



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Dade Correctional Institution**

In

**Florida City, Florida**

on

**January 29-31, 2019**

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**Distributed on March 8, 2019**

**CAP Due Date: April 7, 2019**

## DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1582	Male	Close	5

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1521	<b>Current Main Unit Census</b>	1582
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1521	<b>Census</b>	1582

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	631	591	345	8	5	290
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	850	111	480	124	16	27

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	51	62	N/A	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	2.4	0
Clinical Associate	1	0
RN	6.6	2.6
LPN	11	0
Dentist	1	0
Dental Assistant	2	1
Dental Hygienists	1	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychiatric ARNP/PA	2	2
Psychological Services Director	1	0
Psychologist	3	0
Mental Health Professional	11	1
Human Services Counselor	N/A	N/A
Activity Technician	6	0
Mental Health RN	12.6	7.6
Mental Health LPN	11.2	.2

# OVERVIEW

Dade Correctional Institution (DADCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, 3, 4, and 5. DADCI consists of a Main Unit.

The overall scope of services provided at DADCI include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and inpatient and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at DADCI on January 29-31, 2019. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

## **Exit Conference and Final Report**

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training. A copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

# **PHYSICAL HEALTH FINDINGS**

Dade Correctional Institution (DADCI) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at DADCI:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in the general chronic illness clinic review and in eight of the chronic illness clinics. The items to be addressed are indicated in the tables below.

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care. There were findings requiring corrective action in the review of infirmary services and sick call. The items to be addressed are indicated in the tables below.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of inmate requests. There were findings requiring corrective action in the review of consultations, periodic screenings, medication administration, and intra-system transfers. The items to be addressed are indicated in the tables below.

### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental care. There was a finding requiring corrective action in the review of dental systems. The item to be addressed is indicated in the table below.

### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of the pill line, pharmacy services, or infection control.

### **INSTITUTIONAL TOUR**

There were findings as a result of the institutional tour. The items to be addressed are indicated in the table below.

## Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 3 records, there was no evidence that inmates were seen at the required intervals (see discussion).</b></p> <p><b>PH-2: In 3 records, CIC forms were incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** Although addressed here, this issue was seen multiple times in several different clinics throughout the survey. In two records, inmates with an M-grade of 3 were seen at intervals greater than three months as required. In the other record, the inmate was an M2 but had not been seen since 12/8/17 prior to his transfer to this institution on 7/18/18.*

***Discussion PH-2:** In all three records, the last clinic visit was not recorded on the "Clinic Flowsheet" (DC4-770). Per Department policy, all forms must be completed in their entirety.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 2 of 10 applicable records, there was no evidence of an annual fundoscopic examination.</b></p> <p><b>PH-4: In 8 of 13 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-5: In 7 of 13 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-6: In 3 of 13 applicable records, there was no evidence that inmates were screened for hepatocellular carcinoma at the required intervals.</b></p> <p><b>PH-7: In 3 of 7 applicable records, there was no evidence laboratory studies were completed as required.</b></p> <p><b>PH-8: In 5 of 14 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</b></p> <p><b>PH-9: In 4 of 15 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 1 of 1 applicable records (16 reviewed), there was no evidence that virological failure was addressed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-10:** *In this record, the inmate was non-compliant with medications and had many “no show” appointments. Surveyors expressed concern that missing doses or interrupting treatment could make the drugs less effective and increase the possibility of drug resistance. This institution participates in the 340B Program through the Department of Health (DOH). Although the inmate is evaluated and treated by DOH staff, administrative aspects of the program are the responsibility of the institutional medical staff. Per Health Services Bulletin (HSB) 15.03.08, inmates considered for antiretroviral therapy must commit to medication adherence and medication may be discontinued if they are not. Due to the critical nature of this finding, surveyors stated that additional education and counselling may be beneficial for this*

*inmate and that a possible medication change be made if side effects are the deterrent to his compliance.*

<b>Miscellaneous Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-11: In 4 of 6 applicable records (14 reviewed), there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Neurology Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-12: In 2 of 9 applicable records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</b></p> <p><b>PH-13: In 1 of 5 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>



## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-14: In 4 of 8 applicable records, there was no evidence of influenza vaccination or refusal.</b></p> <p><b>PH-15: In 1 of 3 applicable records, there was no evidence of referral to a specialist and/or results of the visit (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-15:** In this record, the inmate was referred to a specialist for a biopsy and cystoscopy on 8/24/18. Results or follow-up information was not in the chart and could not be located by staff.*

