

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

Official Audit Report – Issued July 26, 2024

Norfolk County Sheriff's Office—A Review of Healthcare and Inmate Deaths

For the period July 1, 2019 through June 30, 2021



OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

July 26, 2024

Patrick W. McDermott, Sheriff
Norfolk County Sheriff's Office
200 West Street, PO Box 149
Dedham, MA 02027

Dear Sheriff McDermott:

I am pleased to provide to you the results of the enclosed performance audit of the Norfolk County Sheriff's Office. As is typically the case, this report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2019 through June 30, 2021. As you know, my audit team discussed the contents of this report with agency managers. This report reflects those comments.

I appreciate you and all your efforts at the Norfolk County Sheriff's Office. The cooperation and assistance provided to my staff during the audit went a long way toward a smooth process. Thank you for encouraging and making available your team. I am available to discuss this audit if you or your team have any questions.

Best regards,



Diana DiZoglio
Auditor of the Commonwealth

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LIST OF ABBREVIATIONS

CMR	Code of Massachusetts Regulations
CorEMR	Correctional Electronic Medical Records
NJHC	Norfolk Sheriff's Office Jail and House of Correction
NSO	Norfolk County Sheriff's Office
OMS	Offender Management System
SQL	Structured Query Language

EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of the Norfolk County Sheriff's Office (NSO) for the period July 1, 2019 through June 30, 2021.

The purpose of our audit was to determine the following:

- whether NSO created and complied with a documented policy or procedure regarding the death of an inmate, as required by Section 932.17 of Title 103 of the Code of Massachusetts Regulations (CMR);
- whether NSO held quarterly meetings with its in-house healthcare employees and reviewed quarterly reports regarding healthcare services for inmates, as required by 103 CMR 932.01(3);
- whether NSO provided its inmates with initial medical screenings upon admission, as required by 103 CMR 932.06(1) and Section 601.13(1–2) (Receiving and Screening Procedures) of NSO's Policy CSD 601 (Medical Services); and
- whether NSO ensured that a qualified healthcare professional conducted a face-to-face meeting within 24 hours of receipt of a sick call request form, as required by Section 601.15(1)(b) (Sick Call) of NSO's Policy CSD 601, and whether NSO documented the medical care it provided to its inmates after receipt of a sick call request form, as required by 103 CMR 932.18(2)(h) and (k).

Below is a summary of our finding and recommendations, with links to each page listed.

Finding 1 Page 14	NSO did not complete an initial medical screening for one inmate upon their admission.
Effect	Because NSO did not complete an initial medical screening for this inmate, there was a higher-than-acceptable risk that this inmate's medical issues were not identified and treated, potentially affecting the health and safety of this inmate, other inmates, and NSO employees.
Recommendations Page 15	<ol style="list-style-type: none">1. NSO should establish monitoring controls to ensure that it completes an initial medical screening upon each inmate's admission.2. NSO should retain documentation confirming that it completed each inmate's initial medical screening.

In addition to the conclusions we reached regarding our audit objectives, we also identified issues not specifically addressed by our objectives regarding the unused sick call functionality of the CorEMR system. For more information, see [Other Matters](#).

OVERVIEW OF AUDITED ENTITY

The Norfolk County Sheriff's Office (NSO) was established as a state agency on January 1, 2010, pursuant to Chapter 61 of the Acts of 2009. This legislation made the Sheriff an employee of the Commonwealth of Massachusetts; however, the Sheriff remains an elected official with administrative and operational control of the department. The Sheriff serves a term of six years.

According to NSO's website,

The Norfolk County Sheriff's Office serves the public safety needs of the residents of Norfolk County and the Commonwealth of Massachusetts while prioritizing professionalism and accountability, character, opportunity, and community for both employees and our programming.

During the audit period, NSO had 4,350 inmates in custody.¹ As of June 30, 2021, NSO had 316 employees. In fiscal years 2020 and 2021, NSO's state appropriations were \$32,843,581 and \$35,543,400, respectively. In fiscal years 2020 and 2021, NSO had a budget of \$33,218,581 and \$35,823,830, respectively.

