



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Marion Correctional Institution

in

Ocala, Florida

on

July 8-9, 2014

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1346	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1383	Current Main Unit Census	1346
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1383	Total Current Census	1346

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1493	402	253	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>
	2097	49	2	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		52	28	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	1
RN	5.2	0.9
LPN	8.4	1.8
CMT-C	2	0
Dentist	1	0
Dental Assistant	2	1
Dental Hygienist	1	0

Mental Health Staffing: Main Unit

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

OVERVIEW

Marion Correctional Institution (MARCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4 and psychology (S) grades 1 and 2. MARCI consists of a Main Unit with two work camps, a work release center and a reentry facility.

The overall scope of services provided at MARCI 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 MARCI on July 8-9, 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

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in eight 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 and infirmary care; 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 medication administration or periodic screenings. There were findings requiring corrective action in the review of consultations 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 systems. There was a finding requiring corrective action 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 infection control, pharmacy services, or the administration of the pill line.

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

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p>PH-1: In 16 records, the baseline information was incomplete or missing (see discussion).</p> <p>PH-2: In 8 records, there was no evidence of completed annual labs (see discussion).</p> <p>PH-3: In 4 of 13 applicable records, there was no evidence that inmates with known ASCVD were prescribed low dose aspirin.</p> <p>PH-4: In 10 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 records of those enrolled in the cardiovascular 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: *Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current DC4-770 "Chronic Illness Clinic Flowsheet." Per Department standards, 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, this baseline information was missing from several of the other clinics as indicated in the tables below.*

Discussion PH-2: *Per HSB 15.03.05 Appendix #4 inmates will have a basic metabolic profile and urine dipstick done annually. An EKG and lipid profile will be done if indicated. In seven records, the urine dipstick was not done and in one record, an EKG had not been done in an inmate with uncontrolled hypertension.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-5: In 5 records, the diagnosis was not reflected on the problem list and/or other required forms (see discussion).</p> <p>PH-6: In 9 records, the baseline information was incomplete or missing.</p> <p>PH-7: In 3 records, there was no evidence of completed annual labs (see discussion).</p> <p>PH-8: In 9 of 13 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-9: In 6 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 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-5: In two records, the diagnosis was listed as NIDDM on the DC4-770 "Chronic Illness Clinic Flowsheet" but as IDDM on the DC4-701 "Chronic Illness Clinic" form. Per definition, NIDDM is noninsulin-dependent diabetes mellitus; a form of diabetes in which insulin production is inadequate or the body becomes resistant to insulin. IDDM is insulin-dependent diabetes mellitus; a form of diabetes in which patients have little or no ability to produce insulin and are therefore entirely dependent on insulin injections. In two records, the diagnosis was not listed on the problem list, and in the last record, the diagnosis was not listed on the DC4-770. Per Department policy, the reason (diagnosis) for enrollment in a chronic illness clinic will be documented and entered on the DC4-701 "Chronic Illness Clinic", the DC4-770 "Clinic Flow Sheet", and the DC4-730 "Problem List."

Discussion PH-7: Per HSB 15.03.05 Appendix #2 inmates will have a basic metabolic profile, lipid profile, and urine dipstick annually. In three records, the urine dipstick was not done.

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 9 of 15 records reviewed, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal 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-10:** Health Services Bulletin 15.03.30 states that the hepatitis B vaccine shall be given to inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection. The HSB also indicates the hepatitis A vaccine is recommended for inmates with evidence of liver disease.*

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: In 4 of 6 records reviewed, the baseline information was incomplete or missing.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in 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)
<p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-12: In 6 records, the baseline information was incomplete or missing.</p> <p>PH-13: In 2 of 10 applicable records, there was no evidence that seizures were classified (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections. 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-13:** 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.*

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 inmate records revealed the following deficiencies:</p> <p>PH-14: In 1 record, the baseline information was incomplete or missing.</p> <p>PH-15: In 1 record, there was no evidence of an appropriate physical examination (see discussion).</p> <p>PH-16: In 3 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 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-15:** In this record, the inmate had a history of laryngeal cancer with a total laryngectomy yet the tracheostomy was not addressed during the physical examination.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-17: In 7 of 15 records reviewed, 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 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 inmate records revealed the following deficiencies:</p> <p>PH-18: In 4 records, there was no evidence that the correct number of doses of Isoniazid medication (INH) was given (see discussion).</p> <p>PH-19: In 2 of 3 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-20: In 2 of 2 applicable records, there was no evidence of influenza 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 records of those enrolled in the tuberculosis 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-18: Per HSB 15.03.18, a total of 52 biweekly doses of INH are to be given in six months for non high-risk inmates. All records reviewed were of non high-risk inmates. One inmate received 50 biweekly doses, one 46 biweekly doses, and one 43 biweekly doses. The last inmate received five months of treatment with less than 52 biweekly doses.

