



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

BREVARD CORRECTIONAL INSTITUTION

in

Cocoa, Florida

on

March 9-12, 2004

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Youthful Offender	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,031	Current Main Unit Census	1,015
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	372	Current Satellite(s) Census	365
Total Capacity	1,403	Total Current Census	1,380

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	856	324	220	N/A	N/A	
<i>Mental Health Grade</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	1,333	16	31	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	72	40	N/A	N/A	N/A	N/A

OVERVIEW

Physical Health Summary

Medical and dental systems at the institution were reviewed. Interviews with staff members indicated there were no obstacles to providing care that was considered acceptable in meeting professional community standards. Staff is commended for the job being done with the resources available. Deficiencies and areas of concern are described in the physical health section of this report.

Mental Health Summary

Deficiencies were noted in psychiatric care and in the care of suicidal/self-injurious inmates. Although the institution lacks on-site full-time psychiatric staff, a significant number of S3 inmates were housed at Brevard CI (BRECI). Clinical interventions conducted by psychology staff were noted to be well-documented in a number of records reviewed, however, improvements were needed in the area of identification and treatment of sex offenders and inmates with borderline IQs possibly influencing institutional adjustment.

Supplemental Report

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

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	80	
		Emergency Care		100
		Episodic Care Follow-Up		100
		Infirmatory Care		89
		Sick Call		100
	Chronic Care	Asthma/Pulmonary Clinic		100
		Diabetes Clinic		99
		General Medicine Clinic		100
		Hypertension Clinic		100
		Immunity Clinic		97
		Seizure Clinic		100
	Tuberculosis/INH Clinic		100	
	Preventative Care		100	100
	Dental Services		100	99
	Mortality Review		83	100
	Other	Administrative Processes	89	
		Consultation Requests	100	100
		Food Services	82	
		Infection Control	100	
		Intake Process (Reception)	NA	NA
Intrasystem Transfers		83	99	
Medical Area and Inmate Housing		96		
Medication Administration		91	100	
OBIS/Health Record Content		100	94	
Pharmacy Services		99		
Quality Management	67			
Area of Review			Area Score	
MENTAL HEALTH	Mental Health Systems		91	
	Access to Mental Health Services		88	
	Inpatient Mental Health Services		NA	
	Intellectual Functioning		56	
	Outpatient Mental Health Services		80	
	Psychiatric Restraint		NA	
	Psychotropic Medication Practices		77	
	Reception/Intake Process		NA	
	Self-Injury/Suicide Prevention	23-hour MH Observation		48
		SOS Status		82
		Other Self-injury Prevention Status		NA
	Sexual Offender Services		24	
	Special Housing		84	
	Use-of-Force		80	

PHYSICAL HEALTH FINDINGS

SYSTEMS

EPISODIC CARE		Systems Score
		80
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: (Sick Call) Although there is a monthly supervisory review of sick call encounters, there was no weekly supervisory review of sick call encounters for accuracy, treatment modality, medication distribution, vital signs, documentation, education, completeness, and other clinically indicated actions. In addition, no sick call log is maintained.</p>	<p>Provide in-service training to staff on the importance of performing weekly supervisory reviews of the sick call records for complete and appropriate care and of maintaining a sick call log.</p> <p>Provide documentation of ongoing reviews in the CAP closure file.</p>	
<p>PH-2: (Emergency Care) Although there is a monthly supervisory review, there was no weekly supervisory review of the emergency encounters for documentation of accuracy, treatment modality, medication distribution, documentation, education, completeness, and other clinically indicated actions.</p>	<p>Provide in-service training to staff on the importance of performing weekly supervisory reviews of the emergency care records for complete and appropriate care.</p> <p>Provide documentation of ongoing reviews in the CAP closure file.</p>	
INTRA-SYSTEM TRANSFER		Systems Score
		83
	Suggested Corrective Action(s)	
<p>PH-3: Inmate privacy is compromised due to the initial screening being conducted in a large room lacking arrangements for privacy.</p> <p>No medical records were available at intake. Inmates were interviewed without medical records present, according to staff.</p>	<p>Provide in-service training to staff on the importance of maintaining privacy for inmates at initial screening and importance of having medical records at screening when performing inmate interview.</p> <p>Provide documentation of ongoing reviews in the CAP closure file.</p>	
<p>PH-4: An LPN, RN or higher-level health care provider does not always conduct intake screening.</p>	<p>Provide in-service training to staff on the importance of LPN, RN or higher-level personnel to conduct intake assessment.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