NSO serves the 28 municipalities in Norfolk County.² Both its main administrative building and the Norfolk Sheriff's Office Jail and House of Correction (NJHC) are located at 200 West Street in Dedham. NJHC is used for the care and custody of male pretrial and sentenced inmates. During the audit period, three individuals served as Sheriff of Norfolk County.

Offender Management System

NSO uses a system called the Offender Management System (OMS) to track and manage information on inmates in its custody. The information maintained in the system includes inmates' names, genders, ethnicities, dates of birth, Social Security numbers, state identification numbers,³ booking numbers,⁴ booking dates, release dates, and in-custody housing assignments.⁵ During the process of admitting an

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1. For an inmate to be in NSO's custody means that NSO has the authorization from a court to incarcerate an inmate until the court orders their release.
 2. The municipalities in Norfolk County are Avon, Bellingham, Braintree, Brookline, Canton, Cohasset, Dedham, Dover, Foxborough, Franklin, Holbrook, Medfield, Medway, Millis, Milton, Needham, Norfolk, Norwood, Plainville, Quincy, Randolph, Sharon, Stoughton, Walpole, Wellesley, Westwood, Weymouth, and Wrentham.
 3. A state identification number is a unique number assigned to each inmate in the criminal justice system.
 4. A booking number is a unique number assigned by NSO to an inmate upon their admission to NJHC. The booking number in OMS matches the personal identification number in the Correctional Electronic Medical Records system.
 5. A housing assignment is an inmate's specific unit, cell, and bed within NJHC.

inmate, one of NSO's booking officers enters information from a mittimus⁶ into OMS. This booking officer then notifies NSO's in-house healthcare employees that the inmate is ready to receive an initial medical screening.

Correctional Electronic Medical Records

NSO uses the Correctional Electronic Medical Records (CorEMR) system, a web-based application, to record inmates' health information, such as medical history, ongoing and past treatments, mental health conditions, medications, and scheduled appointments. Qualified healthcare professionals also use CorEMR to document and track inmates' sick call requests.

Inmate Deaths

Section 932.17 of Title 103 of the Code of Massachusetts Regulations (CMR) requires county correctional facilities, such as NJHC, to establish guidelines for notifications, investigations, reports, and documentation regarding the deaths of inmates or facility employees.

According to Section 622.08 (Discovering an Unresponsive Person) of NSO's Policy CSD 622 (Death Procedures), if an inmate is found unresponsive, an NSO employee alerts the facility shift commander and NSO's in-house healthcare employees of the inmate's condition, so that all relevant parties can conduct lifesaving measures, if the situation calls for and allows it. This alert also prompts the facility shift commander to contact external emergency healthcare providers and NSO management, which includes NSO's on-duty assistant deputy superintendent of security. Then, NSO's on-duty assistant deputy superintendent of security notifies the Sheriff, NSO's legal department, the designated NSO investigator, and the Norfolk District Attorney's Office. Section 622.08 of NSO's Policy CSD 622 requires staff members to secure the unit and safeguard the area so that it remains unaltered until both NSO and the Norfolk District Attorney's Office conduct and document an investigation.

In the event of an inmate's death, NSO notifies the Norfolk District Attorney's Office and the inmate's next of kin of the death. The Norfolk District Attorney's Office then initiates an investigation into the death and notifies the Office of the Chief Medical Examiner of the death. The Office of the Chief Medical Examiner then conducts an autopsy. NSO requests copies of the autopsy report after its completion. After the

6. A mittimus is a written, court-issued document that follows an inmate through their time in the criminal justice system.

completed autopsy, the Office of the Chief Medical Examiner releases the body to the inmate's next of kin.

After the death of an inmate, the Sheriff, the superintendent, the in-house healthcare employees, and the investigators from both NSO and the Norfolk District Attorney's Office convene a clinical mortality review⁷ within 30 days. If the clinical mortality review results in recommendations, the medical director and the assistant deputy superintendent of health services are responsible for ensuring that all affected parties implement these recommendations immediately.

Healthcare Services

During the audit period, most healthcare services were provided by NSO's in-house healthcare employees. NSO's assistant deputy superintendent of health services was its health authority⁸ during the audit period and was in charge of in-house healthcare employees and healthcare service delivery for inmates. NSO contracted with various external healthcare providers for dental, mental health, and vision services.

