



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Tomoka Correctional Institution

In

Daytona Beach, Florida

on

January 30 - February 1, 2018

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1726	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1263	Current Main Unit Census	1186
Satellite Unit(s) Capacity	549	Current Satellite(s) Census	540
Total Capacity	1812	Census	1726

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	900	710	115	0	1	36
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1245	145	335	N/A	N/A	5

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	134	39	0	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	.5	0
RN	5.2	1
LPN	10	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Psychologist	1	0
Mental Health Professional	6	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

OVERVIEW

Tomoka Correctional Institution (TOMCI) 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, 2, and 3. TOMCI consists of a Main Unit, work camp, and three work release centers.

The overall scope of services provided at TOMCI include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at TOMCI on January 30 – February 1, 2018. 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

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in three of the chronic illness clinics and in the general chronic illness clinic review. The items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

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.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 4 of 16 records reviewed, there was no evidence that inmates were seen according to their M-grade (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 a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: *In three records, inmates with an M-grade of 3 were seen every six months rather than every three months as required. In one record, an inmate with an M-grade of 2 had not been seen at a clinic visit since November 2016.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-2: In 4 of 15 applicable records, there was no evidence that all required annual labs were completed.</p> <p>PH-3: In 2 of 10 applicable records, there was no evidence that diabetic patients were seen as required (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 endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-3: *In one record, the inmate's HgbA1c was over 8.0 but he was not seen every three months. In the other record, the inmate's HgbA1c was 7.3 but he was scheduled to be seen in one year rather than 180 days.*

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 1 of 1 applicable record, there was no evidence that the inmate was enrolled in the appropriate clinic for the diagnosis (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 miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-4:** An inmate with a diagnosis of benign prostatic hyperplasia (BPH) per the problem list was not enrolled in the miscellaneous clinic. The inmate was last seen on 11/17/16 for his endocrine clinic appointment at which time his abnormal prostate-specific antigen (PSA) was noted but the BPH was not addressed. His last labs indicated a PSA of 14.9 on 8/18/16 and 15.47 on 3/28/17. The inmate had a sick call visit on 1/8/18 to request his medication be renewed and Flomax was re-ordered. There was no documentation in the chart by the clinician to indicate an assessment had occurred or that the chart had been reviewed.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 5 of 14 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Emergency Services Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 5 of 7 applicable records (17 reviewed), there was no evidence of clinician follow-up when a referral was made (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 services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-6:** In one record, the inmate's blood sugar was over 300. In two records the inmates had a change in mental status or behavior due to ingestion of a foreign substance, and in the last record, the inmate was vomiting. A referral to the clinician was required per protocol for each of these conditions but there was no documentation by the clinician to indicate a follow-up assessment occurred.*

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-7: In 2 of 5 applicable records, the follow up visit did not occur in a timely manner (see discussion).</p> <p>PH-8: In 3 of 7 applicable records, there was no evidence of a follow-up assessment.</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 sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-7:** In one record, the sick call visit occurred on 1/1/18 for a painful chronic cyst in the corner of the left eye but the follow-up was not completed until 1/19/18. In the other record, the inmate was seen for a "flutter" in the chest. An EKG was completed 3 weeks later but there was no documentation to indicate the inmate had been seen by the clinician as of the date of the survey.*

Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-9: In 5 of 11 applicable records, the nursing discharge note was incomplete or missing.</p> <p>PH-10: In 2 of 4 applicable records, the clinician's discharge summary was incomplete or missing (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 infirmiry services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-10:** In one record, the clinician wrote a discharge summary on 11/13/17 and then cancelled it on 11/14/17 with a note stating the inmate was to be kept in the infirmiry. There was not a subsequent discharge summary when the inmate was finally discharged on 11/28/17. In the other record, the discharge summary was incomplete and did not include the course of treatment, final diagnosis, medications, and follow-up care as per Health Services Bulletin 15.03.26.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: In 4 of 14 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Medication Administration Record
Review**

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies</p> <p>PH-12: In 3 records, there was no evidence the medication orders were signed, dated, and timed by nursing staff at the time the order was noted.</p> <p>PH-13: In 1 of 2 applicable records, there was no evidence the inmate was provided counseling after missing three consecutive doses or five doses over the course of one month.</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 single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Administration of the Pill Line

