



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Graceville Correctional Facility

In

Graceville, Florida

on

December 8-10, 2015

CMA Staff Members

Jane Holmes-Cain, LCSW
Kathy McLaughlin, BS

Clinical Surveyors

James Langston, MD
John Bailey, DO
Edward Zapert, DDS
Sandi Lewis, PhD
Mary Jane Valbracht, ARNP
Susan Porterfield, ARNP
Jennifer Barr, LCSW
Douglas-Khan Stancil, LMHC
Judy Reinman, RN
Sue Sims, RN
Monica Dodrill, RN

Distributed on January 4, 2016

CAP Due Date February 3, 2016

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1878	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1884	Current Main Unit Census	1878
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1884	Total Census	1878

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1203	549	140	7	0
<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	
	1414	74	416	N/A	N/A	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		25	26	13	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	8	0
LPN	9	1
CMT-C	0	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienists	0.5	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Sr. Mental Health Clinician	1	0
Behavioral Specialist	3	0
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OVERVIEW

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

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at GRACF on December 8-10, 2015. 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

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

- 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 does not require CIC care more often than six 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.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in three of the chronic illness clinics and in the general chronic illness clinic review; 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 sick call and infirmary services; 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 intra-system transfers, medication administration, or periodic screenings. There were findings requiring corrective action in the review of consultation services and inmate requests; 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 were findings requiring corrective action in the review of dental systems; the items to be addressed are indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There were findings requiring corrective action 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>PH-1: In 3 of 15 records reviewed, patient education was incomplete or missing (see discussion).</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: Per form instructions, education is to be documented on the DC4-770 "Chronic Illness Clinic Flowsheet" by entering the corresponding number of relevant education provided as: 1. Disease process 2. Risk reductions 3. Smoking Cessation (if applicable) 4. Medication(s) 5. Treatment Compliance. In all three records, only "Y" was entered to indicate "yes."

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 5 of 17 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</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 cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 14 records reviewed, there was no evidence that medications were received as prescribed (see discussion).</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>

***Discussion PH-3:** In one record, there was no indication that the inmate signed for his keep-on-person (KOP) medication in November. The inmate's name appeared on the KOP sheet but the DC number was not correct and there was no signature. In another record, there was no medication administration record (MAR) or KOP verification to indicate receipt of Keppra. In the last record, the clinician's progress note dated 10/28/15 stated that the inmate was ordered to be on DOT status since February due to low Dilantin levels, however an order dated 7/2/15 indicated KOP for one year. The KOP sheets did not indicate that Dilantin was issued.*

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 4 of 7 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</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>

Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 2 of 6 applicable records (10 reviewed) there was no evidence of daily nursing notes for acute inpatients.</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>

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 1 of 5 applicable records (18 reviewed) there was no evidence of a timely follow-up by the clinician (see discussion).</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-6: *The inmate was seen in sick call on 8/21/15 for problems urinating. The chart was sent to the clinician for review and for an ibuprofen refill. Labs were ordered on 9/24/15 but the inmate was not seen until 10/26/15.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-7: In 3 records, the DC4-702 “Consultation Request/Consultants Report” was not located in the chart (see discussion).</p> <p>PH-8: In 6 of 11 applicable records, the diagnosis was not recorded on the problem list.</p> <p>PH-9: In 4 of 11 applicable records, the consultation log was not complete and/or accurate for this incident (see discussion).</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-7 & PH-9: Per Health Services Bulletin (HSB) 15.01.04, all requests for procedures or specialty consultations in excess of \$500 are to be submitted on the DC4-702. The institutional provider will review any recommendations from a specialty consultant, and document in the progress notes the justification for accepting, or denying specific recommendations. Staff indicated that when an inmate is at the Reception and Medical Center (RMC) for an extended period of time, a consult request may be initiated and faxed to the sending institution for additional procedures. The request is approved, signed, and returned to RMC. In three records, the form was not in the chart and there were no progress notes to document the consult. In addition, some charts were missing the outcomes of the consultation such as biopsy results, etc. Per Department policy and procedures, all consultations, labs, and reports should be filed in the chart by RMC before an inmate is transferred back to the primary institution. Alternatively, if this is not done, it is the responsibility of the receiving institution to request the missing documentation. It was difficult to follow the plan of care and treatment received with key pieces of information missing. In addition, the consultation log did not accurately reflect the dates consultations were requested and/or received in four records and may also be attributed to this procedural issue.

