CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Tomoka Correctional Institution
in

Daytona Beach, Florida

on

October 15 - 17, 2008

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Physical Health Team Members:
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Distributed on November 19, 2008

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	**Type**	**Custody Level**	**Medical Level**
1,727	**M**	**Close**	**4**

Institutional Potential/Actual Workload

Main Unit Capacity	**1,158**	**Current Main Unit Census**	**1,264**
Annex Capacity	**N/A**	**Current Annex Census**	**N/A**
Satellite Unit(s) Capacity	**480**	**Current Satellite(s) Census**	**463**
Total Capacity	**1,638**	**Total Current Census**	**1,727**

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	***1***	***2***	***3***	***4***	***Impaired***	
	855	**462**	**419**	**5**	**88**	
Mental Health Grade (S-Grade)	***Mental Health Outpatient***			***MH Inpatient***		
	1	***2***	***3***	***4***	***5***	***Impaired***
	795	**65**	**890**	**0**	**0**	**5**

Inmates Assigned to Special Housing Status

Confinement/ Close Management	***DC***	***AC***	***PM***	***CM3***	***CM2***	***CM1***
	73	**45**	**62**	**N/A**	**N/A**	**N/A**

PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE SYSTEM REVIEWS

General Administrative	
Finding(s)	**Suggested Corrective Action(s)**
PH-1: Medical records were disorganized, with pages often misfiled or missing altogether. **PH-2: In a majority of records examined, Problem Lists usually filed on the left side of the record (which requires problems to be listed, numbered, titled, dated, signed, and so documented when a problem is resolved), were not current or complete.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding both issues listed in the Finding(s) column. Create a monitoring instrument on which these issues are examined on a weekly basis by monitoring no less than 10 records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

NOTE: As a part of the review process, survey team members were asked to tour various areas of the institution, including the medical unit, inmate housing unit(s), and the inmate food service facility. Team members are assigned the responsibility to note any conditions they believe may have the potential to jeopardize inmate and/or staff safety and welfare. Findings PH-3 - 7 listed below summarize observations of conditions noted by the team which will require corrective action by institutional, regional, or departmental management. The concerns were discussed at the time of the survey with institutional and regional staff. These staff acknowledged previous knowledge of items PH-5, PH-6, and PH-7, and indicated strategies have been considered to address these concerns.

The CMA expects a formal response by institutional and/or regional health services staff as a part of the survey follow-up as the concerns described below identify situations with potential negative consequences. Although physical plant and budgetary constraints may limit a short-term solution, the CMA strongly encourages continued discussions between institutional, regional and central office staff so these situations can be adequately resolved.

Medical Area and Inmate Housing	
Finding(s)	**Suggested Corrective Action(s)**
PH-3: During a tour of an inmate housing unit, the number of over-the-counter (OTC) medications listed on the inventory sheet did not match the actual number of OTC medications on hand. (see discussion) **PH-4: During observation and staff interviews regarding the procedures followed for medication administration at the pill window, it was noted only one security staff member was present to monitor two lines. (see discussion)**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding both issues listed in the Finding(s) column. Create a monitoring instrument on which the issues are routinely and regularly monitored. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

Discussion PH-3: During a tour of an inmate housing unit, an OTC medication count revealed 52 fewer Alamag and 186 more Tylenol than was reflected on the inventory sheet.

Discussion PH-4: A nurse, located inside the medication room, was providing medications to inmates and attempting to conduct oral cavity checks at the same time. Department standards require the person conducting oral cavity checks to be on the same side of the window as the inmate.

Institutional Tour	
Finding(s)	**Suggested Corrective Action(s)**
PH-5: The space currently used for pharmacy operations does not appear to contain adequate safeguards. (see discussion) **PH-6: The physical layout of the dental treatment and office areas does not permit an unimpeded view of two hallways. (see discussion)** **PH-7: During a walk-through tour of the food service facility an automatic dishwasher was found to be inoperable. (see discussion)**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Formulate plans to rectify the safety concerns identified in the Finding(s) column. Describe in the Closure File action steps to be undertaken and anticipated completion dates. Update this file at necessary intervals until closure is affirmed through a CMA corrective action plan assessment.

Discussion PH-5: Only one exit is operational should staff need to evacuate the area due to a fire. This exit is through the dental lab in which a warning sign is posted indicating flammable contents are contained in the lab. It was reported that another pharmacy exit door directly to the outside is present, but the door was blocked.

