



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

FLORIDA STATE PRISON

in

Raiford, Florida

on

August 4 - 7, 2008

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CMA Mental Health Team Leader:

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Distributed on September 3, 2008

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,814	M	Maximum	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,460	Current Main Unit Census	1,333
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	501	Current Satellite(s) Census	481
Total Capacity	1,961	Total Current Census	1,814

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		1,290	417	133	2	0
<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>
	934	106	802	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>Pending</i>		<i>Death</i>			
	<i>DC</i>	<i>CM</i>	<i>Row</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		N/A	2	N/A	251	327

OVERVIEW

Survey Findings

Florida State Prison (FSP) located in Raiford, Florida houses male inmates of minimum, medium, close, and maximum custody levels and is designated as a medical grade 4 and psychological grade 3 facility.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at FSP August 5 - 6, 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 facility 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 action(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;
- 5) 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)
N/A	N/A

Discussion: Although the institution does not contain a prototypical infirmary as is found in most other department facilities, four cells, immediately adjacent to the medical unit are used for infirmary admissions. As reported by staff, these cells are considered an “infirmary” and are used to house inmates requiring nursing care such as IV therapy, post-operative observation, and observation for inmates who threaten self-harm.

When used for infirmary admissions, the cell doors are closed and the inmates are out of sight and sound of staff. As reported, routine rounds are conducted every two hours (or as directed by physician orders), but inmates are otherwise not under constant observation. No call system is present.

Staff further report they recognize this is not an optimal situation, but since infirmary beds are often not available at adjacent facilities, they have no other choice but to employ this method of infirmary care.

CLINICAL RECORD REVIEWS

Chronic Clinics

Endocrine Clinic	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A review of 12 records of inmates enrolled in the Endocrine Clinic revealed that:</p> <p>(a) Four records lacked adequate documentation of an annual test for the presence of microalbuminuria.</p> <p>(b) Two records lacked evidence of an adequate history related to an endocrine related disorder.</p> <p>(c) Two records lacked adequate documentation that clinic visits included an appropriate physical examination.</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 all 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>

Endocrine Clinic	
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Finding(s)	Suggested Corrective Action(s)
<p>(d) Six records lacked evidence of pneumococcal vaccine or a signed refusal.</p>	

Immunity Clinic	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-2: A review of 11 records of inmates enrolled in the Immunity Clinic revealed that:</p> <p>(a) Five records lacked initial baseline lab data.</p> <p>(b) Four records lacked an appropriately documented medical history, with attention to risk factors, length of time of infection, previous antiretroviral therapy and compliance, and a listing of previous infections.</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>

Neurology Clinic	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-3: A review of 10 records of inmates enrolled in the Neurology Clinic revealed that:</p> <p>(a) Each record lacked evidence of a neurological consultation or a written explanation as to why one was not indicated.</p> <p>(b) Three records reflected clinic visit intervals of 12 months rather than every 180 days.</p> <p>(c) Six records lacked clear evidence that lab results were available prior to clinic visits; that the values were reviewed in a timely manner and that abnormalities were addressed; and/or that patients were considered for</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 all 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>

Neurology Clinic	
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Finding(s)	Suggested Corrective Action(s)
tapered medications based on subtherapeutic values and seizure-free for six months.	

Other Clinical Record Reviews

Medication Administration	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-4: A review of six medication administration reports (MAR) and the corresponding medical record entries revealed that:</p> <p>(a) Three records lacked a clear description of the name of a medication, strength, route of administration, or frequency or duration.</p> <p>(b) The person administering medication did not consistently document the time of administration and/or signed and initialed the appropriate box at the time the medication was given.</p> <p>(c) Medication orders were not consistently signed, dated, and timed.</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 all 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>

Dental Clinical Record Reviews

Dental Services	
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Finding(s)	Suggested Corrective Action(s)
N/A	N/A

Discussion: Due to minimal staffing (one dentist and two assistants), coupled with a high demand for services, wait times for routine dental care appear to be averaging 8 to 11 months. Once care was initiated, however, care was appropriate, with no adverse trends.

CONCLUSION

Survey findings indicated the overall medical care provided at FSP 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

FSP provides a full range of outpatient mental health 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).

CLINICAL RECORD REVIEWS

OUTPATIENT MENTAL HEALTH SERVICES	
Finding(s)	Suggested Corrective Action(s)
MH-1: Seven of 38 outpatient records (S3=30, S2=8) reviewed did not contain the inmate's signature and/or initials in the Individualized Service Plan (ISP).	<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 weekly 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>

**PSYCHOTROPIC MEDICATION
PRACTICES**

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A clinical review of 35 records evaluating psychotropic medication practices revealed the following deficiencies:</p> <p>(a) Eleven of 35 applicable records did not contain adequate documentation to support the diagnosis.</p> <p>(b) Eleven of 35 applicable records lacked evidence of follow-up lab studies ordered and conducted as required.</p> <p>(c) Seven of 35 applicable records indicated lapses in inmates receiving medication.</p> <p>(d) Ten of 35 applicable records contained physician orders that were not dated, timed and/or stamped.</p> <p>(e) Ten of 35 applicable records contained medication or diagnosis changes without documentation of a rationale.</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 are examined on a regular basis. Monitor a minimum of ten inpatient records weekly 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: Inmates at FSP present many challenges. Oftentimes they refuse assessments or labs. While the inmate may need medication to ensure stability, it is difficult to evaluate his progress without assessment and labs.

CONCLUSION

At the time of the survey, 31 of the 32 psychological specialist positions and five of eight Sr. Psychologist allocated positions were filled. Prior to July 2008, five psychiatric positions were allocated, however there was only one permanent department psychiatrist with the rest of the coverage provided by Locum Tenens. In July, two of the psychiatrist positions were filled resulting in three department staff and two Locum Tenens. Since the time of the survey, the CMA was informed that in November 2008, one of the existing Locum Tenens will be hired as permanent department staff. The role of the position to be added in November will primarily be to provide transition oversight between Union C.I. and FSP.

The CMA is hopeful the recent addition of permanent psychiatric staff will resolve the issues noted during the survey as a majority of survey findings related to concerns with the provision of psychiatric services. These findings are most likely as a result of frequent changes in diagnoses and medications and inadequate documentation due to the Locum Tenens psychiatrists' unfamiliarity with inmate mental health histories.

Notwithstanding the findings identified in the body of this report, mental health staff at FSP generally appears to be providing clinically appropriate care to a complex population, in which approximately 70% of assigned inmates have a diagnosis of a major mental illness. They should be commended for providing a generally appropriate level of mental health care to one of the most difficult and challenging inmate populations in the state.

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: 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.