

COUNTY OF SACRAMENTO CALIFORNIA

RESPONSE TO 2005 -2006 GRAND JURY FINAL REPORT

Sacramento County Sheriff's Department

Main Jail Health Care / Correctional Health Services (pp. 3-7)

Finding #1

Chronic understaffing of nurses has lead to an inability to consistently conduct nurse sick call Monday through Friday. This raises the likelihood that inmates who sign up for nurse sick call may not be seen for up to four days from the date of request to see a nurse. Since nurse sick call is the primary way for an inmate to be seen by a jail physician, this means that inmates who need to be seen by a physician have their care delayed, possibly leading to serious harm to the inmate.

Response to finding

Concur in principle. While Nurse Sick Call is the main vehicle for inmates to access health care, there are other methods by which they can be seen by a physician. Additionally, Nurse Sick Call is conducted in the afternoon and on weekends to make up for any week days that were missed.

Recommendation #1

The 30% vacancy rate for nurses needs to be significantly lowered and the reliance on the Nurse Registry should be reduced.

Response to recommendation

Concur. Despite ongoing and vigorous recruitment efforts, Sacramento County salaries and benefits for correctional nurses make Correctional Health Services (CHS) non-competitive with the state Department of Corrections and Rehabilitation and other employers of nurses in the Sacramento area. Contract negotiations between the county and nurses' union are currently underway. The Sheriff has made the county executive and negotiator acutely aware of the need for agreement on a contract that makes it again competitive in the current marketplace.

Finding #2

Quality assurance and the overall collection of data about healthcare in the jail are conducted on an informal basis. This means there is an inability to measure success or failure and an inability to quantify the goals of the health care system. It also means that there can be limited oversight of the system, since it is difficult to determine exactly what is occurring.

Response to finding

Do not concur. There is a formal process by which statistical data is collected consistent with Title 15 requirements. Correctional Health Services has four Quality Improvement Committees which meet on a regular basis to review statistical data, and develop and implement new methods to improve health care delivery.

Recommendation #2

The jail should seek accreditation by the Institute for Medical Quality through their Corrections and Detentions Survey Program. This would provide measurable performance standards that permit the jail officials and the public to better assess the quality of health care delivery.

Response to recommendation

Concur in principle. Correctional Health Service will be poised to regain accreditation as soon as the automated pharmacy system is implemented, all medical services can be supported by adequate levels of staff and correctional nurses are no longer violating Title 15 by collecting forensics evidence. Funding is being sought to contract out the collection of forensics evidence. See responses 1 and 4 for more detail regarding efforts to increase staffing and implement an automated pharmacy system.

Finding #3

Several incidents in the past year highlight the risks to nurses during nurse sick call when they are alone while examining an inmate.

Response to finding

Concur. Custody staffing levels are currently insufficient to provide one-to-one security each time nurse sick call is conducted.

Recommendation #3

A custody officer needs to be stationed outside the examination room during nurse sick call to ensure that, if an incident occurs, a response can occur within seconds.

Response to recommendation

Concur. A number of safety measures have been implemented over the past several months to better ensure nurse safety. A budget request has been submitted requesting additional deputies to stand by during nurse sick call.

Finding #4

The current system of dispensing medication is a manual system that increases the risk of incorrect medications being given, does not allow for the avoidance of medications being

given that might dangerously interact, and does not allow for inventory control. While the jail staff has indicated for several years that the system is going to be replaced, there have been difficulties with the process, and delays have occurred. However, the latest schedule indicates a new system will be in place, at least in the jail, by the middle of 2006.

Response to finding

Concur. The current manual system of dispensing medications is inadequate to serve a large inmate population.

Recommendation #4

Jail officials need to regularly keep this and successor Grand Juries updated on the progress of replacing the old manual system, including progress reports on the implementation and its utilization of the system. These updates should be provided on a quarterly basis.

Response to recommendation

Concur. The Chief and Assistant Chief of Correctional Health Services and IT technician attend on-going weekly meetings with the RX3000 project manager and implementation staff members. Training of the pharmacy staff is occurring this month (July 2006) and training of jail end users will take place in August. The county wide automated pharmacy system will be introduced into the Sacramento County Main Jail and the Rio Cosumnes Correctional Center in late August or early September. The jails will be the first of the four (4) county clinical areas to implement the system. A progress report will be submitted to the Grand Jury in November 2006.

Response Requirements

Penal Code sections 933 and 933.05 require that specific responses to both the finding and recommendations contained in this report be submitted to the Presiding Judge of the Sacramento Superior Court by October 1, 2006 from:

Sheriff, County of Sacramento