



# CORRECTIONAL MEDICAL AUTHORITY

## PHYSICAL & MENTAL HEALTH SURVEY

of

## LOWELL CORRECTIONAL INSTITUTION

in

Lowell, Florida

on

January 22-25, 2002

INSTITUTIONAL STATISTICS PROVIDED CMA on 1/14/02		
Population	Custody	Type
Adult and Youthful Offender	Close	Female

Capacity	Current Census	Current Number of Inmates Served
1290	1184	1184

**CMA Physical Health Team Leader:**

John W. Rainey, B.S.

**CMA Mental Health Team Leader:**

Deborah McNamara, L.C.S.W.

**Physical Health Team Members:**

Boyd Kellett, M.D.  
Paul Burtner, D.M.D.  
David Habell, P.A.  
Janice Hill, R.N.

**Mental Health Team Members:**

Sara Tiramalusetty, M.D.  
John Mauldin, Ph.D.  
Frances Jacobs, A.R.N.P., Ph.D.  
Larry Goble, L.C.S.W.  
Jane Holmes-Cain, L.C.S.W.  
Deborah Ray Kings, R.N.



## OVERVIEW

On January 25, 2002, the Correctional Medical Authority concluded a physical and mental health survey of Lowell Correctional Institution (LOWCI), located in Lowell, Florida. At the time of the survey, LOWCI served an adult and youthful offender female population of approximately 1184 inmates assigned to medical grades 1 through 5 and psychological grades 1 through 3. LOWCI was classified as a medical level 3 facility. Inmates requiring complex medical/dental care or psychotropic medication services were housed at this institution.

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	666	113	432	7	22	21
<i>Psychological Grade</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
<i>(S-Grade)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	595	155	494	0	0	10
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	30	21	0	0	0	0

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 institution's physical health-related systems and documentation of care was conducted. The continuity of care is challenged daily by having to rely on contract agency nurses due to the institution's critical nursing shortage. A primary concern, which resulted in multiple findings during the record reviews, was the lack of appropriate documentation including incomplete medical histories and physical exams. Overall, management had a positive attitude and was informed and concerned about the delivery of quality health care at LOWCI.

The mental health department at LOWCI received several findings, to include problems with the documentation of self-injury prevention and the documentation of outpatient care. The majority of the findings could easily be directly attributed to insufficient staffing, both clinical and clerical. Overall, however, all staff appeared to be striving to provide quality care with the limited resources available. Staff and inmate interviews, reviews of the systems in place, and reviews of medical records indicated that they were accomplishing this goal.

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.

In addition to the findings referenced above, which fall within the scope of the institutional staff to correct, several other areas of concern were noted that require intervention by the department's Office of Health Services (OHS) to address. These issues will hereafter be identified as OHS issues. These include statewide policy issues in areas where standards identified by the CMA as necessary are not addressed in OHS policy or procedure.

Physical health survey findings in this reporting category included the absence of a structured and formal review process for episodic care records and related interventions, failure to conduct peer review for the CHO and Senior Dentist, inadequacies in the staffing plan that contributed to problems with continuity of care and staff training, and failure to maintain timely completion of activities related to medication orders.

Mental health survey findings included observation intervals greater than 15 minutes for patients on Suicide Observation Status (SOS), lack of sufficient clinical in-service training, and unclear policy directives governing the use of 23-hour Observation Status. These issues are clearly identified and discussed in detail in the Lowell C.I. Supplemental Report (Physical and Mental Health Survey Findings Requiring OHS Intervention).

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

Findings Summary		Numeric Score*		
		Systems	Records	
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Sick Call	100	100
		Emergency Care	93	74
		Physician/CA Follow-Up Care		89
		Infirmity Care		83
	<b>Chronic Care</b>	Chronic Illness Clinic Systems	80	
		Asthma		100
		Diabetes		93
		General Medicine		63
		Hypertension		68
		Immunity		67
		Seizure		52
		TB/INH		100
	<b>Preventative Care</b>	86	83	
	<b>Dental Care</b>	100	97	
	<b>Mortality</b>		79	
	<b>Other</b>	Administrative Audit	81	
		Consultations	60	81
Infection Control		96		
Intake Process (Reception)		89	68	
Intrasystem Transfers		100	84	
Medication Administration		100	69	
OBIS		50	74	
Pharmacy		100		
Quality Management	64			
<b>MENTAL HEALTH</b>	Inmate Access to Mental Health Services	100	86	
	Outpatient Mental Health Services	64	S1	27
			S2	69
			S3	79
	Intellectual Functioning	100	81	
	Sexual Offender Services	100	84	
	Special Housing	100	65	
	Psychotropic Medication	100	94	
	Self-Injury/Suicide Prevention	83	58	
Psychiatric Restraints	60	(No restraint events)		
Reception/Intake	70	87		
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:	<b>EMERGENCY CARE (Nursing Encounter)</b>	Systems Score	Records Score
<b>9</b>		<b>93</b>	<b>74</b>
Finding(s)	Suggested Corrective Action(s)		
<b>PH-1: Three records had incomplete documentation. One had no referral, subsequent evaluation, or specific diagnosis, one had no objective findings, observation or evaluation, and one lacked evidence of a follow-up.</b>	<p>Provide in-service training on required documentation and SOAP format. Require records to be screened for completeness prior to filing.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>		
<b>PH-2: The treatment area was crowded and cluttered. Some equipment location labels were unclear or outdated.</b>	<p>Organize supplies &amp; equipment, and replace all outdated or unclear equipment labels.</p>		

