



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

LANCASTER CORRECTIONAL INSTITUTION

in

Trenton, Florida

on

January 15 – 18, 2002

Institutional Statistics Provided to CMA on December 21, 2001		
Population	Custody	Type
Youthful	Medium	Male

Main Unit Capacity	Current Main Unit Census	Satellite Unit(s) Capacity	Current Satellite Unit(s) Census	Current Number of Inmates Served
552	495	280	280	775

CMA Physical Health Team Leader:

Paul R. Cornish

CMA Mental Health Team Leader:

Kathy Pilkenton, M.S.W., M.Ed

Physical Health Team Members:

Joe Gonzalez, M.D.
 Don McNeal, D.M.D.
 David Habell, P.A.
 Pat Meeker, R.N.

Mental Health Team Members:

John Bailey, D.O.
 Paree Stivers, Psy.D.
 Deborah Hart, L.C.S.W.
 Victoria Lund, A.R.N.P.

OVERVIEW

On January 18, 2002, the Correctional Medical Authority (CMA) concluded a physical and mental health survey of Lancaster Correctional Institution (LANCI), located in Trenton, Florida. At the time of the survey, LANCI served a male, youthful offender population of approximately 775 inmates assigned to medical grades 1 through 4 and psychological grades 1 through 3. Inmates requiring complex medical/dental care and/or psychotropic medications as a part of mental health treatments were housed at this institution.

Medical Grade	1	2	3	4	Impaired	
	595	173	6	0	1	
Psychological Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	663	41	71	N/A	N/A	0
Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	57	36	0	N/A	N/A	N/A

The above figures include satellite units.

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 only two relatively minor departures from CMA standards or with prevailing practice standards generally accepted in the community at large. One such finding relates to a failure of staff to adequately and consistently document all necessary information regarding medication histories on the DC4-760 (Arrival Summary). Also identified as an area needing improvement is the timeliness in which follow-up care is provided to inmates when such care is recommended as a result of a consultative evaluation.

In providing mental health services to the institution's youthful offender population, staff face numerous challenges not the least of which include funding-based limitations that result in limited psychiatric staff time and limited on-site senior psychologist time. A complication adversely impacting services to dually diagnosed inmates is the deletion of the substance abuse program at this institution, in line with the drastic statewide reduction of institutional substance abuse programs. Specific survey findings relating to inmates receiving mental health services revealed a need for more thorough psychiatric evaluations and better documentation of clinical rationales for medication changes. Other areas needing improvement include tracking and completion of confinement evaluations, provision of group therapy to confinement inmates, documentation of care for self-injurious/suicidal inmates and completion of required intellectual testing.

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 will 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; i.e., annual peer review of the chief health officer and the senior dentist, written job descriptions for medical unit inmate workers, ongoing review of episodic care records, and infection control reporting of institutional and food service inspections. Also identified, as an area of concern, was the physical plant limitations of the dental treatment area. Two issues were identified in the mental health area. These included an OHS policy and practice related to the care of inmates in suicide observation status that differs from the CMA-endorsed standard and the need for a policy clarification by the OHS in the area of 23-hour infirmary observation status. These issues are clearly identified and discussed in detail in the Lancaster C.I. Supplemental Report (Physical and Mental Health Survey Findings Requiring OHS Intervention).

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 regarding institutional issues drawn following an analysis of the information collected during the survey, and Appendix I contains information regarding those concerns identified as OHS issues. 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.

