



# CORRECTIONAL MEDICAL AUTHORITY

## PHYSICAL & MENTAL HEALTH SURVEY

of

## GULF CORRECTIONAL INSTITUTION

in

Wewahitchka, Florida

on

September 18 – 21, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on 09/10/01		
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
1,349	1,295	1,822	1,610	2,905

**CMA Physical Health Team Leader:**

Paul R. Cornish

**CMA Mental Health Team Leader:**

Murdina Campbell, M.S.W.

**Physical Health Team Members:**

Ellsworth Sacks, M.D.  
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**Mental Health Team Members:**

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## OVERVIEW

On September 18-21, 2001, the Correctional Medical Authority concluded a physical and mental health survey of Gulf Correctional Institution (GULCI), located in Wewahitchka, Florida. At the time of the survey, GULCI served an adult male population of approximately 2,905 inmates assigned to medical grades 1 through 3 and psychological grades 1 through 2. GULCI was classified as a medical level 4 facility. Inmates requiring 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>	
	697	551	80	0	11	
<i>Psychological Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	2,861	44	N/A	N/A	N/A	0
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	130	51	32	N/A	N/A	N/A

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.

The provision of physical health services at the institution was generally at an expected and required standard. Only isolated concerns were noted in areas that fell under the authority of the institution, including inadequate nursing documentation of health education during sick call encounters and inadequate physician summaries in mortality records. Three other findings identified, inadequate staffing at the physician and clinical associate level and the non-availability of infection control and quality management materials, fell outside the authority of the institutional staff to remedy and must be addressed at the Office of Health Services level.

The allocated mental health positions were insufficient to provide the full range of required mental health services (e.g., indicated group treatment activities), or to provide services in a consistently timely manner (e.g., review of treatment plans at the required intervals). The allocated positions had not changed since the 1998 CMA survey although the inmate population had doubled in size. Despite these problems, the staff was stable and the mental health program demonstrated a number of strengths.

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. Since the main unit and the annex operate independently in many of the areas listed, particularly those in the physical health record review sections, scores listed in the physical health section reflect an average from the main unit and the annex. This is not applicable for mental health scoring.

Findings Summary		Numeric Score*			
		Systems	Records		
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Sick Call	100	91	
		Emergency Care	100	100	
		Physician/CA Follow-Up Care	100	100	
		Infirmary Care	100	100	
	<b>Chronic Care</b>	Chronic Illness Clinic Systems	100		
		Asthma		96	
		Diabetes		100	
		General Medicine		100	
		Hypertension		99	
		Immunity		N/A	
		Seizure		100	
		TB/INH		100	
	<b>Preventative Care</b>		100	100	
	<b>Dental Care</b>		100	98	
	<b>Mortality</b>		82	82	
	<b>Other</b>	Administrative Audit	94		
		Consultations	100	100	
		Infection Control	71		
		Intake Process (Reception)	N/A	N/A	
		Intrasystem Transfers	100	100	
Medication Administration		100	100		
OBIS		100	100		
Pharmacy		100			
Quality Management	53				
<b>MENTAL HEALTH</b>	Inmate Access to Mental Health Services	100	86		
	Outpatient Mental Health Services	77	S1	85	
			S2	89	
			S3	N/A	
	Intellectual Functioning	100	100		
	Sexual Offender Services	100	100		
	Special Housing	100	96		
	Psychotropic Medication	N/A	N/A		
Self-Injury/Suicide Prevention	100	94			
Psychiatric Restraints	80	N/A			
Inpatient Mental Health Services	N/A	N/A			
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:	<b>SICK CALL</b> (Nursing Encounter)	Systems Score	Records Score
<b>9</b>		<b>100</b>	<b>91</b>
Finding(s)		Suggested Corrective Action(s)	
<b>PH-1 (Institutional Finding) Sick call records did not consistently contain clear and complete documentation of provided health education related to the sick call complaint. Effected records were from those reviewed at the Annex.</b>		Conduct inservice training on the necessity of accurate and complete documentation of provided inmate health education.  Implement an internal record monitoring plan to ensure all critical components necessary for accurate and complete SOAP format charting is completed.  Review either 10 records or 10% of all applicable records per month (whichever amount is greater), with a critical eye toward the documentation of provided health education. Continue monitoring until an acceptable compliance rate is reached and maintained for at least three consecutive months.	

