



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

COLUMBIA CORRECTIONAL INSTITUTION

in

Lake City, Florida

on

April 12 - 15, 2011

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2669	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1290	Main Unit Census	1321
Annex Capacity	1239	Annex Census	951
Satellite Capacity	392	Satellite Census	397
Total Capacity	2921	Total Current Census	2669

Inmates Assigned to Medical/Mental Health Grades (Main, Annex and Satellite Units)

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		1293	556	438	7	87
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1045	242	990	N/A	N/A	4

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>
		180	62	70	N/A	N/A

OVERVIEW

Institutional Description

Columbia Correctional Institution (COLCI) houses male inmates of close custody levels and is designated as a medical grade 4, psychological grade 3 facility. COLCI consists of a Main Unit and an Annex. Healthcare services are also provided to inmates at the Work Camp and Work Release Center.

The overall scope of health services provided at COLCI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and observation/infirmarary care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at Columbia CI Main and Annex on April 12 - 15, 2011. Because these units are so large, separate teams were assigned to perform the survey function at both units. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

One administrative issue was identified that had an impact institution-wide on both physical and mental health care.

ADMINISTRATIVE SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
INSTITUTION FINDING 1: Medication lines are at 7:30 to 8:00 AM and 2:30 to 3:00 PM; this time frame allows less than six hours between doses of AM and PM medications and the early PM time may contribute to refusals of HS medications that have a sedating effect, particularly some psychotropic medications.	Provide documentary evidence in the closure file that the issue described has been corrected.

Discussion IF-1: Both physical and mental health surveyors noted that the time at which medications are dispensed ("pill line") may compromise medication compliance. Dispensing PM medications between 2:30 and 3:00 PM allows less than six hours between doses of AM and PM medications. This schedule results in the "evening" dose of medication being given at 2:30 PM. Because some of these medications are sedating (especially psychiatric medications), the inmates complained of feeling sleepy too early in the day. Mental health surveyors noted that several inmates indicated they had refused medications because they became too sleepy in the afternoon. One inmate who was diabetic said he had refused his medication because he would sleep through dinner and would miss his PM insulin.

Exit Conference and Final Report

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective action(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. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and must be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS – MAIN UNIT

ADMINISTRATIVE PROCESSES REVIEW

No findings were reported regarding administrative processes, infection control, and quality management.

INSTITUTIONAL TOUR

The tour of the facilities revealed no issues; the surveyor noted that the kitchen, grounds, and dorms were clean and in order.

EPISODIC CARE REVIEW

There were no issues found in the review of episodic care records.

DENTAL REVIEW

Review of the dental clinic area revealed no significant findings.

CLINICAL SYSTEM REVIEW

There were several findings resulting from a review of chronic illness clinic records, as reflected in the table below.

OTHER RECORD REVIEW

There were no findings in the periodic screening, consultations, and intra-system transfers. There was one finding in the health record/OBIS review.

Chronic Illness Clinic (CIC) Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-1: In 5 of 15 Endocrine Clinic records reviewed, there was no documentation of microalbuminuria testing for inmates testing negative for protein.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct monthly monitoring of no less than 10 records (unless there are fewer than 10 records available for review), to evaluate the effectiveness of corrections.
PH-2: In 7 of 16 Gastrointestinal Clinic records reviewed, there was no documentation of initial hepatitis studies.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
PH-3: In 8 of 10 Neurology Clinic records reviewed, there was no documentation that comprehensive neurological examinations were completed during CIC visits.	

**Chronic Illness Clinic (CIC) Record
Review**

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 10 Tuberculosis Clinic (TB) records reviewed, there was no documentation that pneumococcal vaccinations were offered to inmates, and no refusals were found in the record. (see discussion)</p> <p>PH-5: In 5 of 14 Cardiovascular Clinic records reviewed, there was no documentation that annual fundoscopic exams were performed for inmates with hypertension.</p>	
<p><i>Discussion PH-4: While TB clinic patients are not top priority for offering pneumococcal vaccinations, all of these inmates were in at least one other CIC on the priority list (one in Cardiovascular Clinic, one in Immunity and Respiratory Clinics, and the third in Respiratory Clinic and Cardiovascular Clinic).</i></p>	

Health Record/OBIS Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 5 of 15 records reviewed, there was no documentation on the problem list of new diagnoses made since the inmate was received at COLCI.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than 10 records (unless there are fewer than 10 records available for review), to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

PHYSICAL HEALTH FINDINGS - ANNEX

ADMINISTRATIVE PROCESSES REVIEW

No administrative processes were reviewed at the Annex as all administrative records were kept at the Main Unit. The exception was Infection Control; there were no findings in this area at the Annex.

