



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

DESOTO CORRECTIONAL INSTITUTION

in

Arcadia, Florida

on

March 19-22, 2002

| INSTITUTIONAL STATISTICS PROVIDED CMA on 3/05/02 | | |
|--|---------|------|
| Population | Custody | Type |
| Adult | Close | Male |

| Main Unit Capacity | Current Main Unit Census | Satellite Unit(s) Capacity | Current Satellite Unit(s) Census | Current Number of Inmates Served |
|--------------------|--------------------------|----------------------------|----------------------------------|----------------------------------|
| 1427 | 1347 | 357 | 357 | 1684 |

CMA Physical Health Team Leader:

Sue Sims, R.N., B.S.

Physical Health Team Members:

Richard Berjian, D.O.
Robert Weston, D.D.S.
David Habell, P.A.
Teresa Whilite, R.N.

CMA Mental Health Team Leader:

Murdina Campbell, M.S.W.

Mental Health Team Members:

Barry Morris, Ph.D.
Sandra Bauman, A.R.N.P.
Kaye Harris, R.N.

OVERVIEW

On March 22, 2002, the Correctional Medical Authority (CMA) concluded a physical and mental health survey of DeSoto Correctional Institution (DESCI), located in Arcadia, Florida. DESC I has been managed under the Region IV Wexford Health Care Contract since September 24, 2001. At the time of the survey, DESC I served an adult male population of approximately 1,684 inmates assigned to medical grades 1 through 3 and mental health grades 1 and 2. DESC I was classified as a medical level 2 facility. Inmates requiring complex medical/dental care or psychotropic medication/inpatient mental health services were not housed at this institution.

| <i>Medical Grade</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>Impaired</i> | |
|--------------------------------------|---------------------------------|------------|-----------|---------------------|-----------------|-----------------|
| | 1186 | 345 | 8 | 0 | 0 | |
| <i>Psychological 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> |
| | 1508 | 31 | 0 | 0 | 0 | 0 |
| <i>Confinement/ Close Management</i> | <i>DC</i> | <i>AC</i> | <i>PM</i> | <i>CM3</i> | <i>CM2</i> | <i>CM1</i> |
| | 172 | 80 | 0 | 0 | 0 | 0 |

The above figures do not include satellite unit capacities.

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the 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.

A thorough review of the physical health-related systems in place at the institution, including the physical plant, administrative processes, and the provision and documentation of care generally revealed no significant departures from the Department of Corrections' standards or with standards generally accepted in the community at large. Strengths were identified in the areas of documentation, organization of the charts, and an overall team effort. The review revealed findings in infirmary care, medication administration, emergency care, and infection control.

The mental health findings included insufficient mental health staff to provide treatment groups, a lack of current informed consents for all inmates receiving mental health services, a lack of training in the use of psychiatric restraints for clinical and correctional staff, and the lack of a documented tracking mechanism to ensure inmate-declared psychological emergencies were responded to within one hour. The institution had identified most of these findings prior to the survey and plans had been implemented to work towards correction. Strengths were identified in the quality of the clinical documentation including thorough evaluations, detailed and individualized treatment plans and progress notes, and comprehensive discharge summaries for inmates managed in

the infirmary isolation cells for mental health reasons. Also, the psychological specialist had conducted a proactive review of all low IQ inmates to clarify and meet the inmates' treatment needs. A similar review of sex offenders had been substantially completed at the time of the survey.

At the conclusion of the survey, an exit conference was held on site with department staff to discuss the preliminary findings of the team members. The physical health and mental health sections of this report reflect the findings and final conclusions drawn following an analysis of the information collected during the survey. Where suggested corrective actions are provided, these suggestions should not be construed as the only action required to demonstrate corrections, but should be viewed as guidance for development of a corrective action plan.

The following table lists the results from the systems and record review instruments used during the survey:

| Findings Summary | | Numeric Score* | | |
|---|---|--------------------------------|---------|-----|
| | | Systems | Records | |
| PHYSICAL HEALTH | Episodic Care | Sick Call | 100 | 94 |
| | | Emergency Care | 92 | 98 |
| | | Physician/CA Follow-Up Care | | 100 |
| | | Infirmity Care | | 100 |
| | Chronic Care | Chronic Illness Clinic Systems | 100 | |
| | | Asthma | | 100 |
| | | Diabetes | | 100 |
| | | General Medicine | | 98 |
| | | Hypertension | | 100 |
| | | Immunity | | NA |
| | | Seizure | | 100 |
| | | TB/INH | | 100 |
| | Preventative Care | 100 | 100 | |
| | Dental Care | 100 | 100 | |
| | Mortality | | 100 | |
| | Other | Administrative Audit | 96 | |
| Consultations | | 100 | 100 | |
| Infection Control | | 96 | | |
| Intake Process (Reception) | | | | |
| Intrasystem Transfers | | 100 | 100 | |
| Medication Administration | | 82 | 80 | |
| OBIS | | 100 | 97 | |
| Pharmacy | | | | |
| Quality Management | 100 | | | |
| MENTAL HEALTH | Inmate Access to Mental Health Services | 88 | 90 | |
| | Outpatient Mental Health Services | 87 | S1 | 93 |
| | | | S2 | 100 |
| | | | S3 | |
| | Intellectual Functioning | 100 | 100 | |
| | Sexual Offender Services | 83 | 100 | |
| | Special Housing | 100 | 100 | |
| | Psychotropic Medication | | | |
| | Self-Injury/Suicide Prevention | 83 | 90 | |
| Psychiatric Restraints | 80 | | | |
| Inpatient Mental Health Services | | | | |
| A score of 100 represents meeting all minimum care/systems standards. A score of less than 80 represents an unacceptable level of care/systems standards. | | | | |

PHYSICAL HEALTH FINDINGS

Survey Results

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

EPISODIC CARE

| Records Reviewed: | EMERGENCY CARE (Nursing Encounter) | Systems Score | Records Score |
|--|--|--|---------------|
| 6 | | 92 | 98 |
| Finding(s) | | Suggested Corrective Action(s) | |
| PH-1: Blood Glucose Monitor was not being tested. | | In-service nursing personnel to the recommended test procedure for the monitor. Log all results for review by nursing supervisor. Include testing procedure in the orientation of new nursing personnel. | |

Discussion:

Manufacturer's recommendation for testing equipment was not available during the survey. The nursing supervisor was to obtain the recommended procedure for this equipment and initiate the proper testing.

| Records Reviewed: | INFIRMARY CARE | Systems Score | Records Score |
|--|-----------------------|--|---------------|
| 6 | | na | 98 |
| Finding(s) | | Suggested Corrective Action(s) | |
| PH-2: There was no emergency call system available in the toileting area of the infirmary where monitors, for privacy reasons, do not provide visual contact with the inmate. | | Implement an emergency call system that will allow verbal communication between inmate and clinical staff. | |

PH-2 Discussion:

TI 15.03.26 states that all infirmary inmates must be within sight or sound of staff. Nursing staff acknowledged that it is possible for an inmate to be in the toileting area (where they are not visible from the nursing station) become distressed and be too weak to call out for help loudly enough to be heard in the nurses station, which is separated from the infirmary by two glass doors.

OTHER

| | | |
|--|--------------------------|-----------------------------------|
| | INFECTION CONTROL | Systems Score 96 |
|--|--------------------------|-----------------------------------|

Discussion of infection control training for ICC:

The ICC had received information regarding infection control requirements from OHS, but states she would benefit from formal training.

| | | | |
|--------------------------|----------------------------------|----------------------|----------------------|
| Records Reviewed: | MEDICATION ADMINISTRATION | Systems Score | Records Score |
| 6 | | 82 | 80 |

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| PH-3: There was no documentation that the person administering pill line had been trained in the process. | In-service the nursing staff to the pill line process and provide documentation. Nursing supervisor to monitor the pill line process for each staff involved until 100% compliance is maintained consistently. |
| PH-4: Medical staff did not wash hands prior to beginning pill line. | In-service medical staff to the importance of hand washing prior to handling medication. Nursing supervisor to monitor the pill line process for each staff involved until 100% compliance is maintained consistently. |
| PH-5: Oral cavity checks were not conducted on inmates taking medication. | Provide in-service training for officers/nurses on conducting oral cavity checks to confirm compliance of inmates taking medication. Nursing supervisor to monitor the conducting of oral cavity checks until 100% compliance is maintained consistently. |

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

System Reviews

- Chronic Illness Clinic Systems.
- Consultations
- Dental
- Intrasystem Transfers
- Mortality
- Offender Based Information System (OBIS)
- Preventative Care
- Physician and PA follow-up
- Quality Management

Record Reviews

- Asthma/Pulmonary
- Dental
- Diabetes
- Emergency Care
- General Medicine
- Hypertension
- Infirmary
- Seizure
- Tuberculosis/INH Therapy

CONCLUSION

Overall, the survey of DESC I indicated that the enthusiastic and cooperative staff provided a level of care consistent with expected and required standards. A review of the survey documentation revealed that the majority of the functions under institutional control that were reviewed reflected no significant or widespread problems. The exceptions have been identified earlier in the report. Strengths were identified in the areas of continuity of care, record maintenance, record documentation, and an overall team concept.