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	99
		Emergency Care	100	100
		Physician/CA Follow-Up Care	N/A	100
		Infirmatory Care	N/A	N/A
	Chronic Care	Chronic Illness Clinic Systems	100	
		Asthma		100
		Diabetes		100
		General Medicine		100
		Hypertension		100
		Immunity		N/A
		Seizure		98
		TB/INH		99
	Preventative Care	100	100	
	Dental Care	94	100	
	Mortality	N/A	N/A	
	Other	Administrative Audit	90	
		Consultations	100	92
Infection Control		87		
Intake Process (Reception)		N/A	N/A	
Intrasystem Transfers		100	86	
Medication Administration		100	100	
OBIS		100	100	
Pharmacy		N/A		
Quality Management	100			
MENTAL HEALTH	Inmate Access to Mental Health Services	100	86	
	Outpatient Mental Health Services	85	S1	N/A
			S2	94
			S3	96
	Intellectual Functioning	83	70	
	Sexual Offender Services	67	90	
	Special Housing	60	89	
	Psychotropic Medication	100	65	
	Self-Injury/Suicide Prevention	100	84	
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.

OTHER

Records Reviewed:	CONSULTATIONS	Systems Score	Records Score
10		100	92

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Two of 10 records reviewed lacked clear documentation that recommendations from the consultation were enacted upon in a timely manner.</p>	<p>Provide inservice training to appropriate staff.</p> <p>Monitor five consultation reports monthly to ensure recommendations are considered and acted upon if applicable. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>

Records Reviewed:	INTRASYSTEM TRANSFERS	Systems Score	Records Score
10		100	86

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: Three of 10 records reviewed lacked clear and complete documentation on the DC4-760 (Arrival Summary) fully describing medications, including dosages and frequency.</p>	<p>Provide inservice training to appropriate staff.</p> <p>Monitor five intrasystem transfer forms (DC4-760) and related medication administration reports monthly to ensure all required medication-related information is addressed. Continue monitoring until a 100% compliance rate is reached and maintained for three consecutive months.</p>

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

System Reviews

- Chronic Illness Systems
- Consultations
- Emergency Care
- Intrasystem Transfers
- Medication Administration
- Offender Based Information System
- Preventative Care
- Quality Management
- Sick Call

Record Reviews

- Asthma Clinic
- Dental
- Diabetes
- Emergency Care
- General Medicine Clinic
- Hypertension Clinic
- Medication Administration
- Offender Based Information System
- Physician/CA Follow-Up
- Preventative Care
- Seizure Clinic
- Sick Call
- TB/INH Therapy Clinic

In addition to the findings identified in the body of this report, which fall within the scope of the institutional staff to correct, several other areas of concern were noted in the areas identified below that will require intervention by the department's Office of Health Services (OHS) to address. Refer to the Lancaster C.I. Supplemental Report (Physical and Mental Health Survey Findings Requiring OHS Intervention) for a description of these findings.

- Administration
- Dental Systems
- Infection Control

CONCLUSION

Excluding the findings discussed in the previous paragraph that appear to be beyond the control of institutional staff to correct, The CMA survey of Lancaster C.I. revealed that overall, staff provides a level of physical health care consistent with expected and required standards. Only two relatively minor findings were identified, both of which fall within the scope of the institutional staff to correct. Strengths identified during the survey include timely, competent, and well documented dental care; appropriate clinical assessments and treatments by medical and nursing staff in both the episodic and chronic illness arenas; very well organized administrative documentation; and well organized and maintained medical records.

MENTAL HEALTH FINDINGS

Survey Results

There had been no deaths related to mental health reasons since the prior CMA survey. It should be noted that no episodes of psychiatric restraint use were reviewed as there were no inmates residing at the institution during the survey on whom psychiatric restraints had been used.

Where recommended corrective actions suggest in-service training, a copy of the curriculum should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding.

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
6		100	86
Finding(s)	Recommended Corrective Action(s)		
<p>MH-1: Mental status examinations of inmates declaring psychological emergencies did not always include important elements such as prior suicide attempts and an assessment of vegetative functioning.</p>	<ul style="list-style-type: none"> Provide appropriate in-service training for mental health and nursing. Include a copy of the training agenda/curriculum in the CAP file. Review 5 charts per month from the psychological emergency log until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 		

