



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Hamilton Correctional Institution**

in

**Jasper, Florida**

on

**May 21-23, 2019**

### **CMA Staff Members**

Kathy McLaughlin, BS  
Monica Dodrill, RN  
Jane Wynn, LCSW  
Lynne Babchuck, LCSW  
Jane Holmes-Cain, LCSW

### **Clinical Surveyors**

Eugene Crouch, MD  
Erik Gooch, DO  
Timothy Garvey, DDS  
Ashok Manocha, DDS  
P. Daniel Knabb, PhD  
Julie Holt, APRN  
Deanna Epley, APRN  
Joanne Pintacuda, APRN  
Susan Porterfield, APRN  
Patricia Meeker, RN  
Suzanne Brown, RN  
Debra Bola, RN  
Dynitia Brimm, LCSW

**Distributed on June 17, 2019  
CAP Due Date: July 17, 2019**

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2497	Male	Close	3

### Institutional Potential/Actual Workload

Main Unit Capacity	981	Current Main Unit Census	1007
Annex Capacity	1239	Annex Census	1207
Satellite Unit(s) Capacity	288	Current Satellite(s) Census	283
Total Capacity	2508	Total Current Census	2497

### Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	5	Impaired
	1485	786	289	N/A	1	101
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
		1912	98	615	N/A	N/A
						1

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	177	181	0	0	0	0

**Medical Staffing: Main Unit**

	<b>Number of Positions</b>	<b>Number of Vacancies</b>
<b>Physician</b>	1.0	0
<b>Clinical Associate</b>	1.0	1.0
<b>RN</b>	4.2	0
<b>LPN</b>	4.2	0
<b>Medical Assistant</b>	1.0	0
<b>Dentist</b>	1.0	1.0
<b>Dental Assistant</b>	2	0
<b>Dental Hygienists</b>	.5	0

**Mental Health Staffing: Main Unit**

	<b>Number of Positions</b>	<b>Number of Vacancies</b>
<b>Psychiatrist</b>	0	0
<b>Psychiatrist ARNP/PA</b>	0	0
<b>Psychological Services Director</b>	0	0
<b>Psychologist</b>	.20	0
<b>Mental Health Professional</b>	1.0	0
<b>Human Services Counselor</b>	0	0
<b>Activity Technician</b>	0	0
<b>Mental Health RN</b>	0	0
<b>Mental Health LPN</b>	0	0

**Medical Staffing: Annex**

	<b>Number of Positions</b>	<b>Number of Vacancies</b>
<b>Physician</b>	1.0	0
<b>Clinical Associate</b>	1.0	0
<b>RN</b>	5.2	1.0
<b>LPN</b>	12.4	9.1
<b>Medical Assistant</b>	1.0	0
<b>Dentist</b>	1.0	0
<b>Dental Assistant</b>	2.0	0
<b>Dental Hygienists</b>	.50	0

**Mental Health Staffing: Annex**

	<b>Number of Positions</b>	<b>Number of Vacancies</b>
<b>Psychiatrist</b>	.80	0
<b>Psychiatric APRN/PA</b>	0	0
<b>Psychological Services Director</b>	0	0
<b>Psychologist</b>	.80	0
<b>Mental Health Professional</b>	5.0	0
<b>Human Services Counselor</b>	0	0
<b>Activity Technician</b>	0	0
<b>Re-entry Coordinator</b>	1.0	0
<b>Mental Health RN</b>	1.0	0
<b>Mental Health LPN</b>	0	0

## **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. HAMCI consists of a Main unit, Annex, and work camp.

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, and outpatient mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at HAMCI on May 21-23, 2019. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

### **Exit Conference and Final Report**

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

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

## **PHYSICAL HEALTH FINDINGS – MAIN UNIT**

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 requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

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

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of sick call services. There was a finding requiring corrective action in the review of emergency care. The item to be addressed is indicated in the table below. Infirmary services are not provided at the Main unit.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of consultations, medication administration, or inmate requests. There was a finding requiring corrective action in the review of periodic screenings. 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 systems. There was a finding in the review of dental care. The item to be addressed is indicated in the table below.

