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Report on Medical Services at the Macon County Jail, Decatur, Illinois

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The Howard G. Buffet Foundation asked me to conduct an overall audit of the medical, dental and mental health services currently being provided to the inmates incarcerated at the Macon County jail in Decatur, Illinois. My objective was to evaluate the current system for strengths and weaknesses and identify opportunities for improvement. To this end, I reviewed the State of Illinois Joint Committee on Administrative Rules ADMINISTRATIVE CODE, Title 20, which lists minimum standards for medical and mental health care in Illinois jails (Illinois Code). I visited the facility on October 25 and 26, 2017 and spoke with correctional and medical staff. I also talked to representatives of the Decatur Memorial Hospital (DMH). I have reviewed the contractual AGREEMENT FOR INMATE HEALTH SERVICES AT MACON COUNTY, ILLINOIS between DMH and Macon County (Contract). Since the Contract references the jail standards published by the National Commission on Correctional Health Care (NCCHC), I have also reviewed the relevant sections of the NCCHC standards.

I will discuss each of the aspects of the jail's medical care system individually. Upon request, I can go into greater detail on any aspect presented.

Medical Evaluation of Incoming Inmates

Booking Screens

The current medical booking screen has well over 100 individual questions to be asked of each person being booked. As a practical matter, it would take a Correctional Officer (CO) too long to ask every inmate all of those questions, so, in practice, the booking COs do not ask every question. Most fields are left blank. This, of course, increases legal risk for Macon County. Blank fields in the booking screen will be intensely scrutinized in the event of a bad outcome and litigation.

In addition, many of the questions on the booking screen are ambiguous or otherwise have no medical relevance. There is no Standard Operating Procedure (SOP) outlining the steps to be taken if any particular answer is positive, and the medical staff does, in fact, ignore some positive responses.

Recommendations:

1. The medical part of the booking screen should be rewritten in a simplified manner. Every question should have significance and should be asked every time.
2. The Macon County Jail should have an SOP describing how the booking screen is to be administered and what correctional officers and medical personnel are to do in the event of positive responses.

Health assessments

The Illinois Code requires that a Health Assessment be done on all jail inmates. However, the Health Assessment currently being done at the Macon County Jail (in my opinion) does *not* meet the Illinois Jail Standards requirements for a “physical assessment” as defined in the Code.

The Contract requires that Health Assessments be done “no later than fourteen (14) calendar days after the inmate’s arrival.” However, Health Assessments are not being done within this time frame. The medical staff is literally months behind in doing Health Assessments. The main reason for this appears to be inadequate scheduled nursing hours to accomplish this task.

The Contract states that the Health Assessments should “follow the guidelines of the NCCHC current standards.” The current health assessments being done at the Macon County Jail do *not*, in fact, meet the minimum requirements of the National Commission on Correctional Health Care (NCCHC). In my opinion, there is no reason for this requirement unless the County wishes to pursue NCCHC accreditation.

Finally, there is no Standard Operating Procedure (SOP) describing what should be done in the event of positive findings on the Health Assessment.

Recommendations:

1. The Health Assessment should be re-written to correspond to Illinois Code minimum jail standards.
2. The Health Assessment should be done within 14 days, as required by contract. This will require allocation of more nursing hours than are currently scheduled.
3. References to NCCHC standards should be removed from the Contract unless the County wishes to pursue NCCHC accreditation.
4. The Macon County Jail should have a written SOP describing the minimum requirements of the Health Assessment, who may conduct the Health Assessment, and the steps to be taken if positive health needs are identified.

Medical Clinics

Medical Request Forms (MRFs)

Medical Request Forms (commonly known as “kites”) written by inmates are collected by Correctional Officers (COs) and then transmitted via internal mail by other COs to medical. MRFs are not logged as they come in. This system has several problems.

Since every MRF is handled by at least three people, some are invariably lost.

If an inmate falsely claims that he submitted an MRF, there is no way to dispute this.

The system does not preserve inmate privacy, since COs with no need to know the MRF contents may easily read them.

There is no Standard Operating Procedures (SOP) outlining proper procedures in the handling of MRFs.

