

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

Official Audit Report – Issued April 18, 2024

Essex County Sheriff's Department—A Review of Healthcare and Inmate Deaths

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



OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

April 18, 2024

Kevin F. Coppinger, Sheriff
Essex County Sheriff's Department
20 Manning Avenue
Middleton, MA 01949

Dear Sheriff Coppinger:

I am pleased to provide to you the results of the enclosed performance audit of the Essex County Sheriff's Department. 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 Essex County Sheriff's Department. 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
ECPRC	Essex County Prerelease and Reentry Center
ECSD	Essex County Sheriff's Department
ERMA	Electronic Record Management Application
HOC	Middleton House of Correction
HRF	Healthcare Request Form
OCME	Office of the Chief Medical Examiner
OMS	Offender Management System
QHP	qualified healthcare professional
SIU	Security Investigations Unit
WIT	Women in Transition

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 Essex County Sheriff's Department (ECSD) for the period July 1, 2019 through June 30, 2021.

The purpose of our audit was to determine the following:

- whether ECSD complied with and implemented the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and ECSD's "Policy 103 ECSD 222.00 Serious Illness, Injury or Death" regarding the deaths of inmates in its custody;¹
- whether ECSD held quarterly meetings with its contracted healthcare provider and reviewed quarterly reports regarding healthcare services for inmates in accordance with 103 CMR 932.01(3);
- whether ECSD provided its inmates with admission medical screenings upon admission and physical examinations within 14 days after admission, in accordance with Sections 10 and 11 of ECSD's "Policy 103 ECSD 220.00 Medical Services"; and
- whether inmates at ECSD received medical care after submission of a sick call request form in accordance with Wellpath's "Nonemergency Health Care Requests and Services Policy" (HCD-100_E-07) for ECSD.

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

Finding 1 Page 15	ECSD did not provide physical examinations to all of its inmates in a timely manner.
Recommendation Page 16	ECSD should establish monitoring controls (i.e., policies and procedures) over its physical examination process to ensure that its contracted healthcare provider provides physical examinations to all of ECSD's inmates in a timely manner.
Finding 2 Page 17	ECSD did not follow up on all sick call requests in a timely manner.
Recommendations Page 18	<ol style="list-style-type: none">1. ECSD should establish effective monitoring controls (i.e., policies and procedures) over its sick call process.2. ECSD should conduct periodic evaluations of its internal controls to ensure that its contracted healthcare provider follows up on all sick call requests in a timely manner.

1. ECSD informed us that if an inmate is in custody, it means that ECSD has the authorization from a court to incarcerate an inmate until the court orders their release. A death in custody is one that occurs during this period of incarceration.

OVERVIEW OF AUDITED ENTITY

The Essex County Sheriff's Department (ECSD) was established as an independent state agency on July 1, 1999, after Essex County was abolished as a form of government by Section 1 of Chapter 34B of the Massachusetts General Laws. This law was then amended by Chapter 61 of the Acts of 2009. According to Section 4 of this chapter,

All functions, duties, and responsibilities of the office of a transferred sheriff pursuant to this act including, but not limited to, the operation and management of the county jail and house of correction and any statutorily authorized functions of that office, are hereby transferred from the county to the commonwealth.

This transition was completed on January 1, 2010. The Sheriff became an employee of the Commonwealth but remained an elected official and retained administrative and operational control over ECSD. Under the Sheriff's direction, superintendents administer ECSD operations at ECSD's facilities. As of June 30, 2021, ECSD had a total population of 911 inmates in its custody. ECSD's facilities, along with their respective inmate populations, are listed below.

- ECSD's administrative office and the Middleton House of Correction (HOC) are at 20 Manning Avenue in Middleton. As of June 30, 2023, there were 778 inmates housed in HOC (specifically, 488 pretrial male inmates, 289 sentenced male inmates, and 1 sentenced female inmate).
- The Essex County Prerelease and Reentry Center (ECPRC) is at 165 Marston Street in Lawrence. ECPRC houses male inmates with less serious records (i.e., misdemeanors) who are approaching the end of their sentences. As of June 30, 2023, there were 120 sentenced male inmates housed in ECPRC.
- The Women in Transition (WIT) facility is at 197 Elm Street in Salisbury. The WIT facility focuses on reintegration for minimum-security female inmates who are approaching the end of their sentences. As of June 30, 2023, there were 13 sentenced female inmates housed in the WIT facility.
- A Civil Process Office is at 360 Merrimack Street in Lawrence and another is at 45 Congress Street in Salem. These facilities are responsible for administering court orders and delivering legal documents that are essential to all statewide and civil cases that are within Essex County.
- The Lawrence Office is at 360 Merrimack Street in Lawrence. One of the functions of the Lawrence Office is to administer the Supporting Transitions and Reentry Program. This program provides clinical, vocational, and educational services to inmates in preparation for their reentry into the community.
- The Lynn Office is at 100 Willow Street in Lynn. Like the Lawrence Office, it also administers the Supporting Transitions and Reentry Program.