MEDICATION ADMINISTRATION	Systems Score 91
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Finding(s)	Suggested Corrective Action(s)
<p>PH-5: Medical personnel places medicine in individual medicine cups 20-30 minutes prior to medication administration rather than immediately before administration.</p>	<p>Provide in-service training to nursing staff on importance of placing medicine in individual cups only immediately prior to administration. The possibility of switching to envelopes was discussed with the nursing supervisor.</p> <p>Monitor for compliance and include documentation in the CAP closure file.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

QUALITY MANAGEMENT	Systems Score 67
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Finding(s)	Suggested Corrective Action(s)
<p>PH-6: Minutes of the infection control committee report do not include trend analyses or discussion. There are no focused studies, no TB data, employee health data, or prevalence walks. In addition, minutes of the risk management report do not include trend analyses or discussion.</p>	<p>Instruct staff on importance of providing trend analyses or discussion with infection control and risk management reports.</p> <p>Provide documentation of training and staff attention to the importance of providing trend analyses or discussion with infection control and risk management reports.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

MEDICAL AREA AND INMATE HOUSING	Systems Score 96
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Finding(s)	Suggested Corrective Action(s)
<p>PH-7: A fire extinguisher was not present at the officer's station in J dorm.</p>	<p>Routinely monitor officer's stations to ensure fire extinguishers are present.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
<p>PH-8: Procedures to access medical and dental sick call and mental health services (in English and Spanish) are not posted in a conspicuous place.</p>	<p>Instruct staff on importance of posting procedures to access medical, dental and mental health services in conspicuous locations such as the dorms so inmates always have a reference on how to access care.</p>

MEDICAL AREA AND INMATE HOUSING	Systems Score 96
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Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA CAP assessment.

FOOD SERVICE	Systems Score 82
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Finding(s)	Suggested Corrective Action(s)
PH-9: Hand drying towels were not available in the kitchen. Staff stated they do not keep them because inmates steal them. An inmate worker in the food preparation area was not wearing a hair restraint.	Instruct staff on importance of having hand drying towels available in the kitchen as well as importance of workers wearing hair restraints in the food preparation area. Monitor for compliance and include documentation in the CAP closure file. Continue monitoring until closure is affirmed through the CMA CAP assessment.
PH-10: There were signs of tobacco use in the food service facility. (Tobacco products on the bathroom floor and odor.)	Instruct staff on importance of the kitchen being a tobacco free facility. Monitor for compliance and include documentation in the CAP closure file.
PH-11: The kitchen facility was not clean. The bathroom was filthy with cigarette odor and tobacco products and toilet paper on the ground. Orange peel was lying on floor at the entrance to the facility.	Instruct staff on importance of cleanliness of kitchen facility. Monitor for compliance and include documentation in the CAP closure file.

CLINICAL

The clinical review resulted in no significant trends or findings. Staff is to be commended on this achievement.

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

System Reviews

- Episodic Care Follow-up
- Infirmary
- Preventative Care
- Consultation Requests
- Mortality
- Infection Control
- OBIS
- Dental Services
- Pharmacy Services

Record Reviews

- Consultation Requests
- Dental Services
- Emergency Care
- Sick Call
- Episodic Care Follow-up
- Infirmary
- OBIS
- Intra-system Transfers
- Preventative Care
- Asthma/Pulmonary Clinic
- Diabetes Clinic
- General Medicine Clinic
- Hypertension Clinic
- Immunity Clinic
- Seizure Clinic
- Tuberculosis/INH Therapy Clinic
- Medication Administration
- Mortality

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Care appeared to be very thorough. Staff is to be commended for their work in providing for the physical health care of this population.

