



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

TOMOKA CORRECTIONAL INSTITUTION

in

Daytona Beach, Florida

on

November 5-8, 2002

CMA Physical Health Team Leader:

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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 | 3 |

Institutional Potential/Actual Workload

| | | | |
|----------------------------|-------|-----------------------------|-------|
| Main Unit Capacity | 1,190 | Current Main Unit Census | 1,096 |
| Annex Capacity | NA | Current Annex Census | NA |
| Satellite Unit(s) Capacity | 461 | Current Satellite(s) Census | 427 |
| Total Capacity | 1,651 | Total Current Census | 1,523 |

Inmates Assigned to Medical/Mental Health Grades

| | 1 | 2 | 3 | 4 | Impaired | |
|--------------------------------------|---------------------------------|-----|-----|---------------------|----------|----------|
| | | 809 | 476 | 233 | 5 | 50 |
| <i>Mental Health Grade (S-Grade)</i> | <i>Mental Health Outpatient</i> | | | <i>MH Inpatient</i> | | |
| | | 2 | 3 | 4 | 5 | Impaired |
| | 970 | 58 | 495 | 0 | 0 | 5 |

Inmates Assigned to Special Housing Status

| <i>Confinement/Close Management</i> | DC | AC | PM | CM3 | CM2 | CM1 |
|-------------------------------------|----|----|----|-----|-----|-----|
| | | 43 | 33 | 61 | NA | NA |

OVERVIEW

At the time of the survey Tomoka Correctional Institution housed 1,096 adult male, close custody inmates. The institution also provided health care services to an additional 427 inmates housed in three satellite units. Tomoka is a medical level 3 facility housing inmates with chronic medical conditions. There were 500 psychological grade 3 (S3) inmates requiring outpatient mental health services including psychotropic medication administration, group, and individual treatment.

Physical Health Summary

A thorough review of the medical/health related and dental systems at the institution was conducted. The review also included the physical plant, administrative processes, and the provision and documentation of care. Data entry needs continued attention until staff is no longer behind in entering required medical data. There were various minor concerns related to the overall delivery of physical health care.

Mental Health Summary

Given the medical and mental health complexity of the inmate population, it is commendable that there were few significant mental health survey findings. Strengths of the institution include a very stable clinical staff, controllable caseloads, and a well-managed security operation. The inmates interviewed found the mental health program very helpful and were aware of the benefits of medication compliance and thorough end-of-sentence planning. Additionally, 10 of the 15 clinical staff were licensed mental health professionals.

Supplemental Report

In addition to the medical and mental health findings referenced above, other areas of concern will require intervention by the department's Office of Health Services (OHS). These issues are identified and discussed in a supplemental report provided directly to the OHS.

One supplemental mental health issue has been referred to the OHS: Hour of Sleep (HS) psychotropic medications are consistently administered between 5:00 pm and 6:00 pm resulting in undesired sedative effects early in the evening. This issue is not unique to Tomoka Correctional Institution and reflects the difficulties in coordinating medication administration, institutional operational issues, security needs and clinical staffing issues.

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 applicable 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 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. The following table lists the results of the systems and record reviews conducted during the survey.

| Area of Review | | Numeric Score | | | |
|---------------------------------|---------------------------------------|-------------------------------------|---------|-----|----|
| | | Systems | Records | | |
| PHYSICAL HEALTH | Episodic Care | Episodic Care Systems | 67 | | |
| | | Emergency Care | | 95 | |
| | | Follow-Up Care | | 84 | |
| | | Infirmery Care | | 68 | |
| | | Sick Call | | 78 | |
| | Chronic Care | Asthma Clinic | | 93 | |
| | | Diabetes Clinic | | 96 | |
| | | General Medicine Clinic | | 95 | |
| | | Hypertension Clinic | | 98 | |
| | | Immunity Clinic | | 100 | |
| | | Seizure Clinic | | 94 | |
| | TB/INH Clinic | | 91 | | |
| | Preventative Care | | 67 | 83 | |
| | Dental Care | | 100 | 95 | |
| | Mortality Review | | 88 | 91 | |
| | Other | Administrative | 97 | | |
| | | Consultation Requests | 83 | 89 | |
| | | Infection Control | 100 | | |
| Intake (Reception) Process | | | | | |
| Intrasystem Transfers | | 83 | 89 | | |
| Medical Area and Inmate Housing | | 100 | | | |
| Medication Administration | | 94 | 100 | | |
| OBIS-Health Record Content | | 63 | 92 | | |
| Pharmacy | | | | | |
| Quality Management | | | | | |
| MENTAL HEALTH | Access to Mental Health Services | | 100 | 100 | |
| | Inpatient Mental Health Services | | | | |
| | Intellectual Functioning | | 100 | 100 | |
| | Psychiatric Restraints | | 80 | 83 | |
| | Psychotropic Medication Practices | | 80 | 97 | |
| | Outpatient Mental Health Services | | 100 | 99 | |
| | Self-Injury/Suicide Prevention | 23-hour Observation | | | |
| | | SOS Status | | 100 | 96 |
| | | Other Self-injury Prevention Status | | | |
| | Sexual Offender Services | | 100 | 100 | |
| Special Housing | | 100 | 100 | | |

