



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

CROSS CITY CORRECTIONAL INSTITUTION

in

Cross City, Florida

on

September 11 - 14, 2007

CMA Physical Health Team Leader:

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CMA Mental Health Team Leader:

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Distributed on October 3, 2007

DEMOGRAPHICS

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

| INSTITUTIONAL INFORMATION | | | |
|---------------------------|------|---------------|---------------|
| Population | Type | Custody Level | Medical Level |
| 1432 | M | Close | 3 |

Institutional Potential/Actual Workload

| | | | |
|-----------------------------------|------|------------------------------------|------|
| Main Unit Capacity | 1024 | Current Main Unit Census | 1025 |
| Annex Capacity | NA | Current Annex Census | NA |
| Satellite Unit(s) Capacity | 280 | Current Satellite(s) Census | 276 |
| Total Capacity | 1304 | Total Current Census | 1301 |

Inmates Assigned to Medical/Mental Health Grades

| <i>Medical Grade</i> | 1 | 2 | 3 | 4 | <i>Impaired</i> | |
|--------------------------------------|--|-----|-----|----------------------------|-----------------|-----------------|
| | 846 | 356 | 109 | NA | 1 | |
| <i>Mental Health Grade (S-Grade)</i> | <u><i>Mental Health Outpatient</i></u> | | | <u><i>MH Inpatient</i></u> | | |
| | 1 | 2 | 3 | 4 | 5 | <i>Impaired</i> |
| | 1261 | 50 | NA | NA | NA | NA |

Inmates Assigned to Special Housing Status

| <i>Confinement/ Close Management</i> | DC | AC | PM | CM3 | CM2 | CM1 |
|--------------------------------------|----|----|----|-----|-----|-----|
| | 94 | 35 | NA | NA | NA | NA |

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Cross City Correctional Institution (CRCCI). Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Physical Health Findings

Medical and dental systems at the institution were reviewed. Deficiencies and areas of concern are described in the physical health section of this report.

Mental Health Findings

Mental health systems at the institution were reviewed. Deficiencies and areas of concern are described in the body of the report. Two deficiencies identified in the prior review in July 2001 and corrected through the corrective action plan process resurfaced as a current issue.

MH-2(c): Mental health orientation was not conducted by nursing within 24 hours of an inmate's arrival at the institution.

MH-4(a): Physician's orders did not specify observation at least every 15 minutes for Self-Harm Observation Status

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 documented by a monthly compilation of the following:

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

PHYSICAL HEALTH FINDINGS

SYSTEMS

No significant findings were encountered with physical health systems.

CLINICAL

INFIRMARY

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>PH-1: Five of five infirmatory records reviewed did not include documentation in the nursing admission note that the patient was given an orientation to the infirmatory.</p> | <p>Provide in-service training for staff regarding the importance orienting the patient to the infirmatory upon admission.</p> <p>Conduct monthly 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

PREVENTATIVE CARE

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-2: Clinical reviews of 10 records selected to evaluate the provision of Preventative Care activities revealed that:</p> <p>(a) Records lacked evidence that the annual/biennial appraisal included a hands-on physical assessment. (see discussion)</p> <p>(b) Records lacked evidence the health appraisal included a review of mental health and social history.</p> <p>(c) Five of ten records reviewed lacked documentation a tuberculin skin test was administered and read every year.</p> <p>(d) Five of ten records reviewed did not contain evidence of a physical that included a hemocult/rectal exam.</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion: Although a hands-on physical assessment is not required by department policy, there is concern the overall physical well-being of inmates may not be thoroughly addressed solely by enrollment in a chronic illness clinic. For instance, inmates in the Cardiovascular Clinic are unlikely to have an annual digital rectal examination for evaluation of the prostate. The periodic screening encounter is appropriate and useful, but it is the opinion of the CMA that a physical examination by a clinician is warranted, especially due to the health concerns of an incarcerated population.

