
PUTNAM CORRECTIONAL INSTITUTION

September 7-8 & 22, 2022

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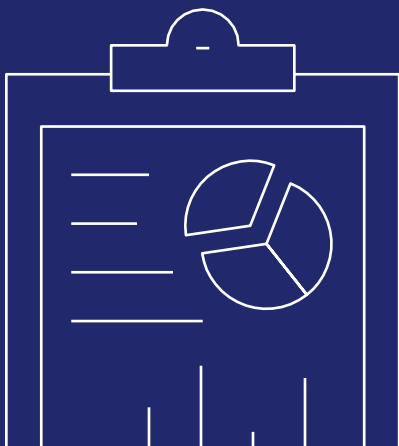
CLINICAL SURVEYORS

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BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys 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.

METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire)
- On-site and off-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (***rating achieved/possible rating***) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Putnam Correctional Institutional (PUTCI) houses male inmates of minimum and medium, custody levels. The facility grades are medical (M) grades 1 and 2, and psychology (S) grades 1 and 2. PUTCI consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Unit Capacity	522	Current Main Unit Census	457
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Work Camp Capacity	N/A	Current Work Camp Census	N/A
Total Capacity	522	Total Current Census	457

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	258	214	0	0	0	0
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	439	33	0	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	8	9	0	0	0	0

¹ Demographic and staffing information were obtained from the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	N/A	N/A
Registered Nurse	3	0
Licensed Practical Nurse	3	1
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	1	1
Dental Hygienist	1	1

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	0	0
Psychologists	0	0
Mental Health Professional	1	0
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

PUTNAM CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at PUTCI on September 7-8, 2022. 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 on September 22, 2022.

Detailed below are results from the institutional survey of Putnam Correctional. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the cardiovascular clinic.	15	15	0	0	100%
2 There is evidence of an appropriate physical examination.	15	15	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	8	8	0	7	100%
4 Annual laboratory work is completed as required	15	15	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	12	12	0	3	100%
6 This is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	5	5	0	10	100%
7 Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

Endocrine Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the endocrine clinic.	7	7	0	0	100%
2	There is evidence of an appropriate physical examination.	7	7	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	7	7	0	0	100%
4	Annual laboratory work is completed as required	7	7	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	7	7	0	0	100%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	5	2	3	2	40%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	0	0	0	7	N/A
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	5	5	0	2	100%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on	4	4	0	3	100%
10	Medications appropriate for the diagnosis are prescribed	7	7	0	0	100%
11	Patients are receiving insulin as prescribed	0	0	0	7	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	6	100%

Screen 6: In all records, the intervals between fundoscopic examinations were greater than 365 days.

Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				
	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1 The diagnosis was appropriate for inclusion in the gastrointestinal clinic	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	11	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
4 Annual laboratory work is completed as required	11	11	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	10	10	0	1	100%
6 Medications appropriate for the diagnosis are prescribed	3	3	0	8	100%
7 There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	10	5	5	1	50%
8 Abdominal ultrasounds were completed at the required intervals	7	6	1	4	86%
9 Inmates with chronic hepatitis will have liver function tests at the required intervals	10	10	0	1	100%
10 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A
11 Inmates are evaluated and staged appropriately to determine treatment needs	3	3	0	8	100%
12 Hepatitis C treatment was started within the appropriate time frame	3	3	0	8	100%
13 Laboratory testing for inmates undergoing hepatitis treatment is completed according	0	0	0	11	N/A
14 Inmates undergoing hepatitis C treatment receive medications as prescribed	2	2	0	9	100%
15 Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	3	3	0	8	100%

General Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	14	14	0	0	100%
2	The inmate is enrolled in all clinics appropriate for their diagnosis	14	14	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	14	14	0	0	100%
4	There is evidence that labs are available to the clinic visit and are reviewed by the clinician	14	14	0	0	100%

Miscellaneous Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis was appropriate for inclusion in the miscellaneous clinic	5	5	0	0	100%
2	There is evidence of an appropriate physical examination	4	4	0	1	100%
3	Medications appropriate for the diagnosis are prescribed	5	5	0	0	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	5	5	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	4	4	0	1	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	4	100%

