

Texas Commission on Jail Standards Special Inspection Report¹²

Deficiency Description:

Documentation reviewed after a custodial death revealed that daily orders were written for the patient to receive keep on person (KOP) blood pressure medication; however, this order was not filled, nor was the medication provided once the inmate was housed.

Who The Chief Medical Officer of Correctional Health will be responsible for ensuring the corrective action plan that has been developed, is executed and audited to strengthen patient care and outcomes, and to avoid errors that cause nonconformities.	
What <p>During the review of a custodial death on December 19, 2022, by TCJS, a deficiency was noted related to a patient not receiving KOP medication for self-administration after being housed for 4 days, March 23-27, 2022. The practice in place at that time was for nurses to provide patients with KOP medications, once verified and filled by the on-site pharmacy.</p> <p>After a thorough review of the KOP order and delivery process as an area for improvement, a new protocol was established to have Pharmacy Services begin distributing these medications, once verified and filled. The new protocol for the 1200 facility had a go-live date of March 28, 2022.</p> <p>KOP medications are approved by the Chief Medical Officer and Pharmacy Director. The list of KOP approved medications are recorded in the Correctional Health Pharmacy Formulary (available in the Pharmacy).</p> <p>When a provider writes an order for a KOP medication approved for self-administration, said medication will be provided to the patient within 48 hours.</p> <p>Medications approved for self-administration will be prescribed on a patient-to-patient basis. Patients must agree to the following to be prescribed KOP medications:</p> <ol style="list-style-type: none">1. Take the medication as directed and do not skip doses.2. Will notify healthcare staff of any questions, concerns, problems with medications.	Complete Date 1/20/2023

¹ Response to TDCJ Special Investigation Report (dated December 19, 2022) directed to the Harris County Jail

² Harris Health System responses are being provided in accordance with Article 2, Section G.4 and Article 3, Section B.6 of the interlocal agreement for correctional health services with Harris County, which require Harris Health System to cooperate with the Sheriff's Office on matters of mutual concern.

3. Protect the medication and do not sell, trade or allow medication to be stolen.
4. Bring KOP medications each time they present for a clinic appointment to see a provider.
5. Sign electronically or sign paper KOP Medication administered form that is issued by Pharmacy with the packaged KOP medication.

Provider Responsibility includes the following:

1. If the provider has determined that the patient is able to assume responsibility for self-medication, the provider will order the medication as a KOP (if medication and/or location are eligible for KOP).
2. The provider will reconcile all medication orders during every patient encounter.
3. When patient's condition changes and the patient is no longer eligible for KOP, the provider will write new medication orders thus discontinuing the KOP status and converts to Non-KOP medication status.

Trained Medical Staff, identified as Pharmacists and Pharmacy Technicians are responsible for medication distribution.

1. KOP medications for delivery to patients are separated by the Pharmacy and delivered by the trained medical staff as applicable by location.
2. The packaged medication has a KOP Medication Administration form attached by Pharmacy contains the followings:
 - a. Medication Name
 - b. Dosage
 - c. Quantity
 - d. Instructions for taking

- e. Patient name
- f. SPN
- g. Patient location

3. Patient signs electronically acknowledging receipt of the medication
4. Trained Medical staff electronically signs to acknowledge the delivery of medication.
5. When the trained medical staff or patient is unable to sign electronically, a paper KOP Medication administration form is used and scanned into the patient's medical record.

NOTE: Any undelivered KOP medications are returned to the Pharmacy.

NOTE: If the patient is released from Correctional Health facility, patient may take the dispensed KOP medications.

Pharmacy

1. Authenticates the KOP order.
2. Verifies the allergies.
3. Fills the KOP medication as written by the provider and for the duration as determined by the Provider/Pharmacy agreement.
4. Attaches the KOP Medication Administration form to the packaged medications for trained medical staff to pick up.
5. Receives returned KOP medications.

NOTE: If a non-KOP medication is inadvertently written as a KOP, Pharmacy is authorized to automatically switch the

medication to Non-KOP

Housing Changes for patients with KOP Medications:

When a patient has a change in housing, medication administration remains a priority.

Patients retain possession of KOP meds that are properly labeled and in containers issued from Pharmacy when changes in housing occur, unless the housing or behavior disqualifies the patient from KOP medications.

NOTE: KOP medications are removed from patients who are no longer deemed eligible for personal medication management

HCSO personnel may confiscate medications that are not properly labeled. Confiscation activities are to be reported to medical personnel, and the medications taken to the Pharmacy. Medical personnel being notified of the confiscation of KOP medications from a patient will initiate arrangements for alternate delivery methods to prevent interruption to medication therapy.

