed. Sgt Heathcock directed several officers to return to their duty posts. The responding house officers were ready to go in and remove the inmate wearing nothing more than latex gloves. The officers had to be given a verbal command to put on PPE. After putting on the PPE the officers took extra care to cover the inmate's cuts with towels to attempt to stop the bleeding. Officers were a little hesitant to put on protective equipment and some officers entered the area not fully protected. Officers conducted proper first aid. They also properly secured the cutting device. Sgt Layton saw officers remove contaminated PPE without using proper techniques.

CHS

- None

Debriefing/Recommendations:

- The PPE kits are secured with nylon zip ties. These ties cannot be removed by hand, they must be cut off. Officers asked the nurse if she had scissors to cut off the zip tie to the PPE kits. Finding scissors, clippers or some other tool to cut off the zip ties may be difficult and may certainly delay officers from accessing the PPE. I recommend that another type of tie be used to secure these boxes. The beaded nylon ties that are commonly used on fire extinguishers will work well. A reversible zip tie that can be loosened by pressing a tab will also work.

Action Plan:

Lower Buckeye Jail: Man Down Drill, Shift 2, 7/17/05

Officer down due to asthma attack inside P5 crossover.

MCSO

- Detention staff was prompt to arrive and safely able to secure the scene making it safe for officers and medical staff. Because the call came through as an Officer Down call several Sgt.s and officers from LBJ responded as well.

CHS

- Psych Medical staff was stationed in the house and were there in seconds. Psych medical placed Helseth on oxygen. LBJ medical staff responded and brought down the machine to give Helseth a breathing treatment, they also responded in very good time for the size of the facility and from their area that they deployed from.

Debriefing/Recommendations:

- Add gurney training to the mandatory First Aid Training.
- Write a memorandum to Training and Development to add gurney training to the mandatory First Aid Training conducted by MCSO Training staff.

Action Plan:

Towers: Mass Casualty*, Shift 2 (1,3), 7/23/05-7/24/05

* (Actual Incident)

Scenario:

- Power outage 7/23/05 @ 1845. Nurse Manager notified. No backup generator outlet located in clinic area. Clinic w/o power / function.
Inmates in Tower 4, C Pod became disruptive secondary to heat, led to altercation @ 2200: Pod Pepper Sprayed @ 2200 by MCSO
Night shift MCSO decontaminated pod and showered inmates, unknown change of clothing
12 inmate mandowns on night shift related to Pepper Spray starting 2300
- Inmates c/o heat and humidity in pods: Night RN requested ice water for pods shortly after the altercation.
MCSO contacted facilities maintenance to repair swamp cooler not working in two pods: Tower 4: C & D
- Day shift requested ice water for pods beginning @ 0830 and notified nurse manager
- MCSO Response to nursing staff was that it was against health department rules to provide ice water in containers w/o spigots and that they were unable to reach kitchen to obtain ice water in appropriate containers (am of 7/24/05)
- 1 inmate brought to medical @ 1200 related to dehydration / heat exhaustion: transported to ER via 911
- Potential for heat exhaustion / heat stroke high in these pods: 1200 RN called HCA for assistance: 2 RN's deployed from other clinics to help assess
- RNs & MA to pod to triage victims
- HCA notified Manager: both went to scene to assist with inmate evaluation / triage for potential heat victims 1300
- Day shift staff in pods obtained exposure to Pepper Spray: some with physical consequences
- Ice water provided to pod C by detention around 1600
- Fans installed around same time

Was the working relationship between Medical and Detention staff smooth, effective, and professional, achieving the goal of a positive outcome?

- There is no formal mechanism for identifying this type of situation as a potential disaster. CHS identified the potential for medical complications secondary to prolonged heat exposure (heat exhaustion, dehydration, medication complications etc).
- Once the potential for disaster was identified by CHS and communicated with MCSO Sgt on duty, ice was obtained and provided for inmates.
- MCSO provided assistance in triaging inmates in Tower 4, Pod C.
- Worked together to respond to respiratory difficulties r/t Pepper Spray

Debriefing/Recommendations:

- Develop CHS / MCSO mechanism for identification of and response to heat exposure
- Clarify CHS / MCSO protocol for multi-inmate Exposure to Pepper Spray

Action Plan:

Lower Buckeye Jail: Man Down Drill, Shift III, 8/06/05

MCSO: Officer Brown

- Officers responded safely, secured the scene prior to medicals arrival. Assisted in getting EMS in and out of the facility in a timely fashion.

CHS, None

Debriefing/Recommendations:

- Spoke to 2 officers at 2 core about the incident. Briefed Security Control Officers about the need for them to call communications instead of calling 911 themselves. Gave everyone the extension of Radio (61030).

Action Plan:

Towers: Man Down Drill, Shift I, 8/22/05

MCSO, None;

- Response by Detention

CHS, Ruth Philliben, RN, HCA

- C Spine; Backboard applied; Transported to clinic via gurney. Eval by RN and MD. IV Normal Saline. Transported to MMC ER for evaluation.

Debriefing/Recommendations:

-None

Action Plan:

ESB/Tents: Man Down Drill, Shift 1, 8/22/05

MCSO

- Radio call made by Officer Terresa Goodwin that an inmate was down in the dayroom. Inmate was lying on floor not coherent to his surroundings. While being evaluated became violent with staff and refused to follow orders.

CHS

- Medical staff responded promptly giving detention support in safely transporting the inmate to the medical clinic so the inmate could be treated. Upon arriving at the clinic medical staff stayed on scene and followed their protocol to insure the inmate received the treatment needed.

Debriefing/Recommendations:

- The only thing that would have made the scenario smoother would be if Estrella Support Building had a restraint chair on site. A restraint chair had to be retrieved from Estrella Jail.

Action Plan:

- Agencies involved were notified of the recommendation with request to evaluate and obtain chair if feasible.

Estrella Jail: Man Down Drill, Shift 3, 8/25/05

Attempted suicide with strap around the neck.

MCSO

- Inmates in Tower A 200 summoned officer that something was wrong in the pod. As officer entered pod he was called to cell 205 where he found an inmate covered with a blanket. When he removed the blanket he saw that the inmate had a strap around her neck. At that point he called for officer assistance in A Tower. Control then relayed the call for officer assistance in Tower A and asked if medical assistance was needed and called the clinic.

CHS

- When the medical staff arrived they were prepared to deal with the situation. They responded with a stretcher and the needed items to do a quick assessment on the inmate prior to taking to the clinic. Officer went with the inmate to the Estrella Clinic where it was determined that the injuries were not serious and was sent to LBJ to be evaluated by councilors.

Debriefing/Recommendations:

- In this situation, an authorized item (Velcro strap from a splint/boot) was placed around the inmate
- S neck by the inmate in an effort to commit suicide. This revealed a potential problem with this type splint device that would allow the strap to be removed from the boot.

Action Plan:

Lower Buckeye Jail: Mass Casualty Drill, Shift 2, 8/29/05

Response:

MCSO, Sgt. James Seibert

- Sgt. Rosales responded as soon as the radio call came out. He directed his officers to the scene. The Officers responded with their air packs and fire extinguishers. They entered the house and began their search, they immediately started removing the inmates from the smoke filled room and took them to the triage area.
- Overall the drill was a tremendous success. The supervisors and officers along with CHS did an outstanding job working together. The FMO's were right there after the drill filling all the air packs that were utilized during the drill. Sgt Rosales did a nice job; his radio transmissions were precise and accurate. The officers assigned to the Medical Services Division are to be commended; they responded and carried out the drill in a professional manner. The Drill was executed with no injuries to the officers or volunteers. One officer during the evacuation was overcome with "heat exhaustion". He was seen by medical and was released back to work after the drill was completed.

CHS, Roberto Escobar

- Medical Staff on scene; RN Escobar, Dr. Drapeau, MD and other RN's along with Medical Assistants responded with their equipment, set up the triage area and promptly assessed the inmates as they were brought to them from the housing unit.

Debriefing/Recommendations:

- It was mentioned during the briefing a few areas of improvement needed to be addressed. The Incident Commander could have responded directly to the housing unit instead of directing an Officer to radio him as to what was happening.
- CHS will not set up the triage area in the middle of the hallway that needs to be kept open.
- We had two equipment malfunctions; one airpack was missing the face mask, one fire extinguisher was missing a pin. FMS Hector Osuna took the fire extinguisher out of service and replaced the air pack and mask.
- We need to work on being a little more diligent and expedite the task at hand. It was discussed that an initial assessment of the situation should be made and then formulate a plan of action. With this plan in place it will help expedite any future emergencies

Action Plan:

Estrella Jail: Mass Casualty Drill, Shift 2, 10/27/05

MCSO

- From the time the initial call was placed by Security Control, eight officers responded to the scene within ninety seconds. The first officers on scene arrived with air-packs and fire extinguishers and went straight into the dorm. They entered and began to direct the inmates out of the dorm. The house officer had gotten the inmates up, put her air-pack on and secured the logbook, roster and keys (the door cards were not secured). Other officers remained in the hallway during the evacuation process and directed the inmates to the rec yard. There were ten inmates identified as "injured" and were directed to a triage area for evaluation. The entire evacuation process took less than four minutes. Once all inmates were safely placed in the recreation yard, two officers entered the house to look for any one who had been left behind. An additional officer began an ID headcount of all the inmates in the recreation yard.

CHS

- The Security Officer delayed in notifying Medical. When they were notified medical responded in a timely manner. The only issue that came up in the response was the arrival directly a "F" dorm. Detention staff should have directed them to a "safer" area initially. A medical liaison officer would have prevented this from occurring. The medical staff responded with the proper equipment to triage and treat injuries.

Debriefing/Recommendations:

- The Security Control Officer should have included Medical in their radio transmission to ensure proper response.
- Officers failed to arrive at the scene with air packs and fire extinguishers. A second call was made to remind them to bring the necessary equipment. This hindered their actions in so far as entering the affected area.
- When the "injured" inmates were evacuated some of them were directed to the recreation yard rather than the triage area.

Action Plan:

- The Nurse Manager and Jail Commander were contacted concerning the need for additional radios in the area set to monitor channel 1, the detention channel. The information returned indicated that the problem with this particular exercise was not related to the lack of radios but to the initial radio calls not clearly indicating that medical should be involved and where to report to. These officers were debriefed on correct radio transmissions and what to include.

Durango: Man Down, Shift 1, 11/29/05

MCSO

- Inmate was returning to Durango Jail from LBJ medical when he slipped off his crutch on the parade deck and landed on his tail bone. Officer witnessed the inmate fall and responded. Officers spoke with the inmate until medical arrived keeping him still on the ground.

CHS

- RN and Officer assisted the inmate into a wheel chair. There were no problems identified and the transition was smooth getting the inmate to medical. The inmate was awake, responsive and able to communicate his injuries. He was taken to the Durango Medical Clinic for further evaluation. He was seen by the Provider and returned to his housing unit.

Debriefing/Recommendations:

- None

Action Plan:

12
02/21/06

Durango: Mass Casualty Drill, Shift 2, 11/30/05

MCSO

- Responding officers donned MSA air packs and responded with fire fighting equipment. Security Control simulated the calling of Phoenix Fire and dispatched an officer to open the perimeter gates when they arrived. Incident supervisor established a Command Post and placed the facility on security override at 1615 hours. The officers were paired up as they entered the warehouse to evacuate the inmates.

CHS

- Injured inmates were taken to the triage area set up south of the D-8 and the other inmates were secured in the Recreation Yard. Officers searched the dorm for any injured or unconscious inmates. Officer spoke to each inmate in the recreation yard asking if they needed medical attention. The officer working the dorm also did not give the names and booking numbers of the inmates which would have allowed the medical staff to pull the inmates medical files.

Debriefing/Recommendations:

- The inmates were removed from the affected area, but there was some confusion as to what to do with them once they were outside.
- Holding and triage areas were set up but there was a failure in communication that caused a delay in securing the inmates.
- The inmates were allowed to wander around while the officers conducting the ID headcount and in the triage area.
- Officers entered the affected area without airpacks after the inmates had been evacuated but before the area was cleared.

Action Plan:

Durango: Mass Casualty Drill, Shift 1, 12/1/05

MCSO

- A hazardous gas tanker was involved in a collision at the corner of 4th Ave. and Madison. Strong odors were smelled in Level 2A. Radio call requested a supervisor to report to House 2A, announced it was a drill and inmates were "acting weird". An "Incident Commander" was designated. Medical staff was held in an unaffected area until such time that detention staff donning airpacs were able to remove the downed inmates from the affected unit. Once turned over to medical staff the inmates were moved to designated triage areas in the hallway outside of Level 2 Medical and a secondary triage area in basement medical. As the inmates in need of medical attention were being removed the rest of the inmates were being staged for a partial evacuation. The unaffected inmates were then moved from 2-A-100 to 2-D-200 and secured in the recreation yard until such time it was safe to return to the assigned housing unit.

CHS

- Medical staff heard the call on the radio. The Nurse Manager gave instruction to the nursing staff and the Provider communicated with him to the Sergeant. Additional staff arrived from the mini clinics and the Providers received additional instruction from the Doctor on scene. The nursing and medical staff were very clear on the health care chain of command. There was an initial problem with patients blocking the exit to the housing unit. The injured were then transported to the mini clinic, but nursing staff were prevented from entering the clinic to assess the patients.