According to ECSD's internal control plan,

The Essex County Sheriff's Department's top priority is to protect residents in the region from criminal offenders. This is accomplished by:

- *Housing inmates in a secure and fair manner.*
- *Practicing correctional policies that comply with all local, state and federal laws.*
- *Using innovative correctional approaches that are in accord with the mission.*
- *Informing and educating the public about the department through the media, tours of the facility and public appearances by the sheriff, administrators, K-9 unit and uniformed personnel.*
- *Providing a professional working environment for the staff, which takes into account at all times their welfare, safety and opportunities for professional advancement.*
- *Providing rehabilitation and academic training to offenders while they are incarcerated, so they will not repeat their mistakes once they are released.*
- *Devising and structuring post-release supervision plans for offenders, to assist them in transitioning back into their respective communities.*
- *Partnering with local, state, and federal law- enforcement agencies in the development of campaigns and programs that fight crime and promote public-safety initiatives.*

As of June 30, 2021, ECSD had 784 employees who supervised and cared for the inmates in ECSD's custody. ECSD's annual state appropriations were approximately \$61.7 million in fiscal year 2020 and \$75 million in fiscal year 2021.

According to ECSD's website, ECSD offers inmates at all of its facilities the following programs and services:

- a detoxification program for pretrial inmates, which includes a 28-day substance use disorder treatment program and individualized care, such as physical, psychological, and emotional assistance, as well as religious services;
- rehabilitation services, including services such as treatment for and recovery from substance use disorder through cognitive behavioral therapy and medically assisted treatment;
- vocational training programs, including programs such as graphic design, food safety and sanitation, hairstyling, masonry, and telecommunication technologies; and
- education programs, including courses such as adult basic education, computer literacy, health and wellness, and English for English-language learners.

Offender Management System

ECSD 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,² booking numbers,³ booking dates, release dates, release types,⁴ and in-custody housing assignments.⁵ During the process of admitting an inmate, one of ECSD's booking officers enters information from a mittimus⁶ into OMS.

Electronic Record Management Application

ECSD uses the Electronic Record Management Application (ERMA), a web-based medical record application administered by Wellpath (formerly known as Correct Care Solutions), ECSD's contracted healthcare provider, to manage inmates' medical records, appointment scheduling, and off-site healthcare.

Inmate Deaths

Section 932.17 of Title 103 of the Code of Massachusetts Regulations (CMR) requires agencies with county correctional facilities, such as ECSD, to establish guidelines for notifications, investigations, reports, and documentation regarding the deaths of inmates or facility employees. According to ECSD's "Policy 103 ECSD 222.00 Serious Illness, Injury or Death," in the event of an inmate's serious illness, injury, or death while in ECSD's custody, at least one of the officers on duty notifies the central control unit.⁷ The unit then notifies ECSD's contracted healthcare provider, ECSD's emergency response team (which is made up of several ECSD officers), and NorthEast Emergency Medical Services to assist, administer medical care, and/or provide transportation to the hospital, if appropriate. This lifesaving assistance continues until either the inmate's condition improves or a physician at the hospital calls the inmate's time of death.

2. A state identification number is a unique number assigned to each inmate in the criminal justice system.

3. A booking number is a unique number assigned by ECSD to an inmate upon their admission to HOC. A new booking number is generated upon every unique admission to the facility.

4. The release type is the way in which an inmate is discharged from a facility, such as bail, death, parole, or completion of their sentence.

5. A housing assignment is an inmate's specific unit, cell, and bed within HOC, ECPRC, or the WIT facility.

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

7. The central control unit is a booth, operated by ECSD employees, in the center of HOC. It is the central site of control for radio communication devices and physical access throughout all of ECSD's facilities. All communication into and out of ECSD's facilities goes through the central control unit.

In the event of an inmate's death, the central control unit notifies ECSD's Sheriff, the superintendent (or their designee) of the facility where the inmate was held in custody, the Security Investigations Unit (SIU), and the health services administrator⁸ of the inmate's death. The superintendent (or their designee) notifies the Massachusetts State Police, the Essex County District Attorney's Office, the Office of the Chief Medical Examiner (OCME), and the inmate's next of kin of the inmate's death.

