



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

LAKE CORRECTIONAL INSTITUTION

in

Clermont, Florida

on

May 13-16, 2004

CMA Physical Health Team Leader:

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Physical Health Team Members:

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DEMOGRAPHICS

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

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

Institutional Potential/Actual Workload

Main Unit Capacity	1,093	Current Main Unit Census	1,088
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1,093	Total Current Census	1,088

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		398	288	404	3	0
<i>Mental Health Grade (S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
	1	2	3	4	5	<i>Impaired</i>
	372	129	447	125	27	

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	40	35	20	N/A	N/A	N/A

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Lake Correctional Institution (LAKCI). 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.

Physical Health Findings

A thorough review of the physical health-related systems in place at LAKCI was conducted, including the physical plant, administrative processes, and the provision and documentation of care. Findings revealed that even though 10 issues were identified requiring correction by institutional staff, the overall care provided to inmates was adequate. Staff morale appeared high and identified findings discussed with staff at the time of the survey were well received and should be easily correctable without disruption of services.

Mental Health Findings

The mental health department at LAKCI was comprised of both outpatient and inpatient units serving approximately 130 S2 inmates, 450 S3 inmates, 125 S4 inmates, and 30 S5 inmates. This is a difficult and complex mission. However, there was sustained improvement since the last CMA survey. The mental health staff is commended, as is the warden for his support of the mental health program.

Department Findings

In addition to the findings referenced above, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and may not be addressed in OHS policy, procedure or directive. Or, they may be based on issues beyond institutional control and require intervention at the department level. The department should submit a separate corrective action plan for these findings.

Exit Conference and Final Report

At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the physical health and mental health sections of this report are a result of further analysis of the information collected during the survey. The suggested corrective actions(s) 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. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

SUMMARY OF INSTITUTIONAL SCORES

The goal of the survey is to determine if the administration of the medical unit and the provision of care at the institution are consistent with medical, dental and mental health care standards 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. The following table lists the results of the systems and record reviews conducted during the survey.

Area of Review		Score*		
		Systems	Clinical	
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100	
		Emergency Care		93
		Episodic Care Follow-Up		97
		Infirmery Care		84
		Sick Call		89
	Chronic Care	Asthma/Pulmonary Clinic		93
		Diabetes Clinic		96
		General Medicine Clinic		98
		Hypertension Clinic		88
		Immunity Clinic		99
		Seizure Clinic		96
	Tuberculosis/INH Clinic			96
	Preventative Care		100	90
	Dental Services		100	100
	Mortality Review		100	N/A
	Other	Administrative Processes	95	
		Consultation Requests	100	97
		Food Services	N/A	
		Infection Control	86	
		Intake Process (Reception)	N/A	N/A
Intrasystem Transfers		100	97	
Medical Area and Inmate Housing		94		
Medication Administration		60	72	
OBIS/Health Record Content		100	97	
Pharmacy Services		N/A		
Quality Management	100			
Area of Review			Area Score	
MENTAL HEALTH	Mental Health Systems		95	
	Access to Mental Health Services		89	
	Inpatient Mental Health Services		87	
	Intellectual Functioning		83	
	Outpatient Mental Health Services		97	
	Psychiatric Restraint		100	
	Psychotropic Medication Practices		92	
	Reception/Intake Process		N/A	
	Self-Injury/Suicide Prevention	23-hour MH Observation		N/A
		SOS Status		99
		Other Self-injury Prevention Status		N/A
	Sexual Offender Services		100	
	Special Housing		81	
	Use-of-Force		33	

*Shaded Area: No survey instrument for the applicable area. NA: No applicable files at the institution

PHYSICAL HEALTH FINDINGS

Survey Results

The following areas of review resulted in findings requiring corrective actions by institutional staff.

