



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

APALACHEE CORRECTIONAL INSTITUTION

in

Sneads, Florida

on

March 9 - 12, 2010

CMA Physical Health Team Leaders:

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Tina Weber, MA

CMA Mental Health Team Leaders:

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March 30, 2010

CAP due date: April 29, 2010

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2876	Male	Maximum	4

Institutional Potential/Actual Workload

East Unit Capacity	1,322	Current East Unit Census	1,153
West Unit Capacity	915	West Unit Census	884
Satellite Capacity	736	Current Satellite Census	377
Total Capacity	2,973	Total Current Census	2,414

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		1,118	939	371	3	N/A
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	890	232	1,309	NA	NA	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		142	46	36	N/A	N/A

OVERVIEW

Institutional Description

Apalachee Correctional Institution (ACI) houses male inmates of close custody levels and is designated as a medical grade 4, psychological grade 3 facility. Health care services are provided at the East Unit, the Annex, and River Junction Work Camp. Work Camp inmates are taken to ACI for mental health and dental issues.

The overall scope of health services provided at ACI 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/infirmatory care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at ACI on March 9 - 12, 2010. Because these units are so large, separate teams were assigned to perform the survey function at both the East and West 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 – EAST UNIT

ADMINISTRATIVE PROCESSES REVIEW

There were no findings in Administrative Processes.

INSTITUTIONAL TOUR

There was no call light system in the infirmary. Although the window from the nurse's station does allow staff to see into the infirmary, the bathroom was not visible so staff would not be aware if there was an emergency. Although it was reported that either nursing staff or a correctional officer is always in the nursing station, there was no one in the area for the 10-15 minutes the surveyor was there.

EPISODIC CARE REVIEW

Although there was not a significant pattern in any one area, 10 of the 15 charts reviewed had some missing aspect of documentation due to notes being cursory and/or incomplete. Issues noted included: objective findings were incomplete, nursing and provider notes documented different dispositions, descriptions of injuries were incomplete, treatment noted was inconsistent with injury, and a lack of follow-up documentation. While a formal CAP is not required, it is suggested that steps be taken to improve emergency care documentation to ensure these concerns do not rise to the level of a finding in the future.

There were no findings in the review of infirmary records. There were findings in Sick Call records as noted in the table below.

DENTAL REVIEW

No significant findings in dental.

CLINICAL SYSTEM REVIEW

There were no significant findings in Oncology, Respiratory, or Tuberculosis records. There were findings in other chronic illness clinics as noted in the table below.

OTHER RECORD REVIEW

There were no significant findings in Preventive Care. There were findings in Intra-system Transfers, Medication Administration, and in the overall record review as noted in the table below.

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 9 of 16 Sick Call records reviewed, discrepancies were found including:</p> <ul style="list-style-type: none"> a. In 7 of 16 records encounter documentation was illegible. b. In 6 of 16 records signatures were illegible and no name stamp was used. c. In 7 of 16 records patient education was not documented 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>

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

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 6 of 17 Cardiovascular records reviewed, the annual fundoscopic examination was not documented.</p> <p>PH-3: In 9 of 15 Endocrine records reviewed, discrepancies were found including:</p> <ul style="list-style-type: none"> a. In 7 of 15 records the annual microalbuminuria was not documented. b. In 6 of 15 records some required elements of foot exams were not documented. c. In 5 of 15 records required elements of the overall examination, including sensory, pulses, and capillary refill, were not documented. d. In 3 of 15 records there were laboratory results that required consideration of a change in treatment but none occurred. (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>

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

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 10 of 16 Gastrointestinal records reviewed, discrepancies were found, including:</p> <ul style="list-style-type: none">a. In 8 of 16 records there were significant legibility issues that impacted the ability to review the chart.b. In 2 of 16 records there was an inaccurate diagnosis. (see discussion) <p>PH-5: In 15 of 15 Immunity records reviewed, discrepancies were found; including:</p> <ul style="list-style-type: none">a. All records were missing baseline information from the current volume of the chart, including the baseline fundoscopic and baseline laboratory tests.b. In 4 of 15 records recommendations written by the provider of specialty services (Department of Health) were not followed up by DOC staff. <p>PH-6: In 10 of 14 Miscellaneous records reviewed, the statement as to the control/status of the disease was not documented on either the initial CIC visit or the ongoing CIC visits as required.</p> <p>PH-7: In 4 of 14 Neurology records reviewed, there was no indication of seizure frequency (measure of control).</p>	

Discussion PH-3(d): Two records reviewed showed elevated laboratory results which indicated an increase in medication was warranted, but there was no notation as to why that was not considered. A third chart involved a patient with hepatitis C who had an elevated alpha-fetoprotein but there was no referral for liver imaging; medical staff were made aware of the situation and ordered the imaging immediately.

