



# CORRECTIONAL MEDICAL AUTHORITY

## PHYSICAL & MENTAL HEALTH SURVEY

of

## UNION CORRECTIONAL INSTITUTION

in

Raiford, Florida

on

October 22-25, 2002

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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	Maximum	4

### Institutional Potential/Actual Workload

Main Unit Capacity	1,984	Current Main Unit Census	1,764
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1,984	Total Current Census	1,764

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		762	662	318	21	1
<i>Mental Health Grade</i> <i>(S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
	1	2	3	4	5	<i>Impaired</i>
	1,008	121	584	31	20	1

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		53	36	55	15	29

Additionally, the institution had the capacity to house 336 death row inmates. At the time of the survey, 327 inmates were housed in death row cells.

# OVERVIEW

## **Physical Health Summary**

A thorough review of the physical health-related systems in place at the institution, including the physical plant, administrative processes, and the provision and documentation of care revealed only a few departures from CMA standards or with prevailing practice standards generally accepted in the community at large. Four of the seven survey findings related to poor attention to detail in maintaining current medical record documentation; i.e., outdated problem lists, medical record information not matching OBIS, and baseline studies data not being carried forward into subsequent volumes of the medical records. Two findings related to the manner in which pills lines are conducted. The remaining finding was a lack of eye wash stations in the medical unit, a safety issue.

## **Mental Health Summary**

This maximum security institution, offering outpatient and inpatient mental health services, serves a complex and challenging population. Over one-third of the outpatient inmate population at Union CI (UNICI) are on psychotropic medications and many of the inpatients served are the higher acuity close management inmates from Florida State Prison. These factors, combined with staffing and equipment resource constraints, in all likelihood contributed to the findings of this report. Of highest priority in terms of need for expedient corrective action are the areas of suicide prevention, medication administration, psychiatric assessments and inpatient therapeutic activities. Several of these issues may have been contributing factors in the four suicides that occurred in the past year. Improvements that would assist staff in correcting deficiencies include increased staffing levels to reduce caseloads to manageable sizes, installation of surveillance cameras in the CSU cells, and adequate desktop computers for psychology staff. Strengths included good medical record organization, an array of outpatient groups, and timely responses to inmate psychological emergency declarations.

## **Supplemental Report**

In addition to the medical and mental health findings referenced above, several other areas of concern were noted. These issues 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.

## **Exit Conference and Final Report**

At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the physical health and mental health sections of this report are a result of further analysis of the information collected during the survey. The suggested corrective actions(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month that complied with the criteria;

- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

## SUMMARY OF INSTITUTIONAL SCORES

The goal of the survey is to determine if the administration of the medical unit and the provision of care at the institution are consistent with medical, dental and mental health care standards 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	
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Episodic Care Systems	92	
		Emergency Care		100
		Follow-Up Care		100
		Infirmary Care		100
		Sick Call		96
	<b>Chronic Care</b>	Asthma Clinic		99
		Diabetes Clinic		96
		General Medicine Clinic		95
		Hypertension Clinic		99
		Immunity Clinic		98
		Seizure Clinic		93
		TB/INH Clinic		92
	<b>Preventative Care</b>		100	100
	<b>Dental Care</b>		100	99
	<b>Mortality Review</b>		100	99
	<b>Other</b>	Administrative	97	
		Consultation Requests	100	100
		Infection Control	85	
		Intake (Reception) Process		
Intrasystem Transfers		100	100	
Medical Area and Inmate Housing		92		
Medication Administration		81	89	
OBIS-Health Record Content		100		
Pharmacy				
Quality Management	100			
<b>MENTAL HEALTH</b>	Access to Mental Health Services		78	95
	Inpatient Mental Health Services		50	63
	Intellectual Functioning		75	75
	Psychiatric Restraints		33	
	Psychotropic Medication Practices		80	95
	Outpatient Mental Health Services		93	93
	<b>Self-Injury/Suicide Prevention</b>	23-hour Observation		
		SOS Status	88	64
		Other Self-injury Prevention Status		
	Sexual Offender Services		100	100
Special Housing		80	91	

