



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Suwannee Correctional Institution**

in

**Live Oak, Florida**

on

**August 28 – 29, 2013**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2,869	Male	Maximum	4

### Institutional Potential/Actual Workload

Main Unit Capacity	1,937	Current Main Unit Census	1,176
Annex Capacity	1,346	Current Annex Census	1,276
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	417
<b>Total Capacity</b>	<b>3,715</b>	<b>Total Current Census</b>	<b>2,869</b>

### Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	5	Impaired
		1,768	669	462	0	0
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	1,789	222	773	90	23	3

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		155	51	0	281*	216*

\*Some inmates may be designated TCU/CSU but are CM inmates and currently in inpatient dorms.

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	4	1
Clinical Associate	1	1
RN	6	2
LPN	24	7

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist (one full time employee is currently borrowed from another institution)	4	3
Psychological Services Director	1	0
Senior Mental Health Clinician (currently utilizing agency psychologists)	4	3
Behavioral Specialist	24	5
Human Services Counselor	5	2
Mental Health RN	15	1

## DEMOGRAPHICS

### Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	2	1
Clinical Associate	0	1
RN	5	1
LPN	15	7

### Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist (currently utilizing agency staff)	1	0
Senior Mental Health Clinician	1	0
Behavioral Specialist	9	2
Human Services Counselor	1	0
Mental Health RN	1	0

## OVERVIEW

Suwannee Correctional Institution (SUWCI) houses male inmates of minimum, medium, maximum and close custody levels. The facility grades are medical (M) grades 1, 2, 3 and 4 and psychology (S) grades 1, 2, 3, 4 and 5. SUWCI consists of a main unit, annex and work camp.

The overall scope of services provided at SUWCI includes comprehensive medical, dental, mental health and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, outpatient and inpatient mental health and observation/infirmarary care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at SUWCI on August 28 – 29, 2013. 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.

Overall, findings indicate SUWCI is providing physical and mental health services commensurate with the Department of Corrections' Health Services Bulletins.

### **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 monthly 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 monthly compilation of the following:

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

## **PHYSICAL HEALTH FINDINGS - MAIN UNIT**

Suwannee Correctional Institution - Main provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at SUWCI:

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

### **CLINICAL RECORDS REVIEW - MAIN**

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

There were findings requiring corrective action in two of the chronic illness clinics; the items to be addressed are indicated in the table below.

#### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care, infirmary care or sick call services.

#### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers, or consultations. There were findings requiring corrective action in the review of medication administration records and preventive care; the items to be addressed are indicated in the table below.

#### **DENTAL REVIEW**

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

#### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control and pharmacy practices. There was a finding requiring corrective action in the administration of the pill line; the item to be addressed is indicated in the table below.

#### **INSTITUTIONAL TOUR**

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

## Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 4 of 10 applicable records (15 reviewed) there was no evidence of hepatitis B vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** 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.*

## Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: In 1 of 4 applicable records (5 reviewed) there was no evidence of pneumococcal vaccine or refusal (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2:** While patients in the Miscellaneous Clinic are not automatically considered top priority for offering pneumococcal vaccinations, this inmate had sickle cell disease and met the requirement for prioritization.*

**Medication Administration Record  
Review**

Finding(s)	Suggested Corrective Action(s)
<b>PH-3: In 3 of 12 records reviewed, medication orders were not signed, dated and/or timed.</b>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten 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>

**Preventive Care Record Review**

Finding(s)	Suggested Corrective Action(s)
<b>PH-4: In 3 of 14 records reviewed, there was no evidence that all required diagnostic tests were completed prior to the periodic screening encounter (see discussion).</b>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often, if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-4:** *Health Services Bulletin 15.03.04 requires that a urinalysis by dipstick diagnostic test be performed 7 to 14 days prior to the periodic screening encounter. Six of the records reviewed contained documentation of a urinalysis in the chart and five contained the dipstick UA; three records contained neither a urinalysis nor a UA dipstick.*

**Medication Administration-Pill Line  
Observation**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-5: Medical personnel administering medications did not wash hands or put on gloves prior to beginning the pill line.</b>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Institutional Tour**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-6: A tour of the facility revealed the following deficiencies:</b></p> <p><b>(a) Blood glucose test strips were outdated (see discussion).</b></p> <p><b>(b) All infirmary beds were not within sight or sound of the nurse's station and/or the infirmary does not contain an adequate communications system (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-6(a):** The blood glucose strips expired on 8/8/2013. CMA surveyors expressed concern that expired test strips could lead to inaccurate test results.

