



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

LAKE CITY CORRECTIONAL FACILITY

in

Lake City, Florida

on

March 5 – 8, 2002

INSTITUTIONAL STATISTICS PROVIDED CMA on 2/25/02		
Population	Custody	Type
Youthful	Close	Male

Main Unit Capacity	Current Main Unit Census	Current Number of Inmates Served
350	344	344

CMA Physical Health Team Leader:

John W. Rainey, B.S.

Physical Health Team Members:

Stanley Frankowitz, M.D.

Donald McNeal, D.M.D.

Roslyn Neely, A.R.N.P.

Pat Meeker, R.N.

CMA Mental Health Team Leader:

Deborah McNamara, L.C.S.W.

Mental Health Team Members:

Sara Tirumalasetty, M.D.

Ron Gironda, Ph.D.

Deborah Hart, L.C.S.W.

OVERVIEW

On March 8, 2002, the Correctional Medical Authority concluded a physical and mental health survey of Lake City Correctional Facility (LCCF), located in Lake City, Florida. At the time of the survey, LCCF served a youthful offender male population of approximately 344 inmates assigned to medical grades 1 through 3 and psychological grades 1 through 3. LCCF was classified as a medical level 3 facility. Inmates requiring complex medical/dental care, infirmary care, or inpatient mental health services were not housed at this facility.

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	303	38	9	0	0	
<i>Psychological Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	325	10	15	0	0	0
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	19	19	0	0	0	0

The above figures do not include satellite unit capacities.

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, including the physical plant, administrative processes, and the provision and documentation of care generally revealed no significant departures from the Department of Corrections' standards or with standards generally accepted in the community at large. Survey findings suggest the staff of LCCF is providing an appropriate level of physical health care to the inmate population. In addition, internal monitoring and corrective processes for physical health issues, practiced through the guidance and cooperation of regional staff, appear to be in place.

Over the past two years, LCCF has experienced difficulty in employing and retaining both a psychological specialist and a psychologist. Although, at the time of the survey, all mental health positions were filled, numerous findings were identified that can easily be correlated with the staffing difficulties. Interviews with inmates and staff suggest that appropriate care is being provided, and a number of strengths were identified during the survey. The majority of the findings resulted from documentation problems and are described in detail in the Mental Health section of this report.

At the conclusion of the survey, an exit conference was held on site with department staff to discuss the preliminary findings of the team members. The physical health and mental health sections of this report reflect the findings and final conclusions drawn following an analysis of the information collected during the survey. Where suggested corrective actions are provided, these suggestions should not be construed as the only action required to demonstrate corrections, but should be viewed as guidance for development of a corrective action plan.

In addition to the findings referenced above, which fall within the scope of the institutional staff to correct, several other areas of concern were noted that require intervention by the department's Office of Health Services (OHS) to address. These issues will hereafter be identified as OHS issues. These include statewide policy issues in areas where standards identified by the CMA as necessary are not addressed in OHS policy or procedure.

Mental health survey findings in this reporting category included observation intervals greater than 15 minutes for patients on Suicide Observation Status (SOS) and a lack of peer review for psychiatrists. These issues are identified and discussed in detail in the Lake City Correctional Facility Supplemental Report (Physical and Mental Health Survey Findings Requiring OHS Intervention).

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

Findings Summary		Numeric Score*		
		Systems	Records	
PHYSICAL HEALTH	Episodic Care	Sick Call	100	100
		Emergency Care	100	100
		Physician/CA Follow-Up Care		100
		Infirmity Care		
	Chronic Care	Chronic Illness Clinic Systems	100	
		Asthma		96
		Diabetes		
		General Medicine		100
		Hypertension		100
		Immunity		100
		Seizure		100
		TB/INH		99
	Preventative Care	100	100	
	Dental Care	100	100	
	Mortality	NA	NA	
	Other	Administrative Audit	84	
		Consultations	100	100
Infection Control		100		
Intake Process (Reception)				
Intrasystem Transfers		100	80	
Medication Administration		100	87	
OBIS		88	77	
Pharmacy				
Quality Management	29			
MENTAL HEALTH	Inmate Access to Mental Health Services	86	42	
	Outpatient Mental Health Services	71	S1	56
			S2	64
			S3	72
	Intellectual Functioning	100	78	
	Sexual Offender Services	83	81	
	Special Housing	100	100	
	Psychotropic Medication	100	89	
Self-Injury/Suicide Prevention	100	78		
Psychiatric Restraints	100	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.

CHRONIC CARE

Records Reviewed:	ASTHMA CLINIC RECORD REVIEW	Records Score
10		96
Finding(s)	Suggested Corrective Action(s)	
PH-1 Four records lacked evidence of offering and providing or refusing either the influenza or pneumonia vaccine.	Provide in-service training on required vaccines and screen all asthma clinic records to ensure that indicated vaccines have been offered. Place documentation in the CAP closure file to indicate attendance.	