Quarterly Meetings

According to 103 CMR 932.01(3),

The county correctional facility [in this case, NJHC] shall require that the health authority meet with the Sheriff/facility administrator or designee at least quarterly and submit the following:

- (a) quarterly reports on the health care delivery system and health environment; and*
- (b) annual statistical summaries.*

Statistical summaries, as referenced in the above regulation, contain data related to inmate health records and provide a comprehensive overview of medical services delivered to inmates during the year.

The health authority documents and maintains meeting minutes. These meetings cover quality improvement, emergency drills, clinical mortality review findings, and other statistical reports used to monitor trends in the delivery of healthcare at NSO.

7. According to NSO's Policy CSD 622, a clinical mortality review "is an assessment of the clinical care provided and the circumstances leading to the death."
8. According to 103 CMR 932.01, "The health authority may be a physician, health administrator, or health agency whose responsibility is pursuant to a written agreement, contract, or job description."

Initial Medical Screenings

According to 103 CMR 932.06 and Section 601.13(1–2) (Receiving and Screening Procedures) of NSO's Policy CSD 601 (Medical Services), NSO's in-house healthcare employees are required to perform an initial medical screening for each inmate upon admission to NJHC. This occurs before an inmate is placed in NSO's general population to ensure that each inmate's health needs are identified and addressed. The initial screening consists of a questionnaire and observation to identify potential emergencies and to ensure that newly admitted inmates' illnesses, health needs, and medications are identified for further assessment and continued treatment while in custody. A qualified healthcare professional records all findings resulting from the initial medical screening in the CorEMR system, specifically on the Medical Entrance Screening Form, which is then approved by the health authority.

Upon each inmate's admission to NJHC, in-house healthcare employees communicate (both verbally and in writing) to the inmate how they can access healthcare services. This communication can include special accommodations, such as the use of a translation service, to ensure that any inmate who may have difficulty communicating with NJHC employees understands how to access healthcare services.

Sick Call Requests

According to 103 CMR 932.09(1),

Written policy and procedure shall provide for continuous response to health care requests and that sick call, conducted by a physician or other qualified health personnel, is available to each inmate.

Inmates request access to healthcare by completing a sick call request form (NSO's Request Slip for Medical Care/Sick Call) with the following information: the type of service requested (medical, dental, or mental health), the nature of the problem or request, and the date the inmate completes and signs the form. The inmate then submits the sick call request form by either putting it in a medical request box⁹ or handing it directly to one of the in-house healthcare employees during a medication pass, which occurs at least twice a day. There is no limit to how many times an inmate can submit a sick call request form. An in-house healthcare employee checks the medical request box daily to pick up, evaluate, and triage sick call request forms in accordance with 103 CMR 932.18, which states,

9. A medical request box is a secure lockbox in each housing unit for inmates to place sick call request forms.

(2) The medical record file shall contain, but not be limited to, the following items: . . .

(h) place, date and time of health encounters; . . .

(k) all findings, diagnoses, treatments, dispositions.

In addition to gathering and recording the inmates' sick call request forms, a qualified healthcare professional conducts a face-to-face meeting with an inmate within 24 hours upon receipt of a sick call request, as required by Section 601.15(1)(b) (Sick Call) of NSO's Policy CSD 601 (Medical Services).

An in-house healthcare employee provides treatment and schedules follow-up appointments according to clinical priorities. All requests that are triaged as emergencies are responded to immediately by an in-house healthcare employee; health concerns beyond their scope are then triaged to an appropriate contracted or external healthcare provider(s). While in-house healthcare employees conduct regular sick calls each day, additional contracted healthcare providers are also required to provide on-call services at all times. In-house healthcare employees maintain each inmate's medical file (including updating the medical tasks screen¹⁰ and any medical notes¹¹) in the CorEMR system.

10. The medical tasks screen is where a qualified healthcare professional documents the initial sick call request made by the inmate.

11. Qualified healthcare professionals use medical notes to document information such as the face-to-face meeting(s) held with an inmate after their submission of a sick call request. The qualified healthcare professional who addressed the sick call request enters medical notes in the inmate's medical file manually.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Norfolk County Sheriff's Office (NSO) for the period July 1, 2019 through June 30, 2021.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is a list of our audit objectives, indicating each question we intended our audit to answer; the conclusion we reached regarding each objective; and, if applicable, where each objective is discussed in the audit findings.