MENTAL HEALTH FINDINGS

Background

Mental health staffing at Brevard CI (BRECI), a close custody institution housing youthful offenders of S1-3 psychological grades, consisted of one senior psychologist, two psychological specialists and a part-time clerical support person. Services offered consisted of outpatient case management, individual therapy, crisis intervention and limited group therapy. Though not designated by the department as an institution capable of housing S3 inmates, approximately 30 S3 inmates were at BRECI at the time of the survey, with psychiatric coverage being provided on Fridays by psychiatrists from Central Florida Reception Center. According to staff, the S3 count at BRECI had been as high as 80 in the past year.

Survey Results

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

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Records Score
14		80
Finding(s)	Suggested Corrective Action(s)	
MH-1: Orientation to mental health services was not provided within 24 hours of arrival.	<p>Provide orientation within 24 hours of inmate arrival. This can consist of a brief explanation of how to access services provided by nursing staff when the health orientation is conducted. Document orientation similarly to how the health orientation is recorded (e.g., a stamp).</p> <p>Conduct monthly monitoring of five charts per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-2: Initial health arrival summaries were completed based on inmate report without presence of medical record and inaccurate information was not always verified and corrected.	<p>Ensure that records are available when health arrival summaries are completed and that information recorded on the health arrival summaries is accurate.</p> <p>Conduct monthly monitoring of five charts per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

Records Reviewed: INTELLECTUAL FUNCTIONING		Records Score
10		56
Finding(s)	Suggested Corrective Action(s)	
MH-3: Inmates with IQs below 76 had not been appropriately tested as required and/or followed appropriately to determine institutional adjustment.	<p>Intellectual testing should be completed as required and adjustment of lower scoring inmates should be monitored as required.</p> <p>Conduct monthly monitoring of five charts per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

Records Reviewed: PSYCHIATRIC RESTRAINTS		Records Score
N/A		N/A
Finding(s)	Suggested Corrective Action(s)	
MH-4: When questioned by a surveyor, nursing staff were unsure of the restraint key location and unable to adequately demonstrate proper application of psychiatric restraints.	<p>Provide in-service training to staff on key location and the proper application of psychiatric restraints.</p>	

Records Reviewed: PSYCHOTROPIC MEDICATION PRACTICES		Records Score
9		77
Finding(s)	Suggested Corrective Action(s)	
MH-5: Psychiatric medication changes were made with no supporting clinical rationale documented. Psychiatric evaluations and notes were cursory, lacking detail to justify medication and diagnosis changes.	<p>Provide in-service training on the need for clearly documented clinical justifications for all medication changes and terminations.</p> <p>Conduct monthly monitoring of five charts per month for presence of documentation for medication changes. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:		PSYCHOTROPIC MEDICATION PRACTICES	Records Score
9			77
Finding(s)		Suggested Corrective Action(s)	
MH-6: Psychiatric follow-up of inmates whose medications had been changed or terminated was inadequate in terms of frequency and documentation.		<p>Provide in-service training on the need for appropriate and clearly documented follow-up of inmates whose medications are changed or terminated.</p> <p>Conduct monthly monitoring of five charts per month for presence of appropriate follow-up. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

Discussion: A trend was noted of inmates being downgraded upon arrival from S3 to S2 or even S1. Some inmates had been at BRECI less than one week when they were downgraded with no clinical justification. Additionally, psychiatric follow-up for inmates whose medications had been changed or terminated did not occur, or if it did occur, was not documented with detailed clinical notes regarding inmate progress and mental status. Details from the records reviewed that were of most concern were provided to institutional staff at the exit conference.