Once MRFs are received in medical, the nurses review them and prioritize them for evaluation. Some patients are scheduled for the practitioner, the nurses see some patients in their clinic, and the nurses respond to some MRFs via internal mail. There is no SOP describing the criteria that these decisions are based on.

Kiosks would solve many of these problems by allow inmates to submit electronic medical requests in a confidential manner. Electronic MRFs submitted from kiosks would likely be cost-effective compared to the current system.

Recommendations:

1. Medical personnel should ideally collect MRFs in order to preserve patient privacy. Correctional officers should not be involved in the process.
2. This can be accomplished using locked boxes within each housing unit where inmates place their MRFs. Medical staff would then check the boxes twice a day.
3. The Macon County Jail should have SOPs outlining the procedure by which inmates submit medical requests, how these should be collected and prioritized for evaluation.
4. The jail should explore the use of kiosks that inmates could use to submit medical requests electronically.

Scheduled sick call—nurses

Macon County Jail nurses handle the majority of inmate requests for medical care. Some of these nurse-patient medical encounters are appropriate but many are not. The jail has several written protocols that allow a nurse to make diagnoses and provide prescription medications without contacting a physician for an order (examples: skin infections, toothaches, yeast infections, alcohol withdrawal). Consequently, the jail nurses are practicing outside of their scope of practice under the Nurse Practice Act.

The protocols that allow the jail nurses to diagnose and treat outside of their defined scope of practice also put the County at high legal risk should a patient have a bad outcome.

I believe that the current system arose as a response to inadequate staffing of on-site practitioner time at the jail. Since the physician has not been at the jail enough to see all of the patients who should be seen, he has inappropriately delegated some of his practice of medicine to the nurses.

The nurses have also not had adequate practitioner back up. Though the contract requires 24/7 on-call availability of the practitioner, the jail physician historically has frequently not responded to nurse calls in a timely manner.

Many of the current guidelines are medically questionable.

Finally, the current nurse staffing levels are inadequate to adequately handle all of the sick call requests and various other tasks the nurses are expected to do.

Recommendations:

1. Nurses must practice within their scope under the Nurse Practice Act.
2. The current medical protocols allowing nurses to practice outside of their scope of practice must be abandoned.
3. Enough on-site practitioner hours should be scheduled so that nurses are not put in the position of practicing outside of their scope of practice.
4. Nursing hours should increase to allow enough time to adequately process sick call as well as their other duties. The minimum staffing increase to accomplish this would be approximately one additional FTE plus ½ FTE for med pass.

5. The Macon County Jail should have medical SOPS outlining all aspects of nursing sick call practices, including what the nurses can handle without contacting the practitioner, when the practitioner should be called for orders and which patients should be referred to the practitioner clinic.

Practitioner sick call and prescribing

Per Contract, there are four scheduled practitioner hours per week to see patients. This is severely inadequate for a jail this size. As previously noted, one result of inadequate practitioner staffing is that nurses try to make up the slack by practicing outside of their scope of practice.

Another is that the physician has routinely prescribed medications without examining the patient--a practice that has been condemned by the American Medical Society and most state Medical Boards.

Finally, the physician historically has not been involved in a significant way with medical administration duties, such as mortality reviews and meetings with the jail administration. The physician is the ultimate Health Authority at the jail, and, as such, should attend administrative meetings, perform administrative oversight and compose appropriate reports.

The result of inadequate practitioner presence at the jail is a high legal risk to Macon County due to litigation and bad outcomes.

Recommendations:

1. The medical practitioner at the Macon County jail should be scheduled for 12-20 hours a week the Macon County Jail.
2. The practitioner schedule should include enough time in on-site medical clinics to personally evaluate every patient who should be seen by a practitioner. My estimate of the time required for this is 8-14 hours a week.
3. The medical practitioner at the jail should also be scheduled for 4-6 hours per week for administrative duties.

Medical security and confidentiality

Security at the Macon County Jail during sick call and med pass works well and meets the Illinois administrative standards. There is no formalized training for Correctional Officers (COs) about patient confidentiality issues. This is important, since the COs are so often present during medical encounters.