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis was appropriate for inclusion in the neurology clinic.	1	1	0	0	100%
2 There is evidence of an appropriate physical examination	1	1	0	0	100%
3 Annual laboratory work is completed as required	1	1	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	0	0	0	1	N/A
5 At each visit there is an evaluation of the control of the disease and the status of the patient	0	0	0	1	N/A
6 Medications appropriate for the diagnosis are prescribed	1	1	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	1	N/A

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis was appropriate for inclusion in the oncology clinic.	3	3	0	0	100%
2 There is evidence of an appropriate physical examination	3	3	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	3	3	0	0	100%
4 Annual laboratory work is completed as required	3	3	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	3	3	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	1	1	0	2	100%
8 Oncological treatments are received as prescribed	1	1	0	2	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	2	100%

Respiratory Chronic Illness Clinic

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis was appropriate for inclusion in the respiratory clinic.	12	12	0	0	100%
2	Inmates with moderate to severe reactive airways disease are started on anti-inflammatory medication	1	1	0	11	100%
3	Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
4	A peak flow reading is recorded at each visit	12	12	0	0	100%
5	There is evidence of an appropriate physical examination	12	12	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	12	11	1	0	92%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A

Tuberculosis Chronic Illness Clinic

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	1	1	0	0	100%
2	Baseline information is complete	1	1	0	0	100%
3	There is evidence of initial and ongoing education	1	1	0	0	100%
4	There is evidence of monthly nursing follow-up	1	1	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	1	1	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	1	1	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	1	N/A
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	1	1	0	0	100%
9	The appropriate medication regimen is prescribed	1	1	0	0	100%
10	The inmate receives TB medications as prescribed	1	1	0	0	100%
11	The inmate is seen by the clinician at the completion of therapy	0	0	0	1	N/A
12	Documentation of the CIC visit includes an appropriate physical examination	1	1	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	1	N/A

Episodic Care

Emergency Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Potentially life-threatening conditions are responded to immediately	3	3	0	9	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	12	12	0	0	100%
3	Vital signs including weight are documented	12	12	0	0	100%
4	There is evidence of appropriate and applicable patient education	12	12	0	0	100%
5	Findings requiring clinician notification are made in accordance with protocols	5	4	1	7	80%
6	Follow-up visits are completed timely	5	4	1	7	80%
7	Clinician's orders from the follow-up visit are completed as required	4	4	0	8	100%
8	Appropriate documentation was completed for patient's requiring transport to a local emergency room	1	1	0	11	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	1	1	0	11	100%

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	16	12	4	0	75%
2 The inmate is assessed in the appropriate time frame	16	13	3	0	81%
3 The nursing assessment is completed in its entirety	16	10	6	0	63%
4 Complete vital signs including weight are documented	16	15	1	0	94%
5 There is evidence of applicable patient education	16	13	3	0	81%
6 Referrals to a higher level of care are made in accordance with protocols	11	7	4	5	64%
7 Follow-up visits are completed in a timely manner	11	8	3	5	73%
8 Clinician orders from the follow-up visit are completed as required	9	9	0	7	100%

Screen 1: In the first record, triage information was not completed. In the second record, the request was stamped received but not triaged for several days. In the third and fourth records, urgent medical concerns were inappropriately triaged as “routine.”

Screen 6: In all records, there was no evidence that the clinician was notified as was required by the nursing protocols.

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Pre-Special Housing Health Appraisal is complete and accurate	8	7	1	0	88%
2 All medications are continued as prescribed while in the inmate is held in special housing	0	0	0	8	N/A
3 The inmate is seen in chronic illness clinic as regularly scheduled	0	0	0	8	N/A
4 All emergencies are responded to within the required time frame	1	1	0	7	100%
5 The response to the emergency is appropriate	1	1	0	7	100%
6 All sick call appointments are triaged and responded to within the required time frame	1	1	0	7	100%
7 New or pending consultations progressed as clinically required	0	0	0	8	N/A
8 All mental health and/or physical health inmate requests are responded to within the required time frame	0	0	0	8	N/A

Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Documentation of clinical information is sufficient to obtain the needed consultation	10	10	0	0	100%
2 The referral was sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate. Any follow-up information is also sent timely upon request	10	10	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	10	10	0	0	100%
4 The consultation report is reviewed by the clinician in a timely manner	10	10	0	0	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	8	8	0	2	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	9	9	0	1	100%
7 The diagnosis is recorded on the problem list	10	10	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	10	N/A
9 There is evidence that the ATP is implemented	0	0	0	10	N/A

Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	13	13	0	0	100%
2 The response was responded to within the appropriate time frame	13	13	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	13	5	8	0	38%
4 The follow-up to the request occurred as intended.	4	4	0	9	100%

Screen 3: The response to all of the inmate requests was to "access sick call". In three records, education alone would have addressed the inmate's concern. In five records, inmates discussed a medical issue. To assist with access to care and increase efficiency, the inmate request could have been provided to nursing staff for assessment and triage, rather than having the inmate write the same information on another form.

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate received medications as prescribed	0	0	0	12	N/A
2 The record contains complete and accurate allergy information	9	9	0	3	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	0	0	0	12	N/A
4 There is evidence of pneumococcal vaccination or refusal	9	8	1	3	89%
5 There is evidence of influenza vaccination or refusal	9	9	0	3	100%
6 There is evidence of COVID-19 vaccination or refusal	5	5	0	7	100%

Intra-System Transfers

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A) completed	14	14	0	0	100%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	14	14	0	0	100%
3 The inmate's medications reflect continuity of care	2	2	0	12	100%
4 The medical record reflects continuity of care for inmate's pending consultations	0	0	0	14	N/A
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	7	6	1	7	86%
6 Special passes/therapeutic diets are reviewed and continued	2	2	0	12	100%
7 A clinician reviewed the health record and DC4-760A within seven (7) days of arrival	14	3	11	0	73%

Screen 7: In five records, the necessary review was not completed within seven days. In six records, the reviews were incomplete.

Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	12	9	3	0	75%
2	All components of the screening are completed and documented as required	12	11	1	0	92%
3	All diagnostic tests are completed prior to the periodic screening encounter	11	5	6	1	45%
4	Referral to a clinician occurs if indicated	3	3	0	9	100%
5	All applicable health education is provided	12	11	1	0	92%

Screen 3: In two records, there was no evidence of the required chest X-ray. In one record, laboratory testing was complete but conducted outside of the required time frame. In three records, there was no evidence of the baseline lipid profile.

Dental Review

Dental Care

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The dental record contains a Dental Health Questionnaire, which is complete, current, and signed by the dentist	13	13	0	0	100%
2	Allergies are documented and correspond to the information in the current Dental Health Questionnaire	13	13	0	0	100%
3	There is evidence of a complete regional head and neck examination completed at the last periodic examination or at the initiation of the most recent treatment plan	13	13	0	0	100%
4	Dental appointments are completed in a timely manner	6	5	1	7	83%
5	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	6	6	0	7	100%
6	There is evidence of accurate diagnosis based on a complete dental examination	6	6	0	7	100%
7	The treatment plan is appropriate for the diagnosis	6	6	0	7	100%
8	There is evidence of a periodontal screening and recording (PSR) and results documented in the medical record	6	6	0	7	100%
9	There is evidence of the complete and accurate charting of dental findings	6	6	0	7	100%
10	Sick call appointments are completed timely	9	8	1	4	89%
11	Follow-up appointments for sick call or other routine care are completed timely	1	1	0	12	100%
12	Consultations or specialty services are completed timely	1	1	0	12	100%
13	Consultant's treatment recommendations are incorporated into the treatment plan	1	1	0	12	100%
14	There is evidence of informed consent or refusal for extractions and/or endodontic care	9	8	1	4	89%
15	The use of dental materials including anesthetic agent are accurately documented	12	12	0	1	100%
16	Applicable patient education for dental services is provided	6	6	0	7	100%