**Discussion PH-6(b):** According to Department policy (Health Services Bulletin 15.03.26) all infirmary patients must be within sight or sound of staff. There is currently a quadriplegic patient in an isolation room of the infirmary that is not in direct sight of the nurse's station and the inmate has no means to communicate.

## **PHYSICAL HEALTH FINDINGS - ANNEX**

Suwannee Correctional Institution - Annex provides outpatient physical health services. The following are the medical grades used by the department to classify inmate physical health needs at SUWCI-Annex:

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

## **CLINICAL RECORDS REVIEW - ANNEX**

### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in six of the chronic illness clinics; the items to be addressed are indicated in the table below.

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency services. There was one finding requiring corrective action in the review of sick call records; the item to be addressed is indicated in the table below. There are no infirmary services provided at the Annex.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers or medication administration records. There were findings requiring corrective action in the review of consultations and preventive care services; the items to be addressed are indicated in the table below.

### **DENTAL REVIEW**

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

### **ADMINISTRATIVE PROCESSES REVIEW**

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

### **INSTITUTIONAL TOUR**

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

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: A comprehensive review of 13 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 7 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 6 records, the baseline physical examination was incomplete or missing (see discussion).</b></p> <p><b>(c) In 3 records, there was no evidence of appropriate physical examination to include an assessment of the feet (see discussion).</b></p> <p><b>(d) In 3 of 11 applicable records, there was no evidence of the yearly required fundoscopic examination (see discussion).</b></p> <p><b>(e) In 7 of 11 applicable records, inmates were not being seen at the required intervals and there was no documentation of the clinical justification with respect to frequency of clinic visits (see discussion).</b></p> <p><b>(f) In 4 of 9 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-1(b):** Baseline physical examinations were frequently missing descriptions of the feet, nails and skin. Four records were missing evidence of a dilated fundoscopic examination.

**Discussion PH-1(c):** Health Services Bulletin 15.03.05 (Appendix #2) requires that all diabetic inmates receive an examination of the feet. In three records, there was no mention of the feet. CMA clinical surveyors suggested that the foot examination should contain documentation of an assessment of the status of the skin and nails. This could provide a more accurate clinical picture of the inmate over time.

**Discussion PH-1(d):** Health Services Bulletin 15.03.05 (Appendix #2) requires that a dilated fundoscopic examination be conducted annually. In one record, an inmate was due for an examination in July 2013, but was not scheduled for his examination until December 2013. In another record, the inmate's last examination was May 2012. One inmate's record contained no evidence of fundoscopic examination since 2011.

**Discussion PH-1(e):** Health Services Bulletin 15.03.05 (Appendix #2) requires that inmates who demonstrate evidence of uncontrolled blood sugars or have HgbA1c levels greater than 8.0 be seen every four months. Inmates with controlled blood sugars and no evidence of other complications may be seen every 180 days. In three records, inmates with abnormal HgbA1c values (11.2, 9.5 and 8.3) were seen at intervals greater than four months. Additionally, three inmates with controlled blood sugars were seen at intervals greater than 180 days.

