



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Hamilton Correctional Institution**

in

**Jasper, Florida**

on

**May 6-7, 2015**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2554	Male	Close	3

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1177	<b>Current Main Unit Census</b>	1121
<b>Annex Capacity</b>	1408	<b>Current Annex Census</b>	1433
<b>Total Capacity</b>	2585	<b>Total Current Census</b>	2554

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade (M-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
		1758	407	380	0	0
<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>
	2468	73	3	0	0	5

### 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>
		186	88	N/A	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	2.8	0
LPN	2.8	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Senior Mental Health Clinician	.2	0
Mental Health Professional	1	1

### Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	5.6	2.4
LPN	11.2	2.2

### Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Senior Mental Health Clinician	.4	0
Mental Health Professional	1	1

## OVERVIEW

Hamilton Correctional Institution (HAMCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2 at the Main Unit and the Annex.

The overall scope of services provided at HAMCI 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/infirmatory care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at HAMCI on May 6-7, 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 demonstrating 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**

Hamilton Correctional Institution-Main (HAMCI-Main) provides outpatient physical health services. The following are the medical grades used by the department to classify inmate physical health needs at HAMCI-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 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. Neurology and immunity clinics are currently offered only at the Annex.

#### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency and 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. There were findings requiring corrective action in the review of consultations, medical inmate requests, and periodic screenings; 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 infection control, pharmacy services, or in the administration of the pill line. There was a subsequent finding requiring corrective action in the review of administrative processes; the item to be addressed is indicated in the table below.

#### **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><b>PH-1: In 4 of 17 records reviewed, the baseline information was incomplete or missing.</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>

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 inmate records revealed the following deficiencies:</b></p> <p><b>PH-2: In 2 of 2 applicable records, abnormal laboratory/diagnostic results were not addressed timely (see discussion).</b></p> <p><b>PH-3: In 2 records, the evaluation of the control of the disease was inadequate (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 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, an inmate presented with difficulty swallowing and abnormal thyroid levels in June 2014. A sonogram was ordered which indicated a thyroid nodule. A review of the medical record indicated that the inmate had utilized the request and grievance process to report continued symptoms and request follow-up assistance. However, the inmate was not started on thyroid medications until December 2014 and was not enrolled into the endocrine clinic until March 2015. At the time of survey, there was no current request to repeat the sonogram. In the second record, an inmate with a history of hypothyroidism since 2011 transferred into the institution in June 2014. However, the inmate was never enrolled into the endocrine clinic until March 2015, even though he was being treated with medications and his abnormal lab values increased at each testing interval. Additionally, there was no documentation in the medical record that assessed whether the inmate was non-responsive to the medications or whether*

increasing abnormal labs may be the result of other factors including non-compliance with medication protocols.

**Discussion PH-3:** In each of the records described above, the control of the disease was recorded as “fair.” Although, each was being treated for lab values well outside the normal range.

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 1 of 1 applicable record (5 reviewed), there was no referral to a specialist although indicated (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 miscellaneous 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-4:** In this record, an inmate who underwent a transurethral resection of the prostate (TURP) in 2014, continued to present with multiple elevated PSA lab values. CMA clinical surveyors were concerned that based on the documentation in the medical record, the inmate may require services outside of the scope of the current treatment plan, including off-site urological follow-up.

### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: In 7 of 13 records reviewed, reactive airways diseases were not classified.</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>

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 inmate records revealed the following deficiencies:</b></p> <p><b>PH-6: In 2 of 9 applicable records, the consultant's treatment recommendations were not incorporated into the treatment plan (see discussion).</b></p> <p><b>PH-7: In 2 of 8 applicable records, follow-up appointments and/or diagnostic testing were not completed timely (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-6:** *In the first record, the consultant recommended Ayr nasal saline solution and Cepacol. The institutional clinician wrote a prescription on 1/26/15 and the order was noted and signed by nursing staff and faxed to the pharmacy. At the time of the survey, the inmate had still not received the medications although he had made attempts to notify staff of his concerns utilizing the inmate request and grievance process. CMA staff brought this record to the attention of medical staff who indicated they would follow-up with the inmate. In the second record, an inmate was not returned to the consultant following a surgical procedure. This is described in greater detail in the next discussion section.*