ADMINISTRATIVE

Records Reviewed	MEDICAL AREA and INMATE HOUSING	Record Review Score
N/A		94
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: Eye wash stations were not strategically placed throughout the medical unit.</p> <p>PH-2: Pill line schedules in English and Spanish and written procedures in English on how to access medical and dental sick call were not posted in the dormitories toured.</p>	<p>Obtain and mount eye wash stations.</p> <p>Post appropriate signage.</p>	

Records Reviewed	MEDICATION ADMINISTRATION	System Review Score
N/A		60
Finding(s)	Suggested Corrective Action(s)	
<p>PH-3: Observation of the pill line resulted in the following concerns:</p> <p style="margin-left: 20px;">a. Rather than completing, timing, and signing/initialing medication administration reports (MAR) at the time medication is presented to the patient, the nurse waited until all medications had been passed, then completed the documentation en masse.</p> <p style="margin-left: 20px;">b. Oral cavity checks were not being consistently conducted.</p>	<p>Provide necessary inservice training to appropriate staff.</p> <p>Conduct appropriate monitoring of the operation of the pill window. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>	

CLINICAL

Records Reviewed	EMERGENCY CARE	System Review Score
6		93
Finding(s)	Suggested Corrective Action(s)	
<p>PH-4: Examples were noted in which follow up care (higher level of</p>	<p>Provide necessary inservice training.</p>	

Records Reviewed	EMERGENCY CARE	System Review Score
6		93
Finding(s)	Suggested Corrective Action(s)	
evaluation) was either not appropriate or was not consistent with the patient's subjective complaint or the provider's objective findings.	Monitor at least five records per month to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.	

Records Reviewed	INFIRMARY	System Review Score
5		84
Finding(s)	Suggested Corrective Action(s)	
PH-5: Incomplete documentation of adequate assessments was noted in a majority of the records reviewed.	Provide necessary inservice training to appropriate staff. Monitor at least five records per month to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.	

Records Reviewed	PREVENTATIVE CARE	System Review Score
5		90
Finding(s)	Suggested Corrective Action(s)	
PH-6: Three examples were noted in the records reviewed in which complaints expressed by the patient during annual/biennial health appraisals were not subsequently addressed.	Provide necessary inservice training to appropriate staff. Monitor at least five records per month to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.	

Records Reviewed	TUBERCULOSIS/INH THERAPY	System Review Score
7		96
Finding(s)	Suggested Corrective Action(s)	
PH-7: Concerns were noted in several records reviewed regarding the consistency of documentation of monthly RN monitoring and the documentation of six continuous months of INH therapy.	Provide necessary inservice training to appropriate staff. Monitor at least five records per month to ensure required documentation is present and complete. Continue monitoring until closure is	

Records Reviewed	TUBERCULOSIS/INH THERAPY	System Review Score
7		96
Finding(s)	Suggested Corrective Action(s)	
	affirmed through a CMA corrective action plan assessment.	

Records Reviewed	MEDICATION ADMINISTRATION	System Review Score
10		72
Finding(s)	Suggested Corrective Action(s)	
<p>PH-8: Multiple deficiencies were noted during reviews of nursing and physician documentation of medication orders in medical records and/or MARs.</p> <ul style="list-style-type: none"> a. Medication orders on the order sheets were not consistently signed, dated and timed. b. Medication orders were not consistently transcribed by the end of the shift during which they were written. c. One example was noted that reflected a delay in administering ordered medication. d. One example was found in which the patient missed three consecutive doses (25%) in one week without receiving counseling on the consequences of medication non-compliance. e. One example was found in which no evidence existed that the MAR was reviewed for lapses in medication administration. 	<p>Provide necessary inservice training to appropriate staff.</p> <p>Create one monitoring instrument on which all the identified components can be examined on a regular basis. Monitor at least five records and corresponding MARs per month to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>	

Records Reviewed	HYPERTENSION CLINIC	System Review Score
7		88
Finding(s)	Suggested Corrective Action(s)	
<p>PH-9: Documentation of adequate, timely and appropriate assessments and/or treatments were lacking in over one-half of the records reviewed; i.e., diagnosis not identified on the problem list, pulses not consistently recorded during clinic visits, TSH (as indicated) not available prior to clinic visit, and/or</p>	<p>Provide necessary inservice training to appropriate staff.</p> <p>Monitor at least five records per month to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>	

Records Reviewed	HYPERTENSION CLINIC	System Review Score
7		88
Finding(s)	Suggested Corrective Action(s)	
laboratory results not reviewed in a timely manner.		

