



County of Orange

County Executive Office

August 27, 2019

Honorable Kirk H. Nakamura
Presiding Judge of the Superior Court of California
700 Civic Center Drive West
Santa Ana, CA 92701

Subject: Response to Grand Jury Report, ""The Silent Killer"" Hypertension in Orange County's Intake and Release Center"

Dear Judge Nakamura:

Per your request, and in accordance with Penal Code 933, please find the County of Orange response to the subject report as approved by the Board of Supervisors. The respondents are the Orange County Board of Supervisors and the County Executive Office.

If you have any questions, please contact Lala Oca Ragen of the County Executive Office at 714-834-7219.

Sincerely,

Frank Kim
County Executive Officer

Enclosure

cc: Orange County Grand Jury
Lala Oca Ragen, Assistant Deputy Chief Operating Officer, County Executive Office



Responses to Findings and Recommendations
2018-19 Grand Jury Report:

“The Silent Killer” Hypertension in Orange County’s Intake and Release Center

SUMMARY RESPONSE STATEMENT:

On June 4, 2019, the Grand Jury released a report entitled: “‘The Silent Killer’ Hypertension in Orange County’s Intake and Release Center.” This report directed responses to findings and recommendations to the Orange County Sheriff-Coroner Department (OCS), Orange County District Attorney (OCDA), Orange County Board of Supervisors (BOS) and Health Care Agency/Correctional Health Services (CHS). Both OCS and OCDA will file their responses separately as outlined in the Penal Code. The response below is the collective response of the BOS and CHS.

FINDINGS AND RESPONSES:

F.1. Inmates being booked will often have abnormal vital signs due to the stress of being handcuffed, being booked into jail and potentially being under the influence of various substances.

Response: The respondent disagrees partially with the finding. While stress and other factors can affect vital signs, the degree to which they do so varies by individual.

F.2. Vital signs are attempted only on inmates being booked who self-identify as having hypertension, a heart-related disorder or a prior medical history.

Response: The respondent disagrees wholly with the finding. Vital signs are obtained on individuals suspected of having any medical condition, including being under the influence of drugs and/or alcohol, whether through clinical observation, statement of the booking officer, review of previous incarcerations, or individual self-report.

F.3. Inmates have the right to refuse to disclose medical history as well as any medical interventions.

Response: The respondent agrees with the finding.

F.4. With the increasing number of inmates, their often poor health status, and the potentially incomplete diagnosing of inmates, the county is opening itself up to potential liability lawsuits.

Response: **The respondent disagrees wholly with the finding.** Each arrestee brought in to the Intake Release Center (IRC) receives a comprehensive health screening conducted by licensed healthcare professionals, which includes obtaining information concerning health history, current conditions, medications, hospitalizations, mental health history, and various other health information. The goal is to identify as much information as possible; however, the cooperation, knowledge, and self-reporting of the patient is vital to obtaining the most accurate and thorough information. In addition to obtaining subjective information by interviewing the patient, Health Care Agency's Correctional Health Services (CHS) also gathers objective information from the Statement of the Booking Officer form, past incarceration medical chart (if applicable), outside pharmacy verification (if applicable), and observation and clinical assessment completed by the licensed healthcare professionals at Intake.

F.5. Inmates are being transferred to outside hospitals for evaluation of chest pain and more than half are being admitted for care, increasing medical costs to Orange County taxpayers.

Response: **The respondent disagrees wholly with the finding.** The jail is not an acute care facility capable of managing ongoing evaluation and treatment of acute cardiac chest pain beyond initial identification and interventions. The quick identification and transport of an individual with cardiac chest pain to an acute care medical facility can improve patient outcomes, thereby decreasing potential lawsuits which can lead to increased costs to the Orange County taxpayers.

F. 6. CHS policy does not comply with generally accepted medical practices for monitoring and treating elevated blood pressure.

Response: **The respondent disagrees wholly with the finding.** The CHS policy on "Hypertensive Emergencies: Acute Care Evaluation and Management" is consistent with accepted medical practices as outlined by the 8th Joint National Commission panel recommendations. Details available at the following link: [2014 Evidence-Based Guidelines from JNC 8 for the Management of High Blood Pressure in Adults](#)

F.7. Electronic medical records currently in use by CHS provide no means to monitor how many and which inmates are having vital signs performed as a result of a nursing decision.

Response: **The respondent disagrees wholly with the finding.** The CHS electronic health record creates comprehensive reports that allow CHS to identify how many and which inmates are ordered vital signs monitoring as a result of a clinical decision.

F. 8. Inconsistencies between the CHS reports and the reports of OCFA paramedics appear in the custodial death reports issued by the OCDA

Response: Defer to OCDA.

F. 9. The current physical configuration at IRC is not conducive to conducting health screenings.

Response: Defer to OCSD.

RECOMMENDATIONS AND RESPONSES:

R.1. **By September 30, 2019, CHS should obtain vital signs on every consenting inmate being booked into the OC Jail at the time of or within 48 hours of booking.**

Response: **The recommendation has been implemented.** Vital signs are obtained on all consenting inmates being booked into the Orange County Jail.

R.2. **By December 31, 2019, CHS should evaluate the benefits of, and strongly consider becoming a NCCHC accredited facility to further protect the health of the inmates of Orange County.**

Response: **The recommendation has been implemented.** In 2018, the CHS management team evaluated National Commission on Correctional Health Care (NCCHC) accreditation and are strongly considering becoming a NCCHC accredited facility.

R.3. **By September 30, 2019, CHS should establish a standardized policy for inmates who present with abnormal blood pressure readings below 160/110.**

Response: **The recommendation has been implemented.** The CHS policy "Hypertension Management" includes interventions to address abnormal blood pressure readings below 160/110.

R.4. **By December 31, 2019, CHS should monitor completion of vital signs by altering the "Receiving Screening Form" to allow a data sort encompassing: vital signs refused, vital signs not attempted and vital signs completed.**

Response: **This recommendation will not be implemented because it is not warranted.** The CHS electronic health record has and will continue to be able to sort data by vital signs refused. Because vital signs are obtained on all consenting individuals booked into the Orange County jails, altering reporting mechanisms to sort vital signs completed and vital signs not attempted is not applicable.

R. 5. **By September 30, 2019, OCDA should establish a protocol for reviewing all medical records for medical inconsistencies when investigating custodial deaths, engaging medically trained assistance as needed, and taking appropriate corrective action to address identified inconsistencies, including referral to the appropriate state licensing board as necessary.**

Response: Defer to OCDA.

R.6. By December 31, 2019, OCSD should reconfigure the health screening area at IRC to allow for more privacy, increased safety for the nurses conducting the screening and improved access to the inmates.

Response: Defer to OCSD.