PHYSICAL HEALTH FINDINGS

Survey Results

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

EPISODIC CARE

| EPISODIC CARE SYSTEM REVIEW | | Systems Score |
|---|---|---------------|
| | | 67 |
| Finding(s) | Suggested Corrective Action(s) | |
| <p>PH-1: Incomplete tracking mechanisms for sick call, emergency and infirmary encounters.</p> | <p>The tracking data for these encounters should include the date of encounter, inmate identifier, chief complaint/diagnosis, referrals and disposition.</p> <p>The Infirmary Log should clearly differentiate between infirmary admissions and observation status. It should include the date and time of admission, inmate identifier, admission diagnosis, date treatment plan begun, discharge date, discharge diagnosis, and disposition.</p> <p>Develop or revise existing tracking methods to include the above elements.</p> <p>Place documentation in the corrective action plan (CAP) closure file.</p> | |

| Records Reviewed: | SICK CALL RECORD REVIEW (Nursing Encounter) | Records Score |
|---|--|---------------|
| 8 | | 78 |
| Finding(s) | Suggested Corrective Action(s) | |
| <p>PH-2: Follow-up referrals are not always completed in an acceptable time frame.</p> | <p>Select and review five referrals per month to determine if seen in acceptable time frame until corrective action is affirmed through the CMA CAP assessment.</p> | |
| <p>PH-3: The caregiver's credentials were not always included with their name.</p> | <p>Ensure tall caregiver's have a signature stamp that includes their name and professional designator.</p> <p>Place documentation in the CMA CAP assessment closure file.</p> | |

| Records Reviewed: | FOLLOW-UP CARE RECORD REVIEW (Physician-Clinical Associate Encounter) | Records Score |
|---|--|------------------|
| 8 | | 84 |
| Finding(s) | Suggested Corrective Action(s) | |
| PH-4: Legibility of documentation of care was sometimes poor and failed to demonstrate adequate or timely care for the presenting complaint. | <p>Provide in-service training to the higher-level clinicians on follow-up care. Training should include documentation legibility, clinical timeliness, and adequate assessments.</p> <p>Review five records monthly for compliance. Continue monitoring until corrective action is affirmed through the CMA CAP assessment.</p> | |

| Records Reviewed: | INFIRMARY CARE RECORD REVIEW | Records Score |
|--|--|------------------|
| 7 | | 68 |
| Finding(s) | Suggested Corrective Action(s) | |
| PH-5: Documentation failed to verify if the physician was notified and orders were obtained at the time of admission. | <p>Maintain an admission log in the infirmary as suggested in PH-1.</p> <p>Review ten most recent consecutive admissions to ensure that physicians are being notified and orders are being obtained at the time of admission.</p> <p>Provide written evidence in the CMA CAP assessment closure file. If unable to provide written evidence, review five records per month until corrective action is affirmed through the CMA CAP assessment.</p> | |
| PH-6: Records lacked documented evidence of daily clinician rounds, either in person or by phone on weekends. | <p>Develop a call schedule to ensure weekend/holiday rounds are conducted, either by phone or in person.</p> <p>Review five infirmary records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> | |
| PH-7: Nursing admission notes failed to document orientation to the infirmary. | <p>Review five infirmary records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> | |
| PH-8: Nurses failed to consistently complete their respective portion of discharge summaries. | <p>Review five infirmary records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> | |