| RESPIRATORY CLINIC | |
|--|--|
| Finding(s) | Suggested Corrective Action(s) |
| <p>PH-3: Clinical reviews of 10 Respiratory Clinic records revealed the following deficiencies:</p> <p>(a) Three of 10 records reviewed did not contain a DC4-710F, documenting the initial clinic visit physical examination and baseline diagnostic data.</p> <p>(b) Four of 10 records reviewed did not contain documentation regarding the evaluation of disease control (good, fair, poor) or an evaluation regarding the status of the patient since the previous chronic clinic visit (improved, unchanged or worsened).</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which both issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

| ENDOCRINE CLINIC | |
|---|--|
| Finding(s) | Suggested Corrective Action(s) |
| <p>Ph-4: Clinical reviews of 10 Endocrine Clinic records revealed the following deficiencies:</p> <p>(a) Four of 10 records reviewed did not contain evidence of an annual test for the presence of microalbumin.</p> <p>(b) Two of 10 records reviewed did not contain evidence that low dose aspirin was prescribed or considered.</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which both issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly 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.</p> |

| ENDOCRINE CLINIC | |
|------------------|--|
|------------------|--|

| Finding(s) | Suggested Corrective Action(s) |
|------------|--|
| | Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. |

| CARDIOVASCULAR CLINIC | |
|-----------------------|--|
|-----------------------|--|

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>PH-5: Clinical reviews of 10 Cardiovascular Clinic records revealed the following deficiencies:</p> <p>(a) Two of 10 records reviewed did not contain documentation that low dose aspirin was prescribed or considered for patients over 40.</p> <p>(b) Two of 10 records reviewed did not contain evidence of a fundoscopic examination.</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which both issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

| DENTAL CLINIC | |
|---------------|--|
|---------------|--|

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>Ph-6: Clinical reviews of 20 Dental records revealed the following deficiencies:</p> <p>(a) Four of 20 records reviewed contained incorrect or missing allergy notations on the patient's chart.</p> <p>(b) Five of 20 records reviewed did not contain evidence of requests for routine treatment being completed within six months of initiation of treatment and/or time frames between appointments within three months.</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which both issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly 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.</p> <p>Continue monitoring until closure is</p> |

| | |
|----------------------|--|
| DENTAL CLINIC | |
|----------------------|--|

| Finding(s) | Suggested Corrective Action(s) |
|------------|---|
| | affirmed through the CMA corrective action plan assessment. |

| | |
|--------------------------------------|--|
| CHRONIC ILLNESS CLINIC ISSUES | |
|--------------------------------------|--|

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-7: Records reviewed in the following clinics inconsistently documented pneumococcal vaccine or inmate refusals.</p> <p>(a) Endocrine (b) Miscellaneous (c) Cardiovascular (d) Tuberculosis</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which the issue identified in the findings column is examined on a regular basis.</p> <p>Conduct monthly 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |
| <p>PH-8: Records reviewed in the following clinics inconsistently documented indicated influenza vaccine or inmate refusals.</p> <p>(a) Endocrine (b) Miscellaneous (c) Tuberculosis (d) Renal</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which the issue identified in the findings column is examined on a regular basis.</p> <p>Conduct monthly 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Notwithstanding the deficiencies listed above, staff should be commended on the care provided. The major concern with the institution is having only one clinical provider who shares time at another correctional institution. Access to care would be greatly improved by assigning one full-time clinician to the institution, or at a minimum, adding additional part-time coverage. It is quite commendable that one clinician manages such a population on a part-time basis. Staff is encouraged to maintain these successes and institute corrective action where needed.

COMPREHENSIVE CHART REVIEW

To evaluate the overall healthcare of inmates, a comprehensive medical review of 10 charts was performed. The results of this process are described below.

Documentation and Chart Organization

Charts are well organized although some charts did not have updated problem lists or MARs (Medication Administration Record). Overall, the documentation in the chart is complete and legible. Physician notes are brief but to the point. Pre-confinement and sick call forms are completed correctly.