Records Reviewed	CHRONIC CLINICS (includes Asthma, Diabetes, Hypertension and Seizure)	System Review Score
27		N/A
Finding(s)	Suggested Corrective Action(s)	
PH-10: Over one-half of the total records reviewed from these clinics lacked evidence that pneumococcal vaccine was considered at least five years after the initial inoculation (if indicated) and/or that influenza vaccine was offered annually (not withstanding those records with signed refusals).	<p>Provide necessary inservice training to appropriate staff.</p> <p>Monitor at least five records from each clinic per month to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>	

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

System Reviews

- Administrative
- Consultation Requests
- Dental
- Emergency Care
- Episodic Care
- Infection Control
- Infirmery
- Intrasystem Transfers
- Mortality Review
- OBIS
- Pharmacy
- Preventative Care
- Quality Management

Record Reviews

- Consultation Requests
- Dental
- Episodic Care Follow-up
- General Medicine Clinic
- Immunodeficiency Clinic
- Intrasystem Transfers
- OBIS
- Sick Call

CONCLUSION

The physical health survey of Lake Correctional Institution revealed that, with only a few exceptions, the administrative systems in place and the provision of health care at the institution was adequate and consistent with expected and required standards. The clinical care and administrative issues enumerated in this report are generally minor in nature and easily remedied.

MENTAL HEALTH FINDINGS

Survey Results

The mental health department at LAKCI was comprised of both outpatient and inpatient units serving approximately 130 S2 inmates, 450 S3 inmates, 125 S4 inmates, and 30 S5 inmates. This is a difficult and complex mission. However, there was sustained improvement since the last CMA survey. The mental health staff is commended, as is the warden for his support of the mental health program.

At the time of the survey there were five psychiatrist positions with one vacancy and one pending resignation, four senior psychologist positions, six outpatient psychological specialist positions, and six inpatient psychological specialist positions. There was one vacant psychological specialist position. In addition, the inpatient unit employs both RN and LPN nursing staff, Unit Treatment and Rehabilitative Specialists, and security staff dedicated to the inpatient unit. Staff interview data indicated that two of the psychiatrists also worked at other institutions. The warden indicated that there was less reliance on agency nursing staff than in 2001 when the CMA had raised concerns about the stability of the treatment teams and level of correctional training due to the heavy use of contract staff. At the time of the survey, the average outpatient psychological specialist caseload was 91. The outpatient psychiatrist and nurse were responsible for 450 patients on psychotropic medications. The inpatient psychiatrists had caseloads of 90 while the inpatient psychological specialists had caseloads of 30.

Given the acuity of the inmate population and the significant mental health caseloads, many strengths were noted in the delivery of services:

- Improvements since the last survey were noted in the following areas: provision of outpatient group therapy; timeliness of mental health intake services; documentation of aftercare planning; documentation of individualized service plans; timeliness of psychiatric follow-up; provision of inpatient activities and outside recreation; implementation of the suicide and self-injury prevention protocol; and, outpatient psychotropic medications administered later than 6:00 pm.
- Communication between departments was very good.
- Senior mental health staff provided excellent mental health training opportunities for medical, security and mental health staff.
- Inpatient correctional officers were well trained in mental health issues.
- The clinical supervision of outpatient psychological specialists provided by a newly appointed senior psychologist dedicated to this task was comprehensive and consistent.
- The medical records Health Information Specialist is a valuable member of the mental health department and brings skill and experience from a large hospital setting in the community.
- The inmates interviewed were appreciative of the mental health services offered.

