



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HAMILTON CORRECTIONAL INSTITUTION

in

Jasper, Florida

on

January 13-16, 2004

CMA Physical Health Team Leader:

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Physical Health Team Members:

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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	3

Institutional Potential/Actual Workload

Main Unit Capacity	1,177	Current Main Unit Census	1,134
Annex Capacity	1,410	Current Annex Census	1,401
Satellite Unit(s) Capacity*	288	Current Satellite(s) Census	276
Total Capacity	2,875	Total Current Census	2,811

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		1,696	988	174	4	28
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	2,726	131	0	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		108	93	N/A	N/A	N/A

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at the Main Unit and Annex of Hamilton Correctional Institution (HAMCI). 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

Only one system and four clinical findings are enumerated in this report. These represent relatively minor departures from Correctional Medical Authority and Department of Correction's standards, or with prevailing practice standards generally accepted in the community at large.

Mental Health Findings

Since the last CMA survey in May 2001, the mental health department has maintained a number of corrective actions and demonstrated several strengths. However, findings continue in some areas: service planning requirements were not consistently completed in a timely manner; documentation of case manager assignments was not consistently timely; there was not a sex offender group nor a range of suitable group therapies available; and inmates were not administered all required IQ testing.

Department Findings

In addition to the findings referenced above, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and may not be addressed in OHS policy, procedure or directive. Or, they may be based on issues beyond institutional control and require intervention at the department level. The department should submit a separate corrective action plan for these findings.

Exit Conference and Final Report

At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the physical health and mental health sections of 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. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

SUMMARY OF INSTITUTIONAL SCORES

The goal of the survey is to determine if the administration of the medical unit and the provision of care at the institution are consistent with medical, dental and mental health care 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 following table lists the results of the systems and record reviews conducted during the survey.

Area of Review		Score*		
		Systems	Clinical	
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100	
		Emergency Care	100	
		Episodic Care Follow-Up	99	
		Infirmatory Care	78	
		Sick Call	100	
	Chronic Care	Asthma/Pulmonary Clinic	99	
		Diabetes Clinic	98	
		General Medicine Clinic	93	
		Hypertension Clinic	99	
		Immunity Clinic	99	
		Seizure Clinic	99	
	Preventative Care		100	100
	Dental Services		95	94
	Mortality Review		100	97
	Other	Administrative Processes	95	100
		Consultation Requests	100	100
		Food Services	91	100
		Infection Control	100	100
		Intake Process (Reception)	N/A	N/A
		Intrasystem Transfers	100	100
Medical Area and Inmate Housing		98	100	
Medication Administration		92	85	
OBIS/Health Record Content		100	93	
Pharmacy Services		100	100	
Quality Management		100	100	
Area of Review		Area Score		
MENTAL HEALTH	Mental Health Systems		94	
	Access to Mental Health Services		99	
	Inpatient Mental Health Services		N/A	
	Intellectual Functioning		78	
	Outpatient Mental Health Services		91	
	Psychiatric Restraint		N/A	
	Psychotropic Medication Practices		N/A	
	Reception/Intake Process		N/A	
	Self-Injury/Suicide Prevention	23-hour MH Observation		N/A
		SOS Status		99
		Other Self-injury Prevention Status		N/A
	Sexual Offender Services		89	
	Special Housing		100	
	Use-of-Force		100	

*Shaded Area: No survey instrument for the applicable area. NA: No applicable files at the institution.

PHYSICAL HEALTH FINDINGS

SYSTEMS

Medication Administration		Systems Score
		92
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: During observation of the pill line, it was observed that an oral cavity check was not performed on each inmate by a health services or security staff in close proximity of the inmate.</p>	<p>Develop a policy to ensure observation of inmates at the pill window. This policy should require observation from the same side of the window as the inmate, preferably by security staff.</p> <p>Monitor the effectiveness of the observation at least once weekly until closure is affirmed through the CMA CAP process.</p>	

CLINICAL

Records Reviewed	INFIRMARY	Record Review Score
8		78
Finding(s)	Suggested Corrective Action(s)	
<p>PH-2: None of the records reviewed contained documented evidence the inmate had been oriented to the infirmary.</p> <p>PH-3: The majority of records reviewed lacked documentation that vital signs had been completed once every shift as part of the nursing assessment.</p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five records per month (or 100% of available records if less than five are available) to ensure appropriate completion of all required nursing documentation related to infirmary orientation and ordered vital signs. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Records Reviewed	MEDICATION ADMINISTRATION	Record Review Score
11		85
Finding(s)	Suggested Corrective Action(s)	
<p>PH-4: Nine of the 10 records reviewed lacked appropriate documentation of at least one of the following components:</p> <ul style="list-style-type: none"> • complete documentation on the physician's order sheet of the route of administration, the medication strength, and/or the time the order 	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five records and the corresponding medication administration records (MARs) per month to ensure the appropriate and timely completion of all related documentation. Continue monitoring until</p>	

