



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

CHARLOTTE CORRECTIONAL INSTITUTION

in

Punta Gorda, Florida

on

April 13-16, 2004

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(Report compiled by Kathy
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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Adult	Male	Maximum	3

Institutional Potential/Actual Workload

Main Unit Capacity	1,031	Current Main Unit Census	999
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1,031	Total Current Census	999

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Impaired</i>	
	627	207	188	4	12	
<i>Mental Health Grade</i>	<i>Mental Health Outpatient</i>				<i>MH Inpatient</i>	
<i>(S-Grade)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	840	207	55	45	43	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	10	13	0	250	206	185

OVERVIEW

Physical Health Summary

Medical and dental systems at the institution were reviewed. Staff interviews indicated there were no obstacles to providing care that met professional community standards. Deficiencies and areas of concern are described in the physical health section of this report.

Mental Health Summary

This maximum security institution, offering outpatient and inpatient mental health services, serves a challenging population, including close management inmates. The current survey focused on services to general population and inpatient inmates. For services specific to the close management population at Charlotte Correctional Institution., the reader is referred to the CMA's October 2003 report of close management monitoring. Regarding the current survey, the institution appeared to be maintaining an appropriate level of mental health services and there were no significant negative findings, a fact for which institutional staff should be highly commended.

Department Findings

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

Exit Conference and Final Report

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

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

SUMMARY OF INSTITUTIONAL SCORES

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

Area of Review		Score		
		Systems	Clinical	
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	80	
		Emergency Care		100
		Episodic Care Follow-Up		100
		Infirmery Care		79
		Sick Call		94
	Chronic Care	Asthma/Pulmonary Clinic		97
		Diabetes Clinic		94
		General Medicine Clinic		97
		Hypertension Clinic		95
		Immunity Clinic		100
		Seizure Clinic		98
	Preventative Care		100	90
	Dental Services		95	100
	Mortality Review		100	84
	Other	Administrative Processes	91	
		Consultation Requests	100	94
		Food Services	100	
		Infection Control	93	
		Intake Process (Reception)	NA	NA
		Intrasystem Transfers	100	85
Medical Area and Inmate Housing		98		
Medication Administration		100	83	
OBIS/Health Record Content		89	99	
Pharmacy Services		95		
Quality Management		75		
Area of Review			Area Score	
MENTAL HEALTH	Mental Health Systems		97	
	Access to Mental Health Services		100	
	Inpatient Mental Health Services		100	
	Intellectual Functioning		100	
	Outpatient Mental Health Services		100	
	Psychiatric Restraint		NA	
	Psychotropic Medication Practices		99	
	Reception/Intake Process		NA	
	Self-Injury/Suicide Prevention	23-hour MH Observation		NA
		SOS Status		91
		Other Self-injury Prevention Status		NA
	Sexual Offender Services		75	
	Special Housing		100	
	Use-of-Force		90	

PHYSICAL HEALTH FINDINGS

SYSTEMS

QUALITY MANAGEMENT		Systems Score
		75
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: The composition of the institutional QM committee does not adequately represent the institution's health disciplines, excluding the dentist.</p>	<p>Instruct the dentist on importance of being part of QM committee and attending meetings.</p> <p>Provide documentation of dentist's inclusion in the QM committee and attendance at QM meetings.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
<p>PH-2: There was no evidence that the physician and dentist were provided annual peer/clinical reviews.</p>	<p>Provide evidence of annual peer/clinical review for the physician and dentist.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

CLINICAL

Records Reviewed	MEDICATION ADMINISTRATION	Record Review Score
5		83
Finding(s)	Suggested Corrective Action(s)	
<p>PH-3: Two of five records reviewed did not indicate the route of administration for the medication to be given.</p>	<p>Instruct staff on importance of documenting route of administration for all medicine to be administered to inmates.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed 6	MORTALITY	Record Review Score 84
Finding(s)	Suggested Corrective Action(s)	
PH-4: There were concerns regarding treatment not being initiated in a timely manner in two of the six mortality records reviewed. A critical issue identified was the need for an automated external defibrillator (AED) at the medical unit. One of the deaths was diagnosed as being in ventricular fibrillation, but was not fibrillated due to a doctor not being on-site at the facility on the weekend. There was no qualified staff available to use the defibrillator at the time of the cardiac emergency.	<p>Instruct staff on importance of initiating treatment in a timely manner when medically necessary.</p> <p>Placement of an AED in the medical unit.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed 10	INFIRMARY CARE	Record Review Score 79
Finding(s)	Suggested Corrective Action(s)	
PH-5: Nursing notes do not document the patient's vital signs every shift.	<p>Instruct staff on importance of documenting vital signs at least once every shift or more often if warranted by the patient's condition.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed 5	DIABETES	Record Review Score 94
Finding(s)	Suggested Corrective Action(s)	
PH-6: There was no evidence of an annual test for the presence of microalbumin in three of five diabetic records reviewed.	<p>Instruct staff on importance of annually testing microalbumin for diabetics whose urinalysis tests negative for protein.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Discussion