**Discussion PH-7:** *In the first record, an inmate who presented with a testicular mass in September 2014, underwent an orchiectomy in November 2014. At that time the consultant requested the inmate return in two weeks for follow-up. A copy of the pathology report which was completed by the end of November indicated that the inmate had testicular cancer. A progress note by the institutional clinician was dated 11/26/14 and indicated the need for follow-up with the surgeon. Post-surgery, the inmate filed multiple grievances and requests for information regarding his diagnosis and inquiring about the delay in returning to the specialist. On 12/22/14, the clinician noted that the pathology report was "still pending." The inmate was not informed of his cancer diagnosis until 1/29/15. At that time, a request for follow-up services was initiated by the clinician. However, the consultation was never completed. CMA surveyors noted that "cancelled" was written across the top of the consultation request form. A careful review of the medical record could not identify the reason for the cancellation and discussions with institutional staff indicated that no one present could identify why the consultation did not take place. It was not until April 2015, that clinical follow-up services for this inmate were obtained. At that time, the specialist indicated concern for the possibility of lymph node involvement and additional diagnostic testing to rule out metastases was completed. Although, the results of this testing were available in early April 2015, they were not reviewed by medical staff by the date of this survey. CMA staff requested that a copy of the diagnostic testing results be obtained. Institutional staff complied and the results were added to the inmate's medical record and an appointment scheduled for the inmate so that the clinician could review the information. In the second record, an inmate presented with a tonsillar lump in September 2013. A timely request was placed for ENT*



consultation; however the request was cancelled without any clinical justification documented in the medical record. A second request was placed almost four months later and the malignancy was not excised until the end of February 2014. At that time, the cancer was identified at stage III. The inmate was not evaluated for further treatment until the end of April 2014.

### Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 2 of 9 applicable records (14 reviewed), there was no evidence that the response occurred as intended (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 who write an inmate request 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 the first record, the response could not be located. In the second record, an inmate wrote a request on 12/22/14 asking for information about the pathology report from a surgical procedure. The response indicated that the report was pending and that the inmate would be informed when the information was available. The pathology report was located in the medical record and is dated 11/29/14; however it lacks a signature and review date. The inmate was not informed of his cancer diagnosis until 1/29/15.

### Periodic Screenings Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 1 of 1 applicable record (16 reviewed); the inmate was not referred to 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 those who received a periodic screening to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-9:** In this record, an inmate was found to have elevated blood pressure (148/90) at his screening in March 2015. Earlier that month, he was found to have elevated pressures at two sick call visits. Additionally, he had an elevated pressure reading at his periodic screening in 2014. CMA clinical surveyors indicated that further investigation by the clinician may be warranted.

<b>Dental Systems</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-10: A tour of the dental facility revealed that necessary equipment was not in proper working order (see discussion).</b>	<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-10:** Several pieces of equipment were not working at the time of the survey. The dark room safelight filter was broken. Additionally, the water to high speed handpiece was not working on dental chair #1. Dental chair #2 was inoperable and there was a mildew/fungus on the handpiece tubing.

<b>Institutional Tour</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-11: Over-the-counter medication counts were inaccurate in four dormitories.</b>	<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>

## Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-12: Inmates were not enrolled or not enrolled timely in the proper CIC (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 applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-12:** *In two records, inmates were receiving treatment for thyroid disorders but were not enrolled into the endocrine clinic for many months. In another record, an inmate was diagnosed with testicular cancer but was never enrolled into the oncology clinic. CICs provide both guidance and a minimum standard of care for inmates with chronic diseases. Additionally, enrollment in the proper clinic can help to maintain continuity of care when inmates transfer between institutions.*

## **PHYSICAL HEALTH FINDINGS - ANNEX**

Hamilton Correctional Institution-Annex (HAMCI-Annex) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at HAMCI-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.

### **CLINICAL RECORDS REVIEW**

#### **CHRONIC ILLNESS RECORD REVIEW**

There were findings in three of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings in the general chronic illness clinic review.

#### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care or infirmary services. There was a finding requiring corrective action in the review of sick call; the item to be addressed is 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, medical inmate requests, or in the medication administration record review. There was a finding requiring corrective action in the review of consultations; the item to be addressed is indicated in the table 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 infection control, pharmacy services, or in the administration of the pill line.