Debriefing/Recommendations:

- Detention to determine if the elevators can be placed on override to summon the elevator after a radio call by medical.
- Detention to brief staff on the reduction of radio transmissions during an emergency to essential information only.
- Detention to advise medical staff of evacuation route and signs to be made to post in the main clinic and mini clinics.
- Detention to instruct their staff on location of stairs to the levels.
- Detention will instruct their staff to evacuate the "well" inmates first.
- Medical to order fluorescent vests; one for the medical staff member in charge and one for the detention officer in charge.
- Medical to instruct FTO's on use of the Stryker cots. There was some difficulty raising and lowering cots with patients on board.
- Need mechanism for documenting on each patient and keep information with the patient for the providers to continually review.

Action Plan:

APPENDIX 2

June 2005

**CORRECTIONAL HEALTH SERVICES
INFECTION CONTROL COMMITTEE MEETING**

Confidential pursuant to ARS 36-2401 et seq.

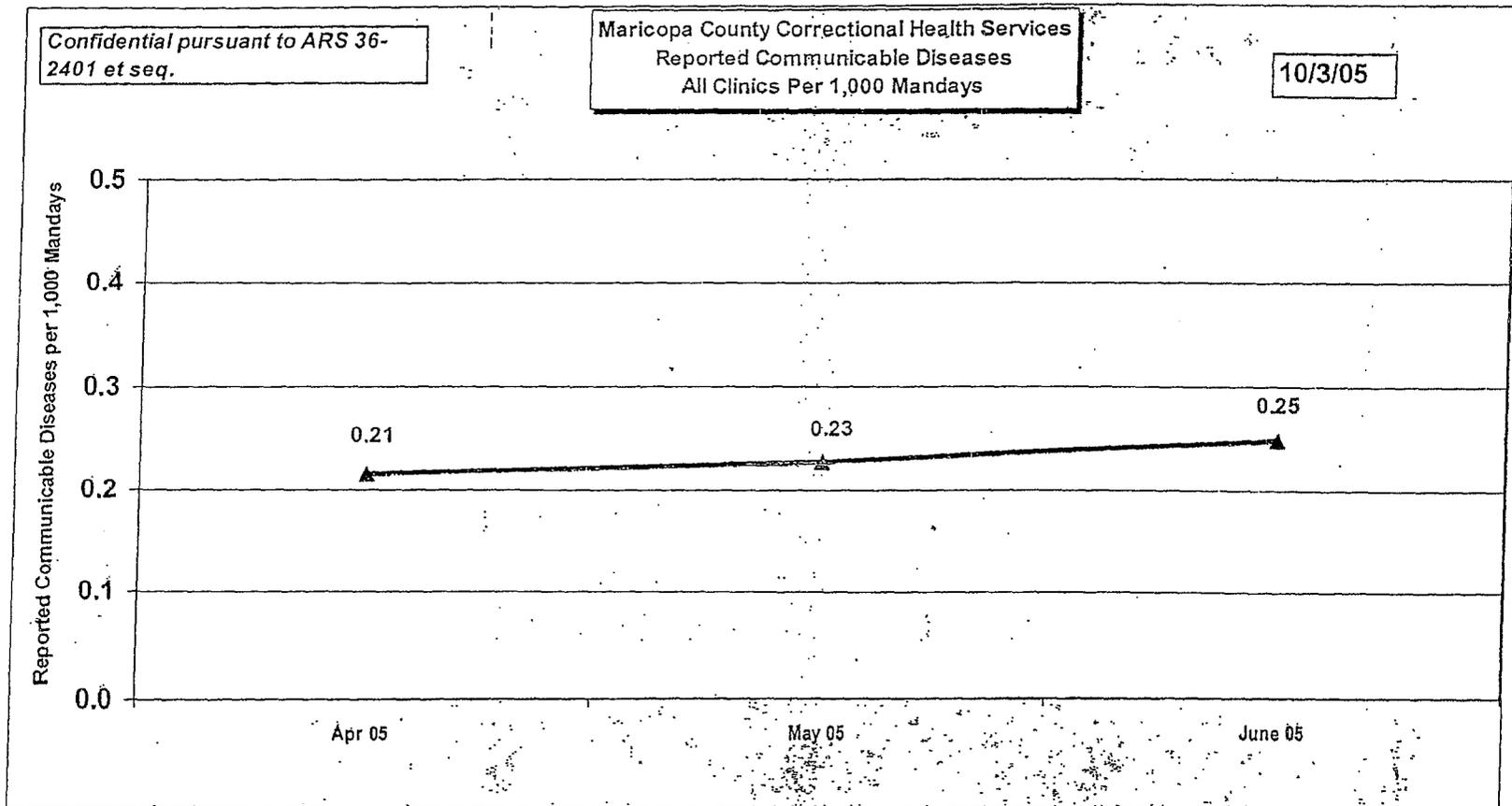
Rita Neilan, Infection Control Manager
Review of Activities for April - June 2005

**Correctional Health Services
Infection Control
Communicable Disease Report**

Confidential pursuant to ARS 36-2401 et seq.

Disease	Number of Cases Reported to Public Health in Calendar Year 2004-2005			Total for Quarter
	April	May	June	
Tuberculosis Cases (New-Confirmed)	1	1	1	3
Varicella	0	0	0	0
Hepatitis A	0	0	0	0
Hepatitis B	0	2	0	2
Hepatitis C	13	16	18	47
HIV/AIDS	5	6	8	19
Syphilis, Early	2	4	3	9
Syphilis, Late	10	3	8	21
Chlamydia	19	23	25	67
Gonorrhea	11	13	11	35
Totals	61	68	74	203

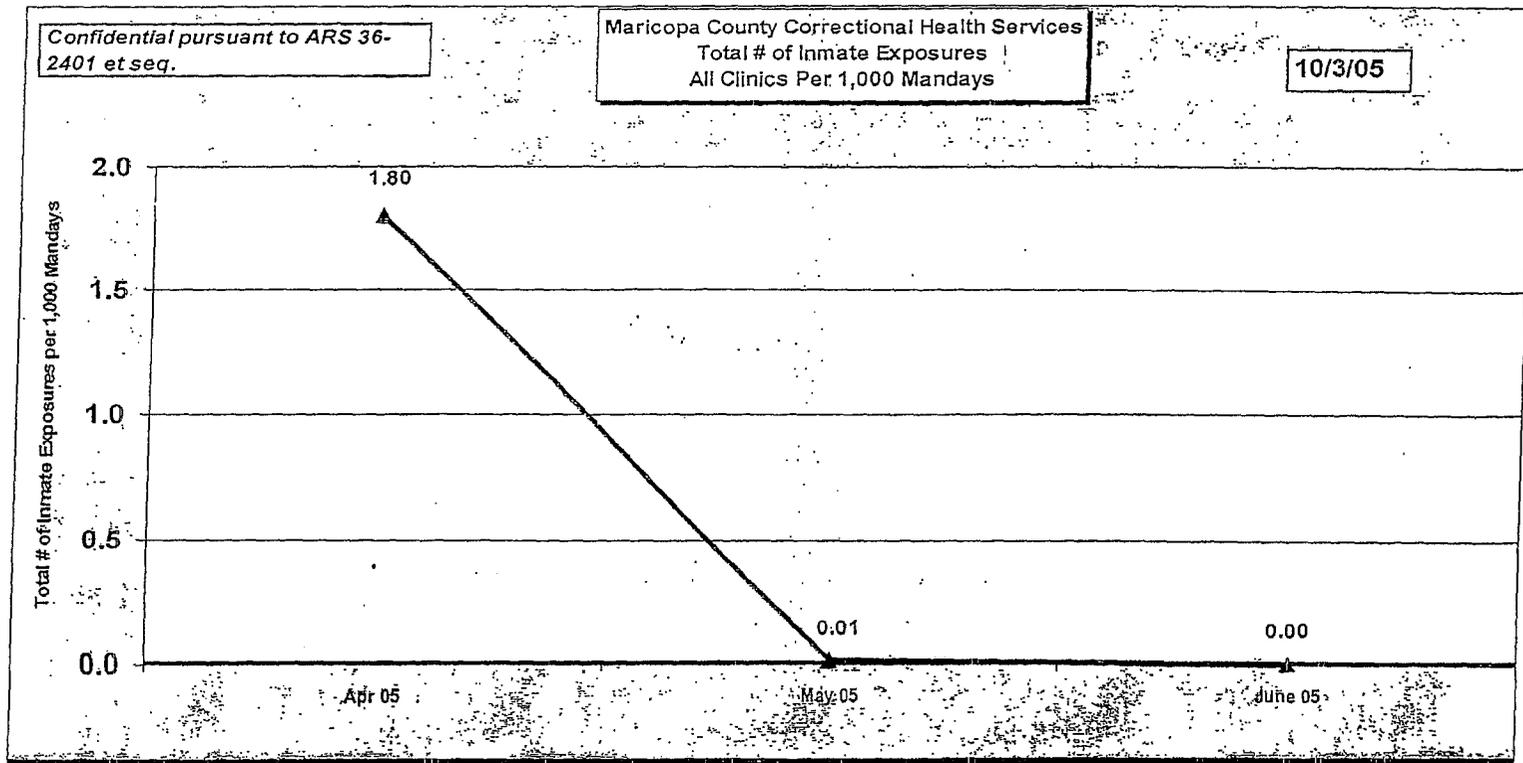
Correctional Health Services
Infection Control
Communicable Disease Report
Confidential pursuant to ARS 36-2401 et seq.



**Correctional Health Services
Infection Control
Communicable Disease Exposures – Inmate Exposures**
Confidential pursuant to ARS 36-2401 et seq.

Communicable Disease Exposures - Inmate Exposures				
Fiscal Year 2004-2005 (April 1st - 2005)				
	April	May	June	Total for Quarter
Inmate Exposures	511	4	0	515

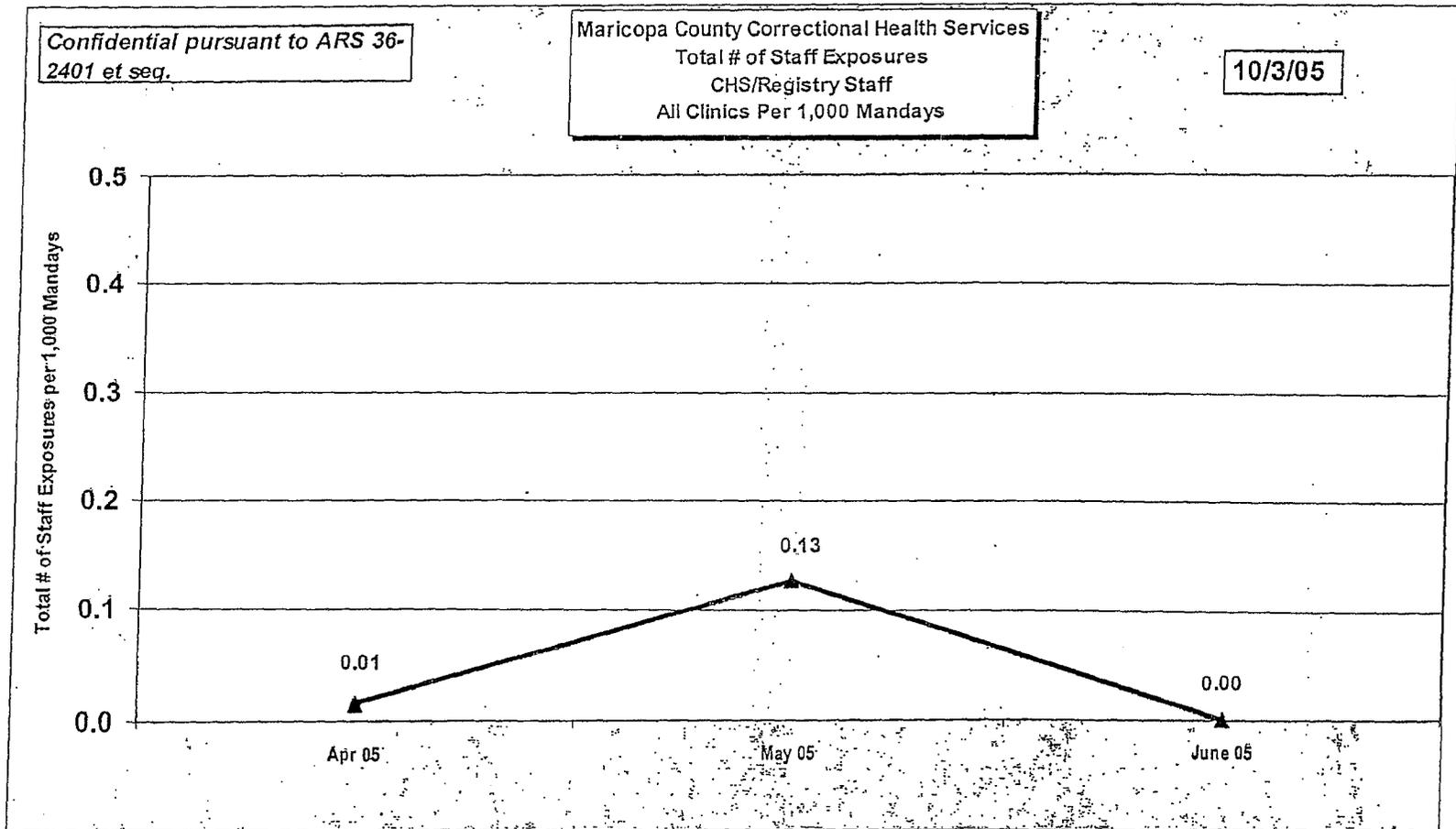
Correctional Health Services
Infection Control
Communicable Disease Exposures – Inmate Exposures
Confidential pursuant to ARS 36-2401 et seq.