Records Reviewed: OUTPATIENT MENTAL HEALTH SERVICES		Area Score
18		97
Finding(s)	Suggested Corrective Action(s)	
<p>MH-1: Documentation of written and verbal orientation to mental health services was not consistently timely in the S1 records reviewed.</p> <p>a. Documentation of orientation by health care staff within 24 hours of each inmate's arrival was inconsistent.</p> <p>b. Documentation of orientation by mental health staff within eight days of each inmate's arrival was inconsistent.</p>	<p>Review the mental health orientation requirements with nursing (where applicable) and mental health staff.</p> <p>Monitor a minimum of five records per month for compliance with each of findings a. and b. Continue monitoring until closure is affirmed through the Correctional Medical Authority (CMA) corrective action plan (CAP) assessment process.</p>	
<p>MH-2: Mental health staff did not consistently review the records of newly arriving inmates within 14 days of arrival in the S1 records reviewed.</p>	<p>Review the requirements with mental health staff for reviewing medical records of newly arriving inmates in a timely manner.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	

MH-1 & 2:

These findings may reflect the significant intake during the past year of approximately 1,100 inmates, many of whom were subsequently transferred to other institutions.

Records Reviewed: INTELLECTUAL FUNCTIONING		Area Score
8		83
Finding(s)	Suggested Corrective Action(s)	
<p>MH-3: Appropriate intelligence testing was not completed as required in two of the eight cases reviewed.</p>	<p>Complete the required testing.</p> <p>Maintain a tracking system of applicable inmates. Continue tracking and providing indicated testing until closure is affirmed through the CMA CAP assessment process.</p>	

Records Reviewed: SPECIAL HOUSING		Area Score
5		81
Finding(s)	Suggested Corrective Action(s)	
<p>MH-4: <i>Mental Status of Confinement Inmates, DC4-528</i>, was not consistently present for each mental status exam conducted.</p>	<p>Provide training to ensure forms are completed.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until</p>	

Records Reviewed:	SPECIAL HOUSING	Area Score
5		81
Finding(s)	Suggested Corrective Action(s)	
	closure is affirmed through the CMA CAP assessment process.	

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
11		89
Finding(s)	Suggested Corrective Action(s)	
<p>MH-5: Inmate requests for mental health services lacked all required documentation in the records:</p> <ul style="list-style-type: none"> a. An incidental note with the date the request was received and the date the request was answered, DC4-642, was inconsistently documented in the records reviewed. b. In one case, the response to the inmate's request was not timely (within ten days). c. In one case, indicated follow-up was not documented. 	<p>Ensure appropriate documentation is completed.</p> <p>Monitor a minimum of five request records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Area Score
23-hr N/A		N/A
SOS 7		99
Other N/A		N/A
Finding(s)	Suggested Corrective Action(s)	
<p>MH-6: Post-discharge follow-up for inmates released from suicide observation status (SOS) housing was not completed within the established timeframes in one of the seven cases reviewed.</p>	<p>Review the requirements for post-discharge Follow-up with mental health staff.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	

Records Reviewed:	INPATIENT MENTAL HEALTH SERVICES	Area Score
9		87
Finding(s)	Suggested Corrective Action(s)	

Records Reviewed: INPATIENT MENTAL HEALTH SERVICES		Area Score
9		87
Finding(s)	Suggested Corrective Action(s)	
<p>MH-7: Inpatient mental health nursing assessments and notes were incomplete:</p> <ul style="list-style-type: none"> a. Shift nursing assessments were inconsistently complete in the crisis stabilization unit (CSU) cases reviewed. b. Admission nursing assessments were inconsistently complete in the transitional care unit (TCU) cases reviewed. c. Daily nursing SOAP notes providing a clear description of each inmate's status were inconsistently documented in the TCU cases reviewed. 	<p>Provide training to nursing staff on assessment requirements and documentation of care.</p> <p>Monitor five CSU and five TCU records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	
<p>MH-8: The physician did not consistently sign verbal admission orders to the TCU.</p>	<p>Ensure verbal orders are signed.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	
<p>MH-9: Inmate weights were not recorded weekly or refusals noted in the CSU and TCU records reviewed.</p>	<p>Document weekly patient weights or refusals.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	
<p>MH-10: The group facilitators did not document SOAP notes of group participation in the TCU records reviewed.</p>	<p>Train mental health staff on inpatient group documentation requirements.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	

MH-9:

It is recognized that there may be valid reasons why weights are not done on occasion. For example, a particular patient may be too agitated, or security staff may not be available to assist where necessary. However, these circumstances should be documented and/or a refusal obtained or noted.

