



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

BAY CORRECTIONAL FACILITY

in

Panama City, Florida

on

July 23-26

CMA Physical Health Team Leader:

John Rainey

CMA Mental Health Team Leader:

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Physical Health Team Members:

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Mental Health Team Members:

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
740	Male	Medium	3

Institutional Potential/Actual Workload

Main Unit Capacity	752	Current Main Unit Census	740
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	752	Total Current Census	740

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
	360	218	180	0	0	
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	737	21	N/A	N/A	N/A	4

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	5	2	0	N/A	N/A	N/A

OVERVIEW

Physical Health Summary

A thorough review of the medical/health-related and dental systems at the institution was conducted. The review also included the physical plant, administrative processes, and the provision and documentation of care. Generally there were no significant departures from the Department of Corrections' standards or with standards generally accepted in the community at large. The staff was very professional and courteous. Survey findings suggest the staff is providing an appropriate level of physical health care to the inmate population. The facility appeared very clean and well organized. There were no major concerns regarding the overall delivery of physical health care.

Mental Health Summary

Bay Correctional Facility offered an impressive array of vocational and educational opportunities. Also available was an intensive residential drug treatment program. Mental health services consisted of individual outpatient counseling and crisis intervention. Survey findings included a need for group therapy services, particularly for sex offenders, improvements in physician orders for suicide observation status, and upgrading of inmates receiving on-going services to the S2 psychological grade.

Supplemental Report

In addition to the medical and mental health findings referenced above, several other areas of concern were noted. These issues will require intervention by the department's Office of Health Services (OHS) and the Correctional Privatization Commission (CPC). These issues are identified and discussed in a supplemental report provided directly to the OHS and the CPC.

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		Numeric Score*			
		Systems	Records		
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100		
		Emergency Care		100	
		Follow-Up Care		100	
		Infirmery Care			
		Sick Call		100	
	Chronic Care	Asthma Clinic		99	
		Diabetes Clinic		99	
		General Medicine Clinic		99	
		Hypertension Clinic		100	
		Immunity Clinic		100	
		Seizure Clinic		100	
		TB/INH Clinic		100	
	Preventative Care		100	100	
	Dental Care		100	99	
	Mortality Review		100	90	
	Other	Administrative	100		
		Consultation Requests	83	100	
		Infection Control	100		
		Intake (Reception) Process			
		Intrasystem Transfers	92	71	
Medical Area and Inmate Housing		97			
Medication Administration		94	88		
OBIS-Health Record Content		75	83		
Pharmacy					
Quality Management	64				
MENTAL HEALTH	Access to Mental Health Services		89	95	
	Inpatient Mental Health Services				
	Intellectual Functioning		100	100	
	Psychiatric Restraints		100		
	Psychotropic Medication Practices				
	Outpatient Mental Health Services		87	91	
	Self-Injury/Suicide Prevention	23-hour Observation			
		SOS Status		100	73
		Other Self-injury Prevention Status			43
	Sexual Offender Services		83	85	
Special Housing		100	100		

PHYSICAL HEALTH FINDINGS

Survey Results

The following areas of review resulted in findings requiring attention or corrective action.

OTHER

Records Reviewed:	INTRASYSTEM TRANSFERS	Systems Score	Records Score
5		92	71
Finding(s)	Suggested Corrective Action(s)		
<p>PH-1: During the observation process and record review, the inmates were not weighed and results recorded.</p>	<p>Provide in-service training on required vital signs and develop a system to ensure the recording of vital signs, including weights.</p> <p>Randomly select and review three records per month for appropriate documentation until closure is affirmed through the CMA CAP assessment.</p>		
<p>PH-2: There was no evidence on the DC4-760, Health Information Transfer Summary, that it had been reviewed by a LPN or higher-level health care provider</p>	<p>Provide in-service training to ensure that staff documents their review of the DC4-760 on the same form.</p> <p>Randomly select and review three records per month for appropriate documentation until closure is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:	MEDICATION ADMINISTRATION	Systems Score	Records Score
4		94	88
Finding(s)	Suggested Corrective Action(s)		
<p>PH-3: Times were not recorded on medication orders.</p>	<p>Provide in-service training on documentation requirements for medication orders.</p> <p>Monitor five medication orders monthly for date, time, and signature until corrective action is affirmed through the CMA CAP assessment.</p>		
<p>PH-4: All required signatures were not present on the MAR.</p>	<p>Provide in-service training on documentation requirements for MARs.</p> <p>Monitor five MARs per monthly to ensure that anyone administering medication signs and initials the appropriate place on the MAR.</p>		

Records Reviewed:	MEDICATION ADMINISTRATION	Systems Score	Records Score
4		94	88
Finding(s)		Suggested Corrective Action(s)	
PH-5: Oral cavity checks were not conducted on inmates taking medication.		Provide in-service training for officers/nurses on conducting oral cavity checks to confirm compliance of inmates taking medication.	