Discussion PH-6: There are times when inmates undergoing dental treatment may be alone with staff in dental operatories. The solution may be as simple as installing two dome safety mirrors to allow monitoring of the two blind hallways.

Discussion PH-7: When a dishwasher is unusable, cleaning techniques generally default to a three-sink wash process requiring a final soak in a third rinsing sink filled with 170 degree water. When asked by a surveyor about this, staff questioned the requirement for 170 degree water, indicating they thought this was an unsafe water temperature. This proved to be a moot point, however, when it was discovered there was only a cold water spigot available at the third sink. Staff indicated the only way to get hot water into the third sink would be to fill the second sink until it overflowed into the third, or to boil water and pour it into the sink.

CLINICAL RECORD REVIEWS

Episodic Care

Emergency Care & Follow-Up	
Finding(s)	**Suggested Corrective Action(s)**
PH-8: Records reviewed for appropriate documentation of emergency care encounters revealed that two of 10 records lacked an assessment appropriate to the inmate's presenting complaint/condition. (see discussion)	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue listed in the Finding(s) column. Create a monitoring instrument on which the issue is examined on a weekly basis by monitoring of no less than five records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

Discussion PH-8: For example, in one case reviewed, the patient presented with a complaint of back/testicular pain; a urinalysis was ordered demonstrating occult hematuria. No documentation was found of the patient's pain scale; no medications were ordered. A physician saw the patient two days later on follow-up; a KUB (kidney, ureter, bladder x-ray) was ordered. No evidence was found of the x-ray result or of any further diagnostic testing.

Sick Call & Follow-Up	
Finding(s)	**Suggested Corrective Action(s)**
PH-9: Records reviewed for appropriate documentation of sick call encounters revealed that four of 10 records lacked evidence that follow-up visits and/or	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue listed in the Finding(s) column.

Sick Call & Follow-Up	
Finding(s)	**Suggested Corrective Action(s)**
consultations were completed in a clinically timely manner and/or were consistent with the inmate's presenting complaint. (see discussion)	Create a monitoring instrument on which the issue is examined on a weekly basis by monitoring of no less than 10 records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

Discussion PH-9: Examples of a lack of documentation regarding consultations included: (a) one case in which a gastrointestinal consultation was ordered on 8/22/08, but no consultation paperwork was located in the chart; (b) another case in which a SOAP note on 9/9/08 indicated a urology consult was to be ordered, but no consultation or follow-up was found to verify if the consult had been ordered/provided; and, (c) a third case in which a SOAP note on 9/13/08 indicated a neurology consult and a MRI were to be ordered, but no consultation or MRI order or result was located in the record.

Chronic Clinics

Endocrine Clinic	
Finding(s)	**Suggested Corrective Action(s)**
PH-10: A review of 10 records of inmates enrolled in the Endocrine Clinic revealed that: **(a) Five records lacked adequate documentation that glucose finger sticks were monitored, and/or that the provider was made aware of the findings at the time of the clinic visit.** **(b) Five records lacked evidence of an annual test for the presence of microalbuminia.** **(c) Five records lacked evidence that appropriate medications such as antihypertension and lipid lowering agents, low-dose aspirin therapy, or other endocrine disorder drugs were prescribed or re-evaluated at each clinic visit.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding all issues listed in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a weekly basis by monitoring of no less than10 records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

Other Clinical Record Reviews

Medication Administration	
Finding(s)	**Suggested Corrective Action(s)**
PH-11: A review of 10 medication administration reports (MAR) and the corresponding medical record entries revealed that in eight of 10 records at least one of the following discrepancies was noted: **(a) Two examples when medication orders were not legible or were incomplete.** **(b) Six examples when medication orders were not consistently signed, dated, and timed.** **(c) Six examples when medication orders were not transcribed by the end of the shift during which they were written.** **(d) One example when medication orders did not have a corresponding note in the medical record.** **(e) One example when the MAR did not note allergies.** **(f) One example when the nurse administering the medication did not complete all code boxes.** **(g) One example when there was no evidence the MAR was reviewed for lapses in medication use.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding all issues listed in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a weekly basis by monitoring of no less than 10 records and MARs to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

CONCLUSION

Physical health survey findings suggest a sense of overall disorganization. It was difficult to determine if necessary assessments, laboratory tests, outside consultations/referrals, and/or follow-up occurred in a clinically timely manner. Medical records were disorganized, with paperwork such as consultation or medication administration reports incorrectly completed, misfiled, or missing altogether. Also noted during the survey were several examples of potential health, safety and welfare concerns such as pharmacy space restrictions, inadequate oral cavity checks during pill line and safety concerns in the dental treatment area.