Correctional Health Services
Infection Control
Communicable Disease Exposures – Total CHS/Registry Staff
 Confidential pursuant to ARS 36-2401 et seq.

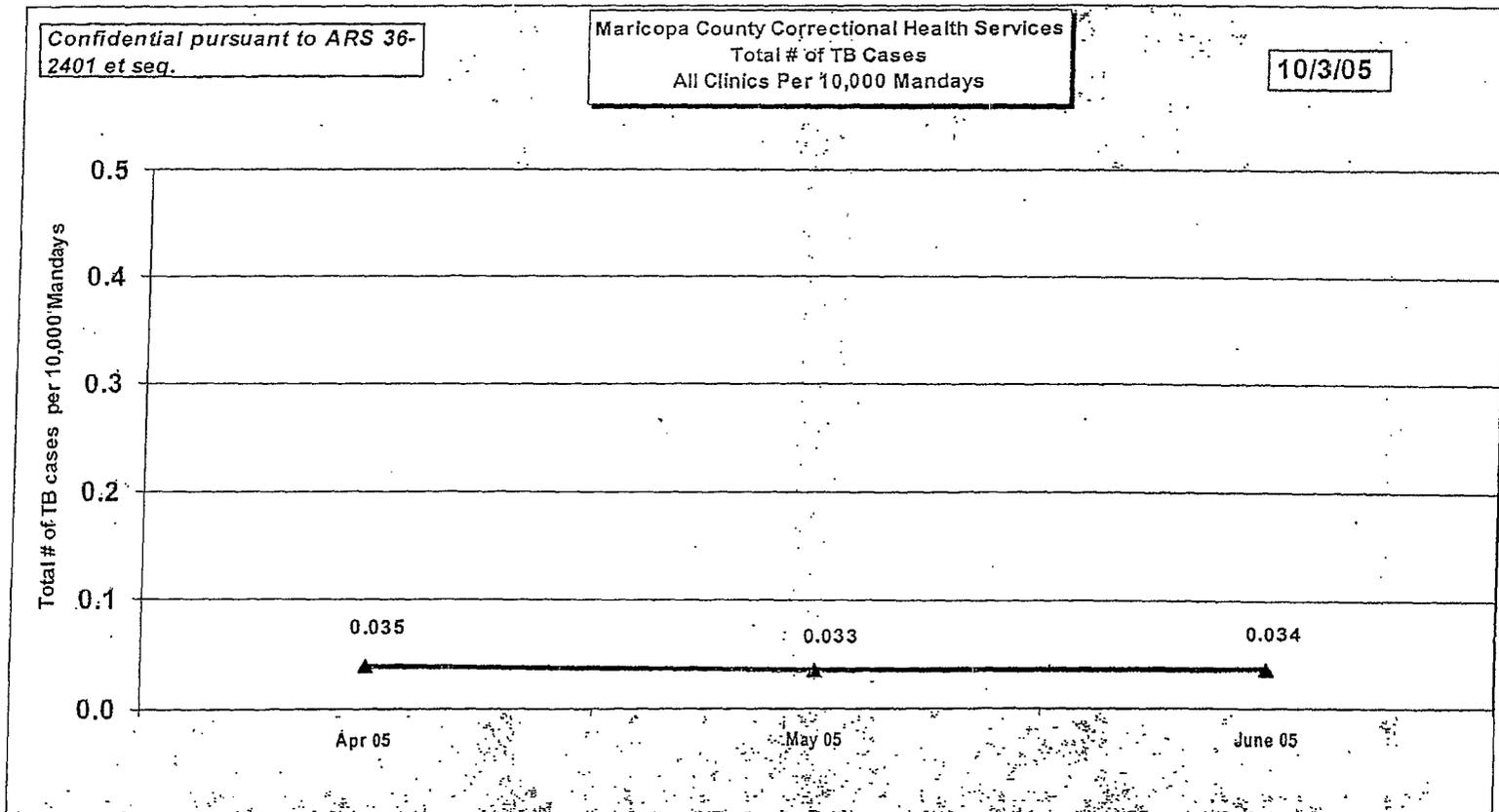
	April	May	June	Total for Quarter
Staff Exposures	4	38	0	42

Correctional Health Services
Infection Control
Communicable Disease Exposures – Total CHS/Registry Staff
Confidential pursuant to ARS 36-2401 et seq.



Correctional Health Services
Infection Control
Communicable Disease Report
Tuberculosis Cases

Confidential pursuant to ARS 36-2401 et seq.



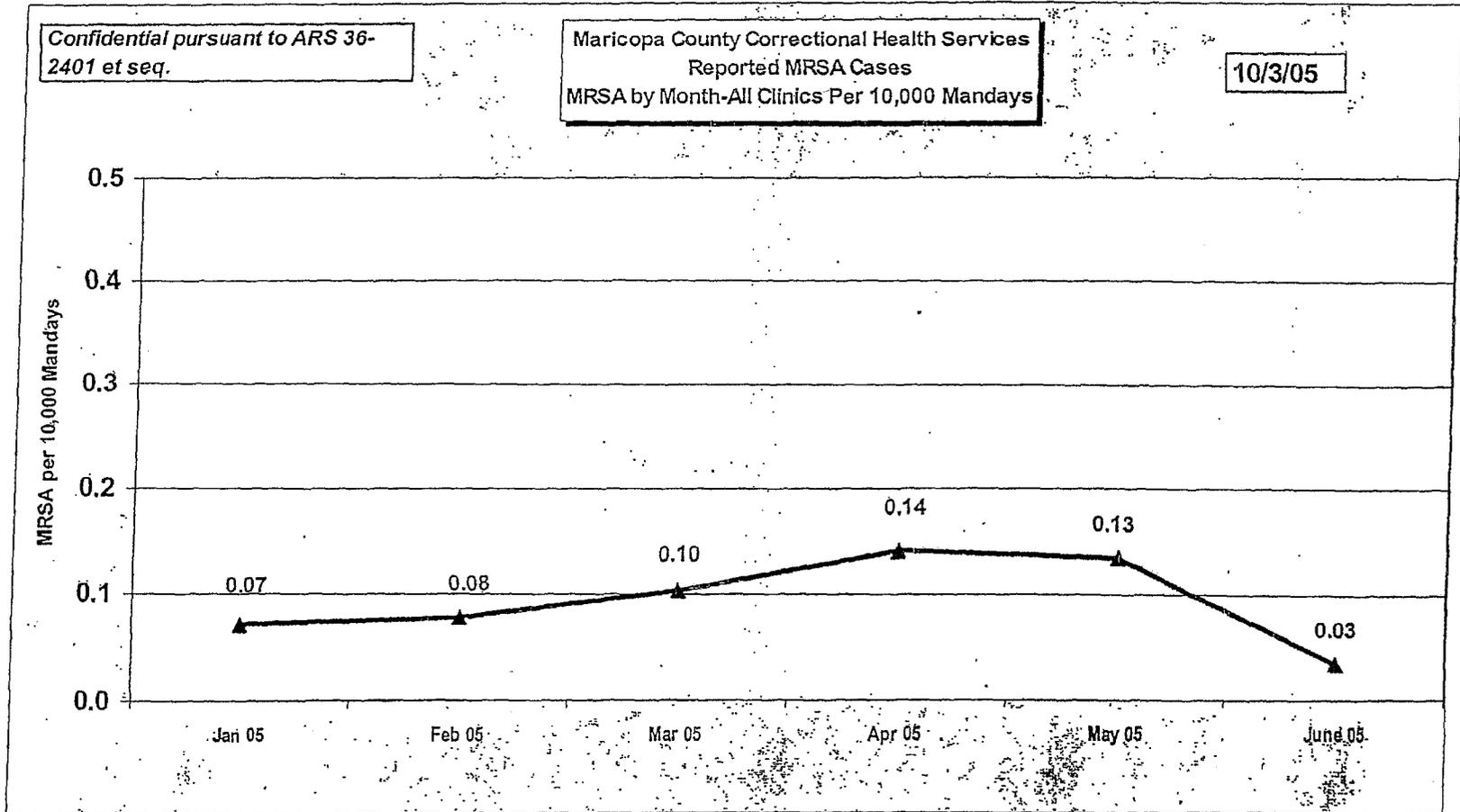
**Correctional Health Services
Infection Control
MRSA Cases**

Confidential pursuant to ARS 36-2401 et seq.

Month	Age	Sex	MRSA Site	Clinic	Probable Location MRSA Acquired/Comments
January	44	M	Finger	Madison Psych.	Jail
January	24	M	Finger	Durango	Community--Skin graft at Good Sam prior to booking
February	40	M	Foot	Towers	Jail
February	30	M	Lt. index finger	Towers	Jail
March	59	M	Lt. axilla	Towers	Jail
March	42	M	Rt. Elbow	Estrella Support	Jail
March	18	M	Finger	Towers	Jail
April	40	F	Ear	Estrella	Community. Had ear tubes when booked.
April	33	M	Rt. Leg wound	Estrella	Community. Had wound and sutures at booking
April	24	M	Rt. Thumb	Durango	Community. At booking, swollen thumb, "fish hook"
April	26	F	Urine	Durango Psych	Community. C/O abd. pain when booked
May	26	M	Forearm	Estrella	Jail
May	19	F	Bacteremia	Estrella	Possibly jail. Septic joint.
May	47	M	Nose	Durango	Possibly jail. Had lung problems when booked.
May	31	M	Ear	LBJ from Durango	Jail
June	19	F	Ears	Estrella	Jail

Correctional Health Services
Infection Control
MRSA Cases

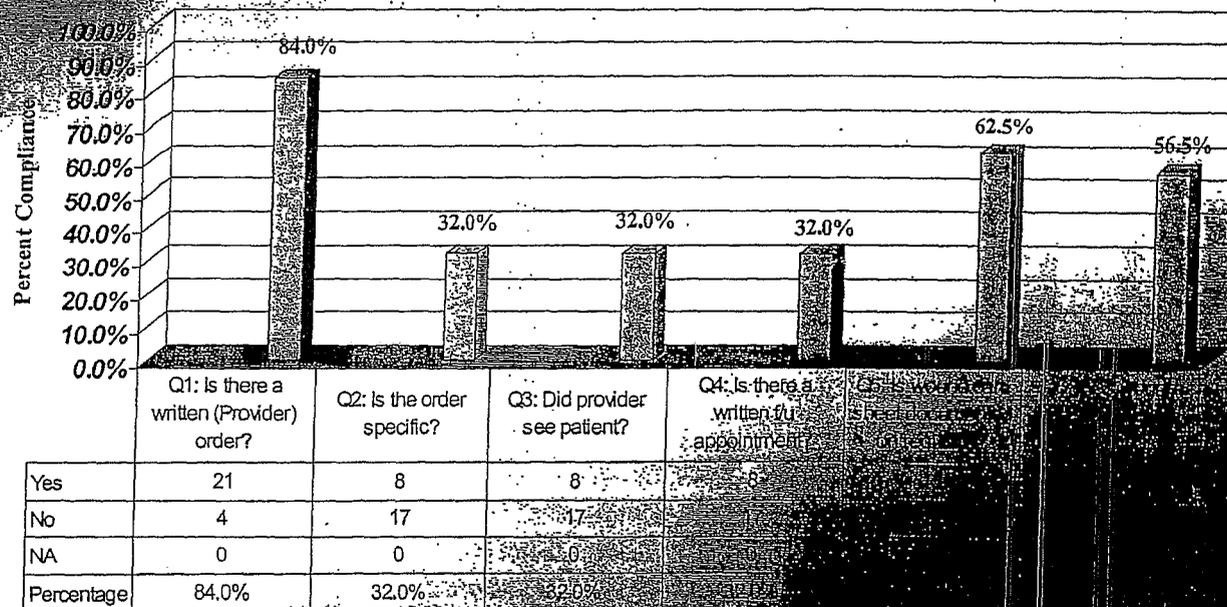
Confidential pursuant to ARS 36-2401 et seq.