Records Reviewed:	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Systems Score	Records Score
5		75	83
Finding(s)		Suggested Corrective Action(s)	
PH-6: Problem list was not always found in the current volume medical record.		Provide in-service training on medial record documentation and organization requirements. Each record should be screened for completeness before filing.	
PH-7: The latest medical profile found in the medical record did not always match the medical profile in OBIS.		Provide in-service training on medical record documentation and organization requirements. Every new medical record should be screened to ensure that it has the most up-to-date information in the current volume.	
PH-8: Laboratory test results found in the medical record were not always entered into OBIS.		Establish a system to ensure that all laboratory test results are entered into OBIS. Monitor five laboratory tests per month for proper filing in the medical record and data entry into OBIS until corrective action is affirmed through the CMA CAP assessment.	

QUALITY MANAGEMENT		Systems Score
		64
Finding(s)		Suggested Corrective Action(s)
PH-9: There were no descriptive minutes of the various required reports.		Minutes need to document discussion and analysis of data.
PH-10: There was no evidence that the HIS chaired a quarterly medical record committee.		The HIS should chair a quarterly medical record committee focusing on QM issues related to medical records (Supplement #9, HSB 15.12.03).

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

System Reviews

- Episodic Care
- Preventative Care
- Dental Care
- Mortality
- Administrative
- Infection Control

Record Reviews

- Emergency Care
- Follow-Up Care
- Preventative Care
- Sick Call
- Hypertension Clinic
- Immunity Clinic
- Seizure Clinic
- TB/INH Clinic
- Consultation Requests

CONCLUSION

The CMA survey of Bay Correctional Facility revealed that, overall, staff provides a level of physical health care consistent with expected and required standards. Strengths identified during the survey includes timely, competent, well documented, and appropriate clinical assessments and treatments by medical and nursing staff in both the episodic and chronic illness areas and very well organized administrative documentation.

MENTAL HEALTH FINDINGS

Mental health staffing at Bay CF, an S2 institution, consisted of one full-time psychological specialist who was a Licensed Mental Health Counselor Intern and one full-time mental health clerk. Psychologist and psychiatrist services were contracted on an as-needed basis.

Survey Results

The following areas of review resulted in findings requiring attention or corrective action.

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
9		89	95
Finding(s)	Suggested Corrective Action(s)		
MH-1: There was not an effective system in place to track timely completion of responses to psychological emergencies.	<p>Develop a system, such as modifying the existing log for tracking and ensuring that psychological emergencies are addressed in a timely manner (i.e., within one hour). This system should be subject to regular supervisory review and sign-off to ensure timeframes are being met. The current log is inadequate in that it does not record the date and time the inmate declared the emergency.</p> <p>Include a copy of the modified log in the closure file.</p>		

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
11		87	91
Finding(s)	Suggested Corrective Action(s)		
MH-2: Group therapy was not offered as clinically indicated and required.	<p>Use existing waiting lists to begin needed groups including anger and stress management. Groups designed to meet the clinical needs of the inmate population should be offered on a regular and on-going basis.</p> <p>Include group schedules, topic lists and rosters in the closure file.</p>		
MH-3: Inmates receiving on-going services were not always upgraded to S2 as appropriate.	<p>Upgrade the psychological grade as appropriate to reflect on-going service being delivered.</p> <p>Prepare biopsychosocial assessments and Individualized Service Plans (ISPs) as required on inmates receiving on-going treatment.</p>		

MH-3 Discussion

Some cases were noted where inmates were receiving on-going treatment contacts (e.g., bi-weekly) over a period of several months. The documentation for these contacts reflected clinically substantive

interventions; however, the inmates were not upgraded to S2 with corresponding production of biopsychosocial assessments, ISPs, and periodic reviews of ISP progress. While the contacts were well documented and interventions appeared appropriate, sound clinical practice requires guidance from the compilation of history and background information through the biopsychosocial and treatment plan development and review process.