Physical health staff at TOMCI are faced with caring for a challenging inmate population with multiple, serious chronic illnesses. At the time of the survey, there was one physician vacancy. Another complicating factor is that TOMCI houses a large number of inmates on protective management (PM) status requiring general population inmates to be locked down while PM inmates are moved about the compound. Several staff reported they had serious concerns regarding the available hours during which to schedule appointments. As described to surveyors, current duty hours are from 8:00 a.m. - 12 noon, and 1:00 p.m. - 5:00 p.m. Reportedly, security measures on the compound prevent patient appointments from being scheduled between 3:30 p.m. - 5:00 p.m. It is recommended consideration be given to instituting some type of flex schedule to make better use of available staff resources.

MENTAL HEALTH FINDINGS

OVERVIEW

TOMCI provides a full range of outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

ADMINISTRATIVE SYSTEMS REVIEW

Administrative Issues	
Finding(s)	**Suggested Corrective Action(s)**
MH-1: Medical records were disorganized, with pages often misfiled or missing altogether.	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CLINICAL RECORD REVIEWS

Outpatient Mental Health Services	
Finding(s)	**Suggested Corrective Action(s)**
MH-2: A comprehensive review of 28 outpatient records (S3=21; S2=2; S1=5) revealed the following deficiencies: **(a) Seven of 22 applicable records lacked evidence that mental health staff conducted an orientation to mental health services within eight days of an inmate's arrival at the institution.** **(b) Five of 22 applicable records did not contain evidence that the record was reviewed within 14 days of the inmate's arrival at the institution.** **(c) Nine of 28 records did not contain documentation of an accurate S grade on the profile sheet.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Outpatient Mental Health Services	
Finding(s)	**Suggested Corrective Action(s)**
MH-3: A comprehensive review of 23 applicable outpatient records (S3=21; S2=2) revealed the following deficiencies: **(a) Seven of 18 applicable records did not contain evidence that a case manager was assigned to eligible inmates within the required timeframe.** **(b) Nine of 22 applicable records did not contain evidence that service planning interviews were conducted within the required timeframe.** **(c) Five of 15 applicable records did not contain evidence that Biopsychosocial Assessments (BPSA) and/or updates were completed within the required timeframe.** **(d) Nine of 23 applicable records did not contain documentation of mental health problems on the problem list.** **(e) Six of 21 records contained progress notes that were not individualized. (see discussion)**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-3 (e): Records contained progress notes that were copied. Notes were the same from month to month with one or two word changes or in some instances, only the dates were changed. In one record, notes included the same misspelled word. It is difficult to determine if progress is being made toward treatment goals if no individualized documentation regarding the inmate's current status is available.

Psychotropic Medication Practices	
Finding(s)	**Suggested Corrective Action(s)**
MH-4: A clinical review of 28 records evaluating laboratory testing for inmates taking psychotropic medication revealed the following deficiencies: **(a) Eleven of 17 applicable records lacked evidence that appropriate initial laboratory tests were ordered.** **(b) Sixteen of 28 records lacked evidence of appropriate follow-up laboratory studies.** **(c) Five of nine applicable records lacked evidence of follow-up for abnormal laboratory results.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
MH-5: A clinical review of 28 records evaluating required assessments for inmates taking psychotropic medication revealed the following deficiencies: **(a) Twelve of 28 records lacked evidence that physical health appraisals were conducted within the required timeframe.** **(b) Three of seven applicable records did not contain evidence that Assessment of Involuntary Movement Scale (AIMS) testing was conducted at appropriate intervals.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Psychotropic Medication Practices	
Finding(s)	**Suggested Corrective Action(s)**
MH-6: A clinical review of 28 records evaluating psychiatric services for newly arriving S3 inmates revealed the following deficiencies: **(a) Seven of 18 applicable records did not contain evidence that psychotropic medication was continued for newly arriving S3 inmates.** **(b) Eight of 19 applicable records did not contain evidence that S3 inmates were seen by the psychiatrist within 10 days of arrival at the institution.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
MH-7: A clinical review of 28 records evaluating psychiatric documentation revealed the following deficiencies: **(a) Eleven of 28 records lacked evidence that the medication prescribed was appropriate for the documented symptoms and diagnosis.** **(b) Twenty-seven of 28 records contained physician orders that were not dated, timed and/or stamped.** **(c) Fourteen of 28 records contained documentation in progress notes that did not appropriately address the following components of care:** **(1) symptoms and responses to medication** **(2) rationales for medication changes** **(3) evaluation of medication side effects** **(4) abnormal laboratory findings**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Psychotropic Medication Practices	
Finding(s)	**Suggested Corrective Action(s)**
MH-8: Nine of 28 records did not contain current informed consents for medication.	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment

Self-Harm Observation Status	
Finding(s)	**Suggested Corrective Action(s)**
MH-9: In two of five records reviewed, physician's orders did not specify 15 minute checks for inmates in Self-Harm Observation Status (SHOS).	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of five records or all if less than five weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Sex Offender Services	
Finding(s)	**Suggested Corrective Action(s)**
MH-10: In five of five records reviewed, group notes were not individualized. (see discussion)	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of five records or all if less than five weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-10: Monthly group notes were present however the notes were the same for each inmate regardless of his amenability to treatment. The only difference between the notes was recording the number of group sessions each inmate attended since the previous monthly note.

Aftercare Planning	
Finding(s)	**Suggested Corrective Action(s)**
MH-11: In three of four records reviewed, aftercare planning was not addressed on the Individualized Service Plan (ISP).	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of five records or all if less than five weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Special Housing	
Finding(s)	**Suggested Corrective Action(s)**
MH-12: A comprehensive review of eight records of inmates in special housing revealed the following deficiencies: **(a) Three records did not contain evidence that initial mental status exams were completed in the required timeframe.** **(b) Four records lacked documentation that "Mental Status of Confinement Inmates" (Form DC4-528) was completed after each mental status exam.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Access To Care	
Finding(s)	**Suggested Corrective Action(s)**
MH-13: In four of four records reviewed, there was no evidence that inmate requests were answered. (see discussion)	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of five records or all if less than five weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-13: According to staff, they are no longer receiving inmate requests on the No Carbon Required (NCR) forms. Instead inmates write requests on a single sheet copied from the NCR form. Staff report they write the response on this copied form and return it to the inmate. They report they do not have easy access to a copy machine; therefore there is no response in the record.

Use Of Force	
Finding(s)	**Suggested Corrective Action(s)**
MH-14: In two of three use of force episodes reviewed, the post use of force physical exams could not be located.	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of five records or all if less than five weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

Mental health staff at TOMCI have very large caseloads which may result in staff being unable to provide timely and in some cases, adequate care. According to staff, there are two psychologists and eight psychological specialists providing outpatient services to 62 S2 inmates and 890 S3 inmates. Two and a half psychiatric positions serve the inmates taking psychotropic medication. There is currently one vacant psychological specialist position and one vacant aftercare coordinator position. Staff report caseloads as high as 130 inmates. In addition staff are limited by the number of hours per day they can see inmates (as described in the Physical Health report). Because TOMCI has a large number of inmates on protective management status, the general population inmates are often locked down while these inmates are moved about the compound. During this time they are allowed to see inmates for emergencies only. Staff report they have an average of four hours per day to provide mental health services.

The mental health department at TOMCI lacks a central leader and there does not seem to be a sense of a mental health team. There is a lack of communication between mental health disciplines. Psychology staff may document symptoms the inmate is experiencing however the psychiatrist may not address the same issues. Psychology and psychiatry notes, physician's orders, and MARs are inconsistent and can not be correlated. It is difficult to determine from the documentation provided if the inmate is making progress towards his treatment goals. Staff were unable to locate some of the requested records.

The charts that were reviewed were disorganized making it difficult for surveyors to determine if necessary assessments were completed. Many documents were missing or misplaced and MARs were often not in the chart. In many cases staff were given the opportunity to locate missing documents however were often unsuccessful.

Prior to the survey, a mental health corrective action plan was created by the regional staff to address some of the issues in this report. At the time of the exit conference, specific actions were being taken to foster a team approach within the mental health department.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, there are several other areas of concern. These findings are beyond the scope of the institution to correct as they may be based on standards endorsed 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

Finding(s)
Dept-1: There was no evidence of a policy prohibiting the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.
Dept-2: Inmates in special housing are not offered one hour of exercise per day, outside the cell, five days per week.

MENTAL HEALTH

There were no department findings for mental health.

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, /treatment plans, schedules, logs, administrative reports, physician orders, service 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.