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-16: In 4 of 16 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-17: In 8 of 16 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-18: In 1 of 2 records reviewed, there was no evidence the monthly nursing follow-up occurred.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-19: In 3 of 6 applicable records, there was no evidence the follow-up appointment with the clinician was completed in a timely manner (see discussion).</b></p> <p><b>PH-20: In 2 of 6 applicable records, the follow-up assessment did not address the complaint (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-19 & PH-20:** *In one record, the sick call visit occurred on 11/21/18 but the follow-up visit was not until 12/17/18. In the other two records, a follow-up occurred but the initial complaint was not addressed. In the first of those records, the inmate was seen in sick call on 12/7/18 due to urinary issues and pain in his kidney area. The follow-up appointment was on 12/17/18 but only addressed knee pain. In the other record, the inmate was seen on 1/7/19 for complaints of chest pain and a stat EKG was completed. The follow-up appointment was on 1/10/19 but only addressed his sore throat, cough, and diarrhea.*

## Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-21: In 3 of 12 applicable records, there was no evidence of a complete discharge note by the nurse (see discussion).</b></p> <p><b>PH-22: In 1 of 5 applicable records, there was no evidence of a complete discharge summary by the clinician (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmiry services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-21:** Per HSB 15.03.26, the nurse’s discharge note should indicate the patient’s condition on discharge, the means of discharge, patient education, and instructions. In two records, a discharge note was not found. In one record, the discharge note was incomplete.*

***Discussion PH-22:** The clinician’s discharge summary is to include the course of treatment in the Infirmiry, final diagnosis, medications, and follow up care. In this record, the medications and follow up care sections were blank.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-23: In 8 records, the diagnosis was not on the problem list.</b></p> <p><b>PH-24: In 3 of 14 applicable records, there was no evidence appointments for follow up or additional diagnostic testing was completed per the consultant’s recommendations (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-24:** In one record, an inmate with a liver mass had a biopsy on 10/2/18 that showed atypia and that cancer could not be excluded. The recommendation was for alfa-fetoprotein (AFP) testing with a repeat biopsy if indicated. There was no AFP in the chart although staff said it had been completed. A Pet scan was completed which showed liver uptake concerning for cancer and also recommended a repeat biopsy. The biopsy had not been done as of the date of the survey but an incidental note dated 1/24/19 stated that a “Request for Pre-Approval of Health Care Services” (DC4-669) was submitted for approval. CMA surveyors expressed concern about the lack of timeliness of this follow up. In the second record, the*

consultant recommended a cervical spine MRI without contrast for an inmate with cervical radiculopathy. The MRI was completed on 11/2/18 and was in the chart but there was no signature indicating the report had been reviewed by the provider. An incidental note dated 11/21/18 stated "MRI results not received." The inmate was to return for an orthopedic consult after the MRI but this had not occurred as of the time of the survey. In the third record, the consultant recommended on 11/15/18 that an inmate with thrombocytopenia have an ultrasound of the liver and spleen and then return for a follow-up appointment. This had not occurred as of the time of the survey.

<b>Medication Administration Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-25: In 5 of 11 applicable records, there was no evidence orders were signed, dated, and/or timed by the provider.</b></p> <p><b>PH-26: In 4 of 11 applicable records, there was no evidence of a corresponding note for all medication orders.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Intra-System Transfers</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-27: In 6 of 14 applicable records (18 reviewed), there was no evidence the inmate's chronic illness appointment took place as scheduled upon his transfer.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those transferring into the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-28: In 5 of 14 applicable records (15 reviewed), there was no evidence lab results were provided to the inmates at the screening.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Dental Systems

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the dental clinic revealed the following deficiency:</b></p> <p><b>PH-29: There was no evidence that all necessary equipment was in working order (see discussion).</b></p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

*Discussion PH-29: One X-ray unit was not working and in need of repair or replacement.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-30: The blood glucose monitor quality control checks had not been done for several months.</b></p> <p><b>PH-31: Open insulin vials were not dated.</b></p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## CONCLUSION – PHYSICAL HEALTH

The physical health staff at DADCI serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available and ready for the surveyors. Overall, medical charts were well organized and documents were filed in a timely manner. Observed areas on the compound were clean and neat. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Inmates expressed satisfaction with health care services when seen, but expressed concern about getting their medications and some services in a timely manner, especially emergency care as security officers often “think inmates are playing.”

Several concerns were identified in the provision of clinical services. Records were frequently missing vaccination information, fundoscopic examinations, as well as timely laboratory or diagnostic studies. Orders were not consistently accompanied by a provider’s note and monthly nursing assessments in the tuberculosis clinic were not done. Many records revealed that appointments were frequently missed and rescheduled. Some were due to inmate no shows, security issues, or labs not being completed prior to appointments, but many were inmates who had transferred into the facility and were not seen as scheduled. Surveyors expressed concern that this could result in care delays and lead to adverse outcomes.