Also, some communications between medical staff and the COs have been public and not appropriately confidential. One example is that medical information about some patients is written on a white board easily viewed by anyone walking past.

Recommendations:

1. All COs should have training about patient confidentiality expectations.
2. Communications between correctional staff and medical staff should be done in a confidential manner.

After hours on-call services

The Contract states that there will be “on-call coverage 24 hours per day/7 days a week” for both physician and nursing services. The Contract does not define what being “on-call” means, but as practiced, there have been several problems with this system.

First, it has been inadequately staffed. The physician was expected to be on-call himself every day, 24/7. On a practical level, this is impossible and has predictably resulted in the physician frequently being inaccessible to the nurses. On the nursing side, one nurse has borne the majority of the nursing on-call burden herself for several years. She has done an exceptionally good job of being available after hours, but this is not sustainable long term.

Second, neither the physician nor the nurses have been compensated to be on-call. This is not standard practice and it is unfair to expect employees to take calls at any time of the night without compensating them for this service.

Third, being “on call” traditionally means that the person on-call is available to come back to the facility for urgent needs. However, at the Macon County Jail, being on-call means being available for telephone questions only. There has been no expectation that the on-call physician or nurse actually return to the jail. As a result, Correctional Officers (COs) often have had to make after hours medical decisions without the training to do so, such as whether a patient should be sent to the ER or can wait. Also, COs have also sometimes undertaken medical tasks after hours, such as taking vital signs and interpreting them. This puts Macon County at high legal risk in the event of a bad outcome.

It also is an expensive practice, since it inevitably results in many unnecessary trips to the emergency department.

Recommendations:

1. The Contract should define what “on-call 24/7” actually means. What being on-call should mean is that the person on-call may be called back to the jail to evaluate urgent patients.
2. Medical staff should be reimbursed for being on call commensurate with what Decatur Memorial Hospital compensates other on-call employees at their facility.
3. Call should be scheduled and shared between several nurses and practitioners so as not to overburden any one person.
4. A possible alternative to having nurses on-call would be to staff the jail with on-site medical personnel around the clock.

Administration of Health Care Services

The Macon County Jail does not have an official position of Health Care Administrator (HCA), which is the person officially assigned to monitor medical services and report to the Sheriff and the jail commander. For the last several years, the nurse who has worked at the jail the longest has unofficially performed some of the duties of a HCA, such as training new nurses, creating the nursing schedule answering inmate grievances, etc. Many of the other tasks that a jail HCA should perform, such as tracking medical data and meeting officially with the Sheriff and the Jail Commander are not being done despite the fact that the Contract mandates this: “DMH shall submit on a quarterly basis health care reports to the SHERIFF . . .”

The failure to have anyone assigned to keep track of medical data invariably results in important data being neglected. For example, the failure to track the number of off-site transports means that the

County does not know how much it is paying for transportation costs for these visits. I was told that this number is “huge” but no one knows exactly how much money is being spent on these transports.

Also, the physician has not been involved in a significant way with medical administration duties, such as mortality and morbidity investigations, creating medical Standard Operating Procedures and meeting with the jail administration. The physician is the ultimate Health Authority at the jail, and, along with the HCA, should attend administrative meetings, perform administrative oversight and compose appropriate reports.

The new practitioner at the jail is a Physician Assistant (PA), who, per Illinois statute, has a Collaborative Physician. Supervision of the jail PA must comply with all Illinois Board of Medicine requirements, including a collaborative agreement that defines parameters of on-site jail visits by the Collaborative Physician and formal chart reviews.

Recommendations:

1. The Macon County Jail should have a Health Care Administrator (HCA), with a formal job description. 0.3-0.5 FTE of nursing time should be allocated to this function.
2. Among other duties, the HCA should track important medical data and report these quarterly to the Sheriff and the Jail Commander.
3. As the ultimate Health Care Authority, the practitioner at the jail should perform defined administrative duties. Four to six hours per week should be allotted for these tasks.
4. The Collaborative Physician who supervises the jail Physician Assistant must comply with all Illinois licensing requirements, including a collaborative agreement, scheduled on-site visits and chart reviews.

