

# How to Stay Out of Trouble When Delivering Correctional Health Care

Todd R. Wilcox, MD, MBA,  
FACCP

Medical Director, Salt Lake  
County Jail System



**Todd Wilcox, MD, MBA, FACCP**  
**Medical Director, Salt Lake County Jail**  
[trwilcox@wellcon.net](mailto:trwilcox@wellcon.net)



# Faculty Disclosure

I do not have any relevant financial relationships with any commercial interests



# Educational Objectives

Identify basic operational issues that frequently impact correctional healthcare systems

Identify potential areas of risk for providers and healthcare systems that are frequently part of plaintiff cases

Learn tricks, mechanisms, and policy changes to address these problem areas



# Experiential Learning

- ◆ Salt Lake County Jail System
- ◆ Utah State Prison System
- ◆ Maricopa County Correctional Health Services
- ◆ Consulting
- ◆ Expert Witness, Legal



Thou Shalt Consider  
The Medical Director  
the Captain of the  
Ship



# Captain of the Ship

- ◆ You are the chosen one
- ◆ You cannot abdicate this responsibility
- ◆ You are held accountable for all medical actions that impact your patients
- ◆ This is often problematic in contractual relationships



**Your Facility Shall Be  
Accredited**



# Accreditation

- ◆ Greatly reduces your legal exposure
- ◆ Standards are useful as guidelines
- ◆ Failure of accreditation audit is usually a good thing--if you play it well it provides some leverage to get resources
- ◆ Successful accreditation is correlated with a Constitutionally-sufficient healthcare system



Thou Shalt Have But  
One Unified Medical  
Record



# Single Medical Record

- Common in corrections to have split records
- Medical, mental health, dental, pharmacy, offender management, custody logs, paper files, hospital files, temporary charts, lab reports, xrays, email
- Split records are an operational and legal nightmare



**The Medical  
Director Shall  
Continue To Work  
on the Front Lines**



# Work on the Front Lines

- ◆ Requires carving out of time
- ◆ Critical to ensure the smooth operation of your medical business
- ◆ Essential to understanding linkages and continuity of care
- ◆ Essential for Utilization Management if you are denying care
- ◆ Build credibility with staff
- ◆ Gets you out of meetings!
- ◆ Patient care is fun



**Thou Shalt Conduct  
Scope of Practice  
Audits for All Facility  
Functions**



# Scope of Practice

- ◆ Read and understand State Practice Acts
- ◆ Booking Assessments
- ◆ 14-Day Assessments
- ◆ Mental Health Assessments
- ◆ Nursing Treatments
- ◆ Nursing Protocols
- ◆ Mid-Levels / Physicians



Thou Shalt Complete  
an Effective Pre-  
Incarceration  
Medical Screening



# Pre-Incarceration

## Screening

- ◆ Obtain critical scene information from arresting officers
- ◆ Get vital signs - all five
- ◆ Basic mental health and physical assessment
- ◆ Review past medical records



**Thou Shalt Complete  
A Timely Medical  
and Mental Health  
Assessment in  
Booking**



# Booking Intake

- ◆ Full set of vital signs
- ◆ Suicidality risk
- ◆ Physical exam
- ◆ Infectious disease screening
- ◆ ADA screening
- ◆ Review of past medical history prior to leaving Booking



**Thou Shalt Ensure  
Continuity of Care  
for Medication from  
Booking**



# Booking Medication Continuity of Care

- ◆ **Develop and teach the concept of critical medications**
- ◆ **Ensure all medications dispositioned by a provider within 24 hours**
- ◆ **Ensure critical medications dispositioned immediately**
- ◆ **Have appropriate emergency medications in Booking**



Thou Shalt  
Implement Fortwith an  
Effective Withdrawal  
Screening and  
Management Program