The staff at DADCI was helpful throughout the survey process. Based on the findings of this survey, it is clear that the corrective action process will be beneficial to DADCI as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

# **MENTAL HEALTH FINDINGS**

Dade Correctional Institution (DADCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at DADCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).
- S4 - Inmates are assigned to a Transitional Care Unit (TCU).
- S5 - Inmates are assigned to a Crisis Stabilization Unit (CSU).

## **CLINICAL RECORDS REVIEW**

### **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were findings requiring corrective action in the review of Self-Harm Observation Status (SHOS). The items to be addressed are indicated in the table below. There were no episodes of restraints available for review at DADCI.

### **USE OF FORCE REVIEW**

There were no episodes of chemical use of force available for review at DADCI.

### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were no findings requiring corrective action in the review of psychological emergencies. There were findings requiring corrective action in the review of inmate requests and special housing. The items to be addressed are indicated in the tables below.

### **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of outpatient mental health services. There was a finding requiring corrective action in the review of psychiatric medication practices. The item to be addressed is indicated in the table below.

### **INPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of inpatient mental health services and psychiatric medication practices. The items to be addressed are indicated in the tables below.

### **AFTERCARE PLANNING REVIEW**

There were findings in the review of aftercare planning. The items to be addressed are indicated in the table below.

### **MENTAL HEALTH SYSTEMS REVIEW**

There were findings requiring corrective action in the review of mental health systems. The items to be addressed are indicated in the table below.

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 8 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, admission orders were not signed/co-signed the next working day.</b></p> <p><b>MH-2: In 4 records, the inmate was not observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-3: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</b></p> <p><b>MH-4: In 2 records, there was no evidence of daily rounds by the attending clinician.</b></p> <p><b>MH-5: In 2 records, there was no evidence of daily counseling by mental health staff.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** Physician’s orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In two records, this form had multiple blanks indicating inconsistent monitoring. In the remaining two records, entire days of safety observations were unable to be located by institutional staff.*

## Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 9 inmate requests revealed the following deficiencies:</b></p> <p><b>MH-6: In 7 records, a copy of the inmate request form was not present in the medical record (see discussion).</b></p> <p><b>MH-7: In 1 of 3 applicable records, an interview or referral did not occur as intended in response to an inmate request (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>



**Discussion MH-6:** In all seven records, there was not an inmate request that coincided with the entry to the inmate request log.

**Discussion MH-7:** In one record, the response to an inmate request dated 11/02/18 indicated the inmate would be scheduled to see psychiatry when a provider was available. According to HSB 15.05.19, in response to a request for a non-emergent psychiatric consultation, the psychologist should evaluate the inmate to determine if a referral is needed. There is no indication that an evaluation was provided by psychology or psychiatry staff.

<b>Special Housing</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 12 special housing records revealed the following deficiencies:</b></p> <p><b>MH-8: In 3 of 11 applicable records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</b></p> <p><b>MH-9: In 3 of 8 applicable records, psychotropic medications were not continued as ordered while the inmate was in special housing (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-9:** In two records, the Medication Administration Record (MAR) was unable to be located for November 2018; therefore, surveyors were unable to determine if the inmate received medication. In the last record, the medication order expired 11/03/18; however, there were no orders to discontinue the medication. There was no indication the inmate received medications from 11/04/18 through 11/26/18.

<b>Outpatient Psychotropic Medication Practices</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-10: In 2 of 8 applicable records (19 reviewed), Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 inpatient mental health records revealed the following deficiencies:</b></p> <p><b>MH-11: In 3 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</b></p> <p><b>MH-12: In 3 of 8 applicable records, a follow-up risk assessment for violence was not completed within the required time frame.</b></p> <p><b>MH-13: In 4 of 13 applicable records, the multi-disciplinary services team (MDST) did not meet to complete the individualized services plan (ISP) within 7 days of admission.</b></p> <p><b>MH-14: In 7 records, the MDST did not meet to review the ISP at required intervals.</b></p> <p><b>MH-15: In 4 records, treatment problems and goals were not individualized or not relevant to the presenting diagnosis.</b></p> <p><b>MH-16: In 4 records, progress made toward treatment goals was not reflected on the ISP update.</b></p> <p><b>MH-17: In 5 of 7 applicable records, the MDST did not meet in response to a precipitating event (see discussion).</b></p> <p><b>MH-18: In 5 records, behavioral level assessments were missing or not reviewed within the required time frame.</b></p> <p><b>MH-19: In 4 of 9 applicable records, behavioral levels were modified without documentation of rationale.</b></p> <p><b>MH-20: In 9 records, clinical encounters were not conducted at required intervals.</b></p> <p><b>MH-21: In 9 records, the required hours of structured out-of-cell treatment and services (SOCTS) were not provided.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-22:</b> In 5 records, group therapy notes did not contain required information and were not individualized.</p> <p><b>MH-23:</b> In 9 records, there was no evidence of weekly progress notes.</p>	

