



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

GADSDEN CORRECTIONAL FACILITY

in

Quincy, Florida

on

April 11-13, 2007

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Distributed on May 2, 2007

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1136	F	Medium	4

Institutional Potential/Actual Workload

Main Unit Capacity	1136	Current Main Unit Census	1135
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	NA	Current Satellite(s) Census	NA
Total Capacity	1136	Total Current Census	1135

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		638	192	307	2	NA
<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>
	880	117	150	NA	NA	NA

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		12	16	NA	NA	NA

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Gadsden Correctional Facility (GCF). 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. One deficiency identified in the prior review in September 2002 and corrected through the corrective action plan process resurfaced as a current issue:

PH-9: (C) Two of ten records reviewed in the Tuberculosis Clinic lacked evidence that pneumococcal vaccine was offered or a refusal obtained.

Mental Health Findings

Mental health systems at the institution were reviewed. Deficiencies and areas of concern are described in the body of the report.

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

Strengths

- The physical health department was comprised of competent, caring professionals.
- Staff was extremely helpful and cooperative in this review.

SYSTEMS

MEDICAL AREA AND INMATE HOUSING	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Procedures to access medical and dental sick call are not posted in a conspicuous area.</p>	<p>Provide evidence in the closure file that all required policies, procedures and signage have been appropriately posted.</p>

INTRA-SYSTEM TRANSFER	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-2: Weights are not taken as part of the documentation of vital signs for inmates transferred into the institution. Instead of using scales, inmates give a verbal report of weight.</p>	<p>Provide in-service training on the importance of obtaining and documenting accurate vital signs.</p> <p>Monitor for compliance and include documentation in the corrective action plan closure file.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>
<p>PH-3: Weights were not taken as part of the documentation of vital signs for inmates transferred into the institution. Nursing staff documented inmates' verbal reports of weight. This practice could result in misleading medical histories.</p>	<p>Provide in-service training for staff regarding the need to actually weigh inmates when documenting vital signs upon intake.</p> <p>Monitor a minimum of five intrasystem transfer records per month to ensure compliance.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

FOOD SERVICE	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-4:</p> <p>(A) Fly strips covered with flies were observed above the food preparation area.</p> <p>(B) The kitchen facility was not clean. The floor in the dishwashing area and behind the serving line was</p>	<p>Provide in-service training on the infection control ramifications of an inadequately cleaned and maintained food service preparation area.</p> <p>Create one monitoring instrument on which applicable issues identified in the findings column are examined on a regular basis. Ensure</p>

FOOD SERVICE

Finding(s)	Suggested Corrective Action(s)
<p>covered in water and spaghetti. One of the exit doors was blocked with trash/boxes.</p> <p>(C) Written procedures were not available to address actions to be taken in a suspected food borne illness outbreak.</p>	<p>written procedures are available to address a food borne illness outbreak.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

CLINICAL

Records Reviewed 15	ENDOCRINE CLINIC
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Finding(s)	Suggested Corrective Action(s)
<p>PH-5:</p> <p>(a) Eight of fifteen records reviewed lacked documentation of an annual test for the presence of microalbuminuria.</p> <p>(b) Four of fifteen records lacked documentation that patients were prescribed low dose aspirin (80-325mg) unless contraindicated.</p>	<p>Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis.</p> <p>Monitor at least five records per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed 13	IMMUNITY CLINIC
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Finding(s)	Suggested Corrective Action(s)
<p>PH-6:</p> <p>(a) Three of thirteen records reviewed lacked documentation of toxoplasmosis titers on baseline diagnostic data.</p> <p>(b) Two of thirteen records lacked documentation that a PAP smear was done every six months.</p>	<p>Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis.</p> <p>Monitor at least five records per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed 17	NEUROLOGY
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Finding(s)	Suggested Corrective Action(s)
<p>PH-7: Twelve of seventeen records reviewed did not contain documentation of a neurological consultation or a written explanation as to why one was not done.</p>	<p>Monitor at least five records per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan</p>

Records Reviewed 17	NEUROLOGY
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Finding(s)	Suggested Corrective Action(s)
	assessment.

