

The financial impact of Inmate Healthcare: Maintaining a cost effective and efficient system

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Abstract

The costs of inmate healthcare continue to rise while across the state of Florida as revenues are falling and law enforcement budgets are shrinking. Through the use of surveys information was obtained and analyzed from large county jails within the state of Florida. This information can be used to compare and contrast inmate healthcare systems to identify cost containment strategies without sacrificing quality services.

Introduction

All Florida jails, small or large, must deal with the financial burden of inmate healthcare costs. Although each facility has the legal, moral, and ethical responsibility to provide quality healthcare to the inmate population, the costs of these services have begun to outpace the financial capabilities of the agencies. The recent decline in the economy has magnified the need for agencies to identify concrete measures to contain costs through efficiency and proactive measures.

The delivery of healthcare services to inmates remains a complex and cumbersome problem due the transitory nature of inmates. Inmates, historically, have had limited medical intervention prior to incarceration and are leading the general population in high risk behaviors such as drug abuse and prostitution. Naturally when these individuals are incarcerated they become an enormous challenge to maintain their health.

Although much of the costs associated with inmate healthcare are beyond the control of the individual agency it is necessary that, what can be controlled, be as efficient and economical as possible. Past and present practices may no longer be sufficient and will gradually encompass greater amounts of budget allocations. What will the future bring correctional institutions and how will they cope with the burden of providing quality healthcare without reducing other core responsibilities?

Literature Review

One of the biggest decisions for a correctional institution is the privatization of some or all of its healthcare operations. The case for privatization is not new and has been a viable option for institutions for over 30 years. Advantages include a complete package of services through a single vendor. The responsibility then falls on the contract company to meet contractual guidelines thus relieving the agency of many facets of the healthcare system. Hiring, billing, pharmaceuticals, inmate care, hospitalization and liability all becomes the purview of the contract company. Although

this may be a viable option to contain costs, it is the agencies responsibility to do their due diligence in the selection of a private contractor. In this area the cheapest proposal may not be the best situation for the overall well being of the agency (Pomeroy, 2008).

Whereas privatization may be a legitimate avenue to reduce the overall costs of inmate healthcare there still remains a number of risks associated with this option. Anytime an agency contracts with a for-profit entity it runs the risk of reduced services to increase profits. Contract healthcare providers typically will avoid this as it will be detrimental to their overall success in the market place. However, the pressure to continue to be profitable could lead to lower medical staffing levels, the delaying of outdated equipment replacement, or limiting of services. These episodes increase the risk of the agency to continually replace contract companies over time.

Additional disadvantages include the liability of medical services provided by contract companies and the agency. The U.S. Supreme Court ruled that government is responsible for providing inmate healthcare regardless whether it is contracted or self run. Therefore, local agencies remain liable even with a contracting agency delivering healthcare to the inmate population (Faiver, 1997).

Cost containment strategies also exist within operational components of healthcare systems already in place. Agencies can benefit by evaluating current processes to seek additional efficiencies. Areas of interest include labor, operational procedures and pharmaceuticals.

In any organization, labor represents the majority of expenses. Unanticipated labor costs can skyrocket from physical plant layout, use of temporary agency personnel, and high turnover. Examining the current schedules and work load it may be feasible to adjust schedules and time frames to optimize efficiently. Efforts like these can even reduce the number of positions needed to complete the same task.

Pharmaceutical costs and the amount of medication dispensed to inmates can overwhelm nursing staff and drain the overall budget. The over-utilization of medication places an undue burden on the nursing staff that is tasked with dispensing the medication. Studies suggest that 23 unnecessary orders for medicine, dispensed three times a day for 30 days will result in 40 hours of lost nursing time (Morse, 2008).

One of the more popular methods for reducing the cost of inmate healthcare is the implementation of an inmate co-pay system for various services provided. The National Commission on Correctional Health Care published a policy statement regarding this subject. Many institutions have adopted the co-pay system as an effort to reduce costs, eliminate sick call abuses on the part of the inmate, and reduce the security risks associated with transporting inmates to sick call.