A new order from a provider is required to stop KOP delivery, and the order is rewritten to encompass direct delivery by trained medical staff.

Epic will reflect the patient's change to the new housing location once it is updated through ADT.

When a nurse determines that a patient receiving medications has been relocated within the Correctional Facility, the nurse will work with Pharmacy in assuring that the medication is delivered to the new location, and that the new location is reflected in EPIC.

Nurses who encounter patients who have been assigned to their area and report that they should be receiving medication, will work with Pharmacy to ensure that prescribed medications are being sent to the correct location as reflected in EPIC; arrangements are made to deliver the medication as soon as possible to preserve the patient's continuity of care.

If the trained medical staff is in possession of a KOP medication for a patient that is no longer in that location, the trained medical staff will deliver the medication to the new location or return the medication to the pharmacy and place in

the medication return bin.	
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Follow-up

On January 9, 2023, Pharmacy Services will begin an internal audit of KOP medications ordered by a provider at intake to determine if patients are being distributed their medication within 48 hours. Daily for 30 days, a sample size of 20 patients seen at intake on a given day who had an order placed 72 hours (3 days) prior, with a chronic illness (to include but not limited to HIV, diabetes, hypertension and seizure disorder) and a KOP order will be included. The Director of Pharmacy Services or designee, will provide the Chief Medical Officer with this report to ensure compliance. Any patients identified as not having received their medication will require immediate review and action to have pharmacy deliver the ordered KOP to the patient. All medications identified as being distributed outside of the 48 hour window will require a chart review to determine the barrier(s) to fulfill the order in the given time. These audit reports will be submitted to HCSO on a weekly basis to ensure compliance with medication distribution and immediate action on charts of noncompliance.

Texas Commission on Jail Standards Special Inspection Report³

Supplemental Response to TDCJ Special Investigation Report (dated December 19, 2022) directed to the Harris County Jail

Deficiency Description:

Documentation reviewed after a custodial death revealed that while insulin was reviewed, ordered and provided while the inmate was in intake, it was not reviewed, ordered and provided once the inmate was housed.

Who The Chief Medical Officer of Correctional Health will be responsible for ensuring the corrective action plan that has been developed, is executed and audited to strengthen patient care and outcomes, and to avoid errors that cause nonconformities.	
What During the review of a custodial death on December 19, 2022, by TCJS, a deficiency was noted related to insulin being reviewed, ordered and provided while the inmate was in intake, it was not reviewed, ordered and provided once the inmate was housed, March 23-27, 2022. The practice in place at the time of the incident was for Practitioners and Advanced Practice Practitioners to order medication for one time dosing while in the Joint Processing Center, followed by an additional order once the provider was aware that the patient received a housing location. Correctional Health Services support non-KOP medication delivery, by Direct Observation Therapy, which is medication administered by a licensed or delegated professional as a single dose at prescribed times. The Non-KOP Medication Administration Process for Correctional Health, as of December 2022 Non-KOP Medication: Medication that is not patient self-administered, but is administered by a nurse or health care practitioner. A. Patients are screened during intake for the use of prescribed medications. Patients with an identified medication need are seen by a Practitioner or Advanced Practice Practitioner for assessment and initiation of continuing medication therapy by a licensed provider. B. Medications are prescribed only when clinically	Complete Date 01/20/2023

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indicated.

- C. Correctional Health Pharmacy receives orders for prescribed non-KOP medications through the EMR and assess ordered medications. A Registered Pharmacist verifies the order(s) and allergies.
- D. Individuals in custody entering the facility on verifiable prescription medication continue to receive the medication in a timely fashion.
- E. Medications are administered/delivered in a timely and safe manner consistent with standard correctional administration times. Routine medications are administered at all housing locations by licensed Correctional Health personnel.
- F. For patients going to court or for scheduled appointments off campus, Harris County Sheriff's Officers (HCSO) will make arrangements to bring the inmates to the medical clinic to receive their non-KOP medication before going to court. These individuals are identified via a court list or an outside medical appointment list, based upon the patient location.
- G. If the patient misses medication because of being in court or off campus, the patient will receive their medication upon their return to the unit or at the next scheduled medication time. Detention Officers should arrange for the patient to be brought to the medical clinic to receive the missed medications as close to scheduled delivery time as possible. Nursing has access to the missed medication report within the EMR, to identify those patients who missed non-KOP medication pass.
- H. Patients on non-KOP medications receive medications via DOT to ensure that the medications are taken as prescribed. Administration of any/all medication is documented in the EMR.
- I. The Correctional Health Pharmacy, in conjunction with the Nursing and Performance Improvement Departments, is responsible for reviewing and identifying any problems in the administration and delivery of medication, medication errors, and adverse patient outcomes.