### **ADMINISTRATIVE PROCESSES REVIEW**

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

### **INSTITUTIONAL TOUR**

There was a finding requiring corrective action as a result of the institutional tour. The item to be addressed is indicated in the table below.

## Cardiovascular Clinic Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-1: In 1 of 4 applicable records (17 reviewed), there was no evidence that abnormal labs were addressed in a timely manner.</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 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, a high potassium level dated 4/12/19, possibly from angiotensin converting enzyme inhibitors (ACE inhibitors), was not addressed as of the date of the survey.

## Endocrine Clinic Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-2: In 3 of 6 applicable records (12 reviewed), there was no evidence of an annual fundoscopic examination.</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 endocrine 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

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-3: In 1 of 5 records reviewed, there was no evidence of a neurological examination.</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

## Neurology Clinic Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
	<p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Oncology Clinic Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 2 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 1 record, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-5: In 1 record, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Emergency Care Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-6: In 1 of 1 applicable record (15 reviewed), the emergency transfer documentation was incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency services to evaluate the effectiveness of corrections.</p>

## Emergency Care Record Review

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

**Discussion PH-6:** There was no documentation of the time of transport to the outside emergency room.

## Periodic Screenings

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-7: In 3 of 15 records reviewed, the periodic screening was incomplete (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 periodic screenings 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:** In one record, current weight was not indicated. In another record, vital signs were not recorded. In the last record, weight nor vital signs were compared to previous weight and vital signs.

## Dental Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-8: In 5 of 18 records reviewed, there was no evidence that the head and neck examination had been completed in a timely manner (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 who received 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-8:** In one record, the examination was last completed in 2015. In three records, the head and neck examinations had not been done since 2016, and in the fifth record, the examination was last done in 2017.

Institutional Tour	
Finding(s)	Suggested Corrective Action(s)
<b>A tour of the facility revealed the following deficiency:</b>  <b>PH-9: Light covers and bulbs were missing in B dorm and C dorm leaving exposed wires showing.</b>	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.  Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

## CONCLUSION – PHYSICAL HEALTH

The physical health staff at HAMCI-Main serves a population that includes inmates with medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. Inmates needing infirmary care are transferred to the Annex. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities.

Overall, medical charts were in order and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as medical and security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services.

There were relatively few findings noted during the record review. Surveyors noted that the documentation of physical examinations in some clinics did not address all components of the inmate's diagnoses. For example, there was no documentation of a neurological examination for an inmate enrolled in the neurology clinic with a seizure disorder. In one record in the cardiology clinic, there was no documentation that abnormal laboratory findings were addressed. Several of the periodic screenings reviewed did not include all the necessary screening components.

The staff at HAMCI-Main was helpful throughout the survey process and should be commended for their dedication in meeting the health care needs of inmates. Physical health staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient.

## **MENTAL HEALTH FINDINGS – MAIN UNIT**

Hamilton Correctional Institution-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 at HAMCI-Main. All inmates requiring SHOS are transferred to the Annex. There were no episodes of psychiatric restraint at HAMCI-Main.

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

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

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

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

#### **OUTPATIENT SERVICES REVIEW**

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

## Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>MH-1: In 4 of 10 applicable records, the response to the inmate request did not occur as intended (see discussion).</b></p> <p><b>MH-2: In 3 of 10 applicable records, a consent for treatment was not signed before the interview was completed.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-1:** In two records, the response to the request indicated that the inmate would be seen by mental health but there was no evidence that this appointment occurred. In one record, the inmate was seen by mental health outside of the required time frame. In one record, the inmate had to place multiple requests over several months before he was seen. In the last record, the inmate requested information on how to be placed back onto psychotropic medications. Although, this inmate was seen by the mental health practitioner there was no documentation that he was evaluated for a referral to psychiatry.