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 4 of 13 applicable records (18 reviewed), there was no evidence that the response occurred as intended (see discussion).</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 medical inmate requests to evaluate the effectiveness of corrections.</p>

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-10: In two records, inmates requested glasses in September but they were not received timely. Both inmates submitted subsequent requests and the glasses were re-ordered in November. In another record, the inmate requested to see the clinician after being seen by the nurse in sick call. The response was that he would be scheduled for labs and a visit with the nurse. There was no indication in the record that either happened. In the last record, an inmate requested follow-up from an X-ray on 9/1/15. The X-ray had been completed on 8/31/15 which indicated a fracture of the 4th meta carpal. There is no evidence in the chart that the fracture was ever splinted or casted. The inmate was seen by the clinician on 9/10/15.

Dental Systems

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-11: There was no evidence that all necessary equipment was available (see discussion).</p> <p>PH-12: There was not sufficient space allocated for dental services (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11: Per HSB 15.04.13 Supplement #A, the dental staff should be capable of treating a medical emergency, should one arise. Oxygen, along with an airway, and emergency drugs are always to be on hand. Oxygen tanks were not located in the dental treatment area. Additionally, a "daylight loader" was used to develop X-rays as a darkroom was not available. The CMA surveyor expressed concern about infection control with the use of a daylight loader.

Discussion PH-12: The dental treatment area was approximately 14' x 16' and contained two dental operatories. There were no desks available for charting. There was no space for laboratory equipment so it was located in an adjacent area which was also used by medical clerical staff. Records were kept in another part of the building but some were also in the treatment area. The CMA surveyor expressed concern that cross contamination could be an issue with the charts next to treatment areas due to oral splatters.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p data-bbox="201 268 659 331">A tour of the facility revealed the following deficiencies:</p> <p data-bbox="201 369 751 464">PH-13: There were expired medications in the clinician exam rooms and in the sick call cart.</p> <p data-bbox="201 504 740 598">PH-14: There was no evidence that the first aid kits in C & D dorms were inspected in November or December.</p>	<p data-bbox="787 268 1347 401">Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p data-bbox="787 438 1347 533">Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

The physical health staff at GRACF 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 entry into the institution, some difficulties were immediately identified. A quick tour of the medical area revealed limited work space. As a result, the team set up in the Administration Building to conduct the survey. Charts had to be brought back and forth from the medical records area which created a delay. The staff at GRACF was helpful throughout the survey and worked diligently to bring the needed charts and any missing documents that were requested to the survey area. However, some charts were not received until the afternoon of the second day further delaying the process. Additional space concerns were recognized in the pharmacy and, as discussed above, in the dental clinic.

Two tracking issues were identified during the survey. One was in the area of consultations and getting the necessary information back from specialty consultations at RMC. While the initial responsibility is for RMC to file the information prior to transferring the inmate, if that is not done it becomes the responsibility of the receiving institution to get the necessary information. The second issue was in the area of medication receipt. While nursing staff is responsible for ensuring that inmates sign for keep-on-person medication, there was often no documentation in the medical record to indicate that an ordered medication was keep-on-person. Surveyors expressed concern that there was no mechanism to address compliance or receipt of these medications until the inmate was seen at his next chronic clinic visit which could be three to six months later. Surveyors expressed concern that lapses in these two areas could have adverse effects on inmate health outcomes.