Follow-up

In December 2022, the First Dose Now order was discontinued as a result of Practitioners and Advanced Practice Practitioners not consistently ordering maintenance medication. There was end-user testing with the Pharmacy Information Technology team and all orders must contain a frequency which attaches the medication to the patient's medication administration record for maintenance dosing. Please see the attached training slides below for pharmacy, medical and nursing staff.

Changes to Insulin Orders

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Previous Insulin Order Practice

The screenshot shows a software interface for creating an insulin order. The drug is 'insulin glargine yfgn (SEMGLER) 100 units/ml, injection 10 Units'. The dose is set to 10 units. The route is 'Subcutaneous'. The frequency is set to 'First Dose Now - Non KCP'. The calculated dose is 0.1 mL. The product is 'INSULIN GLARGINE HYFEN (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION'. The dispense amount is 0.1 mL. The dispense code is 'Bulk'. The interface includes fields for 'Dose', 'Route', 'Frequency', 'Admin Instructions', 'Priority', 'Note to Pharmacy', 'Product', 'Dispense from', 'Product', 'Package', 'Dispense amount', 'Charge method', 'Dispense every', 'Do not dispense', and 'Dispense day's supply for'.

FDN button was being used as a one time dose.

While patients were awaiting placement, a new order was being placed daily with the "FDN" frequency selected.

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Insulin Order Change

insulin glargine-yhgh (LANTUS) 100 unit/mL injection, 10 Units

Dose: 10 Units

insulin glargine-yhgh (LANTUS) 100 unit/mL injection, 10 Units

Missing weight for dose checking

Override Reason/Comment: Default Outweight Risk Link Risk Dose correct Override Reason...

Calculation error: 0.7 mg

Route: Subcutaneous

Frequency:

- Q12H (Insulin) - Non KCP (Nurse Administered)
- Q AM (Insulin) - Non KCP (Nurse Administered)
- Q PM (Insulin) - Non KCP (Nurse Administered)
- Q12H (Insulin) - Non KCP (Nurse Administered)
- FDN (Insulin) - Non KCP (Nurse Administered)

Starting: 12/13/2022 Today Tomorrow

End Date: 10 Hours Days

First Dose: 10:26

Next Dose: Today 10:30 Last Dose: Sat 12/17 09:00 Number of doses: 30

12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27
1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500

Admin instructions: For SC use

Priority: Routine

Note to Pharmacy: Add Note to Pharmacy

Self Administered: Patient Supplied: Dose: 100mg

Product: INSULIN GLARGINE YHGH (LANTUS) 100 UNIT/ML SUBCUTANEOUS SOLUTION

Dispense from: HCCOZ INSULIN FLOORSTOCK... First Dose from: HCCOZ INSULIN FLOORSTOCK...

Product: INSULIN GLARGINE YHGH (LANTUS) 100 UNIT/ML SUBCUTANEOUS SOLUTION (BMS)

Package: 10 mL Vial (NDC 0092-351-08) Dispense package: 1

Dispense amount: 10 mL

Charge method: Standard Dispense order: Sub

FDN button for insulin is now deleted. Providers are encouraged to order maintenance doses for insulin. If they want the dose to be given ASAP, they can utilize the "include now" button and that will default the start time to the nearest quarter time (aka if you order at 10:26, it will default to start at 10:30)

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One Time Doses

- Providers are still able to order one time doses of insulin (in the event of needing a corrective dose or if patient is pending further evaluation)
- They must utilize the "once" frequency button and they must attest that they indeed intend to only give a one time dose

BestPractice Advisory - Wilson, Gray

High Priority (1)

You have ordered a one-time dose of insulin. Please attest that the patient only requires a one-time dose of insulin or that a maintenance dose has been ordered separately.

Remove the following orders?

Remove Keep

insulin glargine (LANTUS) 100 unit/mL injection 10 Units
10 Units (0.147 Units/kg), Subcutaneous, Once - Non KCP (Nurse Administered), 1 dose, today at 11:45, Routine

Acknowledge Reason

1-time dose Add'l Order

Accept Cancel

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