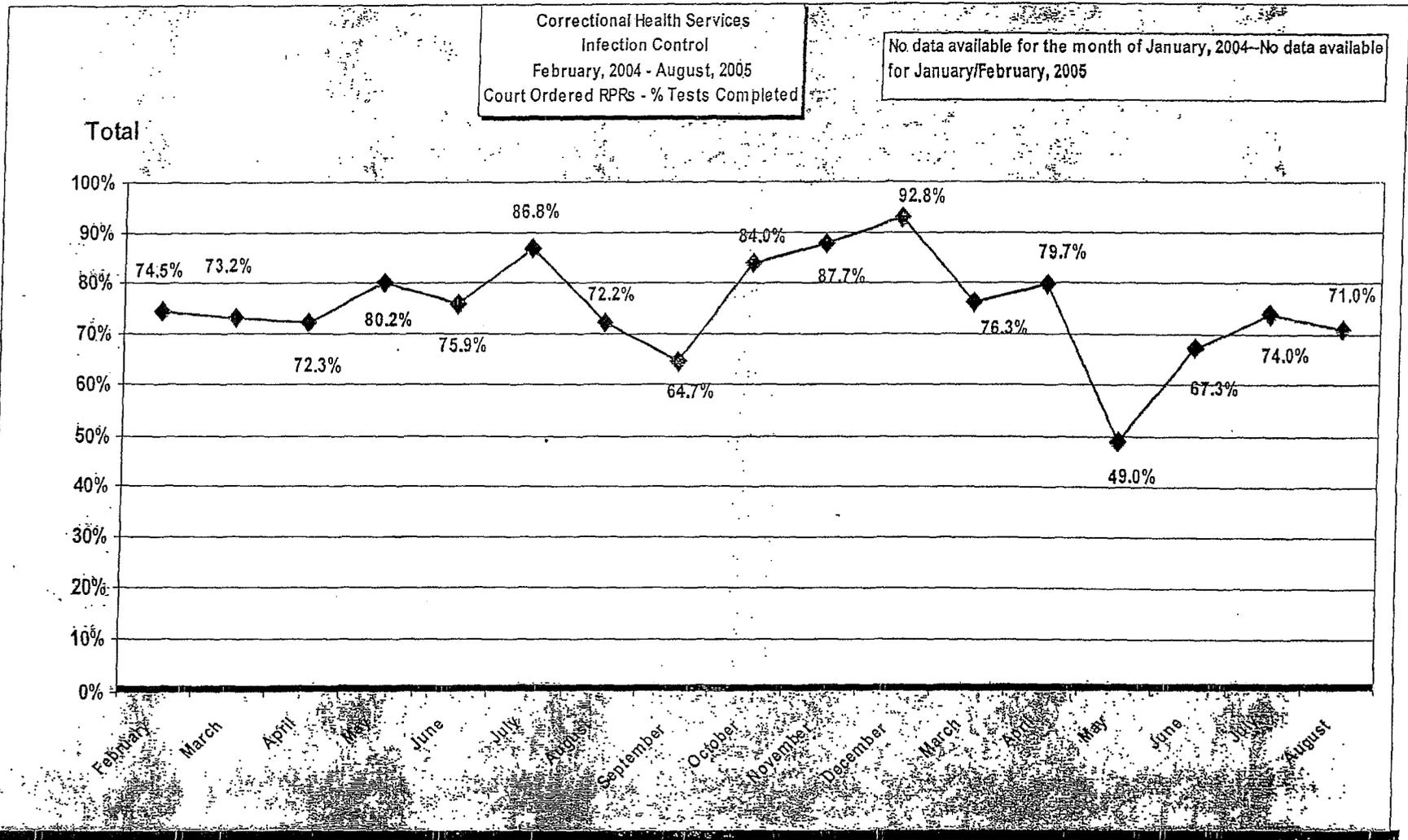
Correctional Health Services Infection Control Wound Care Chart Audit Report

Confidential pursuant to ARS 36-2401 et seq.

CHS Wound Care Chart Audit
Estrella Outpatient Clinic
July 17, 2005
(Total medical records reviewed (N)=25)
Confidential pursuant to ARS 36-2401 et seq



**Correctional Health Services
Infection Control
Court Ordered RPRs - % Tests Completed**
Confidential pursuant to ARS 36-2401 et seq.



**Correctional Health Services
Infection Control
Employee Exposure**

Confidential pursuant to ARS 36-2401 et seq.

CHS Staff

Date of Incident	Title	Clinic	Device Type	Explanation
6/11/2003	Medical Assistant	Madison OP	Lancet	Pricked by an uncapped lancet.
8/15/2003	Registered Nurse	Towers Clinic	Scissors	Attempting to remove jammed staple with scissors.
9/13/2003	Medical Assistant	Madison Outpatient	Syringe Needle	Pricked when recapping needle
10/15/2003	Registered Nurse	Madison Intake	Syringe Needle	Needle penetrated index finger after administering insulin to inmate.
12/22/2003	Licensed Practical N	Madison Intake	Lancet	Inmate pulled hand back while nurse performed accu-check.
1/30/2004	Medical Assistant	Madison OP	N/A	Blood spill on fingers of right hand.
7/2/2004	Physician	Towers Clinic	25 Gauge Needle	Accidental needlestick to hand while performing medical procedure.
8/4/2004	Medical Assistant	Madison Intake	Butterfly Needle	Inmate fainted, pulled hand back and was pricked by needle.
3/13/2005	Physician Assistant	Durango OP	Needle	Needle stick after suturing when disposing sharps
6/12/2005	Physician Assistant	Estrella Clinic	Needle	Putting needle in sharps container

Registry Staff

Date of Incident	Title	Clinic	Device Type	Explanation
4/26/2003	Registered Nurse	Madison Infirmary	IV Needle	Stuck during cleanup, starting IV & drawing labs.
6/23/2003	Medical Assistant	Durango Juvy	Butterfly Needle	Stuck by contaminated needle while drawing blood.
4/20/2004	Medical Assistant	Durango OP	Needle	Stuck by contaminated needle while disposing.
7/26/2005	Medical Assistant	LBJ	Butterfly Needle	Pulled out needle from inmate and stuck left thumb; did bleed

July 8, 2006

**CORRECTIONAL HEALTH SERVICES
INFECTION CONTROL SUBCOMMITTEE MEETING**

Confidential pursuant to ARS 36-2401 et seq.

Rita Nelbaur - Infection Control Manager
Review of Activities for July - December, 2005

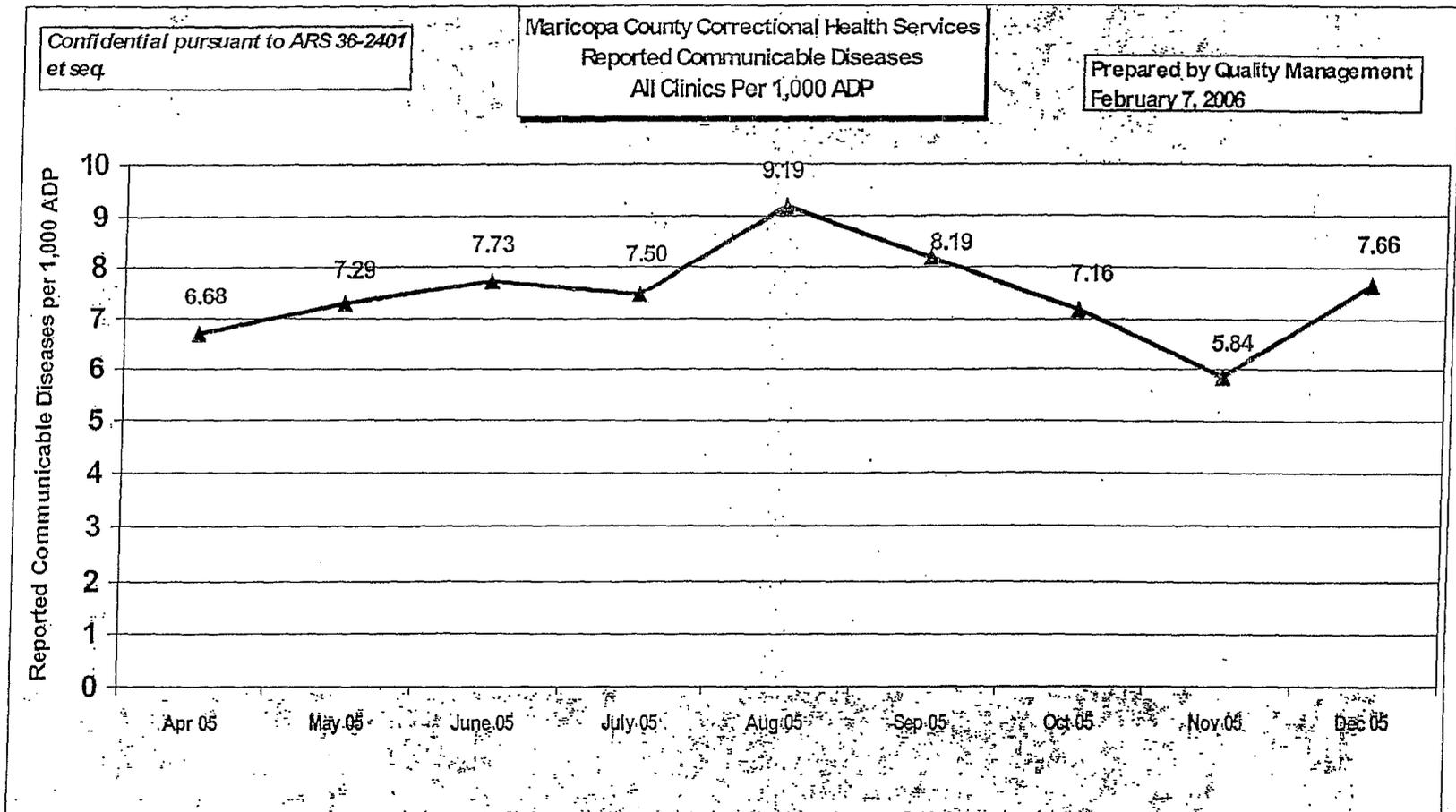
**Correctional Health Services
Infection Control
Communicable Disease Report**

Confidential pursuant to ARS 36-2401 et seq.

Disease	July	Aug	Sept	Total for Quarter
Tuberculosis Cases (New--Confirmed)	0	1	0	1
Varicella	0	0	0	0
Hepatitis A	0	0	0	0
Hepatitis B	0	1	0	1
Hepatitis C	27	21	13	61
HIV/AIDS	4	5	4	13
Syphilis, Early	5	3	1	9
Syphilis, Late	12	7	9	28
Chlamydia	14	40	40	94
Gonorrhea	10	12	16	38
Totals	72	90	83	245
Disease	Oct	Nov	Dec	Total for Quarter
Tuberculosis Cases (New--Confirmed)	0	2	1	3
Varicella	0	0	1	1
Hepatitis A	0	0	0	0
Hepatitis B	1	3	1	5
Hepatitis C	14	11	11	36
HIV/AIDS	6	6	4	16
Syphilis, Early	3	0	5	8
Syphilis, Late	8	5	11	24
Chlamydia	27	20	28	75
Gonorrh a	14	12	11	37
Totals	73	59	73	205

Correctional Health Services Infection Control Communicable Disease Report

Confidential pursuant to ARS 36-2401 et seq.



**Correctional Health Services
Infection Control
Communicable Disease Exposures – Inmate Exposures**

Confidential pursuant to ARS 36-2401 et seq.