Records Reviewed:		SEX OFFENDER SERVICES	Records Score
6			24
Finding(s)		Suggested Corrective Action(s)	
MH-7: Sex offender screenings were not conducted as required and several inmates were within 180 days of their end-of-sentences.		<p>Conduct screenings as required.</p> <p>Conduct monthly monitoring of five charts per month for presence of appropriate screening. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Records Score
23-hr	3		48
SOS	8		82
Other	NA		N/A
Finding(s)		Suggested Corrective Action(s)	
MH-8: Inmates threatening suicide were inappropriately placed on 23-hour observation status.		<p>In-service training should be conducted with medical, nursing, psychology and psychiatric staff regarding the requirement to place suicidal inmates on suicide observation status per TI 15.05.09.</p> <p>Conduct monthly monitoring of five charts per month of inmates placed on 23-hour observation for mental health reasons to confirm that all inmates evidencing any suicidal behavior</p>	

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Records Score
23-hr	3		48
SOS	8		82
Other	NA		N/A

Finding(s)	Suggested Corrective Action(s)
	or threats are placed on suicide observation status (SOS) status rather than 23-hour observation status. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.
MH-9: Physician orders did not always specify observation intervals for inmates on 23-hour observation and/or suicide observation status or, when specified, the orders allowed observation intervals of greater than every 15 minutes.	<p>Provide in-service training on proper physician orders for placement of inmates in SOS.</p> <p>Immediately implement the CMA-endorsed standard that all patients placed on suicide observation status be monitored no less frequently than every 15 minutes.</p> <p>Conduct monthly monitoring of all admissions to 23-hour mental health observation and SOS until closure is affirmed through the CMA CAP assessment.</p>
MH-10: There was no documentation in seven of the eight records reviewed that observations ever occurred.	<p>In-service training should be conducted with medical, nursing and security staff regarding the proper use and retention of suicide observation documentation forms.</p> <p>Conduct monthly monitoring of all admissions to SOS until closure is affirmed through the CMA CAP assessment.</p>
MH-11: Post-discharge follow-up was not consistently provided within required timeframes.	<p>In-service training should be conducted with psychology staff.</p> <p>Conduct monthly monitoring of all admissions to SOS until closure is affirmed through the CMA CAP assessment.</p>

Discussion: There appeared to be much confusion among staff regarding the appropriate use of 23-hour mental health observation status versus suicide observation status. Staff should review TI 15.05.09 as well as other policy communication from the Office of Health Services indicating the placement of inmates evidencing suicidal behavior through threats or actions are not to be placed on 23-hour observation, but rather, should be placed on suicide observation status. In a positive vein, it should be noted that according to staff interviewed, “alternative housing” is never utilized at BRECI and the certified isolation cells in confinement are only used as overflow cells in the event the certified infirmary observation cells are at capacity.

Records Reviewed:	
5	USE OF FORCE
	80
Finding(s)	Suggested Corrective Action(s)
<p>MH-12: A post-use-of-force medical examination on an inmate sprayed with chemical agents occurred three hours after the event in one record reviewed and in another record the examination was inadequately documented.</p>	<p>Provide training to security staff in the requirement for timely post-use-of-force medical examinations and to nursing staff in proper completion of the examination form.</p> <p>Conduct monthly monitoring of all inmates having a use of force with chemical agents to confirm expedient and properly documented post-use-of-force examinations. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

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

- Access
- Psychiatric Restraints (no records reviewed)
- Special Housing

CONCLUSION

This institution faces a challenging mission of providing a safe environment and appropriate mental health services for very impulsive young male inmates. Illustrating this challenge within the past year was a homicide which occurred in the dining hall line in full view of inmates and security staff. It should be noted that the provision of adequate mental health services to this population was complicated at BRECI by the presence of S3 inmates at an institution not equipped with appropriate staffing to meet the psychiatric needs of such inmates. While it is unknown whether or not full-time psychiatric and psychiatric nursing staff would alleviate the clinical practice deficiencies cited in this report, it is certain that without careful review and modification of practices noted, inmates housed at BRECI will continue to receive marginal psychiatric care.

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: There was no evidence of a policy addressing elective medical or surgical procedures and how the inmate may pursue any elective medical or surgical procedure the department declines to provide.

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.

Dept-3: There was no evidence available to indicate that inmates in special housing (AC, DC, and PM) are offered one hour of exercise outside the cell per day, five days per week.

Dept-4: No policy presented prohibiting involving inmates in experiments.

MENTAL HEALTH

There were no department findings in the mental health area.

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.