Records Reviewed	MEDICATION ADMINISTRATION	Record Review Score
11		85
Finding(s)	Suggested Corrective Action(s)	
<p>was written;</p> <ul style="list-style-type: none"> • the MAR did not match the physician's order; • the MAR reflected a delay in the time the medication was ordered and the actual start date; and, • the MAR lacked either an appropriate nursing signature or initial. 	<p>closure is affirmed through the CMA CAP process.</p> <p>One monitoring instrument capturing the elements outlined in the finding should suffice to demonstrate correction.</p>	

Records Reviewed	DENTAL SERVICES	Record Review Score
20		94
Finding(s)	Suggested Corrective Action(s)	
<p>PH-5: Documentation omissions were noted in 30% of the dental records reviewed including:</p> <ul style="list-style-type: none"> • evidence of appropriately mounted and identified radiographs of diagnostic quality; • complete and accurate documentation of dental findings; and • evidence of an accurate diagnosis and related treatment plan. 	<p>Monitor at least five records per month to ensure appropriate completion and documentation of the elements outlined in the finding.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP process.</p> <p>One monitoring instrument capturing the elements outlined in the finding should suffice to demonstrate correction.</p>	

Records Reviewed	OBIS/HEALTH RECORD	Record Review Score
10		93
Finding(s)	Suggested Corrective Action(s)	
<p>PH-6: The medical or mental health contacts listed in OBIS did not consistently match those listed in the medical/mental health record.</p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five records and the corresponding OBIS screens per month to ensure physical and mental health encounters are documented accurately in both the medical/mental health record and on the appropriate POBIS screen. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

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

System Reviews

- Consultation Requests
- Episodic Care
- Infection Control
- Intrasystem Transfers
- Medical Area/Inmate Housing
- Mortality Review
- OBIS/Health Record
- Pharmacy Services
- Preventative Care
- Quality Management

Record Reviews

- Asthma/Pulmonary Clinic
- Consultation Requests
- Diabetes Clinic
- Emergency Care
- Episodic Care Follow-Up
- Hypertension Clinic
- Immunity Clinic
- Intrasystem Transfers
- Mortality reviews
- Preventative Care
- Seizure Clinic
- Sick Call
- TB/INH Therapy Clinic

CONCLUSION

The physical health survey of Hamilton Correctional Institution revealed the provision of health care was adequate and consistent with expected and required standards. The staff demonstrated a professional demeanor throughout the survey and appeared quite knowledgeable regarding health care practices. The medical facility was clean and well organized. There appeared to be a good spirit of cooperation and communication between the medical department and security.

Only one system and four clinical findings were enumerated in this report. These represented relatively minor departures from Correctional Medical Authority and Department of Correction's standards, or with prevailing practice standards generally accepted in the community at large.

MENTAL HEALTH FINDINGS

The mental health department consisted of one senior psychologist position, three psychological specialist positions, and one clerical position. There were no vacancies at the time of the survey. Mental health services were provided to approximately 131 psychological grade 2 (S2) inmates. Two-thirds of the S2 inmates were housed in the annex and the remaining third in the main unit. One of the three psychological specialists was based at the main unit.

Since the last CMA survey in May 2001, the mental health department has maintained a number of corrective actions including: filling staff vacancies; providing an adequate multidisciplinary team approach for S2s; responding to inmate requests for mental health services and conducting mental status evaluations in confinement in a timely manner; and appropriately managing suicide attempts, gestures and ideation. Findings continue in some areas: service planning was not consistently completed in a timely manner; documentation of case manager assignments was not consistently timely; there was not a sex offender group nor a range of suitable group therapies available; and inmates were not consistently provided all required IQ testing.

Strengths

- The mental health department worked well as a team. The senior psychologist provided good quality administrative leadership and clinical supervision.
- The mental health staff consisted of well-qualified and trained individuals, a number of whom had served at this institution for years. Most of the clinicians were licensed mental health professionals.
- There were good working relationships between mental health, medical and security departments.
- The clinical notes demonstrated a high standard of professionalism.
- Inmates interviewed were very appreciative of the anger management group.