# Alcohol Withdrawal

- ◆ Minimum BLD screenings X five days
- ◆ CIWA scores
- ◆ Full set of vital signs
- ◆ Liberal use of benzodiazepines
- ◆ Assessment and treatment for dehydration
- ◆ Track CIWA scores serially and treat to suppress
- ◆ Fully assess nonresponders



# Benzodiazepine Withdrawal

- ◆ Patients on high dose are extremely prone to complications
- ◆ Tremendous acting-out and self-injury
- ◆ Tremendous anxiety
- ◆ High doses must be tapered
- ◆ Prefer long-acting benzodiazepines for taper



# Opiate Withdrawal

- **Avoid Opiate Withdrawal**
- **If patients on methadone or suboxone in community, continue those with a MAT program**
- **Patients on heroin / street opiates**
  - **Induction into a MAT program**
  - **Use suboxone taper for others**
  - **Beware fentanyl patients**



# Opiate Withdrawal

- **WOWS score**
- **Assessment for suicidality**
- **Assess for dehydration and treat with electrolyte solution (H2O is incorrect answer)**
  - **Orthostatics**
  - **Specific Gravity on urine**
  - **Electrolytes / BUN and Creatinine**
  - **Clinical**
- **Be wary of comorbidities**



# Electrolyte

## Replacement



• Hydration Stations

• Intake

• Quarantine units

• Withdrawal housing

• My facility = 1300 gallons of electrolyte replacement drink per week



Thou Shalt Ensure All  
Prisoner Health  
Requests are Triageged  
Properly



# Triage

- ◆ Proper scope of license
- ◆ All five vital signs completed
- ◆ Face-to-face triage
- ◆ Paper triage is not safe, effective, or OK
- ◆ Facility must stick to triage timelines
- ◆ Use triage aging report to determine staffing



**Thou Shalt  
Understand and  
Control All  
Scheduled Drugs**



# Scheduled Drug Management

- ◆ Scheduled drug storage
- ◆ Scheduled drug accounting
- ◆ Scheduled drug administration
- ◆ Scheduled drug ordering
- ◆ Scheduled drug destruction



Thou Shalt Develop  
An Institutional  
Method for Dealing  
With Risky  
Medication



# Risky Medication

- ◆ Tricyclic medications
- ◆ Anticoagulants (Coumadin, Heparin)
- ◆ Digoxin
- ◆ Lithium
- ◆ Steroids
- ◆ Controlled substances
- ◆ Immunosuppressives
- ◆ Insulins



**Thou shalt Ensure  
Medication Security**



# Medication Security

- ◆ Physical security of pharmacy
- ◆ Inventory reconciliation
- ◆ Management of stock and return medications
- ◆ Reconciliation against billing invoices
- ◆ Reconciliation against prisoner roster



# Medication Security

- ◆ **Survivalist Nurse**
- ◆ **Community Service Nurse**
- ◆ **The Captain's Wench**



Thou Shalt  
Implement  
Appropriate Intensive  
Medical Management  
Practices



# Intensive Medical Management

- ◆ Physical restraints, forced medication, strip cells
- ◆ All of these are treated the same
- ◆ Custody use of force versus medical use of force
- ◆ Escalation of use of force / least restrictive means



# Intensive Medical Management

- ◆ Custody timelines and restrictions
- ◆ Medical timelines and restrictions
- ◆ Legal requirements for intensive medical management
- ◆ Legally defensible documentation for intensive medical management



**Thou Shalt Scrutinize  
All Documentation  
Practices**



# Documentation

## Practices

- ◆ Review of sick call requests
- ◆ All labs reviewed on lab report
- ◆ All x-ray reports reviewed on x-ray report
- ◆ Verbal orders handled appropriately
- ◆ Integration of data versus treatment plan



# Diagnostic Studies

- ◆ Know your timelines
- ◆ Policy and procedure for critical values
- ◆ Review process for nursing-derived diagnostic data (blood sugar checks, blood pressure checks, withdrawal scores, etc.)