Once members from the Massachusetts State Police arrive at ECSD, they, alongside SIU, secure the scene of the incident and conduct an investigation to determine the cause and manner of death. OCME conducts a postmortem exam.⁹ After this, OCME completes and signs the death certificate, then releases the body to the inmate's next of kin.

Following the death of an inmate, each involved staff member must submit an incident report to ECSD's superintendent (or their designee) by the end of their shift on the day of the incident. Any treatment and/or lifesaving assistance that were taken are documented in the inmate's medical record. A designated officer collects the deceased inmate's medical record, mental health record, medication record, guest visitation information, and any other pertinent documentation. The superintendent retains all of this documentation for the investigation. SIU may also conduct an investigation while assisting with the Massachusetts State Police's investigation. The assistant director of SIU submits a written investigative report (which contains any documents that correspond to an incident, such as incident reports, external agency reports, medical records, logbooks,¹⁰ and photographs) to the director of security at the conclusion of an internal investigation.

After the death of an inmate, the health services administrator convenes a mortality review¹¹ within 30 days. If the mortality review results in recommendations, then the health services administrator is responsible for ensuring that all affected parties implement these recommendations immediately.

8. According to Wellpath's "Responsible Health Authority Policy" (HCD-100_A-02) for ECSD, the health services administrator is the designated Wellpath employee who "maintains a coordinated system for health care delivery."

9. A postmortem exam is an examination of the deceased's body to determine the cause of death.

10. A logbook is a record of an inmate's transition from one location to another (e.g., from HOC to the WIT facility, or from an ECSD facility to an external hospital).

11. According to Wellpath's "Procedure in the Event of a Patient Death" (HCD-100_A-09) for ECSD, a mortality review "consists of both an administrative and clinical mortality review, as well as a psychological autopsy, if death is by suicide. . . . The clinical mortality review is an assessment of the clinical care provided and the circumstances leading up to a death. Its purpose is to identify areas of patient care or system policies and procedures that can be improved. . . . The administrative mortality review is an assessment of correctional and emergency response actions surrounding a patient's death, regardless of the availability of autopsy results, and is conducted in conjunction with custody staff. . . . The psychological autopsy is a written reconstruction of an individual's life. It is usually conducted by a psychologist or another qualified mental health professional."

Healthcare Services

ECSD's "Request for Responses (RFR)—Comprehensive Health Services to Essex County Sheriff's Department (ECSD) Inmate/Detainees," dated July 18, 2018, outlines the following responsibilities for ECSD's contracted healthcare provider:

3.2 Role of the Contractor

The Contractor [in this case, Wellpath] shall provide services to all inmate/detainees residing in ECSD Facilities.

The Contractor shall be solely responsible for making all decisions with respect to the type, timing and level of services needed by inmates/detainees covered by [contracted healthcare services]. This includes, without limitation, the determination of whether an inmate/detainee is in need of clinical care, inpatient hospitalization, and/or referral to an outside specialist or otherwise needs specialized care. Except as herein otherwise provided, the Contractor shall be the sole supplier and/or coordinator of all medical, mental health, and dental services constituting [contracted healthcare services] under this Contract, and, as such, shall have the sole authority and responsibility for the implementation, modification and continuation of any and all health care for inmates/detainees.

The Contractor shall provide all means of addressing the serious medical, dental and mental health needs of the inmate/detainee population based upon clinical assessments of the individual inmates/detainees in a manner that is cost effective and consistent with community standards of care.

According to the request for responses, ECSD is required to conduct a process performance audit¹² of the quality of the healthcare services that the contracted healthcare provider performs at each facility. ECSD is also required to monitor and review the contracted healthcare provider's staffing level. The contracted healthcare provider's failure to meet or maintain compliance with the contract results in penalties.

Quarterly Meetings

According to 103 CMR 932.01(3),

The county correctional facility [in this case, ECSD] shall require that the health authority [in this case, the contracted healthcare provider] 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.*

12. This audit consists of reviewing various records regarding any medical, dental, mental, or other healthcare services performed by ECSD's contracted healthcare provider.

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 contracted healthcare provider documents and maintains meeting minutes. These meetings cover quality improvement, emergency drills, mortality review findings, and other statistical reports used to monitor trends in the delivery of healthcare at ECSD.

