CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

BROWARD CORRECTIONAL INSTITUTION

in

Pembroke Pines, Florida

on

November 27-30, 2007

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Distributed on January 29, 2008

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	**Type**	**Custody Level**	**Medical Level**
691	F	Maximum	4

Institutional Potential/Actual Workload

Main Unit Capacity	753	**Current Main Unit Census**	691
Annex Capacity	NA	**Current Annex Census**	NA
Satellite Unit(s) Capacity	NA	**Current Satellite(s) Census**	NA
Total Capacity	753	**Total Current Census**	691

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	***1***	***2***	***3***	***4***	***Impaired***	
	241	244	171	4	11	
Mental Health Grade (S-Grade)	***Mental Health Outpatient***			***MH Inpatient***		
	1	***2***	***3***	***4***	***5***	***Impaired***
	240	50	332	23	3	2

Inmates Assigned to Special Housing Status

Confinement/ Close Management	***DC***	***AC***	***PM***	***CM3***	***CM2***	***CM1***
	18	11	NA	NA	NA	NA

OVERVIEW

Chronology

On May 29 through June 1, 2007, the Correctional Medical Authority (CMA) conducted an on-site survey of the physical and mental health care delivery system at Broward Correctional Institution (BROCI). The results of that survey revealed 23 physical health and eight mental health deficiencies, many of which were deemed to be life threatening or otherwise serious. This information was immediately provided to the Secretary of the Department of Corrections through an emergency notification pursuant to s.945.6031 (3), Florida Statutes. Within 3 days, the department developed a matrix of corrective actions in response to the issues identified in the emergency notification and began implementing these activities. The CMA's report was published June 25, 2007. The department's corrective action plan (CAP) in response to the final survey report was submitted to the CMA on July 24, 2007.

Due to the seriousness of the May 2007 survey findings, the CMA Quality Management Committee reviewed all mortalities that occurred at BROCI between the last full survey (2002) and the May 2007 survey. The committee conducted these reviews in August and October and the findings were reported to the department's Office of Health Services (OHS). Because of the May 2007 survey findings and the complexity of the CAP developed by the department, the CMA scheduled a CAP evaluation visit in November 2007 to run concurrently with another complete on-site survey at BROCI. The survey focused on assessing the health care delivery system (clinical and administrative) at BROCI in the period between the first and second survey (June 1 through November 30). This report includes findings from both the CAP evaluation and the survey.

Emergency Notification – CAP Findings

At the time of the emergency notification, the department developed an interim corrective action matrix until the final report was released and a final CAP submitted. The final report also included the specific findings that resulted in the emergency notification. The items in the emergency notification are summarized below.

Emergency Finding 1 related to the standard of medical care provided to inmates at BROCI which was characterized by medical conditions not being identified in a timely manner, unacceptable delays in evaluation, diagnosis and treatment, and lack of appropriate follow up. At the time of the first survey, the institution was experiencing staff turnover, poor leadership, lack of a functional quality assurance system, and absence of accountability for delivery of medical care and supporting administrative systems.

Emergency Finding 2 related to inpatient mental health treatment for inmates in the Crisis Stabilization Unit and Corrections Mental Health Institution. At the time of the first survey, treatment appeared to consist primarily of medication management; other interventions such as group and individual counseling were held on an inconsistent basis. There appeared to be issues with management of the admission and discharge process into the programs, evidenced by waiting lists resulting from conflict between meeting the needs of close management inmates and appropriate use of scarce mental health treatment beds.

Emergency Finding 3 related to disorganization in the medication administration process, absence of adequate controls on dispensing and administration of medication.

There was no reliable system in place to ensure that medication was tracked and stored in a manner consistent with good pharmacy practice. This finding also included concerns about documentation of Emergency Treatment Orders (ETO) which prevented a determination of whether ETOs were being used consistent with statutory guidelines.