The argument against co-pays is that it could impede access to medical care which is a major issue in any healthcare system in corrections. When inmates have to choose between seeking medical attention or ordering food and toiletries from a commissary, many will choose the later. What this can lead to is an inmate foregoing treatment for a minor medical problem which in turn can become a major illness where

the costs are substantially higher for the agency. This is a reality due to the close confinement of inmates where disease can spread easily without medical intervention. These reasons are why the National Commission on Correctional Health Care has opposed co-pay systems in jails and prisons (NCCHC 2008).

One of the most costly segments of the inmate population today is the elderly which is defined by the state of Florida as age 50 or older. This population represents 15.1 % of the total inmate population of the Florida Department of Corrections. The number of elderly inmates has increased 65% from the 2005 level of 9,883 to 15,201 in 2009. Elderly inmates require additional resources and care due to long periods of unhealthy lifestyles such as smoking and drug abuse. For the fiscal year 2007/2008, elderly inmates represented 42% of all hospital days associated with inmate care. As a result of this emerging population it has been necessary for the Department of Corrections implement specialized housing areas to meet the needs of this population (Florida Department of Corrections, 2009).

The Florida Department of Corrections has made recent strides to contain inmate related healthcare costs. The department reported a 37% increase of healthcare costs between 2003 and 2008 which resulted in significant budget shortfalls. New initiatives include the raising of salaries to compete with private industry and the institution of a hospitalization utilization management system to evaluate each hospital admission and length of stay. Other efforts include centralized procurement and use of statewide contracts to eliminate regional differences and increase purchasing power. These efforts resulted in a 12.5 million savings from the first half of fiscal year 2008/2009 when compared to the same period of the previous fiscal year (Lize,2009).

What other avenues are available for the individual institution to contain cost and increase efficiencies? Technology is widely accepted as the most promising endeavor to achieve these goals. Although, as with most technology, there involves an initial cost for implementation. However, over a period of time technology can reduce labor and increase efficiency and thereby lower the overall financial burden to the agency.

Electronic medical record systems have gradually started to replace paper medical files. Electronic medical records benefits continue to grow as technology advances. Practitioners no longer have to have a physical file in front of them to evaluate a patient. Electronic records allow the physician to quickly review pertinent information from anywhere. The merging of all this information into one data base allows for faster response times for treatment, more accurate documentation, and reduced medication errors (Knight, 2009).

Another technological advancement involves the dispensing of medication in a correctional facility. Historically, the method most commonly used to prepare medication was through the efforts of a nurse filling each individual order and then delivering that medicine to the inmate. In California, the San Bernardino Sheriff's Office incorporated the use of technology into the packaging of medication. In collaboration with a private vendor, pharmacy, and I.T. departments a new system was built to eliminate the time consuming task of medication preparation.

What resulted is a machine that stores, packages and labels individual inmate medications. When the time comes to pass medicines to the inmate population, nurses go to the machine, log in specific information and the machine produces the individual medications for distribution. What has been achieved is an efficiency not seen with manual labor and medication errors were virtually eliminated. The new system which can track inmate movement throughout the facility can package 1500 prescriptions in about 45 minutes (Rundle, 2009).

To further demonstrate the importance of this issue, two bills were introduced during the 2010 Florida State legislative session to combat the rising costs of inmate healthcare. SB 218 would reduce the cost incurred by Florida Sheriff's Offices to the Medicaid rate for all inmate hospitalizations. SB 484 would create the Elderly Rehabilitated Inmate Program which would allow the release of certain inmates who have served a minimum of twenty five years of their sentence and are at least fifty years of age. Additional criteria for release are outlined however the bill's intent is to reduce the elderly population within the Florida Department of Corrections.