Pharmaceutical practices

Incoming medications

Medications come into the facility from two sources—those supplied by the patients and families, and those supplied by the hospital pharmacy. Meds brought into the jail by patients and families are not being reviewed for appropriateness by a medical practitioner. Instead, the jail nurses are deciding which of these medications will be dispensed and which will not. The nurses have no written guidelines or backup for making these decisions. There are no Standard Operating Procedures (SOPs) describing the medication intake process: how medications are appropriately delivered to the jail, what medications are appropriate for use in the jail, who reviews and approves incoming medications or how they are repackaged for medication pass.

Medications from the hospital arrive in large stock medication containers. The nurses then repack these medications for dispersal to patients. However, nurses may *not* repack medications according to Illinois Board of Pharmacy regulations.

Also, the repackaged medications are *not* being labeled in accordance with Illinois Board of Pharmacy regulations.

There are no SOPs describing the process by which medications are delivered by the hospital pharmacy, recorded, stocked and repackaged for dispersal to patients.

Recommendations:

1. Repackaging of medications must conform to Illinois Board of Pharmacy regulations.
2. The Macon County Jail should have an SOP outlining the process by which outside medications are received into the jail, who reviews and approves them, how they are recorded, and how they are repackaged.
3. The Macon County Jail should have an SOP describing the process by which pharmaceuticals are received from the pharmacy, recorded and repackaged for dispersal to patients.
4. I recommend the use of blister cards rather than large stock containers or individual pill containers.

Med pass

The process by which the nurses pass medications to patients at the Macon County Jail appears to be functioning well overall. Security support is excellent. Small opportunities for improvement include the following: Meds are passed out of individual containers, which is inefficient and increases the risk of errors over other delivery systems. Med pass is recorded on a paper Medication Administration Record (MAR), which also is inefficient. The jail has no Standard Operating Procedures (SOPs) describing the med pass process.

Recommendations:

1. The Macon County Jail should have SOPs which describe the med pass process, including security, MARs, inmate refusals, special medications such as insulin, etc.
2. I recommend that medications be packaged in blister cards rather than multi-dose containers. This would make med pass more efficient and result in fewer errors.
3. I recommend that trained non-nurse med passers be considered for med pass, which would free up nurses to do more traditional nursing duties.
4. The Macon County jail should consider the use of an Electronic Health Record (EHR) rather than a paper MAR to record medication administration. I believe a suitable EHR would be more efficient and even cost effective compared to the present system.

Medication storage

Currently, medications are stored in a pharmaceutical closet, which contains both large stock bottles and individual patient containers. Medication storage does *not* conform to Illinois Pharmacy regulations.

Controlled substances are stored in a locked box within the med closet and counted approximately once a week without double signatures. Drug Enforcement Agency (DEA) schedule II substances are *not* stored, inventoried or counted in accordance with Federal laws.

The jail has no Standard Operating Procedures (SOPs) outlining proper pharmacy storage practices.

Recommendations:

1. The storage and inventory of medications at the jail must conform to Illinois Department of Pharmacy laws.
2. The storage and inventory of DEA controlled substances must conform to Federal laws.
3. The Macon County Jail should have SOPs that outline the processes by which medications are stored and inventoried.

Medication destruction, wastage and restocking

Currently, it is the unwritten policy at the Macon County Jail to give any personally owned medications back to the inmate upon release. When this cannot be done, there is no clear plan for how to handle such medications. There is no process by which expired, unused, or contaminated medications are destroyed.

Unused medications that were originally filled from hospital stock bottles are returned to the stock bottles. This practice violates Illinois Board of Pharmacy regulations.

There are no Standard Operating Procedures (SOPs) regarding any of these processes.

Except for personal medications, inmates do not receive any medications or prescriptions upon release from jail. This potentially can mean inmates are suddenly withdrawn from their prescription medications at release with no time or mechanism to find replacement medications. Instead, there should be a process by which recently released inmates have access to their necessary medications after release from jail.

Recommendations:

1. Medication destruction, wastage, and restocking must conform to Illinois Board of Pharmacy regulations.
2. The Macon County Jail should have SOPs outlining the process by which personal medications are released to patients, medication wastage and destruction.
3. The jail should develop a mechanism by which medical prescriptions of recently released inmates can be continued without break. This can be accomplished by giving all inmates a supply of their medications upon release, a prescription that they can fill at a local pharmacy, or both.

