

## Chapter 27

# Corrections and Policing—Providing Primary Medical Care in Adult Secure-Custody Correctional Centres

### 1.0 MAIN POINTS

By July 2020, the Ministry of Corrections and Policing had made progress in implementing recommendations on its Ministry's processes for the provision of primary medical care to adult inmates in Saskatchewan's four adult secure-custody correctional centres.

The Ministry and correctional centres had developed new policies and directives on health care, and updated existing ones.

The Ministry also made progress on developing mandated training for nurse managers. It plans to deliver this training during 2020-21. The Ministry also developed a new form to facilitate transferring key medical information when inmates move between correctional centres, which the correctional centres are starting to use.

The correctional centres made progress on tracking first-aid certifications and reporting to the Ministry on currency of certification. However, they did not do so accurately.

The Ministry updated its policy on complaints to require correctional centres to track, respond to, and analyze inmate medical care complaints timely. Correctional centres need to respond to complaints timely, and provide the Ministry with a complete analysis of trends and corrective action taken.

The Ministry is developing a review process to ensure the medical care provided in correctional centres identifies and addresses the needs of inmates. It expects to begin the review process in October 2020.

Primary medical care received in a correctional centre can play a role in reducing health inequality for vulnerable inmates that come from backgrounds with a likelihood of declining health. Serious health issues may arise without timely and appropriate medical care. Effective primary medical care in correctional centres can improve the health of the overall community by resulting in less transmittable diseases and reduced crime by treating mental health problems.<sup>1</sup>

### 2.0 INTRODUCTION

The Ministry of Corrections and Policing is responsible for the establishment, administration, maintenance, and operation of correctional facilities.<sup>2</sup> Although there is no expressed reference to medical care services in *The Correctional Services Act, 2012*, the Ministry acknowledges that administration and operation of correctional centres includes the provision of medical services, such as treatment, care, and medication for inmates in correctional centres.

<sup>1</sup> [www.stmichaelshospital.com/media/detail.php?source=hospital\\_news/2015/20150225\\_hn](http://www.stmichaelshospital.com/media/detail.php?source=hospital_news/2015/20150225_hn) (18 September 2020).

<sup>2</sup> Section 4 of *The Correctional Services Act, 2012*.



The Ministry's policy on Health Care Standards states the quality of care that inmates receive in a provincial correctional centre should be similar to that experienced by those in the community. Health services provided to inmates are client centred, responsive to individual needs, comprehensive, and sustainable.<sup>3</sup>

Primary medical care is a community's first and main point of contact with the health system. The focus of primary care is helping people live the healthiest lives possible; when they need health care, providing the right care, at the right time, right in their communities.<sup>4</sup>

Primary medical care includes medical care provided to inmates upon their admission to correctional centres, urgent care, health promotion, disease prevention, and follow-up care. It may also include referral by medical staff in the secure-custody correctional centre to a specialist or an emergency department. It does not include specialized health care (e.g., cardiac rehabilitation programs, chronic disease management programs).

## 2.1 Focus of Follow-Up Audit

This chapter describes our first follow-up audit of management's actions on the recommendations we made in 2018.

Our *2018 Report - Volume 1*, Chapter 3, concluded that the Ministry of Corrections and Policing had effective processes, except in the areas of our nine recommendations, for the provision of primary medical care to adult inmates in its secure-custody correctional centres.

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. The Ministry of Corrections and Policing agreed with the criteria in the original audit.

To carry out our follow-up audit, we discussed actions taken with the Ministry and reviewed key documents provided by management (e.g., tracking sheets, reports).

## 3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at July 31, 2020, and the Ministry's actions up to that date.

### 3.1 Nurse Manager Orientation Developed

***We recommended the Ministry of Corrections and Policing deliver orientation training for the nurse manager positions in adult secure-custody correctional centres.*** (2018 Report – Volume 1, p. 30, Recommendation 1; Public Accounts Committee agreement September 28, 2019)

**Status**—Partially Implemented

<sup>3</sup> Corrections and Policing, Adult Custody Services Policy Manual, *Health Care Standards*, (1996).

