



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Hernando Correctional Institution

in

Brooksville, Florida

on

March 5 – 6, 2014

CMA Staff Members

Jane Holmes-Cain, LCSW
Kathy McLaughlin, BS
Matthew Byrge, LCSW

Clinical Surveyors

Thomas Chambers, DO
Ed Zapert, DMD
Doug Pawling, RN
Pat Meeker, RN
Angela Swary, ANRP
Angela Smart, ARNP
Norman Guthrie, MD
Ronald Girona, PhD
Rizan Yozgat, ARNP

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
776	Female	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	467	Current Main Unit Census	455
Satellite Unit(s) Capacity	329	Current Satellite(s) Census	321
Total Capacity	796	Total Current Census	776

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	5	Impaired
	383	304	89	0	0	11
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	557	43	176	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	3	4	0	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	3.8	0.4
LPN	3	0
CMT-C	1	0
Dentist	0.4	0
Dental Assistant	1	1

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	0.4	0
Psychiatrist	0.5	0
Behavioral Specialist	2	1

OVERVIEW

Hernando Correctional Institution (HERCI) houses female inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3 and psychology (S) grades 1, 2, and 3. HERCI consists of the Main and three Satellite Units.

The overall scope of services provided at HERCI 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 HERCI on March 5-6, 2014. 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

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in six 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 were findings requiring corrective action in the review of emergency care; the items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

There were findings requiring corrective action in the review of consultations, medication administration, periodic screenings, and intra-system transfers; the items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care. There were findings requiring corrective action in the review of dental systems; the items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of infection control or pharmacy services. There were findings requiring corrective action in the review of the administration of the pill line; the items to be addressed are indicated in the tables below.

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(a) In 6 of 8 applicable records, there was no evidence of an annual dilated fundoscopic exam (see discussion).</p> <p>(b) In 2 of 4 applicable records, there was no evidence that inmates with vascular disease were prescribed aspirin.</p> <p>(c) In 2 of 7 applicable records, there was no evidence of ACE or ARB therapy or contraindication noted (see discussion).</p> <p>(d) In 4 of 10 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1(a): Health Services Bulletin (HSB) 15.03.05 states that a dilated fundoscopic examination will be done annually for all inmates with diabetes mellitus.

Discussion PH-1(c): Per HSB 15.03.05, diabetic inmates who are hypertensive or show evidence of albuminuria or microalbuminuria should be placed on Angiotensin Converting Enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy unless contraindicated. Both records indicated hypertension, the inmates were enrolled in the Cardiovascular and Endocrine clinics, and there was no contraindication documented in the medical record.

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 4 of 8 applicable records (9 reviewed) there was no evidence of hepatitis B vaccine or refusal (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections. Monitoring</p>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	<p>intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: HSB 15.03.30 states that inmates who have evidence of HIV infection and no evidence of past hepatitis B infection should be given the hepatitis B vaccination.

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-3: In 2 of 8 applicable records (10 reviewed), there was no evidence of pneumococcal vaccine or refusal.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-4: A comprehensive review of 8 inmate records revealed the following deficiencies:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
(a) In 2 records, there was no evidence that seizures were appropriately classified (see discussion).	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those enrolled in the neurology clinic to evaluate the

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
(b) In 4 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal (see discussion).	effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.
(c) In 1 of 2 applicable records, there was no evidence of referral to a specialist when indicated.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-4(a): Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.

Discussion PH-4(b): While a diagnosis with a seizure disorder alone does not necessarily meet the prioritization requirements for consideration of the pneumococcal vaccine, these four inmates had multiple diagnoses and were enrolled in other clinics. Three of the inmates were enrolled in the Respiratory clinic (two of which were also in the Cardiovascular clinic), and one was enrolled in the Cardiovascular and Gastrointestinal clinics, thus meeting the criteria for immunization.

