



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HENDRY CORRECTIONAL INSTITUTION

in

Immokalee, Florida

on

March 5 - 7, 2008

CMA Physical Health Team Leader:

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CMA Mental Health Team Leader:

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,031	Male	Close	2

Institutional Potential/Actual Workload

Main Unit Capacity	1,062	Current Main Unit Census	640
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	397	Current Satellite(s) Census	391
Total Capacity	1,459	Total Current Census	1,031

Inmates Assigned to Medical/Mental Health Grades

	1	2	3	4	Impaired	
Medical Grade	780	262	0	0	0	
Mental Health Grade	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
(S-Grade)	1,016	26	0	0	0	0

Inmates Assigned to Special Housing Status

	DC	AC	PM	CM3	CM2	CM1
Confinement/ Close Management	43	12	0	N/A	N/A	N/A

OVERVIEW

Survey Findings

Hendry Correctional Institution (HENCI) located in Immokalee, Florida houses male inmates of minimum, medium and close custody levels and is designated as a medical and psychological grade 2 institution. Because of this designation, low numbers of inmates are assigned to the chronic illness clinics and less than 10 inmates are provided medications through the pill line.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at HENCI March 5 - 7, 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

SYSTEM REVIEWS

No significant findings were reported regarding the administrative aspects of the institutional health system.

PHARMACY/MEDICATION AREA

Finding(s)	Suggested Corrective Action(s)
N/A	N/A

Discussion: Very limited space for medication administration was available. Although adequate at this stage due to a limited number of medication administration needs, future increases in inmate population and/or medical acuity levels of inmates could pose problems.

CLINICAL REVIEWS

CONSULTATIONS/EPISODIC FOLLOW-UP

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 20 records reviewed for the timeliness and effectiveness of consultations and follow-up referrals, four examples of delays were noted.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Conduct monthly monitoring of no less than a total of 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>

GENERAL RECORD REVIEWS

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 26 records reviewed to ascertain if indicated laboratory tests, confirmatory testing, and follow-up testing was conducted for abnormal results, five discrepancies were revealed from the following areas:</p> <p>a) Endocrine Clinic b) Gastrointestinal Clinic</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create one monitoring tool and conduct monthly monitoring of no less than a total of ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>

GENERAL RECORD REVIEWS

Finding(s)	Suggested Corrective Action(s)
c) Miscellaneous Clinic d) Preventative Care	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

Survey findings indicated the overall medical care provided at HENCI 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. Positive findings were noted in a number of areas: The sick call log identified indicated referrals which assisted in ensuring continuity of care; concerns identified in the delivery of dental care in 2001 sustained corrective action with no current findings; the infection control coordinator had received specialized training from the Office of Health Services; and the medical staff demonstrated their dedication to providing health care to the inmate population.

It should be noted that the inmate population appears to be increasing which has the potential to impact clinical services at the facility. Both staff and inmate interviews discussed lengthy wait times to be seen in sick call; possibly a need for added practitioner services. Additionally, the pharmacy/medication area is very small and extra space may be needed. Notwithstanding these issues, the inmates were very positive about the health care they received.

MENTAL HEALTH FINDINGS

OVERVIEW

Hendry C.I. provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at Hendry CI:

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

CLINICAL REVIEWS

INTELLECTUAL FUNCTIONING

Finding(s)	Suggested Corrective Action(s)
MH-1: In three of four records reviewed, required psychological testing was late or not present.	Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column. Monitor a minimum of ten records monthly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

HENCI mental health department consists of one full time behavioral health specialist (BHS) and a Sr. Psychologist who is on site one day per week. Inmates interviewed expressed satisfaction with the mental health services, particularly with the positive attitude and availability of the BHS. The lack of findings reflects the dedication of the staff to provide quality mental health services to the inmates at HENCI.

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 will continue to be reflected as "Department Findings" in individual institutional reports when applicable.

PHYSICAL HEALTH

Finding(s)
Dept-1: Inmates in special housing are not offered one hour of exercise per day, outside the cell, five days 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.
Dept-4: Inadequate evidence was present in medical records that low dose aspirin therapy was prescribed or considered for Cardiovascular Clinic patients over age 40, or if prescribed and refused, that a refusal was documented.

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.

Discussion Dept-4: At several CMA surveys conducted over the course of the last year, the issue of low dose aspirin therapy for Cardiovascular Clinic patients has been identified as a finding even though not specifically addressed in department policy. While not supporting routine aspirin use, the CMA does take the position that clinical judgment should be exercised by a treating health care provider regarding the use of this treatment, and at a minimum, medical record documentation should include a statement

to justify why this treatment choice is not employed. The intent in citing this is not to require aspirin (ASA) therapy, but rather to remind institutional staff that low dose ASA therapy should be considered for inmates in this demographic (enrolled in Cardiovascular Clinic and over 40 years of age).

MENTAL HEALTH

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.