INSTITUTIONAL TOUR

The tour of the facilities revealed no significant findings.

EPISODIC CARE REVIEW

There were no findings in emergency or sick call records. There is no infirmary at the Annex.

DENTAL REVIEW

Review of the dental clinic area revealed no significant findings.

CLINICAL SYSTEM REVIEW

There were several findings resulting from a review of chronic illness clinic records, as reflected in the table below.

OTHER RECORD REVIEW

There were no findings in preventive care. Findings in consultations, intra-system transfers, medication administration, and health record/OBIS reviews are noted in the chart below.

Chronic Illness Clinic (CIC) Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-1: Legibility was noted as an issue in nearly all chronic illness notes reviewed. (see discussion)	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
PH-2: In 10 of 15 Cardiovascular records reviewed, there was no documentation that the required annual fundoscopic exam was completed.	Create a monitoring tool and conduct monthly monitoring of no less than 10 records (unless there are fewer than 10 records available to review) to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.
PH-3: Discrepancies were found in 10 of 13 Endocrine records reviewed, including: (a) 9 of 13 missing sensory and	

**Chronic Illness Clinic (CIC) Record
Review**

Finding(s)	Suggested Corrective Action(s)
<p>vascular exams as part of the CIC visit.</p> <p>(b) 4 of 13 missing annual microalbuminuria.</p> <p>(c) 4 of 13 missing annual dilated fundoscopic exams.</p> <p>(d) 4 of 13 missing documentation of pneumococcal vaccine being offered or refused.</p> <p>PH-4: Discrepancies were found in 9 of 16 Gastrointestinal records reviewed, including:</p> <p>(a) 5 of 16 missing documentation of hepatitis A and/or B immunization occurring when indicated.</p> <p>(b) 4 of 16 missing evidence of serologic testing for hepatitis A & B.</p> <p>PH-5: Discrepancies were found in 8 of 12 Immunity records reviewed, including:</p> <p>(a) 5 of 12 missing hepatitis profile or documentation of hepatitis B immunization occurring when indicated.</p> <p>(b) 3 of 12 missing evidence of serologic testing for hepatitis B after immunization series.</p> <p>PH-6: In 2 of 8 Miscellaneous records reviewed, there was no documentation that inmates were being seen according to the recommended timeframes. (see discussion)</p> <p>PH-7: In 4 of 13 Neurology records reviewed, the medications prescribed were not appropriate given laboratory findings. (see discussion)</p> <p>PH-8: In 3 of 4 Oncology records reviewed, there was no documentation</p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Chronic Illness Clinic (CIC) Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>that physical exams conducted during CIC visits included particular attention to the involved system.</p>	

Discussion PH-1: Surveyors noted concern that CIC notes were not always legible or detailed enough to describe the patient's clinical status.

Discussion PH-6: In one record, the inmate was seen in Oct. 2010 at another institution and was recommended for a 6 month follow-up; after transferring to COLCI Annex, follow-up did not occur. In the second chart the inmate had not been seen since 2008 with no documentation as to why. Both issues were rectified after the survey.

Discussion PH-7: Inmates were being placed on two medications before clinicians determined, based on laboratory findings, if one medication would control the condition. In three cases a second anti-seizure medication was prescribed prior to a therapeutic level being achieved in the first medication. In another case there was no documentation as to why medications were changed.

