



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HERNANDO CORRECTIONAL INSTITUTION

in

Brooksville, Florida

on

September 9-12, 2003

CMA Physical 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
Adult and Youthful Offender	Female	Medium	2

Institutional Potential/Actual Workload

Main Unit Capacity	437	Current Main Unit Census	382
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	437	Total Current Census	382

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		233	143	6	0	0
<i>Mental Health Grade</i> <i>(S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	135	40	197	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	<i>DC/AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	15	N/A	N/A	N/A	N/A

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.

Physical Health Findings

A thorough review of the physical health-related systems in place at HERCI, including the physical plant, administrative processes, and the provision and documentation of care revealed 12 findings requiring correction by institutional staff. The largest percentage of these findings, however, fell into an administrative category and was therefore fairly innocuous. No significant negative trends regarding clinical care were identified.

Mental Health Findings

This institution offered outpatient services in the form of screening, case management, individual therapy, group treatment and psychiatric services. Since the institution does not have an infirmary, self-injurious/suicidal inmates are transferred to other institutions. While awaiting transfer they are observed one-on-one in the medical area or in a holding cell.

There were numerous findings of deficient practices in both psychological and psychiatric services. Female adult and youthful offenders typically have greater mental health needs than other populations and the results of this survey may demonstrate that appropriate resources have not been provided to address those needs. Additional staff such as a psychiatric nurse and/or psychiatrist as well as a full-time supervising senior psychologist may be needed. Of additional concern were issues with the private vendor, Corrections Corporation of America, who was operating disciplinary confinement for HERCI inmates at the Citrus County Jail. Findings in that area presented continuity of care issues and serious safety concerns.

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 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 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) Supporting 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	94	
		Emergency Care		65
		Episodic Care Follow-Up		96
		Infirmery Care		N/A
		Sick Call		95
	Chronic Care	Asthma/Pulmonary Clinic		100
		Diabetes Clinic		95
		General Medicine Clinic		95
		Hypertension Clinic		100
		Immunity Clinic		99
		Seizure Clinic		100
		Tuberculosis/INH Clinic		99
	Preventative Care		100	100
	Dental Care		100	100
	Mortality Review		100	91
	Other	Administrative Processes	95	
		Consultation Requests	100	100
		Food Services	86	
		Infection Control	85	
		Intake Process (Reception)	N/A	N/A
Intrasystem Transfers		100	100	
Medical Area and Inmate Housing		91		
Medication Administration		56	93	
OBIS-Health Record Content		100	93	
Pharmacy Services		100		
Quality Management	93			
Area of Review			Area Score	
MENTAL HEALTH	Mental Health Systems		80	
	Access to Mental Health Services		67	
	Inpatient Mental Health Services		NA	
	Intellectual Functioning		100	
	Outpatient Mental Health Services		75	
	Psychiatric Restraints		NA	
	Psychotropic Medication Practices		75	
	Reception/Intake Process		NA	
	Self-Injury/Suicide Prevention	23-hour MH Observation		NA
		SOS Status		NA
		Other Self-injury Prevention Status		NA
	Sexual Offender Services		NA	
	Special Housing		74	
	Use of Force		NA	

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

PHYSICAL HEALTH FINDINGS

Survey Results

The following areas of review resulted in findings requiring corrective actions by institutional staff.