#### **INSTITUTIONAL TOUR**

There were no findings requiring corrective action as a result of the institutional tour.

## Gastrointestinal 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-1: In 4 records, there was no evidence of an annual urinalysis (see discussion).</b></p> <p><b>PH-2: In 4 of 14 applicable records, there was no evidence that hepatitis A &amp; B vaccines were given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p> <p><b>PH-3: In 2 of 2 applicable records, there was no referral to a specialist when indicated (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 gastrointestinal 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:** Health Services Bulletin (HSB) 15.03.05 Appendix #8, indicates annual labs shall include CBC with platelets, comprehensive metabolic profile, and urinalysis. In four records, no annual urinalysis was found. It should also be noted that in one of these records, an inmate was diagnosed with hepatitis C in March 2014 but was not enrolled in the gastrointestinal clinic until August. Hepatitis C was still not reflected on the problem list as of the date of this survey.*

***Discussion PH-3:** In one record, an inmate with hepatitis C and elevated liver function tests had a recent 40 pound weight loss. The CMA surveyor expressed concern that a referral for an ultrasound was indicated as the symptoms could indicate cirrhosis or hepatocellular carcinoma. In another record, at the January clinic visit the clinician documented the need for a gastro consult and "U/S abd. ASAP" as a result of lab work that revealed active infection. As of the time of this survey, the abdominal ultrasound had not been completed.*

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 5 of 15 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.</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>

### Neurology Clinic Record Review

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

### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-5: In 7 of 13 applicable records (16 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</b>	<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>

### Sick Call

Finding(s)	Suggested Corrective Action(s)
<b>PH-6: In 2 of 6 applicable records (18 reviewed), the clinician orders were inadequate (see discussion).</b>	<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:** *In one record, the inmate presented to sick call with a temperature of 101.1 and the clinician was notified per protocol. It was noted on the protocol form that*

*the clinician prescribed amoxicillin, however the prescription order was not in the chart and there was no entry in the progress notes from the clinician. In the other record, the documentation indicated that the inmate had MRSA, however there was no culture or pathology ordered by the clinician to confirm the diagnosis.*

<b>Consultations Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-7: In 12 of 16 records reviewed, the diagnosis was not reflected on the problem list.</b>	<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>

<b>Dental Systems Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-8: A tour of the dental clinic revealed that necessary equipment was not in proper working order (see discussion).</b>	<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-8:** *One X-ray unit was broken and the other was in need of repair for “drifting.” To stop the drifting, staff must hold the fuse head and stand next to the patient while taking X-rays which exposes him/her to a potentially high cumulative dose of radiation. In addition, the use of this machine negates the ability to stand at the minimum 6 feet away required by the Florida Board of Dentistry (64B5-16, F.A.C.). One of the dental chairs was also out of order and there was not a safe light available in the dark room.*

## CONCLUSIONS - PHYSICAL HEALTH

### MAIN UNIT

The physical health staff at HAMCI-Main serves a complex and difficult population, including inmates with multiple medical 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. The physical health team reviewed 188 records and found deficiencies in 43 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

CMA clinical surveyors noted several examples where clinical care met the established standards set forth in the Health Services Bulletins, including the provision of vaccinations, the timeliness of CIC visits, and the thoroughness of physical examinations. A review of nursing services indicated that sick call and emergency visits, as well as follow-up appointments were conducted in a timely manner. Overall, medical records were organized and throughout the survey, staff had no difficulty locating records.

Several concerns were noted in the dental clinic, including broken and inoperable dental equipment. Additionally, the dental surveyor identified a clinical issue resulting from a root canal. Dental radiographs indicated that the gutta percha was located 5 mm outside of the apex at the tooth. Secondary to the need for reevaluation and possible treatment, as well as the possibility of referral to an endodontic specialist, the record was brought to the attention of health administration staff for follow-up.