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
23-hr	0		100	N/A
SOS	4			73
Other	1			43

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: Physician orders for suicide observation status (SOS) and alternative housing were not always complete as follows:</p> <ul style="list-style-type: none"> a) Verbal orders were not always countersigned; b) Orders did not always specify the property to be allowed the patient (e.g., mattress, blanket, privacy wrap, reading material). 	<p>Verbal orders must be countersigned within 24 hours. Orders should specify property to be allowed the patient.</p> <p>In-service training should be conducted with physician and nursing staff.</p> <p>Conduct monthly monitoring of all admissions to SOS and alternative housing until closure is affirmed through the CMA Corrective Action Plan (CAP) assessment.</p>

Records Reviewed:		SEX OFFENDER SERVICES	Systems Score	Records Score
	9		83	85

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: There was no sex offender group therapy offered.</p>	<p>Regular and on-going groups should be offered.</p> <p>Initiate a treatment group from the current waiting list and include group schedule, topics and rosters in the closure file.</p>

MH-5 Discussion

The last sex offender treatment group ended in October 2000. Several sex offenders reviewed were approaching the end of their sentences and quite possibly will be released to the community at large with no treatment. While some of these individuals may meet the criteria for civil commitment as sexual predators, many may not and therefore an opportunity for beginning the treatment process while incarcerated will have been missed.

OTHER ADMINISTRATIVE ISSUES				
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Finding(s)	Suggested Corrective Action(s)
<p>MH-6: The HSB/TI policy manual contained an out of date table of contents and several out of date or draft HSB/TI</p>	<p>Review and update the HSB/TI policy manual.</p> <p>Develop a system for obtaining final versions of revised HSB/TI documents from the</p>

OTHER ADMINISTRATIVE ISSUES

Finding(s)	Suggested Corrective Action(s)
documents and the CCA policy manual had an out of date table of contents that did not track with some policy numbers.	<p>Department of Corrections in a timely manner and maintain an up to date policy manual.</p> <p>Review and update the CCA policy manual.</p> <p>Have the updated policy manuals available for review during the CMA CAP assessment. Include in the closure file a description of the system for obtaining final revised HSB/II documents from the Department of Corrections.</p>
MH-7: Monthly review and sign-off on the mental health logs by the Chief of Health Services (CHO) or designee was not occurring as required.	<p>Develop a system to ensure that the mental health logs are reviewed for completeness and trends on a monthly basis by appropriate supervisory staff.</p> <p>Include a description/copy of the system in the closure file.</p>
MH-8: Staff security in the mental health offices was of concern as there was no emergency call system (other than a telephone) and the offices were isolated at the end of a hall.	<p>Install an emergency call system (e.g., “panic” button, security radio, or other device) such that staff could immediately summon assistance should that be necessary.</p>

MH-8 Discussion

The mental health unit is located at the far end of a hallway with no security posted nearby. The only means of summoning assistance is the telephone. Contacting the control room for help may not be adequate in an emergency since that line is frequently busy.

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

System Reviews

- Intellectual Functioning
- Special Housing
- Suicide/Self-Injury Prevention
- Psychiatric Restraints

Record Reviews

- Access
- Intellectual Functioning
- Psychiatric Restraints (no records reviewed)
- Sexual Offender Treatment
- Special Housing

CONCLUSION

Mental health services at Bay Correctional Facility evidenced several strengths. Inmates interviewed generally reported positive attitudes toward the services and found them to be helpful. Additionally, clinical documentation was generally thorough and appropriate. Areas for improvement include the need for treatment groups, particularly sexual offender treatment, as there are approximately 300 sexual offenders among the 750 inmates at Bay CF. Some improvements are also needed in the area of physician orders for suicide/self-injury prevention status and, in outpatient services, the upgrading of inmates to S2 status who are receiving on-going treatment services. Additionally, there was one policy-related issue regarding observation frequency of suicidal patients that is detailed in the Bay CF Supplemental Report.

It should be noted that Bay CF is unique in that it offers numerous vocational and educational programs to the inmate population. Several inmates interviewed, who might benefit from psychotropic medications (e.g., anti-depressants) were quite adamant in saying they did not wish to be transferred to institutions where they could receive psychotropic medications because that would mean leaving Bay CF and the training and educational opportunities it offers them.

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 require corrective action by institutional staff. Findings identified in a supplemental report require corrective action by regional or central office health services staff.