Emergency Finding 4 related to the appearance of clinical decisions being inappropriately influenced by security to the extent that appropriate medical and mental health care for inmates may have been compromised. [Revised June 18, 2007]

At the time of the resurvey, findings for both physical and mental health services generally did not rise to the level of seriousness as did those identified in the May 2007 survey. It was evident that considerable effort on the part of the institution, region, and central office had been expended to address the many systemic and clinical issues that necessitated the emergency notification. The resurvey and CAP evaluation revealed significant improvement had been made in establishing an organized system to serve as a foundation for health care delivery and BROCI is making progress in addressing the serious problems previously identified. In addition to clinical staff changes, a new chief correctional officer had been assigned who appeared to have had a positive effect on the relationships among inmates, clinical staff, and correctional officers.

In addition to the specific corrective actions described in the CAP, the OHS reports that staff has been actively working to address the issues raised at BROCI through the following activities:

Inmate Care

Special Care Needs – Written documentation was provided during the survey to indicate thirteen inmates with specialized needs had been identified for transfer to institutions to better meet these inmate's needs. The identification of special needs inmates for transfer to other facilities will be an ongoing process. The CMA requested the names, DC numbers, and transfer destination of the inmates transferred (there were actually fourteen transfers). The department provided a list of 14 inmates that had been transferred since the May survey. Of the fourteen inmates, 7 were transferred to Lowell Correctional Institution and 4 to Gadsden Correctional Facility. Three inmates that had been transferred for treatment have already returned to BROCI. As a part of the CAP monitoring process the CMA will continue to follow the status of these inmates.

Monitoring

Weekly monitoring will continue to assess compliance with corrective actions for identified deficiencies for both physical and mental health CAP plan issues – with weekly updates to the Warden, Regional Director, and the OHS regarding the status of all CAP issues.

The Warden expanded the current Monday Mental Health Advisory Committee to include physical health issues.

Office of Health Services, Central Office

The OHS staff will continue to provide ongoing support to BROCI via frequent and regular on-site visits, Offender Based Information System/Computer Assisted Reception Process (OBIS/CARP) reports monitoring and conference calls.

Augmentation Team Support

In addition to the augmentation team listed below, additional staff will provide support if a specific need is identified.

Physician Supervision - A new physician was appointed to the position of Regional Medical Executive Director (RMED) for Region IV (11/29/07). He will also be acting as the Chief Health Officer (CHO) at Broward until further notice.

Specialty Consults – Central Florida Reception Center will provide an on-site consultation coordinator and staff educator through December 14, 2007. After that date, the Coordinator will provide weekly monitoring and biweekly onsite monitoring and training to ensure continued process compliance.

Nursing – Region IV Nurse Consultants will continue to provide on-site supervision and training for nursing supervisors and nursing staff. The department's Director of Nursing or designee will conduct biweekly visits to the institution to ensure compliance.

Administrative Services – Experienced Senior Health Services Administrators (SHSA) brought in from other Regions, will continue to provide on-site training to the Senior Health Services Administrator, Health Services Administrator, Health Information Specialist Supervisor and data entry personnel. Training will include, but not be limited to, OHS policies and procedures and technical instructions, data entry, medical records management, and inmate scheduling.

Contract Management – An OHS Program Administrator will conduct biweekly site visits to BROCI until further notice to provide administrative training and contract management oversight.

Pharmacy – The department's Director of Pharmacy Services, with assistance from the Regional Pharmacy Tech, will oversee pharmacy operations and provide training for the new tech.

OBIS/CARP – A regional OBIS/CARP trainer will provide ongoing computer application training and run reports for monitoring and oversight purposes.

Medical Records – BROCI will receive assistance from medical records staff at other institutions who will visit every two weeks to audit records and provide medical records training to staff.

Medical Call-Outs and Data Entry Training - Site visits to BROCI will be conducted every two weeks to audit the call-out process and provide training to new and existing data entry operators.

Clearly, staff has made substantial progress toward recognizing break downs in the management and control of administrative concerns at BROCI and implementing appropriate corrective actions. Though in itself not a clinical component of health care, an effective administrative system is essential to ensure record keeping, staffing, budgetary aspects, etc., of the operation are adequate. Attention to detail and ongoing monitoring will be necessary to ensure corrections put in place are sustained.

