

CORRECTIONAL MEDICAL AUTHORITY (CMA)

PHYSICAL & MENTAL HEALTH SURVEY

OF

DADE CORRECTIONAL INSTITUTION

ANNEX

in

Florida City, Florida

November 14-16, 2000

INSTITUTIONAL STATISTICS PROVIDED CMA ON NOVEMBER 02, 2000				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Male	Close	Male	1,325	1,003

MEDICAL GRADES				
I	II	III	IV	Impaired
433	368	410	2	41

"S" GRADES				
I	II	III	IV	Impaired
578	121	334	0	42

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Executive Summary

Physical Health

Health care services at DADCI 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 procedures and outcomes was sporadic. Delays in obtaining surgery approvals, consultations and laboratory studies in advance of clinic visits were identified problems. Grievance responses exceeded required timeframes.

Clinical deficiencies were identified in both chronic illness clinics and in some episodic care events. Continuity of care was a contributing factor in failure to continue prescribed medications upon arrival at the institution and in failure to carry out clinician orders. Required clinical standards were not met in the record reviews of four of six chronic illness clinics. One Level I and two Level II citations were identified. The Level I citations concerned administrative deficiencies while the Level II citations were related to clinical management issues.

Mental Health

Findings of a serious nature resulted in two Level I citations. One was related to psychotropic medication management and the other involved the clinical management of self-injurious/suicidal inmates. It was notable that, in spite of the pending privatization of all Region IV institutions and the career uncertainty that brings, psychology and nursing staff appeared motivated to continue to work toward quality improvement.

Physical Health

Strengths

1. Sufficient space in the health care facility was available to meet the clinical needs of staff and inmates during daily operations.
2. The review of general medicine clinic records revealed several medically complex cases in which the care was well provided.
3. Three deaths were reviewed; one was due to homicide, one was related to chronic cardiac disease and the third was an acute cardiac event. Care provided in each case was responsive and adequate to the situation.

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. Laboratory study logs presented significant deficiencies in tracking and reporting of returned studies.

- b. Data regarding surgical staging and specialty consultation requests was combined on the same log with nearly no entries recorded earlier than six-months prior to the survey. Existing log entries revealed lengthy delays.
- c. Formal grievance responses frequently exceeded the required timeframes.
- d. Quarterly meetings between the CHO and warden were only documented for a six-month period preceding the survey and the minutes provided scant substantive details.
- e. There was no documentation of a disaster drill in the two years preceding the survey.

Citations - Level II

Clinical Management/Treatment

- 2. Inadequate clinical responses were noted in six of nine sick call record reviews, including one chest pain presentation. Documentation deficiencies were observed in three of the reviewed sick call records.
- 3. The care provided in four of six chronic illness clinics fell below minimum standards, as evidenced by the following:
 - a. All five diabetes clinic records lacked adequate physical examinations as components of the routine clinic visits. Two of five records presented significant deficiencies in treatment and follow-up care in response to abnormal laboratory studies.
 - b. Each of the seven reviewed HIV/Immunity clinic records presented significant deficiencies in the provided care.

- c. Two of five seizure clinic records demonstrated deficiencies in continuity of care following transfer to DADCI. Two records lacked evidence of required laboratory studies or follow-up to abnormal laboratory studies. There were deficiencies in the initial assessment for one seizure clinic record.
 - d. One of five reviewed TB/INH prophylaxis clinic records presented significant deficiencies in treatment and in coordination of care by health care staff.
4. In two of ten emergency care events the care was not recorded on the required form, DC4-701C. One record revealed an inadequate assessment and follow-up care and two records lacked any indication of follow-up care following treatment at an outside hospital.

Additional Issues Noted

5. The infirmary care log contained erroneous information in relation to two of the five reviewed records. The remaining three infirmary records lacked assessment components.

Mental Health

Strengths

1. There was documentation of timely orientation to mental health services in the majority of records reviewed.
2. All inmates interviewed reported that they knew how to access services.
3. Case manager assignments and biopsychosocial assessments were completed in a timely manner in the majority of cases reviewed.
4. Psychology and nursing staff appeared to be very open and responsive to feedback as well as motivated to work toward quality improvement.

Citations - Level I

Clinical Management

1. Psychotropic medication management was not consistently conducted in a safe and effective manner consistent with prevailing professional standards of practice as evidenced by the following:
 - a. Records reflecting that not all laboratory studies, EKGs, and AIMS testing necessary for safe and effective medication management had been ordered and conducted.

- b. Records with documentation deficiencies, inadequate or missing clinical rationales for medication changes and inadequate medication dosage/type adjustments.
2. The clinical management of suicidal/self-injurious inmates was not safe and consistent with minimal standards in a significant proportion (50%) of the records reviewed. The problem areas related to a lack of thorough psychiatric assessments and deficient admission procedures including a lack of physician review and incomplete or missing admission orders and a lack of observations of self injurious/suicidal inmates.

Citations - Level II

Access

3. There was no interview room to provide private, confidential communication between inmates and mental health staff in the confinement dormitory.

Additional Issues Noted

4. The Emergency Treatment Order Log was being utilized to record medications that were not emergency involuntary administrations.