

MEDICAL ADMINISTRATIVE COMMITTEE
SANTA BARBARA COUNTY
AGENDA
May 25, 2017 at 2:00pm

- I. Call to order by Alan Bagby H.S.A.
- II. Approval of April Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Off-Site Care Activity Log
 - 4. Infection Control
 - 5. Grievances
 - B. Quality Improvement Studies
 - C. Intake Refusals
 - D. Department Reports
 - a. Nursing
 - b. Medical Director
 - c. Mental Health Care
 - d. Dental Care
 - e. Pharmacy
 - E. Chronic Disease Management
 - F. In-Service/Education
 - G. Pharmacy Inspection
 - H. Safety
 - I. Disaster Drill
 - J. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment (Set Date for next meeting)

HEALTH CARE SERVICES
Santa Barbara County
May 25, 2017
MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski, Lt. S Lammer, Lt. M Mahurin, Alan Bagby HSA, Bailey Fogata, AA

Topic	Discussion	Recommendations/ Action Taken
Review Health Services Monthly Report	There were 437 H&P's completed for April. There were 0 annual H&Ps completed. All H&Ps were completed within 14 days of admission. The total number of completed sick calls for the month was 1574 with 854 of those being seen by nursing, 380 by the FNP, 228 by the Physician and 112 by the Dentist. 460 segregation visits were conducted during SEG Rounds. All inmates in segregation had their medical concerns addressed in a timely manner.	Recommendations: None Action: None
Off-Site	There were 16 offsite visits in April, with no trends identified. There were 8 ER visits in December compared to 4 in November. The breakdown of the 16 offsite visits was as follows: 12 Dialysis, and 4 Other Outpatient Visits. ((There were x hospital admissions, totaling x days of stay.))	Recommendations: None Action: None
Intake Screening	There were 270 intake screenings for the month. There were 6 medical refusals in intake.	Recommendations: None Action: None
QI Studies	None completed for April 2017 due to transition and new contract.	Recommendations: None Action: None

C

Topic	Discussion	Recommendations/ Action Taken Results of Action
Grievances	There were 64 grievances for medical in April and all were found without merit. There were 9 community inquiries. Several grievances were duplicated for the same issue.	<u>Recommendations:</u> None <u>Action:</u> None
Chronic Disease Management	Chronic Care - There were 104 Chronic Care visits completed, with no trends noted. 11 were completed by the physician, and 93 completed by the Nurse Practitioner.	<u>Recommendations:</u> None <u>Action:</u> None
In-services Education	We have a total of 71 employees that attended staff and safety meetings and completed in-service hours.	<u>Recommendations:</u> None <u>Action:</u> None
Infection Control	155 PPD's was placed and 143 were read of which 19 were positive that required CXR's. There were no infections disease outbreaks identified.	<u>Recommendations:</u> None <u>Action:</u> None
Safety	There was one needle stick injury reported.	<u>Recommendations:</u> None <u>Action:</u> None
Adverse Patient Occurrences/ Inmate Deaths	There were no inmate deaths.	<u>Recommendations:</u> None <u>Action:</u> None

C

Topic	Discussion	Recommendations/ Action Taken Results of Action
Man-Down Review	We had 8 man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes. Mass Casualty drill to be scheduled for 4 th quarter 2017.	<u>Recommendations:</u> None <u>Action:</u> None
Department Reports	<p>Nursing- Nurses will continue to receive training as a result of new transition. and the education of inmates and their medical issues.</p> <p>Mental Health- 459 patients were seen by MHP, 161 patients were seen by psychiatrist and 173 patients were seen by psychiatric RN. There were 171 telepsychiatry encounters. There were 7 suicide attempts. PHF discharges were 3 and 4 admissions.</p> <p>Dental- The Dentist saw 112 inmates. All inmates were screened by the nurse before being placed on DSC.</p> <p>Pharmacy- There were a total of 667 Inmates on prescription meds. 238 were on psychotropic meds, and 4 people were on HIV meds. The number of inmates requesting medication upon release was 17. Pharmacy audit scheduled for June 8, 2017.</p>	<u>Recommendations:</u> None <u>Action:</u>

Round Table

Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. Policy and Procedure to be site specific. Inmates need to kite for medical services, officers should not call for non-emergent issues. Radio traffic should not include the use of medical diagnoses. All court remands and patients from Santa Maria need to be assessed in intake.

Recommendations:
Next month's MAC / CQI Meeting will be on June 29 at 1:00 P.M.

MEDICAL ADMINISTRATIVE COMMITTEE **MAY 2017**
SANTA BARBARA COUNTY
AGENDA
June 29th, 2017

- I. Call to order by Alan Bagby H.S.A.
- II. Approval of August Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Off-Site Care Activity Log
 - 4. Infection Control
 - 5. Grievances
 - 6. Audit Results
 - B. Quality Improvement Studies
 - C. Department Reports
 - a. Nursing
 - b. Medical Director
 - c. Mental Health Care
 - d. Dental Care
 - e. Pharmacy
 - D. Chronic Disease Management
 - E. In-Service/Education
 - F. Pharmacy Inspection
 - G. Safety
 - H. Disaster Drill
 - I. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment. (Set Date for next meeting)

HEALTH CARE SERVICES
Santa Barbara County
June 29, 2017
MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski, Commander C Powell, Lt. S Lammer, Lt. M Mahurin, H.S.A. A Bagby, D.O.N.
 Amber Nunes, A.A. Bailey Fogata

Topic	Discussion	Recommendations/ Action Taken
Review Health Services Monthly Report	There were 367 Health Inventories completed for May. There were 0 annual Health Inventories completed. All Health Inventories were completed within 14 days of admission. The total number of completed sick calls for the month was 1246 with 624 of those being seen by nursing, 320 by the FNP, 53 by the Physician and 66 by the Dentist. 647 segregation visits were conducted during SEG Rounds. All inmates in segregation had their medical concerns addressed in a timely manner.	Recommendations: None Action: None
Off-Site	There were 48 offsite visits in May, with no trends identified. There were 18 ER visits. The breakdown of the 48 offsite visits was as follows: 18 ER visits, 12 Dialysis, 2 Off-Site Oral Surgery, 2 One Day Surgeries, and 14 Other Outpatient Visits. ((There were 4 hospital admissions, totaling 14 days of stay.))	Recommendations: None Action: None
Intake Screening	There were 861 intake screenings for the month. There were 3 medical refusals in intake.	Recommendations: None Action: None
QI Studies	None completed for May 2017 due to transition and new contract. Studies will be completed for June 2017.	Recommendations: None Action: None

Topic	Discussion	Recommendations/ Action Taken Results of Action
Grievances	There were 79 grievances for medical in May and all were found without merit. Many grievances were related to special diets and medication requests. Several grievances were duplicated for the same issue.	<u>Recommendations:</u> None <u>Action:</u> None
Chronic Disease Management	Chronic Care - There were 247 Chronic Care visits completed, with no trends noted. 46 were completed by the physician, and 201 completed by the Nurse Practitioner.	<u>Recommendations:</u> None <u>Action:</u> None
In-services Education	We have a total of 68 employees that attended staff and safety meetings and completed in-service hours.	<u>Recommendations:</u> None <u>Action:</u> None
Infection Control	299 PPD's was placed and 291 were read of which 21 were positive that required CXR's. There were no infections disease outbreaks identified.	<u>Recommendations:</u> None <u>Action:</u> None
Safety	There were no safety related injuries reported.	<u>Recommendations:</u> None <u>Action:</u> None
Adverse Patient Occurrences/ Inmate Deaths	There were no patient deaths.	<u>Recommendations:</u> None <u>Action:</u> None

Topic	Discussion	Recommendations/ Action Taken Results of Action
Man-Down Review	We had 36 man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes. Mass Casualty drill to be scheduled for 4 th quarter 2017.	<u>Recommendations:</u> None <u>Action:</u> None
Department Reports	<p>Nursing- Nurses will continue to receive training as a result of new transition and the education of inmates and their medical issues. Continue to focus on appropriate documentation and referrals.</p> <p>Mental Health- 768 patients were seen by MHP, 247 patients were seen by psychiatrist and 261 patients were seen by psychiatric RN. There were 171 telepsychiatry encounters. There were 3 suicide attempts. PHF discharges were 2 and 1 admission.</p> <p>Dental- The Dentist saw 66 patients. All inmates were screened by the nurse before being placed on DSC.</p> <p>Pharmacy- There were a total of 565 Inmates on prescription meds. 258 were on psychotropic meds, and 2 people were on HIV meds. The number of inmates requesting medication upon release was 13. Pharmacy audit scheduled for June 8, 2017.</p>	<u>Recommendations:</u> None <u>Action:</u>

