



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HARDEE CORRECTIONAL INSTITUTION

in

Bowling Green, Florida

on

April 13 - 16, 2010

CMA Physical Health Team Leader:

Priscilla Wood, BS

CMA Mental Health Team Leader:

Jane Holmes-Cain, LCSW

Physical Health Team Members:

Eugene Crouch, MD
Roberta Diehl, D.D.S.
Mark S. Heifferman, D.D.S.
Wendy Suckow, PA
Sue Sims, RN
Sue Brown, RN

Mental Health Team Members:

Andrew Daire, PhD, LMHC
Cathy Morris, RN

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,877	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1,227	Current Main Unit Census	1,590
Work Camp Capacity	288	Current Work Camp Census	287
Total Capacity	1,515	Total Current Census	1,877

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	1,156	634	107	0	10	
<i>Mental Health Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	1,874	23	N/A	NA	NA	NA

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	98	40	0	NA	NA	NA

OVERVIEW

Institutional Description

Hardee Correctional Institution (HARCI) houses male inmates of minimum, medium, and close custody levels and is designated as a medical grade 3, psychological grade 2 facility. Health care services are also provided at Hardee Work Camp.

The overall scope of health services provided at HARCI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and observation/infirmatory care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at HARCI April 13 - 16, 2010. 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.

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 action(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by 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 PROCESSES REVIEW

No findings were reported regarding administrative processes, infection control, pharmacy, and quality management.

INSTITUTIONAL TOUR

The tour of the facilities revealed no issues; the surveyor noted that the kitchen was clean and in order.

EPISODIC CARE REVIEW

There were no findings in emergency, infirmary or sick call records.

DENTAL REVIEW

There were no dental findings. However, the dental surveyors noted that the dental clinic could see more inmates, more timely, if a full-time hygienist and another dentist (half-time) were available.

CLINICAL SYSTEM REVIEW

There were some findings in the chronic illness clinic record review, as noted in the table below.

OTHER RECORD REVIEW

There were no significant findings in the consultations and health record/OBIS reviews. There were some findings in the preventive care and medication administration reviews as noted in the chart below.

Neurology Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 3 of 9 Neurology Clinic records reviewed, the classification of the type of seizures was not documented in the record as required.</p> <p>PH-2: In 4 out of 9 records reviewed, some required lab studies were not performed timely as required.</p> <p>PH-3: In 5 out of 9 records, it was not documented that inmates with a seizure-free history (2 years or greater) were considered for medication tapering as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Preventive Care Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 12 Preventive Care records reviewed, there was no documentation that the periodic screening encounter was conducted within a month of the due date.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medication Administration Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-5: In 5 out of 12 records, medication orders, including phone and verbal order did not contain either the date and/or the time.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

Overall the records at Hardee CI were well organized and it was easy to find the documentation needed for the survey. Review of the inmate housing and food service areas revealed no findings. Staff appeared to be knowledgeable about medical procedures, and all areas on the compound were clean and orderly. It was also evident that security staff works well with medical staff to ensure inmates receive the care they need. Interviews with inmates were generally positive about health care received. Medical and security staff indicated that they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. Overall, the clinic staff, including medical and administrative, demonstrated their dedication to providing health care to the inmate population.

MENTAL HEALTH FINDINGS

OVERVIEW

Hardee Correctional Institution provides outpatient mental health services only. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at HARCHI:

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

CLINICAL REVIEWS

Self-Harm Observation Status (SHOS)	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive clinical review of 7 SHOS records revealed the following deficiencies:</p> <p>(a) In 2 records, there was no order for admission.</p> <p>(b) In 3 records, 15 minute checks were not specified in the admission order.</p> <p>(c) In 2 records, a mattress, shroud and/or blanket were not specified</p> <p>(d) In 5 records, there was no documentation that the physician saw the inmate each day.</p> <p>(e) In two records, observation checklists were missing or incomplete.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records monthly for compliance or all if less than ten records are available. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

The Hardee Correctional Institution mental health department consisted of one full time Mental Health Specialist and one Mental Health Specialist who works a day and a half per week. The Sr. Mental Health Clinician is on site one day per week. Mental health staff provides case management, individual and group counseling; they also provide evaluations for inmates in SHOS and confinement and respond to inmate requests and psychological emergencies. Evaluations were thorough, timely and individualized. Individualized Service Plans contained individualized goals and interventions. Counseling topics were relevant to the inmate's issues and notes were descriptive and provided enough information to follow the inmate's progress towards his treatment goals. The mental health department at HARCI is to be commended for the lack of findings in this report.

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.