In regard to clinical issues previously identified, staff should also be recognized for their efforts to return clinical practice to an acceptable level of compliance with department and community standards. Notwithstanding the progress made to date, however, some clinical care issues remain. For example, based on comprehensive record reviews and cases reviewed in the oncology clinic, concerns remain that were previously identified in the

emergency notification, thus requiring continued attention. In these cases, evaluation and follow-up of potentially serious symptoms or previously confirmed conditions was unacceptably delayed.

The CMA will continue to monitor the progress at BROCI through follow-up visits, including a scheduled visit to measure the institution's compliance with the submitted CAP.

Survey Findings

On November 27, 2007, the CMA returned to BROCI accompanied by a full survey team to review the medical, dental and mental health care delivery systems currently in place and to ascertain progress on corrective actions put in place by the department following the May 2007 survey. Corrective action files developed by the institution were carefully reviewed and, as in May 2007, the full resurvey included reviews of medical, dental, and mental health records, reviews of administrative processes, and a tour of the physical plant.

Although many of the physical health findings previously identified were determined to be corrected during the CAP evaluation phase of the survey, 7 findings were determined to be unresolved. These 7 remaining findings plus 6 newly cited areas of concern resulted in a total of 13 findings. A review of mental health services resulted in the issuance of 10 findings, with 5 of the 10 similar to those previously identified and 5 newly identified findings.

Department Findings

In addition to the survey findings referenced above, other areas of concern were noted during the resurvey. Although these same findings were documented in the May 2007 survey report, they are listed again in this report as they are still unresolved. One additional mental health finding was identified and is annotated in this report. These findings may be based on community standards endorsed by the CMA, but not currently addressed in OHS policy, procedure, or directive. These issues are typically beyond individual institutional control, requiring intervention at a higher level. The OHS should submit a separate corrective action plan for these findings. The findings are clearly identified as "Department Findings" and appear at the end of this report following the body of the Mental Health section. Department findings from all institutional surveys, including those from the BROCI survey, will be routinely reviewed by the CMA Quality Management Committee and reported in the CMA Annual Report.

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 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. 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

SYSTEMS

Reviews of corrective actions put in place following the May 2007 survey related to non-clinical care system components such as administrative processes, medication administration, health record organization, quality management etc., revealed that significant activity to correct deficiencies noted in the emergency notification occurred. All specific outstanding deficiencies in administrative systems from the May 2007 survey were deemed corrected. No new systems issues were identified during the resurvey.

CLINICAL

In regard to clinical care issues, it appeared staff had made substantial progress toward correcting some of the clinical issues identified in the emergency notification. Notwithstanding the progress made to date, however, some clinical care issues remain.

For example, issues with incomplete physical examinations and/or assessments first identified in the May 2007 survey resurfaced during this survey. These were documented in the May survey report as PH-12, 17, and 24 (see pages 14 and 15 of this report for a list of the unresolved issues). In this report, these issues are reflected in PH-1(a); 5(a), (b), (d), and (e); 7(c); 11; 12(a); and 13.

Delays in obtaining necessary consultations were also identified in the May 2007 survey and were reflected in that report as PH-12 and 13 (again see pages 14 and 15 of this report for a list of these unresolved issues). These concerns also resurfaced during this survey and are reflected in PH-1(b); 2; 6, and 9. Written documentation of these concerns was provided to the department for follow-up at the time of the survey.

NOTE: Current findings relating to May 2007 emergency findings and open CAP issues are noted under current findings in the relevant sections of this report.

