



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

BAKER CORRECTIONAL INSTITUTION

in

Sanderson, Florida

on

October 14-17, 2003

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CMA Mental Health Team Leader:

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,412	Male	Close	2

Institutional Potential/Actual Workload

Main Unit Capacity	1,047	Current Main Unit Census	1,129
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	285	Current Satellite(s) Census	283
Total Capacity	1,342	Total Current Census	1,412

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	<i>Impaired</i>	
		829	504	14	0	1
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	<i>Impaired</i>
	1403	37	0	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		50	26	0	2	0

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Baker Correctional Institution (BAKCI). 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. 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 staff.

Physical Health Findings

The physical health survey of BAKCI reviewed plant, administrative processes, and the provision and documentation of care. The reviews revealed 16 findings requiring correction by institutional staff. Chronic illness clinics had the most deficiencies.

Mental Health Findings

Overall, the mental health department was functioning at an appropriate level for the population served with the exception of providing all necessary intelligence testing to inmates with lower IQ scores. Some minor repairs were also needed to ensure the safety of the infirmary isolation cells.

Department Findings

In addition to the findings referenced above, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and may not be addressed in OHS policy, procedure or directive. Or, they may be based on issues beyond institutional control and require intervention at the department level. The department should submit a separate corrective action plan for these findings.

Exit Conference and Final Report

At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the physical health and mental health sections of this report are a result of further analysis of the information collected during the survey. The suggested corrective actions(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. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;

- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

SUMMARY OF INSTITUTIONAL SCORES

The goal of the survey is to determine if the administration of the medical unit and the provision of care at the institution are consistent with medical, dental and mental health care standards of care established by the CMA and with prevailing professional practice standards. For a detailed description of the survey goals and processes refer to the "Survey Process" section of this report. The following table lists the results of the systems and record reviews conducted during the survey.

Area of Review		Score*			
		Systems	Clinical		
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100		
		Emergency Care		100	
		Episodic Care Follow-Up		100	
		Infirmery Care		100	
		Sick Call		100	
	Chronic Care	Asthma/Pulmonary Clinic		98	
		Diabetes Clinic		78	
		General Medicine Clinic		80	
		Hypertension Clinic		88	
		Immunity Clinic		88	
		Seizure Clinic		100	
	Preventative Care		100		100
	Dental Services		100		92
	Mortality Review		100		95
	Other	Administrative Processes	97		
		Consultation Requests	100		100
		Food Services	91		
		Infection Control	100		
		Intake Process (Reception)	NA		NA
		Intrasystem Transfers	100		98
Medical Area and Inmate Housing		96			
Medication Administration		100		99	
OBIS/Health Record Content		100		100	
Pharmacy Services	100				
Quality Management	94				
Area of Review			Area Score		
MENTAL HEALTH	Mental Health Systems		93		
	Access to Mental Health Services		85		
	Inpatient Mental Health Services		NA		
	Intellectual Functioning		75		
	Outpatient Mental Health Services		94		
	Psychiatric Restraint		NA		
	Psychotropic Medication Practices		NA		
	Reception/Intake Process		NA		
	Self-Injury/Suicide Prevention	23-hour MH Observation		NA	
		SOS Status		72	
		Other Self-injury Prevention Status		NA	
	Sexual Offender Services		80		
	Special Housing		96		
Use-of-Force		91			

*Shaded Area: No survey instrument for the applicable area. NA: No applicable files at the institution.

PHYSICAL HEALTH FINDINGS

SYSTEMS

FOOD SERVICES		Systems Score 91
Finding(s)	Suggested Corrective Action(s)	
PH-1: Written procedures that addressed actions to be taken in a suspected food-borne illness outbreak were not available in the food service facility	<p>Provide in-service training to relevant personnel on management of suspected food-borne illness. DC procedure 401.003 should be reviewed and a copy along with any additional procedures and or notification checklists should be kept in the food service area for immediate reference.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>	
PH-2: Food service workers were not knowledgeable on appropriate hand washing techniques.	<p>Ensure that all food service workers are provided in-service training on hand washing techniques.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>	

MEDICAL AREA AND INMATE HOUSING		Systems Score 96
Finding(s)	Suggested Corrective Action(s)	
PH-3: PH-11: There were no pill line schedules posted and procedures to access medical and dental sick call and mental health services were posted only in English.	<p>Post all access procedures and pill line schedules both in English and Spanish.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>	
PH-4: The exam room located in confinement housing did not have adequate space.	<p>Request management to consider changing exam room to an alternate location. There is an adjacent room that is currently used for laundry that would offer additional space. Per dorm officers these rooms could be swapped without negatively impacting the dorm operations.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>	