## PHYSICAL HEALTH FINDINGS

### Survey Results

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

### CHRONIC CARE

Records Reviewed:	<b>CHRONIC CARE CLINIC OVERALL RECORD REVIEW</b>	Records Score
23		N/A
Finding(s)	Suggested Corrective Action(s)	
<b>PH-1: In 12 of 23 General Medicine, Seizure, and TB/INH Therapy Clinic records reviewed, a current, related diagnosis was not documented on the medical record problem list.</b>	Provide inservice training to appropriate staff.  Monitor at least five records monthly from the affected clinics to ensure compliance with the requirement to keep problem lists current and accurate. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.	

Records Reviewed:	<b>DIABETES CLINIC RECORD REVIEW</b>	Records Score
7		96
Finding(s)	Suggested Corrective Action(s)	
<b>PH-2: The current volume of two of seven medical records reviewed did not contain a DC4-701F, Chronic Illness Clinic form that documented the initial clinic visit physical examination and baseline diagnostic data, including urinalysis, fasting ACP, HGBA1c, and thyroid profile.</b>	Provide inservice training to appropriate staff.  Monitor at least five records monthly to ensure baseline data is carried forward to subsequent medical records volumes. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.	

### OTHER

Records Reviewed:	<b>MEDICAL AREA AND INMATE HOUSING</b>	Systems Score
1		90
Finding(s)	Suggested Corrective Action(s)	
<b>PH-3: There were no eye wash stations located in the medical unit.</b>	Place eye wash stations at appropriate locations in the medical unit to ensure they are available in the event an incident occurs requiring their use.	

Records Reviewed:	<b>MEDICATION ADMINISTRATION</b>	Systems Score	Records Score
8		81	89

Finding(s)	Suggested Corrective Action(s)
<p>Direct observation of a pill line in the southwest area (general population) revealed two concerns:</p> <p><b>PH-4: Due to the location of the medication pick-up window and a water source, medical personnel did not have a clear view to confirm inmates were taking their medication.</b></p> <p><b>PH-5: Assigned security staff did not consistently and thoroughly conduct oral cavity checks to ensure inmates were swallowing their medication.</b></p>	<p>Reconsider the configuration of the medication pick-up area to allow nursing staff to better observe inmate activity after being provided medications.</p> <p>Provide additional training to assigned security staff regarding their responsibilities to ensure inmates swallow all medications provided at pill lines.</p>

Records Reviewed:	<b>OFFENDER BASED INFORMATION SYSTEM (OBIS)</b>	Systems Score	Records Score
7		100	93

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In three of seven records reviewed, the PULHESDXTI index filed in the medical record did not match that reflected on the corresponding OBIS screen.</b></p> <p><b>PH-7: Three of eight records reviewed lacked baseline laboratory results even though corresponding OBIS screens were current.</b></p>	<p>Provide inservice training to appropriate staff.</p> <p>Monitor and compare five records monthly against appropriate OBIS screens to ensure data contained in the medical record matches that entered into OBIS.</p> <p>Monitor five volume II or higher records monthly to ensure baseline data is carried forward into subsequent record volumes.</p> <p>Continue monitoring both findings until closure is affirmed through the CMA CAP assessment.</p>

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

System Reviews

- Administration
- Consultation Requests
- Dental
- Episodic Care
- Intra-System Transfer
- Mortality
- OBIS-Health Record Content
- Preventative Care
- Quality Management

Record Reviews

- Asthma Clinic
- Consultation Requests
- Dental
- Emergency Care
- Episodic Follow-up Care
- Hypertension Clinic
- Immunodeficiency Clinic
- Infirmary
- Medication Administration

- Mortality
- Preventative Care
- Sick Call
- Intra-System Transfers

## **CONCLUSION**

The CMA survey of UNICI revealed that, with only a few exceptions, the provision of physical health care at the facility is adequate and appears to be consistent with expected and required standards. Four of the seven survey findings related to poor attention to detail in maintaining current medical record documentation; i.e., outdated problem lists, medical record information not matching OBIS, and baseline studies data not being carried forward into subsequent volumes of the medical records. Two findings related to the manner in which pills lines are conducted. The remaining finding was a lack of eye wash stations in the medical unit, a safety issue. Each of these findings fall well within the scope of institutional staff to correct. Strengths identified during the survey include timely, competent, well documented, and appropriate clinical assessments and treatments by medical and nursing staff during most episodic, chronic illness and dental care events, and very well organized administrative documentation.