COMPREHENSIVE RECORD REVIEWS	
Finding(s)	**Suggested Corrective Action(s)**
PH-1: Comprehensive clinical reviews of ten randomly selected medical records revealed the following deficiencies: **(a) Inmate labs such as (HgBA1C, TSH, ANA, and ESR) were not drawn as ordered** ***(b) Follow-up exams and consultations were not provided in a timely manner. (See discussion).**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Create one monitoring instrument on which both issues identified are examined on a regular basis. Conduct weekly monitoring of no less than ten records, if applicable, to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if

COMPREHENSIVE RECORD REVIEWS	
Finding(s)	**Suggested Corrective Action(s)**
	the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

Discussion PH-1 (b): One inmate complaining of constipation and rectal bleeding was diagnosed with "rule out hemorrhoids" without benefit of a rectal exam to confirm the diagnosis.

In another case, an inmate's chest radiograph was abnormal in November 2006. A CT scan was ordered in December 2006; it was not completed until May 2007. A large "fluid density" mass was located on the lower lobe of her right lung. It wasn't until November 2007 that a thoracic surgical consultation was ordered (one year after the abnormal chest x-ray and six months following the abnormal CT scan). A thoracic surgeon declined to see the patient because the referral appeared to him to be related to the inmate's breast implants. The inmate was again referred to the surgeon on November 28, 2007; a report on the outcome of the referral was requested by the CMA on January 17, 2007. On January 23, the OHS advised the CMA that the inmate had refused an appointment at the end of November, in spite of counseling by a nurse. She was subsequently seen by an ARNP on January 15, 2008 and agreed to a follow up appointment with a surgeon.

Another example of inadequate follow-up examination and/or delayed consultation was an inmate who was diagnosed with dysfunctional uterine bleeding who had previously refused two PAP smears. A consultation with a gynecologist was ordered, but was not scheduled by the institution.

***Emergency Finding 1 and Finding PH-12 (b) in May survey - open CAP issue, see page 14.**

CONSULTATIONS	
Finding(s)	**Suggested Corrective Action(s)**
***PH-2: Clinical reviews of five records containing consultation encounters lacked evidence three inmates were informed of results of the consultation.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the documenting the inmate's receipt of consultation results. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

*Finding PH-13 (e) in May survey - open CAP issue, see page 14.

OBIS/HEALTH RECORD	
Finding(s)	**Suggested Corrective Action(s)**
PH-3: Comprehensive reviews of ten randomly selected medical records evaluating compliance with OBIS requirements revealed the following deficiencies: **(a) Five records reviewed did not have a current PULHESDXTI in the medical record that matches the PULHESDXTI in OBIS** **(b) Five records reviewed did not accurately reflect passes, medical holds, etc. as noted in OBIS.**	Provide applicable in-service training for staff regarding the importance of, and the procedural steps required for ensuring entries in OBIS matches the entries in the medical record. Conduct weekly monitoring of no less than 10 records and corresponding OBIS screens to ensure the information contained in both is consistent. Continue monitoring efforts until closure is affirmed through a CMA corrective action plan assessment.

GENERAL CHRONIC ILLNESS CLINIC ISSUES	
Finding(s)	**Suggested Corrective Action(s)**
***PH-4: Records from the following clinics inconsistently documented the provision of pneumococcal (a) and/or influenza (b) vaccines or of signed inmate refusals:** **Cardiovascular (a) (b)** **Endocrine (a)** **Immunity (including HIV) (a) (b)** **Miscellaneous (a)** **Oncology (a) (b)** **Renal (b)** **Respiratory (b) (c)** **Tuberculosis (a)**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Create one monitoring instrument on which both issues are examined on a regular basis. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

***Emergency Finding 1 and Finding PH-15 (a) and (b) in May survey - open CAP issue, see page 15.**

IMMUNITY CLINIC	
Finding(s)	**Suggested Corrective Action(s)**
PH-5: Clinical reviews of eight Immunity Clinic records (including HIV) revealed the following deficiencies: **(a) Eight records did not contain baseline diagnostic data in the current volume of the record** **(b) Three records did not contain evidence of a current PPD** **(c) Two records indicated the patient was not followed in the clinic every 90 days** **(d) Eight records lacked evidence of toxoplasmosis screening** ***(e) Eight records lacked evidence complete lab studies were performed.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

