

# **NC-DOC/Local NC Jail Medical Data Exchange Pilot**

**Using GuardTracker as the Standardized Platform**

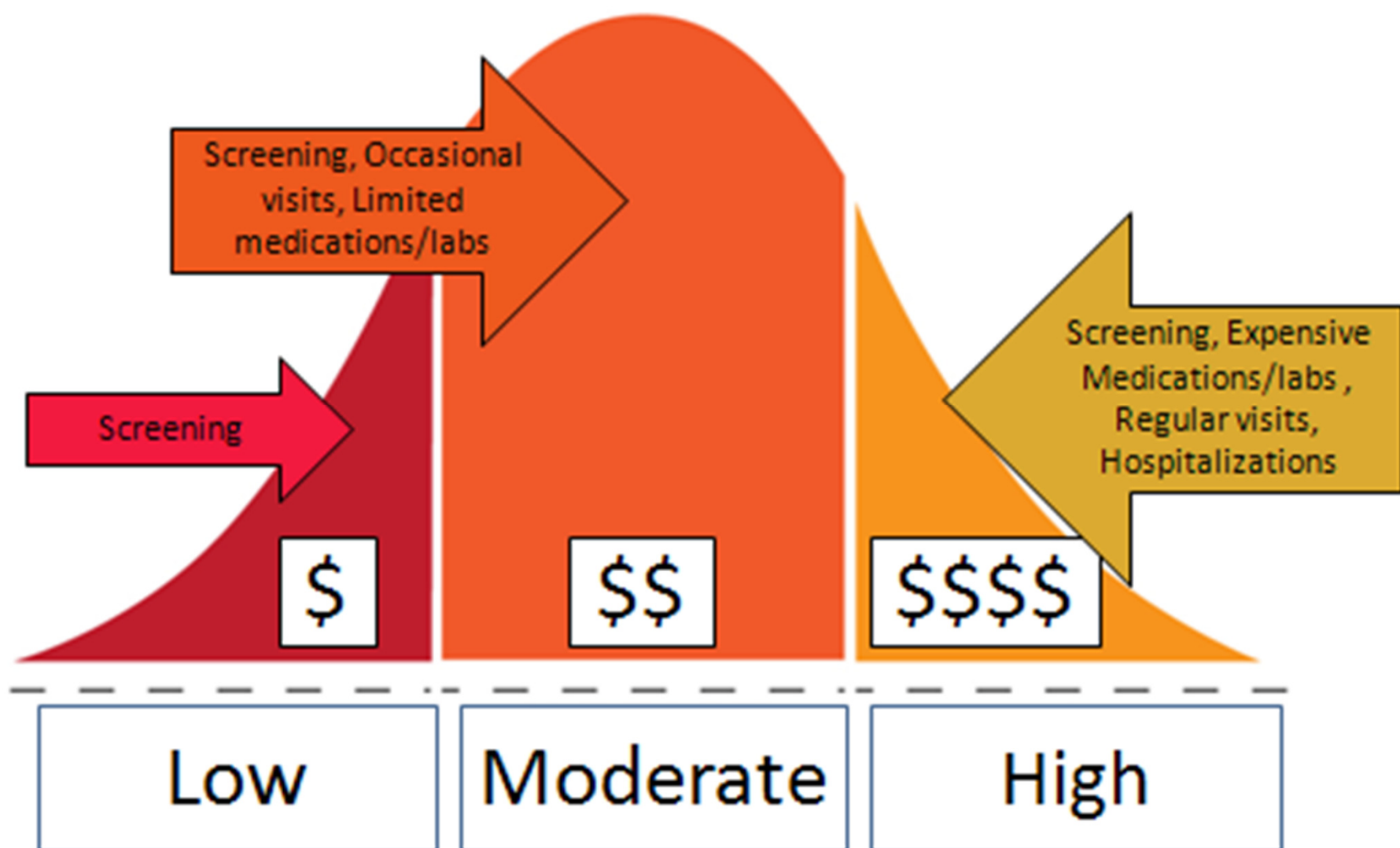
**May 2014**



# 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

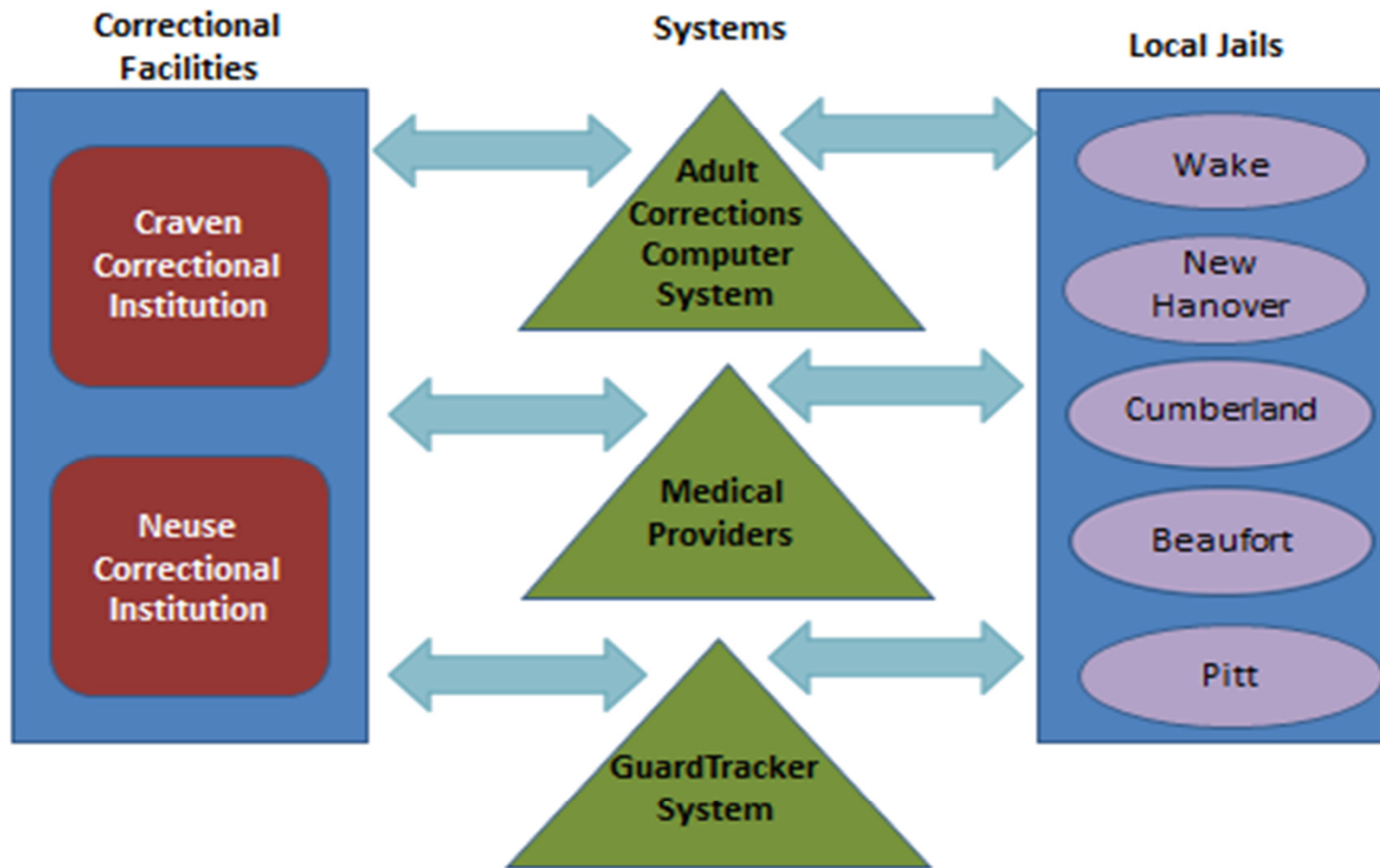
## Population Health Cost Utilization



# Efficiencies = Cost savings

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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

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General:

HEENT:

Cardiovascular:

Pulmonary:

Genital/Urinary:

Musculoskeletal:

Dermatologic:

Neurologic:

Endocrine:

Hematopoietic:

Infectious:

Venereal:

Other:

OB/Gyn:

Negative Findings

## Physical Findings

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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	if drug for emergency only of death unless provided by original institution	Y	N

Recent Labs:

Findings: Y N  
Last PPD Reading: [HSG] [RST] 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)

