



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

RECEPTION MEDICAL CENTER

in

Lake Butler, Florida

on

February 15 - 18, 2011

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2710	Male	Maximum	4

Institutional Potential/Actual Workload

Main Unit Capacity	1470	Main Unit Census	1367
West Unit Capacity	1148	West Unit Census	916
Satellite Capacity	432	Satellite Census	427
Total Capacity	3050	Total Current Census	2710

Inmates Assigned to Medical/Mental Health Grades (Main, West and Work Camp)

Medical Grade	1	2	3	4	<i>Impaired</i>	
		1467	563	578	28	133
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	<i>Impaired</i>
	2197	116	341	12	3	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		N/A	197	N/A	N/A	N/A

OVERVIEW

Institutional Description

Reception Medical Center (RMC) houses male inmates of close custody levels and is designated as a medical grade 4, psychological grade 5 facility. RMC consists of a Main Unit, West Unit, and a Work Camp facility. In addition to the statewide health care mission of the main unit, health services are also provided to inmates at the West Unit and RMC Work Camp.

RMC has multiple healthcare missions. Medical, mental health and dental care are provided to a sizable in-transit population and a small permanently housed population. RMC has a 120 bed licensed hospital equipped with an emergency room for inmates who require acute care as well as long term care. There are over 70 Specialized Care Clinics where consultation is provided. Minor surgical procedures are provided at a modular surgical unit. Inmates from institutions throughout the state, including females, come to RMC for these specialized medical services. Inpatient mental health services are provided in the Transitional Care Unit and the Crisis Stabilization Unit. Additionally RMC serves as a reception center for inmates received from county jails. Health services are also provided at the West Unit. Inmates are often transferred between the Main and West Units for medical procedures during their stay at RMC which presents a challenge in assuring continuity of care. The West Unit has no infirmary as all inmates needing inpatient care are transferred to the Main Unit. Inmates at the Work Camp are provided health services through the Main Unit.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at RMC Main and West Unit on February 15 - 18, 2011. Because these units are so large, separate teams were assigned to perform the survey function at both units. 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, infection control, and quality management.

INSTITUTIONAL TOUR

The tour of the facilities revealed one issue as noted in the table below; 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 significant findings.

CLINICAL SYSTEM REVIEW

There were two findings resulting from a review of Endocrine Clinic records, as noted in the table below.

OTHER RECORD REVIEW

There were no significant findings in the health record/OBIS reviews, periodic screening, and intra-system transfers.

CHRONIC ILLNESS RECORD REVIEW

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Discrepancies were found in the following Endocrine Clinic records:</p> <p style="margin-left: 20px;">(a) In 3 out of 7 records, no documentation was found that microalbuminuria testing was done for inmates negative for protein.</p> <p style="margin-left: 20px;">(b) In 2 out of 7 records, no documentation was found indicating required fundoscopic exams were done annually.</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 5 records, or if fewer are available, of 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>

**CHRONIC ILLNESS RECORD
REVIEW**

Finding(s)	Suggested Corrective Action(s)

INSTITUTIONAL REVIEW

Finding(s)	Suggested Corrective Action(s)
PH-2: In one dormitory and the confinement area, some over-the-counter medications were outdated.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issues described have been corrected.</p>

**General Chronic Illness Clinic (CIC)
Record Review**

Finding(s)	Suggested Corrective Action(s)
PH-3: Required elements of yearly exams and laboratory studies were missing in several clinics. (see discussion)	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issues described have been corrected.</p>

***Discussion PH-3:** Some annual labs and annual exam requirements were not fully met in the Cardiovascular, Gastrointestinal, Immunity, Oncology, and Respiratory clinics. Because of the low numbers of permanent inmates enrolled in chronic illness clinics, it appears monitoring the findings in each of these areas would be difficult. Instead, a training of medical staff on the Health Service Bulletins (HSBs) regarding all of the chronic illness clinics would meet the intent of this overall finding.*

CONCLUSION

Medical records at the RMC Main Unit were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Review of 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 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 - WEST UNIT

ADMINISTRATIVE PROCESSES REVIEW

No administrative processes were reviewed at the West Unit, as all administrative records were kept at the Main Unit.

INSTITUTIONAL TOUR

The tour of the facilities revealed no findings.

