



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HILLSBOROUGH CORRECTIONAL INSTITUTION

in

Riverview, Florida

on

April 25-27, 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
291	F	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	292	Current Main Unit Census	291
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	230	Current Satellite(s) Census	110-107
Total Capacity	522	Total Current Census	508

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		243	128	137	0	0
<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>
	284	82	142	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		0	1	0	NA	NA

OVERVIEW

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

Medical and dental systems at the institution were reviewed. Deficiencies and areas of concern are described in the physical health section of this report.

Mental Health Findings

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, another area of concern was noted. This finding is based on standards adopted by the CMA, and is not addressed in OHS policy, procedure or directive. The OHS should submit a separate corrective action plan for this finding.

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 charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying 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.
- Sick call was available seven days a week.
- Staff was extremely helpful and cooperative in this review.

SYSTEMS

EPISODIC CARE	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Supervisory reviews of emergency and sick call encounters were conducted on a monthly rather than weekly basis.</p>	<p>Provide in-service training for staff regarding the importance of weekly supervisory review of emergency and sick call encounters for accuracy, treatment modality and documentation.</p> <p>Monitor a minimum of five emergency care and sick call records per month to ensure compliance.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

DENTAL	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-2: (a) There are no preventive dentistry/oral hygiene posters and/or plaques displayed in the dental area. (b) American Heart Association prophylactic regimens are not posted in the dental unit.</p>	<p>Provide evidence in the closure file that all required policies, procedures and signage have been appropriately posted.</p>

MEDICAL AREA AND INMATE HOUSING	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-3: Two fire extinguishers in the dorms do not have a current expiration date.</p>	<p>Provide evidence in the closure file that fire extinguishers have a current expiration date.</p>

FOOD SERVICE	
Finding(s)	Suggested Corrective Action(s)
PH-4: Written procedures were not available to address actions to be taken in a suspected food borne illness outbreak.	Ensure written procedures are available in the closure file addressing a food borne illness outbreak.

CLINICAL

Records Reviewed 10	PREVENTATIVE CLINIC	
Finding(s)	Suggested Corrective Action(s)	
<p>PH-5:</p> <p>(a) Seven of ten records reviewed lacked documentation that minimum required diagnostic tests were performed. (Complete Blood Count, Urinalysis, X-ray)</p> <p>(b) Four of ten records lacked documentation that patients received a rectal exam or evidence of a refusal.</p> <p>(c) Seven of ten records lacked documentation that a tuberculin skin test (PPD) was administered and read every year. Or, if past positive, records lacked documentation of annual screening of symptoms for active tuberculosis disease.</p>	<p>Provide in-service training.</p> <p>Create one monitoring instrument on which each issue identified in the findings column is 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 the CMA corrective action plan assessment.</p>	

Records Reviewed 13	RESPIRATORY CLINIC	
Finding(s)	Suggested Corrective Action(s)	
<p>PH-6:</p> <p>(a) Ten of thirteen records reviewed lacked documentation the physical exam conducted upon enrollment focused on the upper respiratory system (ear, nose & throat).</p> <p>(b) Four of thirteen records lacked documentation that patients with moderate to severe reactive airway disease were treated with anti-inflammatory inhalers for control of their disease.</p>	<p>Provide in-service training.</p> <p>Create one monitoring instrument on which both 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 the CMA corrective action plan assessment.</p>	

Records Reviewed 17	ENDOCRINE CLINIC
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Finding(s)	Suggested Corrective Action(s)
<p>PH-7: (a) Eight of seventeen records reviewed lacked documentation of a complete medical history related to the inmate's condition.</p> <p>(b) Four of seventeen records lacked documentation that patients were prescribed low dose aspirin (80-325mg) unless contraindicated.</p>	<p>Provide in-service training.</p> <p>Create one monitoring instrument on which both 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 the CMA corrective action plan assessment.</p>

Records Reviewed 17	CARDIOVASCULAR CLINIC
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Finding(s)	Suggested Corrective Action(s)
<p>PH-8: Seven of seventeen records reviewed lacked evidence of a fundoscopic examination.</p>	<p>Provide in-service training.</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 the CMA corrective action plan assessment.</p>

Records Reviewed 6	TUBERCULOSIS CLINIC
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Finding(s)	Suggested Corrective Action(s)
<p>PH-9: (a) Three of six records reviewed lacked documentation of a diagnosis of tuberculosis infection or disease on the problem list.</p> <p>(b) Four of six records lacked documentation that patients were given individual counseling regarding the benefits, side effects and the importance of adherence to the treatment regimen.</p> <p>(c) Two of six records did not contain documentation of a physical exam for the initial clinic visit or clinic enrollment.</p>	<p>Provide in-service training.</p> <p>Create one monitoring instrument on which each issue identified in the findings column is 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 the CMA corrective action plan assessment.</p>

Records Reviewed 15	GASTROINTESTINAL CLINIC
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Finding(s)	Suggested Corrective Action(s)
<p>PH-10: (a) Four of fifteen records reviewed lacked documentation of appropriate laboratory studies (Urinalysis).</p> <p>(b) Two of fifteen records reviewed inconsistently documented indicated annual influenza vaccine or inmate refusals.</p>	<p>Provide in-service training.</p> <p>Create one monitoring instrument on which both 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 the CMA corrective action plan assessment.</p>

