

## **Executive Summary**

### **Overview**

By expanding the scope of jail medical practices/procedures, auditing transports, and educating medical and correctional staff, RUHS achieved a 20% reduction in inmate ER visits.

### **Challenge**

There is an increasing number of inmates in the county jails. And, since a portion of that population are state prisoners, there is an expanding need for both acute and chronic care for inmates. To provide that care, clinic visits, emergency room care, and hospitalizations are required.

The county jails are staffed with physicians, nurse practitioners, RNs and LVNs capable of providing a fairly high level of care; however, space, specialty expertise, and training challenges can often limit the scope of care and procedures that can be provided in the jail environment.

Every inmate to an outside medical clinic or emergency room requires significant resources and associated costs including corrections staff and vehicle costs. Sheriff's deputies used for transport and that must stay with inmates to provide security while holding in emergency rooms reduces available resources that can be better used in other area and can often lead to additional need for overtime. Unpredictable timing and volumes of inmates can pose logistical and security challenges. The sheer size of our county with 5 jails and 3 juveniles where multiple inmates at several locations throughout the county may require simultaneous transportation and security is operationally challenging.

### **Solution**

Expansion of the specialty and urgent care services available on-site at the jails. Following collection of data indicating the greatest needs, the following practices were initiated:

1. Accountability for all inmates sent to the hospital for ER & Clinic services. Real time escalation to medical and nursing director of all urgent/ED "send-outs" to allow for review and feedback to nursing supervisor and on-call physicians for appropriateness of transfer. Tracking the patterns of transfers to identify areas in need of education or additional resources to reduce non-urgent send outs to a medical center.
2. Identification of medical issues to be observed/treated in the jail: Lacerations, Toenail removal, Abscess Incision & Drainage, Ear Irrigation/Lavage, Management of Sprains / Fractures
3. In-progress: IV hydration / antibiotics & post-seizure observation (in established epilepsy patient)
4. Expansion of primary care and specialty services to provide early recognition, intervention, and to reduce complications rising to the level of needing emergency care: Mobile optometry services contracted, Jail based dental services, & implementation of E-consult and Telehealth programs.
5. Slated to begin mid-2019, with the goal of reducing clinic visits: Physical Therapy onsite & Onsite Orthopedic Clinic

### **Innovation**

This program is geared at assessing the entire system and taking a multi-disciplinary approach to improving quality, safety and reducing cost. The medical team and Sheriff's Department meet monthly on-site at all 5 jails in the county system. The Sheriff's and medical leadership teams work collaboratively to identify how best to utilize space in the jails. Every inmate receives a registered nursing assessment prior to being sent to the

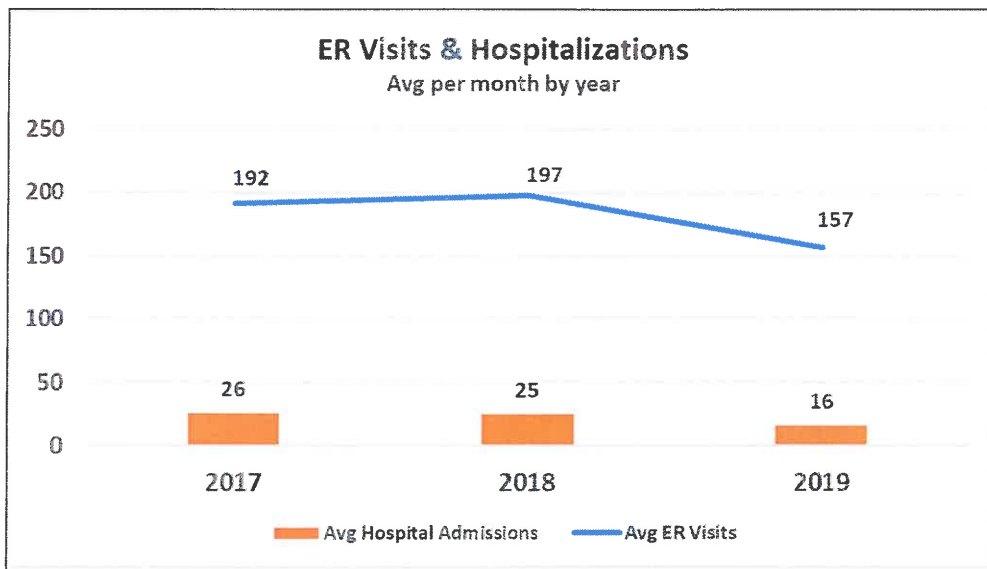
medical center and on-site physician assessment when needed. The Sheriff and healthcare teams work together to improve on-site healthcare clinic efficiency, reduce unnecessary transports to the medical center/s. In addition to improved security challenges, there is anticipation that this program will also help reduce over-time hours required to make transports and to provide security to inmates holding in community emergency departments for care.

**Results**

So far, we have reduced transportation to the emergency department by 20% with the anticipation that this will be reduced further as training for all staff is completed. Inmates are receiving care more quickly, custody deputies and transporting fewer inmates to the hospital resulting in less risk and less time spent transporting inmates to the hospital and waiting with them for their care. There are costs associated with transporting inmates for medical care. On average, the cost per inmate is:

2 deputies @ \$53.85 each per hour	=	\$ 107.70 (per hour)
14-mile (x2) roundtrip transport from jail to hospital	=	\$ 5.38 (\$0.185/mile)
If the hospital visit only takes one hour	=	\$ 113.08

These trips never take an hour for the inmate to be transported, treated and returned. Most round trips are estimated at approximately 8 hours. The average cost per trip, factoring in vehicle costs (insurance, maintenance, etc.) is well over \$1,000 per trip with this program reducing on average 40 transports a month.



**Replicability**

In order to have this program be successful, it requires a team orientation to providing care for inmates. Replication of this program requires: (1) space for procedures and observation outside of normal clinic space, (2) adequate staff, (3) equipment, (4) training and educators, (5) most importantly cooperation between providers, ancillary staff and custody deputies.

**Project/Program Contact**

Michael Mesisca, DO, Chief Medical Officer  
 Correctional Health Services, Riverside County  
 26520 Cactus Avenue, Moreno Valley, CA 92555.  
 951-486-5644