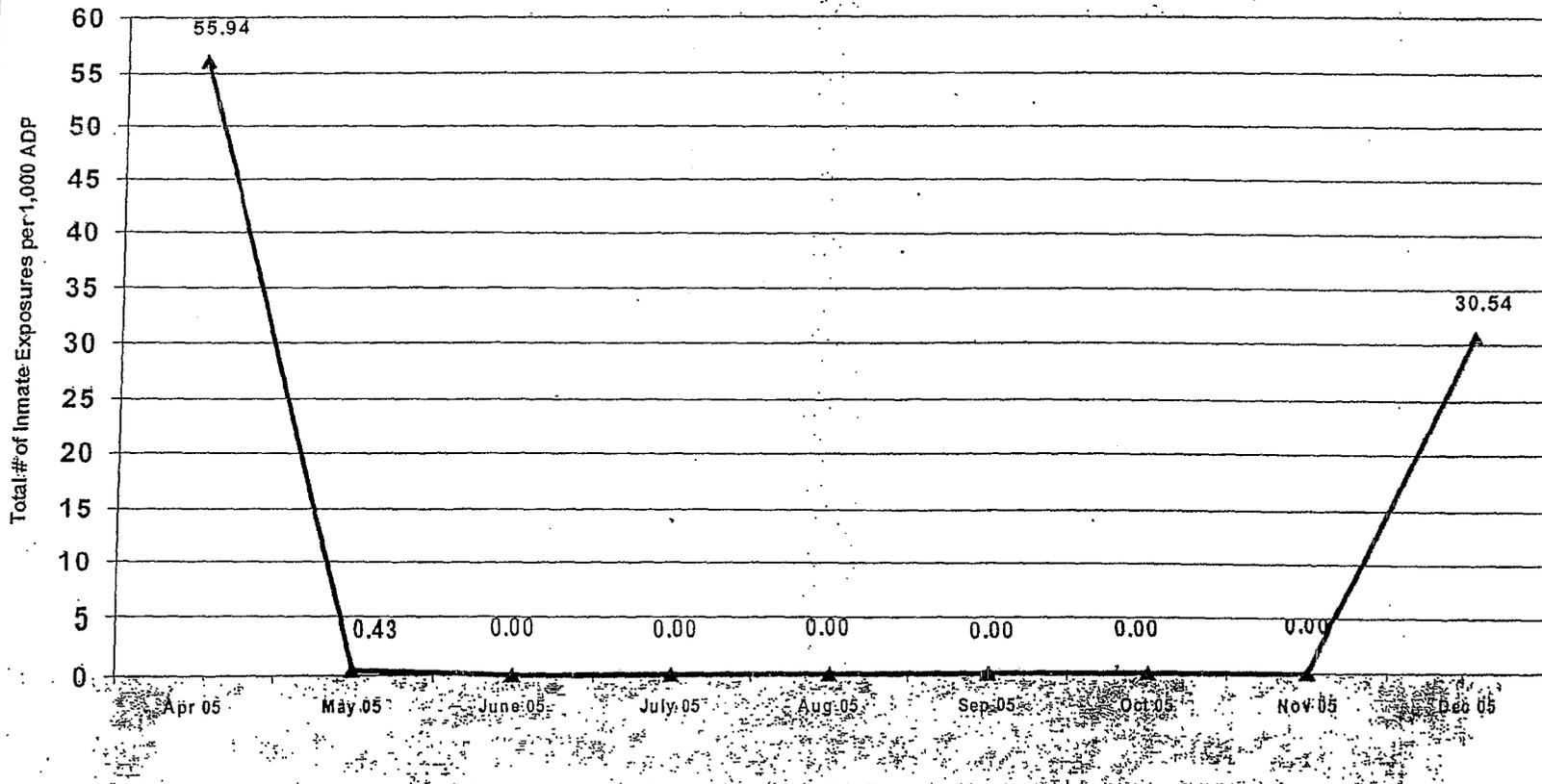
	July	August	September	Total for Quarter
Inmate Exposures	0	0	0	0
	October	November	December	Total for Quarter
Inmate Exposures	0	0	291	291

Correctional Health Services
Infection Control
Communicable Disease Exposures – Inmate Exposures
Confidential pursuant to ARS 36-2401 et seq.

Confidential pursuant to ARS 36-2401 et seq.

Maricopa County Correctional Health Services
Total # of Inmate Exposures
All Clinics Per 1,000 ADP

Prepared by Quality Management
February 7, 2006



**Correctional Health Services
Infection Control
Communicable Disease Exposures – Total CHS/Registry Staff**

Confidential pursuant to ARS 36-2401 et seq.

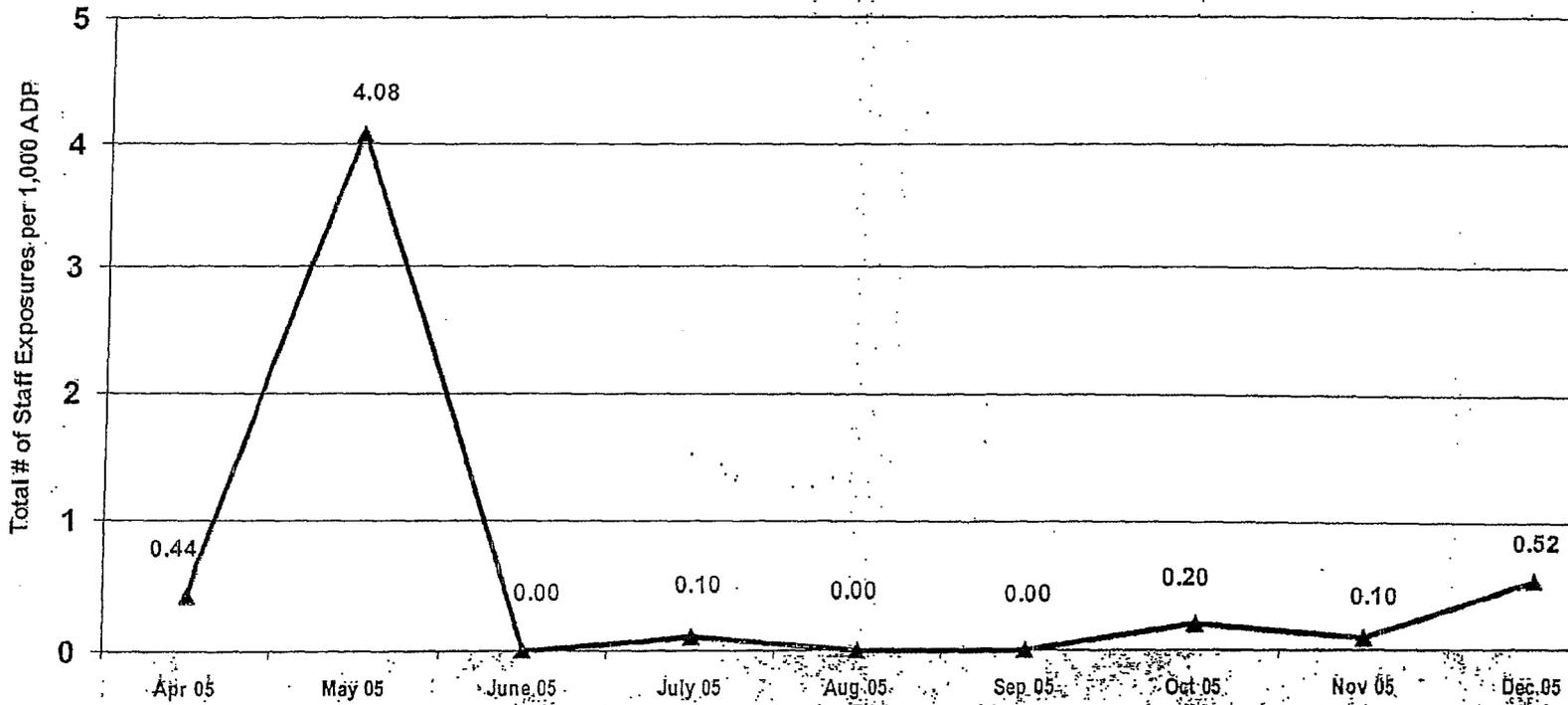
	July	August	September	Total for Quarter
Staff Exposures	1	0	0	1
	October	November	December	Total for Quarter
Staff Exposures	2	1	5	8

Correctional Health Services
Infection Control
Communicable Disease Exposures – Total CHS/Registry Staff
Confidential pursuant to ARS 36-2401 et seq.

Confidential pursuant to ARS 36-2401 et seq.

Maricopa County Correctional Health Services
Total # of Staff Exposures
CHS/Registry Staff
All Clinics Per 1,000 ADP

Prepared by Quality Management
February 7, 2006



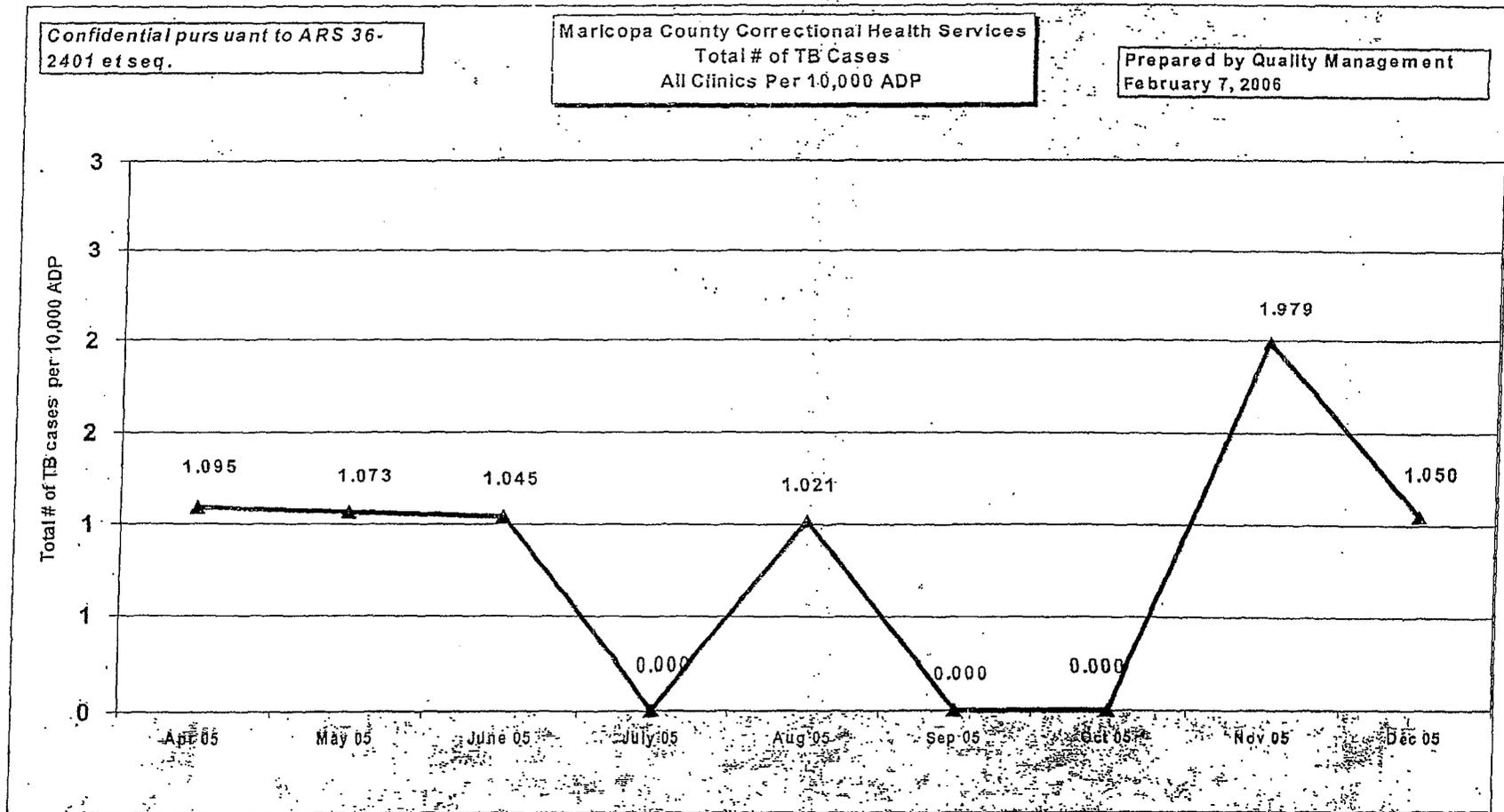
**Correctional Health Services
Infection Control
Communicable Disease Report
Tuberculosis Cases**

Confidential pursuant to ARS 36-2401 et seq.

Confidential pursuant to ARS 36-2401 et seq.

Maricopa County Correctional Health Services
Total # of TB Cases
All Clinics Per 10,000 ADP

Prepared by Quality Management
February 7, 2006



Correctional Health Services
Infection Control
Communicable Disease Report
Chickenpox

Confidential pursuant to ARS 36-2401 et seq.

Chicken Pox Exposure	
Contact Dates 12/17/05 - 12/24/05	
Durango - House 9	
Total Exposed - Inmates	291
Total Exposed - Staff (CHS & Registry)	5
Total Exposed - Inmates & Staff	296
Released to other agencies	23
Released to Self-PH	71
Positive (Immune) Test results	190
Refused Testing	1
Negative (Non-Immune) Test Results--Quarantined	6
Known cases transmitted from index cases	0
Known pregnant IM exposed	0

Correctional Health Services
Infection Control
Communicable Disease Report
Chickenpox

Confidential pursuant to ARS 36-2401 et seq.

Chicken Pox Exposure	
Contact Dates 1/10/06 - 1/18/06	
4th Avenue OP Flr 2 Hse E Pod 2	
Total Exposed - Inmates	77
Total Exposed - Staff (CHS & Registry)	4
Total Exposed - Inmates & Staff	81
Released to other agencies	1
Released to Self-PH	2
Positive (Immune) Test results	69
Refused Testing	2
Equivocal Test Results--Quarantined	3
Negative (Non-Immune) Test Results--Quarantined	0
Known cases transmitted from index case	0
Known pregnant IM exposed	0

**Correctional Health Services
Infection Control
MRSA Cases**

Confidential pursuant to ARS 36-2401 et seq.