<p>Round Table</p>	<p>Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. Policy and Procedure to be site specific. Inmates need to kite for medical services, officers should not call for non-emergent issues. Radio traffic should not include the use of medical diagnoses. All court remands and patients from Santa Maria need to be assessed in intake. Officer training to begin monthly in June, 2017.</p>	<p>Recommendations: Next month's MAC / CQI Meeting will be on July 25 at 2:00 P.M.</p>

MEDICAL ADMINISTRATIVE COMMITTEE
SANTA BARBARA COUNTY
AGENDA
July 25, 2017 10:00am

- I. Call to order by Alan Bagby H.S.A.
- II. Approval of June Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Off-Site Care Activity Log
 - 4. Infection Control
 - 5. Grievances
 - B. Quality Improvement Studies
 - C. Department Reports
 - a. Nursing
 - b. Medical Director
 - c. Mental Health Care
 - d. Dental Care
 - e. Pharmacy
 - D. Chronic Disease Management
 - E. In-Service/Education
 - F. Pharmacy Inspection
 - G. Disaster Drill
 - H. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment. (Set Date for next meeting)

HEALTH CARE SERVICES
Santa Barbara County
July 25, 2017
MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski, Lt. S Lammer, E Hsueh, SBSO, Joanna Garcia, RVP, Alan Bagby, H.S.A. Amber Dyball, D.O.N., Joshua Woody, MFT, Jo Gerht, Pharmacy, Bailey Fogata, Admin

Topic	Discussion	Recommendations/ Action Taken
Review Health Services Monthly Report	There were 332 Health Inventories completed for June. There were 0 annual Health Inventories completed. All Health Inventories were completed within 14 days of admission. The total number of completed sick calls for the month was 1611 with 1177 of those being seen by nursing, 244 by the FNP, 80 by the Physician and 110 by the Dentist. 579 segregation visits were conducted during SEG Rounds. All inmates in segregation had their medical concerns addressed in a timely manner.	Recommendations: None Action: None
Off-Site	There were 48 offsite visits in June, with no trends identified. There were 18 ER visits. The breakdown of the 48 offsite visits was as follows: 18 ER visits, 12 Dialysis, 2 Off-Site Oral Surgery, 2 One Day Surgeries, and 14 Other Outpatient Visits. ((There were 4 hospital admissions, totaling 14 days of stay.))	Recommendations: Log to show all off site visits. Action: Attached to Minutes
Intake Screening	There were 861 intake screenings for the month. There were 3 medical refusals in intake.	Recommendations: None
QI Studies	Sick Call – Overall 97% Individualized Treatment Plan (Medical) & Chronic Care – Overall 98% Inmates in Safety Cell or Seclusion – Overall 100%	Action: None Recommendations: None Action: None

Topic	Discussion	Recommendations/ Action Taken Results of Action
Grievances	There were 57 grievances for medical in June and all were found without merit. Many grievances were related to special diets and medication requests. Several grievances were duplicated for the same issue.	<u>Recommendations:</u> None <u>Action:</u> None
Chronic Disease Management	Chronic Care - There were 203 Chronic Care visits completed, with no trends noted. 12 were completed by the physician, and 191 completed by the Nurse Practitioner.	<u>Recommendations:</u> None <u>Action:</u> None
In-services Education	We have a total of 35 employees that attended staff and safety meetings and completed in-service hours and 22 SBSO staff training participants.	<u>Recommendations:</u> None <u>Action:</u> None
Infection Control	237 PPD's was placed and 221 were read of which 33 were positive that required CXR's. There were no infections disease outbreaks identified.	<u>Recommendations:</u> None <u>Action:</u> None
Safety	There was one safety related injury reported. No adverse outcomes.	<u>Recommendations:</u> None <u>Action:</u> None
Adverse Patient Occurrences/ Inmate Deaths	There were no patient deaths.	<u>Recommendations:</u> None <u>Action:</u> None

<p>In-Down Review</p>	<p>We had 22 man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes. Mass Casualty drill to be scheduled for 4th quarter 2017.</p>	<p>Recommendations: None</p> <p>Action: None</p>
<p>Department Reports</p>	<p>Nursing- All nurses on staff have successfully completed the Standardized Procedures Class. Continue to focus on appropriate documentation and referrals. Work on IRC processes to alleviate delays. July staff meeting included training on Fentanyl overdoses and Narcan administration. Man down case review training monthly. Airway adjunct training to be offered to nursing staff.</p> <p>Mental Health- 726 patients were seen by MHP, 247 patients were seen by psychiatrist and 328 patients were seen by psychiatric RN. There were 112 telepsychiatry encounters. There were 0 suicide attempts. PHF discharges were 2 and 1 admission. MH noticing improvement with bridging of medications at receiving screening. Maintaining a two week wait list for psychiatry. Continue to work with community providers and recruit for FT psychiatrist. Dr. Fithian and Dr. Baker on site bi-monthly.</p> <p>Dental- The Dentist saw 110 patients. All inmates were screened by the nurse before being placed on DSC.</p> <p>Pharmacy- There were a total of 419 Inmates on prescription meds. 174 were on psychotropic meds, and 4 people were on HIV meds. The number of inmates requesting medication upon release was 15. Pharmacy audit completed June 8, 2017. Next inspection scheduled for September, 2017. There were 4 medication errors in June, 2017.</p>	<p>Recommendations: None</p> <p>Action:</p>

<p>Round Table</p>	<p>Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. Policy and Procedure to be site specific. Inmates need to kite for medical services, officers should not call for non-emergent issues. Radio traffic should not include the use of medical diagnoses. All court remands and patients from Santa Maria need to be assessed in intake. Officer training has begun each month in June, 2017. Will have written plan of action in place by end of year for NCCHC accreditation. Will be meeting with Marian Hospital in Santa Maria to develop relationship. Collaborate with PHD and Behavioral Wellness to develop discharge packets to be distributed upon release.</p>	<p>Recommendations: Next month's MAC / CQI Meeting will be on August 29 at 10:00 A.M.</p>
<p>Audit</p>	<p>Public Health Department to audit service level agreement in September, 2017.</p>	<p>Recommendations: None</p> <p>Action:</p>

MEDICAL ADMINISTRATIVE COMMITTEE
SANTA BARBARA COUNTY
AGENDA
August 29, 2017 at 2:00pm

- I. Call to order by Alan Bagby H.S.A.
- II. Approval of July Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Off-Site Care Activity Log
 - 4. Infection Control
 - 5. Grievances
 - B. Quality Improvement Studies
 - C. Department Reports
 - a. Nursing
 - b. Medical Director
 - c. Mental Health Care
 - d. Dental Care
 - e. Pharmacy
 - D. Chronic Disease Management
 - E. In-Service/Education
 - F. Pharmacy Inspection
 - G. Safety
 - H. Disaster Drill
 - I. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment. (Set Date for next meeting)

HEALTH CARE SERVICES
Santa Barbara County
August 29, 2017
MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski; Lt. S Lammer; Dr. Baldwin, PHD; Lt. Mark Mahurin; Pam Fisher, BeWell; Alan Bagby, H.S.A.; Amber Dyball, D.O.N.; Sara Sanchez, MFT; Bailey Fogata, Admin

Topic	Discussion	Recommendations/ Action Taken
Review Health Services Monthly Report	There were 448 Health Inventories completed for July. There were 49 annual Health Inventories completed. All Health Inventories were completed within 14 days of admission. The total number of completed sick calls for the month was 1266 with 634 of those being seen by nursing, 298 by the FNP, 83 by the Physician and 149 by the Dentist. 641 segregation visits were conducted during SEG Rounds. All inmates in segregation had their medical concerns addressed in a timely manner.	<u>Recommendations:</u> None <u>Action:</u> None
Off-Site	There were 28 offsite visits in July, with no trends identified. There were 18 ER visits. The breakdown of the 28 offsite visits was as follows: 18 ER visits, 13 Dialysis, 1 Off-Site Oral Surgery, and 14 Other Outpatient Visits. ((There were 3 hospital admissions, totaling 26 days of stay.))	<u>Recommendations:</u> Log to show all off site visits, sorted by patient and then date. <u>Action:</u> Attached to Minutes
Intake Screening	There were 882 intake screenings for the month. There were 3 medical refusals in intake.	<u>Recommendations:</u> None
QI Studies	Standardized Procedures – Overall 100% Receiving Screening – Overall 95%	<u>Action:</u> None <u>Recommendations:</u> Complete