EPISODIC CARE REVIEW

There were no findings in emergency or sick call records. There is no infirmary at RMC-West.

DENTAL REVIEW

There were no dental findings.

CLINICAL SYSTEM REVIEW

There is one overall chronic care finding, as discussed below.

OTHER RECORD REVIEW

There were no findings in the health record/OBIS review or consultations review. It was noted that in the two consultation records reviewed the resulting diagnosis from the consult was not put on the problem list, but due to the infrequency of consultations being requested for the permanent population it would be difficult to monitor this as a finding on the institutional CAP. Findings in the medication records and prevention records are discussed below.

General Chronic Illness Clinic (CIC) Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-1: Required elements of yearly exams and laboratory studies were missing in several clinics. (see discussion)	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issues described have been corrected.</p>

***Discussion PH-1:** Some annual labs and annual exam requirements were not fully met in Cardiovascular, Endocrine, Gastrointestinal, and Tuberculosis clinics. Because of the low numbers of permanent inmates enrolled in chronic illness clinics, it appears monitoring the finding in each of these areas would be difficult. Instead, a training of medical staff on the HSB's regarding all of the chronic illness clinics would meet the intent of this overall finding.*

Preventive Care Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 6 of 9 Preventive Care records reviewed, stool hemocults were not completed as part of preventive care, as required for men over 40, and no refusal was found in the record.</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 all pertinent records (no more than 10) 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>

Intra-system Transfer Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 10 of 18 Intra-system Transfer records reviewed, the current medical problem was not identified on the receiving facility's portion of the DC4-760A</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 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>

Medication Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 16 of 18 Medication records reviewed, the physician did not time and/or date the medication order when counter-signing the order.</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 bi-weekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be</p>

Medication Record Review	
Finding(s)	Suggested Corrective Action(s)
	<p>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

The mission of RMC West is very unique and it is difficult to capture the entirety of the workload. Although the permanent population is very small and mostly healthy, the bulk of the work is with those inmates at RMC West for medical staging. The physician is responsible for reviewing hundreds of records each week, writing follow-up consultations for all inmates who require further testing or treatment, and providing primary care that was overlooked by the sending institution (including preventive care and chronic illness visits). As many of the inmates are very ill, there is also a large number of sick call visits and inmate declared emergencies.

Reviewing the records of those at the West Unit for medical staging was difficult due to high turnover and the majority of medical services being provided at other institutions. The survey team reviewed double the normal amount of episodic care records in an effort to view as many records as possible. Nearly all permanent inmates' records were reviewed for some aspect of care and those records were well organized with OBIS entry timely and accurate. Review of inmate housing and food services areas revealed no negative findings. 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. Reviewers noted that episodic care was good overall, especially considering the higher intensity of inmate needs. Overall the clinic staff, including medical and administrative, demonstrated their dedication to providing the required health care to the inmate population.

MENTAL HEALTH FINDINGS - MAIN UNIT

OVERVIEW

Reception Medical Center Main Unit provides outpatient and inpatient mental health services. The following are the mental health grades used by the department to classify inmates and the level of mental health services provided at RMC:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 – Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

At the time of the survey RMC Main Unit had a total of 1367 inmates; 74 were S2, 247 were S3, 12 were S4 and 3 were S5.

Psychotropic Medication Practices - Outpatient	
Finding(s)	Suggested Corrective Action(s)
MH-1: In 6 of 21 records, medication consents were not in the record.	<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>

**Psychotropic Medication Practices -
Inpatient**

Finding(s)	Suggested Corrective Action(s)
MH-2: In 3 of 8 records, initial laboratory tests were not conducted as required.	<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>

**Self-Harm Observation Status
(SHOS)**

Finding(s)	Suggested Corrective Action(s)
MH-3: In 6 of 8 records, observation checklists were missing or incomplete. (see discussion)	<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-3: *In three records gaps in observations were noted. One record was missing the form for the day of admission and portions of two forms were blank. In one record all the observation forms were missing and in another record one observation form was missing. In one other record, portions of the form were incomplete.*