Records Reviewed:	<b>PHYSICIAN/NP/PA FOLLOW-UP CARE</b>	Records Score
<b>5</b>		<b>89</b>
Finding(s)	Suggested Corrective Action(s)	
<b>PH-3: Two follow-up visits were not completed in a clinically timely manner.</b>	<p>Follow-up visits must be scheduled timely.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>	
<b>PH-4: The subjective and objective evaluations in one record did not completely document presenting complaints.</b>	<p>Provide in-service training on required documentation and SOAP format.</p>	

Records Reviewed:	<b>INFIRMARY CARE</b>	Records Score
<b>9</b>		<b>83</b>
Finding(s)		Suggested Corrective Action(s)
<b>PH-5: Three records lacked complete histories and physical examinations within 24 hours of admission.</b>		<p>Establish a system that will identify incomplete records and remind responsible clinician of documentation requirements.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>
<b>PH-6: Six records lacked nursing assessments, care plans and patient education.</b>		<p>Provide in-service training on infirmary record documentation requirements.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>

### **CHRONIC CARE**

Records Reviewed:	<b>DIABETES CLINIC RECORD REVIEW</b>	Records Score
<b>8</b>		<b>93</b>
Finding(s)		Suggested Corrective Action(s)
<p><b>PH-7: Six of the eight records reviewed lacked evidence of one or more of the following areas:</b></p> <ul style="list-style-type: none"> <li>• <b>Counseling on medication side effects.</b></li> <li>• <b>Annual eye examination in 2001.</b></li> <li>• <b>Influenza/pneumococcal vaccine (or signed refusal).</b></li> </ul>		<p>Provide in-service on protocols for diabetes care.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>
<b>PH-8: Progress notes were not legible in three of the eight records reviewed.</b>		Provide in-service for staff regarding legibility requirements.

Records Reviewed:	GENERAL MEDICINE CLINIC RECORD REVIEW	Records Score
5		63
Finding(s)	Suggested Corrective Action(s)	
<p><b>PH-9: Four out of the five records reviewed contained one or more of the following deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Lack of diagnosis on the problem lists.</li> <li>• Incomplete medical history.</li> <li>• Not all required baseline studies for patients diagnosed with liver disease were completed.</li> <li>• Abnormal lab results were not addressed in a timely and appropriate manner.</li> <li>• Consultative referrals were not completed as indicated.</li> </ul>	<p>Provide in-service on general medicine clinic care.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>	

Records Reviewed:	HYPERTENSION CLINIC RECORD REVIEW	Records Score
10		68
Finding(s)	Suggested Corrective Action(s)	
<p><b>PH-10: All ten records had incomplete medical histories and three lacked complete physical examinations.</b></p>	<p>Provide in-service on the requirements of hypertension clinic care.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>	
<p><b>PH-11: Three records lacked evidence of an initial TSH. Abnormal lab results were not being addressed in a timely and appropriate manner.</b></p>	<p>Provide in-service on the laboratory protocols for hypertension clinic care.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>	

Records Reviewed:	<b>IMMUNITY CLINIC RECORD REVIEW</b>	Records Score
<b>10</b>		<b>67</b>

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-12: In nine of the ten records reviewed, deficiencies were noted in one or more of the following areas:</b></p> <ul style="list-style-type: none"> <li>• <b>Lack of evidence of pre- and post-test counseling.</b></li> <li>• <b>Physical examinations failed to address all required components.</b></li> <li>• <b>Preventive interventions were not provided when indicated.</b></li> <li>• <b>Abnormal lab results were not addressed in a timely and appropriate manner.</b></li> </ul>	<p>Provide in-service on immunity clinic care standards.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>