Records Reviewed:	TB/INH CLINIC RECORD REVIEW	Records Score
7		99
Finding(s)	Suggested Corrective Action(s)	
PH-2 One record lacked evidence of offering and providing or signed refusal of both the influenza and pneumococcal vaccines.	Provide in-service training on required vaccines and screen all TB/INH clinic records to ensure that indicated vaccines have been offered. Place documentation in the CAP closure file to indicate attendance.	

OTHER

ADMINISTRATIVE AUDIT		Systems Score
		84
Finding(s)	Suggested Corrective Action(s)	
PH-3 Job descriptions are not acknowledged by signature of any healthcare workers.	<p>Have healthcare workers acknowledge their job description by signature.</p> <p>Place documentation in the CAP closure file.</p>	
PH-4 Two healthcare staff had no proof of CPR certification.	<p>Ensure that documentation is on file for required CPR certification.</p> <p>Place documentation in the CAP closure file.</p>	
PH-5 There is no continuing education plan in place.	<p>Develop a continuing education plan that includes, but not limited to, CME, CEU's, ACLS, CPR, security, medical issues, etc.</p> <p>Place documentation in the CAP closure file.</p>	
PH-6 There is no evidence that the disaster plan is practiced at least annually.	<p>Schedule disaster plan exercises with alternate dates to ensure completion.</p> <p>Place documentation in the CAP closure file.</p>	

Records Reviewed:	INTRASYSTEM TRANSFERS	Systems Score	Records Score
5		100	80
Finding(s)	Suggested Corrective Action(s)		
PH-7 One record lacked evidence that the DC4-760, Health Information Transfer Summary, was reviewed by the receiving institution.	<p>Provide in-service on reviewing and documentation requirements of DC4-760.</p> <p>Place documentation in the CAP closure file to indicate attendance.</p>		

Records Reviewed:	INTRASYSTEM TRANSFERS	Systems Score	Records Score
5		100	80

Finding(s)	Suggested Corrective Action(s)
<p>PH-8 Two records contained a DC4-760A, Arrival Summary, not signed and signature stamped. Two records did not indicate that all required vital signs were taken</p>	<p>Provide in-service on procedure and documentation requirements for intrasystem transfers.</p> <p>Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:	MEDICATION ADMINISTRATION	Systems Score	Records Score
10		100	85

Finding(s)	Suggested Corrective Action(s)
<p>PH-9 None of the medication orders reviewed were dated.</p>	<p>Provide in-service on documentation requirements for medication orders.</p> <p>Monitor five medication orders per month for recording of time. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
<p>PH-10 One record had no evidence that patient ever received medication from an order written in January 2002 at another institution.</p>	<p>Provide in-service on record screening for medication orders.</p> <p>Place documentation in the CAP closure file to indicate attendance.</p>

Records Reviewed:	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Systems Score	Records Score
5		88	77

Finding(s)	Suggested Corrective Action(s)
<p>PH-11 Not all OBIS entrees matched the documentation found in the Chronological Record of Health Care including:</p> <ul style="list-style-type: none"> • One PULHESDXTI • Four medical contacts • Two Laboratory test • One mental health contact 	<p>Provide in-service training regarding data entry requirements for OBIS records.</p> <p>Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

QUALITY MANAGEMENT		Systems Score 29
Finding(s)	Suggested Corrective Action(s)	
<p>PH-12 The following deficiencies were noted in the operational aspects of the QM process:</p> <ul style="list-style-type: none"> • Composition of the committee did not adequately represent the various health disciplines. • No documentation of approval from the Director of Regional Health Care to meet quarterly. • Minutes did not reflect that infection control, mortality, risk management, or quality assessment reports were being presented to the QM committee. 	<p>Review and implement protocols required by Office of Health Services Technical Instruction 15.09.01.</p> <p>Place documentation in CAP closure file.</p>	

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

System Reviews

- Chronic Illness Clinic
- Consultations
- Dental Care
- Emergency Care
- Infection Control
- Intrasystem Transfers
- Medication Administration
- Preventative Care
- Sick Call

Record Reviews

- Consultations
- Dental Care
- Emergency Care
- General Medicine
- Hypertension
- Immunity
- Physician/CA Follow-Up Care
- Preventative Care
- Seizure
- Sick Call

CONCLUSION

Overall, physical health care services provided at Lake City Correctional Facility appear to meet accepted standards of care. Inmate interviews indicated their approval of the quality of care and response to their individual health care needs. Interviews of health care staff, security, and inmates reflected a positive attitude of staff in overall operations.

MENTAL HEALTH FINDINGS

Description of the Mental Health Department

To serve the small population of 350 youthful offender males housed at Lake City Correctional Facility (LCCF), the mental health department was staffed with one full-time psychological specialist, one psychologist who provided supervision once every two weeks, and one psychiatrist who saw patients once a week. Both the psychologist and the psychiatrist were contracted from the professional community to provide this service. Staffing at LCCF had not stabilized until one month prior to the survey when the psychologist began work. The psychological specialist started in September 2001. Prior to her employment, the position had not been filled for over eight months. The psychiatrist, however, has remained with the facility for the past five years.