		<u>Action:</u> CAP for complete VS
Topic	Discussion	Recommendations/ Action Taken Results of Action
Grievances	There were 42 grievances for medical in July and all were found without merit or addressed and resolved.	<u>Recommendations:</u> None <u>Action:</u> None
Chronic Disease Management	Chronic Care - There were 196 Chronic Care visits completed, with no trends noted. 16 were completed by the physician, and 180 completed by the Nurse Practitioner.	<u>Recommendations:</u> None <u>Action:</u> None
In-services Education	We have a total of 75 employees that attended staff and safety meetings and completed in-service hours and 0 SBSO staff training participants.	<u>Recommendations:</u> None <u>Action:</u> None
Infection Control	288 PPD's was placed and 221 were read of which 22 were positive that required CXR's. There were no infections disease outbreaks identified.	<u>Recommendations:</u> None <u>Action:</u> None
Safety	There were no safety related injury reported. No adverse outcomes.	<u>Recommendations:</u> None <u>Action:</u> None
Adverse Patient Occurrences/ Inmate Deaths	There were no patient deaths.	<u>Recommendations:</u> None <u>Action:</u> None

<p>In-Down Review</p>	<p>We had 11 man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes. Mass Casualty drill to be scheduled for 4th quarter 2017. Administration will attend a PHD training on mass casualty drills in September, 2017.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Department Reports</p>	<p>Nursing- Continue to focus on appropriate documentation and referrals. Work on IRC processes to alleviate delays. July staff meeting included training on Fentanyl overdoses and Narcan administration. Man down case review training monthly. Airway adjunct training to be offered to nursing staff.</p> <p>Mental Health- 962 patients were seen by MHP, 397 patients were seen by psychiatrist and 110 patients were seen by psychiatric RN. There were 357 telepsychiatry encounters. There were 2 suicide attempts. PHF discharges were 2 and 2 admissions. Maintaining a two week wait list for psychiatry. Continue to work with community providers and recruit for FT psychiatrist. Dr. Fithian and Dr. Baker on site bi-monthly with telepsych twice per week.</p> <p>Dental- The Dentist saw 149 patients. All inmates were screened by the nurse before being placed on DSC.</p> <p>Pharmacy- There were a total of 392 Inmates on prescription meds. 178 were on psychotropic meds, and 5 people were on HIV meds. The number of inmates requesting medication upon release was 43. Pharmacy audit inspection scheduled for September, 2017. There were 3 medication errors in July, 2017 due to transcription issues.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u></p>

<p>Round Table</p>	<p>Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. Policy and Procedure to be site specific. Improvement seen with all court remands and patients from Santa Maria being assessed in intake. Officer training has begun each month in June, 2017. Will have written plan of action in place by end of year for NCCHC accreditation. Will be meeting with Marian Hospital and Lompoc Medical Center in Santa Maria to develop relationship. Collaborate with PHD and Behavioral Wellness to develop discharge packets to be distributed upon release. CorEMR roll out within 3rd quarter, 2017. Flu Clinic to be implemented for November, 2017 with chronic care patients, security and medical staff. Lt. Lammer continues to work with Cottage Hospital ED and Discharge Planning.</p>	<p><u>Recommendations:</u> Next month's MAC / CQI Meeting will be on September 26 at 10:00 A.M.</p>
<p>Audit</p>	<p>Public Health Department to audit service level agreement in September, 2017. Title XV audit scheduled for October 5th, 2017.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u></p>

MEDICAL ADMINISTRATIVE COMMITTEE
SANTA BARBARA COUNTY
AGENDA
September 26, 2017 at 10:00am

- I. Call to order by Amber Dyball interim H.S.A.
- II. Approval of August Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Off-Site Care Activity Log
 - 4. Infection Control
 - 5. Grievances
 - 6. Audit Results
 - B. Quality Improvement Studies
 - C. Department Reports
 - a. Nursing
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 - d. Dental Care
 - e. Pharmacy
 - D. Chronic Disease Management
 - E. In-Service/Education
 - F. Pharmacy Inspection
 - G. Safety
 - H. Disaster Drill
 - I. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment. (Set Date for next meeting)

HEALTH CARE SERVICES
Santa Barbara County
Aug 29, 2017
MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski, Lt. S Lammer, Alan Bagby, H.S.A. Amber Dyball, D.O.N., Bailey Fogata, Admin,
 Sara Sanchez, LMFT, Dr. Baldwin, PHD, Pam Fisher BeWell, Lt. Mark Mahurin,

Topic	Discussion	Recommendations/ Action Taken
Review Health Services Monthly Report	There were 329 Health Inventories completed for August. There were 0 annual Health Inventories completed. All Health Inventories were completed within 14 days of admission. The total number of completed sick calls for the month was 2,373 with 1,634 of those being seen by nursing, 472 by the FNP, 205 by the Physician and 62 by the Dentist. 733 segregation visits were conducted during SEG Rounds. All inmates in segregation had their medical concerns addressed in a timely manner.	Recommendations: None Action: None
Off-Site	There were 35 offsite visits in August, with no trends identified. There were 13 ER visits. The breakdown of the 35 offsite visits was as follows: 13 ER visits, 14 Dialysis, 2 OB appointments, 2 ophthalmology appointments, 4 Other Outpatient Visits. ((There were 2 hospital admissions, totaling 16 days of stay.))	Recommendations: Log to show all off site visits. Action: Attached to Minutes
Intake Screening	There were 1084 intake screenings for the month. There were 3 medical refusals in intake.	Recommendations: None Action: None
QI Studies	Sick Call – Overall 97% Individualized Treatment Plan (Medical) & Chronic Care – Overall 98% Inmates in Safety Cell or Seclusion – Overall 100%	Recommendations: None Action: None

Topic	Discussion	Recommendations/ Action Taken Results of Action
Grievances	There were 27 grievances for medical in August and all were found without merit. Many grievances were related to special diets and medication requests. Several grievances were duplicated for the same issue.	<u>Recommendations:</u> None <u>Action:</u> None
Chronic Disease Management	Chronic Care - There were 235 Chronic Care visits completed, with no trends noted. 20 were completed by the physician, and 215 completed by the Nurse Practitioner.	<u>Recommendations:</u> None <u>Action:</u> None
In-services Education	We have a total of 35 employees that attended staff and safety meetings and completed in-service hours and 8 SBSO staff training participants.	<u>Recommendations:</u> None <u>Action:</u> None
Infection Control	247 PPD's was placed and 165 were read of which 12 were positive that required CXR's. There were no infections disease outbreaks identified.	<u>Recommendations:</u> None <u>Action:</u> None
Safety	There was no safety related injury reported. No adverse outcomes.	<u>Recommendations:</u> None <u>Action:</u> None
Adverse Patient Occurrences/ Inmate Deaths	There were no patient deaths.	<u>Recommendations:</u> None <u>Action:</u> None

C

<p>In-Down Review</p>	<p>We had 7 man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes. Mass Casualty drill to be scheduled for November 17th, 2017</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Department Reports</p>	<p>Nursing-</p> <p>Mental Health- 726 patients were seen by MHP, 247 patients were seen by psychiatrist and 328 patients were seen by psychiatric RN. There were 112 telepsychiatry encounters. There were 0 suicide attempts. PHF discharges were 2 and 1 admission. MH noticing improvement with bridging of medications at receiving screening. Maintaining a two week wait list for psychiatry. Continue to work with community providers and recruit for FT psychiatrist. Dr. Fithian and Dr. Baker on site bi-monthly.</p> <p>Dental- The Dentist saw 62 patients. All inmates were screened by the nurse before being placed on DSC.</p> <p>Pharmacy- There were a total of 562 Inmates on prescription meds. 181 were on psychotropic meds, and 3 people were on HIV meds. The number of inmates requesting medication upon release was 20. Pharmacy audit completed September 18, 2017. There were 2 medication errors in August, 2017.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u></p>

<p>Round Table</p>	<p>Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. Policy and Procedure to be site specific. Inmates need to kite for medical services, officers should not call for non-emergent issues. Radio traffic should not include the use of medical diagnoses. All court remands and patients from Santa Maria need to be assessed in intake. Will have written plan of action in place by end of year for NCCHC accreditation.</p>	<p><u>Recommendations:</u> Next month's MAC / CQI Meeting will be on October 25th at 10:00 A.M.</p>
<p>Audit</p>	<p>Title XV will take place on October 5th, 2017</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u></p>

MEDICAL ADMINISTRATIVE COMMITTEE
SANTA BARBARA COUNTY
AGENDA
October 26th, 2017 at 1330

- I. Call to order by Amber Dyball interim H.S.A.
- II. Approval of September Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Infection Control
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 - B. Quality Improvement Studies
 - C. Department Reports
 - a. Nursing
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 - D. Chronic Disease Management
 - E. In-Service/Education
 - F. Pharmacy Inspection
 - G. Safety
 - H. Disaster Drill
 - I. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment. (Set Date for next meeting) November 30th, 1000??