Other Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-21: A comprehensive review of inmate records revealed the following deficiencies:</p> <p>The yearly data was missing on the DC4-770 “Chronic Illness Clinic Flowsheets” in the cardiovascular, endocrine, neurology, and oncology clinics (see discussion).</p> <ul style="list-style-type: none"> • In 16 of 18 cardiovascular records, the DC4-770 was not complete. • In 3 of 15 endocrine records, the DC4-770 was not complete. • In 5 of 11 neurology records, the DC4-770 was not complete. • In 2 of 4 oncology records, the DC4-770 was not complete. 	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create one monitoring tool and conduct biweekly monitoring of no less than two of each of those enrolled in the cardiovascular, endocrine, neurology, or oncology clinics 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-21: *Per Department policy, all forms are to be completed in their entirety and areas left blank without explanation are considered incomplete documentation. The DC4-770 “Chronic Illness Clinic Flowsheets” indicated in the table above did not include the required yearly data for each clinic. Surveyors indicated having the yearly data in combination with the baseline data, control of the disease, and status of the patient were important in providing an “at a glance” look at the inmate’s progression or regression.*

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-22: In 2 of 5 applicable records (17 reviewed), there was no evidence of a follow-up assessment (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care 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-22: *In one record, the inmate presented with complaints of left side numbness, and pain in the left hip and leg consistent with sciatica. The inmate was seen by nursing staff on 6/18/14 and given acetaminophen. The chart was referred to the doctor to see if indomethacin was warranted given the inmate's history. As of the date of this survey, there was no documentation from the physician regarding follow-up on the referral.*

In the other record, the inmate reported to emergency care on 6/18/14 complaining of pain and itching in the buttocks. A large cyst, the size of a golf ball, was found. The inmate was given Epsom Salt for sitz baths and the chart was referred to the physician for follow-up. The corresponding note stated "will see MD this week." As of the date of this survey, there was no documentation of follow-up by the physician.

Infirmery Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-23: In 1 of 3 applicable records, the care orders for an outpatient stay were incomplete.</p> <p>PH-24: In 1 of 4 applicable records, there was no evidence that the inmate was discharged after 23 hours or admitted to the infirmary (see discussion).</p> <p>PH-25: In 2 of 9 applicable records, the care orders for an inpatient stay were incomplete (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary 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>

Discussion PH-24: *In this record, the inmate was admitted to the Infirmary as a 23 hour observation patient on Sunday, 1/5/14, for a sore throat, dizziness, chills, and fever. There were no notes or documentation from the physician until the inmate was released three days later on 1/8/14. Per HSB 15.03.26, the length of stay for an observation patient is not to exceed 23 hours. If further evaluation and care is required after 23 hours, the patient must be discharged from outpatient observation status and admitted to inpatient acute illness status.*

Discussion PH-25: *Per HSB 15.03.26 the admitting clinician is to provide admitting orders upon the patient's admission to the Infirmary. At minimum, the orders must include the patient's admitting diagnosis, frequency of vital signs, diet, activity level, medications (current and new), and orders specific to patient's admitting diagnosis. In several records reviewed by CMA surveyors the facility was using the "Physician's Order Sheet" (DC4-714B) rather than the "Infirmary Admission Orders Sheet" (DC4-714D) for these orders. In one record listed above, the frequency of vital signs and diet information was missing. In the other record, the activity level and diet information was missing. The CMA surveyors noted that generally, the missing documentation was related to not utilizing the DC4-714D form.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-26: In 4 of 18 records reviewed, there was no evidence of complete and accurate charting of dental findings.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections. 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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-27: In 3 of 10 applicable records, there was no evidence that the referring clinician signed, stamped, and/or dated the DC4-702 "Consultation Request/Consultant's Report."</p> <p>PH-28: In 10 of 12 applicable records, the new diagnosis was not reflected on the problem list.</p> <p>PH-29: In 2 of 8 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections. 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-29:** In one record, a urological consultation was requested on 2/19/14 for an inmate with a lesion on the left kidney. The consultant recommended a CT abdominal scan but there was no evidence of the scan being ordered or completed as of the date of this survey.*

In the other record, the inmate was seen for toe and crush fractures on the left foot on 5/5/14. The consultant recommended therapeutic exercises, however there was no further follow-up or scheduling documented in the record as of the date of the survey. Per Department policy if the treatment recommendations are not incorporated, justification must be documented in the record. There was no evidence of written justification in either record.