***Emergency Finding 1 and Finding PH-17. in May survey - open CAP issue, see page 15.**

NEUROLOGY CLINIC	
Finding(s)	**Suggested Corrective Action(s)**
PH-6: Clinical reviews of nine Neurology Clinic records revealed two records lacked evidence of a neurological consultation or an explanation as to why one was not ordered.	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue listed in the Finding(s) column. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

PREVENTATIVE CARE	
Finding(s)	**Suggested Corrective Action(s)**
PH-7: Clinical reviews of ten records selected to evaluate the provision of Preventative Care activities revealed the following deficiencies: **(a) Eight of ten records did not contain a review of mental health and social history during yearly health appraisals** **(b) Eight of ten records lacked evidence of a complete physical exam (see discussion)** **(c) Two of ten records lacked documentation PPD tests were administered and read yearly.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Create one monitoring instrument on which all issues are examined on a regular basis. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

Discussion: PH-7(b) Rectal exams were not done in many cases due to inmate menses.

TUBERCULOSIS CLINIC	
Finding(s)	**Suggested Corrective Action(s)**
PH-8: Clinical reviews of nine Tuberculosis Clinic records revealed the following deficiencies: **(a) Three records lacked evidence inmates with a history of a positive PPD received treatment in a timely manner** **(b) Two records did not identify tuberculosis infection or disease on the problem list.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Create one monitoring instrument on which both issues are examined on a regular basis. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

ONCOLOGY CLINIC

Finding(s)	Suggested Corrective Action(s)
***PH-9: Clinical reviews of three Oncology Clinic records revealed two records lacked evidence that consults were completed as ordered (see discussion).**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

Discussion PH-9: An inmate was diagnosed with cancer of the vulva in January 2007 while incarcerated in county jail. She was scheduled for evaluation at a local cancer hospital, but in May 2007 she was transferred to BROCI before evaluation/treatment was provided. She was seen by an oncologist in June who recommended a GYN/Oncologist consult "ASAP." Two subsequent "emergency" consults were ordered. At the time of the survey, the inmate had not yet been evaluated by a GYN/Oncologist. On January 4, 2008 the CMA requested information about the status of the consult as at that point approximately 6 weeks had elapsed since the November resurvey. The OHS responded that the inmate had missed a scheduled appointment due to a transportation error and the appointment was rescheduled on January 10 as this was the first date available. She was seen on that date and a biopsy was performed. The CMA has asked to be advised about the outcome of the biopsy and will follow the progress of this inmate.

In another case an inmate with a history of right lung cancer with a history of lobectomy (surgical removal of a lobe of the lung) in 2000 sought treatment in May 2007 at BROCI for hilaradenopathy (an enlargement of lymph nodes in the lungs). A CT scan was conducted, and a questionable right lung lesion was found. A PET scan was recommended at that time; it was not ordered. A PET scan was again recommended on July 24, 2007; again it was not ordered. At the time of the survey in late November 2007, the PET scan was still not completed. On January 4, 2008 the CMA inquired about the status of this case and was informed by the OHS that the PET scan recommended in May 2007 was performed on December 19, 2007, an abdominal CT and sonogram were ordered, and a pulmonary consult was scheduled for January 7, 2008. A lung biopsy and ultrasound of the gall bladder and abdomen was scheduled for January 16. The result of an abdominal ultrasound done on January 23 shows a small cyst in the right lobe of the liver. No further information was available at the time regarding the cyst. The lung biopsy was negative for cancerous cells. The CMA has asked to be kept informed about the progress of this case.

