

Chapter 14

Corrections, Policing and Public Safety—Providing Primary Medical Care in Adult Secure-Custody Correctional Centres

1.0 MAIN POINTS

By July 2022, the Ministry of Corrections, Policing and Public Safety improved its processes to provide medical care to inmates in its adult secure-custody correctional centres. The Ministry implemented the seven outstanding recommendations we first made in 2018.

The Ministry:

- Implemented orientation training for nurse managers. Providing orientation training can assist in preparing nurse managers for their role in a correctional setting.
- Tracked currency of correctional staff's first-aid certifications. Monitoring and maintaining current first-aid certification ensures adult secure-custody correctional centre staff have up-to-date training to provide emergency care to inmates when required.
- Initiated a nurse-to-nurse form to provide inmates' critical medical information when inmates transfer between correctional centres and monitored utilization of the form.
- Evaluated its provision of primary medical care to inmates through medical file audits and analysis of medical complaints, which can assist correctional centres' medical staff in identifying areas of improvement.

Providing effective medical care in correctional centres may reduce the occurrence of inmates' illnesses degenerating into life threatening conditions.

2.0 INTRODUCTION

2.1 Background

Section 4 of *The Correctional Services Act, 2012*, makes the Ministry of Corrections, Policing and Public Safety responsible for the establishment, administration, maintenance, and operations of correctional facilities. The Act requires the Ministry, through Correctional Facilities Directors, to ensure proper treatment, care or medication of inmates with respect to any condition relating to the physical or mental health of an inmate.

The Ministry's *Healthcare Standards in Provincial Correctional Centres* states the quality of care offenders receive in a provincial correctional centre should be similar to that experienced by those in the community.



Primary medical care refers to medical care received upon an individual’s first contact with the healthcare system. It is care provided by family physicians, nurses or other medically-trained personnel. In Saskatchewan’s four adult secure-custody correctional centres, inmates’ first contacts with the health system is with nurses employed in those correctional centres.¹ Nurses may refer inmates to physicians for more specialty healthcare service.

As shown in **Figure 1**, the Ministry had four nurse managers and 112 nurses care for 1,972 offenders in the four adult secure-custody correctional centres at July 28, 2022.

Figure 1—Nurses Working in Correctional Centres as of July 2022

	Saskatoon	Regina	Prince Albert	Pine Grove ^B	TOTAL
Offenders^A	514	714	511	233	1,972
Nurse Managers	1	1	1	1	4
Nurses	24	34	28	22	108
Total Nurses^C	25	35	29	23	112

Source: Adapted from information provided by the Ministry of Corrections, Policing and Public Safety.

^A Sentenced offenders (45%) and offenders on remand (55%) make up the offender population.

^B Pine Grove Correctional Centre in Prince Albert is for women.

^C Total nurses include both full-time and part-time nurses.

2.2 Focus of Follow-Up Audit

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

In 2018, we assessed the Ministry’s processes to provide primary medical care to adult inmates in its secure-custody correctional centres. Our *2018 Report – Volume 1*, Chapter 3, concluded that the Ministry of Corrections, Policing and Public Safety had effective processes for the provision of primary medical care to adult inmates in its secure-custody correctional centres except for the areas outlined in our nine recommendations. By July 2020, the Ministry addressed two of the nine recommendations.²

To conduct this audit engagement, 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 agreed with the criteria in the original audit.

To perform this follow-up audit, we interviewed Ministry senior management on actions taken to implement outstanding recommendations and reviewed relevant documents (e.g., policies, procedures, inmate complaint tracking sheets, nurse manager file audits). We conducted tests of operating effectiveness to confirm processes were implemented by the Ministry.

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 recommendations, the status of the recommendations at July 31, 2022, and the Ministry’s actions up to that date.

¹ Saskatchewan’s four adult secure-custody correctional centres are Prince Albert, Regina, Saskatoon, and Pine Grove (for women).

² *2018 Report – Volume 1, Chapter 3*, pp. 25–38 and *2020 Report – Volume 2, Chapter 27*, pp. 217–224.