HEALTH CARE SERVICES
Santa Barbara County
October 26th, 2017
MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: V Wasilewski, Chief; Commander Powell; Lt. M Mahurin; P Fischer, BeWell; Dr Baldwin, Amber Dyball, interim H.S.A; Trena Tobin interim D.O.N; S Sanchez, LMFT; Josh Woody, LMFT; Patrick Turner, CFMG; Janette Avina,

Topic	Discussion	Recommendations/ Action Taken
Review Health Services Monthly Report	There were 384 Health Inventories completed for September. There were 0 annual Health Inventories completed. All Health Inventories were completed within 14 days of admission. The total number of completed sick calls for the month was 1,626 with 1,173 of those being seen by nursing, 210 by the FNP, 47 by the Physician and 196 by the Dentist. 1464 segregation visits were conducted during SEG Rounds. All inmates in segregation had their medical concerns addressed in a timely manner.	Recommendations: None Action: None
Off-Site	There were 32 offsite visits in August, with no trends identified. There were 13 ER visits. The breakdown of the 32 offsite visits were as follows: 16 ER visits, 12 Dialysis, 4 OB appointments, 12 Other Outpatient Visits. ((There were 1 hospital admissions, totaling 4 days of stay.))	Recommendations: Log to show all off site visits. Action: Attached to Minutes
Intake Screening	There were 1018 intake screenings for the month. There was 1 medical refusal in intake.	Recommendations: None
QI Studies	Continuity of Care – Overall 62% Management of Pharmaceuticals: Overall 85%	Action: None Recommendations: None

Topic	Discussion	Action: None Recommendations/ Action Taken Results of Action
Grievances	There were 36 grievances for medical in September and all were found without merit. Many grievances were related to special diets and medication requests. Several grievances were duplicated for the same issue.	<u>Recommendations:</u> None
Chronic Disease Management	Chronic Care - There were 159 Chronic Care visits completed, with no trends noted. 42 were completed by the physician, and 117 completed by the Nurse Practitioner.	<u>Action:</u> None <u>Recommendations:</u> None
In-services Education	We have a total of 25 employees that attended staff and safety meetings.	<u>Action:</u> None <u>Recommendations:</u> None
Infection Control	220 PPD's was placed and 155 were read of which 28 were positive that required CXR's. There was one individual who was negative for active TB but was positive for Latent TB.	<u>Action:</u> None <u>Recommendations:</u> None
Safety	There was no safety related injury reported. No adverse outcomes.	<u>Action:</u> None <u>Recommendations:</u> None
Adverse Patient Occurrences/ Inmate Deaths	There were no patient deaths.	<u>Action:</u> None <u>Recommendations:</u> None

<p>In-Down Review</p>	<p>We had 9 man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes. Mass Casualty drill to be scheduled for November 17th, 2017</p>	<p>Recommendations: None</p> <p>Action: None</p>
<p>Department Reports</p>	<p>Nursing-</p> <p>Mental Health- 527 patients were seen by MHP, 0 patients were seen by psychiatrist and 84 patients were seen by psychiatric RN. There were 154 telepsychiatry encounters. There were 0 suicide attempts. PHF discharges were 2 and 2 admission. MH noticing improvement with bridging of medications at receiving screening. Maintaining a two week wait list for psychiatry. Continue to work with community providers and recruit for FT psychiatrist. Dr. Fithian and Dr. Baker on site bi-monthly.</p> <p>Dental- The Dentist saw 196 patients. All inmates were screened by the nurse before being placed on DSC.</p> <p>Pharmacy- There were a total of 464 Inmates on prescription meds. 218 were on psychotropic meds, and 4 people were on HIV meds. The number of inmates requesting medication upon release was 29. Pharmacy audit completed September 18, 2017. There were 0 medication errors in September 2017.</p>	<p>Recommendations: None</p> <p>Action:</p>
<p>Round Table</p>	<p>Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. Policy and Procedure to be site specific. Inmates need to kite for medical services, officers should not call for non-emergent issues. Radio traffic should not include the use of medical diagnoses. All court remands and patients from Santa Maria need to be assessed in intake. Will have written plan of action in place by end of year for NCCHC accreditation.</p>	<p>Recommendations: Next month's MAC / CQI Meeting will be on November 30th at 10:00 A.M.</p>

Audit

Title XV will take place on October 5th, 2017

Recommendations:
None

Action:

MEDICAL ADMINISTRATIVE COMMITTEE
SANTA BARBARA COUNTY
AGENDA
November 30th, 2017 at 10:00am

- I. Call to order by Amber Nunes H.S.A.
- II. Approval of September Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Infection Control
 - 4. Grievances
 - B. Quality Improvement Studies
 - C. Intake Refusals
 - D. Department Reports
 - a. Nursing
 - b. Medical Director
 - c. Mental Health Care
 - d. Dental Care
 - e. Pharmacy
 - E. Chronic Disease Management
 - F. In-Service/Education
 - G. Pharmacy Inspection
 - H. Safety
 - I. Disaster Drill
 - J. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment

HEALTH CARE SERVICES
Santa Barbara County
November 30th, 2017
MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski, Lt. S. Lammer, Amber Nunes, H.S.A. Trena Tobin, Interim D.O.N., Bailey Fogata, Admin Asst, Joshua Woody, LMFT, Lt. Mark Mahurin, B. Well representative, Public Health representative

Topic	Discussion	Recommendations/ Action Taken
<p>Review Health Services Monthly Report</p>	<p>There were 299 Health Inventories completed for October. An audit was done of Health inventories being completed within 14 days of admission and we are at 96% compliance. There was 1 annual physical completed. There were 22, 6 month physicals completed for patients who have been in our custody since April 2017 per NCCHC any 14 days health assessment that are done by an LVN must have a 6-month physical completed by an RN or higher licensure.</p> <p>There were 705 sick call slips submitted to medical for medical complaints. The number of MH sick call requests is unknown.</p> <p>The total number of completed sick calls for the month was 897 with 513 of those being seen by nursing, 203 by the FNP, 87 by the Physician* and 94 by the Dentist. 861 segregation visits were conducted during SEG Rounds by mental health staff. All inmates in segregation had their medical/MH concerns addressed in a timely manner.</p> <p>*Cannot determine exactly who Dr. Grewal has and has not seen by her completed sick call lists. This number may be higher than reported.</p>	<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Add column to 14-day HA log that includes booking date so compliance for completing HA within 14 days can be more easily tracked. 2. Require all nursing and MH staff to turn in triplicated copy of Sick call requests that are picked up to HSA for tracking purposes. 3. Educate Dr. Grewal on proper use of sick call list documentation. <p>Action: See attached. Spoke with Dr. Grewal about how to document on sick call lists.</p>

<p>Off-Site</p>	<p>There were 43 offsite visits in October, with no trends identified. The breakdown of the 43 offsite visits was as follows: 9 ER visits (7 with AMR transport 2 with Sheriff's department transport), 13 Dialysis appointments, 0 OB appointments, 5 ophthalmology appointments, 1 neurology visit, 3 orthopedic specialist visits and 12 Other specialty outpatient Visits. There was 1 hospital admission, totaling 5 days of stay.</p>	<p>Recommendations: none Action: none</p>
<p>Intake Screening</p>	<p>There were 1015 intake screenings done at intake for the month. There were 4 medical refusals at intake*. There were 13 intakes that were missed on intake and completed at priority sick call the day after they were found.</p> <p>*Number is inaccurate as this was not adequately being tracked.</p>	<p>Recommendations: 1. Remind custody staff that all new intakes must be cleared by medical staff prior to being housed. This includes state hospital returnees, Santa Maria and Lompoc arrestees and court remands. 2. Educated intake RN's on form to fill out for refusals and to give copy to HSA so refusals can properly be tracked.</p> <p>Action: Sheriff's department shall follow up with their staff regarding this matter. Nursing staff educated at November staff meeting.</p>
<p>CQI Studies</p>	<p>IMQ standard 501- Health Record- Overall compliance 91% IMQ standard 322 & NCCHC J-D-05 Hospital and Specialty Care- Overall Compliance 98% Provider review of Chronic care: Anticoagulant patients- Overall compliance with company Anti-Coagulant Chronic care management guidelines 76%</p>	<p>Recommendations: Provide education to nursing staff on how to use a patient problem list.</p> <p>Action: Assigned all nursing staff an audit of 10 patient problem lists.</p>