July	36	M	Leg Wound	Towers	Community. Laceration Rt. ankle when booked (Jumped out window)
July	28	M	Bil.legs, R arm	Durango	Jail. Multiple abscesses
August	47	M	legs at MMC	4th Ave I/A	Community. Abscesses both legs when booked, per pt., MRSA
August	36	M	Ear	LBJ	Community. C/O ear drainage x 1 yr. when booked
August	27	M	Lt. Buttock	Towers	Jail. I/M squeezed abscess on buttock
Sept.	22	M	Facial cellulitis	Towers	Jail. Booked March 2004, to MMC Sept. 2005, facial cellulitis, MRSA
Sept.	18	M	Rt. Forearm	LBJ	Jail. Rt. Forearm abscess, not present when booked
Sept.	39	M	Rt. Elbow	LBJ	Community. Elbow infected at time of booking.
Sept.	21	M	Lt. Knee	LBJ	Jail. Booked July 2005, Adm. MMC Sept. 2005 with knee cellulitis
Sept.	42	F	Groin, axilla	Estrella	Community. Multiple abscesses when booked, S/P skin graft
Sept.	26	M	Nasal	LBJ	Jail. Booked April 2005, Hx.mastoid cellulitis, but no prev. cultures
October	47	M	R arm abscess	4th Ave. Outpt.	Community - Abscesses; hx "skin popping" @ time of booking
October	45	M	Nasal culture	LBJ Outpt.	Jail - hx osteo R finger
October	30	M	Nasal culture	Towers	Jail; hx of head & abd wounds
October	36	M	Blood cx MMC	LBJ Outpt.	Community - adm. To MMC 1 day after booking; hx of IVDA
October	19	M	Nasal culture	Towers	Jail - hx of spider bite; multiple abscesses; Nsg ruptured abd abscess w/pressure
October	25	M	R Hand	Towers	Jail
October	45	F	Leg wound	Estrella	Community - hx of L leg fx w/pins @ time of booking
November	28	M	Nasal culture	LBJ Outpt.	Community - On H&P multiple MRSA infections; suspect carrier
November	48	F	L Hand wound	Estrella	Community - broke drug pipe in hand prior to booking
November	23	M	Blood	Infirmery	Hospital acquired; r/t PICC line
December	51	M	R leg wound	4th Ave. Outpt.	Community - multiple abscesses @ time of booking
December	42	F	Head/scalp	Estrella	Jail
December	20	M	R infraorbital	4th Ave. Outpt.	Community - R infraorbital abscess s/p removal of metal plate from previous MVA surgery

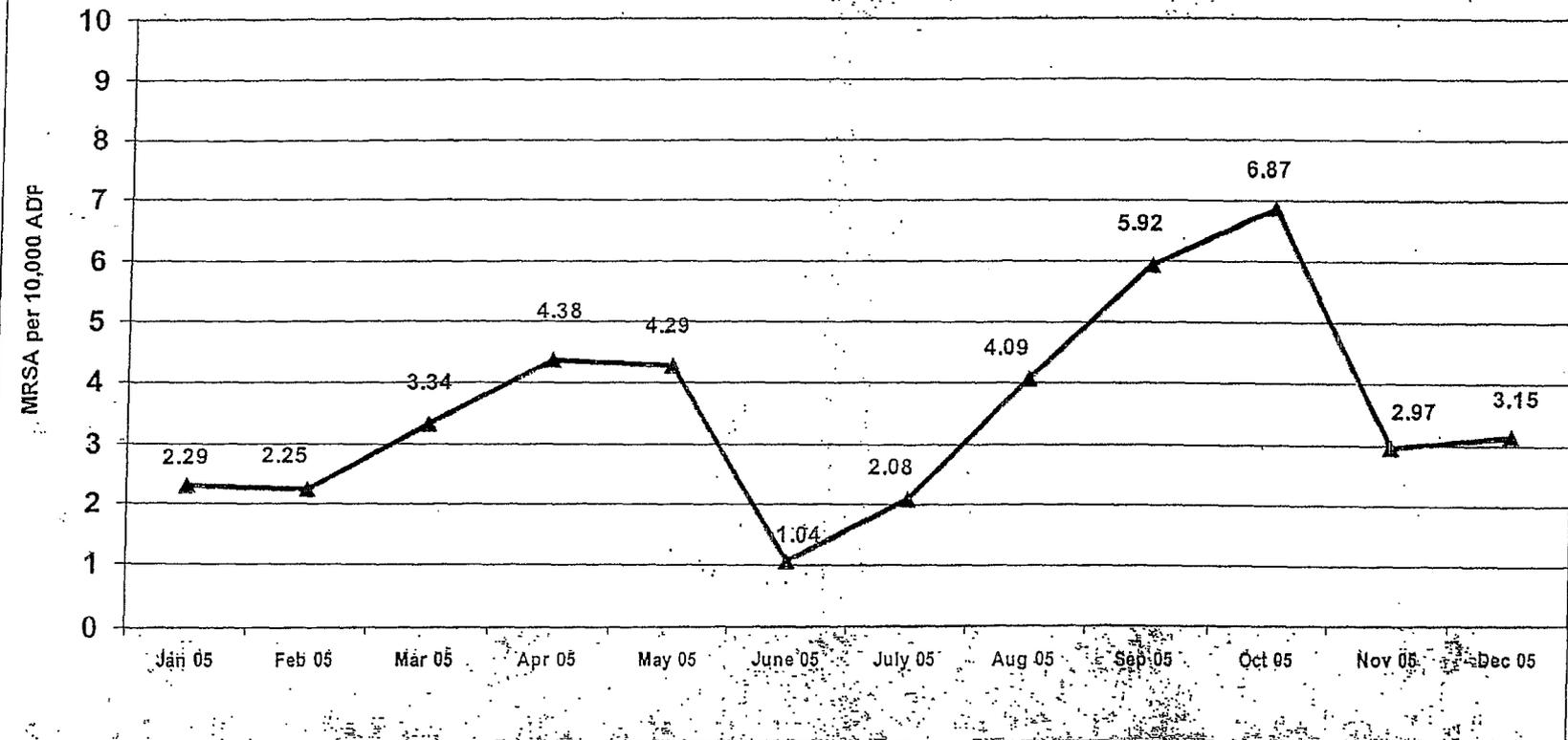
Correctional Health Services Infection Control MRSA Cases

Confidential pursuant to ARS 36-2401 et seq.

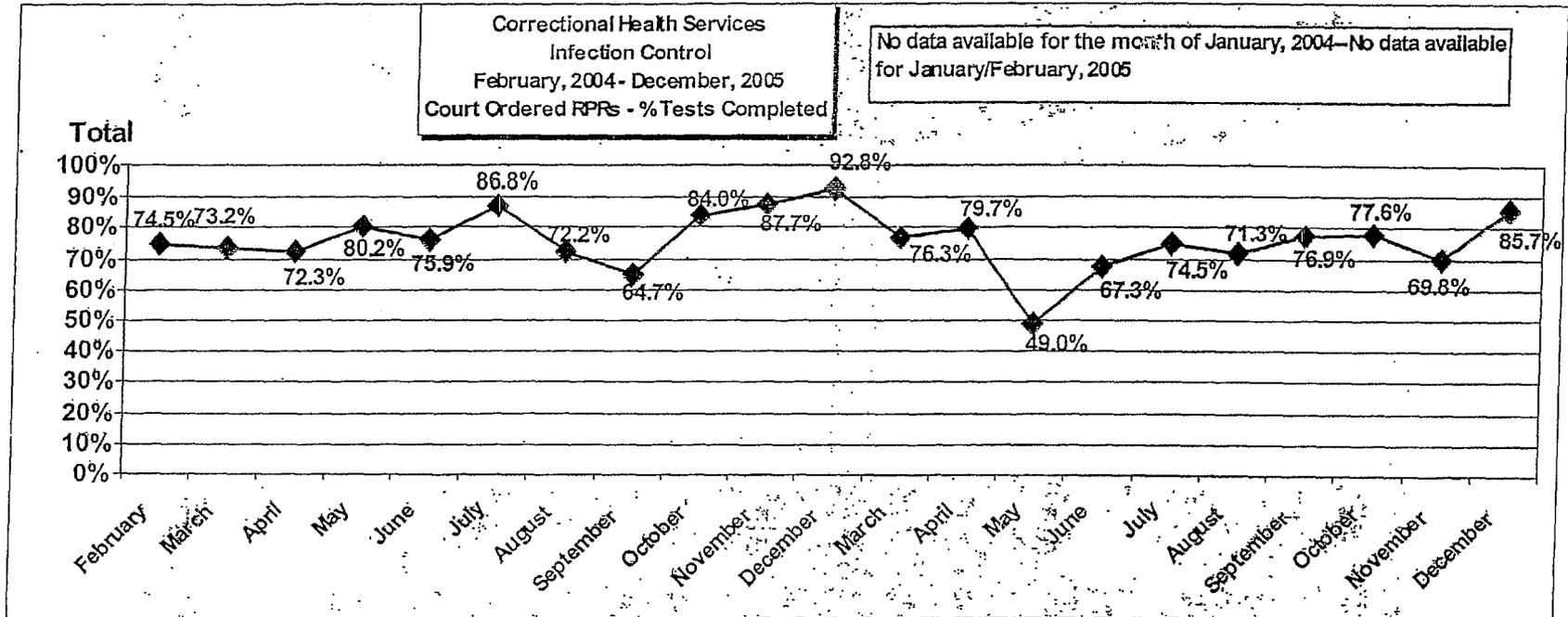
Confidential pursuant to ARS 36-2401 et seq.

Maricopa County Correctional Health Services
Reported MRSA Cases
MRSA by Month-All Clinics Per 10,000 ADP

Prepared by Quality Management
February 7, 2006



**Correctional Health Services
Infection Control
Court Ordered RPRs - % Tests Completed**
Confidential pursuant to ARS 36-2401 et seq.



**Correctional Health Services
Infection Control
Employee Exposure**
Confidential pursuant to ARS 36-2401 et seq.

CHS Staff

Date of Incident	Title	Clinic	Device Type	Explanation
6/11/2003	Medical Assistant	Madison OP	Lancet	Pricked by an uncapped lancet.
8/15/2003	Registered Nurse	Towers Clinic	Scissors	Attempting to remove jammed staple with scissors.
9/13/2003	Medical Assistant	Madison Outpatie	Syringe Needle	Pricked when recapping needle
10/15/2003	Registered Nurse	Madison Intake	Syringe Needle	Needle penetrated index finger after administering insulin to inmate.
12/22/2003	Licensed Practical N	Madison Intake	Lancet	Inmate pulled hand back while nurse performed accu-check.
1/30/2004	Medical Assistant	Madison OP	N/A	Blood spill on fingers of right hand.
7/2/2004	Physician	Towers Clinic	25 Gauge Needle	Accidental needlestick to hand while performing medical procedure.
8/4/2004	Medical Assistant	Madison Intake	Butterfly Needle	Inmate fainted; pulled hand back and was pricked by needle.
3/13/2005	Physician Assistant	Durango OP	Needle	Needle stick after suturing when disposing sharps
6/12/2005	Physician Assistant	Estrella Clinic	Needle	Putting needle in sharps container
10/5/2005	Medical Assistant	P-4	TB Syringe	Putting needle in sharps container
10/27/2005	Licensed Practical Nurse	P-4	TB Syringe	Pricked in Rt FA with TB syringe/was depositing blood draw needle into sharps container.
11/6/2005	Registered Nurse	Durango OP	22 gauge Eclipse needle	needle stick in finger while closing safety cap; contaminated needle/blood noted under glove

Registry Staff

Date of Incident	Title	Clinic	Device Type	Explanation
4/26/2003	Registered Nurse	Madison Infirmary	IV Needle	Stuck during cleanup, starting IV & drawing labs.
6/23/2003	Medical Assistant	Durango Juvy	Butterfly Needle	Stuck by contaminated needle while drawing blood.
4/20/2004	Medical Assistant	Durango OP	Needle	Stuck by contaminated needle while disposing.
7/26/2005	Medical Assistant	LBJ	Butterfly Needle	Pulled out needle from inmate and stuck left thumb; did bleed

APPENDIX 3

Lindy Funkhouser - HCMX

From: Cheryl McCall - SHERIFFX
Sent: Tuesday, February 21, 2006 8:35 AM
To: Lindy Funkhouser - HCMX
Cc: Larry Hutcheson - SHERIFFX; Kundavaram Reddy - SHERIFFX; Nancy O'Neill - SHERIFFX
Subject: RE: Attorney-client communication regarding NCCHC survey response

Good Morning,

It appears that MCSO Food Service is in compliance with all standards, both in section J-F-02 Nutrition and Medical Diets, and in section J-B-03 Kitchen Sanitation and Food Handlers.

The only thing I see for J-F-02 that needs to be changed is the following:

The statement that says the "food services manager is a dietitian", which is not correct.

A correct statement would be the following:

The Assistant Food Service Manager has a Registered Dietician on staff. The dietician is responsible for overseeing the nutritional component of meals served.

For J-B-03, the description of food service could be changed to:

B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

Kitchen

Meals are prepared in a massive modern kitchen complex at the Lower Buckeye complex. The kitchen has state-of-the-art equipment and is efficient and effective. Facility staff and inmate-workers are employed in the food services operations. Once prepared, food is placed on individual, sealed food trays that are loaded into special insulated carts. The carts are loaded onto refrigerated trailers for transport to jail facilities. At the facilities, carts are loaded into docking stations which refrigerate the trays until an automatic cycle begins before meal time. During this cycle, trays are both heated and chilled, keeping food hot on one side, and cold on the other. The survey team noted a very efficient food service in place.

That is all that I saw that needed to be changed. See below for original text:

F. HEALTH PROMOTION AND DISEASE PREVENTION

1. General Comments

Medical diets are currently being prepared for patients with specific dietary needs. The food services manager is a dietitian and oversees the nutritional component of meals served.