Records Reviewed: 18	OUTPATIENT MENTAL HEALTH SERVICES	Area Score 91
Finding(s)	Suggested Corrective Action(s)	
MH-1: There was a lack of group treatment activities.	Provide a range of therapeutic groups to meet the needs of the inmate population.	
MH-2: Outpatient treatment requirements were not consistently completed in a timely manner including: <ul style="list-style-type: none"> a. Intake service planning interviews. b. Biopsychosocial Assessments and updates. c. Individualized Service Plans. 	Provide inservice training to case managers regarding timeliness of these requirements. Review workload distribution to ensure the best use of staff time to ensure the completion of requirements in a timely manner. Monitor a minimum of five records per month in each area. Continue monitoring until closure is affirmed through the CMA CAP assessment.	
MH-3: Prior treatment records were not consistently requested.	Provide inservice training to case managers on the requirement to request prior treatment records. Document all requests.	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
18		91
Finding(s)	Suggested Corrective Action(s)	
	Monitor a minimum of five records per month. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Additional Discussion

In two cases a diagnosis of post-traumatic stress disorder was given. However, the stated interventions did not match this diagnosis. These cases were referred to the senior psychologist for review.

Records Reviewed:	INTELLECTUAL FUNCTIONING	Area Score
10		78
Finding(s)	Suggested Corrective Action(s)	
MH-4: All required intellectual testing had not been administered.	Newly arriving inmates whose initial reception screening includes a score on the BETA of 75 or lower must receive the required follow-up testing if this has not been completed prior to admission to Hamilton CI. Monitor for appropriate assessment and service planning, as applicable to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed:	SEX OFFENDER SERVICES	Area Score
8		89
Finding(s)	Suggested Corrective Action(s)	
MH-5: There was no sex offender group despite 43 inmates on the waiting list.	Provide a sex offender group.	
MH-6: Documentation of end-of-sentence planning was absent for S1 sex offenders nearing release.	Develop a system to ensure end-of-sentence planning is completed as required. Monitor a minimum of five records per month of inmates nearing release to ensure that aftercare planning is completed. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
25		99
Finding(s)	Suggested Corrective Action(s)	
MH-7: The clinical documentation of inmate-declared psychological emergencies lacked sufficient detail when describing the	Provide inservice to the case managers. Monitor a minimum of five records per month	

Records Reviewed: ACCESS TO MENTAL HEALTH SERVICES		Area Score
25		99
Finding(s)	Suggested Corrective Action(s)	
presence or absence of past history of suicide attempts, gestures, and ideation.	to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed: OTHER ADMINISTRATIVE ISSUES		Area Score
N/A		N/A
Finding(s)	Suggested Corrective Action(s)	
MH-8: Isolation cell N2103 requires minor repairs to the inside door flap to ensure cloth or other material cannot be tied to the door.	Make the necessary repairs.	

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

System Reviews

- Access to Mental Health Services
- Psychiatric Restraints
- Self-Injury/Suicide Prevention
- Special Housing

Record Reviews

- Special Housing
- Self-Injury/Suicide Prevention
- Use of Force
- Mortality review

CONCLUSION

Since the last CMA survey in May 2001, the mental health department has maintained a number of corrective actions and demonstrated several strengths. However, findings continue in some areas: service planning requirements were not consistently completed in a timely manner; documentation of case manager assignments was not consistently timely; there was not a sex offender group nor a range of suitable group therapies available; and inmates were not administered all required IQ testing

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, several other areas of concern were noted. 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

ADMINISTRATIVE PROCESSES

Finding(s)

Dept – 1: Special housing inmates were not offered one hour of exercise per day outside the cell five days per week.

Dept – 2: There was no evidence of a policy that prohibits the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

FOOD SERVICE

Finding(s)

Dept – 3: During a tour of the food preparation/serving area of a food service facility, one inmate worker was observed not wearing a required hair net and two inmate workers were observed not wearing disposable gloves. Although these discrepancies were corrected in the presence of the survey team member, efforts should be made to ensure these types of potential infection control violations do not occur.

DENTAL SERVICES

Finding(s)

Dept – 4: Two recently vacated dentist positions have resulted in the assignment of only one senior dentist for both the main unit and annex. Unless at least one of the vacant positions is filled as soon as possible, the risk is high that serious delays in the evaluation and care of the inmate population will be forthcoming.

GENERAL MEDICINE CLINIC

Finding(s)

Dept - 5: In the majority of the records reviewed, baseline and follow-up Alpha-fetoprotein lab studies were not documented for inmates diagnosed with liver disease.

MENTAL HEALTH

ACCESS TO MENTAL HEALTH SERVICES

Finding(s)

Dept-6: The average waiting period for inmates to be transferred to a crisis stabilization unit is 6 days. This exceeds the amount of time suicide observation status (SOS) patients may be managed on-site at an S1/S2 institution.

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, 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

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.