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-5: A comprehensive review of 3 inmate records revealed the following deficiencies:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
(a) In 1 record, the baseline history was incomplete or missing (see discussion).	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.
(b) In 2 records, the baseline physical examination was incomplete or missing (see discussion).	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
(c) In 1 of 2 applicable records, there was no evidence of pneumococcal vaccine or refusal.	

Discussion PH-5(a&b): Baseline history and physical examination data was missing from the current Chronic Illness Clinic Flowsheets (DC4-770). Per policy (HSBs 15.12.03 and 15.03.05), the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, the baseline

physical examination information was also missing from the Respiratory Clinic as indicated in the table below.

Respiratory Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-6: A comprehensive review of 13 inmate records revealed the following deficiencies:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
(a) In 6 records, the baseline physical examination was incomplete or missing.	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.
(b) In 5 records, there was no documentation indicating the control of the disease and/or patient status (see discussion).	
(c) In 6 records, there was no evidence of pneumococcal vaccine or refusal.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
<i>Discussion PH-6(b): HSB 15.03.05 Attachment 1 states at each chronic clinic visit there will be an evaluation as to the control of the disease (good, fair, or poor) and an evaluation as to the status of the patient since the previous clinic visit (improved, unchanged, or worsened).</i>	

Emergency Care Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-7: In 3 of 13 applicable records (17 reviewed), there was no evidence of complete vital signs being documented (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those receiving emergency care to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-7: All three records were missing the oxygen saturation levels. In two records, the inmate presented with cold symptoms and in the third record the inmate presented with shortness of breath.

Consultations Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-8: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 6 of 8 applicable records, there was no evidence of the new diagnosis on the problem list.</p> <p>(b) In 1 of 3 applicable records, there was no evidence that the consultant's treatment recommendations were incorporated into the treatment plan (see discussion).</p> <p>(c) In 1 of 1 applicable record, there was no evidence that a new plan of care was initiated following a denial by Utilization Management (UM)(see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable consultations records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-8(b): In this record, an oncology consultation was completed on 12/19/13 with a recommendation for follow-up in one month and additional diagnostic testing (CBC, CMP, CA 27-29, bone scan and MRI of L-spine). The consultation form had a red line through it with no further documentation. Per Department policy if the treatment recommendations are not incorporated, written justification must be documented. As of the date of this survey, the labs had not been ordered. The lumbar spine was ordered on 12/18/13 but had not been completed as of the date of this survey.

Discussion PH-8(c): In this record, a consultation was completed for ovarian cancer in June 2013 with a recommendation for a CT of the chest, pelvis, and abdomen to be completed in six months. The consultation request for these follow-up services was made on 11/16/13 but was denied. There was no new plan of care present in the record as a result of this denial. HSB 15.09.04 states that the institution is responsible for documenting a UM denial and describing an alternative plan of care in the progress notes.

Medication Administration Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 4 of 11 records reviewed, the medication orders did not include the strength of the medication (see</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
discussion).	<p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those on single dose medications to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-9: Per Department policy, all clinician orders for medication must include the drug strength.

Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
PH-10: In 1 of 5 applicable records (6 reviewed), there was no evidence of a mammography study in the chart.	<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 periodic screening records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-10: HSB 15.03.04 states that a baseline mammography study should be performed for female inmates at fifty years of age and every two years thereafter.

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, the Health Information Transfer/Arrival Summary (DC4-760A), was not completed by the receiving facility on the day of the transfer (see discussion).</p> <p>(b) In 5 records, there was no evidence that a clinician reviewed the health record and the DC4-760A within 7 days of arrival (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of those transferring into the facility to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11(a&b): The Nursing Manual states that a transfer form shall be completed for all transfers, and receiving facilities are to assess the transferred inmate and complete the DC4-760A within eight hours of arrival. Department Procedure 401.017 states a clinician will review the health record and the DC4-760A within seven days of arrival. It should be noted that on 10/2/13 this institution exchanged 240 inmates with another institution due to a mission change at HERCI. This may have contributed to the deficiencies listed above as all of these inmates, in addition to those coming in for other reasons, had to have the DC4-760A completed and reviewed. It should also be noted that although these forms were eventually completed and reviewed for all inmates received, these tasks were not accomplished within the required timeframe.

