



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Gulf Correctional Institution

in

Wewahitchka, Florida

on

January 12-14, 2016

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2873	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1407	Current Main Unit Census	1501
Annex Capacity	1227	Current Annex Census	1372
Satellite Unit(s) Capacity	293	Current Satellite(s) Census	273
Total Capacity	2927	Total Current Census	3146

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1948	765	185	1	6
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	2861	43	N/A	N/A	N/A	N/A

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>
		154	144	13	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	0	0
ARNP	1	0
RN	2	0
LPN	4.8	0
CMT-C	1	1
Staff Dentists	1	0
Dental Hygienists	1	0
Dental Assistants	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	.2	0
Behavioral Health Specialist	1	0

DEMOGRAPHICS

Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	6	2
LPN	7.2	0
CMT-C	2	0
Staff Dentist	2	0
Dental Hygienists	1	0
Dental Assistants	3	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	.2	0
Behavioral Health Specialist	1	0

OVERVIEW

Gulf Correctional Institution (GULCI) 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, and 2. GULCI consists of the Main Unit, Work Camp, and the Annex.

The overall scope of services provided at GULCI includes comprehensive medical, dental, mental health and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, outpatient mental health, and observation/infirmarary care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at GULCI on January 12-14, 2016. 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 monthly 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 monthly 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 - MAIN

Gulf Correctional Institution - Main (GULCI-Main) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at GULCI-Main:

- 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.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in one 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 or sick call services. Inmates requiring infirmary services are transferred to the Annex.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the medication administration record review, medical inmate requests, or periodic screenings. There were findings requiring corrective action in the review of consultations; the items to be addressed are indicated in the table below.

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables 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 was a finding as a result of the institutional tour; the item to be addressed is indicated in the table below.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 6 of 13 records reviewed, baseline information was incomplete or missing.</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>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 4 of 8 records reviewed, 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.</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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>PH-3: In 3 records, the diagnosis was not recorded on the problem list.</p> <p>PH-4: In 2 records, the consultation log was not accurate for the 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 who received 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-4:** In one record, the inmate was evaluated in July and the consultation was returned in October with instructions to have a renal ultrasound then return in one month. There was no indication on the log that the ultrasound or subsequent follow-up appointment had been scheduled. In the second record, the log indicated "N/A" for date of appointment, appointment kept, and follow-up required. However the consultation was denied, an alternate treatment plan was given, and additional information was requested.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: A tour of the dental clinic revealed that necessary equipment was not in proper working order (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-5:** The safe light in the darkroom was leaking light. The surveyor also noted that the X-ray machine's exposure time was high (1 1/3 seconds) and expressed concern that this may cause the inmates to be exposed to excess radiation.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 3 of 12 applicable records (18 reviewed), there was no evidence of complete and accurate charting of dental findings (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 dental 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: *In two records, restoration was not charted. In the third record, notes indicated that a head and neck exam, periodontal screening and recording were completed, and x-rays were read. These items, however, were not found in the chart.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: A tour of the facility revealed there were expired items in the pharmacy and nursing areas (see discussion).</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-7: *Ketoraloc and Simethicone expired November 2015 and EZ Scrub expired in October 2015.*

PHYSICAL HEALTH FINDINGS - ANNEX

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

- 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.
- 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 in four of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings requiring corrective action in the general chronic illness clinic record review.

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables 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 as a result of the institutional tour; the items to be addressed are indicated in the table below.

