



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HERNANDO CORRECTIONAL INSTITUTION

in

Brooksville, Florida

on

March 28-30, 2007

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
401	F	Medium	3

Institutional Potential/Actual Workload

Main Unit Capacity	428	Current Main Unit Census	401
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	NA	Current Satellite(s) Census	NA
Total Capacity	428	Total Current Census	401

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		222	49	133	NA	NA
<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>
	270	34	100	NA	NA	NA

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		7	26	NA	NA	NA

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Hernando Correctional Institution (HERCI). 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.

Institutional Findings

Medical, dental and mental health systems at the institution were reviewed. Deficiencies and areas of concern are described in the body of the report.

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. They may also be based on issues beyond institutional control, requiring intervention at a higher level. The OHS should submit a separate corrective action plan for these findings. One deficiency identified in the prior review of Hernando Correctional Institution in September 2003 is listed below. (See page 9 for current department findings.)

Dept-1 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.

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 may be conducted by an institutional clinician/peer. Monitoring should be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being 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.

PHYSICAL HEALTH FINDINGS

Strengths

- The physical health department was comprised of competent, caring professionals.
- Staff was extremely helpful and cooperative in this review.

SYSTEMS

EPISODIC CARE	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: There was no supervisory review of weekly emergency encounters. (Emergency encounters were reviewed on a monthly basis but the emergency encounter forms lacked a signature indicating a supervisory review had taken place).</p>	<p>Provide in-service training for staff regarding the importance of supervisory review of the weekly emergency encounters for accuracy, treatment modality and documentation. Emergency care encounter forms should include a signature to indicate a supervisory review was performed.</p> <p>Monitor a minimum of five Emergency Care records per month to ensure compliance.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

CLINICAL

Records Reviewed	CARDIOVASCULAR CLINIC
17	
Finding(s)	Suggested Corrective Action(s)
<p>PH-2:</p> <p>(a) Eight of seventeen records reviewed lacked documentation that patients over the age of 40 were prescribed low dose aspirin (80-325mg) unless contraindicated.</p> <p>(b) Three of seventeen records did not contain documentation of an annual follow-up EKG when clinically indicated or documentation giving clinical justification why this was not done.</p> <p>(c) Two of seventeen records reviewed did not contain documentation of an annual fundoscopic examination.</p>	<p>Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis.</p> <p>Monitor at least five records per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed 9	NEUROLOGY
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Finding(s)	Suggested Corrective Action(s)
PH-3: Five of nine records reviewed did not include the age of onset or type of seizure in the medical history.	<p>Provide in-service training for staff regarding the importance of documenting the age of onset or type of seizure in the medical history.</p> <p>Monitor at least five records per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed 20	DENTAL
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Finding(s)	Suggested Corrective Action(s)
PH-4: Twelve of twenty records reviewed did not have an adequate number of appropriately mounted and identified radiographs or panaorex and select periapicals and bitewings to meet the needs of a quality dental examination in the adult population.	<p>Recommend documentation be placed in the chart acknowledging the patient receives the appropriate radiographs. (Radiographs should include the rear portions of the mouth)</p> <p>Monitor for compliance and include documentation in the corrective action plan closure file.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed 10	CHRONIC ILLNESS CLINIC ISSUES	
Finding(s)	Suggested Corrective Action(s)	
<p>PH-5: Records reviewed in the following clinics inconsistently documented indicated influenza vaccine (annually) or inmate refusals.</p> <p>(a) Neurology (b) Gastrointestinal</p>	<p>Monitor at least five records of each applicable clinic monthly to ensure influenza vaccines are offered annually or refusals are documented.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>	
<p>PH-6: Records reviewed in the following clinics inconsistently documented indicated pneumococcal vaccine or inmate refusals.</p> <p>(a) Respiratory (b) Miscellaneous (c) Neurology (d) Gastrointestinal</p>	<p>Monitor at least five records of each applicable clinic monthly to ensure pneumococcal vaccines are offered or refusals are documented.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>	