Objective	Conclusion
1. Did NSO create and comply with a documented policy or procedure regarding the death of an inmate, as required by Section 932.17 of Title 103 of the Code of Massachusetts Regulations (CMR)?	Yes
2. Did NSO hold quarterly meetings with its in-house healthcare employees and review quarterly reports regarding healthcare services for inmates, as required by 103 CMR 932.01(3)?	Yes
3. Did NSO provide its inmates with initial medical screenings upon admission, as required by 103 CMR 932.06(1) and Section 601.13(1–2) (Receiving and Screening Procedures) of NSO's Policy CSD 601 (Medical Services)?	No; see Finding 1
4. Did NSO ensure that a qualified healthcare professional conducted a face-to-face meeting within 24 hours of receipt of a sick call request form, as required by Section 601.15(1)(b) (Sick Call) of NSO's Policy CSD 601, and did NSO document the medical care it provided to its inmates after receipt of a sick call request form, as required by 103 CMR 932.18(2)(h) and (k)?	Yes; however, see <u>Other Matters</u>

To accomplish our audit objectives, we gained an understanding of the aspects of NSO's internal control environment relevant to our objectives by reviewing NSO's internal control plan and applicable policies and procedures, as well as by interviewing NSO's management. Specifically, we took the following actions:

- We evaluated the design and implementation of internal controls related to the creation and approval of meeting minutes documenting the quarterly meetings held by NSO and its in-house healthcare employees.
- We evaluated the operating effectiveness of internal controls related to the initial medical screening process. Specifically, we reviewed the electronic forms of the initial medical screening, which contained the approvals of the qualified healthcare professionals.

To obtain sufficient, appropriate evidence to address our audit objectives, we performed the following procedures.

Inmate Deaths

We inspected a list of the inmate deaths that occurred during the audit period, which NSO management provided to us and which came from the Offender Management System (OMS). This list included one inmate who died in NSO's custody during the audit period and whose cause of death was reported as complications related to COVID-19.

To determine whether NSO created and complied with a documented policy or procedure regarding the death of an inmate, as required by 103 CMR 932.17, we took the following actions.

- We interviewed NSO management regarding the deaths of inmates in its custody during the audit period and obtained NSO's Policy CSD 622 (Death Procedures).
- We inspected NSO's Policy CSD 622 to determine whether it included the following requirements listed in 103 CMR 932.17(2):
 - (a) internal notification to include medical and administrative staff;*
 - (b) procedures when discovering body;*
 - (c) disposition of the body;*
 - (d) notification of next of kin;*
 - (e) [Criminal Offender Record Information] notification [sent to victim(s) of an inmate] as soon as practicable [when such notification is necessary];*
 - (f) investigation of causes;*
 - (g) reporting and documentation procedures;*
 - (h) procedure for review of incident by appropriate designated staff with a final report submitted to all appropriate parties.*

- We examined the documentation related to this in-custody death to determine whether in-house healthcare and administrative employees, as well as the inmate's next of kin, were notified about the inmate's death.
- We obtained and examined the inmate's death certificate from the Office of the Chief Medical Examiner to determine whether NSO notified the Office of the Chief Medical Examiner about the inmate's death.
- We contacted the Norfolk District Attorney's Office to determine whether NSO sent victim(s) of the inmate a Criminal Offender Record Information notification.
- We examined the clinical mortality review document related to this inmate's death to determine whether appropriate staff members reviewed the circumstances surrounding the inmate's death and whether a final report was submitted to all appropriate parties.

We noted no exceptions in our testing; therefore, we concluded that, during the audit period, NSO created and complied with a documented policy or procedure regarding the death of an inmate, as required by 103 CMR 932.17.

Quarterly Meetings

To determine whether NSO held quarterly meetings with its in-house healthcare employees and reviewed quarterly reports regarding healthcare services for inmates, as required by 103 CMR 932.01(3), we took the following actions. We examined the minutes of all eight (100%) of the quarterly meetings that took place during the audit period between NSO and its health authority. We reviewed the dates the meetings were held, the attendees, the topics addressed, and any follow-up correspondence related to these meetings. We also examined all two (100%) of the annual statistical summaries that the health authority submitted to NSO during the audit period.

