



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

EVERGLADES CORRECTIONAL INSTITUTION

in

Miami, Florida

on

November 27-30, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on 11/19/2001		
Population	Custody	Type
Adult	Close	Male

Main Unit Capacity	Current Main Unit Census	Current Number of Inmates Served
1955	1751	1751

CMA Physical Health Team Leader:

Sue Sims, R.N., B.S.

Physical Health Team Members:

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CMA Mental Health Team Leader:

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OVERVIEW

On November 30, 2001, the Correctional Medical Authority concluded a physical and mental health survey of Everglades Correctional Institution (EVGCI), located in Miami, Florida. At the time of the survey, EVGCI served an adult male population of approximately 1751 inmates assigned to medical grades 1 through 4 and psychological grades 1 through 3. EVGCI was classified as a medical level 3 facility. Inmates requiring complex medical/dental care and psychotropic medication were housed at this institution.

In July of 2001, four months prior to the survey, Wexford Health Sources, Inc., assumed responsibility for the provision of health care services at EVGCI. Although it is the policy of the Correctional Medical Authority (CMA) to review care provided since the last triennial survey, it is significant to note that the contracted health care provider only recently changed.

Medical Grade	1	2	3	4	Impaired	
	768	503	117	2	26	
Psychological Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	1194	169	388	0	0	26
Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	36	56	0	89	81	70

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the standards of care established by the CMA and with prevailing professional practice standards. For a detailed description of the survey goals and processes refer to the “Survey Process” section of this report.

A thorough review of the physical health-related systems in place at the institution was conducted, including the physical plant, administrative processes, and the provision and documentation of care. The review revealed several areas of concern with need for improvement in two of the chronic illness clinics, both documentation and continuity of care, infection control, infirmary care, medication administration, and two mortality records.

The provision of mental health care at EVGCI was a challenging task given the complexity of the inmate population and the limited staffing resources available. Overall, the mental health staff appeared to be competent professionals striving to provide the best care possible. Concerns surrounding the use of “Special Risk Management Status”, a form of self-injury protection used with inmates in the special housing units, and deficiencies related to extremely high caseloads were the findings of primary concern.

At the conclusion of the survey, an exit conference was held on site with department staff to discuss the preliminary findings of the team members. The physical health and mental health sections of this report reflect the findings and final conclusions drawn following an analysis of the information collected during the survey. Where suggested corrective actions are provided, these suggestions should not be construed as the only action required to demonstrate corrections, but should be viewed as guidance for development of a corrective action plan.

The following table lists the results from the systems and record review instruments used during the survey:

Findings Summary		Numeric Score*			
		Systems	Records		
PHYSICAL HEALTH	Episodic Care	Sick Call	100	90	
		Emergency Care	93	83	
		Physician/CA Follow-Up Care	NA	100	
		Infirmity Care	NA	69	
	Chronic Care	Chronic Illness Clinic Systems	88		
		Asthma		80	
		Diabetes		98	
		General Medicine		80	
		Hypertension		97	
		Immunity		86	
		Seizure		94	
		TB/INH		89	
	Preventative Care		100	100	
	Dental Care		94	98	
	Mortality		100	80	
	Other	Administrative Audit	97		
		Consultations	84	86	
		Infection Control	74		
		Intake Process (Reception)	NA	NA	
Intrasystem Transfers		90	97		
Medication Administration		76	95		
OBIS		88	93		
Pharmacy		100			
Quality Management	91				
MENTAL HEALTH	Inmate Access to Mental Health Services	75	92		
	Outpatient Mental Health Services	80	S1	100	
			S2	82	
			S3	87	
	Intellectual Functioning	100	71		
	Sexual Offender Services	60	66		
	Special Housing	83	73		
	Psychotropic Medication	50	93		
Self-Injury/Suicide Prevention	71	75			
Psychiatric Restraints	60	NA			
A score of 100 represents meeting all minimum care/systems standards. A score of less than 80 represents an unacceptable level of care/systems standards.					

PHYSICAL HEALTH FINDINGS

Survey Results

The following areas of review resulted in findings requiring attention or corrective action.