CHRONIC CARE

| Records Reviewed: | DIABETES CLINIC RECORD REVIEW | Records Score |
|---|---|------------------|
| 8 | | 96 |
| Finding(s) | Suggested Corrective Action(s) | |
| PH-9: There was no evidence of testing for the presence of microalbuminia. | <p>Provide in-service training to relevant staff on testing protocols. Recommend consideration of using ACE inhibitors when clinically indicated and annual testing for microalbuminia.</p> <p>Review five records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> | |

| Records Reviewed: | SEIZURE CLINIC RECORD REVIEW | Records Score |
|--|--|------------------|
| 8 | | 94 |
| Finding(s) | Suggested Corrective Action(s) | |
| PH-10: Some medical histories were not well documented. | <p>Provide in-service training to relevant staff on documentation requirements for seizure clinic medical histories.</p> <p>Review five infirmary records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> | |

| Records Reviewed: | TB/INH CLINIC RECORD REVIEW | Records Score |
|--|---|------------------|
| 8 | | 91 |
| Finding(s) | Suggested Corrective Action(s) | |
| PH-11: Many records lacked a diagnosis of TB infection or TB disease and the diagnosis on the problem list. | <p>Provide in-service training to relevant staff on clinic protocol and related documentation requirements.</p> <p>Review five records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> | |
| PH-12: Some records lacked evidence that appropriate vaccines were offered or refusals were documented. | <p>Follow suggested corrective actions for PH-11.</p> | |

Discussion: Lack of evidence that appropriate vaccines were offered or refusals documented was also noted in most of the other chronic illness clinics. We recommend reviewing records from all chronic clinics for compliance.

PREVENTATIVE CARE

| Records Reviewed: | PREVENTATIVE CARE | Systems Score | Records Score |
|--|---|---------------|---------------|
| 9 | | 67 | 83 |
| Finding(s) | Suggested Corrective Action(s) | | |
| <p>PH-13: Many physical examinations were incomplete and minimum required diagnostic tests were not always completed.</p> | <p>Many of the deficiencies resulted from services provided by other earlier institutions. We recommend a more thorough review of all intake records and taking immediate action to resolve non-compliant issues.</p> <p>Review five records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> | | |
| <p>PH-14: The inmate diet program lacked a process for monitoring compliance and discontinuance of diets.</p> | <p>Establish effective written communication with the food service program, emphasizing the need for monitoring for special diet compliance.</p> <p>Provide written evidence in the CMA CAP assessment closure file.</p> | | |

MORTALITY REVIEW

| Records Reviewed: | MORTALITY REVIEW | Systems Score | Records Score |
|--|--|---------------|---------------|
| 4 | | 100 | 91 |
| Finding(s) | Suggested Corrective Action(s) | | |
| <p>PH-15: Mortality record reviews revealed one or more of the following deficiencies: No final physician death summary in the record; Notification to the medical examiner was not documented; No death certificate and/or autopsy report were present in any records.</p> | <p>Provide in-service training to relevant staff on mortality record documentation requirements.</p> <p>Place documentation in the CMA CAP assessment closure file along with monitoring for compliance with subsequent mortalities.</p> | | |

OTHER

| Records Reviewed: | CONSULTATION REQUESTS | Systems Score | Records Score |
|---|---|---------------|---------------|
| 9 | | 83 | 100 |
| Finding(s) | Suggested Corrective Action(s) | | |
| <p>PH-16: There was no procedure for meeting with patients within 10 working days of receiving consultants' reports.</p> | <p>Establish a written procedure to advise patients of findings within 10 working days of receiving the consultants' reports and to educate the patient of any needed plans.</p> <p>Place documentation in the CMA CAP assessment closure file.</p> | | |

Discussion: There is no indication of problems regarding inmates experiencing delays in approval or scheduling of consultation appointments. However, a more systematic approach to alerting the ordering provider to any delays could strengthen the process and help ensure that the inmates' health is not compromised due to delays. Automation would allow reports of pending or incomplete consultations to be routinely run for review by an upper level clinician.