***Emergency Finding 1 and Finding PH-12 (b) in May survey - open CAP issue, see page 14.**

CARDIOVASCULAR CLINIC

Finding(s)	Suggested Corrective Action(s)

CARDIOVASCULAR CLINIC	
Finding(s)	**Suggested Corrective Action(s)**
***PH-10: Clinical reviews of ten Cardiovascular Clinic records revealed that four records lacked evidence low dose aspirin therapy was prescribed or considered for patients over age 40.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

*** Finding PH-22. in May survey - open CAP issue, see page 15.**

MISCELLANEOUS	
Finding(s)	**Suggested Corrective Action(s)**
PH-11: Clinical reviews of ten Miscellaneous Clinic records revealed two records did not contain appropriate baseline studies for patients with liver disease.	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the importance of having the appropriate baseline studies in the record. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

ENDOCRINE CLINIC	
Finding(s)	**Suggested Corrective Action(s)**
***PH-12: Clinical reviews of seven Endocrine Clinic records revealed the following deficiencies:** **(a) Five records lacked evidence of an annual test for the presence of microalbuminia** **(b) Two records lacked evidence low**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Create one monitoring instrument on which both issues are examined on a regular basis.

ENDOCRINE CLINIC	
Finding(s)	**Suggested Corrective Action(s)**
dose aspirin therapy was prescribed or considered.	Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

***Finding PH-24 (a) and (b) in May survey - open CAP issue, see page 15.**

INTRASYSTEM TRANSFER	
Finding(s)	**Suggested Corrective Action(s)**
***PH-13: Clinical reviews of seven records selected to evaluate the effectiveness of intrasystem transfer activities revealed two records lacked documentation of a DC4-760A or a progress note indicating vital signs were checked.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column. Conduct weekly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.

***Finding PH-25. in May survey - open CAP issue, see page 15.**

<u>Remaining CAP Issues – Physical Health</u>

While conducting the current survey of BROCI, the CAP issues from the previous review on May 29 – June 1, 2007 were also examined. Documentation was provided to close all but seven physical health findings listed in the previous report. Those remaining findings are listed below. These issues will be addressed in an on-site CAP assessment approximately three months from the date the final CAP is submitted to the CMA.

<u>PH-12 (b):</u> Comprehensive record reviews indicated concerns were still present regarding delays in obtaining consultations, thus affecting continuity of care.

<u>PH-13 (e):</u> Health care providers were not consistently documenting consultant's findings.

PH 15 (a) and (b): Inmates in various chronic illness clinics were not consistently receiving influenza and pnuemococcal vaccinations.

PH 17: Immunity Clinic records lacked evidence of appropriate lab studies being completed on an annual basis; i.e., CMV, B lymphocytes, toxoplasmosis, and hepatitis screenings. Additionally, paps were not being done every 6 months.

PH 22: Cardiovascular Clinic records lacked evidence that low dose aspirin therapy was prescribed or considered.

PH-24 (a) and (b): Endocrine Clinic records lacked evidence of an annual test for the presence of microalbuminia and evidence low dose aspirin therapy was prescribed or considered.

PH-25: Documentation of DC4-760A (Transfer Summary) or progress notes lacked documentation of vital signs.

CONCLUSION: Although there are still serious concerns about the care at this institution in several cases, BROCI staff has made substantial progress in addressing many of the issues identified in the CMA's May 2007 survey. Although the provision of care has been challenged by a high staff turnover rate, there is now a team in place to address staffing issues and to provide adequate oversight of the delivery of health services. Continuing monitoring and support by the OHS will be necessary to sustain the progress made to date.

MENTAL HEALTH FINDINGS

OVERVIEW

BROCI provides the full range of mental health services including inpatient and outpatient services. The following are the mental health grades used by the department to classify inmate mental health needs:

- 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).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).
- S6 - Inmate requires acute hospital care in Corrections Mental Health Institution (CMHI). Placement in CMHI requires a court order. In addition, a separate court order must be obtained to involuntarily medicate inmates who pose a danger to self or others and are refusing psychotropic medication.

SYSTEMS

NOTE: Current findings relating to May 2007 emergency findings and open CAP issues are noted under current findings in the relevant sections of this report.