We noted no exceptions in our testing; therefore, we concluded that, during the audit period, NSO held quarterly meetings with its in-house healthcare employees and reviewed quarterly reports regarding healthcare services for inmates, as required by 103 CMR 932.01(3).

Initial Medical Screenings

To determine whether NSO provided its inmates with initial medical screenings upon admission, as required by 103 CMR 932.06(1) and Section 601.13(1–2)¹² of NSO's Policy CSD 601, we took the following actions. We selected a random, statistical sample of 60 inmates out of the population of 4,350 inmates

12. We only tested for the medical director's approval of the Medical Entrance Screening Form, as indicated by their signature.

who were admitted to the Norfolk Sheriff's Office Jail and House of Correction (NJHC) during the audit period, using a 95% confidence level,¹³ a 0% expected error rate,¹⁴ and a 5% tolerable error rate.¹⁵ We then performed the following procedures:

- We inspected the Medical Entrance Screening Form in CorEMR to determine whether each field in the form was completed. In addition, we examined this form to determine whether the inmate acknowledged that the initial medical screening was performed by signing and dating the Medical Entrance Screening Form.
- We examined the Medical Entrance Screening Form to determine whether it included the following information regarding initial medical screenings: completion date, completion time, and an electronic signature by a qualified healthcare professional.

We determined that, during the audit period, 1 inmate out of our sample of 60 did not receive the initial medical screening upon admission. For more information, see Finding 1.

Sick Call Request Forms

To determine whether NSO ensured that a qualified healthcare professional conducted a face-to-face meeting within 24 hours of receipt of a sick call request form, as required by Section 601.15(1)(b) of NSO's Policy CSD 601, and whether NSO documented the medical care it provided to its inmates after receipt of a sick call request form, as required by 103 CMR 932.18(2)(h) and (k), we took the following actions.

We received a list of all 6,176 healthcare records from the audit period, as recorded in the CorEMR system. We observed one of NSO's data specialists extract sick call request data from the population of 6,176 healthcare records using a Structured Query Language (SQL) query,¹⁶ specifically searching for healthcare records with the keyword "s.s_text"¹⁷ in the "Description" data field in the CorEMR system. According to this SQL query, inmates submitted 630 sick call request forms during the audit period. NSO clarified that the results of this SQL query did not encompass all sick call request forms submitted during the audit period, particularly those that a qualified healthcare professional input without the keyword "s.s_text" in

13. Confidence level is a mathematically based measure of the auditor's assurance that the sample results (statistic) are representative of the population (parameter), expressed as a percentage.

14. Expected error rate is the number of errors that are expected in the population, expressed as a percentage. It is based on the auditor's knowledge of factors such as prior year results, the understanding of controls gained in planning, or a probe sample.

15. The tolerable error rate (which is expressed as a percentage) is the maximum error in the population that is acceptable while still using the sample to conclude that the results from the sample have achieved the objective.

16. SQL is a programming language designed for managing relational databases. SQL provides a standardized way to interact with databases, allowing users to query data or to create, update, or delete records

17. The keyword "s.s_text" is how NSO manually identifies sick call request data in the CorEMR system.

the "Description" data field and any made by inmates verbally to a qualified healthcare professional or officer. We then selected a random, nonstatistical sample of 50 sick call request forms out of the population of 630 sick call request forms that were submitted by inmates during the audit period.

From the remaining 5,546 healthcare records that did not contain the keyword "s.s_text" in the "Description" data field, we selected a random, nonstatistical sample of 60 healthcare records to determine whether these healthcare records were related to sick calls but not labeled as such in the CorEMR system. Specifically, we searched these 60 healthcare records in our sample for any sick call request forms that were scanned into the inmate's medical file but were not labeled as a sick call request. We identified 14 healthcare records that included a scanned sick call request form but were not labeled with the keyword "s.s_text" in the "Description" data field. We added these 14 healthcare records to our sample of 50 and performed the following procedures.