Records Reviewed:	<b>SEIZURE CLINIC RECORD REVIEW</b>	Records Score
<b>10</b>		<b>52</b>

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-13: In all ten of the records reviewed, one or more of the following deficiencies were noted:</b></p> <ul style="list-style-type: none"> <li>• <b>Incomplete medical histories.</b></li> <li>• <b>Incomplete initial physical examinations.</b></li> <li>• <b>No evidence of offering and providing or refusing influenza or pneumonia vaccine.</b></li> <li>• <b>Failure to document consideration for tapered medications.</b></li> <li>• <b>Failure to address abnormal lab results in a timely and appropriate manner.</b></li> <li>• <b>Failure to address neurological consults.</b></li> <li>• <b>Failure to document seizure history or type.</b></li> <li>• <b>Problem list did not address accompanying problem.</b></li> </ul>	<p>Provide in-service on assessment, documentation requirements, and clinical management for seizure clinic care.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>

## PREVENTATIVE CARE

Records Reviewed:	PREVENTATIVE CARE	Systems Score	Records Score
10		86	83
Finding(s)	Suggested Corrective Action(s)		
PH-14: Three records lacked documentation of physical examinations, pelvic exams or clinical breast exams as indicated.	Provide in-service on preventative care clinical management requirements.  Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.		

## MORTALITY

Records Reviewed:	MORTALITY	Records Score
3		79
Finding(s)	Suggested Corrective Action(s)	
PH-15: All three records lacked documented notification to the medical examiners and medical examiners' reports. The records lacked documentation of the medical examiners' deferral of conducting autopsies.	Review protocols for required documentation and monitor mortality records for timely completion.	
PH-16: One record lacked evidence of appropriate evaluation of care needs prior to the inmate's death.	Provide in-service on mortality protocol and documentation requirements.	

## OTHER

Finding(s)	Suggested Corrective Action(s)
PH-17: There was no proof of CPR certification for one LPN.	Ensure that documentation is on file for required CPR certification.
PH-18: The continuing education plan was incomplete.	Reflect in your plan all required training to include continuing medical education. Develop a training calendar that reflects planned training events.

<b>ADMINISTRATIVE AUDIT</b>		<b>Systems Score</b> <b>81</b>
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Finding(s)	Suggested Corrective Action(s)
<b>PH-19: There was no documentation that medical diets were monitored or of formal communication between medical and food service staff.</b>	Establish a system to ensure that inmates' diets are being regulated. Establish effective communication between food service and medical staff.
<b>PH-20: Disaster plans were not practiced on an annual basis.</b>	Schedule disaster plan exercises with alternate dates.

Records Reviewed: <b>6</b>	<b>CONSULTATIONS</b>	<b>Systems Score</b> <b>60</b>	<b>Records Score</b> <b>81</b>
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Finding(s)	Suggested Corrective Action(s)
<b>PH-21: Tracking, monitoring, and reviewing of specialty consultations was inadequate, as evidenced by:</b> <ul style="list-style-type: none"> <li>• One consult completed on 6/29/01 was not initialed by the physician until 12/7/01.</li> <li>• Two records (one designated as urgent by the CHO) had pending consults exceeding thirty days with no documentation of any monitoring action being taken.</li> <li>• The consultation log was not used as an effective tracking device and there was no tracking process to ensure proper follow-up to delayed consultations.</li> </ul>	<p>Implement tracking, monitoring and reviews of consultations and request to facilitate continuity of care.</p> <p>Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.</p>

<b>INFECTION CONTROL</b>		<b>Systems Score</b> <b>96</b>
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Finding(s)	Suggested Corrective Action(s)
<b>PH-22: Eye washing stations were not available throughout the medical department.</b>	Procure and strategically place eye-washing stations throughout the medical unit.

Records Reviewed:	<b>INTAKE PROCESS</b>	Systems Score	Records Score
10		89	68
Finding(s)		Suggested Corrective Action(s)	
PH-23: Tetanus vaccinations were out of stock.		Acquire and provide needed immunizations to all inmates.	
PH-24: Known medical concerns were not recorded on medical record problem lists as indicated.		Monitor intake records for appropriate recording of problems.	

Records Reviewed:	<b>INTRASYSTEM TRANSFERS</b>	Systems Score	Records Score
5		100	84
Finding(s)		Suggested Corrective Action(s)	
PH-25: The DC4-760A was incomplete in three records and one record was missing the back page.		Provide in-service on proper completion of the Health Information Arrival Summary (DC4-760A).  Monitor five records monthly for correction until closure is affirmed through CMA corrective action assessment.	
PH-26: One record had incomplete vital signs.		Provide in-service on taking and recording vital signs.	
PH-27: One record lacked documentation of scheduling for needed diabetic and mental health appointments.		Provide in-service regarding the need to ensure that chronic illness and other related appointments are made.	