Methods

The purpose of this research is to identify cost containment strategies and efficient operations used by correctional healthcare systems in the state of Florida. All Florida county jails must provide a healthcare system that meets the needs of inmate population. As a result of raising costs and the current economic climate it is imperative that all agencies evaluate these systems to identify efficient strategies while remaining effective healthcare providers. The information garnered in this research can direct agencies in reducing the financial burden while increasing levels of service. The data was collected through surveys of the largest county jails within the state of Florida.

The survey collected statistical information regarding budget, personnel and technology. The data provides the ability to compare and contrast the different jurisdictions as it relates to their inmate healthcare operations. Drastic inconsistencies between jurisdictions may lead to areas where improvements and efficiencies may be identified within the individual agency. Additionally, information was obtained to look at future trends and new initiatives under consideration by county jails.

Results

Eight of the largest jails in the state of Florida were identified based on average inmate population. They are as follows:

The Pinellas County Sheriff's Office

The Polk County Sheriff's Office

The Broward County Sheriff's Office

The Jacksonville Sheriff's Office

The Palm Beach Sheriff's Office

The Orange County Corrections Department

The Hillsborough County Sheriff's Office

The Miami Dade County Corrections and Rehabilitation Department

A survey was sent to all of the above listed agencies. All facilities are operated by the county sheriff or board of county commissioners and staffed with certified correctional officers through the state of Florida. A response rate of 87.5 % was achieved with only one jurisdiction not represented. All surveys were returned completed; however, some questions were not answered due to lack of information or confidentiality.

Currently there are approximately 66,000 inmates incarcerated in county jails within the state of Florida. The agencies surveyed represent over 24,000 or 36% of those incarcerated inmates. The largest agency surveyed was Broward County with a 2009 average inmate daily population of 5,000. The smallest 2009 average daily inmate population was 2,350 representing the Polk County.

Table 1. Inmate Healthcare Budget and Operational Information

Agency	Aver. Daily Population	2009 Budget Healthcare	Privatized	NCCHC Accredited	ACA Accredited	Cost per inmate
Broward	5000	\$26,487,800	Yes	Yes	Yes	\$14.51
Orange	4000	\$22,000,000	No	No	Yes	\$15.07
Jacksonville	3823	\$10,925,942	No	Yes	Yes	\$7.89
Hillsborough	3461	\$19,984,852	Yes	Yes	Yes	\$15.89
Pinellas	3141	\$15,538,981	No	Yes	Yes	\$13.55
Palm Beach	2850	\$15,300,000	Yes	Yes	Yes	\$14.70
Polk	2350	\$12,143,857	Yes	Yes	No	\$14.15

Broward County Sheriff's Office represents the largest healthcare budget which corresponds with having the largest inmate population. Jacksonville Sheriff's Office has the smallest overall budget but represents the third largest agency in the survey. All other agency's budgets falls in descending order, with the exception of Jacksonville Sheriff's Office, when compared to their inmate population.

The cost per day per inmate calculations reveals that Hillsborough, Orange and Palm Beach incur the most expenses. Jacksonville, Pinellas and Polk have experienced the least costs. The difference between the least expensive, Jacksonville, and the most expensive, Hillsborough, is \$8.00 per inmate per day.

Of the seven agencies surveyed, 57% report their healthcare operations are privatized by a contract vendor specialized in correctional healthcare. In comparison, only 43% of the agencies operate their own healthcare system within the county jail.

All but one agency is accredited by both National Commission on Correctional Healthcare and the American Correctional Association. Orange County Corrections Department is the only jail surveyed that was not accredited by N.C.C.H.C. Both accrediting bodies are recognized for instituting nationally accepted standards and practices in correctional healthcare. This aspect is important when comparisons are made between the agencies as they are all held to similar standards within its operations.