CLINICAL

Records Reviewed	CHRONIC ILLNESS CLINICS	Record Review Score
57		**
Finding(s)	Suggested Corrective Action(s)	
<p>PH-5: Documentation did not reflect that pneumococcal and or influenza vaccines were always offered or refusals documented.</p> <p>Clinics: Asthma, Diabetes, General Medicine, Hypertension, Immunity</p>	<p>Provide in-service training to relevant staff on appropriate chronic illness clinic protocols and documentation requirements. Review OHS Technical Instruction 15.03.05</p> <p>Review five records from each chronic illness clinic per month for compliance.</p> <p>Continue until corrective action is affirmed through the CMA CAP assessment.</p>	
<p>PH-6: The chronic illness form documenting the initial clinic visit physical examination and baseline diagnostic data was not found in several records and some were lacking required diagnostic tests.</p> <p>Clinics: Diabetes, General Medicine, Immunity</p>	<p>See PH-5 for suggested corrective actions.</p>	
<p>PH-7: Physical examinations conducted upon clinic enrollment and medical histories were not always sufficient for the indicated condition.</p> <p>Clinics: Diabetes, General Medicine, Hypertension, Immunity</p>	<p>See PH-5 for suggested corrective actions.</p>	
<p>PH-8: Diabetic patients were not always tested for the presence of microalbuminia when medically indicated and abnormalities found during diagnostic studies for diabetics were not always appropriately addressed.</p> <p>Clinics: Diabetes</p>	<p>See PH-5 for suggested corrective actions.</p>	
<p>PH-9: The last liver function test of one patient diagnosed with liver disease was completed in November 2002.</p> <p>Clinics: General Medicine</p>	<p>See PH-5 for suggested corrective actions.</p>	
<p>PH-10: The frequency of clinic visits was not always appropriate based on the indicated symptoms.</p>	<p>See PH-5 for suggested corrective actions.</p>	

Records Reviewed 57	CHRONIC ILLNESS CLINICS		Record Review Score **
Finding(s)	Suggested Corrective Action(s)		
Clinics: Diabetes, General Medicine, Hypertension PH-11: Documentation did not always indicate that prescribed medication regimens were appropriately monitored and re-evaluated at each clinic visit. Clinics: General Medicine	See PH-5 for suggested corrective actions.		
PH-12: Consultative referrals were not always completed when indicated. Clinics: General Medicine	See PH-5 for suggested corrective actions.		
PH-13: A disease related diagnosis was not always identified on the problem list. Clinics: Hypertension, Immunity	See PH-5 for suggested corrective actions.		

Records Reviewed 1	MORTALITY REVIEW		Record Review Score 95
Finding(s)	Suggested Corrective Action(s)		
PH-14: There was no autopsy report or documented attempt to obtain it even though more than six months had lapsed since the mortality.	Send a written request to the examiner's office requesting the report. Escalate requests to higher management personnel if necessary. Place documentation in the CMA CAP assessment closure file.		

Records Reviewed 20	Dental Services		Record Review Score 92
Finding(s)	Suggested Corrective Action(s)		
PH-16: Some medical records lacked evidence that post-treatment/operative instructions were given when applicable and more than half of the records reviewed did not document oral hygiene instructions.	Proved in-service training to relevant personnel on appropriate documentation requirements. Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.		

**See summary for individual chronic illness clinic scores.

The following areas of review resulted in no significant negative system or record review problems.

System Reviews

- Administrative Processes
- Consultation Requests
- Dental Services
- Episodic Care
- Infection Control
- Intra-system Transfers
- Medication Administration
- Mortality Review
- OBIS/Health Record
- Pharmacy Services
- Preventative Care

Record Reviews

- Consultation Requests
- Emergency Care
- Follow-Up Care
- Infirmary Care
- Intra-system Transfers
- Medication Administration
- OBIS/Health Record
- Preventative Care
- Seizure Clinic
- Sick Call
- Tuberculosis/INH Clinic

CONCLUSION

Staff at Baker Correctional Institution had a professional demeanor and seemed knowledgeable regarding the process of providing care. The medical facility was clean and well organized. There was good cooperation and communication between the medical department and security. Although chronic illness clinic record reviews failed to demonstrate adverse outcomes, a number of clinical deficiencies were identified.

MENTAL HEALTH FINDINGS

Survey Results

Baker Correctional Institution mental health department served a relatively healthy adult male population of largely S1 inmates. Approximately 40 of the 1,412 inmates served by the medical unit were psychiatric grade 2 (S2) inmates. The staff consisted of one full-time psychological specialist, a senior psychologist who also worked at another institution, and one clerical assistant.