## MENTAL HEALTH FINDINGS

### Background

Mental health staffing at UNICI, a maximum security institution offering both outpatient and inpatient mental health services, consisted of the following: two psychiatrists, two senior psychologists, 17 psychological specialists, one human services counselor, two clerks, 9 RNs, 3 LPNs, and one unit treatment rehabilitative specialist (UTRS). Additionally, there was one psychological specialist vacancy, two vacant RN positions and 2 vacant UTRS positions according to information provided on the pre-survey questionnaire.

Staffing levels are a key factor impacting services at this institution. All four psychological specialist positions assigned to the inpatient unit remained filled during the period from August 2000 to August 2002. However, during that same time period the outpatient unit operated with between 38-46% of the psychological specialist positions vacant. With an S3 population of approximately 500-600 and approximately 100-150 S2 inmates this translates into caseloads ranging from 75-100. In response, the outpatient unit eventually implemented a group case management model whereby monthly checks on a patient's status are conducted in a group setting as opposed to occurring in individual therapy sessions. For additional information about this strategy refer to the discussion under the "Conclusion" section below.

As in many institutions, there is reliance at UNICI on agency psychiatric and nursing staff for inpatient mental health coverage. Staff estimated that on a daily basis, between 20-50% of the nursing coverage is provided by contracted agency nurses. On a monthly basis this figure is approximately 35% with correspondingly high costs. For example, in September 2002 the institution expended \$48,078 for contracted agency nursing personnel. UNICI shares the difficulty in recruiting and retaining full-time nursing and psychiatric staff with many other prisons and community hospitals in the state, a difficulty which impacts quality of care, particularly continuity of care.

### Survey Results

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

Records Reviewed:	<b>ACCESS TO MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
5		78	95
Finding(s)	Suggested Corrective Action(s)		
<b>MH-1: There was not an effective system in place to track timely completion of responses to psychological emergencies.</b>	<p>The current log is inadequate, as response time was not being recorded. The time a response is made should be recorded on the log and the log should be subject to regular supervisory review and sign-off to ensure timeframes are being met.</p> <p>Include a copy of the properly completed log in the closure file.</p>		

Records Reviewed:	<b>INPATIENT MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
9		50	63

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: Therapeutic activities were not offered at the required level resulting in nearly constant in-cell confinement for many inmates in the CSU and TCU.</b></p>	<p>Provide therapeutic activities as required per policy (12 hours/week in the CSU, 17 hours/week in the TCU, with at least two hours on the weekends).</p> <p>Ensure that adequate nursing/psychology staff are available to provide services at the required level.</p> <p>Ensure that security staff coverage is adequate to provide services at the required level.</p> <p>Include a copy of the revised therapeutic activities schedule and weekly attendance rosters for both the CSU and TCU in the CAP file.</p> <p>All instances where groups or activities are canceled due to staffing shortages should be recorded in the CAP file with the date and activity type noted as well as a notation regarding whether it was security, nursing, psychology and/or psychiatry staff that were insufficient.</p> <p>Review five charts of CSU patients and five of TCU patients per month for documentation of attendance at required number of hours of therapeutic activities or signed/witnessed refusals. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>

**Discussion:** In addition to the lack of documentation of therapeutic activities in the medical records, there were notations in several records reviewed that groups were “canceled due to staff shortages.” Clarification with staff indicated that this usually referred to security staff shortages.

