



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HAMILTON CORRECTIONAL INSTITUTION

in

Jasper, Florida

on

August 25 - 27, 2010

CMA Physical Health Team Leaders:

Priscilla Wood, BS
Tina Weber, MA

CMA Mental Health Team Leader:

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Physical Health Team Members:

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September 10, 2010

CAP due date: October 11, 2010

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2,969	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1,177	Current Main Unit Census	1,269
Annex Capacity	1,497	Annex Census	1,433
Work Camp Capacity	288	Current Work Camp Census	267
Total Capacity	2,962	Total Current Census	2,969

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		2,049	740	217	1	
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	
	2,913	94	N/A	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		155	104	0	0	0

OVERVIEW

Institutional Description

Hamilton Correctional Institution (HAMCI) houses male inmates of close custody levels and is designated as a medical grade 3, psychological grade 2 facility. Health care services are provided at the Main Unit, the Annex, and the Work Camp. Work Camp inmates are taken to the Annex for medical, mental health, and dental issues.

The overall scope of health services provided at HAMCI 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 nine bed infirmary, two medical isolation cells, and four suicide observation cells are located in the Annex

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental, and mental health systems at HAMCI on August 25 - 27, 2010. Because these units are so large, separate medical teams were assigned to conduct the survey at the Main Unit and the Annex. The mental health team conducted the survey on the first day in the Annex and the second day in the Main Unit due to the smaller size of the mental health population. 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 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.

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 findings in emergency or sick call records.

DENTAL REVIEW

There were no significant dental findings. The dental surveyor spoke with the dentist about some minor issues which were dealt with immediately.

CLINICAL SYSTEM REVIEW

There were findings in two chronic illness clinic record reviews, as noted in the table below.

OTHER RECORD REVIEW

There were no significant findings in the consultations, periodic screening encounters, or medication administration

ENDOCRINE CLINIC RECORD REVIEW	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 3 of 7 Endocrine clinic records reviewed there was no documentation that microalbuminuria was completed for those inmates with urinalyses negative for protein.</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 as inmates return for their next endocrine clinic appointment, review those records to ensure that microalbuminuria testing is completed if appropriate.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**CARDIOVASCULAR CLINIC
RECORD REVIEW**

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 7 of 16 Cardiovascular Clinic records reviewed there was no documentation that inmates with hypertension were given annual fundoscopic examinations.</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>

HEALTH RECORD / OBIS REVIEW

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 4 of 18 records problems identified since the inmate was received at the current institution were not thoroughly documented on the problem list.</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>

CONCLUSION

Medical records at Hamilton 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.

PHYSICAL HEALTH FINDINGS - ANNEX

ADMINISTRATIVE PROCESSES REVIEW

No findings in Administrative Processes, Infection Control, Pharmacy, or Quality management.

INSTITUTIONAL TOUR

No significant findings on the institutional tour.

EPISODIC CARE REVIEW

There were no findings in Emergency Care, Infirmary, or Sick Call.

DENTAL REVIEW

No significant findings in dental.

CLINICAL SYSTEM REVIEW

There were findings in two chronic illness clinic record reviews, as noted in the table below. There was also a finding that spanned across all chronic illness records reviewed.

OTHER RECORD REVIEW

There were findings in the consultations, periodic screening encounters, and medication administration, as noted in the tables below.

Chronic Illness Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 11 of 16 Endocrine clinic records reviewed there was no documentation that microalbuminuria was completed for those inmates with urinalyses negative for protein.</p> <p>PH-2: Discrepancies were found in 10 of 14 Immunity records reviewed, including:</p> <ul style="list-style-type: none"> a. 5 of 16 missing full hepatitis B vaccination series b. 3 of 16 missing hepatitis profile c. 2 of 16 missing follow-up labs and/or revaccination after hepatitis series was completed 	<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 for PH 1 & 2, and bi-weekly monitoring for PH 3, 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>

Chronic Illness Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p style="text-align: center;"><i>(See discussion)</i></p> <p>PH-3: Discrepancies were found throughout the CIC records reviewed, including:</p> <ul style="list-style-type: none"> a. 8 charts were missing the current diagnosis on the problem list b. 12 charts were missing either baseline labs, baseline physicals, or baseline history <p style="text-align: center;"><i>(See discussion)</i></p>	

Discussion PH-2c: The immunization HSB (15.03.30) requires that inmates with HIV be serologically tested for the level of anti-HBs after receiving the vaccination series and then re-vaccinated if indicated. One chart was missing the test; the other was missing the re-vaccination. Both institutional and regional staff indicated they did not know this was required.

Discussion PH-3b: The baseline information for the chronic illness clinic should be retained in the current volume of the chart; many charts were thinned and at least some of the baseline information had been removed.

Consultations	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-4: Discrepancies were found in 8 of 21 Consultation records reviewed, including:</p> <ul style="list-style-type: none"> a. 4 of 5 missing plan of care notation after UM denial was received <i>(See discussion)</i> b. 4 of 16 missing new diagnosis on problem list 	<p>Provide in-service training to staff regarding the issue 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 PH-4a: Although there was a notation in the chart that UM had denied the consult, there was no indication of what the follow-up plan of care would be.

