



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

JEFFERSON CORRECTIONAL INSTITUTION

in

Monticello, Florida

on

February 13 - 15, 2008

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,129	M	Maximum	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,179	Main Unit Census	1,129
Satellite Unit(s) Capacity	N/A	Satellite Unit(s) Census	N/A
Total Capacity	1,179	Total Current Census	1,129

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		561	356	204	9	N/A
<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>
	247	56	828	N/A	N/A	1

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		65	48	N/A	N/A	N/A

OVERVIEW

Survey Findings

Jefferson Correctional Institution (JEFCI), located in Monticello, Florida, houses male inmates of minimum, medium, close, and maximum custody levels and is designated as a medical grade 4/psychological grade 3 facility. The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at JEFCI February 13 - 15, 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, an exit conference was conducted 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, dental and mental health 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

SYSTEMS

ADMINISTRATIVE

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A review of general administrative processes revealed that:</p> <p>a) The Emergency Nursing Log (DC4-781M) was inconsistently documented, e.g., missing DC#, time of encounter, time of report from security, physician's name, and/or disposition.</p> <p>b) The Infirmiry Log (DC4-797E) was not consistently current and complete. (see discussion)</p>	<p>Provide in-service training for staff regarding the importance of properly completing log entries and log review policies.</p> <p>Conduct weekly monitoring of the Emergency Nursing and Infirmiry Logs to ensure adequacy and accuracy. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring efforts until closure is affirmed through a CMA corrective action plan assessment.</p>

Discussion PH-1 (b): In many cases, data was omitted on the log; i.e., date and time of infirmiry admission, inmate identifier, admission diagnosis, date treatment plan begun, discharge date, discharge diagnosis, or disposition. In addition, it was difficult to clearly determine at times the differentiation between observation status (23 hours or less) versus infirmiry admissions (more than 24 hours).

General Discussion: Although an internal system was in place to schedule and track outside consultative appointments that was effectively managed, this information was not consistently annotated on a tracking log. On-site discussions were held with staff during the survey regarding this process and a resolution was developed.

FOOD SERVICES

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

Discussion: Although no deficiency was identified during the tour of the food service facility, it was noted that storage space seemed insufficient for the amount of food on hand. This was particularly apparent in regards to the freezer areas.

TOUR OF THE MEDICAL AREA

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

Discussion: Although no significant findings were identified during the tour, it was noted the triage room appeared inadequate in size for the daily patient load. In general, the

medical area appeared to be inadequate in size and number (exam and treatment rooms) to efficiently bear the patient load.

CLINICAL REVIEWS

CARDIOVASCULAR CLINIC

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: A review of seven Cardiovascular Clinic records revealed that three records lacked evidence of reviews of medication compliance and medication adjustments as needed.</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 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>

OTHER CHRONIC ILLNESS CLINICS

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: A review of 62 records from the following chronic illness clinics revealed that 22 records inconsistently documented the provision of influenza [i] and/or pneumococcal [p] vaccines or signed inmate refusals:</p> <p>Cardiovascular [i] [p] Endocrine [i] Gastrointestinal [p] Immunity [i] [p] Renal [i] Respiratory [i] [p] Tuberculosis [i] [p]</p>	<p>Provide in-service training to staff regarding the issue(s) in the Finding(s) column.</p> <p>Create one monitoring instrument and conduct monthly monitoring of no less than ten records from each applicable clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

MEDICATION ADMINISTRATION

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: Documentation issues related to Medication Management practices were noted in a majority of the six records and medication administration reports (MAR) reviewed:</p>	<p>Provide in-service training to staff regarding the issue(s) in the Finding(s) column.</p> <p>Conduct monthly monitoring of no less</p>

MEDICATION ADMINISTRATION

Finding(s)	Suggested Corrective Action(s)
<p>a) In three cases, allergy information annotated on MARs did not consistently match that reflected in corresponding medical records.</p> <p>b) Five MARs inconsistently documented signatures and initials and/or were illegible to the point it was difficult to determine who administered the medications.</p>	<p>than ten MARs and the corresponding medical 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>

Discussion: Generally, it appeared there were often several hours delay between the time of medication administration until someone signed and initialed the MAR. There was no way to ensure whether any particular medication was provided to an inmate, short of relying on a nurse's memory.

DENTAL SERVICES

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

Discussion: A review of dental records revealed that in several cases there may have been a delay of up to five months obtaining an oral surgery consultation appointment at Reception Medical Center (RMC). It could not be determined if the delay was as a result of actions at JEF CI or if there is actually a backlog at RMC significant enough to cause this delay. It was noted, however, that once care was accessed, services met an appropriate level of quality care. One particular concern regarding this process was that the handwriting of the specialist at RMC was very often so illegible that even the staff dentists at JEF CI had difficulty interpreting the summary of care or recommendations.

INTERVIEWS

Both formal and informal interviews were conducted with staff and inmates. Overall, staff was very knowledgeable regarding their responsibilities and department procedures. Notwithstanding the findings listed above, staff should be commended on the positive attitude displayed and the care provided.