<sup>4</sup> [www.euro.who.int/en/health-topics/Health-systems/primary-health-care/primary-health-care/questions-and-answers-understanding-primary-health-care#384498](http://www.euro.who.int/en/health-topics/Health-systems/primary-health-care/primary-health-care/questions-and-answers-understanding-primary-health-care#384498) (18 September 2020)

The Ministry of Corrections and Policing developed a nurse manager orientation and communicated the required training to correctional centres in late June 2020. This is a new initiative and the Ministry expects training to occur within communicated timeframes (e.g., five months of commencing work as a nurse manager).

The new nurse manager orientation includes relevant key content for the provision of medical care in a correctional centre setting, including courses such as incident reporting, substance abuse, and resolving conflicts constructively. Other courses focus on managerial responsibilities such as conflict of interest, work planning for managers, and code of professional conduct.

The Ministry coordinated the nurse manager orientation centrally and communicated its availability to correctional centres.

The Ministry mandated the following timeframes for the completion of the training by nurse managers: within three months for current nurse managers (pending session availability), and prior to the first probationary review for new nurse managers—the review which typically occurs at five months.

The Ministry assigned each correctional centre's Deputy Director of Standards and Communication to be responsible for overseeing completion of the required training.

At July 31, 2020, nurse managers had not yet completed the required orientation training. In addition, the correctional centres were not yet tracking whether completion occurred within required timeframes.

Without completing the training, nurse managers may be unprepared and struggle in this key role in a correctional centre. The working environment of a secure-custody correctional centre differs from a hospital. This can lead to staff turnover, which may affect medical care to inmates.

### 3.2 Accurate Tracking of First-Aid Certifications Needed

***We recommended the Ministry of Corrections and Policing monitor the currency of first-aid certifications of correctional staff from adult secure-custody correctional centres.*** (2018 Report – Volume 1, p. 31, Recommendation 2; Public Accounts Committee agreement September 28, 2019)

**Status**—Partially Implemented

The Ministry of Corrections and Policing requires the adult secure-custody correctional centres to track first aid, cardiopulmonary resuscitation (CPR), and automated external defibrillator (AED) certifications and report on the currency of certification. Most staff have current first aid certifications.

The Ministry updated its Health Care Standards Policy in June 2020 to assign responsibility for monitoring the currency of staff certifications to the Director of each correctional centre. The policy states the Director shall develop an annual plan to address those staff members whose certification expires in the upcoming fiscal year.



In the four adult correctional facilities, for 29 of 30 staff we tested, their first aid certifications were current. For the individual without a current certification, the certification had lapsed and the employee is required to take the certification course.

We found the correctional centres appropriately track first aid certification expiry dates to confirm their currency for all staff. They use certification-tracking sheets.

However, our testing found the certification-tracking sheets were not always accurate. For 3 of 30 employees we tested, the certification expiry date on the tracking sheet did not match the actual expiry date on the certificate. By the end of October 2020, the Ministry expects correctional centres to review tracking sheets to verify accuracy.

We also found correctional centres submit tracking sheets to the Ministry for monitoring. Correctional centres reported between 90 and 100% compliance of staff holding current certifications. For correctional centres not reporting 100% compliance, they generally identified reasons for staff not having current certifications; reasons included staff on leave of absences, or new staff awaiting the next training course. All four correctional centres communicated their plans to the Ministry to ensure correction staff first-aid certifications are current.

Monitoring and maintaining current first-aid certification ensures adult secure-custody correctional centres' correctional staff has training to provide emergency care to inmates as required.

### 3.3 Routine Review of Medical Care Policies, Directives, and Analysis of Gaps Developed

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***We recommended the Ministry of Corrections and Policing regularly update medical care policies for adult secure-custody correctional centres.***

*(2018 Report – Volume 1, p. 32, Recommendation 3; Public Accounts Committee agreement September 28, 2019)*

**Status**—Implemented

The Ministry of Corrections and Policing developed new policies and updated existing policies to address gaps in medical care policies.