CLINICAL

Records Reviewed	EMERGENCY CARE	Record Review Score
5		65
Finding(s)	Suggested Corrective Action(s)	
PH-1: Records lacked a complete initial assessment appropriate to the presenting complaint and/or documentation of appropriate and timely follow-up.	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five emergency care records per month to ensure appropriate initial assessments and follow-up plans are adequately documented. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	
Records Reviewed	MEDICATION ADMINISTRATION	Record Review Score
5		93
Finding(s)	Suggested Corrective Action(s)	
PH-2: Physician medication orders in the medical records did not consistently reflect the time the order was written.	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five physician order forms per month to ensure all required components are documented. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	
Records Reviewed	MORTALITY	Record Review Score
1		91
Finding(s)	Suggested Corrective Action(s)	
N/A	<p>Concerns were noted regarding the clinical care leading to the terminal event. These concerns were discussed with staff at the time of the survey. This case has already been referred to the CMA's Quality Management Committee for any further action deemed necessary.</p>	
Records Reviewed	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Record Review Score
5		93
Finding(s)	Suggested Corrective Action(s)	
PH-3: The 'PULHESDXTI' index listed in the medical record did not match that reflected in OBIS.	<p>Provide inservice training to applicable staff.</p> <p>Review at least five records and the corresponding OBIS entries per month to ensure the PULHESDXTI index in the OBIS system matches that listed in the medical record. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Records Reviewed	SICK CALL	Record Review Score
5		95
Finding(s)	Suggested Corrective Action(s)	
PH-4: Although a referral for a higher level of care was indicated and completed, the referral was not timely.	<p>Provide inservice training to applicable staff.</p> <p>Review at least five records per month of inmates who with a sick call encounter to ensure if a referral was indicated, the referral occurred in a timely manner. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

ADMINISTRATIVE

Records Reviewed	FOOD SERVICE	System Review Score
N/A		86
Finding(s)	Suggested Corrective Action(s)	
PH-5: Inmate workers were observed handling and washing raw chicken with bare hands. None of the workers in the food preparation area were wearing gloves.	<p>Provide inservice training to applicable staff.</p> <p>Conduct at least weekly monitoring of the food service facility to ensure cleanliness and adherence to safety and sanitation requirements, to include unscheduled and unannounced visits. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	
PH-6: Standing water was observed on the floor in several areas of the food preparation area.	<p>Ensure appropriate policies and procedures are on-site, readily available to management personnel, and thoroughly understood by users.</p>	
PH-7: Food service facility staff were unable to provide written procedures that address actions to be taken in a suspected food borne illness outbreak.		

Records Reviewed	INFECTION CONTROL	Record Review Score
N/A		85
Finding(s)	Suggested Corrective Action(s)	
PH-8: The infection control coordinator (ICC) received no formal training in the practices of infection control.	<p>Either provide evidence of infection control training if previously obtained, or if not previously obtained, ensure training is provided.</p>	
PH-9: The ICC did not conduct monthly institutional and weekly food service sanitation inspections, or if conducted by the safety officer, did not review the inspection reports.	<p>Develop and implement an institutional policy whereby the ICC conducts the necessary sanitation inspections, accompanies the institutional safety officer during inspections, or reviews and files the inspection results when conducted by the safety officer.</p>	

Records Reviewed N/A	MEDICAL AREA AND INMATE HOUSING	System Review Score 91
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Finding(s)	Suggested Corrective Action(s)
<p>PH-10: Appropriate signage was not present indicating the health care area is a doctor's office, pursuant to 64B.8., F.A.C.</p> <p>PH-11: Procedures for accessing medical and dental sick call and mental health services, in Spanish and English, were not posted in all inmate housing areas.</p> <p>PH-12: Pill line schedules were not posted in inmate common areas.</p>	<p>Post all required information in the medical and inmate housing areas.</p>

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

System Reviews

- Consultation Requests
- Dental Services
- Episodic Care Follow-up
- Intrasystem Transfers
- Mortality Review
- OBIS
- Pharmacy
- Preventative Care
- Quality Management

Record Reviews

- Asthma/Pulmonary Clinic
- Consultation Requests
- Dental Services
- Diabetes Clinic
- General Medicine Clinic
- Hypertension Clinic
- Immunodeficiency Clinic
- Intrasystem Transfers
- Preventative Care
- Seizure Clinic
- Tuberculosis/INH Therapy Clinic

CONCLUSION

The physical health survey of Hernando Correctional Institution revealed that, with only a few exceptions, the provision of health care was adequate and consistent with expected and required standards. Only four clinical findings were enumerated in this report, representing 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. Administrative issues identified, although more numerous, were also generally minor in nature and easily remedied.

MENTAL HEALTH FINDINGS

Background

Staffing consisted of three psychological specialists and one psychiatrist. Additionally, a senior psychologist based at Sumter CI provided supervision to the psychological specialists. There was no clerical support designated for mental health staff.