Medication Administration	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 9 of 17 records reviewed the medication orders (DC4-714b) were missing date and/or time when counter-signed by the clinician.</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 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>

Preventive Care	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 6 of 18 records reviewed there was no EKG in the chart for the past 12 months.</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 monthly monitoring of no less than ten applicable 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

Survey findings indicated the overall medical care provided at Hamilton CI Annex falls within department standards. Except for the missing baseline information, medical records 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 organized. Interviews with inmates, nursing staff, and security staff were consistently positive.

The Annex has a population with a high level of need and has had significant staff turnover in recent months due to the opening of another facility nearby. They have also been operating with half of the clinicians needed for a facility this size due to staffing difficulties.

Surveyors noted that considering the circumstances, the staff members were working well together to ensure inmate care did not suffer. For the most part they were providing and documenting care thoroughly. The medical staff appeared invested in ensuring that these deficiencies are corrected and plan to use the CAP as a training tool for newer staff to learn and understand the importance of attention to detail when treating such a sick population.

MENTAL HEALTH FINDINGS

OVERVIEW

Hamilton Correctional Institution provides outpatient mental health services in both the main unit and the annex. The following are the mental health grades used by the department to classify the intensity of mental health needs among inmates housed at Hamilton CI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

Outpatient Mental Health Services Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 20 outpatient records in the Annex revealed the following deficiencies:</p> <p>(a) In 5 of 20 records, the S grade in the record did not match the S grade in OBIS.</p> <p>(b) Individualized Service Plans (ISP):</p> <ul style="list-style-type: none"> • Lacked baseline information on frequency/intensity/duration of symptoms and functional limitations (8 of 20 records); • Did not have measurable behavioral goals (6 of 20 records) 	<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: Although it did not rise to the level of a finding, surveyors expressed some concern regarding whether some diagnoses were clinically appropriate given symptoms, history, and problems listed on the ISP, specifically, the frequency of diagnosis of Adjustment Disorder. For example, an inmate with a long history of depression who was prescribed lithium by his primary care physician in the community but diagnosed with adjustment disorder at HAMCI. In another case, an inmate with a history of depression, no disciplinary reports, and no confinement admissions complained of depressed mood and was diagnosed with adjustment disorder.

Self-Harm Observation Status (SHOS)	
Finding(s)	Suggested Corrective Action(s)
<p>MH-2: In 5 of 12 records reviewed a signature, date, or time was missing from orders for admission to SHOS. (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</p>

Self-Harm Observation Status (SHOS)	
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Finding(s)	Suggested Corrective Action(s)
	<p>monthly monitoring of no less than ten records (or if less than ten, all 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: In 1 record the signature was not dated, timed, or stamped; in 1 record the order was not signed by the MD; in 1 record there was no note of verbal order for admission on DC4-683A; in 1 record the nursing assessment indicated a plan to call the MD, but no time noted on DC4-683A and the order was signed by the MD the next day; in 1 record the admission SOAP note was not signed, stamped, or dated.

Use of Force	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 3 of 7 records in the Annex and 1 of 5 in the Main unit the post use of force physical exam did not include a completed diagram on the back of the form.</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 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

Mental health services are provided in the Main Unit and the Annex at HAMCI. Inmates from the Work Camp who require mental health services are seen in the Annex. At the time of the survey, there were 44 S2 inmates in the Annex and 44 S2 inmates in the Main Unit. This distribution is often in flux as inmates who are in confinement for longer than 30 days are transferred to the larger confinement unit in the Annex. Because the infirmary is located in the Annex, all admissions for SHOS go to the Annex. Currently HAMCI has one Senior Mental Health Clinician and three Mental Health Specialists; one specialist is assigned to the Main Unit and two are assigned to the Annex. The staff in the Annex divides the responsibilities for the ongoing S2 caseload, coverage of confinement, and responding to requests and emergencies between the two specialists.

The mental health specialist in the Main Unit is responsible for services to all S2 inmates, responding to requests and emergencies, and covering the smaller confinement unit. The Senior Mental Health Clinician supervises both units however at the time of the survey he had been assigned to Suwannee CI for the previous two months and was on site at Hamilton CI two days a week. Documentation indicated that the mental health staff was provided one hour of formal supervision per month, rather than per week. However it was clear that there was an excellent relationship among the staff and they were comfortable that their supervisor was available to them if needed, in spite of his deployment to Suwannee.

Staffs in both the Main Unit and the Annex have ongoing groups and documentation indicated that they were well attended by participating inmates. The surveyors commented that the staff seemed to be enthusiastic about providing services to inmates and engaging inmates who were motivated to participate in the treatment program. Inmate requests were responded to in a timely manner and inmates with serious or emergent mental health problems were referred for appropriate follow up.

There were no administrative issues identified from the review of the facility and interviews with staff and inmates did not reveal significant issues with access to care.

Although there were some issues with the content of ISPs as described in this report, progress notes, case summaries, and documentation of mental health encounters were generally complete and informative. Surveyors noted that the mental health specialist in the Main Unit does a very good job putting a specific target date on ISP reviews and short term goals, making the ISP a "living" part of the treatment plan. The surveyors also noted several instances when progress notes were particularly well written and comprehensive enough to easily follow the course of treatment and the inmate's progress. Notwithstanding the findings identified in the report, the staff in both units appears to provide quality services to those inmates who need intervention and to respond quickly and appropriately to emergencies. Overall, the mental health department at Hamilton CI is highly professional, well-organized, and is providing good care to inmates at this institution.

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.