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C. Curry
Attachment 1

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CLERK
 KING COUNTY COUNCIL

April 26, 2007

The Honorable Larry Gossett
 Chair, King County Council
 Room 1200
 COURTHOUSE

Dear Councilmember Gossett:

Enclosed is Seattle-King County Department of Public Health's response to the following 2007 Adopted Budget proviso regarding the Jail Health Services program of the Department of Public Health:

SECTION 46 OF ORDINANCE 15652, P1 PROVIDED THAT:

"By April 1, 2007, the department of public health in consultation with jail health services shall submit to the council for its review a report detailing the status of the implementation of the electronic medical records system, the progress in the completion of the clinical spaces remodel of jail health services operations at the King County Correctional Facility and the progress in implementing its strategic business plan and business case approved by the council in Motion 12146.

The required report must be filed in the form of 11 copies with the clerk of the council, who will retain the original and will forward copies to each councilmember and to the lead staff for the law, justice and human services committee, or its successor."

Along with the enclosed proviso report, an ordinance is submitted. This ordinance strikes proviso P1 in section 46 of the 2007 Adopted Budget Ordinance, to reflect the revised submittal date and compliance with the terms of this proviso.

Background

A 2002 report (Special Study King County Jails, Report No. 2002-05) by the King County Auditor indicated that one of the county's major cost drivers for criminal justice/corrections expense was the steadily rising cost of providing health care in the two adult detention facilities. Following this report, the King County Council included two budget provisos in the 2003 Adopted Budget directing the Jail Health Services (JHS) program of the Department of



Public Health and the Department of Adult and Juvenile Detention (DAJD) to retain a consultant to review the jail health care program, and to establish a written service agreement detailing the roles and responsibilities of each entity.

In response to the consultant's recommendations, JHS developed a Strategic Business Plan (SBP), *Jail Health Services – Positioning Ourselves for the Future*, in February 2004. The SBP is a five-year plan to advance Jail Health Services toward its vision for the future:

1. We are recognized for the quality of care we deliver;
2. We are cost-effective in our clinical and business operations;
3. We are a desirable place to work; and,
4. We serve our inmate population in full partnership with DAJD.

To help achieve this vision, the SBP has the following four goals:

1. Design and implement clinical and operational practice improvements;
2. Implement infrastructure improvements to support changes in clinical and operational practices;
3. Develop and implement human resources practices which attract and retain qualified staff; and,
4. Build a solid partnership with DAJD.

JHS is now three years into the five-year SBP and the enclosed report includes a description of the achievements accomplished to date, expected benefits of the plan, and a timeline for execution of the remainder of the plan. This report also provides an update on two critical projects within the "infrastructure improvements" goal of the SBP, which are an electronic health record (EHR) and the Integrated Security Project remodel, or ISP.

Proviso Report

The report provides background information and an overview of the SBP and then the information is divided into the following sections.

- The **JHS Strategic Business Plan Status Update** charts project completion status and provides an overview of accomplishments for each of the nine elements of the SBP.
- The **JHS Strategic Business Plan Benefits** chart documents expected benefits of the various SBP elements, including those that will improve quality and mitigate risk and/or result in financial savings.
- The **JHS Strategic Business Plan Timeline** provides a graphic representation of the 5-year timeline for the SBP. Milestones, such as project completions and National Commission on Correctional Health Care (NCCHC) surveys, are called out. The timeline also indicates overlap between plan elements and explains contingencies between each of the elements.
- The **Detailed Strategic Business Plan Update & Benefits Overview** provides a more detailed narrative update on the scope and accomplishments for each element of the

SBP. This section also discusses some of the challenges experienced during the first 3 years of the SBP.

Electronic Health Record: Cornerstone of the Strategic Business Plan

The implementation of the Electronic Health Record (EHR) is occurring successfully, which is critical to achieving the vision and strategies laid out in the Strategic Business Plan. The EHR is an enabling tool that will assist Jail Health Services in partnership with DAJD to (1) address inmate health issues, (2) develop solutions to difficult operational challenges, and (3) promote high quality care.

The Electronic Health Record will improve access to health care information during clinical encounters and improve the overall management of health care information. The new system is expected to streamline work processes by automating many healthcare functions that will improve the quality, timeliness, and appropriateness of care; reduce duplication; lower the rate at which the overall cost of care is increasing; and reduce the risk of adverse clinical outcomes and litigation. As important, following full implementation of the EHR, JHS will have data collection and reporting capabilities that will allow them to better monitor and evaluate services for quality, efficiency, and effectiveness.

There have been several factors that have contributed to a change in the EHR project budget and projected savings; however, the changes are being managed and will not hinder the county from realizing the benefits of the new system once the implementation is completed. The business case for the EHR was originally approved by the Project Review Board (PRB) in April 2005 at which time the budget was \$1,965,406 and annual cost savings were estimated to be \$857,791 by 2013. In December 2006, the PRB approved a revised business case and authorized the release of an additional appropriation, bringing the project budget up to \$2,650,000 and the estimated annual cost savings changed to \$635,702 by 2015.