# Thou Shalt Review and Practice Medical Emergency Response



# Medical Emergency

## Response

- ◆ Nurses do not know how to respond to emergencies unless trained
- ◆ There is specific equipment necessary to respond appropriately to an emergency
- ◆ Specific documentation is necessary to respond and record an emergency



# Medical Emergency

## Response

- ◆ Restocking and refreshing emergency supplies is critical to the emergency response process
- ◆ Staff need to be taught how to package patients for transport







Thou Shalt  
Develop A Special  
Needs Plan and  
Communication  
strategy



# Special Needs Patients

- ◆ Identify reliable method for clinical staff to communicate to custody staff
- ◆ This requires all custody staff to have access to this communication
- ◆ Confidentiality Discussion



Thou Shalt  
Develop a Followup  
Plan for Less Than  
Lethal Force  
Evaluations



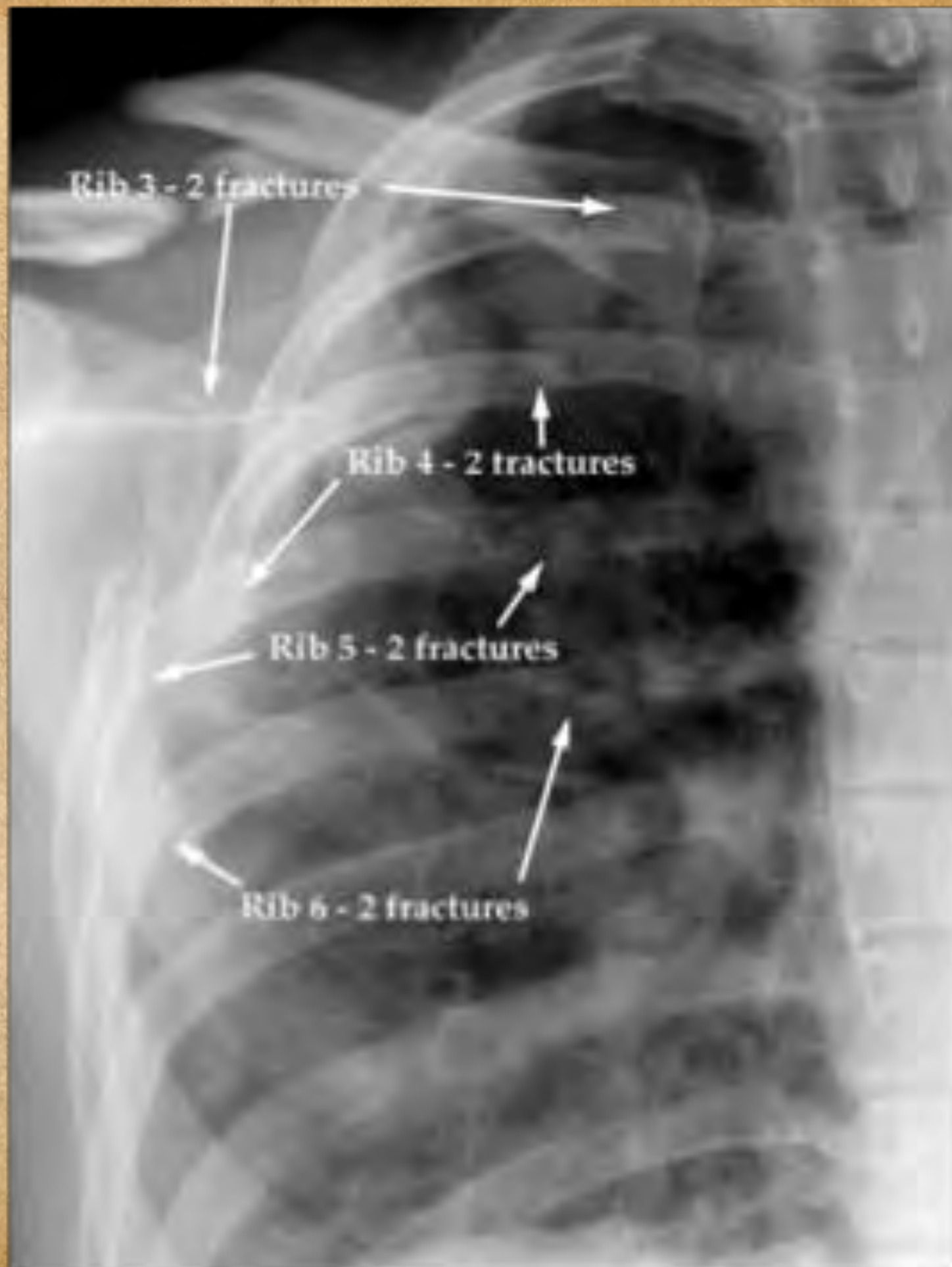
# Less Than Lethal Force

- ◆ Need to develop a method to assess patients for complications of less than lethal force
- ◆ Decontamination Methods
- ◆ Wound assessment and complications
- ◆ Pepper Spray Decontamination
- ◆ Administrative Issues















**Thou Shalt  
Develop An Excited  
Delirium\* Policy and  
Procedure**



# Excited Delirium

- ◆ “Excited Delirium” is a controversial term, especially as a diagnosis. New phrase is Hyperactive Delirium with Acute Agitation
- ◆ I use it to describe a group of behaviors / conditions that mandate custody and medical intervention
- ◆ Excited Delirium is a medical emergency masquerading as a custody problem
- ◆ It is incumbent upon medical to develop institutional policies and procedures for dealing with this syndrome
- ◆ Source of active litigation currently
- ◆ Critical to have rapid capture and treatment
- ◆ Only time to move straight to top of Use of Force
