



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

LANCASTER CORRECTIONAL INSTITUTION

in

Trenton, Florida

on

October 22, 2009

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Distributed on November 3, 2009

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
898	Male	Medium	3

Institutional Potential/Actual Workload

Main Unit Capacity	570	Current Main Unit Census	618
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	280	Current Satellite(s) Census	280
Total Capacity	850	Total Current Census	898

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	783	72	81	0	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	784	68	84	N/A	N/A	N/A

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>
	50	43	0	N/A	N/A	N/A

OVERVIEW

Lancaster Correctional Institution (LANCI) houses male inmates of minimum and medium, custody levels. The facility grades are Medical 1, 2, and 3 and psychology (S) grades 1, 2, and 3. The scope of health services provided includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventative care, chronic illness clinics, emergency care, and an observation/infirmery as required for medical and mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at LANCI October 22, 2009. 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.

Exit Conference and Final Report

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective action(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and must be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

SYSTEM REVIEW

No significant findings were reported regarding the administrative aspects of the institutional health system.

Discussion: *Although there were no significant findings, two areas of concern in the pharmacy were raised. First, staff reported they were only recently made aware that they were supposed to keep the minutes from the P&T committee for 12 months. These minutes should be found and kept in the pharmacy. Second, there was no documentation that the consulting pharmacist completes annual in-service training for medical staff. According to DC policy, training should occur on an annual basis.*

In addition, pill line times should be posted in the common areas of the dorms.

DENTAL REVIEW

There were no significant dental findings.

Comments: *The dentist gives surgical patients written post-operative instructions and prescribes analgesics as needed; however, there is no written verification of post-operative instructions in the progress notes. Additionally, the five month wait for routine services may be improved if an additional dental assistant is hired.*

CLINICAL REVIEW

Cardiovascular Clinic	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Two of seven records were missing documentation of annual fundoscopic exams.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and 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>

Infirmary	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In the 16 infirmatory records reviewed, the following was noted:</p> <p>(a) Discharge summaries were not present in any of the records reviewed.</p> <p>(b) Three of 16 records did not contain history & physical information.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and 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>

Medication Administration Record Review	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 14 of 14 records reviewed the medication orders were missing either dates, times, signatures, or counter-signing for phone orders.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and 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>

Health Record Reviews	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In the 16 records reviewed, the following was noted:</p> <p>(a) Four of 16 records were missing information on the problem lists; missing information included diagnosis, signatures, and/or date of onset.</p> <p>(b) One of three records in the</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and 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>

Health Record Reviews	
Finding(s)	Suggested Corrective Action(s)
Gastrointestinal Clinic was missing the diagnosis on the problem list.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

Despite some procedural issues regarding record documentation, survey findings indicated the overall medical care provided at Lancaster CI falls within department standards and adequately reflected standards commensurate with the professional health care community at large. Medical records were well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Review of the medical area, inmate housing, and food service revealed no significant findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat.

Clinician surveyors noted that institutional staff showed good clinical management and monitoring of inmates, especially with having only a part-time physician. It was also evident that security staff works well with medical staff to ensure inmates receive the care they need. Overall the clinic staff, including medical and administrative, demonstrated their dedication to providing health care to the inmate population.

MENTAL HEALTH FINDINGS

Lancaster Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at LANCI:

- 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 RECORDS REVIEW

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of eight records evaluating psychotropic medication practices revealed the following deficiencies:</p> <p>(a) In two of six applicable records, initial laboratory tests were not completed as required.</p> <p>(b) Two records did not contain signed medication consents.</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>

Discussion: Eight records were reviewed to evaluate the effectiveness of psychotropic medication practices. In six of the records reviewed, medications ordered were not appropriate for the symptoms and diagnosis. In five of the records, the psychiatric notes did not address medication side effects and/or a rationale for medication changes. Psychiatric coverage is provided at LANCI two days per week. Two weeks prior to the survey, a psychiatrist from Union CI began providing services at LANCI. None of the records reviewed reflected care provided by this physician. While these issues should continue to be reviewed, they are not considered findings in this report since the incoming psychiatrist was not providing services during the timeframes reviewed in the records.

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 25 (S2=12) (S3=13) outpatient records revealed the following deficiencies:</p> <p>(a) Six of 16 applicable records did not contain evidence that Individualized Service Plans (ISP) were initiated within 14 days.</p> <p>(b) In five records, the ISP review was missing or late.</p> <p>(c) In 13 records, ISPs were missing staff and/or inmate signatures. (see discussion)</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue 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>

***Discussion MH2(c):** Of the 13 records, two were for inmates with a psychological grade of S2 and the remaining 11 were for inmates with a psychological grade of S3. The majority of the signatures missing or late from the S3 records were the RN and psychiatrist. Inmate signatures were missing or late in the S2 records.*

Self-Harm Observation Status

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: Three of six records reviewed did not contain daily physician notes. (The physician is on-site two days per week)</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue 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>

CONCLUSION

The mental health department at Lancaster CI consists of two full time Mental Health Specialists and one Sr. Mental Health Clinician who is on site four days per week. Staff sees the inmates frequently and the quality of care seems appropriate. The majority of the findings relate to difficulty meeting deadlines for ISP requirements. Although there are not a large number of inmates requiring mental health services at LANCI, the inmates have short sentences and move in and out of the institution quickly. More frequent treatment planning and ISP review is required when inmate turnover is high. In addition the Sr. Mental Health Clinician provides coverage at a nearby institution one day per week. She reports that she receives frequent calls from the other institution on her assigned days at LANCI. Apparently the nearby institution has had an increase in the number of inmates requiring mental health services which has increased the workload for mental health staff there. Staff at LANCI report they have requested a position for a nurse who would be assigned to mental health. The CMA supports this request based on the findings in this report.

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.