Records Reviewed: PSYCHOTROPIC MEDICATION PRACTICES		Area Score
16		92
Finding(s)	Suggested Corrective Action(s)	

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Area Score
16		92
Finding(s)	Suggested Corrective Action(s)	
MH-11: Outpatient inmates were not being appropriately observed during pill line to ensure they were swallowing their medications.	<p>Ensure nursing and security staff observe inmates during pill line.</p> <p>Develop a tracking system to check for compliance.</p>	
MH-12: TCU medication practice findings include: <ol style="list-style-type: none"> a. Informed consents were not present for each class of medications prescribed. b. Documentation for the administration of emergency treatment orders (ETO) did not consistently identify the medications as "ETO". c. In one case reviewed, the assessment of involuntary movement (AIMS) was not documented. 	<p>Ensure informed consents are signed for each class of medications prescribed. Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p> <p>Provide training on the administration of ETOs. Review all ETO orders as they are placed on the log for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p> <p>Ensure AIMS are documented as indicated. Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	
MH-13: CSU medication practice findings include: <ol style="list-style-type: none"> a. In one case reviewed, indicated initial and follow-up laboratory results were not documented. In this case, laboratory results had not been documented since July 2002 and no refusals were noted. 	<p>Review requirements for laboratory testing for patients on psychotropic medications.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	

Discussion:

Improvements were noted in the administration of hour of sleep (HS) medications with the addition of an evening pill line between 7:00 pm and 9:00 pm. Previously, the latest pill line was at 6:00 pm resulting in some inmates experiencing sedating effects from medications taken too early in the evening. While the current situation is a marked improvement, staff and inmate interview data indicated that a small number of inmates still complain of sedating effects too early in the evening. As Department policy allows psychiatrists to prescribe medications outside the normal pill line times, it is suggested that this occur for those inmates who are experiencing sedating effects before bedtime.

Records Reviewed:	USE OF FORCE	Area Score
5		33
Finding(s)	Suggested Corrective Action(s)	
MH-14: A referral for mental health care	Provide training for nursing staff regarding the	

Records Reviewed:	USE OF FORCE	Area Score
5		33
Finding(s)	Suggested Corrective Action(s)	
<p>using form DC4-529, Staff Referral/Request, was not completed for inmates on the mental health caseload.</p>	<p>requirement for a written referral to mental health at the conclusion of the Post Use of Force Exam for inmates grade S2 and higher.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment process.</p>	

CONCLUSION

The mental health department at LAKCI was comprised of both outpatient and inpatient units serving approximately 130 S2 inmates, 450 S3 inmates, 125 S4 inmates, and 30 S5 inmates. This is a difficult and complex mission. However, there was sustained improvement since the last CMA survey. The mental health staff is commended, as is the warden for his support of the mental health program.

DEPARTMENT FINDINGS

In addition to the findings referenced previously in this report, several other areas of concern were noted. These findings are beyond the scope of the institution to correct. These findings may be based on standards adopted by the CMA, but not addressed in department policy, procedure or directive. Or, they may be based on other issues beyond institutional control. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

ADMINISTRATIVE

Finding(s)

Dept-1: Exercise was not offered for inmates in special housing (administrative and disciplinary confinement and protective custody) consistent with a one hour per day, outside the cell, five days per week schedule.

Dept-2: There was no policy prohibiting medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

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 of Corrections 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 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 and public 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 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

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, 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 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. Findings identified in the department section require corrective action by central office security or program area staff.