CHRONIC ILLNESS CLINIC ISSUES	
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Finding(s)	Suggested Corrective Action(s)
PH-8: Records reviewed in the following clinics inconsistently documented indicated influenza vaccine (annually) or inmate refusals. (a) Endocrine (b) Tuberculosis	Monitor at least five records of each applicable clinic monthly to ensure influenza vaccines are offered annually or refusals are documented. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
PH-9: Records reviewed in the following clinics inconsistently documented indicated pneumococcal vaccine or inmate refusals. (a) Endocrine (b) Immunity (c) Tuberculosis	Monitor at least five records of each applicable clinic monthly to ensure pneumococcal vaccines are offered or refusals are documented. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion

Neurological consultations were not ordered for patients in the neurology clinic if they were initially enrolled at another institution. According to staff, this is not necessary because the patient is stable. A neurological consultation is ordered only for those patients admitted into the neurology clinic at Gadsden Correctional Facility. For future reference, this will be documented in the patient's file.

Dental review indicated two of twenty records examined did not have an adequate number of appropriately mounted and identified radiographs or panorex and select periapicals and bitewings of diagnostic quality to aid in the diagnosis of the patient's condition. This is due to a Panorex not being available at this facility. Dental relies on receiving the panorex films from the reception center.

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

System Reviews

- Sick Call
- Episodic Care Follow-Up
- Emergency Care
- Infirmary
- Preventative Care
- Consultation Requests
- Medication Administration
- Comprehensive Review
- Administrative Processes
- Quality Management
- Dental

Record Reviews

- Sick Call
- Episodic Care Follow-Up
- Comprehensive Care
- Emergency Care
- Infirmary
- Preventative Care
- Intra-System Transfer
- Consultations
- Respiratory Clinic
- Miscellaneous Clinic
- Cardiovascular Clinic

- OBIS/Health Record Content
- Pharmacy Services
- Oncology
- Medication Administration

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. They are encouraged to maintain these successes and institute corrective action where needed.

COMPREHENSIVE CHART REVIEW

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

Documentation and Chart Organization

Documentation was appropriate. Charts were organized appropriately and the correct forms were used. **Conclusion:** Charts were well organized.

Quality of Care

The issues raised were minor with no problematic trends. In each of these cases, discussion took place between the parties on-site with a satisfactory resolution.

Conclusion: Overall, the quality of care appeared adequate.

MENTAL HEALTH FINDINGS

Strengths

- Inmates consistently reported that mental health staff was helpful.
- The frequency of mental health encounters exceeds the minimum required.
- Good supervision is provided to interns and staff as evidenced by thorough documentation.
- Force is rarely used.

CLINICAL

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES
24	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: Five of 24 records reviewed did not have initial laboratory tests ordered prior to the initial dose or at the initiation of medications.</p> <p>MH-2: Three of eight records reviewed for inmates receiving antipsychotic medication did not have initial Abnormal Involuntary Movement Scale (AIMS) testing.</p> <p>MH-3: Seven of 24 records reviewed were missing medication consents.</p> <p>MH-4: In seven of 24 records reviewed, medications prescribed for hour of sleep (HS) are given at 5:30 PM.</p> <p>MH-5: Nursing does not provide a medication education group.</p>	<p>Provide in-service training to mental health staff in the areas noted.</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 five records monthly in each area, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> <p>Provide medication education group. Provide documentation of content, meeting dates and attendance.</p>

Records Reviewed:	DISCHARGE PLANNING
5	
Finding(s)	Suggested Corrective Action(s)
<p>MH-6: Two of five records reviewed indicated that eligible inmates are not receiving assistance in applying for social security benefits. The other three inmates refused aftercare services. (See discussion)</p>	<p>Provide in-service training to mental health staff in the completion of this process.</p> <p>Monitor a minimum of five records monthly, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

OUTPATIENT SERVICES

Finding(s)	Suggested Corrective Action(s)
MH-7: Seven of nineteen records reviewed were missing staff and/or inmate signatures on the Individualized Service Plan (ISP).	Provide in-service training to mental health staff in the completion of this form. Monitor a minimum of five records monthly for compliance. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

