



# CORRECTIONAL MEDICAL AUTHORITY

## PHYSICAL & MENTAL HEALTH SURVEY

of

## JEFFERSON CORRECTIONAL INSTITUTION

in

Monticello, Florida

on

September 25-28, 2001

INSTITUTIONAL STATISTICS PROVIDED TO CMA		
Population	Custody	Type
754	Close	Male

Main Unit Capacity	Current Main Unit Census	Satellite Unit(s) Capacity	Current Satellite Unit(s) Census	Current Number of Inmates Served
951	754	N/A	N/A	754

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## OVERVIEW

On September 25-28, 2001, the Correctional Medical Authority concluded a physical and mental health survey of Jefferson Correctional Institution (JEFCI), located in Monticello, Florida. At the time of the survey, JEFCI served an adult male population of approximately 754 inmates assigned to medical grades 1 through 4 and psychological grades 1 through 3. JEFCI was classified as a medical level 3 facility. Inmates requiring complex medical/dental care or psychotropic medication/inpatient mental health services were housed at this institution.

<i>Medical Grade</i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<i>Impaired</i>	
	<b>385</b>	<b>271</b>	<b>103</b>	<b>1</b>	<b>10</b>	
<i>Psychological Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<i>Impaired</i>
	<b>359</b>	<b>54</b>	<b>356</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	<b>37</b>	<b>17</b>	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the 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.

A thorough review of the physical health-related systems in place at the institution was conducted, including the physical plant, administrative processes, and the provision and documentation of care. The review revealed several areas of concern with need for improvement in some of the chronic illness clinics, both documentation and continuity of care, administration, quality management, arrival summaries, physician follow-up, and medication administration.

Improvements needed in the area of mental health services included timely confinement evaluations and documentation practices for care provided to suicidal/self-injurious inmates. Overall, the mental health services appeared to have adapted well after transitioning from an institution housing female inmates to one housing male inmates. The re-establishment of group therapy, absent for a significant length of time during the transition, was a positive development.

The following table lists the results from the systems and record review instruments used during the survey:

Findings Summary		Numeric Score*		
		Systems	Records	
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Sick Call	100	100
		Emergency Care	100	96
		Physician/CA Follow-Up Care	100	63
		Infirmity Care	94	83
	<b>Chronic Care</b>	Chronic Illness Clinic Systems	100	
		Asthma		100
		Diabetes		99
		General Medicine		70
		Hypertension		100
		Immunity		100
		Seizure		65
	TB/INH		100	
	<b>Preventative Care</b>		100	100
	<b>Dental Care</b>		100	100
	<b>Mortality</b>		100	75
	<b>Other</b>	Administrative Audit	90	
		Consultations	100	100
Infection Control		96		
Intake Process (Reception)		N/A	N/A	
Intrasystem Transfers		100	86	
Medication Administration		82	98	
OBIS		100	85	
Pharmacy		100		
Quality Management	16			
<b>MENTAL HEALTH</b>	Inmate Access to Mental Health Services	89	83	
	Outpatient Mental Health Services	100	S1	
			S2	96
			S3	97
	Intellectual Functioning	100	100	
	Sexual Offender Services	100	100	
	Special Housing	80	79	
	Psychotropic Medication	100	98	
	Self-Injury/Suicide Prevention	100	88	
Psychiatric Restraints	100	N/A		
Inpatient Mental Health Services	N/A	N/A		
A score of 100 represents meeting all minimum care/systems standards. A score of less than 80 represents an unacceptable level of care/systems standards.				

