

NC-DOC/Local NC Jail Medical Data Exchange Pilot

Using GuardTracker as the Standardized Platform

May 2014

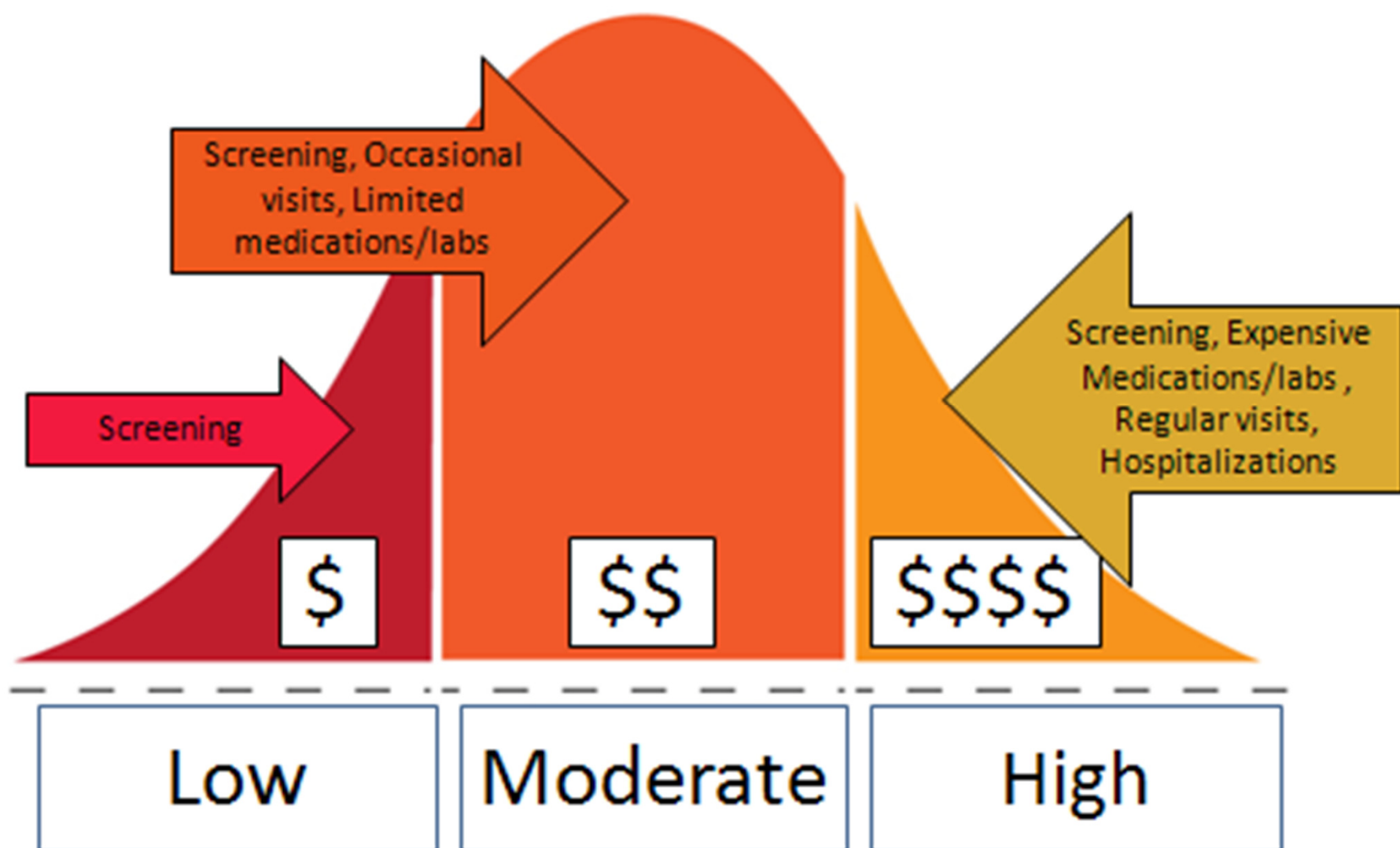


Unknown Medications During Booking And Classification.