<b>Gastrointestinal Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-2: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 6 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 3 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 4 records, the baseline laboratory work was incomplete or missing.</b></p> <p><b>(d) In 7 records, hepatitis A &amp; B vaccine was not given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten 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>

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 8 of 13 applicable records, there was no evidence of hepatitis B vaccine or refusal.</b></p> <p><b>(b) In 3 records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten 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>

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 2 of 8 records reviewed, the evaluation of the control of the disease and/or patient status was not documented.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten 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>

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the baseline history was incomplete or missing (see discussion).</b></p> <p><b>(b) In 4 records, the baseline physical examination was incomplete or missing (see discussion).</b></p> <p><b>(c) In 3 of 10 applicable records, seizures were not classified (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-5(a & b):** Baseline history and physical examination data was frequently missing from the current Chronic Illness Clinic Flowsheet (DC4-770). Per Departmental policy (Health Services Bulletin 15.12.03), 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, this baseline information was missing from many of the other clinics, CMA clinical surveyors stated that in this clinic it was most difficult to obtain an adequate clinical assessment of the inmate's current and past functioning.

**Discussion PH-5(c):** 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.

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In 3 of 14 applicable records (16 reviewed), there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten 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>

## Sick Call

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: In 5 of 18 sick call records, there was no evidence that education applicable to the presenting problem was provided (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-7:** Sick call encounters may be documented on the Nursing Protocol Series (DC4-683) series or alternatively, may be documented in SOAP format (DC4-701) if no nursing protocol exists. CMA surveyors noted that sick call providers did not document evidence of patient education when utilizing the SOAP format.

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 2 of 10 consultation records, consultant's treatment recommendations were not incorporated into the treatment plan (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-8:** *In one record, an inmate was assessed by an audiologist in March 2013. The audiologist recommended follow-up by an otolaryngologist (ENT). Progress notes from that time period indicated that institutional staff was aware of the consultant's recommendations. At the time of the survey, no follow up had been scheduled. In the other record, a hematologist requested on June 2013 that the inmate return to the clinic in four weeks. At the time of the survey, no appointment had been made even though nine weeks had already passed. CMA staff presented both medical records to the Health Services Administrator who assured prompt attention in rectifying the missed appointments.*

## Preventive Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, there was no evidence that the screening included all necessary components (see discussion).</b></p> <p><b>(b) In 4 records, there was no evidence that inmates were provided with lab results at the time of the periodic screening (see discussion).</b></p> <p><b>(c) In 3 records, there was no evidence that health education included all of the required components (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-9:** Periodic screenings may be provided at the time of the chronic illness clinic visit or at a separate encounter for those inmates without chronic conditions. For those inmates seen at their clinic visit, the screening may be documented as part of their routine clinic forms and not using the Periodic Screening Encounter (DC4-541). CMA surveyors noted that generally, much of the missing documentation was related to not utilizing the DC4-541.*

**Medication Administration-Pill Line  
Observation**

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: An observation of the pill line revealed the following deficiencies:</b></p> <p><b>(a) Medical personnel administering medications did not wash their hands prior to beginning the pill line (see discussion).</b></p> <p><b>(b) An oral cavity check was not conducted by health care personnel after each administration to ensure that the medication was swallowed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-10(a):** *The CMA surveyor observed two institutional personnel administer medications; neither was seen washing their hands. One member of the team did wear gloves.*

**Discussion PH-10(b):** *The CMA surveyor observed two institutional personnel administer medications. Only one member of the team was observed performing oral cavity checks. According to an interview with nursing staff, there is no procedure in which patients are observed swallowing their medications. The staff indicated these oral cavity checks are only required for inmates in Self-harm Observation Status (SHOS). The Department's nursing manual indicates that Direct Observed Therapy (DOT) is required for medication administration including validating that medication has been swallowed by oral cavity checks.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<b>PH-11: A tour of the facility revealed that blood glucose monitoring strips were not dated for expiration when opened.</b>	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.  Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

***Discussion PH-11:** Blood glucose monitoring strips are used in multiple areas throughout the institution. CMA surveyors noted that they were not marked for expiration. There was concern that old or outdated strips may give inaccurate readings.*

## **CONCLUSIONS – PHYSICAL HEALTH**

### **MAIN UNIT**

The physical health staff at SUWCI-Main serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis; inmates in the infirmary may require both medical observation and skilled nursing services. 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 225 records and found deficiencies in 27 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.