EPISODIC CARE

Records Reviewed:	INFIRMARY CARE	Systems Score	Records Score
4		NA	69
Finding(s)	Suggested Corrective Action(s)		
<p>PH-1: Two records lacked documentation of daily clinician rounds during the week and documentation of phone rounds on the weekend.</p>	<p>Provide inservice training to health care staff regarding importance of documenting daily clinician rounds or rounds by phone on weekends.</p> <p>Monitor five infirmary records per month until closure is affirmed through the CMA CAP assessment.</p>		
<p>PH-2: Two records lacked date and time of nursing rounds.</p>	<p>Provide inservice training to nursing staff regarding documentation of rounds including date, time and patient's status.</p>		

CHRONIC CARE

Records Reviewed:	ASTHMA CLINIC RECORD REVIEW	Records Score
10		80
Finding(s)	Suggested Corrective Action(s)	
<p>PH-3: Six of the records reviewed lacked evidence of PEF expressed in percent predicted.</p>	<p>Provide inservice to health care staff regarding documentation of the peak flow reading and recording.</p> <p>Monitor five asthma records monthly until closure is affirmed through the CMA CAP assessment.</p>	
<p>PH-4: Six records lacked documentation of indicated inoculations or signed refusal.</p>	<p>Provide inservice training to health care staff regarding documentation of vaccines offered or signed refusal.</p> <p>Monitor five asthma clinic records monthly for compliance until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	GENERAL MEDICINE CLINIC RECORD REVIEW	Records Score
10		80
Finding(s)	Suggested Corrective Action(s)	
PH-5: Three records lacked an appropriate diagnosis on the problem list.	<p>Provide inservice training to health care staff regarding documentation of appropriate diagnosis on the problem list.</p> <p>Monitor five general medicine clinic records per month until closure is affirmed through the CMA CAP assessment.</p>	
PH-6: Six records lacked a complete medical history, specifically addressing risk factors and previous treatment interventions.	<p>Provide review to physicians or clinical associates regarding importance of thorough medical histories with emphasis on risk factors and previous treatment interventions.</p> <p>Monitor five general medicine clinic records monthly for appropriate medical histories until closure is affirmed through the CMA CAP assessment.</p>	
PH-7: Four records lacked documentation of indicated inoculations or signed refusals.	<p>Provide inservice to health care staff regarding documentation of vaccine provided or signed refusal.</p> <p>Monitor five general medicine records monthly for documentation of indicated inoculations or signed refusals until closure is affirmed through the CMA CAP assessment.</p>	

MORTALITY

Records Reviewed:	MORTALITY	Systems Score	Records Score
14		NA	80
Finding(s)	Suggested Corrective Action(s)		
<p>PH-8: Both mortalities that occurred under Wexford's contract for care revealed failure to recognize and address critical clues preceding each inmate's related death. Staff failed to enact timely and appropriate preventive measures. The care lacked adequate treatment of the presenting problems.</p>	<p>Provide inservice training to health care staff regarding appropriate assessment, treatment and follow-up especially as it relates to inmates' presenting condition.</p> <p>Internally monitor and report results to Quality Management regarding mortality events.</p>		

Discussion:

Fourteen mortality records were reviewed since the last survey. Various components were missing from most records. Records prior to July 2001 were not complete. Forms were missing and/or not available.

Two deaths occurred since Wexford started providing medical coverage. The findings summarized above reflect the care at the facility since that time.

INFECTION CONTROL		Systems Score
		74
Finding(s)	Suggested Corrective Action(s)	
<p>PH-9: Trashcans lacked biohazard labels in some medical areas.</p>	<p>Monitor proper labeling of biohazard containers.</p>	
<p>PH-10: One isolation room had a closed outside flap and failed the Kleenex test. There was no log of documented daily inspection of the isolation room (when in use) available.</p>	<p>Inspect the isolation room and make repairs as indicated.</p> <p>Provide log of daily inspection of isolation rooms, when in use.</p>	

Records Reviewed:	MEDICATION ADMINISTRATION	Systems Score	Records Score
10		76	95
Finding(s)		Suggested Corrective Action(s)	
<p>PH-11: The medication area was small and cluttered. Pills were lying on the floor and around the window area.</p>		<p>Provide inservice to nursing staff regarding organization of medication area and the importance of accurate administration of medication.</p> <p>Nursing Supervisor to monitor the medication area for ongoing compliance.</p>	
<p>PH-12: An oral cavity check was not conducted for each inmate.</p>		<p>Provide inservice to officers regarding appropriate oral cavity checks to verify medication has been taken.</p> <p>Document coordination with security personnel regarding medication administration responsibilities.</p> <p>Nursing supervisor to monitor for compliance.</p>	

The following areas of review resulted in no significant negative system or record review problems.