CHRONIC ILLNESS CLINIC ISSUES

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: 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>Provide in-service training.</p> <p>Monitor at least five records from 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>
<p>PH-12: Records reviewed in the following clinics contained poorly documented physical exam findings.</p> <p>(a) Preventative Care (b) Respiratory (c) Endocrine (d) Renal (e) Miscellaneous (f) Cardiovascular (g) Neurology (h) Gastrointestinal</p>	<p>Provide in-service training.</p> <p>Monitor at least five records from each applicable clinic monthly to ensure physical exam findings are properly documented.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion

Dental review indicated the amount of preventive dentistry being performed is minimal. This could be attributed to the dentist being on site only two days per week. A full time dentist or the addition of a

dental hygienist would greatly improve access to care. The limited availability of dental staff hinders the timely delivery of preventive care.

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

System Reviews

- Episodic Care Follow-Up
- Infirmary
- Preventative Care
- Consultation Requests
- Intra-system Transfer
- Medication Administration
- Comprehensive Review
- Administrative Processes
- Quality Management
- OBIS/Health Record Content
- Pharmacy Services

Record Reviews

- Sick Call
- Episodic Care Follow-Up
- Emergency Care
- Infirmary
- Intra-System Transfer
- Consultations
- 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 the inmate, a comprehensive medical review of 10 charts was performed. The results of this process are described below.

Documentation and Chart Organization

Record reviews revealed poor documentation of physical exam findings. Poor documentation was also noted on problem lists in most of the charts reviewed. Charts were otherwise organized appropriately and the correct forms were used.

Conclusion: A lack of documentation resulted in an inability to determine if the appropriate physical exams had been performed. The issue was discussed with the Chief Health Officer. Charts were otherwise well organized.

Quality of Care

There was one potentially problematic trend noted. Current standards of community care for COPD/asthma patients suggest steroid inhalants and long-acting beta agonists as a treatment of choice. At Hillsborough C.F., this treatment regime is often not utilized. In each of these cases, discussion took place between the parties on-site with a satisfactory resolution.

Conclusion: Overall, there is no indication that care is not appropriate but without adequate documentation, this is difficult to substantiate.

MENTAL HEALTH FINDINGS

Strengths

- There were no obvious obstacles noted for receiving mental health services.
- Requests for mental health services and emergencies were responded to in a timely manner.
- Force is rarely used.

CLINICAL

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES
25	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1:</p> <p>(a) Seven of twenty-four records reviewed did not contain evidence that initial laboratory tests were ordered prior to the initial dose or at the initiation of medications.</p> <p>(b) When signing orders, physicians did not include the date and time of his/her signature.</p> <p>(c) Two of twenty-four records reviewed contained informed consents for medications that were different from the medication printed on the form.</p>	<p>Provide in-service training.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis</p> <p>Monitor a minimum of five records monthly for compliance. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Records Reviewed	OUTPATIENT MENTAL HEALTH SERVICES
18	
Finding(s)	Suggested Corrective Action(s)
<p>MH-2: Ten of eighteen records reviewed were missing staff and/or inmate signatures on the Individualized Service Plan (ISP) (see discussion).</p> <p>MH-3: Five of eighteen records reviewed indicated that counseling/case management services were inconsistently documented and/or provided.</p> <p>(a) Treatment interventions were not consistently documented.</p> <p>(b) Progress notes lacked sufficient detail to determine if treatment goals were met (see discussion).</p>	<p>Provide in-service training.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of five records monthly in each area, or all applicable records, for compliance. 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.

- Access To Mental Health Services
- Aftercare Planning
- Special Housing
- Use of Force
- Suicide Observation Status
- Systems Review

DISCUSSION ISSUES

- According to staff, inmates are not included when ISP's are completed or updated. In several records reviewed, the inmate did not sign the ISP or signed it weeks after the treatment team members. This issue could be addressed by including the inmate in the treatment team meeting. This would allow her the opportunity to participate in the planning of treatment goals.
- Inmate requests and staff referrals for mental health services were kept in a file in the Sr. Psychologist's office. These forms should be filed in the inmate's record. This was discussed on site and the issue was corrected.
- The staffing level for mental health does not appear to be adequate. There are two full time psychological specialists. A Senior Psychologist is on site only two days per week. Staff commented they often have to remain after hours to complete their work. The psychological specialists' caseloads are over 80 each. According to information provided on the pre-survey questionnaire, there were 141 inmates with a psychological grade of S3 and 82 inmates with a psychological grade of S2. Staff reported they would like to provide groups for the inmates but are unable to do so due to time constraints. This issue has been addressed with OHS and a request for an additional psychological specialist position was submitted.
- Some of the inmates reported they did not feel their issues were being addressed during counseling sessions. This is consistent with the findings in MH-3.

CONCLUSION

Overall, the mental health staff at Hillsborough CI appears to be a competent, caring group of professionals. Staff was open when talking with surveyors and were responsive to the findings that were noted.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, one other area of concern was noted beyond the scope of the institution to correct. It is based on a standard adopted by the CMA, but which is not addressed in department policy, procedure or directive. 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.

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.