

# LANCASTER C.I. SUPPLEMENTAL REPORT

For CMA Survey Conducted January 15-18, 2002

## PHYSICAL AND MENTAL HEALTH SURVEY FINDINGS REQUIRING OHS INTERVENTION

In addition to the physical and mental health findings of Lancaster 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 CHO and senior dentist 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 training 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 routine facility sanitation inspections were being accomplished by the Infection Control Coordinator or, if conducted by another, that the reports of the inspection were being forwarded to her for review.** This standard is referenced in the CMA Infection Control System Review Instrument, Screen 22 – “There are at least monthly inspections of the facility for sanitation 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 inspections.*"

5. **No evidence was available in the infection control files that monthly inspections of the institution's dining were being accomplished by the Infection Control Coordinator or, if conducted by another, that the reports of the inspections were being forwarded to her 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.
  
6. Comments provided by the CMA's dental surveyor indicate, "**Concerning system review, questions #7 and #17; the facilities are severely inadequate. 1) Sterilization of instruments and other intraoral equipment occurs in a cramped space open to traffic of inmates and staff; 2) laboratory space doubles as work area for dentist and staff; 3) the staff and dentist share office space which also houses inmate's dental records plus dental communications devices (phone, computer); 4) security of office space is questionable; 5) dental equipment is old with frequent breakdowns, especially the x-ray equipment (the x-ray head wanders and requires immediate replacement). Referring to August 1998 [CMA] survey, not much has changed. By community as well as DC standards, these facilities are primitive at best.**"

These concerns are referenced in the CMA Dental Clinic Systems Review Instrument, Screens 7 and 17 – Screen 7, "Instruments and equipment are properly sterilized" and Screen 17, "The dental clinic is a clean, orderly, adequately lit room with sufficient space for privacy."

## **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. **In one case a physician discharged a patient from 23-hour mental health observation status, whom the physician had never personally examined.** This is contrary to prevailing professional practice standards and may require a policy clarification by the OHS.