J-F-02 Nutrition and Medical Diets (I).

[X] compliance [] partial compliance [] non-compliance.

Corrective action [X] is not required. [] is required for Compliance Indicator(s):

B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

Kitchen

Meals are prepared in a massive modern kitchen complex at LBJ. The kitchen has state-of-the-art equipment and is efficient and effective. Facility staff and inmate-workers are employed in the food services operations. Once prepared, food is prepared on individual food trays that are loaded into special insulated containers and then onto to giant trucks which distribute the trays to the inmate living areas. The insulated containers for the trays keep hot

2/21/2006

MC Confidential (June 08) 001204

foods hot on one side, and cold things cold on the other. The survey team noted a very efficient food service in place.

Meals are served twice a day; the interval between the evening meal and morning meal does not exceed 14 hours. The morning distribution is served between 7 am and 8 am. Inmates who are working also receive a "sack lunch" at this time. The evening meal is served between 5 pm and 6 pm. Diabetics, those who are pregnant and those whose health requires more frequent or additional meals or food are provided for. Surveyors noticed that there were no complaints regarding the food services from the inmates.

The only other kitchen is at Durango. This kitchen is old, yet staff and inmates are attentive to daily cleaning and maintenance. There are plans to stop using the Durango kitchen.

J-B-03 Kitchen Sanitation and Food Handlers (I).

compliance partial compliance non-compliance.

Corrective action is not required. is required for Compliance Indicator(s):

Let me know if you need additional information.

Cheryl McCall

2/21/2006

MC Confidential (June 08) 001205

APPENDIX 4

Lindy Funkhouser - HCMX

From: Frank Kelch - SHERIFFX
Sent: Tuesday, February 21, 2006 11:26 AM
To: Lindy Funkhouser - HCMX
Subject: Our response to the report

Lindy,

Listed below you shall find our response to the two issues that were brought up by the inspectors during the NCCHC Inspection.

J-C-04 Training for Correctional Officers.

Checking the statistics for the training for CPR and First Aid, the Sheriffs Office is well within the standards set forth by the standard. Listed below you shall discover the statistics for the number of staff assigned compared to the number who were not up to date on their CPR and First Aid training. In each case we were well above the 75 percentage allowed.

Month Staff in compliance	Number of Officers Assigned	Number of staff not in compliance	Percentage of
November	1866	155	91.69 %
December	1854	131	92.93 %
January	1873	131	93.01 %
February	1881	131	93.04 %

J-B-02 Environmental health and Safety Issues

Upon receipt of the detailed inspection report, Our Institutional Services Division did a complete re-inspection and did find some of the same issues that were brought up within the inspection. Since that time we have doubled the cleaning schedule of the showers and have ordered some renovations to the showers in the Estrella Building which is near completion as of this writing. We are also seeking some additional funding to address the shower areas within the Towers Jail. The dusty conditions concerning the floors have been addressed and corrective action has been noted on various re-inspections.

This should address those two issues Lindy. If you have any questions feel free to call me
Frank

2/21/2006

APPENDIX 5



Maricopa County
Correctional Health Services

234 N. Central Ave, 5th Fl.
Phoenix, Arizona 85004
Phone: (602) 506-2906
Fax: (602) 506-2577

Appendix 5 Cover Memorandum

To: NCCHC
From: Lindy Funkhouser *LF*
Director, Correctional Health Services

Attached to this cover memorandum are documents that evidence Correctional Health Services' (CHS) recruitment plan.

Attachment "1" is the salary structure for CHS nurses. This salary structure became effective in November 2005. Employees began to see these increases in their mid-December paychecks.

Attachment "2" is a report of incoming certifications of eligible candidates for employment. This report is one of several that the CHS Director reviews with the CHS Human Relations staff every two weeks. This meeting also reviews the current list of open and funded positions in CHS. The Director reviews the status of every open position and, if necessary, develops an action plan for filling the position. The meeting also reviews all positions under administrative action in the event the action results in a vacancy.

Attachment "3" lists the job fair opportunities that CHS plans to attend as a registered employer. CHS plans to coordinate with special Sheriff's Office recruitments to broaden its reach in the community.

Attachment "4" is the CHS request to the County Office of Management and Budget for additional funding for recruitment and retention initiatives. The attachment lists the initiatives. Please note that the request is not effective unless and until it is reviewed by OMB and approved by the Maricopa County Board of Supervisors.

Placement in Range Salary Range Structure

In accordance with Maricopa County Total Compensation Department's philosophy, Correctional Health Services hires individuals into the nursing market range at the appropriate salary based on their total years of job related experience. For example, a RN with 5 years of experience would be compensated at \$25.33 per hour, while a RN with 10 years of experience would be compensated at \$31.72 per hour.

Total Compensation recently compressed the nursing salary ranges from 25 years to a total of 12 years. The following working titles are included within the nurse market range; Clinical Nurse Educator, Discharge Case Manager, Night Shift Supervisor, and Psych Registered Nurse.

Total Compensation also provided salary ranges for Licensed Practical Nurse, Nursing Supervisor and Nurse Practitioner/Physician's Assistants using the same placement in range strategy.

These salary ranges were effective November 5, 2005 and will be reviewed on an annual basis by Total Compensation.

Years of Experience	LPN (\$)	Nurse (\$)	Nursing Supervisor (\$)	Nurse Practitioner (\$)
0	13.54	20.23	27.27	31.51
1	14.08	21.16	28.28	32.79
2	14.64	22.13	29.33	34.13
3	15.23	23.15	30.41	35.52
4	15.84	24.22	31.54	36.96
5	16.47	25.33	32.70	38.47
6	17.13	26.50	33.91	40.03
7	17.82	27.72	35.17	41.66
8	18.53	28.99	36.47	43.36
9	19.27	30.32	37.82	45.12
10	20.04	31.72	39.22	46.96
11	20.84	33.18	40.67	48.87
12	21.62	34.71	42.18	50.88

1

Incoming Certifications of Eligible Candidates for Employment

Position Title	Supervisor	Date Cert List(s) Issued
Health Unit Coordinator	Wanda LaPoint	1/23/06
Correctional Health Tech.	Lin Maschner	1/19/06
Mental Health Professional	Dr. Joseph	1/24/06
Mental Health Professional (Temp)	Dr. Joseph	1/24/06
Medical Inventory and Stock Tech	Margaret Green	2/6/06
Nurse Practitioner	Dr. Joseph	1/26/06
LPN	Ruth Philliben	1/30/2006, 2/13/06
RN	Ruth Philliben	1/30/2006, 2/13/06
Nurse Recruiter	Lin Maschner	2/13/06
Admin. Assistant	Lin Maschner	2/21/06

②

Maricopa County
Correctional Health Services
FY 2005/2006 Job Fairs

Date	Sponsor	Address	City/State/ Zip	Phone	Fax	Email	JobFair Locale	Address	Cost
11/2/2006	Jobing.Com	4747 N. 22nd Street	Phoenix, AZ 85016	602 200-6818		www.jobing.com	Pointe South Mountain Pavilion	Baseline Road & I-10	\$1,524
9/13/2005 Tuesday	Nursing Spectrum/NurseWeek	2655 Villa Creek Drive, Suite 250	Dallas, TX 75234	1800-868-8944 Ext 135	972 488-0091	http://events.nursingspectrum.com	Phx Civic Plaza	111 N. 3rd St., Phx 85004	\$1,995
02/11/2006 Saturday	ASU Student Nurses Association	7001 E. Williams Field Road	Mesa, Az 85212	480-727-1550	480-727-1556	http://www.asu.edu/studentaffairs/career/EmpReg/NursingCareerDayInfo.htm	ASU Student Union	ASU Main Campus, Tempe, AZ	\$350
2/25/2006 Saturday	Maricopa County Sheriff's Office	100 W. Washington, 19 Floor	Phoenix, AZ 85004	876-1000			Sheriff's Office Training Center	35th Ave & Lower Buckeye Road	\$0
4/26/2006 Wednesday	Nursing Spectrum/NurseWeek	2655 Villa Creek Drive, Suite 250	Dallas, TX 75234	1800-868-8944 Ext 135	972 488-0091	http://events.nursingspectrum.com	Phx Civic Plaza	111 N. 3rd St., Phx 85004	\$2,200

3



Maricopa County

Correctional Health Services

234 N. Central Ave.
Suite 5000
Phoenix, AZ 85004
Phone: 602-506-5580
Fax: 602-506-2577

Date: February 21, 2006

To: Chris Bradley, Deputy Budget Director

From: Lisa Gardner, CHS Finance Manager 

Subject: Nursing Incentives

Per our previous discussions regarding CHS's desire to move forward with several initiatives related to recruitment of our clinical staff, we would like the opportunity to meet with you to talk in detail with respect to:

- a. Recruitment bonus for RN night and weekend shifts
- b. Retention bonus for select clinical market ranges
- c. Utilization of "Jobing.com"
- d. Uniform allowance for select clinical market ranges

I will forward to you a draft cost proposal for the remainder of this fiscal year and next fiscal year, and also work with Neeraj to set up a meeting.

Please let me know if you have any questions, and we look forward to discussing these opportunities with you.

7

CHS

Nursing Incentive Plan

Total Estimate for:

Retention, Recruitment, and Uniform Allowance Plans
For the Fiscal Years Ended FY06 and FY07

	FY06	FY07	Total for 06 and 07
Recruitment Plan - RN only	16,107	152,943	169,050
Uniform Allowance	35,263	35,263	70,525
Jobing.com	78,600	67,600	146,200
Retention Plan	38,542	3,503	42,044
Total	<u>168,511</u>	<u>259,308</u>	<u>427,819</u>

CHS
 Nursing Incentive Plan
 Recruitment Plan - RN only
 \$5,000 Per new recruit

	Total Vacancies	Assume 30% turnover	Assume 75% are eve/night	Eve/Night Vacancies	Recommended Sign On Bonus	Potential Total Cost
All RN Positions	30	39	0.75	29	5,000	145,000
	<u>30</u>	<u>39</u>		<u>29</u>		<u>145,000</u>

Phas -In Scenario

Approval by April 1, 2006

Hire Phase in (25% success each month)	Cost By Month						FY06	FY07
	May	June	July	Aug	Sept			
May	7	7,000			7,000		7,000	28,000
June	7		7,000			7,000	7,000	28,000
July FY07	7			7,000			0	35,000
Aug	8				8,000		0	40,000
	<u>29</u>	<u>7,000</u>	<u>7,000</u>	<u>7,000</u>	<u>15,000</u>	<u>7,000</u>	<u>14,000</u>	<u>131,000</u>

With Variable Benefit Rate at 15.05% fy06 and 16.75% fy07

16,107 152,943

Assumptions:

Vacancy numbers as of 12/28/2005
 75% of the vacancies are evening and night shifts
 Will achieve 25% success each month after approval beginning in February 2006
 Turnover rate of 30% in total was assumed

CHS
 Nursing Incentive Plan
 Uniform Allowance
 3 Uniforms per year

	# of Positions	Est Turnover	Positions Rw/ turn	Est Cost Per Year	Subtotal	Current Expense	fy06 Total Cost	fy07 Total Cost
CHT's, RNs, LPNs	180	30%	234	125	29,250		29,250	29,250
MIST's , Rad Tech, MR Techs	19	10%	21	125	2,613		2,613	2,613
HUCs	26	10%	29	125	3,575		3,575	3,575
Dental Offices	6	10%	7	125	825	1,000	(175)	(175)
Totals	231		290	500	36,263	1,000	35,263	35,263

Includes Filled and Vacant positions

Assumptions:

Turn over rate at 30% for RNs, LPNs, CHTs, 10% for all others

Include 25% additional on top of \$100/uniform to cover employee taxable benefit

Retention/Longevity Bonus Program*

FY 2006 - YTD from date of hire		
5 Years of Continuous Service	No of Emp	Amount
Nurse Manager	0	\$ -
RN	7	\$ 3,500.00
LPN	10	\$ 5,000.00
		<u>\$ 8,500.00</u>
<i>10 Years of Continuous Service</i>		
Nurse Manager	1	\$ 1,000.00
RN		\$ -
LPN	2	\$ 2,000.00
		<u>\$ 3,000.00</u>
<i>15 Years of Continuous Service</i>		
Nurse Manager	1	\$ 1,500.00
RN	3	\$ 4,500.00
LPN	3	\$ 4,500.00
		<u>\$ 10,500.00</u>
Subtotals for NM, RN,LPN	27	\$ 22,000.00
<i>FY 2006 5 Years of Continuous Service</i>		
HUC	4	\$ 2,000.00
CHT	3	\$ 1,500.00
OTH	1	\$ 500.00
		<u>\$ 4,000.00</u>
<i>10 Years of Continuous Service</i>		
HUC		\$ -
CHT		\$ -
OTH		\$ -
		<u>\$ -</u>
<i>15 Years of Continuous Service</i>		
HUC	4	\$ 6,000.00
CHT	0	\$ -
OTH	1	\$ 1,500.00
		<u>\$ 7,500.00</u>
Subtotals for HUC,CHT,Other	13	\$ 11,500.00
	40	<u>\$ 33,500.00</u>