3.1 Nurse Manager Orientation Training Delivered

We recommended the Ministry of Corrections, Policing and Public Safety (formerly 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 25, 2019)

Status—Implemented

The Ministry of Corrections, Policing, and Public Safety delivered orientation to its nurse managers.

The Ministry developed a nurse manager orientation training package in June 2020. The orientation covers key content for the provision of medical care in a correctional centre, including conflict management, substance abuse, and incident reporting. Nurse managers can complete a survey after training, which helps the Ministry monitor effectiveness of the training or identify improvements needed.

At each correctional centre, the Deputy Director of Standards and Communication is responsible for tracking, and ensuring completion of, orientation within five months of nurse managers starting their position.

We found the Ministry maintained a tracking sheet, and nurse managers completed the required orientation training.

Having nurse managers attend orientation training that is relevant to their work in a correctional centre allows them to be prepared, know what to expect, and do what is required to succeed in their role.

3.2 First-Aid Certifications Monitored

We recommended the Ministry of Corrections, Policing and Public Safety (formerly 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 25, 2019)

Status—Implemented

The Ministry of Corrections, Policing and Public Safety tracked the currency of first-aid certifications of correctional staff.

Each correctional centre maintains its own spreadsheet and reports currency of correctional officers' certification status to the Custody Services Branch of the Ministry every September. We reviewed the September 2021 reporting to the Custody Services Branch. We observed correctional centres reported their compliance rate for current first-aid certifications and plans to address a few non-compliance instances. We found the actions to resolve non-compliance items to be reasonable (e.g., training plan for staff with expired certificates).



We tested a sample of 30 first-aid certifications listed on tracking sheets and found all certifications current as indicated on the tracking sheet.

Monitoring and maintaining current first-aid certifications as required ensures correctional staff have the training to provide emergency care to inmates.

3.3 Monitoring Whether Pertinent Medical File Information Sent When Inmates Transfer

We recommended the Ministry of Corrections, Policing and Public Safety (formerly 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 25, 2019)

Status—Implemented

The Ministry of Corrections, Policing and Public Safety utilizes a nurse-to-nurse form to provide inmates' critical medical information when inmates transfer between correctional centres.

The Ministry created a nurse-to-nurse form in June 2020, and updated it in December 2021 and June 2022. It communicated the latest form update to nurse managers in June 2022, which included changes to the immunization and COVID-19 testing sections. We note implementing an IT system could facilitate easier and timely transfer of medical file information to correctional centre staff.

We tested 30 inmate transfers and found:

- Nurse-to-nurse forms completed and promptly received by a nurse at the receiving centre for 18 inmate transfers.
- No nurse-to-nurse forms completed for 12 inmate transfers. Only one inmate had a significant medical condition needing documentation on the form.

We also found the Ministry monitors the use of the nurse-to-nurse forms through medical file audits and identified instances of incomplete forms similar to our testing.

Since October 2020, nurse managers conduct medical file audits each quarter, which includes determining whether nurses use nurse-to-nurse forms as intended. We observed communication from the nurse managers to nursing staff about the need to complete nurse-to-nurse forms and fill them out completely when correctional centres transfer inmates between facilities.

Implementing a monitoring process, such as periodic audits, is an effective tool to promote completion of nurse-to-nurse forms. Nurse-to-nurse forms support having an inmate's key medical information available at the correctional centre in which the inmate resides.

3.4 Significant Improvement in Responding To and Analyzing Complaints

We recommended the Ministry of Corrections, Policing and Public Safety (formerly 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 25, 2019)

Status—Implemented

We recommended the Ministry of Corrections, Policing and Public Safety (formerly 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 25, 2019)

Status—Implemented

The Ministry of Corrections, Policing and Public Safety requires correctional centres to track, analyze and report on complaints (including medical complaints) quarterly to Ministry management. Correctional centres are responding to medical care-related complaints in a more timely manner.

The Ministry has an Inmate Complaint Resolution Process Policy that describes a process for handling inmate complaints. The Policy is consistent with *The Correctional Services Regulations, 2013*, which requires the correctional centre director to respond to inmate complaints within five business days. If, due to exceptional circumstances, the director is unable to make a decision within five business days, the director is expected to provide the inmate with an update regarding the status of the complaint at least once every five business days until a decision is made.

