



North Carolina Department of Public Safety

Adult Correction and Juvenile Justice

Roy Cooper, Governor
Erik A. Hooks, Secretary

Todd E. Ishee, Commissioner of Prisons

MEMORANDUM

TO: Joint Legislative Oversight Committee on Justice and Public Safety

FROM: Erik A. Hooks, Secretary *EAH*
Todd E. Ishee, Commissioner of Prisons *TI*

RE: Internal Audit of Processes for Transporting Medications during Inmate Transfer

DATE: December 2, 2019

Pursuant to Session Law 2018-143, the Department of Public Safety (DPS) shall initiate an internal audit of its processes for transporting medications during inmate transfer. The shall examine all medication losses incurred during Fiscal Year 2018–2019 and shall include recommendations to improve controls and promote accountability for medication losses. DPS shall submit the audit to the Joint Legislative Oversight Committee on Justice and Public Safety by December 1, 2019.

At the time of reporting, DPS has not completed the internal audit directed by Session Law 2018-143. DPS' Internal Audit section anticipates completion of the audit by the end of February 2020. Upon completion, DPS will submit the audit to members of the Joint Legislative Oversight Committee on Justice and Public Safety.

Since December 2018, when Session Law 2018-143 went into effect, the Department has taken steps to mitigate medication losses. A multidisciplinary workgroup was established to address transfer medication losses. After much research, the workgroup identified several reasons for medication replacement due to a transfer medication loss. Reasons included medications not being prepared, medications prepared but not transported, medications were misrouted, packages were not correctly labeled or not legible, medications arrived at facilities but were not delivered to a nurse or the pharmacy, and/or offenders returning from court without medications that were sent with him/her.

Based on several recommendations from the workgroup, several internal controls were developed and implemented to assist in the process of transferring medications. The procedural changes included a check-off sheet for transfers, improvement in addressing labels of envelopes, improved communication between facilities, the involvement of clinical supervisors during suspected medication losses, better documentation of medication recoveries, and the re-education of staff.

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