Pharmaceutical Documentation

Records of medication administration are recorded on paper Medication Administration Records (MARS), which are then placed in the patient's chart. This appears to violate the Contract, which requires that the jail computer system (CIMIS) be used for all "documentation regarding medical care and treatment given to an inmate."

However, it would not be possible to document MARS in CIMIS as required by the Contract. CIMIS has no module that allows medications administration to be recorded, nor a practical way to incorporate scanned MARS.

Med errors are appropriately documented and recorded on paper charts. There are no Standard Operating Procedures (SOPs) outlining the proper procedures for medication administration or to record and report a med error.

Recommendations:

1. The Macon County Jail should have SOPs outlining all aspects of pharmaceutical documentation, including MARS, and med errors.
2. An Electronic Health Record (EHR) rather than a paper MAR would be cost effective and decrease medication errors.

Pharmacy Oversight

There is currently no oversight or inspections of pharmacy services at the Macon County jail despite the fact that the Contract clearly calls for this: “DMH shall provide monitoring of pharmacy usage.”

Also, the Contract states “Prescription, dispensing and administration of medication shall comply with all State and Federal laws and regulations.” As previously noted, pharmaceutical practices at the jail are not fully compliant with all State and Federal laws and regulations.

The best way to make sure that all pharmacy regulations and laws are being followed is to have quarterly inspections by a licensed pharmacist.

Recommendation:

1. The Macon County Jail should retain a licensed pharmacist to perform inspections of pharmacy practices at the Macon County Jail to ensure that all applicable pharmacy laws are being followed.
2. I recommend that this pharmacist be retained by the Macon County Jail directly and be unaffiliated with DMH.

Dental services

The Macon County Jail has no official contract for dental services. Instead, the jail sends inmates to the local indigent dental clinic, Familial Dental. The fee for this is very low (approximately \$4.00) but, with few exceptions, inmate families must pay the Familial Dental fee in advance before the jail will schedule an appointment and transport the inmate.

There are several problems with this system. The first is that the system of requiring inmate families to pay in advance will not hold up if challenged in court. Inmates should have the same level of access to dental care as they do to medical care and mental health care.

Second, this system forces the jail medical staff to take care of many jail dental problems, like infections, that they should not be doing—both because they are already overburdened and also because they lack dental expertise.

Third, this system carries a high medico-legal risk for any bad outcomes due to a patient not being seen by a dentist in a timely manner.

Finally, because of the costs of transporting inmates, this system is quite expensive for the jail. It would be much less expensive for the jail to set up a dental clinic at the jail and retain a dentist to come in once a week to do jail dentistry.

Recommendation:

1. The Macon County Jail should cease requiring inmate families to pre-pay the Familial Dental fee and simply pay that nominal fee themselves.
2. Any inmate who requests dental services should be able to see a dentist in the same way that they can access medical care and mental health care. These appointments may be prioritized according to need.
3. The county should negotiate with Familial Dental for a specific time to bring inmates for dental care and for a specific number of appointments (for example, 10 appointments per week on Friday afternoon). This would improve inmate access to dental services to

appropriate levels, decrease transportation costs, and improve security on site at the Familial Dental offices.

4. I strongly recommend that the county explore the option of setting up a dental clinic in the jail and retaining a dentist to do on-site dentistry. This would probably be the least expensive option for providing dental care to inmates.

Mental health services

Heritage Mental Health provides mental health services at the Macon County Jail. The County has no formal contract with Heritage. The system of mental health evaluations and counselling is excellent. I have no changes to recommend there. Heritage does an excellent job.

The problem with mental health services is that Heritage has no Psychiatric back up. DMH also recently decided that their practitioner would only be allowed to do limited psychiatric prescribing. They based this decision on the provision in the Contract, which says "The COUNTY shall be responsible for the provision and cost of mental health services."