ADMINISTRATIVE ISSUES	
Finding(s)	**Suggested Corrective Action(s)**
***MH-1: Medical records were disorganized; pages in the record were out of order.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding medical records organization. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

***Emergency Finding 1 and Finding MH-1 in May survey - open CAP issue, see page 22.**

CLINICAL

INPATIENT PSYCHOTROPIC MEDICATION PRACTICES	
Finding(s)	**Suggested Corrective Action(s)**
MH-2: A clinical review of fifteen inpatient records evaluating psychotropic medication practices revealed the following deficiencies: ***(a) Physician's orders do not clearly or consistently document the use of emergency treatment orders (ETO) (see discussion)** ***(b) Seven records lacked evidence laboratory tests were ordered prior to initial dose of medication** **(c) Five records lacked evidence follow-up laboratory studies were ordered and conducted as required** **(d) Three records lacked evidence of current, signed informed consents.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis. Monitor all applicable inpatient records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion: MH-2 (a) Some orders are written for stat IM medication but are not listed as an ETO. Other orders for PO (per os, or by way of mouth) medication are written as ETOs.

***Emergency Finding 2 and Finding MH-5 (a) and (d) in May survey - open CAP issue, see page 22.**

INPATIENT MENTAL HEALTH SERVICES	
Finding(s)	**Suggested Corrective Action(s)**
MH-3: A comprehensive clinical review of six inpatient mental health records revealed the following deficiencies: **(a) Three records lacked evidence of timely updated goals on the Individualized Service Plan (ISP)** **(b) Three records lacked evidence of a completed history and physical within the required timeframe for inmates admitted to CSU/CMHI.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which both issues identified in the findings column are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

PSYCHIATRIC RESTRAINTS	
Finding(s)	**Suggested Corrective Action(s)**
MH-4: A clinical review of two records containing episodes of restraint revealed the following deficiencies: **(a) There was no evidence the inmate was offered a bedpan, food, or limb exercise at the appropriate intervals for an inmate in four point restraints** **(b) There was no evidence vital signs were taken at the end of the four point restraint episode** **(c) There was no documentation of the rationale for leaving the inmate in four point restraints for one and half hours during which the behavioral observations indicated she was calm** ***(d) An inmate placed in wrist restraints was inadequately monitored.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis. Conduct weekly compliance monitoring of all episodes of restraint use. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

***Emergency Finding 2 and Finding MH-7 in May survey - open CAP issue, see page 22.**

OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES	
Finding(s)	**Suggested Corrective Action(s)**
MH-5: A clinical review of thirteen inpatient records evaluating psychotropic medication practices revealed the following deficiencies: **(a) Five records lacked evidence laboratory tests were ordered prior to initial dose of medication** **(b) Three records lacked evidence abnormal labs were followed with appropriate treatment and/or referral in a timely manner** **(c) Seven records lacked evidence of follow-up lab studies ordered and conducted as required** **(d) Four records lacked evidence of current, signed informed consents.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis. Monitor all applicable inpatient records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion: In two of the records reviewed, an issue was noted involving inadequate psychiatric documentation. For example, an inmate verbalized hallucinations and asked for a medication increase. There was no rationale for the refusal to increase the medication and the inmate was subsequently admitted to the inpatient unit. In another case, an inmate's Depakote was increased without knowledge of the previous level. Another issue noted involves orders not being carried out properly or in a timely manner. An antidepressant was ordered for an inmate but she never received the medication. In another case labs were ordered, however they were not completed for three months. In addition, two EKGs were not completed as ordered. Three inmates were not required to fast for labs as required.

OUTPATIENT MENTAL HEALTH SERVICES	
Finding(s)	**Suggested Corrective Action(s)**
MH-6: A comprehensive clinical review of five outpatient mental health records of inmates with a psychological grade of S2 revealed the following deficiencies: **(a) Four records lacked evidence of timely service planning interviews for S2 inmates** **(b) Four records lacked evidence of timely individual service plan (ISP) updates.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which both issues identified in the findings column are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