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: In 2 of 7 records reviewed, outpatient treatment did not continue as required while the inmate was held in special housing.</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>

## Outpatient Mental Health Services

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>MH-4: In 3 records, the S-grade in OBIS did not match the S-grade in the medical record.</b></p> <p><b>MH-5: In 2 of 3 applicable records, the bio-psychosocial assessment (BPSA) was not approved by the multi-disciplinary services team (MDST) within 30 days of the initiation of mental health services.</b></p> <p><b>MH-6: In 4 records, the individualized service plan (ISP) was not specific to the inmate (see discussion).</b></p> <p><b>MH-7: In 4 records, the ISP was not signed by the inmate and/or all members of the MDST (see discussion).</b></p> <p><b>MH-8: In 6 of 11 applicable records, the ISP was not reviewed and revised at the required intervals.</b></p> <p><b>MH-9: In 6 records, individual counseling was not provided at the required intervals and there was no evidence of refusal.</b></p> <p><b>MH-10: In 6 records, case management was not provided at the required intervals and there was no evidence of refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-6:*** In three records, the summary of treatment compliance contained erroneous information. In the last record, depression was not listed on the ISP.

***Discussion MH-7:*** In three records, the ISP was not signed by the inmate and there was no evidence of refusal. In the last record, the signature page was blank.

## Mental Health Systems Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-11: The institution does not offer a variety of therapeutic groups to meet the needs of the population as required.</b>	<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>
<b>MH-12: “Mental Health Emergency, Self-Harm, IMR Admission Log” (DC4-781A) was not updated as required (see discussion ).</b>	<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 MH-12:*** After-hours, weekend, and/or holiday psychological emergencies were not logged.

## CONCLUSION – MENTAL HEALTH

There is one full-time Mental Health Professional (MHP) assigned to HAMCI-Main who provides outpatient mental health services to approximately 43 inmates. This MHP resigned the week prior to the survey and permanent staff had not yet been assigned. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

There were several areas noted for improvement in the area of outpatient mental health services. Most notably, individual counseling and case management services were not provided at the required intervals. This was noted both for general population inmates as well as those held in special housing. With regards to documentation, ISPs were not reviewed and revised at the required intervals and often contained inaccurate information.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that HAMCI-Main will benefit from the CMA corrective action process.

## **PHYSICAL HEALTH FINDINGS – ANNEX**

Hamilton Correctional Institution-Annex (HAMCI-Annex) provides inpatient and 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 requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.

### **CLINICAL RECORDS REVIEW**

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

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

#### **EPISODIC CARE REVIEW**

There were findings requiring corrective action in the review of sick call, emergency care, 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 periodic screenings, consultations, inmate requests, intra-system transfers or medication administration.

#### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental care or dental systems.

#### **ADMINISTRATIVE PROCESSES REVIEW**

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

#### **INSTITUTIONAL TOUR**

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

## Gastrointestinal Clinic Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-1: In 4 of 16 records reviewed, there was no evidence of screening for hepatocellular carcinoma 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:** In three records, there was no evidence baseline ultrasounds were completed. In the remaining record, an inmate requiring an ultrasound every six months, was not completed between 6/08/18 and the time of the survey.

## Neurology Clinic Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-2: In 4 of 15 records (16 reviewed), seizures were not 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> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Emergency Care Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

## Emergency Care Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-3: In 6 records, the clinician's documentation was not complete, legible and or timely.</b>	Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care to evaluate the effectiveness of corrections.
<b>PH-4: In 3 of 4 applicable records, there was no documentation that required follow-up occurred timely and consistent with medical needs.</b>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

## Sick Call Record Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>A comprehensive review of 17 records revealed the following deficiencies:</b>	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
<b>PH-5: In 5 records, the clinician's documentation was not complete, legible and/or timely.</b>	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.
<b>PH-6: In 3 of 9 applicable records, there was no documentation that required follow-up occurred timely and consistent with medical needs.</b>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