<p><b>MH-3: Psychiatric evaluations of inpatients were not consistently thorough, frequently omitting relevant history such as past suicidal gestures.</b></p>	<p>In-service training conducted by a psychiatrist peer should be provided to staff and locum tenens psychiatrists.</p> <p>A psychiatrist peer should conduct monthly monitoring of five inpatient charts for presence of thorough psychiatric evaluations. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>
<p><b>MH-4: Individual Service Plan (ISP) goals were not realistic or measurable in the majority of inpatient records reviewed.</b></p>	<p>Provide in-service training regarding treatment plan goal development.</p>

Records Reviewed:		<b>INPATIENT MENTAL HEALTH SERVICES</b>		Systems Score	Records Score
9				50	63
Finding(s)		Suggested Corrective Action(s)			
		Conduct monthly monitoring of five inpatient charts per month for presence of realistic and measurable goals. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.			
<b>MH-5: Interventions listed on the ISPs reviewed were not always provided at the stated frequency.</b>		<p>Ensure adequate staffing resources to provide interventions. Provide in-service training regarding documentation of treatment interventions.</p> <p>Conduct monthly monitoring of five inpatient charts per month for correspondence of interventions provided with their stated frequency on the ISP. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>			
<b>MH-6: Inpatient discharge summaries were not consistently completed in the records reviewed.</b>		<p>Provide in-service training on completion of discharge summaries.</p> <p>Conduct monthly monitoring of five applicable inpatient charts per month for presence of properly completed discharge summaries. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>			

Records Reviewed:		<b>INTELLECTUAL FUNCTIONING</b>		Systems Score	Records Score
5				75	75
Finding(s)		Suggested Corrective Action(s)			
<b>MH-7: Intellectual testing was not completed as required and/or the Offender Based Information System (OBIS) was not updated to reflect current testing status.</b>		<p>Intellectual testing should be completed as required. Inmate psychological testing records should be updated in OBIS to reflect current testing results.</p> <p>Conduct monthly monitoring of the OBIS report "List of Inmates with IQ Less than 70" (MHSR196) to ensure that all inmates appearing on the list have properly completed intellectual testing and that OBIS is updated to reflect current testing. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>			

Records Reviewed:		Systems Score	Records Score
<b>PSYCHIATRIC RESTRAINTS</b>		<b>33</b>	<b>N/A</b>
N/A			
Finding(s)		Suggested Corrective Action(s)	
MH-8: When questioned by a surveyor, nursing and security staff in the inpatient unit were unable to locate the psychiatric restraints.		Provide in-service training to staff on the location and use of psychiatric restraints.	

Records Reviewed:		Systems Score	Records Score
<b>PSYCHOTROPIC MEDICATION PRACTICES</b>		<b>80</b>	<b>95</b>
23			
Finding(s)		Suggested Corrective Action(s)	
MH-9: Physician orders were not always timed and a name stamp was not always used.		<p>Provide in-service training on the need for recording time on orders and for using a name stamp or some other means of clearly indicating whose signature is on orders.</p> <p>Conduct monthly monitoring of five charts per month for presence of properly timed and signed physician orders. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-10: Physical assessments were not being conducted annually for inmates on psychotropic medications.		<p>Conduct annual physical assessments on all patients receiving psychotropic medication as required by departmental and community standard.</p> <p>Conduct monthly monitoring of five charts per month for presence of annual physical assessments. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-11: Staff did not properly observe inmates swallowing their psychotropic medications at an outpatient medication line and on the inpatient unit.		<p>Provide in-service training to both security and nursing staff regarding proper observation technique to ensure that medications are not checked for stockpiling or later contraband distribution.</p> <p>Observe a randomly selected medication line and a randomly selected inpatient medication pass on at least a <b>bi-monthly</b> basis and record the observations in the corrective action file.</p>	

Records Reviewed:	<b>PSYCHOTROPIC MEDICATION PRACTICES</b>	Systems Score	Records Score
23		80	95
<b>Finding(s)</b>		<b>Suggested Corrective Action(s)</b>	

**Discussion:** Surveyors observed a medication line and an inpatient mental health unit medication pass. It was noted in the medication line that when inmates turned to obtain water with which to swallow medications, the nurse administering the medication lost sight of the inmate. Also, the correctional officer assigned to monitor the medication line did not observe the inmates nor did he perform a visual oral cavity check to ensure medications were swallowed. Similarly, on the inpatient unit, nursing staff would lose sight of the inmate when he turned to obtain water, and visual oral cavity checks, while admittedly difficult through the small cell windows, were not done. These practices are, in all likelihood contributing to the presence of contraband medications on the compound (see discussion under “Mortality” below).