Grievances	<p>There were 29 grievances for medical in October and all were found without merit. Grievances this month were related to a variety of issues, no trends seen. 3 patients submitted more than 1 grievance. <i>Adj. down from last quarter.</i></p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
Chronic Disease Management	<p>Chronic Care - There were 83 Chronic Care visits completed, with no trends noted. 14 were completed by the physician, and 69 completed by the Nurse Practitioner.</p> <p>*Above numbers are inaccurate. There was not any Chronic care monitoring system in place. Above numbers were gathered from counting random completed sick call lists that listed CC: xxx as the reason patient was being seen. There has since been 2 nurses assigned to manage all chronic care appointments. A Chronic care monitoring system will be in place by December 1, 2017.</p> <p>We had a total of 30 employees that attended staff and safety meetings and completed in-service hours. No employee education was done in the month of October.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> chronic care monitoring system in progress.</p>
In-services Education	<p>We had a total of 30 employees that attended staff and safety meetings and completed in-service hours. No employee education was done in the month of October.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
Infection Control	<p>213 PPD's was placed and 118 were read of which it is unknown how many were positive that required CXR's*. There were no infections disease outbreaks identified.</p> <p>*The nurses scheduling CXR's are not differentiating between a chest x-ray ordered for a +ppd, a hx of +ppd, or for other medical concerns. There was a total of 26 chest x-rays ordered in October.</p>	<p><u>Recommendations:</u> Educate nurses on differentiating what the diagnostic testing.</p> <p><u>Action:</u> Educated LVN's on proper way to order an x-ray regarding PPD results and where to document.</p>

<p>Safety</p>	<p>There was one safety related injury reported (1 needle stick injury reported). No adverse outcomes.</p>	<p><u>Recommendations:</u> Remove all non-safety needles from facility and replace with safety needles.</p> <p><u>Action:</u> All non-safety syringes have been wasted and replaced with Safety needles</p>
<p>Adverse Patient Occurrences/ Inmate Deaths</p>	<p>There were no patient deaths.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Man-Down Review</p>	<p>We had 3 man down emergencies* without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes. Mass Casualty drill took place on November 17th, 2017.</p> <p>*Newly hired nurses were not properly trained on which form to use to track number of man downs. Number reported in lower than expected.</p>	<p><u>Recommendations:</u> Create man down log</p> <p><u>Action:</u> See attached</p>
<p>Department Reports</p>	<p>Nursing- Several new nurses on staff have not completed Standardized procedure course. We will continue to focus on complete assessments on intake and during emergency responses. October staff meeting did not include any nursing education.</p> <p>Mental Health- There were 728 assessments/sick calls completed by MHP(LMFT/LCSW), 35 face to face sick calls/assessments were completed by a psychiatrist and 125 sick calls/assessments were completed by a psychiatric RN. There were 175 tele psychiatry encounters. There were 4 suicide attempts. PHF discharges were 0 and 0 admissions. We are maintaining a week long wait list for psychiatry. Dr. Baker on site bi-monthly until end of year. Dr. John Koleh, Psychiatrist is joining CFMG Santa Barbara full-time on January 18th 2018. A full-time psychiatric RN has been hired, she is in the process of getting her psychiatric-mental health nursing certification.</p>	<p><u>Recommendations:</u> Schedule S/P class</p> <p><u>Action:</u> Next course scheduled for January 2018.</p>

	<p>Dental- The Dentist saw 94 patients. All inmates were screened by the nurse before being placed on DSC. Of the 94, the Dentist completed 28 extractions, 9 restorative procedures and 57 dental screening exams that did not warrant further treatment.</p> <p>Pharmacy- There were a total of 339 Inmates on prescription meds. 170 were on psychotropic meds, and 4 people were on HIV meds*. The number of inmates requesting medication upon release was unknown. Pharmacy audit completed September 18, 2017. Next pharmacy audit will be December 12th, 2017. There was 1 reported medication error in October 2017.</p> <p>*Nurses report number of patients on HIV meds daily. This number can fluctuate depending on discharges or admissions of old/new HIV patients and is not considered on daily reporting. Number reported could be inaccurate. Going forward nurses will report names of patients on HIV medications to better track this statistic.</p>	
<p>NCCHC timeline</p>	<p>Working to identify which NCCHC standards are not currently being met by facility, this will be due to CFMG Regional Nurse Executive and sheriff's department by February 2018. NCCHC binders are being created. Binders will then be separated into standards and each standard will have supporting documentation of compliance or plan for compliance by April 2018.</p>	
<p>Audit</p>	<p>Title XV took place on October 5th, 2017. Results of audit not yet available. Result of Public Health audit also are not yet available. B. Weil</p>	<p>Recommendations: None</p> <p>Action:</p>
<p>Round Table</p>	<p>Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. Policy and Procedure is now site specific. All court remands and patients from Santa Maria/lompoc need to be assessed in intake without exception. A discharge plan is now in place, please see attached for explanation. Target start date of December 1st 2017. We are going to begin working with Sanctuary centers discharge planning and reentry services and programming for our Mental health programming. CorEMR is our new electronic medical records system and it will go live on January 17th 2018.</p>	<p>Recommendations: Next month's MAC / CQI Meeting will be on December 21st at 10:00 A.M.</p>

December 2017 MAC/CQI meeting on
November MAC/CQI reporting was
canceled due to the Thomas Fire

MEDICAL ADMINISTRATIVE COMMITTEE
NOV/DEC 2017
SANTA BARBARA COUNTY
AGENDA
January 25th, 2018

- I. Call to order by Amber Nunes H.S.A.
- II. Approval of October Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Off-Site Care Activity Log
 - 4. Infection Control
 - 5. Grievances
 - 6. Audit Results
 - B. Quality Improvement Studies
 - C. Department Reports
 - a. Nursing
 - b. Medical Director
 - c. Mental Health Care
 - d. Dental Care
 - e. Pharmacy
 - D. Chronic Disease Management
 - E. In-Service/Education
 - F. Pharmacy Inspection
 - G. Safety
 - H. Disaster Drill
 - I. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment. (Set Date for next meeting)

HEALTH CARE SERVICES
Santa Barbara County
January 25th, 2018
November MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski, Lt. S. Lammer, Commander C. Powell, Amber Nunes, H.S.A. Trena Tobin, D.O.N., Bailey Fogata, Admin Asst, Joanna Gehrt, LVN/Pharmacy Coordinator, Pamela Fisher, B.Well, Dr. Lee, BSU, M. Mahurin

Topic	Discussion	Recommendations/ Action Taken Results of Action
Review Health Services Monthly Report	<p>There were 330 Health Inventories completed for November. There was 5 annual physical completed. There were 0, 6 month physicals completed for patients who have been in our custody since May 2017 per NCCHC any 14 days health assessment that are done by an LVN must have a 6-month physical completed by an RN or higher licensure.</p> <p>There were 933 sick call slips submitted to medical for medical/MH complaints.</p> <p>The total number of completed sick calls for the month was 823 with 501 of those being seen by nursing, 205 by the FNP, 58 by the Physician and 59 by the Dentist.</p> <p>1085 segregation visits were conducted during SEG Rounds by mental health staff. All inmates in segregation had their medical/MH concerns addressed in a timely manner.</p>	<p>Recommendations: None Action: None</p>
Off-Site	<p>There were 29 offsite visits in November, with no trends identified. The breakdown of the 29 offsite visits was as follows: 9 ER visits (8 with AMR transport 1 with Sheriff's department transport), 13 Dialysis appointments, 1 OB appointments, 1 ophthalmology appointments, 1 neurology visit, 4 orthopedic specialist visits and 9 Other specialty outpatient Visits. There was 1 hospital admission, totaling 3 days of stay.</p>	<p>Recommendations: none Action: <u>none</u></p>
Intake Screening	<p>There were 938 intake screenings done at intake for the month. There was 1 medical refusals at intake. There were 0 intakes that were missed on intake.</p>	<p>Recommendations: None Action: none</p>