Quality of Care

Lab studies are reviewed promptly by staff and abnormal results are addressed. Inmate medical concerns are addressed promptly and referrals are made and carried out when appropriate. Records suggest that inmate concerns are addressed and that inmates are informed about lab and X-ray results.

Conclusion: Overall, the medical care at Cross City Correctional Institution is organized and efficient. There is a sense the medical staff care about the inmates and the inmates trust the medical staff. This is evident by the low number of complaints by inmates.

MENTAL HEALTH FINDINGS

OVERVIEW

Cross City Correctional Institution provides outpatient mental health services only. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at Cross City CI:

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

SYSTEMS

ADMINISTRATIVE ISSUES

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>MH-1: No documentation was available indicating the psychological specialist is receiving the required one hour of supervision per week.</p> | <p>Provide evidence in the closure file that the psychological specialist is provided required supervision. This may be in the form of documentation of supervisory meetings, training materials, etc.</p> |

CLINICAL

OUTPATIENT MENTAL HEALTH SERVICES

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>MH-2: A comprehensive clinical review of 15 outpatient mental health records revealed the following deficiencies:</p> <p>(a) Nine of 15 records lacked the inmate's signature on the Individualized Service Plan (ISP).</p> <p>(b) In three of 15 records, the inmate's documented diagnosis did not correlate to any diagnoses listed in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV).</p> <p>(c) Four of 15 records lacked evidence that nursing staff oriented inmates to mental health services within 24 hours of arrival at the institution.</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis</p> <p>Monitor a minimum of ten records monthly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

ACCESS TO MENTAL HEALTH SERVICES

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>MH-3: In three of five records reviewed to assess staff responses to inmate requests or psychological emergencies, documentation did not adequately describe the reasoning for not placing the inmate in an Isolation Management Room (IMR) or obtaining a psychiatric evaluation when indicated.</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records monthly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

SELF-HARM OBSERVATION STATUS

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>MH-4: A comprehensive clinical review of six IMR records revealed the following deficiencies:</p> <p>(a) Two of six records did not contain admission orders specifying the inmate be checked every fifteen minutes while in the IMR.</p> <p>(b) Two of six records did not contain daily physician notes. (The physician is on-site two days per week)</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which both issues identified in the findings column are examined on a regular basis</p> <p>Monitor a minimum of ten records monthly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

SEX OFFENDER SERVICES

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>MH-5: Two of four records reviewed to evaluate sex offender services lacked group counseling notes, or if notes were present, they were unclear about how many sessions were provided.</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records monthly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

CONCLUSION: CRCCI's mental health department consists of one full time psychological specialist and a Sr. Psychologist who is on site one day per week. Because of the limited availability of the Sr. Psychologist, weekly supervision of the psychological specialist is not being adequately provided. The psychological specialist has several years experience in the correctional setting, however, mental health professionals working in this environment face special challenges. Peer support, continuing professional development and adequate supervision are essential to ensure staff remain as objective as possible when working with a difficult population. Because the Sr. Psychologist is at CRCCI only one day per week, it is difficult to provide the supervision necessary and to stay abreast of the activities of the previous week. The supervision process could be enhanced if the Sr. Psychologist were on site at least one additional day each week. The mental health staff was cooperative and helpful during the survey process. They were responsive to the few findings that were noted. Immediate action was taken to remediate problems brought to their attention.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, one other area of concern was noted beyond the scope of the institution to correct. It is based on a standard adopted by the CMA, but which is not addressed in department policy, procedure or directive. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

| Finding(s) |
|--|
| Dept-1: There was no evidence of a policy prohibiting the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes. |
| Dept-2: Inmates in special housing are not offered one hour of exercise per day, outside the cell, five days per week. |

MENTAL HEALTH

There were no department findings for mental health.

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, /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.