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Dental request logs are effectively maintained	1	0	0	100%
13	Necessary equipment is available, adequate and in working order	1	0	0	100%
14	The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%

MENTAL HEALTH FINDINGS

Access To Mental Health Services

Psychological Emergency

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	8	8	0	0	100%
2	The emergency is responded to within one hour	8	8	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	8	8	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	8	8	0	0	100%
5	A thorough mental status examination is completed	8	8	0	0	100%
6	Appropriate interventions are made	8	8	0	0	100%
7	The disposition is clinically appropriate	8	8	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	1	0	1	7	0%

Screen 8: In one record, the inmate declared a psychological emergency and was evaluated by nursing staff. A staff referral to mental health was completed, but there was no evidence of the required follow-up.

Mental Health Inmate Request

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	9	8	1	0	89%
2	The request is responded to within the appropriate time frame	8	8	0	1	100%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	8	7	1	1	88%
4	The follow-up to the request occurred as intended	8	7	1	1	88%
5	Consent for treatment is obtained prior to conducting an interview	7	7	0	2	100%

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The pre-confinement examination is completed prior to placement in special housing	5	4	1	0	80%
2	Psychotropic medications continue as ordered while inmates are held in special housing	0	0	0	5	N/A
3	A mental status examination (MSE) is completed in the required time frame	5	5	0	0	100%
4	Follow-up MSEs are completed in the required time frame	1	1	0	4	100%
5	MSEs are sufficient to identify problems in adjustment	4	4	0	1	100%
6	Mental health staff responded to identified problems in adjustment	0	0	0	5	N/A
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	3	3	0	2	100%

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A consent for treatment is signed prior to treatment and/or renewed annually	12	11	1	0	92%
2	The inmate was interviewed by mental health staff within 14 days of arrival	5	5	0	7	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	5	5	0	7	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	1	1	0	11	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	12	N/A
6	A clinically appropriate conclusion was reached following the sex offender screening	0	0	0	12	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	12	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	12	N/A
9	The Bio-psychosocial (BPSA) is present in the record	11	10	1	1	91%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	0	0	0	12	N/A
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	0	0	0	12	N/A
12	The ISP is individualized and addresses all required components	11	11	0	1	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	11	11	0	1	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	11	11	0	1	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	11	11	0	1	100%

COMPLIANCE SCORE

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
16	The ISP is signed by the inmate and all members of the treatment team	11	0	11	1	0%
17	The ISP is reviewed and revised at least every 180 days	8	8	0	4	100%
18	Identified problems are recorded on the problem list	12	9	3	0	75%
19	The diagnosis is clinically appropriate	12	12	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	10	10	0	2	100%
21	Counseling is offered at least once every 60 days	10	10	0	2	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	12	N/A
23	Case management is provided at least every 60 days for inmates without psychotic disorders	10	10	0	2	100%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	12	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	12	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	12	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	12	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	12	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	12	12	0	0	100%
30	The frequency of clinical contacts is sufficient	12	12	0	0	100%

Screen 16: In all records, signature pages were not found. Interviews with mental health staff indicated that the signature pad used to record signatures for the electronic medical record had not been functioning for several months.

Institutional Systems Tour

Medical Area

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2	Hand washing facilities are available	1	0	0	100%
3	Personal protective equipment for universal precautions is available	1	0	0	100%
4	Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5	Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6	Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7	Secured storage is utilized for all sharps/needles	1	0	0	100%
8	Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9	Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10	There is a current and complete log for all medical refrigerators	1	0	0	100%

Inmate Housing Areas

	SCREEN QUESTION	COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	Over-the-counter medications are available and logged	1	0	0	100%
5	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6	First-aid kits are present in housing units	1	0	0	100%

Pharmacy

	SCREEN QUESTION	COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	All narcotics are securely stored and a count is conducted every shift	0	0	0	N/A
2	Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3	The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4	The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5	Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6	A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7	There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%

Psychiatric Restraint

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All equipment is available and in working order	1	0	0	100%
2 There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
3 All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%

Mental Health

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Adequate space is available for the mental health department	1	0	0	100%
2 The inpatient unit environment is safe and conducive to providing mental health care	0	0	1	N/A
3 Outpatient group therapy is offered	0	1	0	0%

Self-Injury/Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	0	0	1	N/A
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Confinement rounds are conducted weekly	1	0	0	100%
2	A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%

Interview Summaries

INMATE INTERVIEWS

Seven inmates agreed to participate in interviews with CMA staff. Inmates were exceptionally complementary of the medical services provided at PUTCI. Inmates reported that services were delivered timely, and their medical needs were being met. Inmates indicated that they had access to needed medical services and denied any disruptions in continuity of care.