| Records Reviewed: | | INTRASYSTEM TRANSFERS | | Systems Score | Records Score |
|--|--|--|--|---------------|---------------|
| 8 | | | | 83 | 89 |
| Finding(s) | | Suggested Corrective Action(s) | | | |
| <p>PH-17: Inmates were not weighed and results recorded at the time of transfer intake.</p> | | <p>Provide in-service training to relevant staff on intrasystem transfer documentation requirements.</p> <p>Have a scale placed in the area where other vital signs are taken during intake. All vital signs should be taken and recorded during this process.</p> <p>Review five records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> | | | |
| <p>PH-18: Confidentiality of medical records was periodically compromised. Frequently security delivered records to the medical records staff in unsealed bags.</p> | | <p>Work with security staff to establish a process that will protect the confidentiality of the medical records. You may consider sending medical personnel to pick up records as soon as they arrive at the institution.</p> <p>Place corrective action documentation in CMA CAP assessment closure file.</p> | | | |

Discussion: It is recommended that the institution take steps to provide a more private area during the intake process so inmates can discuss medical concerns confidentially. The configuration presently used offers little privacy and could hinder inmates from revealing important medical information.

| Records Reviewed: | | MEDICATION ADMINISTRATION | | Systems Score | Records Score |
|---|--|--|--|---------------|---------------|
| 10 | | | | 94 | 100 |
| Finding(s) | | Suggested Corrective Action(s) | | | |
| <p>PH-19: Oral cavity checks were not completed during medication administration times, which compromised contraband control of medications.</p> | | <p>An oral cavity check should be completed for each inmate. The person doing the check must have a clear view.</p> <p>Place corrective action documentation in CMA CAP assessment closure file.</p> | | | |

| | | | |
|-------------------|---|---------------|---------------|
| Records Reviewed: | OFFENDER BASED INFORMATION SYSTEM (OBIS) | Systems Score | Records Score |
| 5 | | 63 | 92 |

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| PH-20: The latest medical profile found in the medical record did not always match the medical profile in OBIS. | <p>Every intake record should be screened to ensure that it has the most up-to-date information in the current volume. Staff may want to look at the process in which medical profile changes are made to identify possible deficiencies.</p> <p>Provide in-service training to relevant staff.</p> <p>Review five records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> |
| PH-21: Data entry was not consistently completed in a timely manner. This resulted in OBIS discrepancies and difficulty in tracking care. | <p>Analyze the current process to ensure that the most efficient methods are utilized. And that the oldest data is entered first. Provide resources and additional assistance until data entry is current.</p> <p>Ensure that all personnel entering data are proficient in their assigned responsibilities and provide in-service training to relevant staff as needed</p> <p>Review five records monthly for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p> |
| PH-22: HSS-11 and HSS-15 reports were not utilized as directed by OHS policy. | <p>Use reports as instructed or request letter of exception from OHS.</p> <p>Place documentation in CMA CAP assessment closure file.</p> |

| | |
|---------------------------|---------------|
| QUALITY MANAGEMENT | Systems Score |
| | 67 |

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| PH-23: TB program data was not included in the minutes of the infection control report. | Ensure that the infection control report includes relative TB program data. |
| PH-24: There was no evidence that the HIS chaired a quarterly medical record committee. | The HIS should chair a quarterly medical record committee focusing on quality management issues related to medical records (Supplement #9, HSB 15.12.03). |
| PH-25: Mental Health and Dental staff failed | Compose a letter to committee members |

| QUALITY MANAGEMENT | | Systems Score |
|---|--|----------------------|
| | | 67 |
| Finding(s) | Suggested Corrective Action(s) | |
| to attend at least 75% of the QM meetings. | reminding them of their responsibilities. Take corrective action regarding members who continue to be non-compliant. | |
| PH-26: Reports required to be submitted by October 15th had not been received by OHS. | The DC4-511C Institutional Indicator Trending Reports and the DC4-511E Clinical Quality Management Committee Indicator Reports should be brought current and maintained as required. | |

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

System Reviews

- Dental Care
- Infection Control
- Medical Area and Inmate Housing

Record Reviews

- Consultation Requests
- Immunity Clinic
- Medication Administration

CONCLUSION

The CMA survey of Tomoka Correctional Institution revealed that overall, staff provides a level of physical health care consistent with expected and required standards. This can be attributed to a dedicated and conscientious staff that continues to maintain a positive attitude. An identified strength was the cooperation and communications between the medical department and security. Despite the strengths that were identified there were identified deficiencies in clinical documentation and health care systems, which need corrective action and review.

