



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

GAINESVILLE CORRECTIONAL INSTITUTION

in

Gainesville, Florida

on

December 9, 2010

CMA Physical Health Team Leader:

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CMA Mental Health Team Leader:

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
940	Male	Medium	2

Institutional Potential/Actual Workload

Main Unit Capacity	507	Current Main Unit Census	549
Satellite Units Capacity	378	Current Satellite Units Census	391
Total Capacity	885	Total Current Census	940

Inmates Assigned to Medical/Mental Health Grades

	1	2	3	4	<i>Impaired</i>	
<i>Medical Grade</i>	816	114	18	N/A	N/A	
<i>Mental Health Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	946	2	N/A	NA	NA	N/A

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>
	N/A	N/A	N/A	NA	NA	NA

OVERVIEW

Institutional Description

Gainesville Correctional Institution (GNVCI) houses male inmates of minimum and medium custody levels and is designated as a medical grade 2, psychological grade 1 facility. Health care services are also provided for Gainesville Work Camp and Santa Fe Work Release Center.

The overall scope of health services provided at GNVCI includes comprehensive medical, dental, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics and emergency care. Mental health services are provided on an as needed basis.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at GNVCI December 9, 2010. 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.

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 medical records reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each record reviewed;
- 4) The percentage of records reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

PHYSICAL HEALTH FINDINGS

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 findings.

CLINICAL SYSTEM REVIEW

There was only one finding resulting from a review of chronic illness clinic records, as noted in the table below. Otherwise, chronic illness records contained no significant findings.

OTHER RECORD REVIEW

There were no findings in the periodic screening, consultations and intra-system transfers. There was one finding regarding health records, as noted in the table below.

HEALTH RECORD/OBIS REVIEW

Finding(s)	Suggested Corrective Action(s)
PH-1: In 3 out of 10 records reviewed, medical contacts on OBIS (GH07) did not match contents in progress notes.	<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>

GASTROINTESTINAL CLINIC RECORD REVIEW

Finding(s)	Suggested Corrective Action(s)
PH-2: In 5 out of 8 Gastrointestinal Clinic records reviewed, there was no documentation that vaccination for hepatitis A and B (as indicated by serologic testing) was offered.	<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>

CONCLUSION

Medical records at Gainesville CI were very well organized, data entry efforts were timely and accurate, 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.

MENTAL HEALTH FINDINGS

OVERVIEW

Gainesville Correctional Institution provides limited outpatient mental health services on an as needed basis. The following is the mental health grade used by the department to classify inmate mental health needs that are provided at GNVCI:

- S1 - Inmate requires routine care (sick call or emergency).

Currently GNVCI has a Senior Mental Health Clinician who is on-site two days per week. Although there are no inmates receiving on-going mental health services, the Sr. Mental Health Clinician answers inmate requests and staff referrals and provides short term counseling when needed. Since he is available only two days per week, the majority of psychological emergencies are answered by nursing staff however the Sr. Mental Health Clinician sees these inmates to ensure they do not have unresolved mental health issues. The quality of progress notes was excellent and documentation of mental health encounters was complete and informative. Although there are no inmates receiving ongoing mental health services, all inmates at GNVCI reported feeling they have adequate access to mental health services if needed.

No corrective action plan is required by the CMA for mental health.

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 a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc)
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation, i.e., logs, consultation requests, medication administration reports, etc. coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office, security or program area staff.