Records Reviewed:	INTELLECTUAL FUNCTIONING	Systems Score	Records Score
4		83	70
Finding(s)	Recommended Corrective Action(s)		
<p>MH-2: The institution lacked basic psychological testing materials including intellectual testing instruments needed for the population housed at the facility (MMPI-A, MCMI-A, WISC-III). Intellectual testing was not being completed on inmates for whom reception center testing was incomplete.</p>	<ul style="list-style-type: none"> Psychological testing materials appropriate for the age group housed at the institution should be purchased and available on-site to staff. These would include, minimally, the MMPI-A, MCMI-A and WISC-III. Incomplete intellectual testing should be completed as required. Review 5 charts per month of inmates whose Beta IQ is 75 or below to determine whether or not IQ testing and assessment of adaptive behavior has been completed as required. Take appropriate action to complete required testing/assessment. Monitor monthly 		

Records Reviewed:	INTELLECTUAL FUNCTIONING	Systems Score	Records Score
4		83	70
Finding(s)		Recommended Corrective Action(s)	
		until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
18		85	95
Finding(s)		Recommended Corrective Action(s)	
MH-3: Nursing screenings of new arrivals were dated but not consistently timed.		<ul style="list-style-type: none"> • Provide appropriate in-service training for mental health and nursing. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of new arrivals until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 	

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Systems Score	Records Score
16		100	65
Finding(s)		Recommended Corrective Action(s)	
MH-4: Psychiatric evaluations lacked thoroughness, frequently missing key elements such as history of substance abuse, suicidal behavior, trauma history and/or full assessment of recent symptomatology, which resulted in diagnosis and medication courses not always supported by the documentation.		<ul style="list-style-type: none"> • Provide appropriate in-service training with psychiatric staff. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of inmates receiving psychiatric evaluations until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 	
MH-5: Medications were changed or discontinued with no clinical rationale documented.		<ul style="list-style-type: none"> • Provide appropriate in-service training with psychiatric staff. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of inmates for whom medication changes are made until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the 	

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Systems Score	Records Score
16		100	65
Finding(s)	Recommended Corrective Action(s)		
	sampled records in the CAP file.		
MH-6: Medication orders did not consistently include the physician's signature and/or were not always dated and timed.	<ul style="list-style-type: none"> • Provide appropriate in-service training with psychiatric and nursing staff. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of inmates for whom medication changes are made until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 		
MH-7: Abnormal laboratory results were not consistently followed up with appropriate treatment or further assessment.	<ul style="list-style-type: none"> • Provide appropriate in-service training with psychiatric and nursing staff. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of inmates for whom laboratory tests were ordered until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 		
MH-8: Consent forms were frequently missing or not specific to the medication or class of medications prescribed. This was particularly noted to occur when medications were changed.	<ul style="list-style-type: none"> • Conduct appropriate in-service training with psychiatric and nursing staff. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of inmates for whom medication changes were ordered until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 		
MH-9: Psychiatrist signatures were often illegible and name stamps were not always used.	<ul style="list-style-type: none"> • The institution should ensure that name stamps or some other means of clearly identifying the signer (e.g., pre-printed stick-on labels) are available to and used by all clinicians, including the rotating psychiatric fellows. • Review 5 charts per month until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 		

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
10		100	84

Finding(s)	Recommended Corrective Action(s)
MH-10: Daily nursing assessments of patients in suicide observation status (SOS) did not always document all required elements (e.g., assessment of appetite, sleep and skin integrity of lacerations).	<ul style="list-style-type: none"> • Provide appropriate in-service training for mental health and nursing staff. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of inmates admitted to SOS until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.
MH-11: Dates and times on physician orders for SOS admission and discharge were not consistently present.	<ul style="list-style-type: none"> • Provide appropriate in-service training with physician staff. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of inmates admitted to SOS until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.
MH-12: Physician orders relating to 23-hour infirmary observation status were not always present, or co-signed, timed and dated, nor, when present did they consistently specify required elements such as frequency of observation and articles allowed the inmate.	<ul style="list-style-type: none"> • Provide in-service training reminding physicians and nursing staff that timed and dated physician orders are required that specify the frequency of observations as well as indicate what articles/property inmates are allowed to have in the cell. • Review 5 charts per month until 100% compliance is maintained for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.
MH-13: Psychiatric notes following an SOS episode did not consistently document thorough assessments and often did not reflect knowledge of patients' recent stays in SOS.	<ul style="list-style-type: none"> • Provide appropriate in-service training with psychiatric staff. Include a copy of the training agenda/curriculum in the CAP file. • Review 5 charts per month of inmates admitted to SOS until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file.