Consultation Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 5 of 15 Consultation records reviewed, there was no documentation in the physician notes that the specialist's recommendations had been addressed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than 10 records (unless there are fewer than 10 records available to review) to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Intra-system Transfer Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 13 of 16 Intra-system Transfer records reviewed, there was no documentation that the clinician reviewed the health record and DC4-760A within seven days of arrival.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct bi-weekly monitoring of no less than 10 records (unless there are fewer than 10 records to review) to evaluate the effectiveness of corrections. Monitoring</p>

Intra-system Transfer Record Review	
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Finding(s)	Suggested Corrective Action(s)
	<p>intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medication Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-11: Discrepancies were found in 11 of 17 Medication records reviewed, including:</p> <p>(a) 10 of 17 were missing time and/or date when the physician signed the order.</p> <p>(b) 7 of 17 were missing timely transcription of orders.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct bi-weekly monitoring of no less than 10 records (unless there are fewer than 10 records to review) to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Health Record/OBIS Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-12: Discrepancies were found in 13 of 17 general health records reviewed, including:</p> <p>(a) 11 of 17 had an incomplete problem list (see discussion).</p> <p>(b) 5 of 8 had a problem list in OBIS that did not match the problem list in the chart.</p> <p>(c) 6 of 8 had medical contacts in the chart that were not in OBIS.</p>	<p>Provide in-service training to staff regarding the issue identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct bi-weekly monitoring of no less than 10 records (unless there are fewer than 10 records to review) to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-12(a): Nearly every problem list that was incomplete was related to the Tuberculosis Clinic as problems were not listed as “resolved” once the clinic was completed.

CONCLUSIONS – PHYSICAL HEALTH

MAIN UNIT

Medical records at the Columbia CI Main Unit were very well organized, and administrative documents were appropriately maintained. Review of the inmate housing and food service areas revealed no negative findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat. Interviews with inmates, nursing staff, and security staff were consistently positive.

The institutional staff provided good clinical management and monitoring of inmates. It was also evident that security staff works very well with medical staff to ensure inmates receive the care they need. Overall the clinic staff, including medical and administrative, demonstrated their dedication to providing the required health care to the inmate population.

ANNEX

The significant number of findings at the Annex may be related to the amount of turnover in clinicians at this large institution with an inmate population with complex medical and mental health needs. For the past two months there have been three clinicians covering both the Main Unit and the Annex; however, during the majority of the past year there have been only two physicians covering both units. It was also noted that the majority of nursing staff are agency nurses who may not be familiar with DC policy and procedures. The Senior Registered Nurse Supervisor was the only RN assigned to the Annex for physical health.

Many of the findings noted indicated an overwhelmed staff that have yet to fully adjust to the institution having a change in mission from a primarily in-transit population (where the majority of inmates stayed less than a week) to a permanent population. Data entry required to appropriately track inmates who are in chronic illness clinics was not fully implemented; many sick call and emergency visits were not being entered into OBIS timely; systems were not in place to ensure timely review of records by the clinician; and systems to track medications were not fully implemented to ensure no disruption in medications when inmates go to confinement or when their prescriptions expire. Although the current Health Services Administrator has only been in place for approximately one month, he was receptive to the feedback provided by the surveyors and was prepared to address the various issues identified.

Interviews with medical staff, security staff, and inmates indicated that the problems identified were not isolated incidents. Concerns were voiced that visits to the clinicians were brief and complaints were not fully addressed; inmates reported that their issues are frequently disregarded by the clinician. Access to clinicians through the sick call process is very limited and inmates complained about paying multiple co-pays to be seen for the same complaint and/or to get passes renewed without seeing a clinician. Many of the issues reported by inmates were supported through record reviews. In many CIC records reviewed, required aspects of care were not documented and the lack of detail and/or difficulty in reading CIC notes compounded this, making it difficult to determine what care was being provided.

Surveyors noted that several aspects of the survey were positive. Specifically they noted that there was very good monitoring and management of inmates with HIV, that dental services were comprehensive and timely, and dental charts were in good order. It was also evident that good communication between medical and security staff occurs and the food services area was well organized and clean.

SUMMARY

At the conclusion of the survey, CMA staff and surveyors met with the COLCI Main Unit and Annex staff and discussed the various findings and issues that were noted. The staff was receptive to the feedback, noted they were aware of some of the issues, and indicated a very positive attitude toward implementing necessary corrective actions.

MENTAL HEALTH FINDINGS - MAIN UNIT

OVERVIEW

Columbia Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the department to classify inmates and the level of mental health services provided at COLCI:

- 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).