Overall, medical charts were well organized and documents were filed in a timely manner. However, upon arrival at the institution, the records needed for the physical health portion of the survey were unavailable for approximately half an hour. Once the charts were received, many that had been requested were still missing and surveyors had difficulty obtaining records throughout the survey. While medical records staff was very attentive and worked diligently to provide the missing records and some were not obtainable due to inmate transfers, several were never received. This delayed the survey process and resulted in fewer records being reviewed.

Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. A review of the inmate housing areas apart from the infirmary revealed no negative findings and all areas on the compound were clean and neat. A review of dental records and dental systems found no deficiencies rising to the level of a finding.

Survey findings indicated the medical care provided at SUWCI-Main fell within Department standards and adequately reflected standards commensurate with the professional health care community at large. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates.

### **ANNEX**

The physical health staff at SUWCI-Annex serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Inmates requiring infirmary care are transferred to the Main Unit. The physical health team reviewed 211 records and found deficiencies in 73 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.

A comprehensive review of medical records revealed several significant trends. A large number of records were missing baseline physical, diagnostic and laboratory data. Frequently, chronic illness clinic flow sheets were thinned from the medical record and baseline information not carried over onto subsequent flow sheets. Lack of necessary baseline clinical information in the current volume of the medical record makes it difficult to maintain continuity of care in an

already complex and difficult to manage population. Department policy requires that the chronic illness clinic flow sheet be completed in its entirety and that a minimum of four remain in the current record.

There were several findings regarding the provision of clinical services. There was some concern that inmates were not being seen in chronic illness clinics as frequently as was clinically indicated. Records were frequently missing vaccinations, fundoscopic examinations (where required) and complete laboratory studies. At times, there was no documentation that abnormal findings were addressed with the inmate and there was no corresponding documentation of changes in patient care as indicated. From a nursing perspective, patient education was not consistently provided or was not always documented in the patient record. Several surveyors noted that clinical documentation was more thorough when Department forms were utilized, in comparison to SOAP notes.

A comprehensive review of dental services revealed no deficiencies in patient care or inmate records. The dental surveyor remarked that the recent trend of hiring dental hygienists improves the cost-effectiveness and efficiency of the clinic.

A physical inspection revealed that all areas of the compound were clean. Interviews with institutional personnel and inmates revealed that all were familiar with how to obtain both routine and emergency services.

Overall, it appears that SUWCI-Annex is providing adequate physical health care to its inmate population. Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. The clinic staff, including medical and administrative, should be acknowledged for their hard work in light of the complex inmate population.

# **MENTAL HEALTH FINDINGS - MAIN**

Suwannee Correctional Institution - Main Unit provides outpatient and inpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at SUWCI - Main:

- 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).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

## **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 use of mental health restraints.

## **USE OF FORCE REVIEW**

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

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

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

## **INPATIENT SERVICES REVIEW**

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

## **OUTPATIENT SERVICES REVIEW**

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

## **AFTERCARE PLANNING REVIEW**

There were no findings requiring corrective action in the aftercare planning review.

## Self Harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: A comprehensive review of 19 Self Harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>(a) In 7 of 18 applicable records, an emergency evaluation was not completed prior to an SHOS admission by mental health or nursing staff.</b></p> <p><b>(b) In 7 of 18 applicable records, the DC4-732 "Infirmery/Hospital Admission Nursing Evaluation" was not completed within 2 hours of an SHOS admission.</b></p> <p><b>(c) In 7 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>(d) In 9 records, there was no evidence daily rounds were conducted by the attending clinician.</b></p> <p><b>(e) In 6 records, there was no evidence the attending clinician conducted a face to face evaluation prior to discharge from SHOS.</b></p> <p><b>(f) In 4 of 15 applicable records, there was no evidence the inmate was seen by mental health staff for post-discharge follow-up (see discussion).</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-2(c):** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 "Observation Checklist". In most records, the checklists were present, however there were blanks indicating the inmate was not observed as required. In three records there were no checklists present.

**Discussion MH-2(f):** According to Department policy, mental health staff is required to see inmates within seven days for post-discharge follow-up.