In December 2019, the Ministry developed an improved tracking system for health care policies. The Ministry maintained a schedule to track reviews of its medical care policies every three years.

For three policies we tested, the Ministry reviewed and updated its policies in accordance with expectations. The appropriate position within the Ministry approved the three policies.

Through its review of medical care policies, the Ministry determined several areas where it required new policies, or needed to update existing policies. New policies since our 2018 audit include topics such as lice control, emergency medical response, and communicable disease outbreaks. At July 2020, the Ministry is also developing a policy on health care intakes and transfers.

Effective medical policies provide current and overall direction on key areas. Regular reviews help identify whether policies remain relevant and give current direction for the correctional centres to use in daily operations and decision-making.

***We recommended the Ministry of Corrections and Policing have adult secure-custody correctional centre staff regularly update medical care directives.*** (2018 Report – Volume 1, p. 32, Recommendation 4; Public Accounts Committee agreement September 28, 2019)

**Status**—Implemented

Correctional centres reviewed and updated medical care directives in accordance with expectations. They developed new directives to address gaps where medical care directives did not previously exist.

As of February 2020, the Ministry expects each correctional centre to develop directives that help them put the Ministry policies into operation. The Ministry recognizes delivery of correctional services may differ between the women and men's facilities and because of the different inmate populations in each of its facilities.

All nine directives we tested were current and appropriately approved. The correctional centres each maintain a schedule to track reviews of medical care directives as of July 2020.

All correctional centres developed new directives to address gaps where directives previously did not exist. These new directives included key topics such as infection prevention control, intravenous medication administration, and hunger strikes.

A current and comprehensive set of current directives aids in ensuring inmates receive consistent and up-to-date medical care. The tracking sheets help to mitigate the risk that correctional centres may miss updating a directive.

### 3.4 Transferring of Inmate Medical Information Needed for Continuity of Care

***We recommended the Ministry of Corrections and Policing require staff to transfer inmate medical files between adult secure-custody correctional centres when it moves inmates between centres or former inmates re-enter the system.*** (2018 Report – Volume 1, p. 34, Recommendation 5; Public Accounts Committee agreement September 28, 2019)

**Status**—Partially Implemented

The Ministry of Corrections and Policing revised the nurse-to-nurse form used to transfer comprehensive medical details and records when an inmate is transferred between correctional centres.

The revised nurse-to-nurse form became effective June 29, 2020.<sup>5</sup>

<sup>5</sup> The correctional centres do not complete the nurse-to-nurse form if an inmate re-enters the system at a different correctional centre. Rather, the nurse at the receiving correctional centre completes an initial medical assessment on all inmates entering the correctional centre.



We found the revised nurse-to-nurse form captures information pertinent to the medical staff at the receiving correctional centre for transferring inmates. We also noted the revised form requires the initial nurse to send copies of treatment orders and results of recent bloodwork, x-rays, or other tests if applicable. This ensures pertinent and current medical information is available at the receiving correctional centre to provide a continuum of care.

We found, at July 31, 2020, correctional centres did yet not consistently use the revised form nor complete the form in its entirety. Two of seven transfers we tested did not use the revised form, and one transfer we tested did not fully complete it.

Not using the revised nurse-to-nurse form effectively increases the risk of inmates not receiving a continuum of care as they move between correctional centres. Not transferring complete inmate medical information increases the risk that inmates receive inappropriate or untimely medical care, which may put their health at risk. It may also lead to higher costs and reduced efficiency.

The Ministry decided it would not transfer the entire physical medical files due to the risk of information loss and to protect inmate privacy, but continues to explore electronic information system options to facilitate inmate medical file access for medical staff.