MENTAL HEALTH FINDINGS

Survey Results

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

| Records Reviewed: | INMATE ACCESS TO MENTAL HEALTH SERVICES | Systems Score | Records Score |
|---|---|---------------|---------------|
| 10 | | 88 | 90 |
| Finding(s) | Suggested Corrective Action(s) | | |
| <p>MH-1: Review of the relevant log and records did not indicate whether inmate-declared psychological emergencies were responded to within one hour by mental health staff.</p> | <p>Establish a tracking system or modify the psychological emergency log to document the time the mental health unit was notified that an inmate-declared psychological emergency existed and the time mental health staff made contact with the inmate. Ensure that similar documentation exists for after-hours emergencies when nurses are responsible for responding to the inmates.</p> <p>Conduct monthly reviews of five incidents until at least 90% compliance is demonstrated to verify that:</p> <ol style="list-style-type: none"> 1. There are no time delays from when an inmate declares a psychological emergency to when mental health staff are notified. 2. Mental health staff makes in-person contact within one hour of the inmate declaring the emergency. <p>Continue monitoring until completion of the initial CMA Corrective Action Plan (CAP) assessment visit.</p> | | |
| <p>MH-2: Current consents for mental health treatment (within the past year) were not consistently documented in the S1 records reviewed for psychological emergencies or inmate requests.</p> | <p>Monitor a sample of records pulled from the psychological emergency and request logs to ensure indicated and/or updated consents have been obtained.</p> <p>Monitor a minimum of five records per month until completion of the initial CMA CAP assessment visit.</p> | | |

| | | | | |
|-------------------|--|--|---------------|-----------------|
| Records Reviewed: | | OUTPATIENT MENTAL HEALTH SERVICES | Systems Score | Records Score |
| 12 | | | 87 | S1-93 S2-100 |

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| MH-3: Treatment groups were not provided despite a documented need for sex offender and stress/anger management groups. | Provide appropriate treatment groups. |
| MH-4: The one allocated and filled mental health position was not sufficient to provide the full range of needed mental health services including group treatment activities (see MH-3 above). | Ensure allocated and filled positions are sufficient to provide the full range of required mental health services. |

Discussion

MH-3:

Documentation was provided indicating that 58 inmates were on the waiting list for stress/anger management group, and between five and eight inmates were on the waiting list for sex offender group treatment. The psychological specialist reported that a sex offender treatment group was planned. The senior psychologist from Charlotte Correctional Institution (CHACI) will run the group with assistance from the psychological specialist. The psychological specialist reported not having time to run needed treatment groups in addition to his other duties.

MH-4:

The senior psychologist from CHACI reported that an additional psychological specialist had been hired the week of the survey (March 19, 2002) to work half time at DESC I and half time at one other institution (this individual had not started work at the time of the survey). Since December 12, 2001, the senior psychologist from CHACI has provided clinical supervision of the DESC I mental health program.

| Records Reviewed: | PSYCHIATRIC RESTRAINTS | Systems Score | Records Score |
|---|------------------------|--|---------------|
| N/A | | 80 | N/A |
| Finding(s) | | Suggested Corrective Action(s) | |
| MH-5: Treatment staff and correctional officers were not trained in the use of psychiatric restraints. | | Provide appropriate training by June 30, 2002. Ensure that on-going training is available for newly hired staff. | |

Discussion

MH-5:

The senior psychologist from CHACI reported that training on the use of psychiatric restraints is scheduled to take place at CHACI. Mental health staff from DESC1 will be included in the training.

| Records Reviewed: | SELF-INJURY/SUICIDE PREVENTION | Systems Score | Records Score |
|---|--------------------------------|---|---------------|
| 9 | | 83 | 90 |
| Finding(s) | | Suggested Corrective Action(s) | |
| MH-6: Documentation of certification of the infirmary isolation cells by the DC regional mental health consultant (RMHC) was incomplete regarding one of the four cells. | | Ensure cells are certified and documentation is maintained on-site. | |

Discussion

MH-6:

There were no problems or concerns noted by the CMA surveyor who inspected the four cells.

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

System Reviews

- Intellectual Functioning
- Special Housing

Record Reviews

- Intellectual Functioning
- Sex offender Services
- Special Housing

CONCLUSION

There was much strength noted in the mental health program. The institution is to be commended for having recognized and begun to address the majority of the findings prior to the survey.

SURVEY PROCESS

The goals of every survey performed by the CMA are (1) to determine if the physical, mental, and dental care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and if that care conforms to 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 objectives are designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility. 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 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, selected through purposeful sampling, 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

During the course of a three or four day evaluation, the survey team examines the institution's health-related administrative systems, tours inmate housing and health treatment areas, conducts staff and inmate interviews, and conducts a clinical review of health care records.

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 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 to result in the compromise of inmate health care. All findings identified in the body of the report will require a corrective action by institutional and/or regional/central office health services staff.