Records Reviewed:	<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
20		93	93
<b>Finding(s)</b>		<b>Suggested Corrective Action(s)</b>	

**MH-12: Case management progress notes were not individualized in that:**

- they did not clearly document if the contact was made in an individual or group setting;
- they did not document regular assessment of target symptoms and progress toward treatment goals and;
- if conducted in a group setting, they did not document that individual sessions were available and offered if needed or requested.

The monthly case management progress note should:

- 1) be individualized and address the target symptoms and progress toward treatment goals;
- 2) clearly state whether the contact was made individually or in a group setting and;
- 3) if the contact was made in a group setting, document that the inmate was offered the opportunity for an individual session if needed. If the inmate declines an individual session that fact should be recorded in the note.

Conduct monthly monitoring of five charts per month for presence of required case management documentation. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.

**Discussion:** The above finding relates to implementation of group case management. Though not documented in the records reviewed, it was noted in the two groups surveyors observed that the inmates were offered/allowed to request individual sessions if needed. This is a very positive aspect of the institution’s implementation of group case management. It was also noted that in both groups observed, content was therapeutically appropriate and the psychological specialists demonstrated good group skills.

Records Reviewed:		<b>SPECIAL HOUSING</b>		Systems Score	Records Score
	6			80	91
Finding(s)			Suggested Corrective Action(s)		
<p><b>MH-13: The confinement evaluation logs reflected numerous late evaluations for the months of August and September 2002.</b></p>			<p>Confinement evaluations must be completed within required timeframes.</p> <p>The confinement logs should be monitored on at least a <b>bi-monthly basis</b> to ensure timeframes are met. The results of this monitoring, indicating the number of evaluations due and the number completed in a timely manner, should be recorded in the corrective action file. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:		<b>SELF-INJURY/SUICIDE PREVENTION</b>		Systems Score	Records Score
23-hr	0			88	N/A
SOS	8				64
Other	0				N/A
Finding(s)			Suggested Corrective Action(s)		
<p><b>MH-14: Patients did not consistently receive thorough clinical assessments prior to placement in suicide observation status (or the next working day) and assigned risk levels were consistently lower than what would be warranted by patient history.</b></p>			<p>In-service training should be conducted with psychology and psychiatric staff (including locum tenens staff).</p> <p>Immediately implement the CMA endorsed standard that all patients placed on suicide observation status be monitored no less frequently than every 15 minutes.</p> <p>Conduct monthly monitoring of all admissions to suicide observation status (SOS) and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.</p>		
<p><b>MH-15: Physician orders did not always specify allowable property for patients admitted to suicide observation status, relying instead on the designation of risk level (e.g., SOS II) to delineate allowable items.</b></p>			<p>To avoid any confusion, particularly in light of the numerous agency nursing staff and rotating security staff, physician's orders for SOS should always specify observation intervals and allowable items. In-service training should be conducted with psychiatric staff (including locum tenens staff).</p> <p>Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.</p>		
<p><b>MH-16: Suicide observation status was not always re-ordered every 24 hours by the attending physician.</b></p>			<p>In-service training should be conducted with psychiatric staff (including locum tenens staff).</p>		

Records Reviewed:		<b>SELF-INJURY/SUICIDE PREVENTION</b>	Systems Score	Records Score
23-hr	0		88	N/A
SOS	8			64
Other	0			N/A

Finding(s)	Suggested Corrective Action(s)
	Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.
<b>MH-17: Post-discharge follow-up was not consistently provided within required timeframes.</b>	<p>In-service training should be conducted with psychology staff.</p> <p>Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:	<b>MORTALITY</b>	
4		