### Discussion

The records score of 91 identified above is an average of the scores earned from the main unit (97) and the annex (86). Five sick call records were reviewed at the Annex, four at the main unit. Surveyors were asked to evaluate if the “caregiver educated the inmate regarding medications, exercise, diet, etc., and that the education was pertinent to the condition”. None of the annex records reviewed were found to have adequately met this standard.

### MORTALITY

Records Reviewed:	<b>MORTALITY</b>	Records Score
<b>3</b>		<b>82</b>
Finding(s)	Suggested Corrective Action(s)	
<b>PH-2 (Institutional Finding) Two of three mortality records reviewed lacked a comprehensive and complete final physician summary.</b>	Initiate a system; i.e., checklist, to ensure all documentation components are completed prior to final closure of a mortality record.	

Records Reviewed:	<b>MORTALITY</b>	Records Score
3		82

Finding(s)	Suggested Corrective Action(s)
<b>PH-3 The documentation of events leading to the death of one inmate lacked clarity.</b>	

**Discussion**

Nursing notes contained in the record of the inmate referenced in **PH-3** above indicated a wide range of body temperatures over a short period of time. Although it is possible a patient's temperature could range from 99 degrees to 103 degrees in a period of 90 minutes, it is expected the notes would reference this variance with some action. And even though it was noted the patient was having some difficulty breathing, it was not noted by what route his temperature was taken. If orally, the temperatures could have been affected by his breathing problems.

It was also unclear to the reviewer what the documented possible diagnosis was; myocardial infarction vs. pneumonia. The only specific note found regarding lung sounds was, "distant breathing". There was no reference to rales, or other related clinical symptoms.

Review of this case was further complicated in that the medical examiner's report had not yet been received by the institution, therefore the course of care vs. anticipated outcome could not be fully determined.

**OTHER**

<b>ADMINISTRATIVE AUDIT</b>	Systems Score
	94

Finding(s)	Suggested Corrective Action(s)
<b>PH-4 (OHS Finding) Physician and clinical associate staff allocations appeared insufficient considering the number of inmates served.</b>	

**Discussion**

Following a formula of one advanced level provider (physician/clinical associate) on-site 3.5 hours per week per 100 inmates, the present staffing of one physician and one clinical associate is inadequate. At least one more provider should be assigned. It was reported a position was reserved for transfer to Gulf C.I., but at the time of the survey, the transfer had not yet taken place.

<b>INFECTION CONTROL</b>		<b>Systems Score</b> <b>71</b>
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>	
<p><b>PH-5 (OHS Finding) Per instructions from the OHS, the following critical components of the Infection Control (IC) program were unavailable for review:</b></p> <ul style="list-style-type: none"> <li>a. Designation of an IC Coordinator;</li> <li>b. A record of a comprehensive IC Coordinator training program; and,</li> <li>c. Evidence of IC discussion at Quality Management meetings.</li> </ul>	<p>See discussion below.</p>	

<b>QUALITY MANAGEMENT</b>		<b>Systems Score</b> <b>53</b>
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>	
<p><b>PH-6 (OHS Finding) Per instructions of the OHS, no documentation was provided regarding the following critical quality management (QM) program components:</b></p> <ul style="list-style-type: none"> <li>a. Clinical Quality Review Improvement Plan;</li> <li>b. Investigational studies;</li> <li>c. QM studies;</li> <li>d. QM Committee make-up;</li> <li>e. QM Committee meeting attendance records; and,</li> <li>f. Designation of a Mortality Review Coordinator.</li> </ul>	<p>See discussion below.</p>	