At the time of the survey COLCI Main Unit had a total of 1290 inmates; 163 were S2 and 609 were S3.

Psychotropic Medication Practices - Outpatient	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 26 records evaluating psychotropic medication practices revealed the following deficiencies:</p> <ul style="list-style-type: none"> (a) In 10 records, progress notes did not contain a rationale for medication changes. (see discussion) (b) In 2 of 10 applicable records, AIMS testing was not conducted as required. (c) In 5 records, medications were not given as ordered. (see discussion) 	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1(a): *In several of the records reviewed medications were either discontinued or changed with no rationale documented and no refusals present in the records. In other cases the documentation provided by mental health staff and/or psychiatry indicated that the inmate was experiencing symptoms of depression or psychosis, yet no medications were prescribed. In several cases the inmates submitted requests asking for medications that had been discontinued. In addition to the records reviewed for psychotropic medication, this issue was noted in seven other charts. For example it was noted in a record that was reviewed to evaluate a psychological emergency that the rationale for denying an inmate's request for medication was "off meds one year, 2/9/10 refused".*

Discussion MH-1(c): *Although this issue was noted in only one record reviewed for psychotropic medication, it was found in four other records reviewed for other screens. In*

two cases medications were ordered, however the MAR indicated the inmate did not receive the medication. In three cases, the order expired.

Self-Harm Observation Status (SHOS)	
Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 7 records evaluating SHOS revealed the following deficiencies:</p> <p>(a) In 2 records, observation checklists were missing or incomplete.</p> <p>(b) In 4 records, clinician’s orders did not contain the required elements. (see discussion)</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2(b):** Two orders did not specify SHOS and/or 15 minute checks. Another verbal order was not signed or dated by the clinician. The last order indicated “4 point restraints as needed” and “use of force as needed.” Standing orders for use of force or restraint are not acceptable practice in any setting.*

Outpatient Mental Health Services Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 8 of 41 records reviewed, the Individualized Service Plan (ISP) was not signed by the inmate and/or mental health staff.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

ADMINISTRATIVE SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
MH-4: Thick paint is peeling from the floor and walls in one of the Isolation Management Rooms.	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work sign off by regional staff.
MH-5: Psychiatric restraint training is not provided for correctional officers posted to the infirmary. (see discussion)	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.

***Discussion MH-5:** There have been three restraint episodes at COLCI within the past year. Restraint training is required for officers assigned to the infirmary*

MENTAL HEALTH FINDINGS - ANNEX

OVERVIEW

The Columbia CI (COLCI) Annex provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmates and the level of mental health services provided at COLCI Annex:

- 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).

At the time of the survey COLCI Annex had a total of 951 inmates, 79 were S2 and 381 were S3.

CLINICAL RECORDS REVIEW

Psychotropic Medication Practices - Outpatient	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 24 outpatient records revealed the following deficiencies:</p> <p style="margin-left: 20px;">(a) In 4 of 23 applicable records, the medications given were not appropriate for the symptoms or diagnosis. (see discussion)</p> <p style="margin-left: 20px;">(b) In 6 of 24 applicable records, follow up of psychiatric medications was not timely. (see discussion)</p> <p style="margin-left: 20px;">(c) In 3 of 16 applicable records, appropriate follow-up labs were not conducted as required.</p> <p style="margin-left: 20px;">(d) In 3 of 6 applicable records, the Assessment of Involuntary Movement Scale (AIMS) was not conducted or was outdated. (see discussion)</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1 (a):** This finding relates to the use of medications appropriate for symptoms described in the record by self-report or by observations documented by other mental health staff. For example, depression is documented throughout the inmate's record but it is not reflected in the diagnosis or medication prescribed. In one case an inmate had refused Prolixin because he did not want to stand in line and was therefore*

continuing to hear voices. He was prescribed Remeron KOP but there was no indication another anti-psychotic KOP had been considered.