Finding(s)	Suggested Corrective Action(s)
<p>PH-14: Staff administering the medications did not wash their hands prior to beginning the pill line.</p> <p>PH-15: There was no evidence that medical personnel checked the inmate's identification prior to giving the medication.</p> <p>PH-16: There was no evidence that an oral cavity check was completed to ensure the inmate swallowed the medication (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 single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-16: *Per Procedure 403.007, nursing staff will issue the medication by unit or single-dose and observe the inmate as the medication is taken.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiency:</p> <p>PH-17: There was no evidence that the first aid kits in the dorms were inspected routinely (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-17:** In one dorm the log had not been completed since 10/2016, and in another dorm the last entry was 6/2017.*

CONCLUSION – PHYSICAL HEALTH

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

The institutional tour revealed that observed areas on the compound were clean and neat. Interviews held with medical staff, correctional officers, and inmates indicated that all were generally knowledgeable about how to access both routine and emergency medical services. The majority of inmates interviewed described the health care as adequate. The staff at TOMCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve.

Several concerns were identified in the review of records regarding the provision of medical services. Many records indicated inmates were not seen according to their medical grade and were overdue for chronic illness clinic appointments, some dating back to 2016 for their last visit. There was also concern regarding the lack of follow-up documentation by the clinician after an inmate received emergency care or sick call services. It may be that a chart is referred to the clinician for follow-up rather than a scheduled appointment for the inmate. In these cases, an incidental note should be documented regarding the review and action taken. Oftentimes, however, the protocol requires clinician follow-up and an appointment for an in-person assessment is necessary. In addition, required annual labs were not completed, seizures were not classified, and infirmary discharge notes were often incomplete. CMA surveyors expressed concern that delays in treatment or missed opportunities for follow-up could adversely impact inmate health outcomes.

Based on the discussions above, it is clear that the corrective action process will be beneficial to TOMCI as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Tomoka Correctional Institution (TOMCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at TOMCI:

- 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 episodes of psychiatric restraint at TOMCI. There was a finding in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 3 of 4 applicable records (12 reviewed), the guidelines for SHOS management were not observed (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 SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: Per Department policy, during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In three records, there was no indication that transfer to a crisis stabilization unit (CSU) was considered. In two records, there was no indication that the regional mental health director was consulted after the seventh day of SHOS admission.

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: In 2 of 10 records reviewed, there was not adequate follow-up after a psychological emergency when indicated (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 psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-2: In one record, the disposition following the psychological emergency on 8/07/17 was mental health follow-up. However, there was no indication this occurred by the time of the survey. In the next record, the emergency occurred on 10/30/17 and follow-up did not take place until 1/18/18.

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient mental health records revealed the following deficiencies:</p> <p>MH-3: In 3 of 5 applicable records, the Individualized Service Plan (ISP) was not reviewed or revised within the required time frame (see discussion).</p> <p>MH-4: In 6 records, the ISP not signed by all relevant parties (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 outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3: In one record, the initial ISP was not completed for three months after the inmate began receiving psychological services. In two records, the inmate's level of care was increased from S2 to S3 and the ISP was not updated to include psychiatric and mental health nursing services within the required 30-day time frame.

Discussion MH-4: In all six records, the inmate's signature was not on the ISP. According to Health Services Bulletin 15.05.11 an inmate signs to signify their agreement with the service plan, as well as to acknowledge problems, interventions, and goals for treatment.

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: In 1 of 4 applicable records (18 reviewed), appropriate initial laboratory tests were not ordered for psychotropic medications (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 outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-5: In one record, thyroid testing was not ordered until six months after an anti-depressant was started.

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 4 of 9 records reviewed, consent to release information for continuity of care was not completed timely.</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 inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

The staff at TOMCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management, individual counseling and psychiatric care, are provided to approximately 480 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, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

There were relatively few findings in the review of mental health services at TOMCI. There were some issues related to inadequate follow-up after a psychological emergency and labs were not consistently obtained. There was no documentation that guidelines for SHOS management were observed. Additionally, consents to release information for inmates approaching end of sentence were not obtained within the required time frame.

Overall ISPs were individualized, thorough, and relevant to the inmate's treatment and progress towards goals. However, in some cases they were not updated to reflect a change in the inmate's S-grade. Additionally, some ISPs were not signed by the inmate, making it difficult to determine if he participated in the planning of his treatment goals.

Although it did not rise to the level of a finding, it was noted that there was not a system in place to ensure new gains to the compound admitted directly to special housing were seen timely. Staff indicated they are working on a system to bridge this gap and prevent delays in treatment.

Staff were helpful throughout the survey process and medical records were well organized and readily available. Staff indicated they were appreciative of the CMA review, and would use the report results and the corrective action plan (CAP) process to improve care in areas that were found to be deficient.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices.
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems, specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.