

**CORRECTIONAL MEDICAL AUTHORITY (CMA)**

**PHYSICAL & MENTAL HEALTH SURVEY**

OF

**DADE CORRECTIONAL INSTITUTION**

Main Unit

in

Florida City, Florida

November 14-16, 2000

<b>INSTITUTIONAL STATISTICS PROVIDED CMA ON NOVEMBER 02, 2000</b>				
<b>Population</b>	<b>Custody</b>	<b>Type</b>	<b>Maximum Capacity</b>	<b>Current Occupied Beds</b>
<b>Female</b>	<b>Close</b>	<b>Female</b>	<b>713</b>	<b>694</b>

<b>MEDICAL GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>247</b>	<b>284</b>	<b>63</b>	<b>2</b>	<b>3</b>

<b>"S" GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>219</b>	<b>106</b>	<b>369</b>	<b>0</b>	<b>12</b>

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# Executive Summary

## **Physical Health**

Health care services at DADCI - Main Unit were adversely impacted by the ongoing threat of privatization and resulting recruitment and retention problems. At the time of the survey there was a great reliance upon agency nursing staff for nursing coverage. That process introduces unfamiliarity into existing systems and procedures and often results in variance from protocols. Such was the case in many areas of review during this survey. The morale of health care staff was low, as reported by both staff and inmates.

Administrative functions suffered from a lack of continuity and shared responsibility. Logs were incomplete and monitoring of processes and outcomes was sporadic. Delays in obtaining surgery approvals and specialty consultations were identified. Grievance logs were incomplete and lacked critical tracking elements.

Clinical deficiencies were identified in all six reviewed chronic illness clinics and in sick call and infirmary record reviews. Both asthmatic and HIV/immunodeficiency clinic records lacked evidence of the provision of influenza vaccine. Although in the fall of 2000 a directive was issued by the OHS asking clinicians to prioritize the provision of the vaccine, the reviewed records contained no documentation of any decision process. Additionally, the same deficiencies were reported in the Authority's 1997 DADCI survey report. Continuity of care was also a contributing factor in failure to carry out clinician orders or to complete follow-up appointments. The survey process resulted in findings of one Level I citation; one Level II citation and one additional issue.

## **Mental Health**

The female mental health program had been in operation for approximately one year at the time of the survey. With the exception of one Level II citation and one additional issue regarding documentation concerns, the mental health department is to be commended for having developed a sound program that meets commonly accepted standards in the delivery of mental health services.

# Female Physical Health

## Strengths

1. All nine interviewed inmates reported receiving an orientation to health care services.

## Citations - Level I

### Administrative

1. Administrative functions were not consistently maintained at the institution and contributed to deficiencies in care and clinical processes, as evidenced by the following:
  - a. Quarterly meetings between the CHO and warden were only documented for a six-month period preceding the survey and the minutes provided scant detail of the substance of the few reported meetings.
  - b. Formal Grievance logs lacked recordings of date of receipt and subsequent referrals, which hindered a review of timeliness of responses.
  - c. The Informal Grievance/Inmate Request log also lacked dates for tracking receipt and response times. The Informal Grievance/Inmate Request log was incomplete, dating back only to March 16, 2000 and reflecting only 16 informal grievances during the subsequent eight months.

d. Data regarding surgical staging and specialty consultation requests revealed lengthy delays in some events. The logs lacked documentation of outcome or follow-up, although a sample of reviewed records reflected adequate documentation.

e. There was no documentation of a disaster drill in the two years preceding the survey.

## Citations - Level II

### Clinical Management/Treatment

2. Treatment deficiencies were identified in a review of sick call care and in all six reviewed chronic illness clinics. Specific areas of concern follow:
  - a. Assessment and documentation deficiencies and treatment delays were identified in four of the ten reviewed sick call records.
  - b. Six of seven reviewed asthma clinic records lacked documentation of the provision, or refusal, of influenza vaccine.
  - c. Two of five diabetes clinic records lacked adequate assessment and treatment.
  - d. Two of eight hypertension clinic records lacked evidence of annual diagnostic studies and ongoing clinic care was inadequate in three of the eight reviewed records.
  - e. Five of seven reviewed HIV/Immunodeficiency clinic records lacked the provision, or refusal, of influenza vaccine.
  - f. Three of five reviewed seizure disorder clinic records lacked evidence of neurological assessments during clinic visits.

- g. Three of eight TB/INH Prophylaxis clinic records demonstrated inadequate monitoring of the INH treatment regimen.

## **Additional Issues Noted**

- 3. All five reviewed infirmary records lacked a review of systems component of the admission assessments and two records lacked evidence of weekend clinician telephone contacts.

# **Female Mental Health**

## **Strengths**

1. There was good communication between mental health and other departments.
2. The senior psychologist presented as a competent leader of the mental health department.
3. The inmates were appreciative of the mental health program.

## **Citations - Level II**

1. Suicide observation checklists and daily physician orders were inconsistently documented in the medical records reviewed.

## **Additional Issues Noted**

2. Mental health clinical and administrative documentation was generally disorganized.