



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

EVERGLADES CORRECTIONAL INSTITUTION

in

Miami, Florida

on

July 16 - 18, 2008

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Distributed on August 20, 2008

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,711	M	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	2,029	Current Main Unit Census	1,711
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	2,029	Total Current Census	1,711

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		672	724	750	7	50
<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>
	1,118	110	536	0	0	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>
		90	35	N/A	N/A	N/A

OVERVIEW

Survey Findings

Everglades Correctional Institution (EVECI) located in Miami, Florida houses male inmates of minimum, medium and close custody levels and is designated as a medical grade 4 and psychological grade 3 facility. The institution does not have an annex site or work release center. The scope of health services includes administration, infirmary, pharmacy, outpatient medical/mental health services, and dental care. The infirmary is equipped with 12 beds. Additionally, two isolation cells are available to provide 24-hour care to patients with an illness or diagnosis requiring organized medical services and/or skilled nursing care. Patients are treated five days per week in clinics for initial or follow-up care and in sick call for non-emergency medical assistance. Emergency care is available 24 hours per day, seven days per week. Dental care is also provided five days per week, and includes extractions, cleaning, fillings, gum treatment, and denture cleaning. Provided mental health care includes outpatient services, individual/group counseling, and case management. Psychiatric and nursing care is also available as needed.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at EVECI July 16 - 18, 2008. 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 and mental health deficiencies and areas of concern are described in their respective sections of the report.

Department Findings

In addition to the facility findings contained in this report, other areas of concern were noted. These findings are based on standards endorsed by the CMA, but not currently addressed in Office of Health Services (OHS), Department of Corrections, policy, procedure or directive. These findings are clearly identified as "Department Findings". Corrective action plans developed by facility staff based on the contents of this report need not include Department Findings. These findings are addressed by the CMA directly with the OHS through the CMA Quality Management Committee.

Exit Conference and Final Report

At the conclusion of the survey, the survey team conducted an exit conference with institutional and regional 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 a facility 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;

Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE SYSTEM REVIEWS

Medical Area and Inmate Housing

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A walk-through inspection of two dormitories revealed that:</p> <p>(a) The over-the-counter (OTC) log was not available for review in G-Dorm.</p> <p>(b) Procedures on how to access medical and dental services was posted in G and J-Dorms in English only, despite a high number of Spanish speaking inmates in residence.</p>	<p>Provide evidence in the closure file the issues described in the Findings column have been corrected. This may be in the form of copies of postings, inspection reports, photographic evidence, etc.</p>

Emergency Care

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: Records reviewed for appropriate documentation of emergency care encounters revealed in three of five records the DC4-701C or the nursing assessment of the emergency care encounter was not documented in SOAPE format as required.</p>	<p>Provide in-service training to staff regarding the issue identified in the Finding(s) column.</p> <p>Monitor no less than five records per week to evaluate the effectiveness of 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>

Infection Control

Finding(s)	Suggested Corrective Action(s)
<p>N/A (see discussion)</p>	<p>N/A</p>

Discussion: There is no specifically assigned Infection Control Coordinator (ICC) for the facility. The nurse assigned this position recently stepped down from this role. Assigned infection control duties are currently being effectively covered by multiple staff.

Institutional management is encouraged, however, to fill this vacant position as soon as possible with a nurse with formal training in the practices of infection control.

RECORD REVIEWS OF CHRONIC CLINICS

Miscellaneous Clinic	
Finding(s)	Suggested Corrective Action(s)
<p>PH-3: A review of five records from the Miscellaneous Clinic revealed:</p> <p>(a) Four records lacked a cardiovascular, gastrointestinal, endocrine, genitourinary or other chronic disease diagnosis, or if one existed, it was not documented on the problem list.</p> <p>(b) Two records lacked evidence in the current volume of the medical record of a documented medical history related to a chronic condition.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding both issues listed in the Finding(s) column.</p> <p>Create one monitoring instrument on which both issues are examined on a weekly basis by monitoring of no less than five 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 a CMA corrective action plan assessment.</p>
Respiratory Clinic	
Finding(s)	Suggested Corrective Action(s)
<p>PH-4: A review of nine records from the Respiratory Clinic revealed that five records lacked evidence of an appropriate physical examination conducted upon clinic enrollment. (see discussion)</p>	<p>Provide in-service training to staff regarding the issue identified in the Finding(s) column.</p> <p>Create a monitoring instrument on which the issue is examined on a weekly basis by monitoring 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 PH-4: It appeared during record reviews there was no effective ear, nose, throat (ENT) exam for patients enrolled in this clinic. Rather, the lower respiratory tract appeared to be the focus of exams. The only patients that seemed to receive an upper respiratory exam were those who were HIV+, and this is an oral exam only.