Table 2. Personnel Levels and Salaries

Agency	RN #	RN Salary	LPN #	LPN Salary
Broward	29.4 FTE	\$26.00 / \$54,080	87.6 FTE	\$18.00 / \$37,440
Orange	50	\$21.00 / \$43,680	65	\$15.50 / \$32,240
Jacksonville	13FT / 7PT	\$24.42 / \$50,804	17FT / 10PT	\$18.90 / \$39,312
Hillsborough	29.8FTE	\$30.50 / \$63,440	66	\$20.14 / \$41,891
Pinellas	48	\$33.55 / \$69,784	68	\$23.00 / \$47,840
Palm Beach	36	Not Reported	45	Not Reported
Polk	17.8 FTE	\$27.70 / \$57,616	39.7 FTE	\$17.20 / \$35,776

Personnel costs remain the single most expensive aspect of any organization. Maintaining sufficient personnel to ensure efficient operations is critical to any healthcare system. A review of the authorized personnel and salaries shows a wide range between the surveyed agencies. Pinellas County Sheriff's Office and the Hillsborough County Sheriff's Office are at the highest end of the pay scale for Registered Nurses and License Practical Nurses. Disparities in pay scale can be attributed to the competition for qualified nurses with local hospitals and adult living facilities in the private sector. Orange County Corrections Department represents the lowest wages for Registered Nurses and License Practical Nurses. Palm Beach Sheriff's Office did not report salary information.

The Florida Department of Corrections realized that in order to remain competitive with private industry it had to raise the salaries of its medical personnel. Although this may seem as a significant expenditure, while trying to alleviate costs, the department was able to save money by retaining qualified nurses and reduce the amount of contract nurses. Contracting individual nursing positions due to the inability to fill the position resulted in greater expense as the department paid a premium to the employment agencies for these services (Lize,2009).

As with salaries, personnel numbers varied widely between the agencies. It should be noted that the physical size and lay out of each facility has an effect on the number of personnel needed to operate it. A large single facility jails will be more efficient than a jail with multiple facilities on one site or spread out over the county.

Registered Nurses have more training than Licensed Practical Nurses and therefore have a greater scope of practice within the healthcare profession. As a result registered Nurses have a significantly higher salary and represent larger portion of any budget. A review of the number of authorized RN positions reveals that there is a wide spread between each agency. Pinellas County Sheriff's Office and Orange County Corrections Department employ the highest number of RN's but do not correspond to having the highest inmate populations. Jacksonville Sheriff's Office, Polk County Sheriff's Office and Broward County Sheriff's Office employ the least amount of RN's. Two out of the three agencies have privatized healthcare and have sizable inmate populations.

Table 3. Pharmaceuticals, Distribution Methods and Schedules

Agency	Use of Inmate Co-pays	Medication Distribution	Medication Delivery Times	Nurse Shift Schedules
Broward	Yes	Pour Cell Side	0800/1600	8hr
Orange	Yes	Blister Packs	0800/1200/1600 2000/0000/0400	12hr
Jacksonville	Yes	Pour Cell Side	0900/1300/1700 2100	8hr
Hillsborough	Yes	Pour Cell Side	0700/1900	8hr
Pinellas	No	Pour Cell Side	1000/2200	12hr
Palm Beach	Yes	Pre-Pour	0900/1700	8hr
Polk	Yes	Patient Specific Cards	Morning/Late Afternoon	8hr

One of the most time consuming activities in any healthcare system is the distribution of medication to the inmate population. Any improvements made in this area will have a positive impact on efficiency. Six out of the seven counties surveyed stated they distribute medication cell side. This process requires the nurses to bring bulk medication to the inmate housing areas and preparing the medication for distribution in the inmate's presence. Only one agency states the medication is prepared for each inmate prior to arriving at the inmate housing areas.

Although medication distribution times are set by each institution based on their preference and the inmate's medical needs. Reviewing these times indicate that every agency reported significantly different times to distribute inmate medications. Many agencies indicate that they only pass medications twice daily whereas some report they pass medications up to six times daily. It should be noted that regardless of the set medication times reported, any inmate requiring a different medication schedule is handled on an individual basis.

There were considerable differences in the manner of which individual agencies purchase medication. Many of the responses from privatized operations state the healthcare contractor is responsible for purchasing medication through their vendor. Other jurisdictions state they use a mail order pharmaceutical vendor which necessitates the use of local pharmacy for emergencies. Another jurisdiction responded that they use a wholesaler for bulk medicine and then is packaged by a local pharmacy.