Admission Medical Screenings

According to Section 10 of ECSD's "Policy 103 ECSD 220.00 Medical Services," an admission medical screening is performed by a qualified healthcare professional (QHP)¹³ on each inmate upon admission to HOC to ensure that their health needs are identified and addressed. The 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 QHP records all findings of the admission medical screening electronically in ERMA, specifically on the admission medical screening form, which is then approved by a higher-level QHP. If an inmate refuses the admission medical screening, QHPs counsel the inmate on the benefits of the screening to encourage them to complete it.

Upon each inmate's admission to ECSD, a QHP communicates (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 staff members understands how to access healthcare services.

Physical Examination

According to Section 11 of ECSD's "Policy 103 ECSD 220.00 Medical Services," each inmate committed to the facility for 30 or more days receives a thorough physical examination within 14 days after admission, unless there is documented evidence of an examination within the previous 90 days. The physical examination is completed by a QHP and includes, but is not limited to, reviewing the inmate's medical record, examining the inmate for any signs of trauma or disease, conducting laboratory and/or diagnostic

13. According to Wellpath's "Responsible Health Authority Policy," QHPs "include physicians, physician assistants, nurses, nurse practitioners, dentists . . . mental health professionals, and others who by virtue of education, credentials, and experience are permitted by law to evaluate and care for patients."

tests, and reviewing findings and any follow-up services with inmates who require further treatment. The QHP records the inmate's physical examination data in the inmate's electronic medical record in ERMA, specifically on the physical examination form, which is then reviewed and approved by a higher-level QHP.

Sick Call Requests

According to Wellpath's "Nonemergency Health Care Requests and Services Policy" (HCD-100_E-07) for ECSD, to request access to healthcare, an inmate completes a Healthcare Request Form (HRF) with the following information: the type of service requested (medical, dental, or mental health); the nature of the problem or request; their personal information, including their name, patient identification number,¹⁴ date of birth, and housing unit; and their signature and the date. The inmate then submits the HRF by putting it in a designated, secure lockbox (one of which is located in each housing unit). A QHP picks up HRFs daily to evaluate and triage each request. QHPs provide treatment according to clinical priorities and schedule follow-up appointments as needed. A face-to-face meeting with a QHP is required within 24 hours upon receipt of a HRF. All HRFs that are triaged as emergent are responded to immediately; health concerns that are beyond the responding QHP's expertise are then referred to the most appropriate healthcare provider external to ECSD's contracted healthcare provider. Throughout this process, each inmate's individual medical file (including medical notes¹⁵) is maintained in ERMA.

14. Each inmate is assigned a patient identification number. The patient identification number, which is used in ERMA, is the same as each inmate's state identification number, which is used in OMS.

15. Medical notes are records of the encounters that occur between the contracted healthcare provider and an inmate.

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 Essex County Sheriff's Department (ECSD) 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 ECSD comply with and implement the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and ECSD's "Policy 103 ECSD 222.00 Serious Illness, Injury or Death" regarding the deaths of inmates in its custody?	Yes
2. Did ECSD hold quarterly meetings with its contracted healthcare provider and review quarterly reports regarding healthcare services for inmates in accordance with 103 CMR 932.01(3)?	Yes
3. Did ECSD provide its inmates with admission medical screenings upon admission and a physical examination within 14 days after admission, in accordance with Sections 10 and 11 of ECSD's "Policy 103 ECSD 220.00 Medical Services"?	No; see Finding <u>1</u>
4. Did inmates at ECSD receive medical care after submission of a sick call request form in accordance with Wellpath's "Nonemergency Health Care Requests and Services Policy" (HCD-100_E-07) for ECSD?	No; see Finding <u>2</u>

To accomplish our audit objectives, we gained an understanding of the aspects of ECSD's internal control environment that we determined to be relevant to our objectives by reviewing ECSD's internal control plan and applicable policies and procedures, by conducting site visits, and by interviewing ECSD's management. We evaluated the design and implementation of the internal controls related to the audit objectives. We also tested the operating effectiveness of the supervisory review controls on admission

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

Inmate Deaths

We inspected the list of inmate deaths that occurred during the audit period, which ECSD management provided to us. The list included four inmates who died in ECSD's custody on November 23, 2019; April 29, 2020; October 3, 2020; and April 8, 2021, and whose causes of death were reported as suicide (two) and natural causes (two). To determine whether ECSD complied with 103 CMR 932.17(2) and ECSD's "Policy 103 ECSD 222.00 Serious Illness, Injury or Death" regarding the deaths of inmates in its custody, we performed the following procedures:

- We inspected ECSD's "Policy 103 ECSD 222.00 Serious Illness, Injury or Death" to determine whether ECSD had guidelines that include 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.*
- To determine whether ECSD complied with and implemented the requirements of 103 CMR 932.17(2) and ECSD's "Policy 103 ECSD 222.00 Serious Illness, Injury or Death" regarding the four in-custody deaths that occurred during the audit period, we performed the following procedures:
 - We examined the ECSD incident reports submitted by all staff members involved with and witnesses to each inmate's death to ensure that (1) medical and administrative staff members were notified about each inmate's death; (2) the involved staff members performed lifesaving measures, documented the lifesavings measures they took, and notified the appropriate parties about the inmate's condition; and (3) the superintendent (or their designee) notified the inmate's next of kin.

- We examined each investigative report, which includes all corresponding incident reports, to ensure that (1) ECSD notified the Office of the Chief Medical Examiner (OCME) of the inmate's death and (2) the Security Investigations Unit performed an investigation of the cause(s) of death.
- We examined the list of deaths generated by the Offender Management System (OMS) and each investigative report, which includes all corresponding incident reports, to ensure that ECSD complied with the requirements of 103 CMR 932.17(2) and ECSD's policy on reporting and documentation procedures related to each death.
- We examined each attendance sheet for each mortality review meeting to ensure that appropriate staff members participated in each review of the circumstances surrounding each inmate's death.

We noted no exceptions in our testing; therefore, we determined that ECSD complied with and implemented the requirements of 103 CMR 932.17(2) and ECSD's "Policy 103 ECSD 222.00 Serious Illness, Injury or Death" regarding the deaths of inmates in its custody during the audit period.

Quarterly Meetings

To determine whether ECSD held quarterly meetings with its contracted healthcare provider and reviewed quarterly reports in accordance with 103 CMR 932.01(3), we examined the minutes and attendance sheets (signed by meeting attendees) of 100% (eight) of the quarterly meetings that took place during the audit period between ECSD and its contracted healthcare provider. In addition, we inspected 100% (eight) of the quarterly reports discussed in each of the quarterly meetings, during which attendees reviewed items and topics such as risk management reports, infection control reports, inmate grievances, and medications that the contracted healthcare provider currently administers to inmates. We also inspected 100% (three) of the annual statistical summaries that the contracted healthcare provider submitted to ECSD during the audit period.

We noted no exceptions in our testing; therefore, we determined that ECSD held quarterly meetings with the contracted healthcare provider and reviewed quarterly reports in accordance with 103 CMR 932.01(3) during the audit period.

Admission Medical Screenings and Physical Examinations

To determine whether ECSD provided its inmates with admission medical screenings upon admission and a physical examination within 14 days after admission, in accordance with Sections 10 and 11 of

ECSD's "Policy 103 ECSD 220.00 Medical Services," we selected a random, statistical¹⁶ sample using a 95% confidence level,¹⁷ a 0% expected error rate,¹⁸ and a 5% tolerable error rate.¹⁹ Our sample consisted of 60 out of a total population of 8,701 inmates who were admitted to one of the following facilities during the audit period: the Middleton House of Correction (HOC), the Essex County Prerelease and Reentry Center (ECPRC), or the Women in Transition (WIT) facility. Using our sample, we performed the following procedures:

- We examined each inmate's admission medical screening form to verify the date and time it was completed and signed by a qualified healthcare professional (QHP).
- We calculated the number of days each inmate was committed at HOC, ECPRC, or the WIT facility by comparing each inmate's admission date and release date to determine whether each inmate required a physical examination. For each inmate committed for 30 or more days, we examined the physical examination form and verified the date and time a QHP completed the physical examination. We then calculated the number of days between each inmate's admission date and the date their physical examination was completed.

Based on the results of our testing, we determined that ECSD did not consistently provide each inmate with a physical examination within 14 days after admission during the audit period. See Finding 1 for more information.

We used statistical projection techniques to project the results of our testing to the population of inmates whom ECSD newly admitted during the audit period.

Sick Call Requests

To determine whether inmates received medical care after they submitted a Healthcare Request Form (HRF) in accordance with Wellpath's "Nonemergency Health Care Requests and Services Policy," we selected a random, statistical sample using a 95% confidence level, a 0% expected error rate, and

16. Auditors use statistical sampling to select items for audit testing when a population is large (usually over 1,000) and contains similar items. Auditors generally use a statistics software program to choose a random sample when statistical sampling is used. The results of testing using statistical sampling, unlike those from judgmental sampling, can usually be used to make conclusions or projections about entire populations.