Records Reviewed	<b>MEDICATION ADMINISTRATION</b>	Systems Score	Records Score
8		100	69
Finding(s)		Suggested Corrective Action(s)	
PH-28: One medication order was not timed.		Provide in-service on documentation and procedure requirements for medication orders.	

Records Reviewed:	<b>OFFENDER BASED INFORMATION SYSTEM (OBIS)</b>	Systems Score	Records Score
5		50	74

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-29: Deficiencies in accuracy and timeliness of entrees were noted in OBIS records as evidenced by:</b></p> <ul style="list-style-type: none"> <li>• Encounter sheets were not current.</li> <li>• OBIS is not being utilized as intended, including the HSS-12 and HSS-11 reports and HS medical records not being checked upon arrival on inmates.</li> <li>• Medical contacts reflected in OBIS did not match the medical contacts in the Chronological Record of Health Care.</li> </ul>	<p>Provide in-service training regarding data entry requirements for OBIS records.</p> <p>Monitor timeliness and accuracy of OBIS data entries.</p>

	<b>QUALITY MANAGEMENT</b>	Systems Score
		64

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-30: Deficiencies were noted in operational aspects of the QM process, as evidenced by:</b></p> <ul style="list-style-type: none"> <li>• The QM committee did not meet in the 3<sup>rd</sup> quarter of 2001.</li> <li>• Clinical Quality Review information was lacking and had not been utilized for some time.</li> </ul>	<p>Ensure that the QM committee meets quarterly as required.</p>

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

System Reviews

- Sick Call
- Dental Care
- Intra-system Transfers
- Medication Administration
- Pharmacy

Record Reviews

- Sick Call
- Asthma
- TB/INH
- Dental Care

## **CONCLUSION**

Overall, a number of physical health care services provided at Lowell C.I. appear to fall below accepted standards of care as evidenced by numerous records that lacked indicated documentation. Significant staff turnover is problematic and the impact is worsened by a critical shortage in nursing staff and substantial reliance upon agency nurses for temporary staff coverage.

Inadequate tracking, monitoring and review of clinical information, including specialty consultations and laboratory studies, compromised the continuity of care. In a number of records abnormal laboratory results failed to prompt appropriate clinical actions. It was also mentioned during an inmate interview that lab results were not shared with the patients. Staff reported that they shared clinically significant findings.

# MENTAL HEALTH FINDINGS

## **Description of the Mental Health Department**

The population served by the mental health department at Lowell 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 at this institution. In addition, Lowell served as one of two female reception centers for the state, thereby having the responsibility of screening each inmate for mental health problems requiring treatment.

To serve this challenging population, LOWCI was staffed with two Senior Psychologists who were also dedicated to the neighboring institution, Marion Correctional Institution. There were seven psychological specialists conducting case management and therapy. One of these seven was solely responsible for conducting all reception intake screenings and testing in addition to a clinical caseload of approximately 30 patients. Psychiatric staff consisted of one Senior Psychiatrist, one locum tenens psychiatrist, one psychiatric ARNP, and two psychiatric nurses. One clerical staff person was allotted for this whole department and was limited to only supporting psychiatric staff out of necessity.

The sample of records selected for review by the survey team included many patients with severe mental illnesses. These patients, combined with those experiencing transition stress from just entering the prison system, created a high population acuity level. Despite the challenging needs of this population, there was limited staffing of the mental health department. This led to case management caseloads of over 100 for the psychological specialists.

Listed below are the findings generated from the review of systems in place at the institution, a clinical review of records, and interviews with inmates and staff. It was the opinion of the survey team that additional clinical and support staff would easily resolve the majority of the findings issued.

## **Survey Results**

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

Records Reviewed:		Systems Score	Records Score
<b>19</b>	<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	<b>64</b>	<b>S1: 27 S2: 69 S3: 79</b>
Finding(s)		Suggested Corrective Action(s)	
<b>MH-1: Insufficient group therapy was offered.</b>		Offer group therapy to meet the needs of the inmate population.	

### **MH-1 Discussion:**

At the time of the survey, the psychiatric nurse conducted a medication education group. Anger and Stress Management had last been completed on September 24, 2001. The majority of inmates interviewed stated that, although they felt the mental health

department provided quality care, they wished that a variety of groups were offered. It was clear to the survey team that group therapy could not easily be incorporated into the current services without the provision of additional clinical staff. It should also be noted that the majority of interviewed inmates also requested that Narcotics Anonymous/Alcoholics Anonymous programs be made available, although this service is not contracted through the Office of Health Services.