Discussion PH-4(b): Two records contained laboratory results which indicated hepatitis C was absent but CIC notes indicated hepatitis C was present.

Intra-system Transfers	
Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 4 of 15 Intra-system Transfer records reviewed, the inmate's weight was not documented at the receiving institution (ACI East).</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 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 Administration	
Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 18 of 18 Medication Administration records reviewed, discrepancies were found, including:</p> <ul style="list-style-type: none"> a. In 17 of 18 records the medication order was missing the time and/or date. b. In 13 of 18 records the time and/or date of transcription of orders was missing. 	<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>

Overall Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: Problem lists were incomplete in 10 of 44 records reviewed in the following areas:</p> <ul style="list-style-type: none">a. In 4 of 15 Consultation records.b. In 2 of 11 Tuberculosis records.c. In 4 of 18 Health Record reviews.	<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>

PHYSICAL HEALTH FINDINGS - WEST UNIT

ADMINISTRATIVE PROCESSES REVIEW

No findings were reported regarding administrative processes, infection control, pharmacy, and quality management.

INSTITUTIONAL TOUR

The tour of the facilities revealed one issue, as noted in the table below.

EPISODIC CARE REVIEW

There were no findings in emergency, infirmary or sick call records.

DENTAL REVIEW

There were no dental findings.

CLINICAL SYSTEM REVIEW

There were some findings in the chronic illness clinic record review, as noted in the table below.

OTHER RECORD REVIEW

There were no significant findings in the consultations, prevention and health record/OBIS reviews.

General Chronic Illness Clinic (CIC) Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 119 chronic illness clinic records reviewed, 31 either did not have complete baseline histories, baseline laboratory tests and/or baseline examinations in the current volume as required.</p> <p>PH-2: In 27 of 119 chronic illness clinic records, the clinician's handwriting was illegible, making it difficult to assess the care provided.</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>

Neurology Clinic Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 4 of 14 Neurology Clinic records reviewed, the classification of the type of seizures was not documented in the record as required.</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>

Preventive Care Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 13 Preventive Care records reviewed, laboratory tests required to be ready prior to the Periodic Screening encounter were either not available or not complete.</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>

Intrasystem Transfer Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 1 of 5 Intra-system Transfer records reviewed discrepancies were found, including:</p> <p style="margin-left: 20px;">a. There was no documentation that prescribed medications were continued after the inmate's transfer into ACI West, as required.</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</p>

Intrasystem Transfer Record Review	
Finding(s)	Suggested Corrective Action(s)
b. The January and February Medication Administration Records (MAR) were missing from the current volume of the record.	<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>

Institutional Tour	
Finding(s)	Suggested Corrective Action(s)
PH-6: There was no eyewash station available in the medical clinic as required.	<p>Provide evidence in the closure file that the issue described has been remedied. This may be in the form of copies of work orders or other documentation that the deficiency is being/has been corrected</p>

CONCLUSIONS – PHYSICAL HEALTH

Overall the records of both ACI East and West were well organized and it was easy to find the documentation needed for the survey. Review of the inmate housing and food service areas revealed no significant negative findings. For the most part staff appeared to be knowledgeable about medical procedures, and all areas viewed on both compounds were clean and orderly. It was also evident that security staff works well with medical staff to ensure inmates receive the care they need. Interviews with inmates were generally positive about health care received. Medical and security staff indicated that they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. Overall, the clinic staff, including medical and administrative, demonstrated their dedication to providing health care to the inmate population.

While there were illegibility issues noted in some records in the West Unit, clinical surveyors noted that institutional staff showed acceptable clinical management and monitoring of inmates.

The East Unit has had significant turnover and vacancies in their medical department in the past year. The Chief Health Officer has been there for 10 months, the senior physician for two months, and there is a vacant ARNP position that is being filled one day per week by staff from other institutions. Clinical surveyors noted that this issue had significant impact on the documentation of care given; notes were often illegible or incomplete, exams seemed rushed (based on cursory notes), and important information was overlooked and/or not followed up on. Having only one Senior Health Services Administrator (SHSA) over both East and West units makes it difficult for the SHSA to address all issues resulting from the staff turnover.

MENTAL HEALTH FINDINGS - EAST UNIT

OVERVIEW

Apalachee Correctional Institution East Unit 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 ACI:

- 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 ACI East had a total of 1153 inmates, 734 were S3 and 128 were S2.

Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 16 records evaluating psychotropic medication practices revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 6 records, laboratory tests were not conducted as required. b. In 4 of 10 applicable records, abnormal laboratory results were not followed up. c. In 9 of 13 applicable records, Assessment of Involuntary Movement Scale (AIMS) testing was not conducted at appropriate intervals. d. In 6 records, psychiatric follow-up was not conducted within the required time frame. (see discussion) e. In 7 records, orders were not dated, timed and/or stamped. 	<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(d): *This was also noted in reviews for outpatient mental health services and special housing. In some cases medications were started or discontinued without a corresponding note.*

**Outpatient Mental Health Services
Record Review**

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 30 outpatient records (S3 =15, S2 =15) revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 7 of 28 applicable records, the inmates were not seen by mental health staff within 14 days of arrival. b. In 8 of 27 applicable records Individualized Service Plan (ISP) reviews were not completed within the required timeframe. c. In 18 records ISPs were missing the inmate’s signature. d. In 14 records evidence that interventions listed on the ISP were provided was missing. (see discussion) e. In 6 records evidence that counseling was offered as required was missing. (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-2(e): Although counseling was listed as an intervention on the ISP, there was no evidence in the documentation that it was provided. In some cases, the counseling entry was blank or checked N/A. In other cases the documentation indicated that case management was provided but did not address the counseling issues identified on the ISP.

Discussion MH-2(f): According to Department policy, inmates on the mental health caseload are to be offered counseling no less than at least once every 90 days or at least once every 30 days if the inmate has a psychotic diagnosis or a diagnosis with psychotic features. In the six cases, the inmates were not offered counseling nor was there a refusal in the record. In two cases “counseling” was struck through on the intervention portion of the ISP.

Self-Harm Observation Status (SHOS)	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 3 of 7 records reviewed, inmates were not seen in seven days for post discharge follow-up. (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-3:** In one case the inmate was not seen for over a month. In another case the follow-up was two days late. In the last case the inmate was not seen until he was readmitted to SHOS 18 days later.*

Access to Mental Health Care- Inmate Request	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-4: A comprehensive review of 11 inmate requests revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 6 records, the inmate requests could not be located and there was no evidence they were answered. b. In 2 of 5 applicable records, the request was not received by mental health staff in a timely fashion. (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(b):** In one case the inmate wrote the request on 1/19/10. It was received 2/1/10. In the other case the request was written on 1/10/10 and received on 2/4/10. In both cases, mental health staff answered the request within the required timeframe.*

Access to Mental Health Care- Psychological Emergency	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-5: A comprehensive review of 8 psychological emergencies revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 3 records the psychological emergency was not adequately addressed. (see discussion) b. In 2 records all aspects of the mental status exam were not addressed. 	<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(a):** In each case, the inmate was evaluated by the Mental Health Specialist and Sr. Mental Health Clinician who documented the inmates were at risk for self-harm and recommended SHOS. The inmates were then assessed by the physician and returned to security. There was no documented rationale for not placing the inmate on SHOS. In one case, the physician’s assessment was a phone consultation. In the same case, the inmate was seen the next day for a post use of force assessment. The Mental Health Specialist and the Mental Health Clinician again documented that the inmate voiced suicidal ideation and recommended SHOS. The inmate was seen by the physician, returned to security without a documented rationale for not placing the inmate on SHOS.*

Special Housing	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-6: A comprehensive review of 15 records evaluating special housing revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 9 records evidence that initial mental status exams were completed within the required timeframe was missing. b. In 5 records evidence that follow-up mental status exams were completed within the required timeframe was missing. c. In 6 records a DC4-528 “Mental Status of Confinement Inmates” after each mental status exam was not 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 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-6: Additionally the special housing tracking system indicated that mental status exams were not completed within the required timeframe. There are two mental health specialists assigned to the confinement dorms. There are 302 inmate beds in confinement. The specialists are required to provide orientation to newly arriving inmates, all initial and follow-up mental status exams, weekly confinement rounds, close management evaluations, and post use of force evaluations. They also respond to all psychological emergencies and inmate requests.

Aftercare Planning	
Finding(s)	Suggested Corrective Action(s)
<p>MH-7: A comprehensive review of 7 records evaluating the effectiveness of aftercare planning revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 2 records aftercare planning was not added to the ISP. b. In 2 records a DC-711B “Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information” or a refusal was missing. 	<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>

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
<p>MH-8: Mental health staff did not consistently document weekly confinement rounds on DC6-229.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of copies of the forms, acquired training materials, etc.</p> <p>Ensure weekly confinement rounds are documented on the DC6-229.</p>

Administrative Issues

MH-9: Documentation did not indicate Mental Health Specialists were receiving the required one hour per week supervision.	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of copies of documented supervision, acquired training materials, etc. Ensure supervision is provided as required.
MH-10: In 2 Isolation Management Rooms (IMR) paint was peeling from the baseboards.	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of a work order. Ensure paint is not peeling in the IMR.

MENTAL HEALTH FINDINGS - WEST UNIT

OVERVIEW

Apalachee Correctional Institution West Unit 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 ACI 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 ACI West had a total of 1262 inmates, 526 were S3 and 100 were S2.