Many of the concerns regarding the provision of clinical services were found in the review of consultations. There were two cases where significant delays in the diagnosis and treatment of cancers were identified. In both of the deficient records, consultations were cancelled or delayed without evidence of clinical justification. CMA clinical surveyors were concerned that unnecessary interruptions in care and missed opportunities for follow-up could adversely impact inmate health and could lead to poor outcomes for the affected inmates. They expressed apprehension that this may be an ongoing issue and there could be other inmates who had consultations cancelled without justification. Additionally, in both of the records identified above, the inmates attempted to utilize the inmate request and grievance process to alert staff to delays in care, request diagnostic information, and to initiate follow-up appointments. There were multiple levels at which institutional staff could have intervened to address this access to care issue. Due to the clinical significance of these findings and the possibility that delays could have affected other individuals, leadership staff was informed of these issues at the conclusion of the survey, with the intent that further investigation and corrective action would begin timely.

Institutional staff (medical, administrative, and security) was helpful throughout the survey process, and medical personnel indicated that they would use the results of the survey to improve inmate health care. Based on the findings identified above, HAMCI-Main will benefit from the corrective action process.



## ANNEX

The physical health staff at HAMCI-Annex serves a difficult population that includes inmates with multiple medical and psychiatric 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. The physical health team reviewed 277 records and found deficiencies in 54 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Medical charts were generally well organized and documents were filed in a timely manner. The staff at HAMCI-Annex 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 and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates were complementary of their experiences at the medical clinic.

In two clinics as well as in consultation services, documentation issues were noted that could impede medical care. It is important to document seizure type and reactive airway disease classification in the neurology and respiratory clinics to determine important clinical distinctions as well as properly prescribe and adjust medications. In consultation services, the diagnosis was not reflected on the problem list which could lead to a missed opportunity in providing adequate treatment or result in contraindicated treatment. Clinical issues, such as missing labs and vaccinations, were found in the gastrointestinal clinic.

After a review of physical health records and based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.

## **MENTAL HEALTH FINDINGS- MAIN**

Hamilton CI- Main (HAMCI- Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at HAMCI-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**

There were no episodes of Self-harm Observation Status (SHOS) for review. Inmates in need of SHOS are moved to the infirmary at HAMCI-Annex. There were no episodes of psychiatric restraint at HAMCI-Main.

#### **USE OF FORCE REVIEW**

There were no applicable use of force episodes for review at HAMCI-Main.

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

There were no findings in the review of inmate requests and special housing. There were no psychological emergencies to review.

#### **OUTPATIENT SERVICES REVIEW**

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

#### **MENTAL HEALTH SYSTEMS REVIEW**

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

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-1: In 4 of 5 applicable records, the DC4-760A “Health Information Arrival/Transfer Summary” was incomplete (see discussion).</b></p> <p><b>MH-2: In 2 records, the S-grade in Offender Based Information System (OBIS) did not match the S-grade documented in the medical record.</b></p> <p><b>MH-3: In 3 of 6 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</b></p> <p><b>MH-4: In 4 of 5 applicable records, the biopsychosocial assessment (BPSA) was not approved by the Multi-disciplinary Service Team (MDST) within 30 days.</b></p> <p><b>MH-5: In 4 of 5 applicable records, the initial ISP (Individualized Service Plan) was not completed within 30 days of initiating mental health services.</b></p> <p><b>MH-6: In 6 records, the ISP was not signed by the inmate or a refusal was not documented on form DC4-711A.</b></p> <p><b>MH-7: In 2 records, mental health problems were not listed on the problem list.</b></p> <p><b>MH-8: In 2 records, inmates were not seen for counseling and/or case management as listed on the ISP.</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>

*Discussion MH-1: The “Health Information Arrival/Transfer Summary” did not indicate the inmate was receiving mental health services.*

## **MENTAL HEALTH FINDINGS - ANNEX**

Hamilton Correctional Institution-Annex (HAMCI-Annex) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at HAMCI-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 psychiatric restraint at HAMCI-Annex.

#### **USE OF FORCE REVIEW**

There were no applicable use of force episodes for review at HAMCI-Annex.