<p><b>MH-2: Medical records were disorganized with filed documents not being placed in the record according to standard Departmental format.</b></p>	<p>Provide in-service training to those staff members responsible for placing documents in the medical record.</p> <p>Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
<p><b>MH-3: Intake activities (Service Planning Interviews, Biopsychosocial Assessments, and Treatment Plans) were not consistently conducted within required time frames for newly arriving inmates.</b></p>	<p>Develop a system that ensures all intake activities are completed within required time frames.</p> <p>Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

<p>Records Reviewed: <b>0</b></p>	<p><b>PSYCHIATRIC RESTRAINTS</b></p>	<p>Systems Score <b>60</b></p>	<p>Records Score <b>N/A</b></p>
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: Critical staff members were not trained in the application of psychiatric restraints and were unaware of the location of the key necessary for release from the restraints.</b></p>	<p>Conduct in-service training with nursing and security staff on the application and policies for psychiatric restraint use.</p> <p>Introduce psychiatric restraints as a topic during annual training for all institutional staff.</p>

<p>Records Reviewed: <b>13</b></p>	<p><b>PSYCHOTROPIC MEDICATION PRACTICES</b></p>	<p>Systems Score <b>100</b></p>	<p>Records Score <b>94</b></p>
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: Psychotropic medication consent forms were not consistently renewed yearly.</b></p>	<p>Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:	<b>SELF-INJURY/SUICIDE PREVENTION</b>	Systems Score	Records Score
11		83	58
Finding(s)		Suggested Corrective Action(s)	
<b>MH-6: An adequate supply of suicide-resistant blankets was not provided for the Isolation Management Rooms (IMRs).</b>		Ensure that three blankets are provided for each room used for the prevention of self-injurious behavior.	
<b>MH-7: Prior to admission to 23-hour observation status or SOS status, documentation of a thorough clinical assessment to include suicide risk was not consistently present in the records.</b>		Provide in-service training regarding the components of a thorough suicide risk assessment.  Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	
<b>MH-8: Physician's orders did not consistently specify items permitted in the cell for patients on SOS status (mattress, undergarments, etc.), and the status was not consistently reordered every 24 hours.</b>		Provide in-service training.  Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	
<b>MH-9: Post-discharge follow-up sessions were not consistently completed at required time intervals following release from a self-injury prevention status.</b>		Provide in-service training.  Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed:	<b>SPECIAL HOUSING</b>	Systems Score	Records Score
9		100	65
Finding(s)		Suggested Corrective Action(s)	
<b>MH-10: Mental status exams were not consistently completed at required time intervals.</b>		Develop a system to ensure that mental status exams are completed as required.  Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed:	
0	<b>OTHER ADMINISTRATIVE ISSUES</b>
Finding(s)	Suggested Corrective Action(s)
<b>MH-11: There was a lack of posted security in the mental health buildings, placing staff and patients at risk. Insufficient working telephones increased the danger.</b>	Provide appropriate security measures for inmates and staff in the mental health areas.

**MH-11 Discussion:**

At LOWCI, the mental health department had offices in two trailers as well as one office near the medical department with a room used for the reception testing. None of these areas had any posted security officers, despite the large number of inmates that could congregate at times. In the trailer housing the majority of the psychological specialists, only two of the six had working telephones in their offices. No staff, security or otherwise, was available to supervise inmates in the waiting area since the position of the secretary who previously sat near the waiting room was dissolved. The psychological specialist who regularly conducted the group psychological testing also did not have access to a telephone or other device for summoning help should a dangerous situation arise.

**Additional Discussion Item:**

A review of the Use of Force reports revealed that chemical agents had been used to prevent an inmate from hanging herself prior to placement in the IMR. Less restrictive methods of behavioral control should have been attempted prior to this invasive approach.

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

System Reviews

- Inmate Access to Mental Health Services
- Intellectual Functioning
- Psychotropic Medication
- Reception/Intake Process
- Sex Offender Services
- Special Housing

Record Reviews

- Inmate Access to Mental Health Services
- Intellectual Functioning
- Reception/Intake Process
- Sex Offender Services
- Mortality

## **CONCLUSION**

Overall, a review of the care provided by the mental health department at LOWCI indicated that the quality of care provided was good. All inmates interviewed were complimentary of the mental health staff and felt that additional services would be beneficial. 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 100, group therapy and documentation are areas that are likely to suffer. 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.