FY 2007 - Only current FY steps		
5 Years of Continuous Service	No of Emp	Amount
Nurse Manager	1	\$ 500.00
RN	1	\$ 500.00
LPN		\$ -
		<u>\$ 1,000.00</u>
<i>10 Years of Continuous Service</i>		
Nurse Manager		\$ -
RN	1	\$ 500.00
LPN	1	\$ 500.00
		<u>\$ 1,000.00</u>
<i>15 Years of Continuous Service</i>		
Nurse Manager		\$ -
RN		\$ -
LPN		\$ -
		<u>\$ -</u>
Subtotals for NM, RN,LPN	4	\$ 2,000.00
<i>FY 2007 5 Years of Continuous Service</i>		
HUC	1	\$ 500.00
CHT	1	\$ 500.00
OTH		\$ -
		<u>\$ 1,000.00</u>
<i>10 Years of Continuous Service</i>		
HUC		\$ -
CHT		\$ -
OTH		\$ -
		<u>\$ -</u>
<i>15 Years of Continuous Service</i>		
HUC		\$ -
CHT		\$ -
OTH		\$ -
		<u>\$ -</u>
Subtotals for HUC,CHT,Other	2	\$ 1,000.00
	6	<u>\$ 3,000.00</u>

*Does NOT include variable benefits that will be paid on these dollars

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Retention/Longevity Bonus Program*

Costs for Nurse Manager, RN & LPN for FY 06	\$	22,000.00
Costs for Nurse Manager, RN & LPN for FY 07	\$	<u>2,000.00</u>
	\$	24,000.00
Costs for HUC, CHT, OTH for FY 06	\$	11,500.00
Costs for HUC, CHT, OTH for FY 07	\$	<u>1,000.00</u>
	\$	12,500.00
Total Costs for the next 2 fiscal years (FY 2005-2006 and FY 2006-2007)	\$	36,500.00

*Does NOT include variable benefits that will be paid on these dollars

Nursing Incentive.xls

Lisa Gardner - CHSX

From: Lindy Funkhouser - HCMX
Sent: Tuesday, February 14, 2006 4:36 PM
To: Janice Stratton - CHSX; Peggy Garza - CHSX
Cc: Rebecca Nicholson - CHSX; Lisa Gardner - CHSX; Margaret Green - CHSX
Subject: RE: TV Prices

MCSO also is very interested in working with us on our recruitment efforts. We might want to coordinate our messages, if possible.

-----Original Message-----

From: Janice Stratton - CHSX
Sent: Tuesday, February 14, 2006 4:20 PM
To: Peggy Garza - CHSX; Lindy Funkhouser - HCMX
Cc: Rebecca Nicholson - CHSX; Lisa Gardner - CHSX
Subject: RE: TV Prices

My thought is that buying the 30 pack package is preferable because we want to get to the point fairly soon to recruit positions by location and so would have numerous postings with RNs, LPNs, HUCs, CHTs, etc. Right now we just posted RNs, LPNs, etc.

Janice Stratton
CHS HR Manager
Phone: 602 506-5584
Fax: 602 506-2160

-----Original Message-----

From: Peggy Garza - CHSX
Sent: Tuesday, February 14, 2006 4:02 PM
To: Lindy Funkhouser - HCMX
Cc: Rebecca Nicholson - CHSX; Janice Stratton - CHSX; Lisa Gardner - CHSX
Subject: RE: TV Prices
Importance: High

Lindy- I received the proposals from Jobing on cost of a 20 and 15 pack listing. The 20 pack cost is \$1588.16; 15 pack cost is \$1482.00. In comparing the cost for a 30 pack (\$1577.33) versus the 20 pack (\$1588.33), there's a difference of \$10.83. Does anyone have any comments?
Thanks! -Peg

-----Original Message-----

From: Lindy Funkhouser - HCMX
Sent: Friday, February 10, 2006 10:45 AM
To: Peggy Garza - CHSX; Rebecca Nicholson - CHSX
Cc: Lisa Gardner - CHSX; Janice Stratton - CHSX; Chris Bradley - OMBX; Neeraj Deshpande - OMBX
Subject: RE: TV Prices

Thanks, Peggy.

-----Original Message-----

From: Peggy Garza - CHSX
Sent: Friday, February 10, 2006 10:44 AM
To: Lindy Funkhouser - HCMX; Rebecca Nicholson - CHSX

2/21/2006

Cc: Lisa Gardner - CHSX; Janice Stratton - CHSX; Chris Bradley - OMBX; Neeraj Deshpande - OMBX
Subject: RE: TV Prices
Importance: High

Update: I made contact with Jobing on Wednesday, February 8 and inquired on the cost of a 20 and 15 pack listing. I also asked if it was possible to prepare a proposal for months left of this fiscal year for the different packages. They promised a response by e-mail by the end of the day today. — Peg

-----Original Message-----

From: Lindy Funkhouser - HCMX
Sent: Friday, February 10, 2006 10:30 AM
To: Rebecca Nicholson - CHSX
Cc: Lisa Gardner - CHSX; Janice Stratton - CHSX; Chris Bradley - OMBX; Neeraj Deshpande - OMBX; Peggy Garza - CHSX
Subject: RE: TV Prices

Oops. I didn't catch that.

Then the breakdown should be as follows. I will fill in the blanks when I hear from Peggy.

Fees for at least 3 major job fairs	5,000	on going
Trinkets	1,000	"
Print Advertising (special displays, etc.)	15,000	"
Jobing.com	45,000	"
Display Materials and Graphics	5,000	one time
Laptops for remote access to PeopleSoft	6,000	"
Jobing.com listings and management	1,600 TBD	ongoing
TOTAL	TBD	

\$ 78,600

-----Original Message-----

From: Rebecca Nicholson - CHSX
Sent: Friday, February 10, 2006 10:15 AM
To: Lindy Funkhouser - HCMX
Cc: Lisa Gardner - CHSX; Janice Stratton - CHSX
Subject: RE: TV Prices

Lindy,

Don't forget to add in the additional amount for the Jobing.com listings and management. Peggy was to follow up on the pricing for 20 listings. I have not received that information from her; however, I believe the \$45,000 was for the video only.

Rebecca

-----Original Message-----

From: Lindy Funkhouser - HCMX
Sent: Friday, February 10, 2006 9:19 AM
To: Lisa Gardner - CHSX
Cc: Chris Bradley - OMBX; Neeraj Deshpande - OMBX;

2/21/2006

Janice Stratton - CHSX; Margaret Green - CHSX;
Rebecca Nicholson - CHSX
Subject: FW: TV Prices

OMB has expressed an interest in setting up a budget for CHS recruitment. I think the sensible approach is to follow some of the approaches that MCSO has found useful, including the Jobing.com feature. In the interest of putting something on the table, I have prepared the following draft annual budget. Items in red are one-time purchases.

Fees for at least 3 major job fairs	5,000
Trinkets	1,000
Print Advertising (special displays, etc.)	15,000
Jobing.com	45,000
Display Materials and Graphics	5,000
Laptops for remote access to PeopleSoft	6,000
TOTAL	77,000

Let me know what you think.

-----Original Message-----

From: Rebecca Nicholson - CHSX
Sent: Tuesday, February 07, 2006 4:40 PM
To: Janice Stratton - CHSX; Peggy Garza - CHSX
Cc: Lindy Funkhouser - HCMX
Subject: FW: TV Prices

Here's the electronic version of the video/TV quote from Jobing.com

-----Original Message-----

From: Matt Furrey [mailto:matt.furrey@jobing.com]
Sent: Monday, February 06, 2006 1:35 PM
To: Rebecca Nicholson - CHSX
Subject: TV Prices

Hi Rebecca,

I wanted to get this information over to you on behalf of Kat. Included is the TV pricing that you and Kat had discussed. If you have any questions, please give Kat or I a call.

Thanks!!!

Have a great day and Go Jobing!

Matt Furrey
Industry Specialist
matt.furrey@jobing.com
602-200-6800
www.Jobing.com

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2/21/2006

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No virus found in this outgoing message.
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Version: 7.1.375 / Virus Database: 267.15.2/252 - Release Date: 2/6/2006

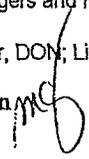
2/21/2006

MC Confidential (June 08) 001222

APPENDIX 6

Memorandum

Margaret Green, RN, BSN, MBA
Chief of Operations
Correctional Health Services

To: All Nurse Managers and Health Care Administrators
CC: Linda Maschner, DON; Lindy Funkhouser, Director
From: Margaret Green 
Date: 2/21/2006
Re: Segregated Inmates

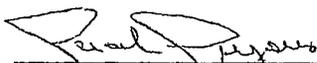
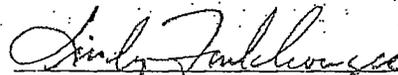
In follow-up to the NCCHC Survey Exit Conference; Maricopa County Correctional Health Services has been evaluating the process of monitoring inmates in segregation. As per discussions in January the policy **Segregated Inmates, J-E-09** has been modified to reflect the change in documentation that was determined to be necessary.

MCSO will continue to provide each clinic with the list of inmates in segregation each week. When an inmate is initially placed in segregation a "*Segregation Observation*" form is to be initiated and placed in the Segregation Log.

Please review this policy (attached) with staff at your next staff meeting to insure full compliance.



CORRECTIONAL HEALTH SERVICES CLINICAL POLICIES

Policy Title: SEGREGATED INMATES	NCCHC Standard: J-E-09 (Important)
Applicability: ALL CLINICS AND HEALTH CARE STAFF	Origination Date: 05/01/04
Initiating Party/Team: Margaret Green, RN; Chief of Operations	Last Revision Date: 02/01/06
Approved:  _____ Gerardo Gregorio, MD Interim Medical Director  _____ Lindy Furkhouser, Director, Correctional Health Services	Next Review Date: 11/29/06
	Page: 1 of 2
Date:	

I. **PURPOSE:** To ensure that inmates who are confined to their housing unit or cell maintain their physical and mental health.

II. **POLICY:**

- A. Inmates who are segregated and have limited contact with staff or other inmates will be monitored 3 days a week by medical or mental health staff as needed.
- B. Inmates under with little or no contact with other individuals are monitored daily by medical staff and at least once a week by mental health staff.
- C. MCSO will notify CHS when an inmate is placed in segregation. A licensed nurse will review the inmate's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation. Such review is documented in the health record.

III. PROCEDURES:

- A. A roster of segregated inmates will be sent to the printer or delivered to each clinic per week.
- B. The inmates will be monitored on a frequency basis determined by level of segregation.
 - 1. Inmates who are segregated and have limited contact with staff or other inmates are monitored 3 days a week by medical or mental health staff.
 - 2. Inmates under extreme isolation: (Note: Currently Maricopa County has no inmates in "extreme isolation". MCSO does not use this type of housing. Procedures will be developed in the event inmates are at some point placed in "extreme isolation".)
- C. Each inmate will be individually observed and asked if he/she has any health care requests.
- D. The health staff will document on the "*Segregation Observation*" form for each inmate on the roster indicating inmate mental and physical status of the inmate and any health complaints. The health staff will initial the date. At the end of each month (or when the inmate is removed from segregation) the "*Segregation Observation*" form will be placed in the inmates chart.
- E. Documentation of emergent needs and intervention will be in the inmates chart.
- F. Inmates will be encouraged to submit an Inmate Medical Request Form for non-emergent health related problems.
- G. Inmates determined to need health care will be referred to the appropriate clinical setting for triage, examination and treatment. All clinical encounters will be documented in the inmate's health record.

III. EVALUATION REVIEW CRITERION:

This policy is to be reviewed annually.

IV. REFERENCES

NCCHC Standard J-E-09.

V. DEFINITIONS

Segregated inmates are those isolated from the general population and who receive services and activities apart from the other inmates.

VI. ATTACHMENTS

None

**Maricopa County
Correctional Health Services
Segregation Observation**

Name: _____
 Booking Number: _____
 Date of Birth: _____

Inmate label or Addressograph Stamp

Month: _____ Year: _____ Housing Unit: _____

	Monday	Wednesday	Friday
Week # 1	<input type="checkbox"/> No Issues Comments: Initials Date	<input type="checkbox"/> No Issues Comments: Initials Date	<input type="checkbox"/> No Issues Comments: Initials Date
Week # 2	<input type="checkbox"/> No Issues Comments: Initials Date	<input type="checkbox"/> No Issues Comments: Initials Date	<input type="checkbox"/> No Issues Comments: Initials Date
Week # 3	<input type="checkbox"/> No Issues Comments: Initials Date	<input type="checkbox"/> No Issues Comments: Initials Date	<input type="checkbox"/> No Issues Comments: Initials Date
Week # 4	<input type="checkbox"/> No Issues Comments: Initials Date	<input type="checkbox"/> No Issues Comments: Initials Date	<input type="checkbox"/> No Issues Comments: Initials Date

Initials Signature Stamp
 _____ / _____
 _____ / _____
 _____ / _____

Initials Signature Stamp
 _____ / _____
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CHS- Nurs- XXX
 02-21-06