Overall Chronic Clinic Reviews

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: A review of 69 chronic illness clinic records revealed that 15 of those records inconsistently documented the provision of influenza [i] and/or pneumococcal [p] vaccines or contained signed inmate refusals:</p> <p>Cardiovascular [i] [p] Gastroenterology [i] [p] Respiratory [i] [p]</p>	<p>Provide in-service training to staff regarding the issue identified in the Finding(s) column.</p> <p>Create one monitoring instrument on which the issue is examined on a weekly basis by monitoring no less than a total of 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

Survey findings indicated the overall medical care provided at EVECI appeared to fall within department standards and adequately reflected standards commensurate with the professional health care community at large. Interviews conducted with inmates and staff revealed a knowledgeable staff and an inmate population generally satisfied with the medical and dental services provided. Notwithstanding the issues identified above, staff should be commended on the level of care provided to inmates under their charge.

MENTAL HEALTH FINDINGS

OVERVIEW

EVECI provides outpatient mental health services only. 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).

ADMINISTRATIVE SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: Procedures on how to access mental health services were posted in dorms in English only, despite a high number of Spanish speaking inmates in residence.</p>	<p>Provide evidence in the closure file the issues described in the Findings column have been corrected. This may be in the form of copies of postings, inspection reports, photographic evidence, etc.</p>

CLINICAL

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 43 outpatient records (S3=27; S2=8; S1=7) revealed the following deficiencies:</p> <p>(a) In four of 27 S3 records reviewed, the diagnosis did not match the symptoms and/or history presented.</p> <p>(b) In seven of 35 applicable records, potentially significant findings or changes in inmate status were not acknowledged either in a progress note or by modification of the ISP. (see discussion)</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 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>

Discussion MH-2: In seven cases reviewed there was insufficient explanation, lack of acknowledgment, or no documented response to potentially significant behavior or problems reported by the inmate. Examples include:

- In stating his problem the inmate indicated reports of recent depression, however, this was not addressed again in either a modification of the ISP or a progress note;
- The record indicated an inmate had a recent suicide attempt, but this was not mentioned in the next progress note nor was a recommendation for follow up documented.

Self-Harm Observation Status (SHOS)	
Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A comprehensive clinical review of ten IMR (isolation management room) records revealed the following deficiencies:</p> <p>(a) Three of 10 records contained notes and/or orders that were not signed and/or dated. (see discussion)</p> <p>(b) Two of 10 records lacked a physician's order for observation every 15 minutes.</p> <p>(c) Three of 10 records lacked documentation of adequate IMR/SHOS post-discharge follow up. (see discussion)</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 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>

Discussion MH-3: One physician note was not dated or timed; one physician note was unsigned; one mental health note was unsigned; one case had a missing nursing assessment sheet for one day; and, one case was missing an assessment for one shift.

Post-discharge mental health follow-up notes did not address the behavior that resulted in placement on SHOS and did not indicate that inmates were asked directly about suicidal ideation within the 21-day follow-up period. However, staff appears to be managing inmates on SHOS effectively as there have been no suicides at EVECI in the year prior to the survey.

Sex Offender Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: A comprehensive review of 10 records of inmates identified as sex offenders revealed the following deficiencies:</p> <p>(a) In seven of 10 records reviewed, the description of the problem on the ISP is not individualized.</p> <p>(b) In seven of 10 records reviewed the group therapy progress note describes the subjective statement with the same wording. (see discussion)</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>

Discussion MH-5: Seven of the 10 sex offender records contained ISP's that were not individualized; the same problem descriptions and interventions were used for several inmates. This pattern was also noted by surveyors in several records reviewed for outpatient mental health services.

Mental health progress notes for groups appeared to be photocopies with only the inmate name changed. This was pointed out to the Senior Psychologist at the time of the survey and she immediately recognized the issue as a problem and addressed it with staff.

CONCLUSION

At the time of the survey, the mental health staff at EVECI consisted of a Senior Psychiatrist, Senior Psychologist, a Psychiatric ARNP, Psychiatric Nurse, and Administrative Assistant and 6.8 Behavioral Health Specialists (one BHS works 32 hours). Several staff members indicated that having more Behavioral Health Specialists would give them the capacity to do more individualized interventions and therapy. However, at the time of the survey the mental health staff at EVECI appeared to be providing good care to a large population of S3 inmates. This was evident from the few findings noted by surveyors. There had been no episodes of restraint and no suicides at the institution in the year prior to the survey. The inmates interviewed expressed overall satisfaction with mental health services they receive and S3 inmates reported regular contact with mental health staff.

The EVECI staff is diligent in assuring that inmates who refuse medication receive one-on-one counseling with a nurse, and in maintaining inmates as S3 for a period after they are taken off psychotropic medication. The assignment of one BHS exclusively to confinement is also a practice that appears to have provided further support to inmates with mental health problems. These practices appear to have been very effective in managing the mental health needs of inmates at EVECI and assuring that clinically appropriate care is provided.

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.