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: A review of the facility dental systems revealed the following deficiencies:</p> <p>(a) The dental licenses were not posted.</p> <p>(b) There were no preventive dentistry/oral hygiene posters displayed. The American Heart Association prophylactic regimens were also not posted.</p> <p>(c) There was no evidence of a dental stock medications log in the dental</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has 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>

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>clinic (see discussion).</p> <p>(d) Guidelines were not properly followed when taking radiographs (see discussion).</p> <p>(e) The emergency eyewash station was located behind a locked door in the lab.</p> <p>(f) Faucets in the dental clinic must be touched to operate and are therefore problematic regarding cross-contamination possibilities.</p>	

Discussion PH-12(c): There was no evidence of an Ibuprofen log or inventory. HSB 15.04.15 states that each dental clinic shall maintain a unit-of-use medication prescription log (e.g., Amoxicillin Prescription Log (DC4-765B), Clindamycin Prescription Log (DC4-765D), Ibuprofen Prescription Log (DC4-765G), dispensed medications will be recorded, and a daily balance will be maintained.

Discussion PH-12(d): The dental assistant stood by the head of the inmate rather than the minimum 6 feet away as required by the Florida Board of Dentistry (64B5-16, F.A.C.) established guidelines.

Medication Administration-Pill Line Observation

Finding(s)	Suggested Corrective Action(s)
<p>PH-13: Observation of the pill line revealed the following deficiencies:</p> <p>(a) Staff did not wash their hands prior to beginning the pill line.</p> <p>(b) Staff did not verify that the medication label matched the MAR.</p>	<p>Provide evidence in the closure file that the issue described has 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>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
PH-14: A tour of the facility revealed the following deficiencies: Inmate Housing Area (a) Procedures to access medical and dental sick call and mental health services were not posted in the dorms. (b) Pill line schedules were not posted in the inmate common areas.	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

The physical health staff at HERCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. Inmates needing infirmary care are transferred to Lowell Correctional Institution. In addition to providing routine physical health care and inmate education, medical staff participates in infection control activities. The physical health team reviewed 175 records and found deficiencies in 77 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.

Patient medical records were well organized. All areas on the compound were clean and neat. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services and inmates expressed satisfaction with access to health care services. Interviews held with medical staff and correctional officers also indicated they were knowledgeable about how inmates access both routine and emergency medical services.

CMA clinical surveyors expressed concerns regarding follow-up services. Although it generally appeared that consultations were completed in a timely manner, there were instances in which surveyors concluded that inmates may have benefitted from the additional follow-up recommended by the outside consultant. Two such examples are described in the table and discussion above. Another example was seen in a sick call record. On 12/3/13 an inmate presented with complaints of a lump in the right breast that she felt was getting larger and was painful. The accompanying clinician's note stated that the inmate was seen on 10/22/13 for her yearly breast exam, the issue was addressed at that time, and the patient will be evaluated in one month if needed. The note for 10/22/13 states "breast exam done" but does not address the lump. There was no further follow-up noted in the chart.

Overall, CMA surveyors concluded that institutional staff demonstrated adequate clinical management. Survey findings indicated the medical care provided at HERCI falls within Department standards and adequately reflected standards commensurate with the professional health care community at large. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates.

MENTAL HEALTH FINDINGS

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

- 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 were no applicable episodes of Self-harm Observation Status (SHOS) for review and no episodes of mental health restraints during the last year at HERCI.