Discussion MH-1 (b): In one case an inmate had 2 - 90 day periods in which he was not seen by a psychiatrist; 4/28/10 to 8/31/10 and 8/31/10 to 1/14/11. He had an appointment in 12/10 but was not seen for unknown reasons; there was no documentation of rationale for not seeing the inmate in the record. In another case, the inmate arrived at COLCI Annex on 3/11/11. He was previously diagnosed with major depressive disorder, severe with psychotic features and schizoaffective disorder. He had been ordered Risperadal and Remeron at Jefferson CI on 12/14/10, q 90 days; but as of the survey date he had not been seen by a psychiatrist. The MAR indicated his meds had run out and there were no new medication orders. At an appointment with the behavioral health specialist on 3/18/11 notes indicated the inmate had stopped meds but no refusals were documented. As of the date of the survey, no meds had been given since 3/16/11.

Another inmate came to COLCI Annex on 7/16/10; was seen initially by the psychiatrist on 8/13/10 but had no other follow-up until 1/5/11. His prescription for Prozac was renewed on 10/13/10, 11/10/10, and 12/10/10 but there were no associated notes. The chronological record states: 11/9/10 – Inmate not seen in psychiatry clinic; rescheduled – no reason given; 12/10/10 – Inmate not seen due to security issue; 3/31/11 – Inmate not seen, no reason given.

Discussion MH-1 (d): In one case no AIMS was present in the record for an inmate on Prolixin since 10/10; in two cases the AIMS was in the record but had no date.

**Self-Harm Observation Status
(SHOS)**

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive clinical review of 18 records revealed the following deficiencies:</p> <p>(a) In 6 records, observations were not recorded at 15 minute intervals as required.</p> <p>(b) In 6 records, all required entries were not timed, dated, stamped, or signed. (see discussion)</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records (or all if less than ten records are available), weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2 (b):** In some cases, stamps and times were missing. In one case, no discharge time could be located in the record. In one case the short term admission inpatient history was completed 8 days after the inmate was discharged. In three cases a physician signature of a phone order or original order for admission was missing. In one case the discharge summary had no signature and it could not be determined by whom it was written.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 3 of 7 applicable records, psychiatric medications were not continued when the inmate was admitted to confinement. (see discussion)</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-3:** This appeared to particularly be a problem with inmates with KOP medication. For example, an inmate was admitted to confinement on 2/15/11 and KOP medication was not re-started until 2/24/11.*

CONCLUSIONS – MENTAL HEALTH

MAIN UNIT

The mental health staff at COLCI Main Unit consists of two senior mental health clinicians, eleven mental health specialists, one human services counselor, a data entry operator, a nurse and a psychiatrist. There is also a vacant psychiatrist position and this position has been vacant since September 2010. Various locum tenens or psychiatrists from neighboring institutions have provided coverage for the vacancy. There is currently a locum tenens ARNP who has been covering four days per week. At the time of the survey there were 609 inmates with a psychological grade of S3 and 163 S2s. Mental health staff provides case management services, answer inmate requests and staff referrals, respond to psychological emergencies, perform rounds in confinement and SHOS, and provide aftercare planning and group therapy.

Generally treatment planning, counseling, and case management services are being provided in a timely manner and are descriptive and individualized. Assessments are thorough and comprehensive. After review of all mental health records, the prevailing concern is that in 17 records, there was no documented rationale to take inmates off prescribed medications and/or it appeared to be difficult for those inmates who had previously refused medications to be placed back on them at their request. In at least nine cases, surveyors noted that inmates made multiple requests to be placed back on medication and/or complained of not receiving their prescribed medication. Often the response was that the inmate had refused medications in the past, although refusals were not always found in the record. In some cases a rationale was not given for not prescribing medication although documentation was present describing symptoms of depression or psychosis. Surveyors also noted that some psychological emergencies and use of force incidents occurred after the inmate had been taken off medication. Some staff and inmates indicated during interviews that it is difficult for an inmate to be restarted on medication if he previously refused. Some case management notes contained documentation indicating that the inmate refused medication because the evening dose was given too early in the day.

ANNEX

The mental health staff at COLCI currently consists of one psychiatrist, a senior mental health clinician, seven behavioral health specialists, and one mental health nurse. The current psychiatrist is a locum tenens who started at the institution the week of the survey. The previous full-time psychiatrist left in September and since then coverage has been provided by four psychiatrists from Suwannee CI, who each came to COLCI one day per week. Behavioral health specialists at COLCI Annex provide all out patient services including case management, group and individual counseling and they respond to mental health emergencies and inmate requests.

