

JACKSON C.I. SUPPLEMENTAL REPORT

For CMA Survey Conducted February 12-15, 2002

PHYSICAL AND MENTAL HEALTH SURVEY FINDINGS REQUIRING OHS INTERVENTION

In addition to the physical and mental health findings of Jackson C.I. referenced in the main body of the survey report (which fall within the scope of the institutional staff to correct), several other areas of concern were noted. These findings may be based on standards adopted by the CMA, but not addressed in OHS policy, procedure, or directive, or on other issues beyond institutional control. Therefore, corrective actions at the institutional level can be initiated only by or with the authority or intervention of the OHS.

The items listed below identify the finding, the name of the audit instrument used by CMA surveyors and the specific screen number, if applicable, and what criteria were used to determine the standard was not met.

PHYSICAL HEALTH

1. **No evidence was available demonstrating ongoing record review of episodic care; i.e., sick call and/or emergency care encounters.** This standard is referenced in the CMA Administrative Audit Instrument, Screen 10 – “Is there a review of sick call and emergency charts by the senior nurse supervisor (SRN) and/or the chief health officer (CHO)? Charts should be reviewed by the SRN or CHO for appropriateness of care, medications, completeness of documentation, etc. If errors are found, are they addressed with the appropriate medical personnel?”
2. **No evidence was available demonstrating annual senior dentist and clinical associate peer review.** This standard is referenced in the CMA Administrative Audit Instrument, Screen 12 – “Is there at least an annual CHO and Senior Dentist peer review? These peer reviews should be conducted by another provider and be documented at the facility. Is there documentation of review of Physician Assistants and Advanced Registered Nurse Practitioners by the CHO, and dentists by the Senior Dentist?”
3. **No evidence was available indicating documented job descriptions of inmate workers in the health care area.** This standard is referenced in the CMA Administrative Audit Instrument, Screen 19 – “Do all inmate workers in the medical section have a job description? Does this description state that they cannot assist medically with inmate patients? There should be a job description for all inmate workers in the medical unit. It should describe the duties expected of the inmate workers such as cleaning, dusting, etc. Inmate workers are not allowed to dispose of bio-medical waste without documented specialized training or to assist in any way in the medical treatment of any other inmate.”
4. **No evidence was available in the infection control files that monthly inspections of the institution’s dining facility were being accomplished by the Infection Control Coordinator or, if conducted by another, that the**

reports of the inspections were being forwarded for review. This standard is referenced in the CMA Infection Control System Review Instrument, Screen 23 – “There are weekly inspections of the dining facility for sanitation and cleanliness (including preparation area and eating areas) that are conducted or reviewed by the medical department. *If the medical department does not do the inspecting, there should be a report forwarded to the department for review. If the medical department does inspect, there should be documentation of the inspection.*” NOTE: The above standard referenced requires “weekly” inspections; this is in error. The standard should read “monthly” inspections. Even with this correction, the standard is not met.

5. **Although documentation was usually present in the progress notes that medication orders were transcribed within four hours, this information was not posted on the physician’s order form.** This standard is referenced in the CMA Medication Administration Review Instrument, Screens 1-3 – 1. “Medication orders on the order sheet were legible and complete. The name of the medication, strength, route of administration, frequency and duration were indicated. Any refills were noted.” 2. “Medication orders were signed, dated, and timed. This includes phone and verbal orders. Orders taken by phone or verbally were cosigned within five days.” 3. All orders were transcribed within four hours.”

MENTAL HEALTH

1. **Physician’s orders did not specify observations at least every 15 minutes for inmates admitted to the infirmary for observation and prevention of self-injurious/suicidal behavior.** This standard is referenced in the CMA Self-Injury/Suicide Prevention Record Review Instrument, Screen 3 and is based upon national correctional healthcare standards and prevailing professional practices in the community at large.
2. **Written and verbal orientation to mental health services was not provided within 24 hours of inmate arrival at the institution.** This standard is referenced in the CMA Outpatient Mental Health Services Record Review Instrument, Screen 3 and is based upon national correctional healthcare standards. It may be met by evidence of health (e.g., nursing staff) or mental health staff having provided an initial orientation that covered such topics as how to access services and the co-payment policy. Acceptable documentation of the orientation includes an incidental note or stamp on the DC4-642, a SOAP note if the orientation was given during a clinical encounter, or a stamped and dated DC4-773.