## Infirmary Care Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>A comprehensive review of 15 records revealed the following deficiencies:</b>	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
<b>PH-7: In 7 records, the clinician care orders were incomplete (see discussion).</b>	Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving infirmary services to evaluate the effectiveness of corrections.
<b>PH-8: In 4 of 12 applicable records, the infirmary nursing discharge note did not contain all required components (see discussion).</b>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

**Discussion PH-7:** In two records, an inmate was admitted to the infirmary without admission orders. In four records, the orders for admission were incomplete and did not contain all the required components. In the remaining record, an order was received by nursing to admit the inmate to the infirmary; however, the inmate was transferred to confinement instead of being admitted. This was a concern for CMA surveyors as the physician's order was not followed; therefore, the inmate was not monitored medically as intended.

**Discussion PH-8:** In two records, the discharge note did not contain patient education. In the other two records, there was no evidence of a nursing discharge note.

## CONCLUSION – PHYSICAL HEALTH

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

Upon arrival at the institution, the records needed for the physical health portion of the survey were available, organized, and ready for the surveyors. Overall, medical charts were in order 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 that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services.

There were relatively few findings that required corrective action and the medical and dental care provided was adequate and consistent with community standards. However, there were several findings related to incomplete or illegible documentation and a few were due to clinical care deficits. Surveyors expressed concern that insufficient documentation could lead to errors in patient care and/or make it difficult to follow the continuum of care.

Many of the areas reviewed had no deficiencies that required corrective action; periodic screenings, inmate requests, intra-system transfers, MAR review, and the institutional tour. A review of consultations revealed a well-documented referral process within the institution and in referrals to other institutions or outside medical providers.

Based on the findings listed above, the corrective action process will be beneficial to HAMCI-Annex 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 - 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).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

### **CLINICAL RECORDS REVIEW**

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

There was a finding requiring corrective action in the review of Self-harm Observation Status. The item to be addressed is indicated in the table below. There were no episodes of psychiatric restraint at HAMCI-Annex.

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

There were no findings requiring corrective action in the review of use of force episodes.

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

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

#### **OUTPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of 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 requiring corrective action in the review of aftercare services.

#### **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)
<b>MH-1: In 2 of 10 records reviewed, mental health staff did not provide post-discharge follow-up within 7 days (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 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-1:** *In the first record, the inmate was discharged on 12/10/18 and not seen by mental health until 12/28/18. In the second record, the inmate was discharged on 2/13/19 and not seen until 3/25/19.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<b>MH-2: In 5 of 18 records reviewed, there was no evidence that the inmate received medications as prescribed and there was no evidence of refusal (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 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-2:** *In one record, the inmate did not receive medications for two days in December. In the second record, the inmate did not receive medications from 12/9/18-12/20/18. In the third record, there was no evidence the inmate received medications on 1/21/19 and 1/22/19. In the fourth record, Prozac 40 mg was administered as 60 mg from 10/12/18-10/31/18. In the last record, the inmate did not receive Risperdal from 1/9/19-1/29/19. Additionally, it appeared the inmate may have received more than the prescribed dosage of medication based on the documentation on the MAR.*

## Outpatient Mental Health Services

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 18 outpatient mental health records revealed the following deficiencies:</b></p> <p><b>MH-3: In 5 records, identified problems were not recorded on the problem list.</b></p> <p><b>MH-4: In 1 of 5 applicable records, there was no evidence that inmates with psychotic disorders were seen every 30 days as required.</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>

## Mental Health Systems Review

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-5: The institution does not offer a variety of therapeutic groups to meet the needs of the inmate population as required.</b></p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSION – MENTAL HEALTH**

The staff at HAMCI-Annex serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. HAMCI-Annex currently provides services to over 500 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

There were relatively few findings requiring corrective action. The most notable finding was related to missed doses of psychiatric medications. Additionally, some inmates were not seen following discharge from SHOS.

Overall, treatment plans were goal-directed and individualized and the course of treatment was easy to follow. Documentation of clinical encounters was thorough and reflected good clinical management. Medical records were well organized and documents appeared to be filed in a timely manner.

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 reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

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