Survey Results

Strengths:

- Inmates were transferred expediently to a higher level of care when indicated.
- Annual physical examinations were conducted for inmates on psychotropic medications.

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

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
10		67
Finding(s)	Suggested Corrective Action(s)	
<p>MH-1: Problems were noted in responses to inmate written requests as follows:</p> <ul style="list-style-type: none"> a) Receipt of inmate requests was not documented in the mental health progress notes. b) Responses/actions taken were not clearly documented and frequently did not specifically address the issue(s) contained in the request. 	<p>Train mental health staff regarding the need to enter an “incidental note” documenting receipt of an inmate request and the need to clearly document how the request was handled, including actions taken that specifically address the issue(s) mentioned in the inmate’s request.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA Corrective Action Plan (CAP) assessment.</p>	
<p>MH-2: Problems were noted in responses to inmate-declared psychological emergencies as follows:</p> <ul style="list-style-type: none"> a) Suicide risk was not fully assessed, including mental health treatment history and past suicide attempts. b) Thorough mental status examinations (MSEs) were not conducted. 	<p>Train mental health staff regarding the need to conduct and document thorough MSEs and suicide risk assessments when responding to psychological emergencies.</p> <p>Conduct monthly monitoring of five records of inmates declaring psychological emergencies per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
24		75
Finding(s)	Suggested Corrective Action(s)	
<p>MH-3: Orientation to mental health services was not conducted within 24 hours of inmate arrival.</p>	<p>Train nursing staff regarding the need to provide a brief orientation to mental health services when they provide the orientation to medical and dental</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
24		75
Finding(s)	Suggested Corrective Action(s)	
	<p>services within 24 hours of inmate arrival. Document the orientation with either a note or a stamp.</p> <p>Conduct monthly monitoring of five records of new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-4: Record screenings by mental health staff were not conducted within 14 days of inmate arrival.	<p>Review the system for mental health staff to be informed of new arrivals. Examine and eliminate barriers to conducting and documenting record screening within 14 days of an inmate arrival.</p> <p>Conduct monthly monitoring of five records of new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-5: Biopsychosocial assessments (BPSAs) were not consistently completed within the required timeframe and were often inadequate in terms of depth and detail of inmate history.	<p>Train mental health staff in the requirements for timeliness and content of BPSAs.</p> <p>Conduct monthly monitoring of five records of newly upgraded S2/3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-6: Several problems were identified with Individualized Service Plans (ISPs) as follows: <ul style="list-style-type: none"> a) Case managers did not consistently conduct service planning interviews within the required 14 days of arrival of S2/3 inmates to assess mental status and update the ISP. b) ISPs were not completed within the required 14-day timeframe. c) ISPs often did not reflect current treatment and diagnoses. d) ISPs were frequently not properly signed by all members of the multi-disciplinary services team (MDST) and the inmate. 	<p>Train mental health staff in the requirements for ISP timeliness and updating by the MDST, particularly the need for all MDST members to meet as a group.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-7: Identified problems were frequently not recorded on the medical record problem list.	<p>Train mental health staff in the need to record ISP problems on the medical record problem list.</p> <p>Conduct monthly monitoring of five records of</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
24		75
Finding(s)	Suggested Corrective Action(s)	
	S2/3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.	
MH-8: Diagnosis, targeted problems and/or interventions were not always clinically appropriate given symptoms documented.	<p>Train mental health staff in the need for diagnosis, targeted problems and interventions to correlate.</p> <p>Conduct monthly monitoring of five records of S2/3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-9: Progress notes, including monthly group summary notes, were not of sufficient depth to follow the course of treatment, particularly in relation to accomplishment of ISP goals.	<p>Train mental health staff in the need for an adequate level of detail and depth in progress notes as well as the need to state, in monthly group summary notes, the number of sessions attended out of the total number offered for the month. All progress notes should be of sufficient depth and descriptive quality to document the general course of treatment as it relates to ISP accomplishment.</p> <p>Conduct monthly monitoring of five records of S2/3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-10: Case management was not conducted at least every 30 days for S3 inmates.	<p>Train mental health staff in the requirement to conduct case management sessions with S3 patients at least once every 30 days.</p> <p>Conduct monthly monitoring of five records of S3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-11: Psychiatric evaluations of newly arrived S3 inmates were either never conducted, or they were not conducted within 10 days of arrival in the majority of records reviewed.	<p>Train psychiatric staff in the need to conduct initial psychiatric evaluations within the required timeframe.</p> <p>Conduct monthly monitoring of five records of newly arrived S3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-12: Mental health treatment was not conducted in a private, confidential setting.	Make expedient modifications such that mental health services are provided in an appropriate setting and manner.	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
24		75
Finding(s)	Suggested Corrective Action(s)	
<p>Discussion: Approximately three months ago, the psychological specialists moved office locations from one area in the medical wing to the former classification wing where office doors are solid with no glass panes. According to staff, they were then required to keep their office doors open to avoid “unwarranted inmate allegations” of inappropriate behavior and for staff safety reasons. When this issue arose during the survey, the ARNP and warden initiated plans to modify the doors so they may be closed, thus ensuring a confidential setting.</p>		