Intra-System Transfers	
Finding(s)	Suggested Corrective Action(s)
<p>PH-30: In 5 of 17 records reviewed, there was no evidence that the clinician reviewed the health record and the DC4-760A “Health Information Transfer/Arrival Summary” within 7 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 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>

Institutional Tour	
Finding(s)	Suggested Corrective Action(s)
<p>PH-31: The procedures to access dental sick call were not posted in the housing areas.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

The physical health staff at MARCI 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 216 records and found deficiencies in 111 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.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available and ready for the surveyors. Overall, medical charts were well organized and documents were filed in a timely manner. The staff at MARCI 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.

Many of the deficiencies outlined above were found to be related to administrative processes or systems. Baseline historical, diagnostic, and physical information was frequently missing from the chronic illness clinic flowsheets. Yearly laboratory data was consistently missing from the flowsheets in the cardiovascular, endocrine, neurology, and oncology clinics. Clinical surveyors noted that the flowsheets are an important way in which medical staff can visually assess an inmate's functioning over time.

In addition, there were several findings regarding the provision of clinical services. Records were frequently missing vaccinations, fundoscopic examinations (where required), and complete laboratory studies. The inmates enrolled in the tuberculosis clinic were not receiving the correct number of doses of INH medication for treatment of latent infection. Surveyors also noted a discrepancy in M grade status which could be a documentation issue that has a clinical effect. For example, in the cardiovascular clinic most inmates were identified as M3's in the OBIS database, but were identified as M2's in the chart and were being seen, on average, every six months rather than every three months.

Survey findings indicated that the administrative deficiencies, coupled with the clinical services issues outlined in the tables above, could lead to medical errors and may make it difficult to maintain continuity of care in an already complex and difficult to manage population. CMA surveyors acknowledge several significant challenges that may contribute to these findings. The ratio of inmates to medical staff is high. There is one clinician responsible for providing care for over 1300 inmates at the main unit as well as medical services for two work camps, a work release center and a re-entry center. Almost half of the inmates at the main unit are enrolled in at least one chronic illness clinic. There is an additional part-time clinical associate position that has been vacant for several months. The institution has indicated they are attempting to fill this position but have been unsuccessful to date. It was also noted that the nursing supervisor has been on extended medical leave. Notwithstanding these concerns, MARCI appears to be providing adequate care that falls within Department standards.

MENTAL HEALTH FINDINGS

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

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS), the items to be addressed are indicated in the table below. There were no episodes of restraint at MARCI.

USE OF FORCE REVIEW

There were no episodes of use of force available for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies and special housing. There was a finding requiring corrective action in the review of inmate requests; the item to be addressed is indicated in the table below.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 1 record, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-2: In 2 records, there was no evidence the attending clinician conducted a face-to-face evaluation prior to discharge from SHOS.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 3 of 6 applicable records (12 reviewed), an interview or referral was indicated in the inmate request response but had not occurred as intended.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten mental health inmate request episodes 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>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 2 of 2 applicable records (14 reviewed), a refusal form (DC4-711A) for sex offender treatment was not present.</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. 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>

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: The procedures to access mental health services were not posted in the housing areas.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

Marion Correctional Institution provides outpatient mental health services. At the time of the survey, outpatient services, including case management and counseling, were being provided to over 45 inmates. The mental health staff consisted of one mental health professional and one part-time (8 hours per week) Senior Mental Health Clinician. 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.

After reviewing all requested records, documentation, and conducting an institutional tour, there were five items with deficiencies that require a corrective action plan. When presenting the findings to the institutional staff, they were receptive and immediately began to implement changes. For example, mental health staff was unaware of the necessity to have an inmate sign a refusal form (DC4-711A) if he refuses a sex offender screening. After explaining the requirement, the mental health staff was receptive and immediately implemented a plan to incorporate this procedure. Additionally the clinician responsible for discharging inmates from SHOS inquired about information needed to ensure this requirement is documented appropriately.

It was clear from the survey results that the mental health staff is diligently working to manage the inmates on the mental health caseload, as well as respond to psychological emergencies, inmate requests, SHOS admissions, and conduct rounds in special housing. Staff interviews revealed competency with policy and current treatment standards as well as familiarity with assigned caseloads. In addition, the inmates interviewed were complimentary of their experiences with the mental health staff. The areas of psychological emergencies and special housing were without deficiencies and will not require corrective action. It appears from the review of records and interviews with staff and inmates that mental health staff at MARCI is providing quality mental health 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.