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

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

#### **OUTPATIENT SERVICES REVIEW**

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

#### **MENTAL HEALTH SYSTEMS REVIEW**

There was a finding 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><b>A comprehensive review of 10 SHOS admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 3 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p> <p><b>MH-2: In 6 of 7 applicable records, the guidelines for SHOS management were not observed (see discussion).</b></p> <p><b>MH-3: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-4: In 7 records, mental health staff did not provide post-discharge follow-up within 7 days.</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:** According to the Department's Health Services Bulletin (HSB), during the fourth day of infirmary 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 six of the seven applicable records, there was no documentation by the attending clinician that this was considered.*

***Discussion MH-3:** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 "Observation Checklist." In one record, an entire page was missing (one page covers observations for a 24 hour period). In the other record, there was a gap in the observation of the inmate between 16:30 and 18:30 on one day.*

## Mental Health Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: In 6 of 7 records, a copy of the inmate request form was not present (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 who have submitted an inmate request to evaluate the</p>

### Mental Health Inmate Requests

Finding(s)	Suggested Corrective Action(s)
	<p>effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-5:** If the request is not in the record, it cannot be determined if the request was answered appropriately.*

### Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: In 2 of 6 records (8 reviewed), the mental status exam (MSE) was not in the medical record or not completed within the required time frame (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 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-6:** The Department's HSB states that each inmate who is classified as S1 or S2 and who is assigned to administrative or disciplinary confinement, protective management or close management status shall receive a MSE within 30 days. The MSEs noted in the finding listed above did not meet the required time frame.*

### Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-7: In 3 of 9 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</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>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<b>MH-8: In 7 records, the ISP was not signed by the inmate or a refusal was not documented on form DC4-711A.</b>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

## MENTAL HEALTH SYSTEMS REVIEW

### Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<b>MH-9: The procedure for inmates requesting mental health services was inadequate (see discussion).</b>	<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 the Inmate Request log for accuracy and legibility.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-9:** *Inmate and staff interviews revealed concerns about the inmate request process at HAMCI. Inmates reported submitting requests but never receiving responses. In addition, a sample of applicable inmate requests from the provided Inmate Request Log lacked evidence of the request or an appropriate mental health response.*

# CONCLUSIONS - MENTAL HEALTH

## MAIN UNIT

At the time of the survey, HAMCI-Main mental health staff was providing outpatient services to approximately 17 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, complete sex offender screenings when applicable and perform weekly rounds in confinement. Inmates in need of placement in Self-harm Observation Status (SHOS) are transferred to the Annex. Currently the Mental Health Professional (MHP) position is vacant. Coverage is provided by MHPs from neighboring institutions.

All of the mental health findings for HAMCI-Main were in the review of outpatient services and the majority of these findings were related to timeliness of assessments. Inmates were not consistently seen within 14 days of arrival, BPSAs and ISPs were not completed within the required timeframe, and counseling and/or case management were not conducted timely. This could be attributed to the lack of consistent mental health coverage. Leadership staff indicated they are actively working to fill this position.

Although many assessments were late, it appears inmates are being seen by mental health staff. Case management notes were thorough and relevant and counseling notes addressed the issues documented on the Individualized Service Plan. There were no findings in the review of inmate requests and special housing. Medical records were well-organized and readily available. The corrective action plan process and the hire of a dedicated MHP will be beneficial in rectifying the findings noted above.

## ANNEX

At the time of the survey, HAMCI-Annex mental health staff was providing outpatient services to approximately 60 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform weekly rounds in confinement, and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

The few mental health findings noted were in the area of outpatient services, inmate request, special housing, and SHOS. While all CMA findings are a reflection of deficiencies with inmate treatment and important in assessing the adequacy of inmate care, there was one area of specific concern. When reviewing inmate requests, there were some discrepancies between the documentation of the inmate request on the log and in the medical record. Furthermore, the majority of inmate requests on the log did not have a corresponding request completed by the inmate and/or there was no indication the inmate had been seen in response to a request. Interviews with inmates and staff confirmed that there was a breakdown in the system of receiving, answering, and scheduling inmates to be seen in response to requests. Inmates reported writing numerous requests that remain unanswered. Staff indicated they receive very few inmate requests and that inmates tell them their requests are not answered. Staff expressed concern regarding this system breakdown and voiced their commitment to immediately discovering the root cause of and repairing this access to care issue.



The mental health staff were cooperative and helpful during the survey process and responsive to the findings noted. Medical records were well-organized and readily available. Inmates interviewed were complimentary of the treatment from mental health staff but did express concerns over access to that care. 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.