

## NaphCare Response to Internal Audit

To Fulton County Administrators,

Thank you for the opportunity to respond to the internal audit completed on the Fulton County Jail. We have reviewed all of the audit findings in detail and appreciate the work conducted by the auditors to help us improve our system of delivery to optimize patient care outcomes. The audit has helped us identify areas where we at NaphCare can improve our documentation. It has also triggered us to think about methods to improve our ability to assist with future audits to better account for the attempts we make to comply with all aspects of our contract.

With that in mind, one area that we feel could strongly improve and streamline the audit process would be to allow us to assign our staff to assist the auditors in identifying all of the needed information. We currently do this with NCCHC surveyors/auditors when they come to audit our facilities. We find this very useful to the auditors in that our staff can search the record for the items that the auditors choose randomly. Our staff would only be facilitators to obtain the information and would not interfere with the actual audit process, findings, or results.

Another area that this audit highlighted was the discrepancies between current contract language, NCCHC Standards, and NaphCare policies and procedures. With the recent 2018 NCCHC Standards revision, many standards were revised, combined, and/or moved in the NCCHC Standards book. NaphCare has revised our policies and procedures to match these changes by the NCCHC. Current contract language would benefit from the same type of revision in order to continue evolve with best practices set by the NCCHC for jail care. We appreciate the opportunity to work with county staff in making these revisions.

Attached and summarized below are more specific details on what our team identified, based on the internal audit findings. Again, we very much appreciate our partnership with Fulton County and will continue to make every effort to live up to our contractual requirements and NCCCHC Standards. Thanks again for the opportunity to share our response.

Sincerely,



Vonsheila Barber, RN, BSN, CCHP,

Associate Health Service Administrator

## Response to Findings

**Finding #1 Lack of Policy and Procedures:** NaphCare's Corporate Policies and Procedures are revised each year to be compliant with the NCCHC Standards. We have also made addendums to reflect practices that are site specific as needed. We can make other addendums related to scope of Practice and competency of our staff if needed. NCCHC/NaphCare Standard J-A-05

**Finding # 2 Lack of Oversight of the Intake Process:** Please also note that Policy related to the Intake Process changed to reflect NCCHC Standards in 2018. Of the 50 screening reviewed, only 3 did not receive the pre-booking screening. Detainees are brought to medical by custody. The entire Jail booking process is completed before a 3 card is presented to medical so that the Receiving Screen can be done. If the detainee is taken to court or away from Intake prior to seeing medical completing the Receiving screen is not done until Medical has access to the detainee. NCCHC/NaphCare Standard J-E-02

**Finding # 3 Sick Call Request Not Properly Documented:** Please also note that Policy related to sick calls changed to reflect NCCHC Standards in 2018. Only 14 booking numbers were listed, 3 were found to actually contain a sick call form in the chart and 2 used a nursing protocol to document the sick call, which is the accepted standard. 9 triggered Urgent Care, Provider or Chronic care visits where no sick call form would be indicated NCCHC/NaphCare Standard J-E-07

**Finding # 4 Incomplete Sick Call Requests:** Please also note that Policy related to sick calls changed to reflect NCCHC Standards in 2018. Out of the 22 charts reviewed we found only 4 were not signed and dated in the designated space. Those four were signed, timed and dated at the bottom which was accepted practice. 18 charts had a date received and signature at the top of the page. This is where they were instructed to document. Of the other 3 patients listed, 2 documented full assessment and triage in a Nursing Protocol and 1 did not require triage, as it was a request to refill a chronic care medication and not representing a clinical symptom or complaint NCCHC/NaphCare Standard J-E-07

**Finding # 5 Lack of Mental Health Screening:** Mental Health screening was not performed on four (4) out of fifty (50). Two patients did have MH screenings in the health record. One patient signed consents but MH screen not completed since receiving screen was also not completed. Pt seen by Provider for Chronic care visit within 2 weeks 1 patient not brought to medical for completion of the MH screen.

Mental Health evaluation was not performed on thirteen (13) out of fifty (50)

6 patient charts did not indicate a need for a mental health evaluation to be completed

2 patients had a Psychiatric evaluation (higher level provider evaluation than a MH evaluation) completed

2 patients did not have receiving screen completed nor MH screen to trigger an evaluation if indicated, 1 was not brought to medical and 1 discharged the next day

1 MHE attempted but patient was very uncooperative and unable to complete the evaluation

**Finding #6 Lack of Documentation: No mechanism in place to provide information as to whether our HIV patients get a 4 day supply of medication and a prescription for 30 days.** It is NaphCare's policy to provide a 4 day supply of medication to all of our chronically ill patients, which would also include any court ordered medications. We will also give a 30 day prescription. However, we need to be notified in a timely manner, preferably 48hr, so that medications can be dispensed from our corporate pharmacy. NCCHC/NaphCare Standard J-E-10

**Finding #7 Untimely Responses to Complaints/Grievances: NaphCare should respond to grievances within 72 hours of receipt.** According to NaphCare's policy and procedure (see attached), for any emergent health care complaint (first level of grievance response), we have 5 business days from receipt to respond in writing. However, the HSA or designee will immediately take action necessary to protect the patient's safety. All other routine Health Care Complaints are due for response within 10 days of receipt. For Grievances, we have 10 business days of receipt to respond. We have met with Lt Forehand (officer over Grievances), and she has agreed that 10 business days of receipt is acceptable. NCCHC/NaphCare Standard J-A-10

**Finding #8 Inadequate Record Keeping: Of the 50 grievances selected, 100% of them did not have anything written in the section that said "Grievance Officer Report".** This discrepancy occurred secondary to these grievances being medical grievances. All were responded to by medical and not the grievance officer. In addition to talking to Lt. Forehand about acceptable response time, we also discussed custody writing "Medical has satisfied grievance" in that area for future audits. She thought it was a great idea and was going to clear it with her boss. NCCHC/NaphCare Standard J-A-10

**Finding #9 No Inventory Log for the Over the Counter Medications:** The pharmacy will now post a list with par levels of all over the counter medication.