### 3.5 Timely Response to Inmate Complaints About Medical Care Required

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***We recommended the Ministry of Corrections and Policing formally respond to adult inmate complaints about medical care within timeframes required by The Correctional Services Regulations, 2013. (2018 Report – Volume 1, p. 36, Recommendation 6; Public Accounts Committee agreement September 28, 2019)***

**Status**—Partially Implemented

The Ministry of Corrections and Policing does not always respond to inmate complaints about medical care timely.

In January 2019, the Ministry updated their policy on complaints which requires the correctional centres to use complaint summaries to track complaints and respond timely.

The Ministry's policy requires correctional centres to track all complaints received and report on trends quarterly. The policy directs the correctional centres to record complaints in a standardized tracking log. The Director is expected to conduct monthly reviews to ensure compliance with the response timeframes. The policy directs the correctional centre to respond within five business days; this is consistent with *The Correctional Service Regulations, 2013*. If the correctional centre is unable to make a decision within five business days, it must provide the inmate with a status update every five days until it reaches a decision.

We found correctional centres are tracking complaints received and noting the date received and date responded to support timely responses.

Our analysis of the tracking sheets of the four adult correctional centres (Regina, Saskatoon, Prince Albert and Pine Grove) found correctional centres varied in responding to medical-care related complaints. One correctional centre responded to 50% of medical complaints timely, whereas another correctional centre responded to 92% of medical complaints timely. We found the correctional centres sometimes provided inmates an interim response as required by *The Correctional Services Regulations, 2013* when they determined they could not provide a response within the established timeframes.

Not providing timely responses or interim responses to inmate complaints about medical care is not consistent with the Ministry's policy or *The Correctional Service Regulations, 2013* and may lead to inmates' health declining.

***We recommended the Ministry of Corrections and Policing analyze complaints about medical care from adult inmates in its secure-custody correctional centres for trends and take corrective action as needed.***

*(2018 Report – Volume 1, p. 37, Recommendation 7; Public Accounts Committee agreement September 28, 2019)*

**Status—Partially Implemented**

The Ministry of Corrections and Policing is working with correctional centres to receive consistent analysis and reporting about inmate medical care complaints and actions.

The Ministry assigned responsibility for periodic analysis of complaints to the correctional centres. The policy requires correctional centres to analyze complaints to identify trends and report to the Ministry quarterly.

We found correctional centres complete quarterly reports and provide them to the Ministry.

We found that while the quarterly reports analyze the complaints received and summarize the data; not all correctional centres are consistently identifying and documenting corrective action taken for trends identified. The Ministry is working with the correctional centres to ensure consistent analysis and reporting across the adult secure-custody correctional centres.

By not consistently assessing trends in complaints to identify systemic or recurring issues in the delivery of medical care, staff may miss opportunities to adjust processes or take timely corrective action.

### 3.6 Measures Needed to Evaluate Provision of Inmate Medical Care

***We recommended the Ministry of Corrections and Policing, working with the adult secure-custody correctional centres, develop measures for evaluating the provision of medical care to inmates.***

*(2018 Report – Volume 1, p. 38, Recommendation 8; Public Accounts Committee agreement September 28, 2019)*

**Status—Not Implemented**



***We recommended the Ministry of Corrections and Policing receive regular reports from adult secure-custody correctional centres on the provision of medical care to inmates.*** (2018 Report – Volume 1, p. 38, Recommendation 9; Public Accounts Committee agreement September 28, 2019)

**Status**—Not Implemented

The Ministry of Corrections and Policing is developing a review process to ensure the medical care provided identifies and addresses the needs of inmates. The first reviews will occur in October 2020.

The Ministry has drafted a template that will facilitate analysis of issues identified during the review process. The Ministry plans to collect information in October 2020 to serve as baseline data, and use that data to inform targets for the next reporting period.

The Ministry also plans to use the complaint summaries discussed in **Section 3.5** above to assess potential areas for improvement.

Without measures implemented to evaluate the provision of medical care, the Ministry does not know whether inmates receive care consistent with its policy (i.e., medical care similar to that experienced by those in the community). Also without measures, the medical units in correctional centres cannot identify areas of medical care they could improve.