



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

GULF CORRECTIONAL INSTITUTION

in

Wewahitchka, Florida

on

March 12 - 14, 2008

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Adult	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,486	Current Main Unit Census	1,472
Annex Capacity	1,396	Current Annex Census	1,393
Satellite Unit(s) Capacity	293	Current Satellite(s) Census	271
Total Capacity	3,175	Total Current Census	3,137

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		2,137	779	221	1	43
<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>
	3,041	86	0	0	0	1

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		130	95	56	N/A	N/A

OVERVIEW

Survey Findings

Gulf Correctional Institution (GULCI), located in Wewahitchka, Florida, houses male inmates of minimum, medium, and close custody levels and is designated as a medical grade 4/psychological grade 2 facility. The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at GULCI March 12 - 14, 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 institutional 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 institutional 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 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 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

Administrative services at Gulf Correctional Institution (GULCI) related to the physical health components reviewed during the survey are centralized. For example, infection control data, quality management reports and data, intrasystem transfer records, outside consultation logs, etc., are maintained in the Annex, but monitored at the Main Unit by assigned staff. No significant findings were noted with physical health systems.

MEDICAL RECORD REVIEWS

OBIS/HEALTH RECORD	
Finding(s)	Suggested Corrective Action(s)
PH-1: Six of seven records reviewed at the Annex lacked signatures on the Problem List (DC4-730) indicating resolution of a resolved health problem.	Provide in-service training to staff regarding the issue identified in the Finding(s) column. Review on a monthly basis no less than 10 records to evaluate the effectiveness of corrections; continue monitoring until closure is affirmed through CMA corrective action plan (CAP) assessment. Monitoring intervals may be modified to less often if the results of monitoring indicate appropriate sustained compliance and correction.

Conclusion

Survey findings indicated the overall medical care provided at GULCI appeared to fall within department standards and adequately reflected standards commensurate with the professional health care community at large. Medical records were generally very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Staff should be commended on the care provided.

MENTAL HEALTH FINDINGS

Gulf C.I. currently serves a population of 86 S2 inmates; all mental care provided is on an outpatient basis. Mental health services are provided on both the Main Unit and the Annex. The following are the mental health grades used by the department to classify inmate mental health needs on an outpatient basis:

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

CLINICAL REVIEWS

A comprehensive clinical review of a total of 28 outpatient mental health records was conducted from records selected from both the Main Unit and the Annex. The following tables list significant findings based on the reviews, and specify the number of records with identified issues by unit.

OUTPATIENT MENTAL HEALTH SERVICES	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: Reviews to determine the timeliness and effectiveness of inmate orientation and planning for newly arriving inmates revealed the following issues:</p> <p>a) A total of 14 Main Unit and Annex records lacked evidence that nursing staff provided general written and verbal orientation to mental health services within 24 hours of the inmates' arrival at the facility.</p> <p>b) Five of 14 Main Unit records lacked evidence that mental health staff conducted a record review within 14 days of the inmates' arrival.</p> <p>c) Five of six Annex records lacked evidence that records were requested for inmates who received mental health treatment in the community prior to incarceration.</p>	<p>Provide in-service training to staff regarding the issues identified in MH-1 a), b) and c) in the Finding(s) column.</p> <p>Create one monitoring instrument on which the listed issues are identified; review on a monthly basis no less than 10 records to evaluate the effectiveness of corrections; and, continue monitoring until closure is affirmed through CMA corrective action plan (CAP) assessment. Monitoring intervals may be modified to less often if the results of monitoring indicate appropriate sustained compliance and correction.</p>

OUTPATIENT MENTAL HEALTH SERVICES

Finding(s)	Suggested Corrective Action(s)
MH-2: Three of 10 Annex records inadequately documented bio-psycho-social assessments (BPSA) or updates in a timely manner.	Provide in-service training to staff regarding the issues identified in MH-2, 3, and 4 in the Finding(s) column.
MH-3: Five of 10 Annex records inadequately documented timely reviews of finalized individualized service plans (ISP).	Review on a monthly basis no less than 10 records for each finding to evaluate the effectiveness of corrections; continue monitoring until closure is affirmed through CMA corrective action plan (CAP) assessment. Monitoring intervals may be modified to less often if the results of monitoring indicate appropriate sustained compliance and correction.
MH-4: Omissions and/or late documentation of case management notes were noted in two of 10 Annex records reviewed.	

Discussion MH-4: Case management notes, to include reviews of treatment records, ISPs, classification progress reports, and encounters to assess mental status are required every 60 days. One record reflected case management notes at 90 day and 120 day intervals instead of 60 days; another record contained no evidence of case management notes.

SPECIAL HOUSING

Finding(s)	Suggested Corrective Action(s)
MH-6: Three of five Main Unit records lacked documentation of mental status exams sufficient to identify possible adjustment problems.	Provide in-service training to staff regarding the issues identified in the Finding(s) column. Review on a monthly basis no less than 10 records to evaluate the effectiveness of corrections; continue monitoring until closure is affirmed through CMA corrective action plan (CAP) assessment. Monitoring intervals may be modified to less often if the results of monitoring indicate appropriate sustained compliance and correction.

Discussion MH-5: Confinement assessments were frequently on pre-printed forms with no attention to recent changes in the inmates' condition.

Conclusion

The mental health program at GULCI generally provided an appropriate range of services to the institution's S1/S2 inmate population. The majority of survey findings related to a lack of documentation detail rather than the provision of clinical care. However, several basic mental health functions such as orientation, record screening, treatment planning, and confinement evaluations were not always accomplished in a consistent, timely and efficient manner. Notwithstanding these findings, mental health staff appear to be providing clinically appropriate care in a majority of cases reviewed.

Inmates interviewed were positive about the mental health program in helping them adjust to prison life. Staff are encouraged to maintain these successes and institute appropriate educational opportunities and corrective actions where needed based on the results of this survey.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, several other issues were identified during the survey that are beyond the scope of the institution to address in an institutional corrective action plan (CAP). The issues may be based on standards endorsed by the CMA, but not addressed in department policy, procedure, or directive and therefore beyond institutional control. Issues identified below are currently under discussion with the OHS staff and will be addressed through the CMA's Quality Management Committee. Until such time as a resolution is reached between the CMA and the OHS these issues, they will continue to be reflected as "Department Findings" in individual institutional reports when applicable.

PHYSICAL HEALTH

Finding(s)
Dept-1: Inmates in special housing (administrative confinement, disciplinary confinement, protective management) did not receive one hour of exercise per day, outside the cell five days per week. Instead they are offered three hours per week.
Dept-2: 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-3: Periodic screening encounter forms (annual/biannual appraisals) lacked a thorough physical examination/and or comprehensive health evaluation.

Discussion Dept-1: Per department policy, one hour, five days per week of out-of-cell exercise is not offered to special housing inmates until after 30 days in the unit. It should be noted that a minimum of one hour a day of exercise outside of cells five days a week is a standard of the American Correctional Association for Adult Correctional Institutions. Any reasons for the imposition of constraints for specific inmates should be clearly documented.

Discussion Dept-3: The periodic screening encounter form (assessment conducted by a registered nurse) does not address rectal examinations, a review of systems and/or risk factors for appropriate age groups. It should be noted that a standard (comment) of the American Correctional Association for Adult Correctional Institutions states that all offenders should receive a thorough physical examination.

MENTAL HEALTH

Finding(s)
There were no department findings for mental health.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- 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.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

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.