Correctional centres track inmate complaints in spreadsheets and send them to Ministry management on a quarterly basis. We found the spreadsheets included the date complaints were received and date the correctional centre director provided a response.

We undertook a detailed assessment of the quarterly reports submitted to Ministry management by the Saskatoon and Regina correctional centres for one quarter in 2021 compared to 2022. As shown in **Figure 2**, year-over-year analysis for the January to March quarter showed an improvement in the number of days it took to respond to inmate medical complaints.

For example, average days of delayed response dropped from 26 business days to six business days at the Regina Correctional Centre from January–March 2021 to January–March 2022. Also, the range of delays dropped from 2–250 business days to 1–19 business days.

**Figure 2—Medical Complaints at Regina and Saskatoon Correctional Centres**

	Regina (Jan – Mar 2021)	Regina (Jan – Mar 2022)	Saskatoon (Jan – Mar 2021)	Saskatoon (Jan – Mar 2022)
Total medical complaints	25	32	31	63
Total delayed responses (no response within five business days)	13	15	5	7
Range of delay (in business days)	2–250	1–19	1–9	1–8
Average business days delay	26	6	4	3

Source: Adapted from information provided by the Ministry of Corrections, Policing and Public Safety.

Having a mechanism to monitor whether inmate medical complaints are receiving timely and appropriate responses can help identify challenges correctional centres encounter, and ultimately improve timely intervention of inmates' deteriorating health.

The Ministry requires correctional centres to analyze complaints (including medical complaints) and report responses to Ministry management quarterly. As indicated in **Figure 3**, medical complaints are relatively consistent from year to year at about 350 per year.

Figure 3—Total Medical Complaints between January 2019 and March 2022

Complaints/Year	2019	2020	2021	2022 (Jan – Mar)
Medical Complaints	350	356	362	91

Source: Adapted from information provided by the Ministry of Corrections, Policing and Public Safety.

We observed each correctional centre analyzing and reporting its analysis of complaints to the Ministry quarterly.

For a sample of eight quarterly complaint reports, we found all four adult secure-custody correctional centres reported on number of medical complaints received, number of complaints responded to within five business days, and actions taken to resolve complaints. We found actions taken to resolve a sample of complaints were reasonable.

Analyzing complaints and responses to them assists the Ministry in identifying systemic issues/trends with respect to inmates' primary medical care and taking proactive action.

3.5 Evaluating the Provision of Medical Care to Adult Inmates

We recommended the Ministry of Corrections, Policing and Public Safety (formerly 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 25, 2019)

Status—Intent of Recommendation Met

We recommended the Ministry of Corrections, Policing and Public Safety (formerly 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 25, 2019)

Status—Implemented

The Ministry of Corrections, Policing and Public Safety evaluates the provision of medical care to inmates through periodic medical file audits and complaint reports.

As noted in **Section 3.4**, the Ministry is analyzing actions taken in response to medical complaints on a quarterly basis, and the number of medical complaints is staying relatively consistent from year to year.

Correctional centre nurse managers began medical file audits in October 2020, and conduct them every quarter. Medical file audits review inmate medical files (around six files per quarter) to identify issues and to address gaps in the provision of inmate healthcare services.

The Ministry compiles medical file audit results from the four correctional centres into a provincial summary and categorizes issues identified through the audits into themes. The audit file summary also includes comments on resolutions to identified issues.

The most common themes identified through medical file audits include issues related to mental health and addictions care, dental care, and long wait times for physician care. These themes were also consistent with medical complaints to Ministry management.

The Ministry has a health services team comprised of the Director and Deputy Director of Mental Health and Addictions Services and Deputy Director of Health who meet quarterly.

We reviewed meeting minutes between the health services team and correctional centres' medical staff. We found meetings included discussions about complaint reporting and issues identified in medical file audits, as well as ways to resolve issues (e.g., revisit contracts with service providers such as dentists).

Evaluating the provision of medical care can assist the Ministry to determine whether inmates receive care consistent with its policy, and help to guide correctional centres' medical staff in identifying areas of improvement.

