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Delaware Department of Correction Releases Report on Inmate ‘Sick Call’ Process

Review Validates Proper ‘Sick Call’ Process, Calls for Improved Patient Management

An independent assessment of the Delaware Department of Correction’s (DDOC) process for inmates to access health care services at James T. Vaughn Correctional Center (JTVCC) has yielded several recommendations for change - including improving communications and updating procedures relating to the inmate “sick call” process to request and receive medical care; the restructuring of DOC’s electronic medical records system to make it more efficient; and innovations to scheduling inmate healthcare visits.

In January, the DDOC partnered with independent professionals to review and assess the delivery of health care services to inmates at JTVCC, and, separately, to evaluate the inmate grievance process in partnership with The Moss Group. The healthcare assessment was performed by the National Conference on Correctional Health Care, Resources, Inc. (NRI).

“The Independent Review Team Final Report released in September 2017 included a recommendation that the Department of Correction conduct an assessment of health care operations at JTVCC,” said DDOC Commissioner Perry Phelps. “We took this recommendation seriously and hired the gold standard in correctional health care to come in and interview officers, medical staff and inmates to assess how we are doing and how we can improve. We appreciate the validation that our sick call process is operating properly and are committed to implementing changes to expand inmates’ access to health care.”

NRI’s assessment found that officers are properly responding to inmates’ requests for medical attention; medical appointments are properly being made; and treatment is being administered, albeit inefficiently in some cases.

Chief Health Officer of the National Conference on Correctional Health Care, Dr. Brent Gibson, said: “The objective of the NRI senior correctional health care consultants who led the review was to assess the effectiveness of the daily inmate sick call process and its overall efficiency. While proper sick call procedures are being followed, state and national nursing staff shortages and DOC’s electronic medical records system are contributing to inefficiencies in health care delivery.”

The DDOC signed a \$25,000 contract with NRI in October 2017 to implement Recommendation 9.1 of the Independent Review Team, which was led by Charles Oberly and William Chapman. In March 2018, three correctional health care consultants affiliated with NRI, traveled to Delaware and were provided confidential access to authorized sick call patient files and other relevant documents, policies and records. The independent consultants, who have extensive correctional health care and security experience, interviewed inmates, medical staff, correctional officers and DOC leaders.

Among their other findings:

- The grievance process is not clearly defined for health care matters.
- Correctional officer security staff shortage is causing mandatory overtime weekly, and that overtime contributes to fatigue and decreased morale.
- Medical escorts by correctional officer security staff within the facility and off compound contribute to the need for overtime, and this creates tension between health staff and custody staff. That tension is realized within the inmate population.
- Non-emergent patients with medical needs may not be seen in a timely manner because independent policies have resulted in a system that allocates services disproportionately to patients who file frequent complaints.
- Nursing staff is tasked with addressing complaints that are not related to health care.
- Long patient waiting room times sometimes result in multiple trips before an inmate can be seen.
- Seeing pretrial detainees is a challenge due to court schedules.

To improve the effectiveness of health care delivery to inmate patients, the NRI assessment recommended restructuring or replacing DDOC's electronic medical records system, known as iCHRT. The review noted that:

- Connectivity is a chronic issue.
- The system is slow and frequently loses data.
- Staff enter data on Microsoft Word documents, then "copy and paste" it into iCHRT.
- Documentation often is done after hours due to the fact that data entry is time intensive.
- Late entries in iCHRT are a common occurrence.
- Scheduling of visits: If a patient is not seen one day, the appointment does not automatically roll over and health care staff must manually reschedule the visit.
- Medication renewals are inefficient and cumbersome.
- A lab interface does not exist.

Dr. Marc Richman, Chief of DDOC's Bureau of Health Care Services, said a thorough review of iCHRT already is underway to determine how to enhance or replace it and the projected cost of each option. "The connectivity issue is being addressed by the addition of dozens of additional Wi-Fi access points that have been installed at JTVCC over the past several months. DDOC has made considerable improvements in these areas, and we remain committed to eliminating all barriers to efficiency in providing health care."

Other recommendations from the NRI report include:

- Implement policy language that prohibits complaints unrelated to health problems that should not be part of the sick call process.
- Revise sick call policies to improve the efficiency of cases that can be handled by a nurse without mandatory escalation to a physician.

- Conduct a process study to address the high volume of patients brought into the clinic waiting room and the lengthy waits to be seen for sick call or by a provider.
- Implement an innovative approach to scheduling visits to reduce the strain during peak hours: For example, rotate staff during evenings or weekends to aid in patient movement and stay current with sick call. This flexing of schedules also can reduce overtime.
- Create a process to ensure that patients on work assignments can be seen during non-work hours. This should be coordinated between health care staff and security.
- Reduce interference with sick call workflow through coordination among health care staff, security and attorneys who visit their clients.
- Conduct a workflow analysis and review prioritization of visits to ensure there is access to care in a reasonable amount of time for a wide array of patients.
- Pay closer attention to programs that provide materials on self-care.
- Regularly use patient information materials (on wellness and disease states) to help increase overall health literacy.
- Increase the use of patient education forms and postings on bulletin boards to increase overall health literacy and reinforce health care policies.

“To better inform inmates of the sick call procedures, JTV Warden Metzger issued a new inmate handbook last month, which is provided to all newly-incarcerated individuals and available to all inmates,” said Commissioner Phelps. “We have formed an internal group of medical team leaders, called the Health Care Efficiencies Process Work Group, to review and implement other sick call-related changes at all Level V facilities.”

About NRI — A nonprofit organization, NRI works to strengthen NCCHC’s mission: to improve the quality of health care in prisons, jails and juvenile detention and confinement facilities. NRI leverages NCCHC’s expertise in correctional health care to provide customized education and training, preparation for accreditation and professional certification, performance improvement initiatives, and technical assistance to correctional facilities interested in health care quality improvement.

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