System Reviews

- Administration
- OBIS
- Chronic Illness Clinic
- Consultations
- Dental
- Emergency
- Preventative Care
- Sick

Record Reviews

- Consultations
- Dental
- Diabetes Clinic
- Emergency Care
- Hypertension Clinic
- Immunity Clinic
- Preventative Care
- Sick Call
- TB/INH Clinic

CONCLUSION

In July 2001 Wexford Health Sources took over management of health care at Everglades CI from Correctional Medical Services. The transition brought many changes not only in staffing, but also with internal restructuring. Policies and Procedures were in place or were being implemented at the time of the survey. It was difficult to assess the effectiveness of the restructuring given the few months of operation by Wexford.

Both formal and informal staff interviews and observations were conducted and overall, staff was knowledgeable regarding the process of providing care. The institution was experiencing both nursing and security officer shortages resulting in ongoing reliance upon overtime. Inmate appointments were being missed due to unavailable officers for escort. Due to nursing vacancies the Director of Nursing functioned not only as supervisor, but as a staff nurse also. Some areas of concern will no doubt improve with the hiring of more staff. Observation of the clinical staff provided evidence of care being offered. However, documentation of the care provided and of continuity of care was lacking in some records.

MENTAL HEALTH FINDINGS

Description of the Mental Health Department

The population served by the mental health department at Everglades Correctional Institution was complex. S-grades one (inmates with no identified mental health disorder) through three (inmates with severe impairment resulting from a mental health disorder) were housed in a variety of settings, to include open population, administrative and disciplinary confinement, and close management I, II, and III.

To serve this challenging population, EVGCI was staffed with one Senior Psychiatrist (vacant at the time of the survey), one Psychiatric ARNP, one Psychiatric RN Specialist, nine Psychological Specialists (one working part-time only), two Clerks, and one Administrative Assistant. At the time of the survey, the number of cases (S2 or 3) assigned to each Psychological Specialist, or case manager, averaged 41 for those serving the close management population and 98 for the full-time outpatient case managers.

The sample selected for review by the survey team indicated that many inmates are housed at EVGCI who have severe mental illnesses with a history of hospitalization. Combined with the intense stresses of a close management unit, the acuity of the population served at EVGCI is high. The extremely large caseloads of the Psychological Specialists was of concern to the survey team and is a primary contributing factor to many of the survey findings listed below.

Survey Results

The following areas of review resulted in findings requiring attention or corrective action.

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
6		75	92
Finding(s)	Suggested Corrective Action(s)		
MH-1: No documentation was provided to indicate that administrative staff reviewed the inmate request log.	Ensure that administrative staff sign the inmate request log following periodic review.		
MH-2: The psychological emergency log did not document the required response time of one hour.	Add a column to the existing log to document inmate declaration time. Continue completing the column that documents the time the staff person responded to meet the time requirement.		
MH-3: Follow-up was not provided to written inmate requests in several cases reviewed.	Provide in-service training on the inmate request system. Monitor five records per month to ensure that a clinically appropriate response is given in a timely fashion. Continue monitoring until closure is affirmed through the CMA CAP assessment.		