An informed decision to use a phased implementation approach that allows for more thorough training and acclimatization as each EHR module goes live is a key factor that increased project costs. The phased implementation is a more realistic approach in a complex operation that runs 24 hours a day, 7 days a week. This approach is associated with lower risk, although it presents a longer implementation time rather than a "big bang" approach (higher risk, shorter implementation time). The change in estimated cost savings is also due to changes to the vendor payment methodology, as well as removal of projected pharmaceutical savings from the return on investment. Original assumptions that were based on the literature were found to not be applicable to a correctional health care setting.

While updated assumptions, refined county and vendor costs, and project developments have modified budget and savings projections, the electronic health record is still expected to fulfill its commitments and will bring about significant benefits to Jail Health Services, both in quantifiable financial savings and in greatly improved health care management practices and risk mitigation. The complex medical practice at JHS will benefit from more timely data availability and accuracy, improved clinical decision-making ability, and improved safety and continuity of care for inmates.

JHS Partnership with DAJD

Progress is being made on "building a solid partnership with DAJD" that is one of the four key strategies defined in the JHS Strategic Business Plan as explained in the proviso report. Although working in partnership with DAJD has been ongoing, enhancing the JHS-DAJD relationship was identified as a strategy in the SBP in order to formally define shared operations and to build collaborative practices into day-to-day work. Since both JHS and DAJD work with the same population in the same location, the level of collaboration between the two entities is very important and there is now greater recognition of the need and opportunity to build a stronger relationship. To this end, over the past three years JHS and DAJD have set up regular meetings and established other infrastructure elements in order to collaborate in budgeting, planning, and coordinated management of health and corrections operations. This includes collaboration on the following: accreditation preparation, mental health services and suicide prevention program, development of a service cost model, employee health and infection control program, and corrections officer training.

The JHS Strategic Business Plan, and in particular the Electronic Health Record, will benefit DAJD as well as the JHS-DAJD partnership. With full implementation of the EHR, the system for providing escort and specialty appointment lists to DAJD will be streamlined. The EHR will also be able to provide real-time inmate locations, eliminating the need for correctional staff to check for locations in the inmate management system. The EHR data system will also support the JHS-DAJD partnership by providing more complete and current data that will assist in joint planning and management activities.

Outside Reviews Benefit the SBP

The JHS Strategic Business Plan has benefited from reviews by outside bodies such as: Washington State Board of Pharmacy (BOP), King County Ombudsman, United States Department of Justice, and King County Council Auditor. While few of the issues raised in these reviews were new information to Jail Health Services management, all of these reviews have been useful in guiding the work of JHS, either within the context of the SBP or in raising the need to implement system changes not already indicated in the SBP. The additional issues raised in these reviews have been added to future work plans. For example, JHS has worked collaboratively with the Board of Pharmacy over the past several years and many of their suggestions have been incorporated into current JHS practice. Additionally, in 2006 and 2007 JHS put significant effort into prioritizing and improving the reporting of medication incidents in response to the most recent BOP report.

Finally, execution of the SBP has involved a huge amount of change in the day-to-day work of all JHS staff. As stated in the SBP, "change means staff letting go of how things have been, accepting that our work environment will feel ambiguous and chaotic while the changes are being implemented, and taking the risk of believing that the future will be better." Change can be difficult, even for the most adaptable individuals. JHS is in the middle of a large-scale change process and many staff have been challenged to adapt to and accept the changes that have come with implementation of the SBP strategies. We are committed to working collaboratively and openly with all stakeholders, including labor, regulators, reviewers, and

The Honorable Larry Gossett

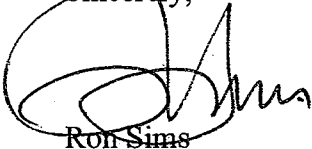
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elected officials to ensure that the work that we do continues to meet the standards of care that we all expect.

Thank you for your interest in the status of the Jail Health Services Strategic Business Plan. If you have any questions regarding this report, please contact Bette Pine, Manager, Jail Health Services, at 206-296-1084.

Sincerely,



Ron Sims

King County Executive

Enclosures

cc: King County Council Members

ATTN: Ross Baker, Chief of Staff

Shelley Sutton, Policy Staff Director

Anne Noris, Clerk of the Council

Paul Tanaka, County Administrative Officer, Department of Executive Services (DES)

Kathy Brown, Director, Facilities Management Division, DES

Bob Cowan, Director, Office of Management and Budget

Dr. David Fleming, Director, Seattle-King County Department of Public Health (DPH)

Lorenzo Hines, Chief Financial Officer, DPH

Greg Kipp, Chief Administrative Officer, DPH

Bette Pine, Manager, Jail Health Services, DPH

Dorothy Teeter, Chief of Health Operations, DPH

Reed Holtgeerts, Director, Department of Adult and Juvenile Detention

David Martinez, Chief Information Officer, Office of Information Resource

Management

Jackie MacLean, Director, Department of Community & Human Services