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-18: Deficiencies in care in one death by apparent hanging included the following:</b></p> <ul style="list-style-type: none"> <li>• The attending psychiatrist ordered suicide observation status at a lower risk level than warranted by the patient's history.</li> <li>• Though SOS was ordered by the psychiatrist and noted by the nurse it apparently was never fully implemented by staff.</li> </ul>	<p>Implement the corrective actions listed for finding MH-13 and MH-14 (above) and expediently conclude the investigation into the circumstances surrounding this death.</p> <p>Consideration should be given to installation of cameras in CSU cells, beginning with selected cells used for SOS. Also, inmates placed on SOS should be moved to the cells closest to the nursing station.</p> <p>Provide a copy of the Inspector General's completed report and the psychological autopsy in the corrective action file.</p>
<b>MH-19: Three deaths by overdoses in the past year suggest that a serious contraband medication problem exists at the institution.</b>	Implement the corrective actions listed for finding MH-11 (above).

**Discussion:** There had been four apparent suicides at the institution since the prior CMA survey. All four occurred within the past year. Two were inpatients in the CSU and two were outpatient S3 inmates. One died by apparent hanging. A review of the physician's order and of the DC4-650 form (observation checklist) indicated that the patient, who should have been considered very high risk, though ordered on suicide observation status, was apparently not formally placed on that status. While observations were documented as occurring every 30 minutes from the time the order was noted by nursing staff until the patient's death, the DC4-650 form did not indicate suicide observation status nor did it specify items to be allowed the patient. The patient used a sheet or some type of cloth with which he apparently hung himself. The other suicides were from overdoses of medications – one with a medication the inmate had never been prescribed and two with medications the inmates had not been prescribed for several months.

<b>OTHER ADMINISTRATIVE ISSUES</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-19: Monthly review and sign-off on the mental health logs by the Chief Health Officer (CHO) or designee did not occur as required.</b>	<p>Develop a system to ensure that the mental health logs are reviewed for completeness and trends on a monthly basis by appropriate supervisory staff.</p> <p>Include a description/copy of the system in the closure file.</p>

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

System Reviews

- Outpatient Mental Health Services
- Sexual Offender Services

Record Reviews

- Access
- Psychiatric Restraints (no records reviewed)
- Sexual Offender Treatment
- Special Housing

## **CONCLUSION**

Mental health services at UNICI are complex and serve a difficult population with high acuity levels. Recruiting and retaining psychiatric and nursing staff and maintaining adequate levels of security staffing are all complicating factors impacting many of the deficiencies cited in this report. Still, the institution displayed several strengths in its operations and mental health services. These included medical records that were well organized; a range of outpatient groups developed in part to implement the group case management concept; good group skills on the part of the psychological specialists observed during the survey; timely responses to inmate requests and psychological emergency declarations; and staff dedicated to providing quality care.

Staff expressed numerous improvements that would assist them in doing their jobs better. Nursing staff expressed a need for consistency of nursing personnel and training in mental health issues for both nursing and security staff. Some of the most frequent comments from psychology staff included a need for additional staff and lower caseloads, substance abuse programs, educational programs for inmates, more clinically relevant training and adequate numbers of computers.

While there are sufficient OBIS terminals available, as of February 2002 a redistribution of resources reduced the availability of individual personal computers. Since then, access to three computers has been shared. Restoration of personal desktop computers to all psychology staff is strongly recommended so staff may better manage their large caseloads of seriously mentally ill patients.

Several other high priority areas in need of improvement included the level of therapeutic activities provided in the inpatient unit; the thoroughness of psychiatric assessments; medication administration practices related to both outpatient and inpatient medication administration; practices related to patients placed on suicide observation status; and timely confinement evaluations. Several of the findings from record and system reviews were also reflected in reviews of the four suicides that occurred in the prior year. One policy-related issue regarding observation frequency of suicidal patients is detailed in the UNICI Supplemental Report. At the time of the survey the institution was urged by the survey team to immediately implement the CMA endorsed standard regarding observation of suicidal patients. Hopefully, correction of the deficiencies cited in this report will assist in reducing the probability of additional suicides occurring in this challenging inmate population.

## 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.