<p>CQI Studies</p>	<p>IMQ standard 501- Health Record- Overall compliance 91% IMQ standard 322 & NCCHC J-D-05 Hospital and Specialty Care- Overall Compliance 98% Provider review of Chronic care: Anticoagulant patients- Overall compliance with company Anti-Coagulant Chronic care management guidelines 76%</p>	<p><u>Recommendations:</u> Reaudit anti-coagulant charts in 3 months. Talk with providers about audit.</p> <p><u>Action:</u></p>
<p>Grievances</p>	<p>There were 26 grievances for medical in November and all were found without merit. Grievances this month were related to a variety of issues, no trends seen.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Chronic Disease Management</p>	<p>Chronic Care - There were 98 Chronic Care visits completed, with no trends noted. 8 were completed by the physician, and 90 completed by the Nurse Practitioner.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>In-services Education</p>	<p>We had a total of 15 employees that attended staff and safety meetings and completed in-service hours. Employee education was done in the month of November. The topics covered were "Documentation." We went over changes that were implemented from October MAC meeting.</p> <p>All CFMG staff attended "Mass Casualty" training along with 5 Custody Deputies.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Infection Control</p>	<p>213 PPD's was placed and 203 were read of which 12 were positive that required CXR's. There were no infections disease outbreaks identified. There were a total of 33 chest x-rays ordered in November to r/o TB. 3 of which had been past positive patients and 30 were newly positive (to CFMG).</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Safety</p>	<p>There was zero safety related injury reported.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>

<p>Adverse Patient Occurrences/ Inmate Deaths</p>	<p>There were no patient deaths.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Man-Down Review</p>	<p>We had 6 man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes. Mass Casualty drill took place on November 17th, 2017.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Department Reports</p>	<p>Nursing- Several new nurses on staff have not completed Standardized procedure course. We will continue to focus on complete assessments on intake and during emergency responses. We hired a new RN for Day shift to take over for Director of nursing. Still needing a full time NOC shift nurse.</p> <p>Mental Health- There were 654 assessments/sick calls completed by MHP(LMFT/LCSW), 63 face to face sick calls/assessments were completed by a psychiatrist and 61 sick calls/assessments were completed by a psychiatric RN. There were 123 tele psychiatry encounters. There were 4 suicide attempts. PHF discharges were 0 and 0 admissions. We were maintaining a two week long wait list for psychiatry. Dr. Baker on site bi-monthly until end of year. Dr. John Koleth, Psychiatrist is joining CFMG Santa Barbara full-time on January 18th 2018.</p> <p>Dental- The Dentist saw 59 patients. All inmates were screened by the nurse before being placed on DSC. Of the 59, the Dentist completed 11 extractions, 4 restorative procedures and 35 dental screening exams that did not warrant further treatment.</p> <p>Pharmacy- There were a total of 321 Inmates on prescription meds. 161 were on psychotropic meds, and 6 people were on HIV meds. The number of inmates requesting medication upon release was 35. Pharmacy audit completed September 18, 2017. Next pharmacy audit will be December 12th, 2017. There were 3 reported medication errors.</p>	<p><u>Recommendations:</u> Schedule S/P class</p> <p><u>Action:</u> Awaiting direction from CFMG corporate office on S/P class timeline.</p>

<p>NCCHC timeline</p>	<p>Working to identify which NCCHC standards are not currently being met by facility, this will be due to CFMG Regional Nurse Executive and sheriff's department by February 2018. NCCHC binders are being created. Binders will then be separated into standards and each standard will have supporting documentation of compliance or plan for compliance by April 2018.</p>	
<p>Audit</p>	<p>Title XV took place on October 5th, 2017. Results of audit not yet available. Result of B. Well audit also are not yet available.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Round Table</p>	<p>Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. CorEMR is our new electronic medical records system and it will go live on January 17th 2018. The Thomas Fire heavily effected staffing. This includes provider, mental health and nurse staffing. Dr. Gustavson has been on site to help with back-log of patients. Dec 14th, 2017 was Dr. Harbajan Grewal's last day with CFMG. She is being replaced by Dr. Juan Sam his start date is in March of 2018. Dr. Steven Gustavson and Dr. Natalie Newman will be helping to cover the 16 hours of provider time weekly until March 1st, 2018. Dr. Earl Schneider will be retiring in the coming months and he will be replaced by Dr. Daniel Pattachinda, exact start dates to be determined.</p>	<p><u>Recommendations:</u> Next MAC / CQI Meeting will be on February 28th at 10:00 A.M.</p>

HEALTH CARE SERVICES
Santa Barbara County
January 25th, 2018
December MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski, Lt. S. Lammer, Commander C. Powell, Amber Nunes, H.S.A. Trena Tobin, D.O.N., Bailey Fogata, Admin Asst, Joanna Gehrt, LVN/Pharmacy Coordinator, Pamela Fisher, B.Well, Dr. Lee, BSU, Lt. Mark Mahurin

Topic	Discussion	Recommendations/ Action Taken Results of Action
Review Health Services Monthly Report	<p>There were 292 Health Inventories completed for December. There was 42 annual physical completed. There were 0, 6 month physicals completed for patients who have been in our custody since June 2017 per NCCHC any 14 days health assessment that are done by an LVN must have a 6-month physical completed by an RN or higher licensure.</p> <p>There were 977 sick call slips submitted to medical for medical/MH complaints.</p> <p>The total number of completed sick calls for the month was 849 with 566 of those being seen by nursing, 125 by the FNP, 101 by the Physician and 101 by the Dentist. 1139 segregation visits were conducted during SEG Rounds by mental health staff. All inmates in segregation had their medical/MH concerns addressed in a timely manner.</p>	<p>Recommendations: None Action: None</p>
Off-Site	<p>There were 38 offsite visits in December, with no trends identified. The breakdown of the 38 offsite visits was as follows: 9 ER visits (8 with AMR transport 1 with Sheriff's department transport), 14 Dialysis appointments, 3 OB appointments, 1 ophthalmology appointments, 1 neurology visit, 1 orthopedic specialist visit and 9 Other speciality outpatient Visits. There was 1 hospital admission, totaling 2 days of stay.</p>	<p>Recommendations: None Action: None</p>
Intake Screening	<p>There were 845 intake screenings done at intake for the month. There were 7 medical refusals at intake. There were 0 intakes that were missed on intake.</p>	<p>Recommendations: None Action: None</p>

		<p><i>IMQ standard 323- Dental Care- Overall compliance 86%</i> <i>IMQ standard 327 & NCCHC J-F-02 Medical Diets- Overall Compliance 89%</i> <i>Provider review of Chronic care: HIV- Overall compliance with company HIV Chronic care management guidelines 55.5%</i></p>	<p><u>Recommendations:</u> Reaudit HIV charts in 3 months. Talk with providers about audit.</p> <p><u>Action:</u></p>
<p>Grievances</p>	<p>There were 54 grievances for medical in December and 1 was found with merit. A medication error was made. Grievances this month were related to a variety of issues, trends seen were medication pass times.</p>	<p><u>Recommendations:</u> Re-educate nurses on medication administration rights</p> <p><u>Action:</u> None</p>	
<p>Chronic Disease Management</p>	<p>Chronic Care - There were 63 Chronic Care visits completed, with no trends noted. 16 were completed by the physician, and 47 completed by the Nurse Practitioner.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>	
<p>In-services Education</p>	<p>We had a total of 31 employees that attended staff and safety meetings and completed in-service hours. Employee education was done in the month of December. The topics covered were "Suicide prevention training" and "Sexual harassment and Bullying."</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>	
<p>Infection Control</p>	<p>176 PPD's was placed and 161 were read of which 7 were positive that required CXR's. There were no infections disease outbreaks identified. There were a total of 12 chest x-rays ordered in November to r/o TB. 9 of which had been past positive patients and 3 were newly positive (to CFMG).</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>	

Safety	There was zero safety related injury reported. However, one LMFT was spit on by an inmate(S.K.)	<u>Recommendations:</u> None <u>Action:</u> None
Adverse Patient Occurrences/ Inmate Deaths	There were no patient deaths.	<u>Recommendations:</u> None <u>Action:</u> None
Man-Down Review	We had 11-man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes.	<u>Recommendations:</u> None <u>Action:</u> None
Department Reports	<p>Nursing- Several new nurses on staff have not completed Standardized procedure course. We will continue to focus on complete assessments on intake and during emergency responses. We hired a new RN for NOC shift.</p> <p>Mental Health- There were 608 assessments/sick calls completed by MHP(LMFT/LCSW), 0 face to face sick calls/assessments were completed by a psychiatrist and 72 sick calls/assessments were completed by a psychiatric RN. There were 144 tele psychiatry encounters. There were 4 suicide attempts. PHF discharges were 0 and 0 admissions. We were maintaining a two week long wait list for psychiatry. Dr.John Koleth, Psychiatrist is joining CFMG Santa Barbara full-time on January 18th 2018.</p> <p>Dental- The Dentist saw 57 patients. All inmates were screened by the nurse before being placed on DSC. Of the 57, the Dentist completed 10 extractions, 4 restorative procedures and 43 dental screening exams that did not warrant further treatment.</p> <p>Pharmacy- There were a total of 312 Inmates on prescription meds. 146 were on psychotropic meds, and 5 people were on HIV meds. The number of inmates requesting medication upon release was 55. Pharmacy audit completed September 18, 2017. Next pharmacy audit is unknown. We are switching from Diamond Pharmacy to Correct RX. Our Go-live date with the new pharmacy is January 25th 2018.</p>	<u>Recommendations:</u> Schedule S/P class <u>Action:</u> Awaiting direction from CFMG corporate office on S/P class timeline.