- We examined each sick call request form and noted whether the inmate completed the form and the date it was signed by a qualified healthcare professional.
- We inspected the medical tasks screen and medical notes in each inmate's file in the CorEMR system to determine whether a qualified healthcare professional recorded each inmate's sick call request form (both by manually inputting the data and by scanning the original sick call request form into the CorEMR system) and whether a qualified healthcare professional held a face-to-face meeting with the inmate.
- We calculated the number of days between the date that a qualified healthcare professional received a sick call request form and the date a qualified healthcare professional held a face-to-face meeting with the inmate to determine whether this face-to-face meeting occurred within 24 hours of receipt of the sick call request form.

We noted no exceptions in our testing; therefore, we concluded that, during the audit period, NSO (1) ensured that a qualified healthcare professional conducted a face-to-face meeting within 24 hours of receipt of a sick call request form and (2) documented the medical care it provided to its inmates after receipt of a sick call request form. However, for more information regarding NSO's use of the CorEMR system for tracking sick call requests, see Other Matters.

We used both statistical and nonstatistical sampling methods for testing, and we did not project the results of our testing to the corresponding population(s).

Data Reliability Assessment

OMS

We assessed the reliability of the inmate data obtained from OMS by interviewing the NSO information technology employees who oversaw the system. We tested the general information technology controls (i.e., access, configuration management, segregation of duty, contingency planning, and security management controls). We selected a random sample of 20 inmates from the list of the 4,350 inmates who were admitted to NJHC during the audit period (which was extracted from OMS) and compared the inmates' information from this list (i.e., their full name, date of birth, and date of admission to NJHC) to the information in the original source documents (i.e., the mittimus or a warrant from the state police) for agreement.

We selected a random sample of 20 hard copies of the mittimuses and compared the inmates' information from the mittimuses (i.e., full name, date of birth, and date of admission to NJHC) to the information in the list of inmates from OMS for agreement. In addition, we tested the data for duplicate records. We reconciled the list of in-custody deaths from OMS with the list provided to us by the Office of the Chief Medical Examiner.

Based on the results of the data reliability assessment procedures described above, we determined that the OMS data obtained for the audit period was sufficiently reliable for the purposes of our audit.

CorEMR System

We assessed the reliability of the list of all 6,176 healthcare records obtained from the CorEMR system by interviewing NSO officials who were knowledgeable about the system. We tested general information technology controls (i.e., access, configuration management, segregation of duty, contingency planning, and security management controls).

We verified the healthcare record numbers in the CorEMR system by comparing these to the list of all 6,176 healthcare records that NSO sent us. We then tested the list of all 6,176 healthcare records from the CorEMR system for any worksheet errors (i.e., hidden objects such as rows, headers, and other content). Additionally, we compared the inmate information (i.e., the inmates' booking numbers, dates of birth, and dates of admission to NJHC) in the list of the 6,176 healthcare records to the inmate information on the list of inmates booked during the audit period from OMS.

To assess the completeness and accuracy of the list of the 630 sick call request forms identified by the SQL query (which came from searching for the keyword "s.s_text" in the "Description" data field) in the CorEMR system, we selected a random sample of 20 sick call request form records from the list of 630 sick call request forms that inmates submitted during the audit period. We observed an NSO employee query the CorEMR system as they extracted sick call request data. We reviewed this data on the NSO employee's computer screen, comparing inmate information (i.e., their full name, their date of birth, and the date of their sick call request form submission) to the information on the hard copies of the sick call request forms. Additionally, we selected a random sample of 20 hard copies of sick call request forms from the list of 630 identified by the SQL query and traced the information from the forms (i.e., inmate's full name and date of the sick call request) to the sick call request form scanned into the inmate's file in the CorEMR system.

Based on the results of the data reliability assessment procedures described above, we determined that the CorEMR data obtained for the audit period was sufficiently reliable for the purposes of our audit.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. The Norfolk County Sheriff's Office did not complete an initial medical screening for one inmate upon their admission.

The Norfolk County Sheriff's Office (NSO) did not complete an initial medical screenings for one of its inmates upon their admission. During the audit period, there were 4,350 inmates admitted to the Norfolk Sheriff's Office Jail and House of Correction who were supposed to be provided with initial medical screenings upon their admissions. When testing our sample of 60 inmates, we found that NSO did not provide 1 inmate with an initial medical screening.