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: In 5 of 14 records reviewed, there was no documentation indicating mental health staff interviewed the inmate the next working day to determine the level of mental health care needed (see discussion).</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten use of force incidents (all if fewer than 10 incidents are available) weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** Mental health staff is required to interview all inmates with an S2 or S3 grade after a chemical use of force to determine if follow-up mental health care is needed.*

## Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: A comprehensive review of 10 inpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the psychiatric evaluation did not address all issues (see discussion).</b></p> <p><b>(b) In 2 records, initial lab tests were not completed as required.</b></p> <p><b>(c) In all records, physician's orders were not dated and/or timed.</b></p> <p><b>(d) In 2 records, informed consents signed by the inmate for each class of medication prescribed were not present.</b></p> <p><b>(e) In 2 of 6 applicable records, follow-up lab tests were not completed as required.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten 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>

**Inpatient Psychotropic Medication  
Practices**

Finding(s)	Suggested Corrective Action(s)
<p><b>(f) In 3 of 7 applicable records, the rationale for giving an Emergency Treatment Order (ETO) was not documented.</b></p> <p><b>(g) In 4 of 7 applicable records, telephone order signatures for the use of ETO were not dated or timed.</b></p>	

***Discussion MH-3(a):** Although psychiatric evaluations were completed in a timely manner, all required components were not addressed. Medical history was not addressed in two records and mental health history was not addressed in all three records. Additionally, one evaluation was documented in the margins of a psychology note, making it difficult to identify as a psychiatric evaluation.*

**Inpatient Mental Health Services**

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: A comprehensive review of 13 inpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 2 of 10 applicable records, there was no documentation that the inmate was oriented to the unit within 4 hours of admission.</b></p> <p><b>(b) In 8 records, inmates were not offered the required hours of planned structured therapeutic services (see discussion).</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-4(b):** In five records the Individualized Service Plan (ISP) indicated seven to eight hours of activities would be provided, however 12 hours are required with two hours provided on weekends. In four records, hours were not provided on weekends and in one record, two months of attendance records were missing and one month had only three days in which services were documented.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: A comprehensive review of 15 outpatient (S2/S3) records revealed the following deficiencies:</b></p> <p><b>(a) In 2 of 5 applicable records, abnormal lab tests were not followed-up as required.</b></p> <p><b>(b) In 5 of 9 applicable records, follow-up lab tests were not completed as required.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten 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>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: In 2 of 6 applicable records (14 reviewed), there was no evidence that psychotropic medication was continued after an inmate's arrival at SUWCI - Main (see discussion).</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-6:** *When an inmate is transferred to a receiving institution, the medication prescribed at the sending institution should be continued until the inmate is seen by the psychiatrist at the receiving institution. In one record, there was no indication on the medication administration record (MAR) that the medication was given. In the other record, there were blanks on the MAR indicating the medication was not given on the corresponding days. In both records, no medication refusals were noted.*

## **MENTAL HEALTH FINDINGS - ANNEX**

Suwannee Correctional Institution - Annex provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at SUWCI-Annex:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

### **USE OF FORCE REVIEW**

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

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

There were findings requiring corrective action in the review of psychological emergencies, inmate requests and special housing; the items to be addressed are indicated in the table below.

### **OUTPATIENT SERVICES REVIEW**

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

### **AFTERCARE PLANNING REVIEW**

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

## Psychological Emergency

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In 4 of 6 records reviewed, not all of entries were dated and/or timed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** Inmate-declared psychological emergencies and emergent staff referrals must be responded to as quickly as possible but within one hour by health services staff. Documentation of emergency contacts must be written and filed on the day of encounter. Dating, timing, signing and stamping documents related to the psychological emergency and subsequent contacts are important in maintaining these deadlines. In the four records, there were missing dates, times, signatures and/or stamps related to the psychological emergency.*

## Inmate Request

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: In 4 of 15 records reviewed, not all entries were dated, timed, signed and/or stamped (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** Inmate-initiated requests will be responded to within ten working days. Dating, timing, signing and stamping documents related to the inmate request and subsequent response is important in maintaining these deadlines. In the four records, there were missing dates, times, signatures and/or stamps related to the inmate request documentation.*