Records Reviewed:	SEX OFFENDER SERVICES	Systems Score	Records Score
2		67	90
Finding(s)		Recommended Corrective Action(s)	
<p>MH-14: Although sex offender screenings were being accomplished, there were no mental health staff appropriately credentialed at the institution to provide sex offender treatment.</p>		<p>Staff should pursue and obtain proper credentialing. Until that is obtained, documentation of arrangements for a credentialed clinician to conduct treatment of sex offenders should be provided in the CAP file as well as an explanation of the criteria for determining when group treatment would be offered (e.g., number of inmates required for a group and/or EOS factors).</p>	

Records Reviewed:	SPECIAL HOUSING	Systems Score	Records Score
7		60	89
Finding(s)		Recommended Corrective Action(s)	
<p>MH-15: Inmates in group therapy were discontinued with no clinical justification when they entered confinement.</p>		<ul style="list-style-type: none"> • Develop a plan for ensuring that group therapy continues as clinically indicated. Either document appropriate clinical justification for removing inmate from group or allow inmate to continue in group. It is recommended that specialized stress/anger management groups also be conducted for inmates in confinement. • Review all charts monthly of group therapy inmates who enter confinement to ensure continuity of treatment until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 	
<p>MH-16: Mental health interviews/mental status examinations (confinement evaluations) of S3 inmates were not consistently completed within five days of admission.</p>		<ul style="list-style-type: none"> • Conduct confinement evaluations as required. • Review five charts per month of S3 inmates entering confinement until 100% compliance is achieved for three consecutive months. Include copies of the relevant portion(s) of the sampled records in the CAP file. 	
<p>MH-17: There was not an effective system in place to track timely completion of confinement evaluations.</p>		<p>Develop a system (e.g., a log) for tracking and ensuring that confinement evaluations are conducted in a timely manner. This system should be subject</p>	

Records Reviewed:	SPECIAL HOUSING	Systems Score	Records Score
7		60	89
Finding(s)		Recommended Corrective Action(s)	
		to weekly supervisory review and sign-off to ensure timeframes are being met.	

CONCLUSION

Mental health staff face numerous challenges in providing services to the institution's youthful offender population, not the least of which include funding-based limitations such as the recent elimination of the substance abuse treatment program, limited psychiatric staff time and limited on-site senior psychologist time. The senior psychologist is at LANCI only 2.5 days per week since the position must supervise services at two other institutions as well. Interviews revealed that staff believe their ability to do their jobs could be greatly improved with routine continuing education opportunities, better computer equipment and electronic medical records.

To meet the need for psychiatric care for S3 inmates, LANCI contracts with one private psychiatric practitioner for one day of services per week and has an innovative contractual arrangement with the University of Florida Medical School Department of Psychiatry for the services of rotating psychiatric fellows one day per week. While two days per week of psychiatric coverage may be adequate to serve the approximately 71 S3 inmates, findings reveal a need for more thorough psychiatric evaluations and better documentation of clinical rationales for medication changes. Other areas needing improvement include tracking and completion of confinement evaluations, provision of group therapy to confinement inmates, documentation of care for self-injurious/suicidal inmates and completion of required intellectual testing. It should be noted that allegations of inmate abuse came to the attention of the CMA surveyors, including inordinately lengthy stays in administrative confinement (during the investigation) for inmates alleging abuse. The information regarding these allegations was compiled and referred to the Inspector General of the Department of Corrections and the Florida Department of Law Enforcement.

