



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

OKEECHOBEE CORRECTIONAL INSTITUTION

in

Okeechobee, Florida

on

January 12 - 14, 2011

CMA Physical 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
1632	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1632	Current Main Unit Census	1607
Satellite Units Capacity	N/A	Current Satellite Units Census	N/A
Total Capacity	1632	Total Current Census	1607

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		1008	403	206	2	14
<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>
	1526	93	N/A	N/A	N/A	0

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>
		60	33	N/A	NA	NA

OVERVIEW

Institutional Description

Okeechobee Correctional Institution (OKECI) houses male offenders who are of minimum, medium, and close custody levels. It is designated as a medical grade 4 and psychological grade 2 facility.

The overall scope of health services provided at OKECI 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 OKECI January 12 - 14, 2011. CMA surveyors reviewed records to evaluate the provision and documentation of care. 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, pharmacy, and quality management.

EPISODIC CARE REVIEW

No findings were reported in sick call. Findings in emergency care and infirmary care are discussed in the chart below.

Episodic Care Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 4 of 13 infirmary care records reviewed, an acceptable standard of care was not provided by the clinician. (see discussion)</p> <p>PH-2: In 4 of 16 emergency care records reviewed, there was no documentation of a visual acuity test being performed as part of the vital signs for inmates with eye related complaints.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Conduct a thorough review of infirmary records to ensure there is no immediate follow-up indicated.</p> <p>Create a monitoring tool and conduct bi-weekly monitoring of all applicable records in each area to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** Reviewers noted that standard protocols were not being followed and no referrals to specialists occurred when indicated. One example was an inmate with a history of cardiac issues who was admitted to the infirmary but no EKG was completed and no referral to a cardiologist occurred, both of which were indicated.*

DENTAL REVIEW

Dental Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 9 of 18 dental records reviewed, the timeliness of care did not meet acceptable standards due to a lack of staff. (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 (or all records when there are less than 10 applicable) in each area to evaluate the effectiveness of corrections.</p>

Dental Review	
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Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-3: *The reviewer noted that although the institution had an allotted position for a dental assistant, it has remained vacant since October 2010. This lack of staff has resulted in treatment delays (e.g., multiple re-scheduling of inmates and extensive breaks in restorative treatment).*

CHRONIC ILLNESS REVIEW

No findings were reported in Cardiovascular, Immunity, Miscellaneous, Neurology, Tuberculosis, or Oncology. Findings in Endocrine, Gastrointestinal, and Respiratory are discussed in the chart below, along with a finding in the overall chronic illness record review.

Chronic Illness Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-4: Discrepancies were found in 14 of 16 Endocrine records reviewed, including:</p> <ul style="list-style-type: none"> a. in 14 of 16 records sensory exam and pulses were missing on the baseline exam. b. in 14 of 16 records a sensory exam was not documented during the regular chronic illness visit. c. in 6 of 16 records a baseline microalbuminuria was not found in the current volume of the record. d. in 12 of 16 records the annual microalbuminuria was not found in the current volume of the record. <p>PH-5: Discrepancies were found in 10 of 17 Gastrointestinal records reviewed, including:</p> <ul style="list-style-type: none"> a. in 3 of 17 records the screening for hepatitis A & B had not occurred. b. in 7 of 17 records immunization for hepatitis A and/or B was indicated but there was no documentation in the current 	<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 (or all records when there are less than 10 applicable) in each area to evaluate the effectiveness of corrections.</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;">volume of the record that it had occurred.</p> <p>PH-6: In 15 of 15 Respiratory records reviewed, documentation of the frequency of rescue inhaler use was not consistently addressed on the clinic notes or the flow sheet.</p> <p>PH-7: In 28 of 119 Chronic Illness records reviewed there was no evidence that pneumococcal vaccines had been offered, as indicated, and no refusals were found in the current record.</p>	

OTHER RECORD REVIEW

There were no findings in intra-system transfers or in periodic screening/preventive care. Findings in health record/OBIS reviews are discussed in the chart below.

Health Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-8: Discrepancies were found in 8 of 18 records reviewed, including:</p> <ul style="list-style-type: none"> a. 4 records were missing the date of onset on the problem list. b. 4 records were missing baseline information, including CARPs and/or baseline labs. 	<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 (or all records when there are less than 10 applicable) in each area to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

INSTITUTIONAL TOUR

No findings were reported in food services or inmate housing. It was noted that the pill line schedule was not posted in all of the dorms; staff indicated they have to replace them monthly due to inmates taking them down. Findings in the medical area are discussed in the chart below.

Institutional Tour	
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Finding(s)	Suggested Corrective Action(s)

Institutional Tour	
Finding(s)	Suggested Corrective Action(s)
PH-9: In the medical building there is no hot water in the triage or infirmary for staff hand washing.	Provide evidence in the closure file that the issues described have been corrected. This may be in the form of copies of work orders or other documentation that the deficiency is being/has been corrected.