Records Reviewed:	INTELLECTUAL FUNCTIONING	Systems Score	Records Score
7		100	71

See finding listed under Outpatient Mental Health Services

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
23		80	S1: 100 S2: 82 S3: 87

Finding(s)	Suggested Corrective Action(s)
MH-4: Allocated mental health positions were not sufficient to meet the needs of the inmate population.	Ensure sufficient staff to provide clinically indicated services including individual psychotherapy, group therapy, and timely documentation in addition to case management when clinically indicated.
MH-5: Medical records were frequently disorganized with documents filed out of chronological order.	Provide in-service training to all staff responsible for maintaining the mental health portion of the medical record. Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-6: Documentation of case manager assignment within three days of an inmate's arrival at the institution or S-grade change was not consistently completed.	Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-7: Individualized Service Plans (ISP) were not consistently completed or updated in required time frames.	Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-8: Documentation that aftercare planning was initiated for inmates within 180 days of End of Sentence (EOS) was not consistently documented in the records of those inmates receiving mental health treatment, with low intellectual functioning, or with a sexual offense.	Provide in-service training regarding the requirements for aftercare planning. Monitor five records per month, drawing the sample from inmates on the mental health caseload, with low intellectual functioning, or with a sexual offense. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES		Systems Score	Records Score
23			80	S1: 100 S2: 82 S3: 87

Finding(s)	Suggested Corrective Action(s)
MH-9: Documentation of clinical contact lacked specific information regarding treatment rendered.	Provide in-service training on clinical documentation. Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

MH-9 Discussion:

The records reviewed by the survey team often had minimal documentation of the content of clinical sessions. The SOAP format was used, but only vague information was recorded about the patient's subjective assessment and the interventions provided. Interviews with clinical staff and inmates suggested that quality care was being provided, but this was not reflected in the documentation.

Records Reviewed:	PSYCHIATRIC RESTRAINTS		Systems Score	Records Score
0			60	N/A

Finding(s)	Suggested Corrective Action(s)
MH-10: Key staff were not trained in the use of psychiatric restraints.	Provide in-service training to all security, medical, and mental health staff on the safe and correct application of psychiatric restraints. Offer this training annually to all applicable staff.

MH-10 Discussion:

When questioned, staff were able to describe the correct application of four-point restraints with one exception, placement of the patient on the bed. For the safety of the patient, it is important that a person in restraints is lying on his back. Proper training of all staff is imperative to ensure that no undue consequences arise from the incorrect use of psychiatric restraints.

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES		Systems Score	Records Score
13			50	93

Finding(s)	Suggested Corrective Action(s)
MH-11: Psychotropic medication was not administered later than 6:00 p.m.	Provide psychotropic medications at appropriate times.

MH-11 Discussion:

Many psychotropic medications cause somnolence as a side effect. As a result, they are often prescribed in the evening to minimize the impact of this side effect on daily activities. Administration of these medications early in the evening can impair an inmate's ability to comply with staff directions due to sedation. Inappropriate timing of medication administration can disrupt sleep cycles and result in conflicts with institutional practices.

MH-12: Inmates receiving liquid or crushed psychotropic medications were not offered a flavored drink in addition to water.

Offer a flavored drink, such as juice or Kool-Aid, along with medication.

MH-12 Discussion:

Many liquid and crushed medications have an unpleasant taste. Offering a flavored beverage decreases the chance that the patient will be noncompliant with his medication due to the taste.

MH-13: Laboratory tests and EKGs were not consistently ordered in the records reviewed.

Provide in-service training on the requirements for laboratory tests with the use of psychotropic medications.

Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

MH-14: Informed consent forms were not consistently completed for each class of medication prescribed.

Provide in-service training on the need for a specific consent to be completed yearly prior to prescribing psychotropic medications.

Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
7		71	75

Finding(s)	Suggested Corrective Action(s)
<p>MH-16: The practice of “Special Risk Management Status” was insufficient as a means of self-injury prevention in that:</p> <ul style="list-style-type: none"> • no policy, protocol, or post-orders were available to guide the practice; • it was not conducted in certified, suicide resistant cells; • when interviewed, staff from mental health and security were unable to describe the practice consistently. 	<p>Suspend the use of Special Risk Management Status.</p> <p>Create a clear policy directive for all institutional staff ensuring all minimum standards for self-injury prevention are met.</p> <p>Provide in-service training to all health services and security staff on minimum standards for self-injury prevention.</p> <p>Monitor five applicable records per month to ensure that appropriate assessment and documentation is completed. (A full suicide risk assessment should be part of the SOAP note.) Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

MH-16 Discussion:

At EVGCI, an alternate means of self-injury prevention, “Special Risk Management Status”, was in use for those inmates, primarily from the special housing units, who threatened self-harm but were determined to be manipulating for secondary gain following a mental health assessment. During the survey, it was difficult for the survey team to compile a clear, concise description of what this status entailed. Interviews with security and mental health staff yielded differing descriptions and no policy or protocol was available to clarify the practice. Observation of one inmate who was housed on the status during the survey revealed that the practice did not meet many minimum standards for self-injury prevention. He was housed in a regular confinement cell that had not been retrofitted or certified as suicide resistant. He was neither in sight nor sound of a correctional officer or medical staff person. He was given boxer shorts, pants, a mattress, and a blanket but was devoid of all other property. As a result of this observation and interviews, it was determined that the practice in place at the time of the survey did not afford adequate self-injury protection.

<p>MH-17: Physician’s orders for Suicide Observation Status (SOS) did not consistently specify items allowed in the cell and were not consistently reordered every 24 hours.</p>	<p>Provide in-service training on the documentation requirements for SOS status.</p> <p>Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
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Records Reviewed:	SEX OFFENDER SERVICES	Systems Score	Records Score
6		60	66
Finding(s)		Suggested Corrective Action(s)	
MH-18: No sex offender treatment was offered. No staff member was trained and privileged to provide this treatment.		Provide in-service training to ensure that qualified staff are available to provide treatment.	

Records Reviewed:	SPECIAL HOUSING	Systems Score	Records Score
13		83	73
Finding(s)		Suggested Corrective Action(s)	
MH-19: Special Housing Health Appraisals (DC4-769) were not consistently completed for inmates placed on close management status.		Provide in-service training to nursing staff to ensure that the necessary documentation is completed. Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	
MH-20: Outpatient treatment was not consistently continued as indicated on the ISP following placement in special housing.		Develop a system to ensure that all aspects of treatment, to include medication administration, case management, and individual therapy, are continued uninterrupted. Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

MH-20 Discussion:

Each of the special housing dormitories at EVGCI had one room designated for clinical interviews by mental health staff to ensure privacy. However, access to these rooms was limited to one afternoon per week per dorm. Often, psychological specialists would have to organize their scheduling around this limitation, coordinating timing with coworkers. The limited time and space of this system posed an access barrier to inmates seeking care and severely limited the amount of time spent in a clinical interview.

Records Reviewed:		MORTALITY	
2			
Finding(s)	Suggested Corrective Action(s)		
MH-21: In one record reviewed, the inmate requested to be restarted on antidepressant medication. He was denied a psychiatric referral after an assessment that he was seeking medication only to assist with sleep despite his having an extensive history of suicidal behavior and ideation. His suicide occurred sixteen days later.	<p>Provide in-service training on signs and symptoms suggesting a need for a psychiatric evaluation.</p> <p>Refer all medication requests for a clinical chart review by psychiatry to ensure that cases are screened appropriately on an individual basis, scheduling psychiatric interviews when indicated.</p> <p>Monitor five applicable records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		

CONCLUSION

Since the last CMA survey, EVGCI has endured many changes, the most recent being a change in management to Wexford Health Sources in July 2001. It appears that the mental health department has weathered this change well and has strived to provide appropriate care through the transition.

Many of the findings listed above could be greatly improved with additional staff to meet the needs of the challenging inmate population. With caseloads reaching over one hundred, individual therapy and documentation are areas that are likely to suffer. In addition, the environmental and time constraints of the special housing units further reduce the individual attention that is provided patients. Corrective action for many of the findings should include attempts at reducing workloads and increasing the clinical time available to each inmate in need of mental health treatment.

SURVEY PROCESS

The goals of every survey performed by the CMA are (1) to determine if the physical, mental, and dental care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and if that care conforms to 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 of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific objectives are designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility. 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 and 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 health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. 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, selected through purposeful sampling, 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, service/treatment plans, schedules, logs, administrative reports, physician orders, 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

During the course of a three or four day evaluation, the survey team examines the institution's health-related administrative systems, tours inmate housing and health treatment areas, conducts staff and inmate interviews, and conducts a clinical review of health care records.

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, i.e., 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 to result in the compromise of inmate health care. All findings identified in the body of the report will require a corrective action by institutional and/or regional/central office health services staff.