17. 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. A 95% confidence level means that 95 out of 100 times, the statistics accurately represent the larger population.

18. 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 audit results, the understanding of controls gained in planning, or a probe sample. In this case, we are assuming there are relatively frequent errors in the data provided to us by the auditee.

19. 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.

5% tolerable error rate. Our sample consisted of 60 out of a total population of 16,628 HRFs that inmates submitted during the audit period. Using our sample, we performed the following procedures:

- We examined each HRF and documented the date the form was completed by the inmate and the date it was signed by the contracted healthcare provider. We calculated the number of days between the submission date of each HRF and the date the contracted healthcare provider reviewed the HRF to determine whether the sick call request was triaged within 24 hours after its receipt.
- We examined each HRF and the corresponding medical notes within the Electronic Record Management Application (ERMA) to determine whether the QHP reviewed the HRF for the immediacy of needed intervention and referred problems beyond its expertise to the most appropriate healthcare provider external to ECSD's contracted healthcare provider.
- We examined each medical note in ERMA and documented the dates of face-to-face meetings between the inmates and the contracted healthcare provider. We then calculated the number of days between the date the contracted healthcare provider received the HRF and the date a face-to-face meeting was held to determine whether a face-to-face meeting occurred within 24 hours.

Based on the results of our testing, we determined that ECSD did not consistently provide each inmate with medical care after each submission of a sick call request in accordance with ECSD's policy during the audit period. See Finding 2 for more information.

We used statistical projection techniques to project the results of our testing to the population of HRFs that inmates submitted during the audit period.

Data Reliability Assessment

OMS

To assess the reliability of the inmate data that we obtained from OMS, we interviewed ECSD's information technology employees who oversee the system. We tested general information technology controls (e.g., access and security management controls). We selected a random sample of 20 inmates from the list of inmates in OMS and compared the inmates' information from this list (i.e., their full name, their date of birth, the booking date, and their sex) to the information in the original source document (the mittimus). We also selected a random sample of 20 hard copies of the mittimuses and compared the inmates' information from the mittimuses (i.e., their full name, date of birth, booking date, and sex) to the information in the list of inmates in OMS for agreement. In

addition, we tested the inmate admission data of 8,701 inmates for duplicate records. We also reconciled the list of in-custody deaths from OMS with the list provided to us by OCME.

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

ERMA

To assess the reliability of the sick call data that we obtained from ERMA, we interviewed officials (from ECSD and its contracted healthcare provider) who were knowledgeable about the data. We reviewed System and Organization Control reports²⁰ that covered the audit period and ensured that an independent auditor had performed certain information system control tests. In addition, we compared the inmate information contained in the sick call data from ERMA to the inmate's booking information in OMS. We also tested the sick call data for any worksheet errors (e.g., hidden objects such as rows, headers, and other content).

To confirm the completeness and accuracy of the sick call data in ERMA, we selected a random sample of 20 records in the sick call data in ERMA and compared the information in the data (i.e., the inmate's name, their patient identification number, and the date of the sick call request) to the information on the hardcopy HRFs for agreement. We also selected a random sample of 20 hard copies of HRFs and traced back to the sick call data in ERMA the information on the forms (i.e., the inmate's name, their patient identification number, and the date of the sick call request).

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

20. A System and Organization Control report is a report on controls about a service organization's systems relevant to security, availability, processing integrity, confidentiality, or privacy issued by an independent contractor.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. The Essex County Sheriff's Department did not provide physical examinations to all of its inmates in a timely manner.

The Essex County Sheriff's Department (ECSD) did not provide physical examinations to all of its inmates who were committed to the facility for 30 or more days within 14 days after their admission. In our testing, we selected a random, statistical sample of 60 inmates out of 8,701 inmates committed to ECSD's facilities for more than 30 days and found that 6 inmates did not receive physical examinations within the required timeframe. These 6 inmates received physical examinations between 15 to 20 days after their admission to one of ECSD's facilities.

We projected the test results from our sample of 60 inmates to the total population of 8,701 inmates who were admitted during the audit period. Based on this, we are 95% confident that ECSD did not provide physical examinations in a timely manner to at least 329 inmates who were admitted to ECSD's facilities during the audit period.

If ECSD does not provide its inmates with timely physical examinations, then those inmates with healthcare issues may not have their issues identified and treated in a timely manner or at all. This could lead to a higher-than-acceptable risk of those inmates' conditions worsening, which could affect the health and safety of all of ECSD's inmates.