<p>NCCHC timeline</p>	<p>Working to identify which NCCHC standards are not currently being met by facility, this will be due to CFMG Regional Nurse Executive and sheriff's department by February 2018. NCCHC binders are being created. Binders will then be separated into standards and each standard will have supporting documentation of compliance or plan for compliance by April 2018.</p>	
<p>Audit</p>	<p>Title XV took place on October 5th, 2017. Results of audit not yet available. Result of B. Well audit also are not yet available.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Round Table</p>	<p>Continue to measure service level agreements, collaborate with Sheriff's office on contract issues. Policy and Procedure is now site specific. All court remands and patients from Santa Maria/Iompoc need to be assessed in intake without exception. A discharge plan is now in place, please see attached for explanation. Target start date of December 1st 2017. We are going to begin working with Sanctuary centers discharge planning and reentry services and programming for our Mental health programming. CorEMR is our new electronic medical records system and it will go live on January 17th 2018.</p>	<p><u>Recommendations:</u> Next MAC / CQI Meeting will be on February 28th at 10:00 A.M.</p>

MEDICAL ADMINISTRATIVE COMMITTEE

Jan 2018

SANTA BARBARA COUNTY

AGENDA

February 28th, 2018 at 11:30am

- I. Call to order by Amber Nunes H.S.A.
- II. Approval of November and December Minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Off-Site Care Activity Log
 - 4. Infection Control
 - 5. Grievances
 - 6. Audit Results
 - B. Quality Improvement Studies
 - C. Department Reports
 - a. Nursing
 - b. Medical Director
 - c. Mental Health Care
 - d. Dental Care
 - e. Pharmacy
 - D. Chronic Disease Management
 - E. In-Service/Education
 - F. Pharmacy Inspection
 - G. Safety
 - H. Disaster Drill
 - I. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment. (Set Date for next meeting)

HEALTH CARE SERVICES
Santa Barbara County
February 28th, 2018
JANAURY MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief V. Wasilewski, Lt. S. Lammer, Commander C. Powell, Amber Nunes, H.S.A. Trena Tobin, D.O.N., Bailey Fogata, Admin Asst, Jamie Huthsing, B.Well, P. Baldwin Public health. C. Lee, B.S.U. Sgt. M. Mahurin

Topic	Discussion	Recommendations/ Action Taken Results of Action
Review Health Services Monthly Report	<p>There were 305 Health Inventories completed for January. There were 0 annual physical completed. There were 0, 6 month physicals completed for patients who have been in our custody since June 2017 per NCCHC any 14 days health assessment that are done by an LVN must have a 6-month physical completed by an RN or higher licensure.</p> <p>There were 1174 sick call slips submitted to medical for medical/MH complaints.</p> <p>The total number of completed sick calls for the month was 859 with 586 of those being seen by nursing, 142 by the FNP, 64 by the Physician and 67 by the Dentist. 1079 segregation visits were conducted during SEG Rounds by mental health staff. All inmates in segregation had their medical/MH concerns addressed in a timely manner.</p>	<p>Recommendations: None Action: None</p>
Off-Site	<p>There were 31 offsite visits in January, with no trends identified. The breakdown of the 31 offsite visits was as follows: 13 ER visits (10 with AMR transport 3 with Sheriff's department transport), 14 Dialysis appointments, 3 OB appointments, 1 ophthalmology appointments, 0 neurology visit, 0 orthopedic specialist visits and 13 Other specialty outpatient Visits. There was 6 hospital admission, totaling 37 days of stay.</p>	<p>Recommendations: none Action: none</p>
Intake Screening	<p>There were 939 intake screenings done at intake for the month. There were 3 medical refusals at intake. There were 0 intakes that were missed on intake.</p>	<p>Recommendations: None Action: none</p>

CQI Studies	See CQI meeting minutes	<u>Recommendations:</u> <u>Action:</u>
Grievances	There were 35 grievances for medical in December and all were found without merit. Grievances this month were related to a variety of issues, no trends seen.	<u>Recommendations:</u> None <u>Action:</u> None
Chronic Disease Management	Chronic Care - There were 88 Chronic Care visits completed, with no trends noted. 20 were completed by the physician, and 68 completed by the Nurse Practitioner.	<u>Recommendations:</u> None <u>Action:</u> None
In-services Education	We had a total of 0 employees that attended staff and safety meetings and completed in-service hours. Employee education was not done in the month of January due to Montecito Mudslide disaster.	<u>Recommendations:</u> None <u>Action:</u> None
Infection Control	202 PPD's was placed and 198 were read of which 0 were positive that required CXR's. There were no infections disease outbreaks identified. There were a total of 21 chest x-rays ordered in January to r/o TB. 21 of which had been past positive patients or patients that refused the original TB test and 0 were newly positive (to CFMG).	<u>Recommendations:</u> None <u>Action:</u> None
Safety	There was zero safety related injury reported.	<u>Recommendations:</u> None <u>Action:</u> None
Adverse Patient Occurrences/ Inmate Deaths	There were no patient deaths.	<u>Recommendations:</u> None <u>Action:</u> None

<p>Man-Down Review</p>	<p>We had 7 man down emergencies without adverse outcome. Man Down drills to be completed regularly for evaluation and critique purposes.</p>	<p>Recommendations: None</p> <p>Action: None</p>
<p>Department Reports</p>	<p>Nursing- Several new nurses on staff have completed the Standardized procedure course. We will continue to focus on complete assessments on intake and during emergency responses. We are fully staffed.</p> <p>Mental Health- There were 528 assessments/sick calls completed by MHP(LMFT/LCSW), 24 face to face sick calls/assessments were completed by a psychiatrist and 131 sick calls/assessments were completed by a psychiatric RN. There were 65 tele psychiatry encounters. There were 3 suicide attempts. PHF discharges were 2 and 2 admissions. We were maintaining a week long wait list for psychiatry. Dr. John Koleth, Psychiatrist is joined CFMG the last week in January.</p> <p>Dental- The Dentist saw 67 patients. All inmates were screened by the nurse before being placed on DSC. Of the 67, the Dentist completed 13 extractions, 5 restorative procedures and 67 dental screening exams that did not warrant further treatment.</p> <p>Pharmacy- There were a total of 815 Inmates on prescription medications in the month of January this number is different then what we have previously been reporting. In months prior we were reporting the average number of inmates daily on medication in a month. 184 inmates were on psychotropic meds, and 4 people were on HIV meds. The number of inmates requesting medication upon release was 20. Pharmacy audit completed September 18, 2017. Next pharmacy audit will be in this first quarter of 2018. There were 0 reported medication errors.</p>	<p>Recommendations: Joanna Ghert to schedule pharmacy audit</p> <p>Action:</p>
<p>NCCHC timeline</p>	<p>Working to identify which NCCHC standards are not currently being met by facility, this will be due to CFMG Regional Nurse Executive and sheriff's department by February 2018. NCCHC binders are being created. Binders will then be separated into standards and each standard will have supporting documentation of compliance or plan for compliance by April 2018.</p> <p>First NCCHC Survey is scheduled for March 2018.</p>	

Audit	Title XV took place on October 5 th , 2017. Results of audit not yet available. Result of B. Well audit are to be presented in the CQI meeting, following this meeting.	<u>Recommendations:</u> None <u>Action:</u> None
Round Table		<u>Recommendations:</u> Next MAC / CQI Meeting will be on March 22nd at 10:00 A.M.