## PHYSICAL HEALTH FINDINGS

### Survey Results

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

### EPISODIC CARE

Records Reviewed:	<b>PHYSICIAN/NP/PA FOLLOW-UP CARE</b>	Systems Score	Records Score
<b>6</b>		<b>100</b>	<b>63</b>
Finding(s)		Suggested Corrective Action(s)	
<p><b>PH-1: Three of the six charts reviewed lacked documentation of referral follow-up consistent with the presenting medical needs.</b></p>		<p>Provide in-service to physicians or clinical associates regarding documentation consistent with the presenting medical needs.</p> <p>Monitor ten follow-up records per month until 100% compliance is maintained for three consecutive months.</p>	
<p><b>PH-2: All six records reviewed lacked complete and adequate assessments.</b></p>		<p>Provide review for higher-level clinicians regarding follow-up assessment and documentation.</p> <p>Monitor ten follow-up records monthly for complete and adequate assessments until 100% compliance is maintained for three consecutive months.</p>	

Records Reviewed:	<b>GENERAL MEDICINE CLINIC RECORD REVIEW</b>	Records Score
<b>7</b>		<b>70</b>
Finding(s)		Suggested Corrective Action(s)
<p><b>PH-3: Six of the seven records reviewed lacked complete medical histories, including attention to risk factors and previous treatment interventions. Two records lacked diagnoses on the problem lists.</b></p>		<p>Provide in-service for health care staff regarding documentation of: complete medical history, diagnosis on problem list.</p> <p>Monitor five general medicine clinic records monthly for compliance with documentation of complete medical histories and diagnoses until 100% compliance is maintained for three months.</p>

Records Reviewed:	<b>SEIZURE CLINIC RECORD REVIEW</b>		Records Score
8			65
Finding(s)		Suggested Corrective Action(s)	
PH-4: All eight records reviewed lacked complete histories; frequency of seizures, types of seizures, and date of last seizure.		<p>Provide in-service training for clinicians and supporting clinical staff regarding ongoing seizure care through the chronic illness clinic.</p> <p>Monitor ten seizure clinic records monthly for complete histories including frequency of seizure, type of seizure and date of last occurrence until three consecutive months of compliance is demonstrated.</p>	
PH-5: Seven of the records did not address neurological consults.		<p>Review with clinicians the importance of neurological consults or the need for documentation noting why a consult is not indicated.</p> <p>Monitor ten seizure records monthly for neurological consults or documentation until attaining 100% compliance for three consecutive months.</p>	

## MORTALITY

Records Reviewed:	<b>MORTALITY</b>		Systems Score	Records Score
3			100	75
Finding(s)		Suggested Corrective Action(s)		
PH-6: One of three records reviewed lacked appropriate assessment, treatment, and follow-up care prior to the mortality event.		Provide in-service training to health care employees regarding appropriate assessment, treatment and follow-up care especially as it relates to inmates' presenting conditions.		

## OTHER

		<b>ADMINISTRATIVE AUDIT</b>		Systems Score
				90
Finding(s)		Suggested Corrective Action(s)		
PH-7/OHS-1: Peer review had not been conducted for the CHO or Dentist.		Institute a system where annual peer reviews are conducted. This system should be coordinated through regional health services.		

<b>ADMINISTRATIVE AUDIT</b>		<b>Systems Score</b>	
		<b>90</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>		
<b>PH-8: No evidence of review of sick call charts by SRNS and/or CHO.</b>	SRNS or CHO to review sick call charts for appropriate assessments, care, medications and complete documentation.		

<b>Records Reviewed:</b>	<b>INTRASYSTEM TRANSFERS</b>		<b>Systems Score</b>	<b>Records Score</b>
<b>5</b>			<b>100</b>	<b>86</b>
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>			
<b>PH-9: Three of five records reviewed lacked a complete Arrival Summary.</b>	Provide in-service training to health care personnel regarding completion of form DC4-760A and the need to medically screen inmates transferred into the institution.			

**DISCUSSION:**

One record had an ophthalmology consult ordered prior to transfer. There was no reference to the consult on the arrival summary or any indication of medical involvement. The consult was scheduled after the auditor and staff investigation proved it had been missed during the transfer.

<b>MEDICATION ADMINISTRATION</b>		<b>Systems Score</b>	
		<b>82</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>		
<b>PH-10: The MAR was not present in the medication administration room during pill call.</b>	Provide in-service for nurses assigned to pill call to reference MAR during medication administration.		
<b>PH-11: Oral cavity checks were not conducted for inmates taking medication.</b>	Have officer available for oral cavity checks while inmates take medication.		