The Florida Department of Corrections recently centralized procurement and use statewide contracts to eliminate regional differences and increase purchasing power. This effort and others is expected to save 2.4 million on an annual basis (Lize,2009).

Shift schedules for nurses also vary among the agencies. Shift schedules include 8 hour, 12 hour and part time shift work for healthcare employees. Five out of the seven agencies remain on a traditional eight hour schedules with only two agencies reporting the use of a twelve hour shifts.

Inmate co-pay systems, although not recommended by the accrediting bodies, is a popular component among the reporting agencies. Six out of seven, 86%, indicate they have some type of inmate co-pays system in place. Pinellas County was the only agency without a co-pay system.

Table 4. Technology

Agency	Telemedicine	E.M.R	E.M.A.R.
Broward	Yes	No	No
Orange	No	Yes	Yes
Jacksonville	No	Yes	No
Hillsborough	Yes	No	No
Pinellas	Yes	Yes	No
Palm Beach	No	No	No
Polk	No	No	No

The use of technology varies among the agencies that participated in the survey. Only three facilities reported the use of telemedicine as a component of their healthcare system. Again only three facilities have an active electronic medical record system in place to manage an inmate's medical records. Lastly, only one facility reports the use of an electronic medication administration record system to track medication distribution. No agency report the use of all three technologies tracked in this survey and only Orange County uses both E.M.R. and E.M.A.R.

Although the survey did focus on the three technologies described above, each agency was questioned if there were any other technologies or initiatives developed to reduce cost or increase efficiencies within their healthcare systems. Many jurisdictions report aggressive county wide contracts with offsite providers to contain medical expenses. Polk and Pinellas indicate that case management programs have

been instituted to track and evaluate all inmates admitted to the hospital. These efforts had been attributed to lower length of stays for hospitalized inmates.

The Florida Department of Corrections further instituted a hospitalization utilization management system to evaluate each hospital admission and length of stay. Nationwide average medical costs have increased 23% from 2003 through 2008, which necessitated such a program. By evaluating each case referred to the hospital to ensure the admission met agency protocols it was able to avoid 539 admissions and saved \$4.9 million (Lize,2009).

Other endeavors include Broward County's use of Biometrics that pulls forward pertinent medical and mental health information from previous incarcerations. Orange County states that it utilizes the existing inmate telephone system to for inmates to request medical services. Additionally they have incorporated the use of hand held PDAs to display and track medication distribution information.

Pinellas County initiated an "Ask a Nurse Program" where law enforcement officers of any jurisdiction within the county can call the jail and speak with a Medical Supervisor about injuries to an arrested subject. The intent of the program was to prevent law enforcement from needlessly obtaining hospital clearance prior to transporting arrested subjects to jail.

Hillsborough received donated equipment from the county health department to help offset equipment expenditures. Hillsborough also uses an in house physician to conduct annual and pre-hire deputy physicals and to monitor contract performance with its private healthcare provider. Lastly, Palm Beach County utilizes an orientation system on new detainees where health and physicals are completed on all inmates prior to determining permanent housing within the jail.

Discussion

The research denoted that with the exception of Jacksonville Sheriff's Office, overall budgets were reduced as reported average inmate populations declined. Jacksonville represents the lowest annual budget but reported the third highest inmate population of surveyed agencies.

There appears to be no statistical data to show that a privatized healthcare system results in a significant cost savings to the agency. However, it remains a viable option for each jurisdiction to evaluate. Additional cost savings that are associated with privatizing and not reflected within this research include costs associated with human resources, fiscal, and legal expenses.

Most agencies surveyed are accredited by both N.C.C.H.C. and A.C.A. This is important as all agencies operate within the same guidelines. Therefore if all agencies are required to complete the same tasks then the question becomes how each agency completes the same tasks. By exploring these differences each agency can compare and contrast their own operations and possibly identify more efficient mechanisms.