**Discussion of PH-5 and PH-6**

Section 945.603 F.S. requires the CMA to evaluate the sufficiency, adequacy, and effectiveness of the Department of Corrections' Quality Management Program. At the institutional level, this means members of the survey team must review QM products; i.e., QM Committee participants and attendance records at meetings, QM meeting minutes, licensing and privileging documents, corrective actions taken for concerns identified, etc. Because redacted QM documents were provided to surveyors for review in which names of members, attendance records, staff privileges, etc. were edited out, it was not possible to fully evaluate the effectiveness of the institution's program. It was reported to the CMA Analyst facilitator during the survey that instructions to deny access to QM materials were given by an Office of Health Services representative. Regional staff at the exit conference confirmed this.

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

System Reviews

- Chronic Illness Clinic Systems
- Consultations
- Dental
- Emergency Care
- Intrasystem Transfers
- Medication Administration
- Offender based information system (OBIS)
- Preventative Care
- Sick Call

Record Reviews

- Asthma/Pulmonary
- Dental
- Diabetes
- Emergency Care
- General Medicine
- Hypertension
- Infirmery
- Seizure
- Sick Call
- Tuberculosis/INH Therapy

**CONCLUSION**

Overall, the survey of Gulf C.I. indicated that the enthusiastic and cooperative staff provided a level of care consistent with expected and required standards. A review of the content of the report shows the vast majority of the areas under institutional control that were reviewed reflected no significant or widespread problems. The exceptions being the correctable findings identified in the sick call and mortality record reviews. All other negative findings identified fell under the control of the OHS; i.e., staffing allocations and making available to survey team members the results of institutional quality management efforts so a determination could be made as to the effectiveness of the program.

## MENTAL HEALTH FINDINGS

### Survey Results

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

Records Reviewed:	<b>INMATE ACCESS TO MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
7		100	86
Finding(s)		Suggested Corrective Action(s)	
<b>MH-1</b> Indicated mental health follow-up was not consistently provided.		Monitor 10% of mental health encounters or a minimum of ten charts per month until 100% compliance is maintained. Continue monitoring until completion of the initial CMA Corrective action plan (CAP) assessment visit.	

### Discussion

**MH-1** In one case an indicated psychiatric consultation was scheduled but transportation to the consult was not arranged. The inmate would still benefit from a psychiatric consultation (the senior psychologist is aware of this case and continues to closely monitor the inmate who is not currently amenable to further treatment). In another case the planned treatment intervention was not documented. In two other cases there was no documentation of planned follow-up to an inmate declared psychological emergency or for an inmate who failed to show up for mental health appointments.

Records Reviewed:	<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
18		77	S1-85 S2-89
Finding(s)		Suggested Corrective Action(s)	
<b>MH-2 (OHS-1)</b> The mental health positions allocated at the time of the survey were insufficient to provide the full range of required mental health services to an inmate population that had doubled since the last CMA survey.		Ensure allocated and filled positions are sufficient to provide the full range of required mental health services.	
<b>MH-3</b> The only groups offered were sex offender treatment and sex offender relapse prevention.		Develop and implement a plan to offer group therapy that meets the needs of the inmate population.	

**Discussion**

**MH-2 (OHS-1)** At the time of the survey there was one senior psychologist and two psychological specialist positions allocated and filled. There was no clerical assistance. Although GULCI is an S1/S2 facility with a caseload of approximately 44 S2 inmates, the population served (2,905) has doubled since the last CMA survey without an accompanying increase in mental health staff (staff cover the annex, the main unit, a forestry camp, and a work camp, all of which are located considerable distances from one another). Furthermore, many of the inmates housed at GULCI have significant mental health histories despite their S1/S2 status at the time of the survey. A review of the daily operations logs for mental health staff indicated that each person was seeing at least eight inmates per day, not including paperwork and other required functions, e.g., confinement rounds. It was the survey team’s opinion that the survey findings should be viewed within the context of the staffing deficiencies. Finally, regional staff was hoping to secure an additional psychological specialist position (for a total of three). Regional staff also recognized the need for clerical support for the GULCI mental health program.