Interviews conducted by surveyors and CMA staff indicated inmates and staff were familiar with the procedures to obtain routine medical and emergency services. Overall, there were relatively few findings that required corrective action. However, based on the discussions above, it is clear that the corrective action process will be beneficial to GRACF 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

Graceville Correctional Facility (GRACF) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at GRACF:

- 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 or psychiatric ARNP care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no episodes of restraints at GRACF. 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.

USE OF FORCE REVIEW

There were findings requiring corrective action in the review of use of force episodes; the items to be addressed are indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

There were no findings in the aftercare planning review.

MENTAL HEALTH SYSTEM REVIEW

There was a finding requiring corrective action in the review of mental health systems; the item to be addressed is indicated in the table below.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-2: In 1 record, clinician’s orders did not specify 15 minute observations.</p> <p>MH-3: In 1 record, the DC4-732 “Infirmatory/Hospital Admission Nursing Evaluation” was not completed.</p> <p>MH-4: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</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-4:** Clinician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 “Observation Checklist.” In one record, there were blanks on the checklist indicating the inmate was not observed as required. In two records, there were days in which the checklists were not in the record and were could not be located by institutional staff.*

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 8 use of force episodes revealed the following deficiencies:</p> <p>MH-5: In 5 records, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-6: In 6 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</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 use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-5:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to*

chemical agents and classified as S2 or S3. There does not appear to be a method in place to ensure mental health staff are notified of each use of force incident so that appropriate assessments can be conducted. Staff indicated a process is being implemented to ensure inmates are seen as required.

Special Housing	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records of inmates in special housing revealed the following deficiencies</p> <p>MH-7: In 5 of 8 applicable records, psychotropic medications ordered were not continued as directed while the patient was held in special housing (see discussion).</p> <p>MH-8: In 2 of 10 applicable records, follow-up mental status exams were not conducted within the required time frame.</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-7:** In the five records with findings, the Medication Administration Records (MAR) could not be located, therefore it was impossible to determine if the inmate received medications.*

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-9: In 4 of 5 applicable records, there was no evidence that abnormal lab results were addressed.</p> <p>MH-10: In 3 of 15 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-11: In 1 of 5 applicable records, there was no DC4-711A “Refusal of Health Care Services” after 3 consecutive medication refusals or 5 in one month.</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>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
MH-12: In 5 records, follow-up psychiatric contacts were not conducted at appropriate intervals.	

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-13: In 5 records, the Individualized Service Plan (ISP) was not signed by the inmate and a refusal was not documented.</p> <p>MH-14: In 3 of 13 applicable records, the ISP was not revised within 180 days.</p> <p>MH-15: In 4 records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP (see discussion).</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>

Discussion MH-15: Counseling was not provided every 30 days for inmates diagnosed with a psychotic disorder or as indicated on the ISP.

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
MH-16: Caulking was removed around the sinks and toilets in the Isolation Management Rooms (IMR).	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

The mental health staff at GRACF serves a complex and difficult population. Outpatient services, including case management and individual counseling, are provided to approximately 500 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests and 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 daily counseling for inmates in Self-harm Observation Status (SHOS).

Due to limited work space, the survey was conducted in the Administration Building, resulting in delays in obtaining records. Eventually the majority of the records were located, however in some cases, documents requested were not found causing some of the findings listed above. Institutional staff were helpful and did their best to ensure records and documents were provided.

Many of the findings noted in this report are related to incomplete or untimely assessments. Nursing evaluations were not consistently completed and observations were not conducted as ordered for inmates on SHOS. Inmates involved in a use of force incident were not evaluated timely by mental health staff. Abnormal and follow-up laboratory studies were not performed as required and inmates were not seen timely for psychiatric follow-up. Eligible inmates were not provided counseling as required and inmates in special housing did not receive timely follow-up mental status exams.

Although there were findings related to the timeliness of evaluations, the assessments present in the medical record were thorough and relevant. Additionally, case management and counseling notes addressed the issues documented on the ISP and demonstrated good clinical management. Interviews with mental health staff indicated they were familiar with the inmates on their caseloads.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

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 also 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. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.