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 1 of 1 applicable record (18 reviewed), there was no referral to a specialist although indicated (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 cardiovascular 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: *In this record, an inmate with a known history of benign prostatic hyperplasia (BPH) had prostate-specific antigen levels that rose from 4.74 (March 2015) to 8.98 (December 2015). CMA clinical surveyors indicated that this inmate may benefit from treatment outside the scope of the current clinical plan, including off-site urological evaluation.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 4 of 9 applicable records (15 reviewed), there was no evidence of the required annual fundoscopic examination (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 endocrine 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-2: *In the first record, there was no fundoscopic examination since December 2013. In the second record, there was no examination since September 2014. In the third record, there had been no examination since June 2014. In the last record, a baseline examination had been ordered in September 2015 but had not been completed by the time of the survey.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-3: In 1 of 3 applicable records, there was no evidence that an inmate with confirmed or suspected cirrhosis had been screened for hepatocellular carcinoma.</p> <p>PH-4: In 5 of 9 applicable records, there was no evidence of hepatitis B vaccination or refusal.</p> <p>PH-5: In 3 of 11 applicable records, 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 gastrointestinal 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>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-6: In 7 records, seizures were not classified.</p> <p>PH-7: In 1 of 5 applicable records, there was no evidence of influenza vaccination or refusal (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 respiratory 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-7: *Although, inmates with many neurological disorders are not considered high priority for influenza vaccination, the inmate identified above had been diagnosed with myasthenia gravis and is wheel chair bound. CMA surveyors were concerned that influenza would place the inmate at a greater risk for adverse complications than inmates in the general population.*

Infirmary Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-8: In 3 of 12 inpatient and outpatient records, there was no evidence of a note by the discharge nurse or the discharge note did not contain the required information (see discussion).</p> <p>PH-9: In 1 of 4 applicable inpatient records, there was no evidence that the admission assessment was completed within the required time frame (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 who received infirmary 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-8:** In two records, the discharge note was not contained in the medical record and was unable to be located by institutional staff. In the last record, there was documentation in the medical record of the inmate's discharge, but there was no evidence that patient education was provided for an inmate who needed continued wound care.*

***Discussion PH-9:** In this record, the nursing assessment was completed in its entirety but was not timed by the completing nurse. CMA surveyors were unable to confirm that the inmate was assessed within the appropriate time frame.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 6 of 12 records reviewed, the diagnosis was not recorded on the problem list.</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 who received consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>PH-11: In 3 records, the response to the inmate request did not address the stated needs.</p> <p>PH-12: In 2 of 8 applicable records, the follow-up to the response did not occur as intended.</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 utilizing medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-13: A tour of the dental clinic revealed that the clinic was in disrepair (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-13: *The CMA dental surveyor noted that the dental clinic contained a moisture problem. Although, five dehumidifiers were utilized at the time of the survey, there was mildew noted in the ventilation system and on the ceiling. Additionally, institutional staff reported that water was draining from light fixtures and junction boxes.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-14: In 3 of 15 applicable records (18 reviewed), there was no evidence of the complete and accurate charting of dental findings (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 dental 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-14:** In the two records, composite restorations were not noted. In the last record, an occlusal composite was not documented.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-15: Medical refrigeration logs were incomplete.</p> <p>PH-16: There were expired supplies in the medical treatment areas (see discussion).</p> <p>PH-17: Over-the-counter medications in the dormitory areas were expired.</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-16:** Expired items included saline IV bags, sterile gloves, peroxide, and betadine solutions.*

CONCLUSION – PHYSICAL HEALTH

MAIN UNIT

The physical health staff at GULCI-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an 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, organized, and ready for the surveyors. Overall, medical charts were in order and documents were filed in a timely manner. The clinician's progress notes and documentation of health encounters was legible, complete and informative. The staff at GULCI-Main was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services.

Overall, there were relatively few findings that required corrective action. There were only two reportable findings in the chronic illness clinic review and the other deficiencies listed were administrative and/or documentation issues rather than clinical care.

Staff indicated they were appreciative of the CMA survey and would use the corrective action process to improve services in the areas found to be deficient.

ANNEX

The physical health staff at GULCI-Annex serves a difficult population that includes inmates with multiple medical comorbidities. Physical health care is provided on an outpatient and inpatient 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.

CMA clinical surveyors noted that medical records were generally organized, legible, and filed in a timely manner. Interviews with inmates revealed that they were generally satisfied with the routine health care services provided by the medical staff at the Annex. Inmates, as well as security staff demonstrated familiarity with policies related to the accessing of sick call and emergency services.

There were several findings related to deficiencies in the provision of clinical services. Many of these deficiencies were related to missed vaccinations and delays in fundoscopic examinations. Otherwise, CMA surveyors noted that chronic care visits were timely and physical evaluations were compliant with Department standards.

Institutional staff were responsive to the feedback provided at the time of the survey and indicated that they would use the CMA corrective action process to improve inmate health services.

