



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

BAY CORRECTIONAL FACILITY

in

Panama City, Florida

on

November 17, 2009

CMA Physical Health Team Leader:

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CMA Mental Health Team Leader:

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Distributed on December 3, 2009

DEMOGRAPHICS

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

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

Institutional Potential/Actual Workload

Main Unit Capacity	985	Current Main Unit Census	979
Work Camp Capacity	N/A	Current Work Camp Census	N/A
Satellite Unit(s) Capacity	NA	Current Satellite(s) Census	NA
Total Capacity	985	Total Current Census	979

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		821	136	26	0	1
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	953	30	N/A	NA	NA	2

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		14	20	0	NA	NA

OVERVIEW

Institutional Description

Bay Correctional Facility (BAYCF) houses male inmates of minimum and medium custody levels and is designated as a medical grade 3, psychological grade 2 facility. BAYCF is a private facility operated by Corrections Corporation of America (CCA). The contract is overseen by the Florida Department of Management Services (DMS) Bureau of Private Prison Monitoring.

The overall scope of health services provided at BAYCF 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 BAYCF November 17, 2009. 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 as well as staff and inmate interviews.

Exit Conference and Final Report

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective action(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and must be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the medical records reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each record reviewed;
- 4) The percentage of records reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

PHYSICAL HEALTH FINDINGS

QUALITY CONTROL REVIEW

No significant findings were reported regarding the quality control/administrative aspects of the institutional health system.

DENTAL REVIEW

There were no significant dental findings.

CLINICAL SYSTEM REVIEW

There were no significant findings in the clinical system review.

Chronic Illness Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A total of 12 Gastrointestinal Clinic records were reviewed. Of those records:</p> <ul style="list-style-type: none"> a. One record did not document control of the disease. b. Two records did not contain documentation of annual required lab tests. c. Two records did not contain documentation that liver function tests were conducted every six months. 	<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>
<p>PH-2: A total of eight Immunity Clinic records were reviewed. Of those records:</p> <ul style="list-style-type: none"> a. One lacked baseline physical exams and baseline labs did not include all required lab work. b. One record did not document that CD4 and viral load was evaluated during each visit. c. One record did not document that a hepatitis B vaccine was offered and no refusal was found 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>

Discussion: It became apparent during the chronic illness clinic record review that some charts had been over-thinned. While the over-thinning could have occurred at another institution, staff should ensure that baseline histories and lab work are contained in the current record. This was discussed with the CHO and the HSA and they have put a system in place to make certain that all relevant baseline information is contained in the current chart.

CONCLUSION

Survey findings indicated the overall medical care provided at Bay CF falls within department standards and adequately reflected standards commensurate with the professional health care community at large. Medical records were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Review of the medical area, inmate housing, and food service revealed no negative findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat.

Clinician surveyors noted that institutional staff showed good clinical management and monitoring of inmates. It was also 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 health care to the inmate population.

MENTAL HEALTH FINDINGS

OVERVIEW

Bay Correctional Facility provides outpatient mental health services only. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at BAYCF:

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

ADMINISTRATIVE SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
MH-1: Mental Health Specialists are not receiving the required supervision one hour per week. (see discussion)	Provide evidence in the closure file the issues described in the Findings column have been corrected.

Discussion: Documentation provided indicated mental health specialists were provided supervision once per month for four of the past eight months. Documentation indicated supervision was provided twice in one month and none in two of the months. Supervision has been provided as required for the month of November.

Additional Discussion Item: During an inspection of the Isolation Management Rooms it was noted that paint was peeling from the ceiling in one of the cells. A work order was submitted and this cell was decertified for Self-Harm Observation Status until the issue could be corrected.

CONCLUSION

The BAYCF mental health department consists of two fulltime Mental Health Specialists and one Sr. Mental Health Clinician who is on site four hours per week. It was evident from the records reviewed and inmates interviewed that the inmates are receiving quality mental health services. Documentation was thorough and clinically appropriate as evidenced by the lack of clinical findings in this report. Inmates expressed satisfaction with the services provided. The only finding in the report could be due to the availability of the Sr. Mental Health Clinician. According to staff, the previous Sr. Mental Health Clinician was on-site for a full day. During this time documentation indicated that weekly supervision was provided. During the four hours per week that the Sr. Mental Health Clinician is on-site, emergencies often arise that require the attention of mental health staff making it difficult to find time for supervision. In spite of this, the mental health department at BAYCF is to be commended for the lack of findings in this report.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- Assist the Department of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining if inmates:

- Have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- Receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc)
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation, i.e., logs, consultation requests, medication administration reports, etc. coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office, security or program area staff.