Access to Mental Health Services Inmate Request	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 14 records evaluating access to care through inmate requests revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 10 records an incidental note indicating the date the request was received and date answered was not found on DC4-642. (see discussion) b. In 3 records the request was not responded to in 10 days or less. c. In 3 records the response to the request was not direct, clinically appropriate, or did not address the stated need. d. In 3 records all entries were not dated, timed, signed, or stamped. 	<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 (a):** During the survey when surveyors asked about the missing notes they were advised by staff that there had been some confusion about this requirement (staff had been entering the information on the inmate request form and placing it in the record but not entering a note on the DC4-642). Since being advised that the incidental note was required they had modified their practice and the notes were found in records with more recent request dates.*

Psychotropic Medication Practices
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Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 19 records evaluating psychotropic medication practices revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 3 records there was no initial psychiatric evaluation prior to prescribing medication. b. In 8 records, orders did not include the MDs signature, date, or time of the order. c. In 4 records, AIMS testing was not conducted at appropriate intervals. 	<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>

Outpatient Mental Health Services
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Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A comprehensive review of 26 records (S2=12, S3=14) revealed the following deficiencies:</p> <ul style="list-style-type: none"> a. In 11 of 26 records, the ISP was not signed by the appropriate team members and the inmate. (see discussion) b. In 6 records progress notes were not of sufficient detail to follow the course of treatment. (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(a): In 8 of the 11 applicable records the inmate's signature was missing.

Discussion MH-3 (b): Progress notes were lacking in content and surveyors noted the presence of "canned" progress notes which did not sufficiently address the individual inmate's progress toward treatment goals.

Special Housing	
Finding(s)	Suggested Corrective Action(s)
MH-4: In 3 of 11 records reviewed, the Special Housing Appraisal (DC4-769) had not been 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 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

There were over 800 inmates on the mental health caseload at ACI East Unit at the time of the survey. A total of 12 Mental Health Specialists and two Sr. Mental Health Clinicians provided mental health services. Nine mental health specialists carried caseloads of almost 100 inmates. Two specialists were assigned to the confinement unit and one provided sex offender screening and groups on the East and West Units. There was one full time psychiatrist and one vacant psychiatrist position currently being filled by various locum tenens. Inmate turnover is high and many inmates are received from reception centers in need of treatment planning and assessments. Staff reported approximately 40 inmates are gained each week. These inmates stay on the East Unit approximately seven months and are often transferred to the West Unit or other institutions. Inmates must go through the East Unit before being transferred to the West Unit.

Many of the issues identified in the East Unit were related to the mental health staffs' difficulty keeping up with the workload. Psychiatric follow-up, laboratory tests, AIMS assessments, initial mental health contacts, ISP reviews, SHOS post-discharge follow-up, mental status exams, and weekly rounds in confinement were in some cases significantly late. There were some issues related to offering counseling to all inmates on the mental health caseload and providing counseling when indicated on the ISP. There was conflicting documentation regarding inmates who were assessed after declaring a psychological emergency. Some inmate requests could not be located.

The mental health staff at ACI East seemed to work well together and staff turnover did not seem to be as high as in similar institutions. However despite the positive attitude of the employees, they seemed to have difficulty keeping up with the workload. High inmate turnover, large numbers of inmates in confinement and sizeable caseloads appeared to be contributing factors to this issue.

The population at ACI West at the time of the survey consisted of 100 S2 and 626 S3 inmates; there were 37 inmates in confinement. The mental health unit staff consisted of a psychiatrist, a senior psychologist, a senior registered nurse, and five mental health

specialists. There were also two aftercare coordinators assigned to the unit who work on discharge planning for inmates being released. There had been one additional mental health specialist assigned to the West Unit but the position was transferred to the East Unit shortly after it was filled. The psychiatrist saw an average of 14 patients per day as well as psychiatric emergency referrals. The mental health specialists all had over 100 inmates on their caseload and the senior psychologist carried a caseload in addition to his supervisory duties.

On the West Unit the survey findings were predominantly related to documentation including physician's orders not including appropriate times, dates, or stamps and missing signatures on ISPs. One concern surfaced in regard to progress notes lacking content and the documentation not addressing stated problems in a way that provided sufficient detail to follow the course of treatment.

Whenever possible the mental health staff conducts groups for inmates who wish to participate and the nurse on the West Unit conducts regular medication education groups. However, all mental health staff indicated they would like to be able to do more individual and group counseling but the size of their caseloads made this very difficult. They also noted the need for substance abuse treatment programs.

Although the mental health specialists on ACI West do have large caseloads, inmates are being provided with appropriate and timely psychiatric and mental health services. Inmate requests were responded to quickly and inmates with serious or emergent mental health problems were referred for appropriate follow up. Psychological emergencies are handled quickly and appropriately as evidenced by there being no survey findings in this area of review.

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.