MENTAL HEALTH FINDINGS – MAIN

Gulf Correctional Institution - Main (GULCI-Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at GULCI-Main:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

Inmates requiring infirmary admission for self-injury or suicide prevention are transferred to the Annex.

USE OF FORCE REVIEW

There were no use of force episodes available for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies, special housing, or inmate requests.

OUTPATIENT SERVICES REVIEW

There were no findings requiring corrective action in the review of outpatient mental health services.

MENTAL HEALTH SYSTEMS REVIEW

There were no findings requiring corrective action in the review of mental health systems.

MENTAL HEALTH FINDINGS - ANNEX

Gulf Correctional Institution - Annex (GULCI-Annex) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at GULCI-Annex:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

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 restraint at GULCI-Annex.

USE OF FORCE REVIEW

There were no use of force episodes available for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies, special housing, or inmate requests.

OUTPATIENT SERVICES REVIEW

There were no findings requiring corrective action in the review of outpatient mental health services.

MENTAL HEALTH SYSTEMS REVIEW

There were no findings requiring corrective action in the review of mental health systems.

Self-Harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 7 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, the “Infirmery/Hospital Admission Nursing Evaluation” (DC4-732) was incomplete (see discussion).</p> <p>MH-2: In 1 of 2 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-3: In 5 records, there was no evidence the attending clinician conducted a face-to-face evaluation prior to discharge from SHOS (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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: *In the two records with findings, the inmate refused to participate in the evaluation. A line was drawn through the remainder of the document indicating the inmate refused and remaining questions were not answered. However, some of the items could have been addressed either by chart review or visual assessment of the inmate.*

Discussion MH-2: *According to the Department’s Health Services Bulletin (HSB) during the fourth day of infirmery mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In the applicable record, there was no documentation by the attending clinician that this was considered.*

Discussion MH-3: *In all but one of the records with findings, notes were present for the day of discharge from the attending clinician. However the documentation only indicated the inmate was to be discharged per mental health recommendation and did not address the inmates’ mental status or suicidal ideation.*

CONCLUSION – MENTAL HEALTH

MAIN UNIT

Currently GULCI-Main has one fulltime Mental Health Professional. The Senior Psychologist is on-site one day per week. At the time of the survey, approximately 21 inmates were receiving mental health services. In addition to providing services to these inmates, staff answers inmate requests, responds to psychological emergencies, and performs weekly rounds in confinement. Staff also performs sex offender screenings when needed. Inmates in need of placement on Self-harm Observation Status (SHOS) are sent to the Annex.

The quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. Individualized Service Plans (ISP) were timely and relevant. Issues addressed in counseling were reflective of problems listed on the ISP. In several records reviewed, inmates not on the mental health caseload who submitted inmate requests had several counseling appointments to ensure their issues were resolved. After a review of mental health records and interviews with inmates and staff, no corrective action plan is required by the CMA for mental health at GULCI-Main.

ANNEX

At the time of the survey, GULCI-Annex mental health staff was providing outpatient services to 22 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answers inmate requests, responds to psychological emergencies, and performs weekly rounds in confinement. Staff also performs sex offender screenings when needed and provides daily counseling for inmates in SHOS. To serve this population, GULCI-Annex has one full-time Mental Health Professional position and a Senior Psychologist who is on-site one day per week.

The mental health findings noted were related to SHOS requirements. The “Infirmery/Hospital Admission Nursing Evaluation” was not completed in its entirety for inmates who refused to participate in the evaluation process. The guidelines for SHOS management were not consistently met and it was difficult to determine from the documentation provided if the attending clinician conducted a face to face evaluation prior to discharge.

Staff was cooperative and helpful throughout the survey process. Medical records were well-organized and readily available. Inmates interviewed were complimentary of their experiences with mental health staff. Case management notes were thorough and counseling notes addressed the issues documented on the Individualized Service Plan. In several charts reviewed, the Individualized Service Plans were updated to increase the frequency of counseling after inmates experienced a change in mental status and individual counseling notes reflected these changes. Overall, staff were responsive to the relatively few findings noted and indicated they would use the Corrective Action Plan process to improve inmate mental health services.

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.