RECEPTION	
Finding(s)	**Suggested Corrective Action(s)**
MH-7: A comprehensive clinical review of four mental health records evaluating the reception process revealed the following deficiencies: **(a) Two records lacked evidence psychotropic medication from the county jail was continued upon arrival at BROCI** **(b) Four records did not contain documentation that inmate pre-incarceration mental health records were requested.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Create one monitoring instrument on which both issues identified in the findings column are examined on a regular basis. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

AFTERCARE PLANNING	
Finding(s)	**Suggested Corrective Action(s)**
MH-8: In four of nine records reviewed social security benefit applications were not completed in a timely manner.	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

SELF HARM OBSERVATION STATUS	
Finding(s)	**Suggested Corrective Action(s)**
***MH-9: Physician orders for self harm observation status (SHOS) did not specify blanket, shroud, mattress, and/or 15 minute checks in four of seven records reviewed.**	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

***Finding MH-9 (b) in May survey - open CAP issue, see page 22.**

USE OF FORCE	
Finding(s)	**Suggested Corrective Action(s)**
MH-10: A physical examination was unavailable or not complete following an episode of use of force in four of four records reviewed.	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Remaining CAP Issues – Mental Health

While conducting the current survey of BROCI, the CAP issues from the previous review were examined. Documentation was provided to close all but five mental health findings listed in the previous report. Those remaining findings are listed below. These issues will be addressed in an on-site CAP assessment in approximately three months.

MH-1: Medical records were disorganized, pages in records were out of order or missing.

MH-5 (a): Physician's orders did not clearly or consistently document the use of ETO's.

MH-5 (d): Three records lacked evidence that laboratory tests were ordered prior to initial dose of medication.

MH-7: In the only record available for review, an episode during which wrist restraints were applied to control an inmate's movement was inadequately documented.

MH-9 (b): Records lacked evidence of physician orders specifying every fifteen minute observations, or if the orders were present, the observations were not consistently documented by nursing staff.

CONCLUSION:

Mental health services have improved since CMA's last review in May. Staff report positive changes resulting in a team oriented working environment. Inmate comments were generally positive regarding the available mental health services and staff. Institutional staff as well as regional and OHS staff have been diligently working to improve the services provided. According to a plan submitted by the department, central office mental health staff will continue to provide periodic ongoing consultative oversight and will conduct monthly on-site reviews of the comprehensive mental health system.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, there are several other areas of concern. These findings are beyond the scope of the institution to correct as they may be based on standards endorsed 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

Finding(s)
Dept-1: Inmates in special housing (administrative confinement, disciplinary confinement, protective management) did not receive one hour of exercise per day, outside the cell five days per week. Instead they are offered three hours per week.

MENTAL HEALTH

Finding(s)
Dept-2: Staff reported long delays in obtaining court orders for involuntary medication for inmates committed to CMHI. Medication orders are in effect for 90 days. When these lapse, there are delays getting the orders renewed. This results in inmates not receiving the needed treatment in a timely manner or an interruption in the treatment being provided. See discussion.
Dept-3: There is no direct access to the nursing station or the TCU unit from the security control room. If an altercation or health emergency were to occur on the unit, security staff must exit through one locked interior door and two locked exterior doors to enter the unit and another locked interior door to enter the nursing area.
Dept-4: Appointments with community providers for inmates who are within 45 days of end of sentence are not consistently received from the Department of Children and Families in a timely manner.

Discussion Dept-2: At the survey in May, CMA staff learned from BROCI staff there were delays in obtaining court orders authorizing involuntary medication of inmates in CMHI. The reason for this delay was unknown to BROCI staff. The Honorable Mark Speiser, Circuit Judge, Seventeenth Judicial Circuit, is the probate and mental health judge who hears requests for involuntary medication from BROCI. At the CMA's invitation, Judge Speiser, his staff attorney, and judicial assistant visited BROCI with CMA and Central Office staff the day before the survey. During the visit, Judge Speiser and his staff had the opportunity to visit the inpatient unit and discuss the procedures for obtaining medication orders with department legal and mental health staff with the goal of resolving the situations that create delays in treating inmates who refuse treatment.

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 endorsed 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, /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.