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

System Reviews

- Sick Call
- Preventative Care
- Medication Administration
- Intra-System Transfer
- Administrative Processes
- Consultation Requests
- Dental Services
- Food Services
- Infection Control
- Quality Management
- Medical Area and Inmate Housing
- OBIS/Health Record Content
- Pharmacy Services

Record Reviews

- Episodic Care Follow-Up
- Comprehensive Care
- OBIS/Health Record Content
- Preventative Care
- Intra-System Transfer
- Consultations
- Endocrine Clinic
- Immunity Clinic
- Tuberculosis Clinic
- Oncology
- Renal
- Medication Administration

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Notwithstanding the deficiencies listed above, staff should be commended on the care provided. They are encouraged to maintain these successes and institute corrective action where needed.

COMPREHENSIVE CHART REVIEW

To evaluate the overall healthcare of inmates, a comprehensive medical review of ten charts was performed. The results of this process are described below.

Documentation and Chart Organization

Documentation was generally good. Charts were organized appropriately and the correct forms were used. **Conclusion:** Documentation and chart organization appeared adequate.

Quality of Care

Two records reviewed for patients with liver disease had vaccines ordered in which there was no evidence on the progress notes or immunization record that these were administered. In each of these cases, discussion took place between the parties on-site and a satisfactory resolution was reached.

Conclusion: The quality of care generally appeared adequate.

MENTAL HEALTH FINDINGS

Strengths

- Inmates consistently reported that mental health staff was helpful.
- Inmates are infrequently placed on Self Harm Observation Status (SHOS) and force is rarely used.

CLINICAL

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	
20		
Finding(s)	Suggested Corrective Action(s)	
MH-1: Six of twenty records reviewed lacked documentation for medication and/or diagnosis changes.	<p>Additional in-service training should be provided to psychiatric staff regarding adequate treatment approaches.</p> <p>Central office and/or regional staff should review a minimum of twenty records per month to ensure appropriate treatment is rendered until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	DISCHARGE PLANNING	
5		
Finding(s)	Suggested Corrective Action(s)	
MH-2: Eligible inmates are not receiving assistance in applying for social security benefits.	<p>Provide in-service training to mental health staff in the completion of this process.</p> <p>Monitor a minimum of five records monthly, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment</p>	

OUTPATIENT SERVICES

30

Finding(s)	Suggested Corrective Action(s)
MH-3: Six of thirty records reviewed did not have the inmate's S-grade documented in the chart or it did not match the S-grade reflected in OBIS.	Provide in-service training to mental health staff in the completion of this form. Monitor a minimum of five records monthly, or all applicable records, for compliance including a review of applicable OBIS screens. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
MH-5: Eight of thirty records reviewed had notes or forms that were not signed or had inconsistent dates.	Monitor a minimum of five records monthly, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment

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

- Access To Mental Health Services
- Intellectual Functioning
- Self-Injury/Suicide Prevention
- Outpatient Services
- Use of Force
- Systems Review

DISCUSSION ISSUES

1. The nurses at Hernando CI reported feeling insufficiently trained to work with inmates with mental health issues.
2. Mental health and medical staff interviews indicated some inmates were uncomfortable talking to the psychiatrist and were reluctant to keep psychiatric appointments. Staff expressed concerns that inmates were at increased risk for medication non-compliance.

CONCLUSION

Overall, the mental health staff at Hernando CI appears to be a competent, caring group of professionals. They demonstrated a good working relationship with security. They were responsive to the few findings that were noted and immediately took action to remediate the problems. They should be commended for the lack of findings noted in this review. They are encouraged to maintain these successes and institute corrective action where needed.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, there are several other areas of concern. 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 may be based on other issues beyond institutional control. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

Finding(s)
Dept-1: 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-2: Special housing inmates were not offered one hour of exercise per day, five days per week outside the cell.

MENTAL HEALTH

There were no department findings for mental health.

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, /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.