The most significant problems identified at COLCI relate to psychiatric care. Surveyors noted that there were issues with both the documentation of care in regard to medication and suicide observation status and in the quality of care in regard to appropriate evaluation, diagnosis, and use of medication. This may be related to the situation that has existed at COLCI with psychiatric coverage. At a very basic level, there were issues with appropriate diagnoses and consistency in diagnoses. This was demonstrated in what surveyors described as a “disconnect” between diagnosis, interventions on the ISP,

and medications prescribed. While not widespread, findings in the areas of missing AIMS, missed follow-up laboratory tests for medications, missed appointments, and expired medication orders may also be a function of instability in psychiatric coverage. Another area of concern was the discontinuation of psychiatric medication automatically after three refusals, apparently without either the psychiatrist or the nurse attempting to counsel the inmate.

There were also findings in regard to cases reviewed for inmates on self-harm observation status (SHOS). At COLCI Annex the SHOS observation cells are located in the confinement unit as there is no infirmary. There were gaps in required 15 minute observations in several records reviewed. Missing observations indicate a lack of attention to an important element of care for inmates who are placed in observation status for suicidal threats or gestures. Also of particular concern are missing physician signatures on admission orders and other important documentation in medical records.

An issue related to confinement was that medications were not continued in a timely manner for inmates admitted to confinement. This was especially true for inmates with keep on person medication. Inmates indicated these medications were confiscated upon their admission but they were not restarted as single doses in a timely manner. In one case, medications were ordered but there was a delay before they were administered. On a positive note, COLCI Annex has both a nurse and a mental health specialist assigned full-time to the confinement dorm.

In regard to outpatient services, surveyors commented that progress notes were complete, well-written, and allowed the reader to gather a good grasp of the overall treatment process and the inmate's progress. There were some issues with the timing of ISP reviews and updates and signature pages sometimes did not have the same date as the updates. There were also some instances of scratching out and overwriting on ISP documents and there appeared to be some cutting and pasting of content with ensuing mistakes. In spite of this, it was clear that inmates on the mental health caseload have frequent contact with appropriate staff and are receiving timely and appropriate care.

The population of inmates at COLCI Annex with mental health needs (79 S2 and 381 S3 inmates at the time of the survey) was large and the characteristics of the population were challenging. In spite of this and although there were some issues with psychiatric care, it appeared that most of the mental health needs of inmates were being met due to the competence and diligence of the mental health staff. For an institution the size and complexity of COLCI Annex it is commendable that there were no findings regarding mental health emergencies, inmate requests, or outpatient services. This is an indication of the effectiveness of the staff and the good practices put in place to address inmates' mental health issues. Mental health staff members conduct seven different groups for inmates, including a group on dealing with chronic mental illness. The consistency of group meetings and the level of inmate participation were notable. In addition, staff is rotated so that there is a mental health specialist on duty seven days a week. This practice, as well as the assignment of full-time mental health staff to confinement, has contributed to a good working relationship between mental health and security which benefits both inmates and staff. The lack of findings in this report in the areas of psychiatric emergencies may be a function of the effectiveness of these practices.

SUMMMARY

At the conclusion of the survey, CMA staff and surveyors met with the COLCI Main Unit and Annex staff and discussed the issues described above. It was noted that many of the issues identified in both units relate to the instability of psychiatric coverage over the last six months, and the impact this has had on the workload of the other mental health staff. Despite the vacancy in psychiatric staff, the other mental health staff at COLCI Main Unit and Annex is relatively stable. Surveyors noted that the mental health staff makes a noticeable effort to provide support for the inmates and notwithstanding the challenges noted in this report, they have provided very good care to inmates.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- 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;
- Receive adequate and appropriate mental health screening, evaluation, and classification;
- Receive complete and timely orientation on how to access physical, dental and mental health services;
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning;
- 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;
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services;
- Are recipients of safe and effective psychotropic medication practices;
- Remain free from the inappropriate use of restrictive control procedures;
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided;
- Are provided adequate care and treatment by a sufficient number of qualified staff.

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 myriad 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.