Records Reviewed:	PSYCHIATRIC RESTRAINTS	Area Score
N/A		N/A
Finding(s)	Suggested Corrective Action(s)	
<p>MH-13: The institution possessed only four-point psychiatric restraints, which are not appropriate since HERCI has no infirmary isolation room and no fixed restraint bed. Also, staff had not been properly trained in restraint use.</p>	<p>Dispose of, or transfer to an appropriate institution, the six pair of four-point restraints currently in stock. Obtain appropriate psychiatric restraints (at least one leather or vinyl waist belt with wrist cuffs and one set of leather or vinyl leg restraints per TI 15.05.10).</p> <p>Ensure mental health and medical staff as well as security staff assigned to the medical unit have been trained in the application of the new psychiatric restraints. The training should include demonstration of the restraints.</p>	

Records Reviewed:	SPECIAL HOUSING	Area Score
6		74
Finding(s)	Suggested Corrective Action(s)	
<p>MH-14: Medical records including psychiatric/psychology notes and medication administration records from the private vendor operating confinement housing were not being supplied to HERCI upon inmate release from confinement, raising serious continuity of care and liability issues.</p>	<p>Ensure that copies of records of all medical and mental health treatment provided by the private vendor during the inmate’s confinement are transmitted to the receiving state institution upon the inmate’s release from confinement.</p> <p>Include copies of correspondence between the department and the provider regarding this issue in the closure file.</p> <p>Conduct monthly monitoring of five records of S2/3 confinement inmates per month. The supporting documentation should indicate the date inmate was released from confinement and the date the department received medical/mental health records from the vendor along with copies of those records. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
<p>MH-15: Inmates in confinement had unsupervised access to cleaning chemicals and</p>	<p>Ensure that confinement inmates do not have unsupervised access to cleaning chemicals.</p>	

Records Reviewed:		SPECIAL HOUSING		Area Score	
6				74	
Finding(s)			Suggested Corrective Action(s)		
several had ingested them, resulting in illness and transfer to suicide prevention status at another institution.			<p>Include copies of correspondence between the department and the provider regarding this issue in the closure file.</p> <p>Maintain and include in the closure file a monthly log and description of all incidents of inmate self-injury occurring at the vendor facility. Review the log at least twice monthly for trends regarding unsafe practices. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION		Area Score	
1				NA	
Finding(s)			Suggested Corrective Action(s)		
MH-16: An inmate on suicide observation status (SOS) did not receive a thorough suicide risk assessment, nor was there a physician's order for SOS placement documented.			<p>Train nursing and medical/psychiatric staff in the accomplishment of thorough suicide risk assessments and the need for a physician's order for SOS placement.</p> <p>Include in the closure file copies of suicide risk assessments and corresponding physician's orders for SOS placement of all inmates placed on such status and/or transferred to another institution in that status.</p>		