Authoritative Guidance

Number 1 of Section 11 of ECSD's "Policy 103 ECSD 220.00 Medical Services" states,

Each inmate committed to the facility for thirty (30) days or more shall receive a thorough physical examination no later than seven days after admission. This time frame may be extended to within 14 days of admission for cases in which the admission screening was completed by a physician, physician's assistant, or registered nurse.

Reasons for Noncompliance

ECSD has not established sufficient monitoring controls (i.e., policies and procedures) over its physical examination process to ensure that its contracted healthcare provider provides physical examinations to all of ECSD's inmates in a timely manner.

Recommendation

ECSD should establish monitoring controls (i.e., policies and procedures) over its physical examination process to ensure that its contracted healthcare provider provides physical examinations to all of ECSD's inmates in a timely manner.

Auditee's Response

The Department and its contracted healthcare provider are dedicated to ensuring the delivery of quality healthcare to persons in the custody of the Department. The audit period of July 1, 2019–June 30, 2021, was an unprecedented time in the field of healthcare and corrections. The global COVID pandemic resulted in modifications of day-to-day operations in Essex County, just as it did for all correctional facilities across the country. Given the risks inherent in a congregate setting, the Department and Wellpath took a myriad of steps to protect its incarcerated population and contain the spread of the virus. This included the creation of a "New Man" unit at the Middleton facility to house new-Pre-Trial and/or Sentenced inmates for a 14-day period to monitor for signs of COVID, and a myriad of additional measures to limit movement throughout the facility to contain the virus. During this time period, the Department was responsible for the health and safety of approximately 800 employees, vendors and volunteers, as well as one of the largest inmate populations at a county level in the Commonwealth. Staff, both correctional and medical, reported to work in-person on a daily basis and were on the front lines of containing and suppressing the virus within the facility. Significantly, in the face of the pandemic and the resulting staffing and service delivery crisis, all inmates had access to medical care as needed on a daily basis. That said, we acknowledge that some physical examinations may have been performed outside the 14-day window in light of the factors and conditions referenced above. However and of significance, based on the data and access to electronic medical records provided to the audit team, it is important to note that all required medical assessments were completed between 15-20 days after admission despite the conditions referenced above.

It is the belief of both the Department and WellPath that emerging from the pandemic, a comprehensive set of monitoring controls exist over its physical examination process to ensure that all examinations are, and will continue to be, conducted in a timely manner in the future. This includes internal policies, procedures, training, resources, and consistent staffing levels with respect to the administering of medical care, including examinations. As you know, during the audit both the Department and Wellpath provided you with relevant policies and procedures, as well as the provider's obligations as set forth in the medical contract. Moreover, the Department has a specifically identified contract monitor in place to ensure Wellpath complies with its contractual obligations, including with respect to conducting examinations in a timely manner. This was being monitored throughout the audit period however, as a result of the conditions set forth above, the Department concedes that some examinations were conducted during the 15-20 day period. In addition and as evidenced by the data and information provided to you during the audit, the Department has regular and ongoing communications with Wellpath staff in the form of quarterly Continuous Quarterly Improvement ("CQI") meetings and Medical Audit Committee ("MAC") meetings. In fact, MAC meetings now take place on a monthly basis. Moreover, the Department's

contract monitor meets weekly with the Wellpath [health services administrator] to discuss issues as they arise.

Independently, in viewing the provision of medical care and treatment at the Department in a larger context, we would note the following. The Department has been and is currently accredited by the American Correctional Association ("ACA") and the Department of Correction ("DOC"). In November, 2021 an ACA audit team visited the Middleton facility to address approximately 400 standards, including with respect to medical and staffing. The facility received its highest ever score of a 98.6% compliance rate for non-mandatory standards and 100% compliance for mandatory standards. The DOC audit of the Middleton facility in November, 2021 included an assessment of standards pertaining to medical, which were found to be in full compliance. In addition, WellPath has received accreditation from the National Commission on Correctional Health Care ("NCCHC").

Accordingly, and in light of the foregoing, we respectfully request that the unique nature of this audit period be taken into consideration and noted in the final audit report. That said and while medical staff are familiar with and aware of the importance of providing physical examinations in a timely manner, we will again remind and emphasize the subject with staff at all levels to ensure future compliance. Moreover, the Department is committed to continuing to monitor the services provided by WellPath to ensure that its contractual obligations are met.