Records Reviewed:	<b>SELF-INJURY/SUICIDE PREVENTION</b>		Systems Score	Records Score
5			100	94
Finding(s)		Suggested Corrective Action(s)		
<b>MH-5 (OHS-2)</b> Physician orders for suicide observation status (SOS) or alternate medical holding cells (AMC) did not specify observations at least every 15 minutes.		Provide training.  Monitor all SOS/AMC cases until 100% compliance is maintained. Continue monitoring until the completion of the initial CMA CAP assessment.		

**Discussion**

**MH-5/OHS-2** The CMA’s review of all relevant standards indicates that observations should not exceed 15 -minute intervals.

Records Reviewed:	<b>OTHER ADMINISTRATIVE ISSUES</b>		
N/A			
Finding(s)		Suggested Corrective Action(s)	
<b>MH-6</b> Inspection of the alternate medical holding cells in the annex indicated that:  a. Cloth or other material could be tied around the basin mirrors.  b. Although less than 18 inches off the floor, the construction of the cell bunks was conducive to cloth or other material being easily tied from the bunks.		Address and correct safety issues. Include documentation in the closure file.	

Records Reviewed:	<b>OTHER ADMINISTRATIVE ISSUES</b>
N/A	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-7</b> Training was not provided for mental health, medical, or security staff in the use of psychiatric restraint.	Provide training. Include documentation in the closure file.

**Discussion**

**MH-6** There were four certified infirmary suicide observation status (SOS) cells located in the annex. The main unit infirmary, including two SOS cells, was not in use at the time of the survey. There were two certified alternate medical holding cells (AMCs) in the main unit. Two additional AMCs in the annex were not yet certified. CMA staff inspected two of the four certified SOS cells in the annex and the two certified AMCs in the main unit. The AMC cells were retrofitted confinement cells in which one of the two original metal bunks remained attached to the wall in each cell. The senior psychologist reported that the regional mental health consultant shared her concerns regarding the safety of such bunks in cells designed to minimize the opportunity for self-injury, and that the goal was to remove the remaining bunk from each AMC cell.

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

System Reviews

- Inmate access to Mental Health Systems.
- Intellectual Functioning.
- Self-Injury/Suicide Prevention.
- Sex Offender Services.
- Special Housing.

Record Reviews

- Intellectual Functioning.
- Sex offender Services.

**CONCLUSION**

Review of the daily operations logs indicated that the mental health staff was working to capacity. However, the allocated mental health positions were inadequate to provide the full range of required mental health services (e.g., indicated group treatment activities), or to provide services in a consistently timely manner (e.g., review of treatment plans at the required intervals). The allocated mental health staffing had not changed since the previous survey although the inmate population had doubled in size. Although the institution housed only S1/S2 inmates, many of these inmates had significant mental health histories requiring close and ongoing monitoring. There were a number of strengths in the mental health program including:

- Logs were produced on the computer resulting in legible and easily accessible tracking mechanisms (most of this was done by the senior psychologist who, in addition to her

administrative duties also shared the S2 caseload with the two psychological specialists).

- A log was maintained for the use of alternate medical holding cells that allowed necessary overview of this procedure.
- The senior psychologist's notes in particular were very clear and detailed demonstrating appropriate clinical justification and safe management of inmates placed in alternate medical holding cells.
- Inmates interviewed were positive about the mental health program in helping them adjust to prison life.
- The mental health staff was experienced in managing the mental health needs of the inmate population; all were on staff during the last CMA survey in 1998.

## 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.