**DISCUSSION:**

Pill Line was observed at two different times during the survey and at both times the MARs were not in the room for reference. One pill (unmarked) was loose on the medication tray and one medication cup had excess medications. The extra medications were picked up by the nurse and put on a shelf. The MAR was signed by the nurse prior to the inmate taking medication and circled if medication was not taken. It was reported that the nurse knew the inmate did not take the medication if the cup contained pills at the conclusion of the pill line. Loose medication on the tray and extra medications in the cup could create a situation favorable for errors, as well as an added expense if the medications were

discarded, as required by law. Medication administration should be monitored carefully and the nursing standards reviewed by the nursing supervisor to ensure compliance. No tracking system for medication errors was identified.

<b>QUALITY MANAGEMENT</b>		<b>Systems Score</b>
		<b>16</b>
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>	
<b>PH-12: The survey team was not provided information regarding the institution's QM committee structure or action. The team was unable to determine if meetings were staffed as required. The only information provided was that meetings were held quarterly.</b>	Have material available to evaluate, including minutes.	

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

System Reviews

- OBIS
- Chronic Illness Clinic
- Consultations
- Dental
- Emergency
- Infection Control
- Infirmary Care
- Preventative Care
- Sick Call

Record Reviews

- Asthma Clinic
- Consultations
- Dental
- Diabetes Clinic
- Emergency Care
- Hypertension Clinic
- Infirmary Care
- Immunity Clinic
- Preventative Care
- Sick Call
- TB/INH Clinic

**CONCLUSION**

Both formal and informal staff interviews and observations were conducted and overall, staff was very knowledgeable regarding the process of providing care. According to health care staff there is a nursing shortage resulting in an ongoing reliance upon overtime. The institution also uses agency nurses for coverage when necessary. The health care provided to inmates reflected considerable effort by institutional staff. Observation of medical personnel, clinical staff, and security officers provided evidence of care being offered, however documentation of the care and continuity of care was lacking in various records.

The operational aspects of services flowed smoothly and quickly. The staff were very cooperative and it was evident the various departments functioned as a team.

## MENTAL HEALTH FINDINGS

### Survey Results

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

Records Reviewed:	<b>INMATE ACCESS TO MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
<b>10</b>		<b>89</b>	<b>83</b>
Finding(s)		Suggested Corrective Action(s)	
<p><b>M-1: History of mental health treatment and past suicide attempts was not always included in the documentation of mental health staff's response to inmate-declared psychological emergencies.</b></p>		<p>Conduct training of mental health and nursing staff in appropriate assessment and documentation for responding to psychological emergencies.</p> <p>Monitor 10% or 10 (whichever is fewer) psychological emergencies per month until 100% compliance is achieved for three consecutive months.</p>	
<p><b>M-2: The system for keeping track of psychological emergencies needed improvement in that after-hours emergencies were not always recorded on the mental health psychological emergency log.</b></p>		<p>Ensure that emergencies occurring after hours are recorded on the log for mental health staff follow-up.</p> <p>Monitor monthly until 100% compliance is achieved for three consecutive months.</p>	

Records Reviewed:	<b>SELF-INJURY/SUICIDE PREVENTION</b>	Systems Score	Records Score
<b>10</b>		<b>100</b>	<b>88</b>
Finding(s)		Suggested Corrective Action(s)	
<p><b>M-3: Physician admission and discharge orders for 23-hour infirmary observation were not always present, or co-signed. When present they did not consistently specify required elements such as frequency of observation and articles allowed the inmate.</b></p>		<p>Provide in-service training reminding physicians and nursing staff that physician orders are required for mental health admissions to 23-hour infirmary observation status and that they must specify the frequency of observations as well as indicate what articles/property inmates are allowed to have in the cell.</p> <p>Review charts of all inmates placed in 23-hour mental health observation status and suicide observation status until 100% compliance is maintained for three consecutive months.</p>	