- ◆ Critical to send patient to ER for any hope of survival



Thou Shalt Deal With  
Pain In A  
Reasonable, Modern  
Way



# Pain Management

- ◆ Failure to deal with pain appropriately will hurt you more than the prisoner
- ◆ Pain Scales are a nightmare in corrections
- ◆ “No opiate policy in custody” is unreasonable and out of sync with current medical standards of care
- ◆ Addiction versus pseudo-addiction
- ◆ Good faith management requires good history and excellent physical exam



# **“Inappropriate” Pain**

## **Practices in Corrections**

- **Short half-life opiates dosed BID**
- **Tylenol #3**
- **Ultram**
- **Gabapentin monotherapy**
- **Gabapentin blood levels**
- **Short half-life opiates used for chronic pain**
- **NSAIDS for non-inflammatory pain**
- **Policies prohibiting long-half-life opiates**



# Pain Management

- Acute versus chronic pain management
- Acute
  - Tylenol
  - Nonsteroidal
  - Short-acting opiates such as Norco
- Chronic Pain
  - Short-acting opiates inappropriate for chronic pain syndromes
  - Methadone or MS-Contin preferred opiate for these syndromes



**Thou Shalt Develop  
Infectious Disease  
Protocols Before You  
Need Them**



# Infectious Disease

## Protocols

- ◆ Tuberculosis
- ◆ Methicillin resistant Staph aureus (MRSA)
- ◆ Chickenpox
- ◆ Influenza
- ◆ Scabies
- ◆ Lice
- ◆ Foodborne illnesses (E.coli, Norwalk(?) virus)



# Thou Shalt Develop Chronic Care Clinics and Treatment Pathways



# Chronic Care Management

- ◆ Diabetes
- ◆ Hypertension
- ◆ Seizure disorders
- ◆ Infectious disease issues
- ◆ Schizophrenia
- ◆ Bipolar disease
- ◆ Metabolic syndrome
- ◆ Anticoagulation
- ◆ Pregnancy and women's issues



# Summary

- ◆ These “Thou Shalt’s” are tall tasks requiring lots of coordination and cooperation
- ◆ Timeline to implement these is at least a year
- ◆ NCCHC conference has a lot of helpful presentations addressing these cardinal points