Special Housing	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-4: A comprehensive review of 10 records evaluating special housing revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 4 records, evidence that initial mental status exams were completed within the required timeframe was missing. b. In 2 records, a DC4-528 “Mental Status of Confinement Inmates” was not completed. c. In 2 records the Special Housing Health Appraisal DC-769 was incomplete. (see discussion) 	<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-4(c):** In one case the dosages of medications were omitted. In the other case a medication was not listed.*

Outpatient Mental Health Services Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-5: In 6 of 25 records, the counseling note was inadequate. (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 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-5:** Each of the six records contained notes that were illegible. Surveyors were unable to determine from the documentation the topic discussed during the counseling session.*

CONCLUSION

The Main Unit at RMC serves a complex population and has multiple missions. Not only is it designated as a reception center, inmates from throughout the state come to RMC for acute and long term medical care. This presents a unique challenge for mental health staff in that the majority of the inmates at the institution are transient. For example, outpatient inmates must be assigned a case manager within three days and be seen by mental health staff within 14 days of arrival at RMC. Oftentimes it may only take a few days for the inmate to receive the medical treatment; the reason he/she was transferred to RMC. If the inmate remains at RMC past 14 days, staff must continue with the treatment the inmate was receiving at his/her previous institution. However, because of the high volume of admissions received, this is a daunting task. Staff must also compete with a myriad of medical professionals to obtain access to the inmate's record. Surveyors had difficulty accessing records; not because of disorganization but because they were in use by various medical personnel. In addition to providing case management services staff answer requests, respond to psychological emergencies, perform rounds in confinement and SHOS, and provide aftercare planning and group therapy. Inpatient mental health services are provided in a 20 bed Transitional Care Unit and a 13 bed Crisis Stabilization Unit.

The outpatient mental health staff at RMC Main Unit consists of a senior mental health clinician, five mental health specialists, two clerks, a nurse and one psychiatrist. There is also a vacant psychiatrist position. The inpatient mental health staff consists of a senior mental health clinician, two mental health specialists, one psychiatrist, one human services counselor and a clerk. Generally assessments were thorough and timely. Individualized Service Plans and reviews were relevant and comprehensive. Surveyors commented that it is particularly impressive that staff is able to meet the majority of requirements and deadlines with such a high rate of inmate turnover. Inmates expressed satisfaction with the services provided. Overall, the mental health department at RMC Main Unit is highly professional, well-organized, and is providing good care to inmates at this institution.

MENTAL HEALTH FINDINGS - WEST UNIT

OVERVIEW

The West Unit at RMC provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmates and the level of mental health services provided at RMC West:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

At the time of the survey RMC West had a total of 916 inmates; 94 were S3 and 42 were S2.

CONCLUSION

The West Unit at RMC primarily houses inmates who are in a medical staging status, either scheduled for a medical appointment or awaiting transfer back to a permanent institution after an appointment or procedure. The unit has no confinement, SHOS, or mental health inpatient capacity; these services are provided in the Main Unit. The West unit staff provides outpatient services including case management and counseling and responds to mental health emergencies and inmate requests.

The mental health unit staff consisted of one part time psychiatrist, a part time senior mental health clinician, and two full-time mental health specialists. Because of the transient nature of the population, ensuring that inmates on the mental health caseload are followed on a timely basis presents a challenge. Inmates at RMC are often transferred between the Main and West Units several times before they return to their permanent institution which presents an additional obstacle to continuity of care. In spite of this, RMC West mental health staff responds quickly and appropriately to inmate requests and psychological emergencies. Inmates with psychological emergencies were quickly transferred to the Main Unit if they required services not available on the West Unit.

Assessments and case management notes were generally thorough and appropriately addressed the inmate's stated problems and Individualized Service Plan updates were completed in a timely manner. Psychiatric care provided to inmates on medication was excellent. Documentation of mental health encounters was complete and informative. All inmates interviewed expressed satisfaction with the mental health services available to them

The lack of findings in this report reflects the professionalism and dedication of the RMC West staff to providing quality mental health services in what is a very challenging environment. Both behavioral health specialists have many years of experience at RMC and have worked with the psychiatrist for several years. Both the psychiatrist and the

senior mental health clinician have substantial experience in the Department having worked at both RMC and other institutions. The CMA surveyors commented positively on the quality of care provided by the RMC West staff in such a difficult setting and noted the professionalism of the staff and their commitment to maintaining a community standard of care in a correctional setting.

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.