Inmates on the mental health caseload were extremely satisfied with case management and counseling. They endorsed the idea that those services were therapeutically beneficial and helped them cope with the prison environment.

There were fewer inmates receiving dental services, but they also expressed satisfaction with the quality of dental care. Several inmates indicated that wait times for these services were longer than they would like.

Overall, it was clear from the interviews that medical and mental health staff were attentive to the needs of the inmate population and were dedicated to providing good clinical services. Inmates used phrases such as “going above and beyond” and “they will always help in any way they can” to describe these efforts. Additionally, they expressed that staff listened to them and were respectful during clinical encounters.

MEDICAL STAFF INTERVIEWS

Three members of the medical staff participated in interviews with CMA staff. Interviewees were familiar with the policies and procedures relating to the accessing of routine and emergency medical services. Staff indicated that they were committed to “listening” to inmates and providing care in a “respectful” manner. Interviewees reported they had the necessary resources to meet the needs of the inmate population but generally agreed that additional training on the electronic medical records (EMR) system may be helpful. All indicated that cooperation between medical and security staff enabled the medical unit to function efficiently.

MENTAL HEALTH STAFF INTERVIEWS

Mental health services are provided by one team member. Like other members of the staff at PUTCI, the mental health counselor appeared committed to providing clinical services in a respectful and attentive manner. The interviewee was knowledgeable about policies and procedures relating to the accessing of mental health care and had several systems in place to ensure that services were provided in a timely manner. The interviewee suggested that additional training in the efficient use of the EMR would be helpful, although he indicated that regional staff was responsive to ensuring that all questions regarding the EMR were addressed quickly.

SECURITY STAFF INTERVIEWS

Three correctional officers agreed to participate in interviews with CMA staff. Officers were easily able to articulate policies and procedures related to the accessing of health care, as well as ensuring that patient privacy is maintained. Additionally, officers indicated that their assignments often shift on a daily basis, allowing them to be familiar with all aspects of the compound as well as the inmates. However, there is one officer assigned to the medical unit who manages the flow of inmates and ensures that they arrive for medical appointments. Security staff, inmates, and medical staff indicated that this arrangement assists with the efficient running of medical and mental health clinics.

Corrective Action and Recommendations

Corrective Action

Assessment Area	Total Number Finding
Chronic Illness Clinics Review	
Cardiovascular Clinic	0
Endocrine Clinic	1
Gastrointestinal Clinic	1
General Chronic Illness Clinics	0
Immunity Clinic	N/A
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Emergency Care	0
Outpatient Infirmary Care	N/A
Inpatient Infirmary Care	N/A
Sick Call	4
Other Medical Records Review	
Confinement Medical Review	0
Consultations	0
Medical Inmate Request	1
Medication and Vaccine Administration	0
Intra-System Transfers	1
Periodic Screening	2
PREA Medical Review	0
Dental Review	
Dental Care	0
Dental System	0
Institutional Tour	
Institutional Tour	1

Mental Health Findings

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	N/A
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	N/A
Psychological Emergencies	1
Mental Health Inmate Request	0
Special Housing	0
Outpatient Mental Health Services Review	
Assessment Area	Total Number Finding
Outpatient Mental Health Services	2
Outpatient Psychotropic Medications	N/A
Aftercare Planning	N/A

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA's survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after the CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed.

Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at PUTCI, the CMA makes the following recommendation:

- Ensure that medical and mental health staff are adequately trained in the use of the electronic medical record (EMR) and that all technical equipment is fully working