Interviews with healthcare staff, security staff, and inmates revealed that both providers and patients are pleased with mental health services. Numerous strengths were identified during the course of the survey and include: effective tracking systems for services provided, comprehensive forms for staff referrals to mental health, the provision of training to clinical staff, positive communication between departments, and creativity in providing mental health care.

Survey Results

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

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
6		86	42
Finding(s)	Suggested Corrective Action(s)		
MH-1: No tracking system was in place to document a response time for psychological emergencies.	Utilize a tracking log that indicates time of inmate declaration and time of response. Place documentation in CAP closure file.		
MH-2: Documentation of contacts lacked sufficient information to determine clinical rationale for treatment rendered and patient disposition following a psychological emergency.	Provide in-service training on the documentation of a full suicide risk assessment and subsequent treatment approaches. Monitor five records per month for appropriate documentation until closure is affirmed through the CMA CAP assessment.		

Records Reviewed:	INTELLECTUAL FUNCTIONING		Systems Score	Records Score
9			100	78
Finding(s)			Suggested Corrective Action(s)	
<p>MH-3: Three of nine records reviewed contained intelligence testing indicative of low intellectual functioning. Despite all three having displayed adjustment difficulties, no interventions had been provided.</p>			<p>Develop a system to ensure that the results of intellectual assessment tools are reviewed during the record screening of new arrivals and if testing is administered at LCCF.</p> <p>Monitor five records of new arrivals each month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES		Systems Score	Records Score
14			71	S1: 56 S2: 64 S3: 72
Finding(s)			Suggested Corrective Action(s)	
<p>MH-4: No information was included in the inmate handbook on the mandatory co-pay charge. Additionally, inmate interviews suggested that written information on mental health services was not consistently distributed during orientation.</p>			<p>Revise the current handbook to include information on co-pay. Include a copy in the closure file.</p> <p>Utilize a signature sheet to document receipt of written information regarding mental health services.</p>	
<p>MH-5: The Multidisciplinary Service Team (MDST) did not meet on a regularly scheduled basis. As a result, ISPs were not consistently reviewed within the required time frames.</p>			<p>Schedule a meeting time for the MDST to ensure that all treatment team members may attend.</p> <p>Provide documentation in the CAP closure file to indicate attendance.</p>	
<p>MH-6: Medical records were disorganized. Filed documents were frequently misplaced or out of chronological order.</p>			<p>Provide in-service training to relevant staff on the proper placement of documentation.</p> <p>Monitor five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:		OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
14				71
Finding(s)		Suggested Corrective Action(s)		
<p>MH-7: There was no documentation in the majority of records reviewed to indicate that orientation regarding access to mental health services had been provided within 24 hours of arrival at the facility.</p>		<p>Revise current method of documentation (a stamp) to ensure that documentation of access to mental health services is included.</p> <p>Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		
<p>MH-8: Clinical documentation (progress notes, ISPs, and BPSAs) was vague without specific information regarding goals and treatment rendered.</p>		<p>Provide in-service training on documentation requirements.</p> <p>Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
9				100
Finding(s)		Suggested Corrective Action(s)		
<p>MH-9: Daily counseling, excluding weekends and holidays, by mental health staff was not consistently provided to patients on SOS status.</p>		<p>Provide in-service training on the requirements for patients on SOS.</p> <p>Monitor five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		
<p>MH-10: Follow-up sessions after discharge from SOS status were not consistently completed at required intervals.</p>		<p>Provide in-service training on the requirements for post-discharge follow-up (3/10/30 days for S2 and S3, 7 days for S1).</p> <p>Monitor 5 records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:	SEX OFFENDER SERVICES	Systems Score	Records Score
8		83	81
Finding(s)		Suggested Corrective Action(s)	
MH-11: No sex offender treatment was offered despite there being identified inmates in need of treatment.		Ensure there is a privileged staff member available to provide sex offender treatment. Develop and implement a plan to provide treatment for those in need. Place documentation in CAP closure file.	
MH-12: Documentation of sex offender screenings was not sufficiently detailed to support the findings rendered.		Provide in-service training on screenings for sexual disorders. Monitor five records per month to ensure appropriate documentation. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed:	OTHER ADMINISTRATIVE ISSUES		
Finding(s)		Suggested Corrective Action(s)	
MH-13: The psychological specialist did not have access to the Offender Based Information System (OBIS).		Provide access to the OBIS system.	

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

System Reviews

- Intellectual Functioning
- Psychiatric Restraints
- Psychotropic Medication Practices
- Self-Injury/Suicide Prevention
- Special Housing

Record Reviews

- Psychiatric Restraints
- Psychotropic Medication Practices
- Special Housing

CONCLUSION

Overall, a review of the care provided by the mental health department at LCCF indicated that the quality of care provided was good. Inmates interviewed were complimentary of not only the mental health staff but also the facility as a whole. Many of the findings listed above were directly related to the difficulty in hiring staff that LCCF experienced over the past eighteen months and will likely resolve easily now that a stable staff is in place. The current staff should be complimented on the strides they have made in rebuilding the program.

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.