Records Reviewed:	<b>SELF-INJURY/SUICIDE PREVENTION</b>	Systems Score	Records Score
10		100	88
Finding(s)		Suggested Corrective Action(s)	
<p><b>M-4: Physician's orders did not specify observations at least every 15 minutes nor was documentation consistently present that observations occurred on inmates admitted to 23-hour infirmary observation status and to suicide observation status.</b></p>		<p>Physician's orders should specify observations to occur at least every 15 minutes on any inmate admitted to any type of self-harm prevention status for suicidal symptoms regardless of the type of status (e.g., AMC, SOS or 23-hour observation status). In-service training with nursing, physician and mental health staff should be conducted on this issue. Observation checklists should be filed in the medical record.</p> <p>Review all charts of inmates admitted to AMC, SOS, 23-hr. observation status, and any other self-harm prevention status until 100% compliance is achieved for three consecutive months.</p>	

Records Reviewed:	<b>SPECIAL HOUSING</b>	Systems Score	Records Score
11		80	79
Finding(s)		Suggested Corrective Action(s)	
<p><b>M-5: Group therapy did not continue as clinically appropriate for an inmate placed in confinement nor was there any documentation as to why the inmate's therapy was discontinued.</b></p>		<p>Ensure that mental health treatment, including group therapy, continues as clinically indicated for inmates admitted to confinement. If clearly justifiable security reasons exist for discontinuation of treatment, those should be documented in the medical record through a risk assessment process.</p> <p>Ensure that it is not institutional policy to automatically discontinue treatment solely because an inmate has been placed in confinement, nor to deny clinically indicated group therapy solely because an inmate is in confinement status.</p> <p>Review all charts of group therapy participants placed in confinement and those confinement inmates whose ISPs specify group therapy to ensure that group therapy continues as clinically indicated.</p>	

Records Reviewed:	<b>SPECIAL HOUSING</b>		Systems Score	Records Score
11			80	79
Finding(s)		Suggested Corrective Action(s)		
		Continue this review until 100% compliance is achieved for three consecutive months.		
<b>M-6/OHS: Confinement evaluations were not conducted as required.</b>		<p>The OHS should adopt the higher national correctional standard on this issue and mental health staff should interview S2 and S3 inmates within 24 hours of admission to any confinement status.</p> <p>Subsequent confinement mental health evaluations should be conducted per OHS standards.</p> <p>Monitor monthly until at least 90% compliance is achieved for three consecutive months.</p>		

**M-6/OHS Discussion:** The CMA, consistent with national correctional mental health standards, endorses a higher standard in this area than does the OHS. Initial mental health evaluations of S2 and S3 inmates should be conducted within 24 hours of admission to confinement. Of the 11 records reviewed, only four met the 24-hour standard. Ten of the 11 met the OHS standard, which states that an evaluation must be conducted within five days for S3 inmates and within 30 days for S2 inmates admitted to confinement. However, the confinement evaluation log reflected numerous late 5-day evaluations of S3 inmates. Late 30, 60 and 90-day evaluations of S2 and S3 inmates were also noted on the log.

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

System Reviews

- Intellectual Functioning
- Outpatient Mental Health Services
- Psychiatric Restraint
- Psychotropic Medication

Record Reviews

- Intellectual Functioning
- Outpatient Mental Health Services
- Psychiatric Restraint
- Psychotropic Medication

## **CONCLUSION**

Jefferson Correctional Institution had undergone a transition since the prior CMA survey from an institution housing female inmates to one housing male inmates. The mental health services appear to have adapted well after the transition period. For example, group therapy, a service that was absent for a significant length of time during the transition, had been recently reestablished with the initiation of a number of groups. This is a very positive development. Areas in need of continued improvement include timely confinement evaluations and documentation practices for care provided to suicidal/self-injurious inmates.

## SURVEY PROCESS

The goals of every survey performed by the CMA are (1) to determine if the physical, mental, and dental care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and if that care conforms to 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 objectives are designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility. 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 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, selected through purposeful sampling, 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

During the course of a three or four day evaluation, the survey team examines the institution's health-related administrative systems, tours inmate housing and health treatment areas, conducts staff and inmate interviews, and conducts a clinical review of health care records.

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 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 to result in the compromise of inmate health care. All findings identified in the body of the report will require a corrective action by institutional and/or regional/central office health services staff.