Because NSO did not complete an initial medical screening for this inmate, there was a higher-than-acceptable risk that this inmate's medical issues were not identified and treated, potentially affecting the health and safety of this inmate, other inmates, and NSO employees.

Authoritative Guidance

According to Section 932.06(1) of Title 103 of the Code of Massachusetts Regulations,

Written policy and procedure shall provide for an admission medical screening to be performed by health trained personnel or qualified health care personnel for each inmate upon arrival at the county correctional facility. The findings of the screening shall be recorded on a printed form approved by the health authority.

Additionally, Section 601.13(1–2) (Receiving and Screening Procedures) of NSO's Policy CSD 601 (Medical Services) also requires initial medical screenings to be performed on inmates upon their admission:

Receiving and Screening Procedures . . .

- 1. It shall be the policy of the NSO to provide for a medical, dental, and mental health screening to be performed by qualified health service staff or health trained personnel on offenders, including intra-system transfers, upon the offender's arrival at the NSO and prior to placement in population.*
- 2. All findings shall be recorded on the Medical Entrance Screening Form approved by the Medical Director.*

Reasons for Noncompliance

NSO said that it believes the one initial medical screening from our finding was completed but that the evidence confirming this may not have been accurately recorded in the CorEMR system. NSO was unable

to provide us with documentation that confirmed its belief that this initial medical screening was conducted but misrecorded.

Recommendations

1. NSO should establish monitoring controls to ensure that it completes an initial medical screening upon each inmate's admission.
2. NSO should retain documentation confirming that it completed each inmate's initial medical screening.

Auditee's Response

The Norfolk County Sheriff's Office executive and command staff have reviewed the draft report for accuracy and completeness as requested. . . . At this time, we have no requested edits or notes for clarification on the report. Thank you to your team for their dedication and professionalism to this process.

Auditor's Reply

We appreciate the department's cooperation with our audit team and encourage NSO to implement our recommendations regarding this matter. Our team will be conducting a post-audit review in roughly six months to follow up.

OTHER MATTERS

During our audit, we found that the Norfolk County Sheriff's Office (NSO) does not use the sick call functionality offered in the Correctional Electronic Medical Records (CorEMR) system. Instead, NSO staff members manually input sick call request form details in the "Description" data field, which leads to issues when extracting sick call request data since this data is not labeled consistently. This was the case during our audit: the sick call request data we obtained was not properly labeled as such in each instance. Because NSO does not use the full functionality of the CorEMR system for sick calls, it cannot reliably use the designed reporting functions of this system to better track all sick call requests.

NSO stated that, while it does not use the CorEMR system's sick call functionality, its qualified healthcare professionals use different screens and the "s.s_text" keyword within the CorEMR system to manage sick call requests. We note that other county sheriffs' offices use the CorEMR system's sick call functionality. We consider using this functionality to be a best practice because it ensures that NSO keeps this information in a universal format, which in turn helps with monitoring, extracting, and analyzing sick call request data.

We recommend that NSO use the CorEMR system's sick call functionality for all sick call requests to ensure that NSO manages the health and safety of its inmates as effectively as possible.

Auditee's Response

I [Sheriff Patrick W. McDermott] appreciate the objective approach and recommendations to utilize the CorEMR sick call functionality. We are reviewing the existing process as well as the recommendation to ensure the health and safety of the offenders in custody. . . .

My agency is audited regularly by state and national entities. Each audit presents an opportunity for the NSO to continue to strive for excellence. I am proud to inform you that following the close of your audit, the NSO participated in additional review by the American Corrections Association. For the second time in a row, the Norfolk County Sheriff's Office received a perfect score on both mandatory and recommended standards. Additionally in September of 2021, the NSO was audited in National Commission on Correctional Health Care also meeting all mandatory and recommended standards. These incredibly high achievements are made possible by the faith entrusted to us by the public, the dedication of my staff, and the accountability expectations we are held to by our partners like you.

Auditor's Reply

We appreciate the department's cooperation with our audit team and encourage NSO to implement our recommendations regarding this matter. Our team will be conducting a post-audit review in roughly six months to follow up.