Auditor's Reply

We acknowledge that this was an unprecedented time in the fields of healthcare and corrections due to the COVID-19 pandemic.

As noted above, under Section 11 of ECSD's "Policy 103 ECSD 220.00 Medical Services," ECSD is required to provide all inmates with a physical examination no later than 14 days after admission. Although ECSD requires its contracted healthcare provider to provide physical examinations to its inmates, sufficient monitoring controls (i.e., policies and procedures) over its physical examination process must be in place to ensure that its contracted healthcare provider provides physical examinations to all of ECSD's inmates in a timely manner.

We acknowledge ECSD's commitment to emphasize this matter with staff members at all levels to ensure future compliance and believe doing this will support implementation of this recommendation.

2. The Essex County Sheriff's Department did not follow up on all sick call requests in a timely manner.

ECSD did not follow up on all sick call requests in a timely manner. In our testing, we selected a random, statistical sample of 60 Healthcare Request Forms (HRFs) out of 16,628 HRFs and found that ECSD did not

follow up on 6 HRFs with face-to-face meetings with qualified healthcare professionals (QHPs) within 24 hours upon receipt.

We projected the test results from our sample of 60 HRFs to the total population of 16,628 HRFs that were submitted during the audit period. Based on this, we are 95% confident that ECSD did not follow up on at least 627 HRFs with face-to-face meetings with QHPs within 24 hours upon receipt.

If ECSD does not follow up on all sick call requests, then there is a higher-than-acceptable risk that inmates may not have their healthcare issues properly resolved, either in a timely manner or at all.

Authoritative Guidance

According to Section 6.6 of Wellpath's "Nonemergency Health Care Requests and Services Policy" (HCD-100_E-07) for ECSD, "A face-to-face encounter for a health care request is conducted by a qualified health care professional, within 24 hours of receipt by health care staff."

Reasons for Noncompliance

ECSD has not established effective monitoring controls (i.e., policies and procedures) over its sick call process, and it does not conduct periodic evaluations of its internal controls to ensure that its contracted healthcare provider follows up on all sick call requests in a timely manner.

Recommendations

1. ECSD should establish effective monitoring controls (i.e., policies and procedures) over its sick call process.
2. ECSD should conduct periodic evaluations of its internal controls to ensure that its contracted healthcare provider follows up on all sick call requests in a timely manner.

Auditee's Response

The Department and its contracted healthcare provider respectfully refute this finding for the reasons set forth in greater detail below [including personally identifiable information related to the inmates who correspond to the 6 sick call requests in question, which is not included in this report]. Auditors were given access to and training on how to interpret all information requested for their 60 patient sample. [Specific information regarding each patient's sick call request] was provided to the audit team when an explanation was requested on the six (6) patients the audit team determined did not receive a sick call follow-up within 24 hours. . . .

Lastly, while it is our belief that we are in compliance in this area, to the extent that you disagree, we would again ask that you consider the unique nature of the audit period and circumstances on the ground as referenced in response number one (1) above, which is again incorporated herein.

Auditor's Reply

We acknowledge the unique nature of the circumstances that occurred during our audit period. The global pandemic placed significant and unprecedented strains on our healthcare and correctional systems, which required personnel to change systems and processes with extremely limited time and resources.

We asked ECSD about 16 of the HRFs from our sample of 60 HRFs. ECSD provided us with supporting documentation for 10 out of the 16 sick call requests for face-to-face meetings, which we originally questioned, given the language in Section 6.6 of Wellpath's "Nonemergency Health Care Requests and Services Policy" (HCD-100_E-07) for ECSD, which we quote in the "[Authoritative Guidance](#)" section of this finding. When we asked a Wellpath official to provide supporting documentation regarding these 16 sick call requests, they emailed us on September 28, 2023 with an attached Microsoft Excel spreadsheet. According to that email, Wellpath included in this spreadsheet "only those [sick call requests] with documentation proving a face to face appointment happened within the 24 hour timeframe, 10 total."

Our audit team provided multiple opportunities for ECSD to submit supporting documentation confirming that each face-to-face meeting between an inmate and the contracted healthcare provider occurred within 24 hours upon receipt of a HRF. We respect ECSD's perspective on this matter and included ECSD's response (excluding any personally identifiable information related to the inmates who submitted the 6 sick call requests in question) in the final report. We acknowledge the unprecedented, difficult environment during the audit period. Still, we believe our finding to be substantiated and encourage ECSD to conduct periodic evaluations of its internal controls to ensure that its contracted healthcare provider follows up on all sick call requests in a timely manner.