Generally inmates were well informed regarding the health services available to them, including methods for accessing care. Four of six interviewed expressed general satisfaction with their medical care. Two inmates did, however, express concern regarding access to mental health services (see "Access to Care", page 9).

CONCLUSION

Survey findings indicated the overall medical care provided at JEF CI 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. Staff should be commended on the care provided.

MENTAL HEALTH FINDINGS

OVERVIEW

JEFCI provides a full range of outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

CLINICAL

OUTPATIENT MENTAL HEALTH SERVICES	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 20 outpatient records revealed the following deficiencies:</p> <p>(a) Three of 12 applicable records lacked evidence that nursing provided written and verbal orientation to mental health services within 24 hours of arrival at the facility.</p> <p>(b) Three of 12 applicable records lacked evidence that mental health staff conducted an orientation to mental health services within eight days of an inmate's arrival at the institution.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

AFTERCARE PLANNING

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: Two of two applicable records did not contain evidence that discharge medications were ordered within 30 days prior to end of sentence.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

PSYCHOTROPIC MEDICATION PRACTICES

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A clinical review of 33 records evaluating psychotropic medication practices revealed the following deficiencies:</p> <p>(a) Seven of 23 applicable records lacked evidence laboratory tests were ordered prior to initial dose of medication.</p> <p>(b) Ten of 32 applicable records lacked evidence of follow-up lab studies ordered and conducted as required.</p> <p>(c) Seven of 14 applicable records did not contain evidence that AIMS testing was conducted at appropriate intervals.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten inpatient records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

USE OF FORCE

Finding(s)	Suggested Corrective Action(s)
MH-4: Three of three records lacked evidence that the inmate was seen by mental health no later than the next working day following a use of force episode.	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

ACCESS TO CARE

DISCUSSION: Ten of the eighteen inmates interviewed reported barriers to accessing mental health services. These inmates reported officers either ignore requests for mental health services or threaten them with disciplinary reports if attempts are made to declare psychological emergencies. Several staff members reported that they have heard similar complaints from inmates. This issue has been referred to the department's Inspector General for further investigation and follow-up

CONCLUSION

Notwithstanding the findings identified in the body of this report, mental health staff at JEFCl generally appears to be providing clinically appropriate care to a complex population, in which nearly 70% of assigned inmates have a diagnosis of a major mental illness. Although the majority of inmates interviewed voiced satisfaction with mental health services, survey results revealed issues regarding medication practices, the routine documentation of orientation to mental health services, and the potential of significant barriers to accessing care.

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 as they may be based on standards endorsed 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.

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: Inmates in special housing are not offered one hour of exercise per day, outside the cell, five days per week.
Dept-3: 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-3: The CMA acknowledges that routine aspirin use in patients over age 40, even in adult hypertensives, is controversial. Many experts are very concerned with the routine administration of aspirin in these patients due to the increased risk of gastrointestinal (GI) bleeding. The CMA's position on this treatment is not to require or even recommend routine aspirin use in *all* patients over age forty, but rather to encourage the department to consider language in technical instructions requiring physicians to clearly document applicable risk factors of Cardiovascular Clinic patients, then briefly document the clinical justification for opting for or against this treatment choice. Note this recommendation is not applicable to the Endocrine Clinic as the use of low dose aspirin therapy is already included as a part of treatment for patients over age 40.

MENTAL HEALTH

Finding(s)
Dept-4: There are an insufficient number of certified cells for inmates requiring placement in Self Harm Observation Status (SHOS). (see discussion)
Dept-5: Appointments with community providers for inmates who are within 45 days of end of sentence are not consistently received from the Department of Children and Families in a timely manner.

Discussion Dept-4: JEFCl houses approximately 1,130 inmates; 828 with a S3 psychological grade. There are two certified isolation management rooms (IMR) in the

infirmery and two certified observation cells in confinement. One of these infirmery cells is also used as a negative air flow isolation room. By policy, inmates are to be provided safe temporary housing until an IMR becomes available. If an infirmery cell is unavailable for this temporary stay, an observation cell in confinement may be utilized. The use of an observation cell cannot exceed 72 hours.

Staff reported that because JEF CI has a high percentage of mentally ill inmates, IMRs are often full. Inmates placed in observation cells are sent to Wakulla CI the next working day. As only psychological grades S1 and S2 are normally housed at Wakulla CI, there is no psychiatrist on staff. Therefore, JEF CI inmates temporarily housed at Wakulla CI do not receive psychiatric services during their stay. Psychological services that are provided are from staff unfamiliar with the inmates' mental health histories. Another factor to consider is that the volume of these transfers is costly and has the potential of compromising safety.

It is therefore recommended the Department implement a system for tracking the number of inmates temporarily transferred to Wakulla CI for isolation management housing to determine if it may be more cost effective to create additional certified IMRs or observation cells at Jefferson CI.

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.