Salaries reported by all agencies varied widely throughout the state even though most jurisdictions are highly populated areas. Although the research did not account for regional differences in pay or competition between public institutions, this will require closer scrutiny. As with all organization, all salaries need to remain balanced with demand and fiscal responsibility. As an example, Pinellas, Hillsborough, and Polk counties are in the same geographical area of the State of Florida. However, their corresponding starting salaries vary as much as 25% between the three counties.

Another interesting result was the amount of authorized personnel used by each jurisdiction. There is an extreme difference in the amount personnel utilized by each jurisdiction. As mentioned before, the physical design and multiple sites will have an impact on the amount of staffing required. It should be noted that the survey did request all authorized position numbers to include mental health, supervisory positions and other specialized positions within the RN and LPN fields. The numbers reported are identical to what is documented within this research and could not be verified further.

One aspect revealed, with the exception of Jacksonville, is that privatized healthcare systems appear to utilize the least amount of nursing personnel. Even further, privatized systems seem to use far less high level RNs than agencies that operate their own healthcare system. Jacksonville who recently returned to operating their own healthcare component utilizes the fewest amounts of medical personnel to operate the third largest jail of the surveyed jurisdictions. Their operation may prove valuable to other agencies that seek greater efficiencies within an already stretched operating budget.

All agencies, with the exception of Pinellas, report the use of inmate co-pay system for medical services. Although the use of co-pays may reduce the amount of frivolous requests for medical attention, each system should be analyzed for their overall cost to the agency. Co-pay systems that collect limited amount of funds may cost the agency more to operate than what is generated when the entire system is taken into account. This includes the amount of time needed by the nurse to initiate the co-pay, then to deduct funds from the inmate's account, and lastly the time used in investigating complaints or grievances by inmates over the charges for services.

Shift schedules pose another interesting reference within the research. Five of the seven jurisdictions currently operate on a traditional eight hour schedule while the remaining two utilize a twelve hour schedule. Although twelve hour shifts schedules may not be preferred by employees they do pose a significant advantage to staffing levels and continuity of operations. If thoroughly planned, twelve hour shifts can reduce overall staffing levels and in turn reduce personnel costs. Efficiency can also increase as there are typically less shift changes and with fixed days off medical personnel work with the same individuals on a daily basis. Twelve hour shifts may not suit every agency but it remains an option to substantially reduce a healthcare budget without sacrificing quality care.

Based on survey results, medication distribution is most commonly achieved through cell side preparation and issuance. Although this may prove beneficial as it

reduces medication waste there is serious concern for the amount of time it takes for a nurse to complete their rounds of a certain area. This increase in time dispensing medication has a direct impact on the security staff assigned to the housing units. Security staff will typically have to escort the nurse while in a housing area to distribute medication. Therefore it is essential that medication distribution times are determined with consultation from security officials to ensure both medical and security staff are available and can complete the task without delays or interruptions.

By the results of the survey, the use technology appears to gaining momentum in the healthcare systems. Most agencies did report some use of technology to increase efficiency and reduce costs. The use of electronic medical records and electronic medication administration records can drastically reduce personnel costs in administrative areas. Using electronic files and replacing paper files eliminates the need for as many medical records clerks and other clerical staff.

Other initiatives addressed within the survey have proven to be excellent examples of maintaining the quality of care and restraining the increasing costs of inmate medical care.

Conclusion/Recommendations

- ❖ Agencies that operate their own healthcare system can learn from privatized vendors on the allocation of personnel.
- ❖ Conduct salary surveys to ensure the agency is competitive and maintains quality personnel.
- ❖ Aggressively pursue agreements and contracts with outside providers for services to contain costs.
- ❖ Evaluate the benefits of implementing twelve hour shift schedules.
- ❖ Evaluate the use of right technology to improve efficiency.
- ❖ Consider the use of multiple jurisdictions to combine purchasing power through a sole source vendor for pharmaceuticals and equipment.
- ❖ Use a case manger to monitor inmate hospitalizations and length of stays.