MEDICAL ADMINISTRATIVE COMMITTEE **February/March 2018**
SANTA BARBARA COUNTY
AGENDA
April 28th, 2018 at 10:00am

- I. Call to order by Joanna Gehrt
- II. Approval of January's minutes
- III. Old Business
- IV. New Business
 - A. Health Unit Activities
 - 1. Review Health Services Monthly Reports
 - 2. Man Down Reviews
 - 3. Infection Control
 - 4. Grievances
 - B. Quality Improvement Studies (will discuss during CQI portion)
 - C. Intake Refusals
 - D. Department Reports
 - a. Nursing
 - b. Medical Director
 - c. Mental Health Care
 - d. Dental Care
 - e. Pharmacy
 - E. Chronic Disease Management
 - F. In-Service/Education
 - G. Pharmacy Inspection
 - H. Safety
 - I. Disaster Drill
 - J. Adverse Patient Occurrences/Inmate Deaths
- V. NCCHC
- VI. Round Table
- VII. Adjournment

HEALTH CARE SERVICES
Santa Barbara County
April 26th, 2018
February/March MAC Meeting

CONFIDENTIAL & PRIVILEGED

Attendees: Chief Wasilewski, Lt. S. Lammer, B. Fogata, Admin Asst, J. Gehrt, LVN, D. Bernal, FNP, P. Baldwin
 Public Health.

Topic	Discussion	Recommendations/ Action Taken Results of Action
Review Health Services Monthly Report	<p>There were 354 Health Inventories completed for February and 294 in March. There were 38 annual physicals completed. There were 2, 6-month physicals.</p> <p>There were 1070 sick call slips submitted to medical for medical/MH complaints in February and 1169 in March.</p> <p>The total number of completed sick calls for the month of February was 838 with 627 of those being seen by nursing, 89 by the FNP, 52 by the Physician and 70 by the Dentist. 868 segregation visits were conducted during SEG Rounds by mental health staff. All inmates in segregation had their medical/MH concerns addressed in a timely manner.</p> <p>The total number of completed sick calls for the month of March was 863 with 733 of those being seen by nursing, 43 by the FNP, 32 by the Physician and 55 by the Dentist. 1074 segregation visits were conducted during SEG Rounds by mental health staff. All inmates in segregation had their medical/MH concerns addressed in a timely manner.</p>	<p><u>Recommendations:</u> None <u>Action:</u> None</p>
Off-Site	<p>There were 24 offsite visits in February, with no trends identified. The breakdown of the 24 offsite visits was as follows: 6 ER visits (4 with AMR transport 2 with Sheriff's department transport), 12 Dialysis appointments, 1 OB appointments, 1 ophthalmology appointments, 1 neurology visit, 0 orthopedic specialist visits and 1 other specialty outpatient visit. There were 2 hospital admission, totaling 3 days of stay.</p> <p>There were 27 offsite visits in March, with no trends identified. The breakdown of the 27 offsite visits was as follows: 11 ER visits (10 with AMR transport 1 with Sheriff's department transport), 13 Dialysis appointments, 3 OB appointments, 1 ophthalmology</p>	<p><u>Recommendations:</u> none <u>Action:</u> none</p>

	<p>appointments, 0 neurology visits, 2 orthopedic specialist visits and 4 other specialty outpatient visits. There were 5 hospital admission, totaling 49 days of stay.</p>	
<p>Intake Screening</p>	<p>There were 955 intake screenings done at intake for the month of February and 987 in March. There were 3 total medical refusals at intake for February and March. There were many intakes that were missed on intake.</p>	<p><u>Recommendations:</u> Pinpoint route cause of missed intakes <u>Action:</u> Audit missed intakes daily to determine shift that its happening on</p>
<p>CQI Studies</p>	<p><i>See CQI meeting minutes</i></p>	<p><u>Recommendations:</u> <u>Action:</u></p>
<p>Grievances</p>	<p>There were 27 grievances for medical in February and all were found without merit. There were 37 grievances for medical in March and 3 were found with merit. Grievances this month were related to a variety of issues, however a trend was noticed. There was a trend in complaints that inmates were submitting multiple sick call slips and not being seen for more than a week.</p>	<p><u>Recommendations:</u> Audit of sick call slips and timeliness of scheduled appt <u>Action:</u> 1. Corrective action plan for NOC nurses who were not scheduling SCS appropriately. 2. Change sick call process: all scs scheduled for next day sick call. Triage priority 1,2,3,4</p>
<p>Chronic Disease Management</p>	<p>Chronic Care - There were 145 Chronic Care visits completed, with no trends noted. 43 were completed by the physician, and 103 completed by the Nurse Practitioner.</p>	<p><u>Recommendations:</u> None <u>Action:</u> None</p>

<p>In-services Education</p>	<p>We had a total of 0 employees that attended staff and safety meetings and completed in-service hours. Employees were educated on Medication administration, Safety devices, medical diets and Amber Nunes and Sara Sanchez participated in educating the CORE academy on March 28th, 2018. Topics of education were suicide prevention and common mental illnesses along with MH risks of adsege housing. Medical topics included blood borne pathogens, universal/standard precautions, medical emergencies, overview of medical services and policies and case law/HIPPA.</p>	<p><u>Recommendations:</u> Schedule next custody training</p> <p><u>Action:</u> 1. Train at briefings</p>
<p>Infection Control</p>	<p>248 PPD's were placed and 227 were read of which 10 were positive that required CXR's. There were no infections disease outbreaks identified. There was a total of 32 chest x-rays ordered in February to r/o TB. 22 of which had been past positive patients or patients that refused the original TB test and 10 were newly positive (to CFMG). In March 217 PPD's were placed and 193 were read of which 11 were positive that required CXR's. There were no infections disease outbreaks identified. There was a total of 24 chest x-rays ordered in March to r/o TB. 13 of which had been past positive patients or patients that refused the original TB test and 11 were newly positive (to CFMG).</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Safety</p>	<p>There was one safety related injury reported. One needle stick injury in March.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Adverse Patient Occurrences/ Inmate Deaths</p>	<p>There was one patient death in March. This was an out of facility in custody death. This was also a medically expected death.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> 1. Death review within 30 days – will complete once custody investigation is complete could be longer than 30 days.</p>

<p>Man-Down Review</p>	<p>We had 8-man down emergencies in February without adverse outcome. We had 12-man down emergencies in March with one resulting in a death. Man-Down drills to be completed regularly for evaluation and critique purposes.</p>	<p><u>Recommendations:</u> Next man down drill to be scheduled on day shift</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. Amber to schedule with Lt. Lammer and Shift commanders. Man down took place in March- seizure response.
<p>Department Reports</p>	<p>Nursing- We are fully staffed.</p> <p>Mental Health- In February there were 394 assessments/sick calls completed by MHP(LMFT/LCSW), 64 face to face sick calls/assessments were completed by a psychiatrist and 218 sick calls/assessments were completed by a psychiatric RN. There were 0 tele psychiatry encounters. There were 3 suicide attempts. PHF discharges were 0 and 0 admissions.</p> <p>In March there were 453 assessments/sick calls completed by MHP(LMFT/LCSW), 310 face to face sick calls/assessments were completed by a psychiatrist and 194 sick calls/assessments were completed by a psychiatric RN. There were 0 tele psychiatry encounters. There were 7 suicide attempts. PHF discharges were 0 and 0 admissions.</p> <p>Dental- The Dentist saw 70 patients in February and 54 in March. All inmates were screened by the nurse before being placed on DSC. Of the 124, the Dentist completed 33 extractions, 8 restorative procedures.</p> <p>Pharmacy- There were a total of 557 Inmates on prescription medications in the month of February and 521 in March. 240 inmates were on psychotropic meds in February and 227 in March, and 2 people were on HIV meds. The number of inmates requesting medication upon release was 69. Pharmacy audit completed April 2018. Next pharmacy audit will be in the second quarter of 2018. There were 0 reported medication errors.</p>	<p><u>Recommendations:</u></p> <p><u>Action:</u></p>

<p>NCCHC timeline</p>	<p>NCCHC survey was completed. We met 55% of essential standards and 50% of important standards. We need to meet 100% of essential and 80% of important to become accredited. NCCHC pre-site survey meeting was held April 18th, 2018 with all command staff to discuss deficiencies. Plan in place to meet all essential standards by December 31st, 2018. Application for accreditation will be filed in 2019.</p>	
<p>Audit</p>	<p>Title XV took place on October 5th, 2017. Results of audit=Pass. Area of improvement (scissors on AED- after discussion we will not be placing scissors on AED's they are in the ER bags that accompany AED's to any man down, Lab/vaccine fridge monitoring needs to be kept up to date. Soiled sterile packages for dental supplies, equipment monitoring book not up to date.) All items have been addressed.</p> <p>Result of Public Health chart audit still pending. B. Well came Friday April 20th, 2018 to do first quarter audit, results also still pending but preliminary feedback from auditors was great.</p>	<p><u>Recommendations:</u> None</p> <p><u>Action:</u> None</p>
<p>Round Table</p>		<p><u>Recommendations:</u> Next MAC / CQI Meeting will be on May 24th at 10:00am</p>