However, this leaves the jail in the position of potentially being deliberately indifferent to a serious medical need if a seriously mentally ill inmate does not receive necessary care due to this lack of coverage. This policy also leaves Macon County with a large degree of medico-legal risk should a mentally ill patient suffer a bad outcome as a result of the inability to prescribe needed psychiatric medications.

DMH officials indicated that they have no psychiatric practitioners within their system and cannot offer a service that they do not have. In my opinion, this leaves Macon County with an urgent obligation to find a psychiatric practitioner under a separate contract. Minimal psychiatric practitioner staffing would be 1-2 hours per week for a psychiatric clinic, either on-site or via tele-psychiatry. The psychiatric practitioner should also be available by telephone as a back up for the jail medical practitioner, who will be handling day-to-day routine mental health prescribing.

Recommendation:

1. The Macon County jail should retain the services of a psychiatric practitioner to provide needed psychiatric services at the jail, including 1-2 hours per week of a psychiatric clinic and back up for the medical practitioner.
2. Macon County should have a written formal agreement with Heritage Mental Health for the services Heritage provides at the jail.

Medical Records

The current Contract requires that records of medical care and treatment be kept on the jail medical record system (CIMIS). However, CIMIS is inadequate to handle the volume of medical records that the jail creates. As a result, the jail medical staff record medical information in two separate ways: CIMIS and paper medical records. Most of the jail medical records are kept in paper charts.

Paper medical records have several serious liabilities. First, Paper medical records are susceptible to be misplaced, misfiled or otherwise lost. Second, paper charts encourage inadequate documentation.

Third, paper records are more expensive than electronic alternatives when all costs are taken into consideration.

Recommendation: I strongly encourage the jail to invest in a correctional electronic health record (EHR) that can integrate with the jails computer system. An electronic health record has the potential to cost less money than the current system, when all factors are taken into consideration.

Training

The training required by the Contract is not being done. The Contract states, "All physicians and nursing staff provided by DMH shall be trained in accordance with NCCHC." I suspect that such training has never been done.

The nurse who has been at the jail the longest provides informal orientation training for incoming nurses. This training is not documented. There are no Standard Operating Procedures (SOPs) describing what orientation and other training should be provided to the medical staff.

The incoming practitioner has no previous experience working in a correctional facility in the U.S.A. but is eager for some type of training. This should be provided for him.

The contract also states "DMH shall conduct an ongoing health education program and training for the County . . ." While there has been some training done by DMH for the correctional officers, this has been sporadic. There are no SOPs or documentation of what medical training should be provided to Correctional Officers.

Recommendations:

1. The Macon County Jail should have a specific orientation and training program for incoming medical personnel.
2. The Macon County Jail should have a specific medical training program for Correctional Officers.
3. All training should be documented.
4. The Macon County Jail should have SOPs outlining orientation and training programs.
5. References to NCCHC should be removed from the contract unless the county wishes to obtain NCCHC accreditation.

Equipment

Much of the medical equipment at the jail is outdated and needs to be replaced. The jail lacks other medical equipment that should be available.

Recommendations:

1. The jail medical staff should prepare a prioritized list of medical equipment that they lack or is outdated.
2. The county should make a financial plan to acquire and update needed medical equipment.

Medical Commissary

“Medical Commissary” refers to over-the-counter (OTC) medications available to inmates on the commissary. These are OTC medications that are easily available in any drug store or grocery store. The jail lacks a functioning medical commissary. The lack of a medical commissary is expensive for both the inmate and the county. Under the current system, an inmate who wants a simple OTC medication like Zantac for heartburn must put in a medical request, be seen by medical, and then have the medication that they were willing to pay for themselves be supplied by the county at county expense. A functioning medical commissary is a win-win for the inmates, the medical staff and the County.

Recommendation: The Macon County Jail should set up a medical commissary.

Staffing

The Macon County Jail is not adequately staffed with medical personnel to meet the needs of the jail for medical service. The staffing is not even adequate to fulfill the requirements of the current Contract. In order to adequately staff the jail, medical staffing at the Macon County Jail should increase by 1.5-2.0 FTEs of nursing coverage (including HCA duties) and 0.2-0.4 FTE of medical practitioner coverage.