CONCLUSION

Medical records at OKECI were organized and administrative records were appropriately maintained. Review of inmate housing and food services areas revealed no negative findings. Medical areas did not have any hot water at hand washing stations, which raised concerns over infection control. Staff interviewed seemed knowledgeable about procedures and all areas of the compound were clean and organized. It was apparent that security staff and medical staff worked well together.

Review of the Dental clinic indicated long waiting periods for inmates requiring dental care. Although the institution is allotted one dentist and one dental assistant, the dentist has been working without an assistant since October 2010. While a person has been identified to fill the current vacancy, it appears that administrative processes have delayed filling the vacancy. The current dentist has assumed the responsibilities of the dental assistant, including required paperwork, as well as providing dental treatment for the inmates. The result has been multiple rescheduling of appointments leading to 10 month breaks in restorative treatment and 8 – 12 month waits for responses to requests for services.

There were findings that could continue to affect the quality of care provided, such as missing annual labs and needed immunizations. There is particular concern for inmates cared for in the infirmary. As indicated above, standard protocols were not being followed and the level of follow-up indicated was not being provided. The CHO of the facility was unavailable for interview during the survey due to a previous commitment, so the questions regarding the standard of care provided could not be discussed on site. As a result, the questions about standards of care were brought to the regional staff's attention and discussed with the Office of Health Services (OHS) in Tallahassee. In addition to the standard CAP process, a recommendation was made for a thorough review by the OHS of infirmary records to ensure that all recent infirmary stays have had appropriate care and follow-up as required.

MENTAL HEALTH FINDINGS

OVERVIEW

Okeechobee CI (OKECI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at OKECI:

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

Administrative Issues

MH-1: In 4 of 18 records, mental health contacts appeared in OBIS but a corresponding progress note or other entry could not be located in the record. (Note: This was found by the physical health team during their OBIS review.)

Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.

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.

Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Inmate Request

Finding(s)

MH-2: In 5 of 17 records, consent for treatment was not signed within the year prior to the interview.

Suggested Corrective Action(s)

Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.

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.

Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Outpatient Services	
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Finding(s)	Suggested Corrective Action(s)
MH-3: In 3 of 15 records consent for treatment was not signed prior to treatment or renewed annually.	<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>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>

Use of Force	
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Finding(s)	Suggested Corrective Action(s)
MH-4: In 3 of 4 records documentation of the post use of force exam did not indicate that the exam was complete. (see discussion)	<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>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>

MH-4: In 3 of 4 records the second page of the form which includes the diagram of injuries was missing.

CONCLUSION

Mental health services at OKECI are provided through a contract with Correctional Medical Services (CMS). The mental health staff at OKECI consists of one fulltime mental health specialist, a Senior Mental Health Clinician who is on site one day per week, and two half-time mental health specialists. At the time of the survey, a Senior Mental Health Clinician in training was at the institution one and a half days a week in preparation for assuming the senior clinician role. Representatives of CMS indicated that they were recruiting another full-time mental health specialist and a half-time clerk for mental health.

The mental health specialist provides case management, responds to inmate requests and mental health emergencies, and makes confinement rounds. The part-time specialists provide case management and assist with inmate requests. There is one stress and anger management group counseling activity currently being offered which is conducted by one of the part-time specialists.

Generally mental health services provided at OKECI appeared to meet the needs of most inmates. Several issues did not rise to the level of a finding because the number of charts in which they occurred did not constitute sufficient numbers within a single screening standard. However, surveyors expressed concern because they noticed a pattern across records that indicated a need for better follow up and more attention to clinical indicators. There were several cases in which inmates with a history of mental health problems or indications of deteriorating mental status were not appropriately followed up. Several cases were reviewed where inmates requested medication but no referral for psychiatric assessment was made. In several records there were conflicting entries by mental health and nursing regarding the symptoms exhibited by an inmate.

Surveyors also were concerned that clinical risk factors were sometimes not adequately addressed or monitored. For example, in a mental health services request an inmate reported sleep disturbances troubling to him but he was not interviewed about this specific concern until 2 months later. In another case, in response to a mental health emergency and in spite of a history of inpatient care and self harm ideation, an S2 inmate was released to confinement. In another case, an S2 inmate was seen on April 20, 2010 and an ISP started then it was not reviewed again until January 11, 2011. From the record it appeared the inmate had no contact with the case manager from April 2010 to January 2011 and there were no notes indicating the reason for this.

At the conclusion of the survey, CMA staff and surveyors met with the OKECI staff and CMS staff and discussed the issues described above. It was noted that the assignment of a half-time clinical supervisor and the addition of another full-time mental health specialist and additional clerical support could help address the clinical issues identified by surveyors.

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.