In this current economic climate of reduced revenue and budget shortfalls, all aspects of a law enforcement organization must be evaluated to ensure core services are maintained. This research has revealed that although there may not be a perfect healthcare system for every agency to model, individual components of the system can be compared to find new and innovative ideas from others.

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REFERENCES

- Charging inmates a fee for health care services.* (2005, October). Retrieved February 13, 2010 from <http://www.ncchc.org/resources/statements/healthfees.html>
- Favior, K.L. (1997). *Health care management issues in corrections.* Lanham, MD: United Book Press Inc.
- Florida department of corrections. (2009, November 04). *Elderly inmates.* Retrieved February 15, 2010 from www.dc.state.fl.us/orginfo/leg/2010Session/Senate_CJ_11-4-09_Elderly_Offenders.doc - 2009-10-29
- Knight, D. (2009, October 19). *Electronic medical records: moving jails forward.* Retrieved February 16, 2010 from <http://www.corrections.com/news/article/22296-electronic-medical-records-moving-jails-forward>
- Lize, S., Moncrief, M., & West, S. (2009, January). Steps to control prison inmate health care costs have begun to show savings. *Office of Program Policy Analysis and Government Accountability, 09(07)*, Retrieved January 27, 2010 from <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0907rpt.pdf>
- Morse, R. (2008). How Improving operations can boost your bottom line. *CorrectCare*, 22(4), 12-13.
- Pomeroy, L. H. (2008, May/June). Considerations for privatization of healthcare. *Corrections Forum*, 17(3), 14-18, 20. Retrieved January 27, 2010, from Criminal Justice Periodicals. (Document ID: 1503462611).
- Rundle, E. (2009, August 25). *California county uses medication-dispensing machine in correctional facilities.* Retrieved February 16, 2010 from http://www.govtech.com/gt/articles/714985?id=714985&full=1&story_pg=1

APPENDIX A

County agency name:

Average inmate daily population for 2009:

Personnel and Budget Information:

1. During the last complete fiscal year what was the total cost for inmate healthcare? This should include all personnel, mental health, and pharmaceutical costs.
2. Total number of authorized License Practical Nurse positions within your organization?
3. Starting salary or hourly wage for a License Practical Nurse.
4. Total number of authorized Registered Nurse positions within your organization? Please include supervisory positions and Mental Health.
5. Starting salary or hourly wage for a Registered Nurse.
6. Is your inmate healthcare system operated by a private entity or self run?
7. If your inmate healthcare system is currently self run, has it ever been privatized in the past?
8. Do you regularly use staffing agencies to temporarily fill open vacancies? Please give examples of the positions that are currently being filled by staffing agencies.
9. Are you currently accredited and if so by what bodies?
10. What types of shift schedules, i.e. 8, 10, 12 hours, are currently in use for your nursing staff?

Medication and Pharmaceuticals:

1. Do you currently utilize an inmate co-pay system for some or all medical services?
2. What are your established times for medication passes?

3. How does the nursing staff complete medication passes?
 - A) Pre-pour medications before distribution
 - B) Pour medications cell side
 - C) Other – please explain
4. Please explain the process your agency utilizes to purchase inmate medications?
5. Does your agency maintain a pharmacy license?
6. Are inmate prescription medications dispensed from floor stock or are individually packaged?
7. Has your agency developed any initiatives to contain pharmaceutical costs?

Technology:

1. Does your agency utilize an electronic medical record?
2. Does your agency utilize an electronic medical administration record?
3. Does your agency practice any type of telemedicine? Please explain briefly.
4. Has your agency evaluated or implemented any new technology that may result in a more efficient healthcare system. Please explain.

Has your agency developed any strategies or initiatives in any area of healthcare that has resulted in an overall cost savings to the agency?

If there are any questions or concerns regarding this survey please feel free to contact me at your convenience.

Thank you again for your time.

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