Records Reviewed:		PSYCHOTROPIC MEDICATION PRACTICES		Area Score	
23				75	
Finding(s)			Suggested Corrective Action(s)		
MH-17: Diagnoses frequently did not correspond with symptoms documented or psychotropic medications prescribed.			<p>Train psychiatric staff as needed to ensure that diagnoses are appropriate given documented symptoms, and that medications prescribed correlate appropriately with the clinical picture presented by symptoms and diagnoses.</p> <p>A peer psychiatrist should conduct monthly monitoring of five records of S3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
MH-18: The rationale for medication changes was frequently not documented.			<p>Train psychiatric staff as needed to ensure that the clinical rationale for medication changes is clearly documented and appropriate.</p> <p>A peer psychiatrist should conduct monthly</p>		

Records Reviewed: 23	PSYCHOTROPIC MEDICATION PRACTICES	Area Score 75
Finding(s)	Suggested Corrective Action(s)	
	<p>monitoring of five records of S3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
<p>MH-19: Informed consent forms did not appropriately address side effects. Instances were noted where several classes of medications were included on the same form without specifying the side effects for each class.</p>	<p>Train psychiatric and nursing staff in the requirement to record only one class of medications on each informed consent sheet and to ensure that side effects listed pertain to the medication ordered.</p> <p>Conduct monthly monitoring of five records of S3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
<p>MH-20: Physician orders for medication were not timed.</p>	<p>Train psychiatric and nursing staff in the requirement to record time written on medication orders.</p> <p>Conduct monthly monitoring of five records of S3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
<p>MH-21: Sedating medications were given at clinically inappropriate times.</p>	<p>Train psychiatric staff as needed to ensure that sedating medications are given at appropriate times, such as hour-of-sleep, when clinically indicated in order to obtain optimal effect and patient compliance.</p> <p>A peer psychiatrist should conduct monthly monitoring of five records of S3 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
<p>Discussion: The team noted several instances in the records reviewed where patients refused medications due to sedative side effects and the fact that the latest administration time allowed at the institution was 5:00 p.m. Departmental procedure 403.007 “Medication Administration and Missed Medication” now allows time adjustments for medications when clinically significant and necessary in the practitioner’s judgement.</p>		

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Area Score
23		75
Finding(s)	Suggested Corrective Action(s)	
MH-22: Medication Administration Records (MARS) were initialed prior to actual administration of the medication.	<p>Train nursing staff in the requirement to initial MARS at the time the medication is actually administered.</p> <p>Observe medication administration lines at least twice monthly to ensure that proper procedures are followed. Include the results of these observations in the closure file. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

CONCLUSION

Female adult and youthful offenders typically present mental health needs that are greater and more complex than other incarcerated populations. The numerous findings from this survey may demonstrate the need for additional staffing resources such as a psychiatric nurse and/or psychiatrist as well as a full-time supervising senior psychologist. Additionally, an increase in administrative oversight is warranted in relation to the private vendor (Corrections Corporation of America) operating disciplinary confinement for HERCI inmates at the Citrus County Jail. Findings in that area presented continuity of care issues and serious safety concerns.

DEPARTMENT FINDINGS

In addition to the 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.

EMERGENCY CARE

Finding(s)

Dept-1: The Emergency Care Log lacked a column specifying the inmate's chief complaint and final diagnosis.

ADMINISTRATION

Finding(s)

Dept-2: No evidence was provided that all inmate workers in the medical unit had a written job description outlining specific duties.

Dept-3: There was no policy prohibiting medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

QUALITY MANAGEMENT

Finding(s)

Dept-4: Insufficient documentation of peer review activities was provided.

MEDICATION ADMINISTRATION

Finding(s)

Dept-5: A memorandum dated February 28, 2002 from the department's Director of Nursing to all nursing supervisors contains language that appears to allow initialing of Medication Administration Records (MARs) prior to the actual administration of the medication. This represents a policy directive that was not reviewed by the CMA prior to issuance. It should be clarified to ensure that MARs are initialed immediately after, and only after, the medication has been administered to each inmate.

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.