USE OF FORCE REVIEW

There were no use of force episodes at HERCI during the last year.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEM REVIEW

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

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>(a) In 1 of 2 applicable records, the psychiatric evaluation was not completed prior to initially prescribing psychotropic medication.</p> <p>(b) In 5 of 8 applicable records, abnormal lab tests were not followed-up as required.</p> <p>(c) In 8 of 16 applicable records, informed consents were not present or were not complete (see discussion).</p> <p>(d) In 3 of 9 applicable records, follow-up lab tests were not completed as required.</p> <p>(e) In 8 of 17 applicable records, follow-up sessions were not conducted at appropriate intervals (see discussion).</p> <p>(f) In 1 of 1 applicable record, there was no indication that the Baseline AIMS was administered upon initiation of psychotropic medication and/or every six months after.</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 weekly monitoring of no less than ten records of inmates prescribed psychotropic medication to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1(c): In seven records, there was no consent form present for a specific medication. In another record, the consent form for one medication was used for another (i.e. name of medication scratched out and new name written in) instead of a required generic form.

Discussion MH-1(e): According to the Department's HSB (15.05.19) follow-up visits shall be scheduled and appropriate progress notes written by the psychiatrist or other qualified prescribing clinician as needed at least once every two weeks upon initiation of any new psychotropic medication for a period of four weeks. Thereafter, psychotropic medication therapy and progress of the inmate shall be reviewed and documented at least every ninety days. In seven records, the follow-up visit was conducted later than the required time frame. In one record, there were no notes corresponding with any psychiatrist follow-up since the inmate was admitted from another facility (7/10/13).

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 20 outpatient (S2 & S3) records revealed the following deficiencies:</p> <p>(a) In 13 of 19 applicable records, a case manager was not assigned within the required timeframe.</p> <p>(b) In 3 of 14 applicable records, current psychotropic medications were not continued prior to seeing the psychiatrist.</p> <p>(c) In 8 of 18 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>(d) In 1 of 3 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving outpatient mental health services to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A comprehensive review of 9 outpatient records revealed the following deficiencies:</p> <p>(a) In 6 records, the aftercare plan was not addressed in ISP (see discussion).</p> <p>(b) In 3 of 3 applicable records, the Summary of Outpatient MH Care (DC4-661) was not completed within 30 days of end of sentence (EOS).</p> <p>(c) In 2 of 2 applicable records, assistance with Social Security benefits was not provided at 90 days of EOS.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten applicable aftercare records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3(a): According to the Department's HSB, the institutional case manager shall initiate a continuity of care plan 180 days prior to release by updating the ISP to address problem #309 Discharge/Aftercare Planning. In the six records, aftercare was not addressed in the ISP.

CONCLUSIONS – MENTAL HEALTH

HERCI provides outpatient mental health services. At the time of the survey, outpatient services, including case management and counseling, were being provided to over 390 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.

Although many of the deficiencies listed above are related to a lack of documentation, there were some areas related directly to mental health care, specifically aftercare planning and psychotropic medication practices. In the majority of applicable records, aftercare planning was not addressed in the ISP. Additionally, assistance with Social Security benefits was not provided for eligible inmates. This lack of planning and assistance may lead to oversight of referrals or necessary resources for those inmates returning to the community setting. The psychotropic medication review revealed some of the required lab work and follow-up was not being completed.

It should be noted that HERCI has faced some challenges with staffing and a population change since the Corizon transition occurred on 9/23/13. According to staff, HERCI went through a turnover after the transition that included the loss of the Senior Psychologist, a permanent Psychiatrist, and a Behavioral Specialist. In addition, one of the remaining specialists resigned and an internal audit of that specialist's work revealed multiple deficiencies. On 10/2/13 HERCI exchanged 240 inmates with another institution due to a mission change. At the time of our survey, staff was aware of problems and had put systems in place to improve these areas. It was clear from the record reviews that many of deficient areas were being addressed.

Although there were some key issues that will benefit from corrective action, it was clear through the narrative in the medical record and inmate interviews, that the inmates were receiving quality mental health care at the institution. Inmates interviewed were complimentary of their experiences with mental health staff. Medical records indicated individualized treatment and staff were knowledgeable about the inmates in their care.

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.