MENTAL HEALTH FINDINGS

Survey Results

At the time of the survey Tomoka Correctional Institution housed 1,096 adult male, close custody inmates. The institution also provided health care services to an additional 461 inmates housed in three satellite units. Tomoka is a medical level 3 facility housing inmates with chronic medical conditions. There were 500 psychological grade 3 (S3) inmates requiring outpatient mental health services including psychotropic medication administration, group, and individual treatment. In addition to the minimal findings noted below for institutional corrective action, one supplemental issue has been reported to the OHS for corrective action: Hour of Sleep (HS) psychotropic medications are consistently administered between 5:00 pm and 6:00 pm resulting in undesired sedative effects early in the evening. This issue is not unique to Tomoka Correctional Institution and reflects the difficulties in coordinating medication administration, institutional operational issues, and clinical staffing issues.

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

| | | | |
|--------------------------|--|----------------------|----------------------|
| Records Reviewed: | OUTPATIENT MENTAL HEALTH SERVICES | Systems Score | Records Score |
| 17 | | 100 | 99 |

Discussion:

One recently arrived inmate's current psychotropic medications were not continued prior to his initial psychiatric assessment at this institution. This did not represent a pattern.

| | | | |
|---|-------------------------------|---|----------------------|
| Records Reviewed: | PSYCHIATRIC RESTRAINTS | Systems Score | Records Score |
| 2 | | 80 | 83 |
| Finding(s) | | Suggested Corrective Action(s) | |
| <p>MH-1. Documentation of physician's orders was inconsistent in the psychiatric restraint cases reviewed:</p> <ul style="list-style-type: none"> a. In both cases reviewed, the orders were not timed. b. In one case, the maximum duration of the order was not specified. | | <p>Provide training to relevant staff on the requirements for physician orders.</p> <p>Monitor all cases to ensure compliance. Continue monitoring until completion of the CMA Corrective Action Plan (CAP) Assessment.</p> | |
| <p>MH-2. Correctional, medical and mental health staff were not provided annual training on psychiatric restraints.</p> | | <p>Provide training.</p> | |

| Records Reviewed: | | PSYCHOTROPIC MEDICATION PRACTICES | Systems Score | Records Score |
|--|--|--|------------------|------------------|
| 9 | | | | 80 |
| Finding(s) | | Suggested Corrective Action(s) | | |
| MH-3. The physician's orders were not consistently stamped, dated or timed. | | Provide training to relevant staff on the requirements for physician orders. Monitor five S3 records per month to ensure compliance. Continue monitoring until completion of the CMA CAP assessment . | | |
| MH-4. Inmates at pill line were not consistently observed to make sure they swallowed their medications. This compromised contraband control of medications and can contribute to drug overdose and suicide opportunities. | | Ensure inmates are adequately observed. | | |
| MH-5. Medication Administration Records (MARs) were not consistently filed in the charts. | | Ensure MARs are filed as required. Monitor five S3 records per month to ensure compliance. Continue monitoring until completion of the CMA CAP assessment. | | |

| Records Reviewed: | | SELF-INJURY/SUICIDE PREVENTION | Systems Score | Records Score |
|---|----|---------------------------------------|------------------|------------------|
| 23-hr | NA | | | 100 |
| SOS | 5 | | 96 | |
| Other | NA | | NA | |
| Finding(s) | | Suggested Corrective Action(s) | | |
| MH-6. Infirmary isolation room H2 101 S was noted to have insufficient lighting. This resulted in restricted observation of inmate occupants. | | Ensure adequate lighting in H2 101 S. | | |

Discussion:

Post discharge follow-up was not documented in one suicide observation case. The senior psychologist was aware of this issue and had recently implemented a log to track the required follow-up care.

The physician's orders were not dated or timed in one suicide observation case.

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

System Reviews

- Access to Mental Health Services
- Intellectual Functioning
- Outpatient Mental Health Services
- Self-Injury/Suicide Prevention
- Sex Offender Services
- Special Housing

Record Reviews

- Access to Mental Health Services
- Intellectual Functioning
- Sex offender Services

CONCLUSION

It is commendable to have a minimal number of findings given the medical and mental health complexity of the inmate population. Strengths of the institution include a very stable clinical staff, manageable caseloads, and a well-managed security operation. The inmates interviewed found the mental health program very helpful and were aware of the benefits of medication compliance and thorough end-of-sentence planning. Additionally, 10 of the 15 clinical staff were licensed mental health professionals.

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 require corrective action by institutional staff. Findings identified in a supplemental report require corrective action by regional or central office health services staff.