Records Reviewed:	INTELLECTUAL FUNCTIONING	Area Score
7		75
Finding(s)	Suggested Corrective Action(s)	
<p>MH-1: Appropriate intelligence testing was not completed as required in five of the seven records reviewed.</p>	<p>Complete required testing in these five cases. Review other inmates with low IQ scores and ensure appropriate testing has been completed.</p> <p>Maintain a tracking system of applicable inmates. Continue tracking and providing indicated testing until closure is affirmed through the CMA CAP assessment.</p>	

Discussion

MH-1: The records reviewed lacked various elements of the appropriate testing to determine intellectual functioning status and subsequent treatment needs. As a result, some inmates may have required a greater level of services than they were currently receiving while others may have been incorrectly identified as having low IQ scores. To complicate matters, some inmates had multiple psychological record files. Detailed notes on each record reviewed were provided to the institution at the time of the survey.

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Area Score
23-hr NA		NA
SOS 5		72
Other NA		NA
Finding(s)	Suggested Corrective Action(s)	
<p>MH-2: The infirmary isolation management cells had several fixtures to which cloth or other material could be tied. These included:</p> <ul style="list-style-type: none"> a. The hinges on the shower doors. b. The exposed locks protruding from the shower doors. c. The recessed lighting fixtures. 	<p>Repair these fixtures to ensure the safety of inmates placed in these cells. Use 1:1 observation of inmates until cells are repaired.</p>	

Discussion:

Refer to the Department Findings section of the report for an additional finding which impacts the management of suicidal/self-injurious inmates at Baker CI.

Records Reviewed:	SEX OFFENDER SERVICES	Area Score
5		80
Finding(s)	Suggested Corrective Action(s)	
MH- 3: There was no sex offender group offered although there were inmates on the waiting list.	Provide a sex offender group.	

OTHER ADMINISTRATIVE ISSUES		
Finding(s)	Suggested Corrective Action(s)	
MH-4: The mental health progress notes were not consistently updated with the correct information.	Ensure notes are appropriately updated. Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Discussion

MH-4: A computer template was used to develop individual progress notes. However, the notes were not consistently updated with the correct information and/or dates.

The following areas of review resulted in no significant problems.

- Access to Mental Health Services
- Outpatient Services
- Special Housing
- Use-of-Force

CONCLUSION

Overall, the mental health department was functioning at an appropriate level for the population served with the exception of providing all necessary intelligence testing to inmates with lower IQ scores. Some minor repairs were also needed to ensure the safety of the infirmary isolation cells.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, several other areas of concern were noted. These findings are beyond the scope of the institution to correct. These findings may be based on standards adopted by the CMA, but not addressed in department policy, procedure or directive. Or, they may be based on other issues beyond institutional control. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

ADMINISTRATIVE PROCESSES

Finding(s)

Dept – 1: Special housing inmates were not offered one hour of exercise per day outside the cell five days per week.

Dept – 2: There was no evidence of a policy that prohibits the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

QUALITY MANAGEMENT

Finding(s)

Dept – 3: No evidence was available demonstrating annual peer review of the CHO and other licensed health care practitioners.

MENTAL HEALTH

SUICIDE & SELF-INJURY PREVENTION

Finding(s)

Dept – 4: There was an undue delay in access to inpatient beds for inmates who could not be appropriately managed on site at an S1/S2 institution. This particularly applied to suicide observation status (SOS) patients requiring immediate referral to inpatient care.

Discussion:

MH-2: The institution must rely on central office to secure inpatient beds for SOS patients. At an S1/S2 facility, these inmates can only be managed on site for up to 72 hours if considered the lowest risk for self-harm (SOS-2) while SOS-1 patients require immediate referral to an appropriate inpatient institution. Baker CI must send a telex to central office indicating the need for transfer and

central office must secure a bed at an appropriate institution. The delays experienced are beyond the control of Baker CI. The inpatient referral log indicated that as of January 1, 2003, approximately 42% of inmates referred for inpatient care either suffered undue delays of between 4 and 11 days before being transported, or were managed on site for greater than the allowable timeframes at an S1/S2 institution before being discharged to inmate housing at Baker CI.

SURVEY PROCESS

The goals of every survey performed by the CMA are

- (1) to determine if the physical, dental and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- (2) to promote ongoing improvement in the correctional system of health services; and,
- (3) to 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.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates 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.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

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, service/treatment plans, schedules, logs, administrative reports, physician orders, 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.