MENTAL HEALTH SYSTEMS

Finding(s)	Suggested Corrective Action(s)
MH-8: Mental health related infirmary admissions are recorded on the same log as medical infirmary admissions.	Provide in-service training to mental health staff in the completion of form DC4-781G <i>Infirmary Admissions for Mental Health Reasons Log</i> . Monitor use of the log on a monthly basis. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Records Reviewed:	SUICIDE AND SELF-INJURY PREVENTION
4	
Finding(s)	Suggested Corrective Action(s)
MH-9: One of four records reviewed revealed an inappropriate transfer to “psychiatric observation” status. (See discussion)	Provide in-service training to mental health staff in the management of suicidal & self injurious behavior including documentation requirements. Monitor a minimum of five records monthly, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment

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

- Access To Mental Health Services
- Intellectual Functioning
- Special Housing
- Use of Force

DISCUSSION ISSUES

- There seemed to be some confusion regarding assisting inmates in applying for social security benefits. Staff was unclear regarding how this process works and which inmates should receive assistance. The Office of Health Services recently added an Aftercare Coordinator who will provide training to staff on these issues.
- On 1-5-07 an inmate cut her wrists and was admitted to the Isolation Management Room (IMR) on Suicide Observation Status (SOS). She denied suicidal ideation and on 1-8-07 was removed from SOS and the required continuous to 15-minute observations. However, the staff were concerned that although she was denying suicidal intent, she needed further observation because of the severity of her attempt. She was transferred to “psychiatric observation” status and remained in the IMR. She remained on this status until 1-12-07 when she was released to general population. During this time it is unclear if she was observed by staff at 30 minute intervals as stated in the physician’s order. Observation sheets and nursing assessments were unavailable for three of the four days. There were no notes from the physician during this time except upon discharge. Documentation from mental health staff was missing for 1-11-07. Although it is not reflected in the record, after much discussion it became clear that staff acted out of concern for the inmate. The inmate denied suicidal ideation and did not want to be referred to the Crisis Stabilization Unit (CSU). The current procedure states that inmates in need of further treatment must be referred to the CSU by the fourth day of infirmary mental health care. Staff felt this transfer could cause undue stress for the inmate, however they did not believe she was ready or safe to return to the dorm.
- The survey team understood the staff was motivated by serving the best interests of the patient. However, staff did not adhere to DC’s Suicide and Self-Injury Prevention procedure. The transfer to psychiatric observation status provided a lesser standard of care than required for SOS. In addition the documentation did not reflect that adequate care was provided. For example, the patient was observed at less frequent intervals than required for those at risk of suicidal/self-injurious behavior and key documentation was not done.
- The current procedure is being revised by the Office of Health Services and will allow for inmates to remain on SOS at the institution for a longer period of time before being referred to a CSU. This should provide clearer guidelines for management of the situation described in this case.

CONCLUSION

Overall, the mental health staff at Gadsden CI appears to be a competent, caring group of professionals. All of the inmates interviewed had positive comments regarding the mental health staff and the services they are receiving. The mental health notes were thorough and provided useful information in most cases. The psychiatrist is willing to try a variety of psychotropic medications to determine what works best for each individual. Staff was very responsive to the few findings that were noted. Immediate action was taken to remediate problems brought to their attention. The issues noted in the above discussion will be addressed through training from the Office of Health Services. Staff of Gadsden Correctional Facility should be commended for the overall lack of findings noted in this review. They are encouraged to maintain these successes and institute corrective action where needed.

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. 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

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: Special housing inmates were not offered one hour of exercise per day, five days per week outside the cell.

MENTAL HEALTH

Finding(s)
Dept-3: At the time of the survey there was only one nurse allocated to the pill line service and there is only one window from which the nurse can pass medications. This creates long lines. This could be difficult particularly for the elderly or disabled since there is nowhere to sit.
Dept-4: Inmates must wait in an area that has no shelter from harsh weather. This can be problematic for inmates taking certain psychotropics, antibiotics and other medications that may cause sun sensitivity. According to staff some inmates refuse medication because they do not want to wait in the long line or without shelter from inclement weather.

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.