The following deficiency involves medical trends/issues that were noted through interviews with medical staff and examination of records:

- Two of the records reviewed in the Tuberculosis/INH clinic did not have liver function tests performed after initiation of INH treatment or were not tested until after 3 months of INH treatment.
- There was no documentation of the consulting pharmacist providing annual in-service training for medical staff.

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

System Reviews

- Episodic Care
- Infirmary Care
- Intra-system transfer
- Medication Administration
- Mortality
- Consultation Requests
- Dental Services
- Food Services
- OBIS/Health Record Content
- Medical Area and Inmate Housing
- Preventative Care
- Pharmacy

Record Reviews

- Consultation Requests
- Dental Services
- Emergency Care
- Episodic Care Follow-Up
- Seizure Clinic
- Immunity Clinic
- OBIS/Health Record Content

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Staff is to be commended for the excellent job they have done providing care to the prison population.

MENTAL HEALTH FINDINGS

Background

Mental health staffing at Charlotte CI, a maximum security institution offering both outpatient and inpatient mental health services, consisted of the following: two psychiatrists, one psychologist, one psychiatric ARNP, and 11 behavior specialists (all licensed or registered interns). Mental health services at the institution are provided by a private vendor, Wexford Health Sources. The institution houses approximately 600 close management (CM) inmates who, in general, have been assessed as having a lower level of mental health needs than those CM inmates housed at Florida State Prison, Union CI and Santa Rosa CI.

Survey Results

Results were extremely positive with only scattered findings that did not constitute significant negative trends requiring formal corrective action. Comments on the few scattered findings are indicated below.

Self-Injury/Suicide Prevention

In one record reviewed the physician's admission order to the infirmary did not clearly indicate that the admission was for psychiatric observation only and not for suicide observation status.

Sex Offender Services

In one record reviewed the inmate, who was clearly a sex offender, did not receive the sex offender screening. It is also recommended that sex offenders who have refused treatment in the past, be offered treatment again when they are within one year of end-of-sentence.

Psychotropic Medication Practices

In one record reviewed, an inmate with a history of severe head injury, bizarre behaviors and cognitive disorganization evidenced the need for a neurological evaluation including an EEG to rule out seizure activity.

CONCLUSION

Mental health services at Charlotte have improved substantially over the past six years, possibly due in part to the lower mental health acuity level of the outpatient and CM population now housed at the institution. It should be noted that all psychologists and behavior specialists are licensed mental health professionals or registered interns, a factor that also may be related to the positive survey findings and quality of services being provided. Institutional staff are to be commended on the results from this survey.

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: Two of the records reviewed for sick call did not have evidence of a higher level staff cosigning encounters by a CMTC or LPN.

Dept-2: Seven of nine records reviewed for preventative care did not have a PPD administered and read every year or have documentation of a refusal.

Dept-3: Two of the records reviewed for the asthma clinic did not have evidence of an influenza vaccine being offered or refusal of the vaccine.

Dept-4: Two of the records reviewed for the general medicine clinic did not have evidence of a pneumococcal vaccine being offered or refused and two of the records reviewed did not have evidence of an influenza vaccine offered annually or refusal.

Dept-5: Five of ten records reviewed for the hypertension clinic did not have evidence that a pneumococcal vaccine was offered or refused.

Dept-6: Sick call was not held seven days a week for inmates in confinement.

Dept-7: The emergency care log did not include the chief complaint/diagnosis. There was no system for supervisory review of the weekly (done monthly) emergency care encounters for accuracy, treatment modality, medication distribution, vital signs, documentation, education, completeness, etc.

ADMINISTRATIVE PROCESSES

Finding(s)

Dept-8: There is no 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-9: There is no policy prohibiting medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

Dept-10: No policy was 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.