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>(a) In 6 records, the mental status exam (MSE) was not in the medical record or not completed within the required time frame (see discussion).</b></p> <p><b>(b) In 4 of 13 applicable records, follow-up MSEs were not in the medical record or not completed within the required time frame (see discussion).</b></p> <p><b>(c) In 3 of 3 applicable records, there was no documentation to indicate that mental health staff responded appropriately to problems in adjustment (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-3(a&b):** *The Department's Health Service Bulletin states that each inmate who is classified as S3 and who is assigned to administrative or disciplinary confinement, protective management or close management status shall receive a MSE within five days of assignment and every 30 days thereafter. Each inmate who is classified as S1 or S2 and who is assigned to administrative or disciplinary confinement, protective management or close management status shall receive a MSE within 30 days and every 90 days thereafter. The findings listed above did not meet the required time frames. Additionally, three records had no initial MSE present in the medical record. One record was missing the follow-up MSE.*

**Discussion MH-3(c):** *In one of the records, documentation indicated follow-up on the form but did not indicate when the follow-up should take place. In the two other records, there were no indications of adjustment in the notes.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 3 of 11 applicable records, initial lab tests were not completed as required.</b></p> <p><b>(b) In 2 of 5 applicable records, abnormal lab tests were not followed-up as required (see discussion).</b></p> <p><b>(c) In 3 of 12 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</b></p> <p><b>(d) In 5 records, informed consents were not present or did not reflect information relevant to the medication prescribed (see discussion).</b></p> <p><b>(e) In 6 of 14 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>(f) In 3 of 7 applicable records, Abnormal Involuntary Movement Scale (AIMS) were not administered within the appropriate time frame.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-4(b):** *In two of the records, lab test results were outside of the normal range but no follow-up or repeated test was ordered or completed.*

**Discussion MH-4(c):** *In all of the deficient records, there were days in which the Medication Administration Record (MAR) indicated the inmate did not receive medication for a day or days with no explanation or refusal indicated in the medical record (i.e. left blank on the MAR).*

**Discussion MH-4(d):** *In four records, there were no consent forms present in the medical record for the prescribed medications. In one record, the consent form was present but specific information about the medication was left blank. In addition, the form for the specific medication was used for another (i.e. name of medication scratched out and new name written in) instead of a required generic form.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 6 of 13 applicable records, there was no indication that instruction for accessing mental health care was provided.</b></p> <p><b>(b) In 5 of 13 applicable records, a case manager was not assigned within three working days of arrival.</b></p> <p><b>(c) In 2 of 10 applicable records, the biopsychosocial (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services.</b></p> <p><b>(d) In 3 of 9 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</b></p> <p><b>(e) In 5 of 18 applicable records, the ISP was not signed by a member or members of the MDST and/or inmate, or a refusal was not documented on form DC4-711A (see discussion).</b></p> <p><b>(f) In 3 of 11 applicable records, the ISP was not reviewed or revised at the 180 day interval.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-5(e):** *In four of the deficient records, the inmate had not signed the ISP and there was no refusal form (DC4-711A) in the record. In the additional deficient record, some members of the MDST had not signed the ISP.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: A comprehensive review of 13 records evaluating the effectiveness of aftercare planning revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the aftercare plan was not addressed in the ISP (see discussion).</b></p> <p><b>(b) In 4 of 7 applicable records, the Summary of Outpatient MH Care (DC4-661) was not completed within 30 days of End of Sentence (EOS).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion: MH-6(a):*** According to the Department's HSB, the institutional case manager shall initiate a continuity of care plan 180 days prior to release by updating the ISP to address problem #309 Discharge/Aftercare Planning. In the four records with deficiencies, aftercare was not addressed in the ISP.

## **CONCLUSIONS – MENTAL HEALTH**

### **MAIN UNIT**

SUWCI-Main provides both inpatient and outpatient mental health services. Inpatient services are provided in a 90 bed Transitional Care Unit (TCU) and a 30 bed Crisis Stabilization Unit (CSU). Outpatient services, including case management and individual and group counseling, are provided to over 300 inmates. Many of the inmates on the outpatient caseload are in close management (CM) or confinement. 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 Self-harm Observation Status (SHOS).