- Case #1: Male inmate with history of heart disease, but doesn't recall list of medications or pharmacy name/location.
- Result - Ends up with congestive heart failure with hospitalization and testing.
- Cost to County = \$12,731.62

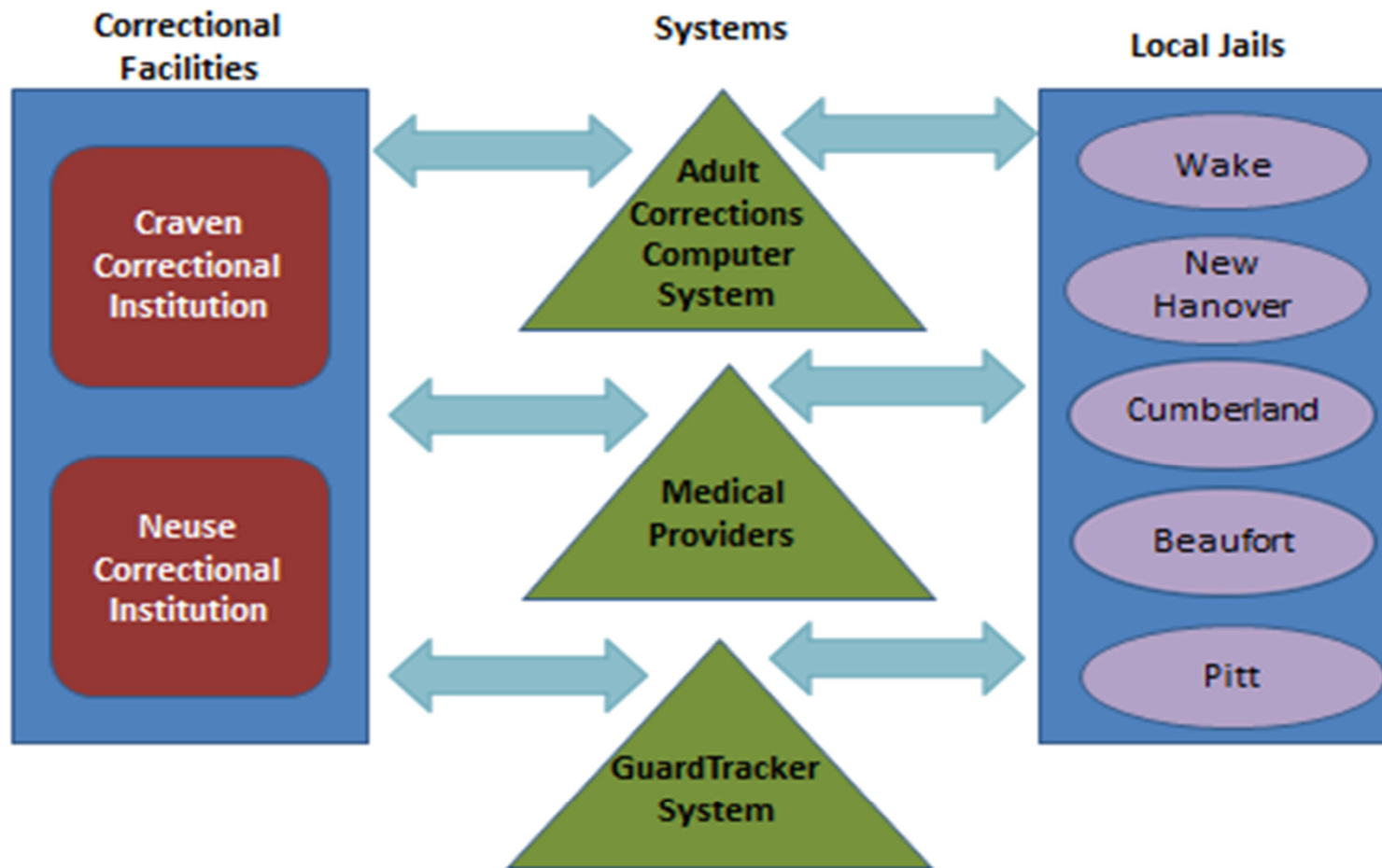
- Case #2: Male inmate with seizure disorder and alcohol abuse, unable to give medical history and intoxicated state.
- Result – Hospitalized and stabilized until discharge.
- Cost to County = \$27,881.11