***Discussion MH-17:** In addition to routine MDST meetings, spontaneous meetings should occur within three business days in response to a precipitating event. Examples of this include; receipt of a disciplinary report, refusal of treatment for more than five calendar days, assaultive behavior, or transfer to a different level of care. In five records, there was no evidence that the MDST met when these events occurred.*

## Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 inpatient mental health records revealed the following deficiencies:</b></p> <p><b>MH-24:</b> In 4 of 17 applicable records, the psychiatric evaluation was not conducted within the required time frame.</p> <p><b>MH-25:</b> In 4 of 15 applicable records, the admission note by the attending clinician was not completed timely.</p> <p><b>MH-26:</b> In 2 of 7 applicable records, appropriate initial lab tests were not completed as required.</p> <p><b>MH-27:</b> In 2 of 7 applicable records, follow-up lab tests were not completed as required.</p> <p><b>MH-28:</b> In 4 of 17 applicable records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record (see discussion).</p> <p><b>MH-29:</b> In 4 records, informed consent was not obtained for each psychotropic medication.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-30:</b> In 4 records, follow-up sessions were not conducted at required intervals.</p> <p><b>MH-31:</b> In 4 of 6 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p> <p><b>MH-32:</b> In 1 of 3 applicable records, the rationale for an emergency treatment order (ETO) for medication was not documented.</p>	

***Discussion MH-28:** In two records, the MAR for the month of January 2019 was unable to be located by staff. One record included a MAR in which several days were blank. Without completed MARs to compare to prescription orders, it is impossible to determine if medications were received. In the remaining record, a 30-day supply of medication was prescribed at a previous institution. The prescription lapsed when the inmate was not seen timely by psychiatry; therefore, he did not receive medication in December 2018 or January 2019.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 21 records of inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-33:</b> In 9 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p><b>MH-34:</b> In 2 of 4 records, a “Summary of Outpatient Mental Health Care” (DC4-657) was not completed for inmates within 30 days of EOS.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Mental Health Systems

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-35: Outpatient therapeutic groups were not provided to meet the needs of the inmate population.</b></p> <p><b>MH-36: “Mental Health Emergency, SHOS/MHOS Placement log” (DC4-718A) was not completed as required for all mental health infirmary admissions and mental health emergencies.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## CONCLUSION

The staff at DADCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health inpatient services are provided in a 200-bed transitional care unit (TCU) and a 24-bed crisis stabilization unit (CSU). Mental health outpatient services, including case management and individual counseling, are provided to approximately 600 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on Self-Harm Observation Status (SHOS). Reportable findings requiring corrective action are outlined in the tables above.

There were several serious findings noted in the review of inpatient psychotropic medication. In almost a quarter of the records reviewed, inmates were not seen within the required time frame resulting in lapses in follow-up laboratory studies, missed AIMS assessments, and/or the expiration of prescriptions for psychotropic medications. In two cases, inmates were without medications for over a month, placing them at risk for a deterioration in mental status. Additionally, if stopped abruptly, some psychotropic medications can cause withdrawal symptoms, particularly for those who have been taking them for an extended period of time. Although many inmates had active prescriptions, in some cases the MAR could not be located by institutional staff, therefore it was impossible to determine if medications were given as prescribed. Lastly, medication was not continued for some inmates held in special housing.

In addition to the issues noted above, there were findings in the review of inpatient services related to incomplete assessments, missing clinical encounters and insufficient hours of SOCTS. ISPs were not individualized or completed timely. Inmates receiving infirmary level of care for a mental health issue were not seen daily by the attending clinician or mental health professional, and safety checks were not completed as ordered for inmates who posed a risk to themselves or others. Over 75% of inmate requests chosen from the log provided by the institution, were unable to be located by staff, thus making it impossible to determine if an appropriate response was provided. Additionally, the requirements for aftercare planning for eligible inmates were not consistently met. However, it should be noted that there were no findings requiring corrective action in the review of psychological emergencies and outpatient mental health services.

Interviews with inmates indicated they were familiar with the process to access care, and overall found mental health services to be adequate. Staff was helpful throughout the survey process and receptive to feedback offered by surveyors and CMA staff. Mental health staff indicated they were aware of many of the findings noted, particularly those related to psychiatry and have been working to ensure inmates in need of medication are referred as quickly as possible. It is clear that staff will benefit from the CAP process as they use the results of the survey to make improvements in the deficiencies noted.

## **SURVEY PROCESS**

The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices.
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems, specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases

selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.