In order to adequately cover medical needs after hours, the jail should *either* institute a formal paid on-call system that requires return to the jail after hours if needed or else staff the jail with nurses 24 hours a day. Staffing the jail with nurses 24 hours a day would require an additional 3-4 nursing FTEs.

Recommendations:

1. The Macon County Jail should have at least 160 hours (4 FTEs) per week of on-site nursing coverage. At least 40 hours of this must be at an RN level. These 160 hours include 20 hours per week for a Health Care Administrator, who usually is an RN.
2. The jail should have 12-20 hours per week of practitioner coverage. Approximately 8-14 hours per week of this time should be on-site. Practitioner coverage should include psychiatric practitioner coverage.
3. The jail should have a formal after hours medical on-call system in which medical personnel may be called back into the jail to handle urgent medical needs. Participants should be paid for being on call.

Financial analysis

At \$303,608.00 a year, the current contract severely underfunds jail medical services. It is also clear that Decatur Memorial Hospital (DMH) is not providing all of the services that the Contract calls for. However, money that the County provides DMH is inadequate to fund these missing contractual services. In my opinion, it is unreasonable to expect DMH to provide more services without paying them adequately to provide these services.

Also, it is not clear to me that the County is getting a great financial deal with the current contract either. This is because \$303,608.00 a year is only one part of the total county outlay on jail

medical expenses. Total medical costs include (notably) all transport costs for inmates going to the emergency department and other off-site appointment. I was told that this figure is “huge” but the Sheriff’s office does not know exactly how much it is. Increasing the medical staffing of the jail will predictably result in far fewer off-site transports.

Total medical costs also include the price of litigation and settlements resulting from “bad outcomes” and medical mistakes. These are hard to predict but are inevitable under the current system in which the jail is severely understaffed. The jail is fortunate not to have had more “bad outcome” cases and more medical litigation than it has. Macon County should not expect this good fortune to continue with the current medical system.

A reasonable estimate of the cost to fully fund the level of staffing and the programs that I have recommended would be approximately \$600,000.00 per year. This is what other jails of similar size pay for medical services (excluding mental health and dental services). Macon county will recoup some of this money by decreased transport costs for off-site appointments. Adequate staffing of the jail will significantly decrease Macon County’s risk exposure as well.

Recommendation: Macon County should budget approximately \$600,000.00 per year to adequately fund the delivery of medical services at the Macon County Jail.

Summary of Urgent Recommendations:

1. Macon County should budget approximately \$600,000.00 per year to adequately fund the delivery of medical services at the Macon County Jail.
2. The Macon County Jail should have at least 160 hours (4 FTEs) per week of on-site nursing coverage. At least 40 hours of this should be at an RN level. These 160 hours include administrative time for a Health Care Administrator (HCA), who usually is an RN.
3. The jail should have 12-20 hours per week of practitioner coverage. Approximately 8-14 hours per week of this time should be on-site.
4. The jail should have a formal after-hours medical on-call system in which medical personnel may be called back into the jail to handle urgent medical needs. Participants should be paid for being on call.
5. The Macon County Jail should retain the services of a psychiatric practitioner to provide needed psychiatric services at the jail.
6. The Macon County Jail should retain the services of a licensed pharmacist to inspect the jail pharmacy operations to ensure compliance with the Contract requirement that all “Prescription, dispensing and administration of medication shall comply with all State and Federal laws and regulations.”
7. The current medical protocols allowing nurses to diagnose and treat with prescription medications must be abandoned. Nurses must not practice outside their scope of practice under the Nursing Practice Act.
8. The Macon County Jail should develop Standard Operating Procedures (SOPs) encompassing all aspects of medical services just as it has for other jail operations.
9. All patient Health Assessments should be done within 14 days, as required by contract.

10. The Macon County Jail should cease requiring inmate families to pre-pay the Familial Dental fee and simply pay that nominal fee themselves.
11. Any inmate who requests dental services should be able to see a dentist in the same way that they can access medical care and mental health care.

Please contact me with any questions. I can discuss any of these items in more detail as requested.

Respectfully,

A handwritten signature in black ink, appearing to read 'J Keller MD', with a stylized, cursive script.

Jeffrey E. Keller MD