Along with the challenges of serving inmates in a close management or inpatient setting, SUWCI-Main faces chronic staffing vacancies particularly in psychiatry. At the time of survey there was one permanent psychiatrist and three vacant positions. There was one psychiatrist filling in from a neighboring institution. Additionally the two Senior Mental Health Clinicians positions were filled by agency staff. These staffing challenges likely contribute to many of the findings related to the provision of psychiatric care. For example, inmates were not being seen as required in SHOS, psychiatric evaluations were not completed in entirety, orders were not dated and/or timed and labs were not being conducted as required.

Some concerns were noted in the review of use of force incidents. According to Department policy, nursing staff must provide a physical examination for all inmates involved in use of force incidents. Per policy, nursing staff subsequently notify mental health staff of incidents involving chemical agents with inmates with a mental health grade of S2 or S3. Mental health staff is required to interview these inmates the next working day to determine if a higher level of mental health care is indicated. From the records reviewed, nursing staff are providing the physical examination, however six records did not contain the written referral to mental health. In five of those records, there was no evidence mental health staff evaluated the inmate the next working day. In the month of July, 21 of 65 emergency visits were post use-of-force examinations after the use of chemical agents. There should be a consistent method for ensuring mental health staff are notified of these incidents given the frequent use of chemical agents. If this interview is not conducted, staff is unable to determine if there has been a change in the inmate's mental status or if follow-up care is indicated.

Generally, treatment planning, counseling and case management services were being provided in a timely manner and were descriptive and individualized. Assessments were thorough and comprehensive. Inmate requests and psychological emergencies were responded to quickly and inmates with serious or emergent mental health problems are referred for appropriate follow up. Inmates were being seen as required in special housing and aftercare planning was conducted appropriately.

Even with the challenges of serving a difficult population and staff shortages, it is evident mental health staff had a strong desire to provide quality treatment. They were attentive, helpful and generally concerned with the deficiencies the survey revealed. Moreover, the interviews with inmates revealed they were generally satisfied with the mental health care provided. Overall, it appears that SUWCI-Main is providing adequate mental health care to its inmate population.

Mental health staff should be commended for their dedication to serving the inmates in the context of many significant challenges.

## **ANNEX**

At the time of the survey, SUWCI-Annex mental health staff was providing outpatient services to over 600 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide aftercare planning for eligible inmates. To serve this population, SUWCI-Annex has one full time Psychiatrist position, one Senior Mental Health Clinician position, eight Behavioral Specialist positions, one Human Services Counselor and one mental health RN position. The Psychiatrist position is currently filled by a locum tenens and there are currently two vacant Behavioral Health Specialist positions.

The majority of the findings listed above are related to incomplete documentation or documentation not completed within the required time frame. There are a few findings in which there was no documentation that the necessary testing or treatment was provided. For example, in the Special Housing review, the initial and follow-up MSEs were not in the medical record or not completed within the required time frame. In the Outpatient Psychotropic Medication review, some charts lacked the required initial and/or follow-up lab tests. In addition, some of the documentation indicated the inmate did not receive medications as prescribed and no documentation of a refusal was noted.

In reviewing mental health records, it was often difficult to locate appropriate documentation. Documents were often misfiled and lacked the date, time, signatures and/or stamps. In addition, there were a few records in which the SOAP notes were documented but lacked the required inmate demographic information. This is likely due to the lack of demographic prompts (e.g. inmate name, DC#, date of birth, institution, etc.) that are usually located on the bottom of the forms. It appeared that this was an error in printing, especially when the form contained multiple pages. The lack of demographic information on each page of the note, made it difficult to attribute the pages to each other and to the inmate.

The staff interviewed were knowledgeable and presented a genuine concern for the inmates on their caseload. They were receptive to feedback from surveyors and expressed a desire to correct the deficiencies noted. Overall, it appears that SUWCI-Annex is providing mental health care that falls within Department standards.

# 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.