Population Health Cost Utilization



Efficiencies = Cost savings

NC DOC Medical costs	\$234 million
1% savings	\$2.34 million
5% savings	\$11.7 million
10% savings	\$23.4 million



Note: all data exchanged will be standardized

Current Medication Administration Record (MAR)	None	MAR Attached	Y	N	3 Day (or more) Supply of Medications Provided in original container	Y	N

Recent Labs:							Documents Attached	
	Findings: _____						Y	N
	None	Comment	Last PPD Reading : <input type="checkbox"/> NEG <input type="checkbox"/> POS Date __/__/____ MM reading_____				Y	N
If diabetic: Urine dip results_____Ketones <input type="checkbox"/> Y <input type="checkbox"/> N						Y	N	

Suicidal or Dangerous?	Y	N	If yes; 1) Explain: _____ 2) Date of inquiry of acceptance to CCI __/__/____

Inmate Functionality And Special Needs:	1) Does inmate need assistance to walk at least 100 yards ?	Y	N
	2) Does the inmate have troubling behavioral issues?	Y	N
	3) Does he require assistance with his Activities of Daily Living (ADLs)?	Y	N
	4) Does inmate have a CPAP w/ out O2, colostomy, tube feeding, defibrillator or nerve/ bone stimulator needs?	Y	N
	... if so, are supplies being sent with the inmate in working order?	Y	N
Please explain any 'Yes' answers to the above questions: _____			

Health Examination Findings

GT# _____

Date of Exam: ___/___/___

First Name

Middle Name

Last Name

Vital Signs

Ht. ___ in.

Wt. ___ lbs.

BMI ___

BP ___/___

Pulse ___/min.

Resp. ___/min.

Temp. _____°

Negative Findings

Review of Systems

-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

General:

HEENT:

Cardiovascular:

Pulmonary:

Genital/Urinary:

Musculoskeletal:

Dermatologic:

Neurologic:

Endocrine:

Hematopoietic:

Infectious:

Venereal:

Other:

OB/Gyn:

Negative Findings

Physical Findings

-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

Summary: _____

Examiner: _____

1) GuardTracker Standardized Template

Health Care Information GT#

First Name Middle Name Last Name
Date of Birth Height Weight Ethnicity

Allergies: 1) 2) 3) 4)

Diagnosis	Active	Resolved
1)	Y N	Y N
2)	Y N	Y N

Diagnosis	Active	Resolved
1)	Y N	Y N
2)	Y N	Y N

Diagnosis	Active	Resolved
1)	Y N	Y N
2)	Y N	Y N

Medications:

Diagnosis	1	2	3	4	5	7
1)						
2)						

Current Medication Administration Record (MAR)

None	Asst. Admin	Y	N	Other	Y	N

Recent Labs:

Findings: Y N
Last PPD Reading: [HSG] [PDS] Date / / MIM reading Y N
If diabetic: Urine dip results Ketones Y N

Suicidal or Dangerous? Y N
If yes:
1) Explain: _____
2) Date of inquiry of acceptance to CCI / /

Inmate Functionality and Special Needs:

1) Does inmate need assistance to walk at least 300 yards?	Y N
2) Does the inmate have troubling behavioral issues?	Y N
3) Does he require assistance with his Activities of Daily Living (ADLs)?	Y N
4) Does inmate have a COPD w/ out O2, colostomy, tube feeding, debrillator or nerve/ bone stimulator needs?	Y N
... If so, are supplies being sent with the inmate in working order?	Y N

Please explain any "Yes" answers to the above questions: _____

(see Appendix C for full view)

2) Existing Medical Records Imaging in Jail Setting



GTI Healthcare
Data
(Medical data)

