



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **LAWTEY CORRECTIONAL INSTITUTION**

in

**Lawtey, Florida**

on

**August 12-15, 2003**

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## DEMOGRAPHICS

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

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

### Institutional Potential/Actual Workload

Main Unit Capacity	827	Current Main Unit Census	783
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	150	Current Satellite(s) Census	130
Total Capacity	977	Total Current Census	913

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Impaired</i>	
		425	324	143	22	23
<i>Mental Health Grade (S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
	<i>1</i>	<i>2</i>	<i>2P</i>	<i>3</i>	<i>3</i>	<i>Impaired</i>
	893	21	0	0	0	0

### 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>
		5	16	N/A	N/A	N/A

## OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Lawtey Correctional Institution (LAWCI). 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 Health Findings**

The provision and documentation of care revealed 16 findings requiring correction by institutional staff. The largest percentage of these findings, however, fell into an administrative category and was therefore fairly innocuous. No significant negative trend regarding clinical care was identified.

### **Mental Health Findings**

This institution offered outpatient services in the form of screening, case management, individual therapy and group treatment. Survey results may reflect the impact of two factors. First, the fact that the senior psychologist also provided supervisory coverage to two other institutions resulted in limited supervisory coverage at LAWCI. The second factor concerned limited clerical support. Findings included a lack of documented inmate orientation, record screenings, confinement evaluations and several problems in maintenance of mental health logs.

### **Department Findings**

In addition to the findings referenced above, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and may not be addressed in OHS policy, procedure or directive. Or, they may be based on issues beyond institutional control and require intervention at the department level. The department should submit a separate corrective action plan for these findings.

### **Exit Conference and Final Report**

At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the physical health and mental health sections of 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 monitoring should be included in the files for each finding. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

## SUMMARY OF INSTITUTIONAL SCORES

The goal of the survey is to determine if the administration of the medical unit and the provision of care at the institution are consistent with medical, dental and mental health care 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. The following table lists the results of the systems and record reviews conducted during the survey.

Area of Review		Score*		
		Systems	Clinical	
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Episodic Care Systems	93	
		Emergency Care		100
		Follow-Up Care		100
		Infirmary Care		100
		Sick Call		98
	<b>Chronic Care</b>	Asthma Clinic		99
		Diabetes Clinic		99
		General Medicine Clinic		96
		Hypertension Clinic		98
		Immunity Clinic		98
		Seizure Clinic		97
	TB/INH Clinic		100	
	<b>Preventative Care</b>		83	100
	<b>Dental Care</b>		100	100
	<b>Mortality Review</b>		100	98
	<b>Other</b>	Administrative	90	
		Consultation Requests	100	100
		Food Services	96	
		Infection Control	77	
		Intake (Reception) Process	NA	NA
Intrasystem Transfers		100	100	
Medical Area and Inmate Housing		91		
Medication Administration		89	94	
OBIS-Health Record Content		78	97	
Pharmacy		NA		
Quality Management	86			
Area of Review			Area Score	
<b>MENTAL HEALTH</b>	Mental Health Systems		82	
	Access to Mental Health Services		82	
	Inpatient Mental Health Services		NA	
	Intellectual Functioning		NA	
	Outpatient Mental Health Services		90	
	Psychiatric Restraints		NA	
	Psychotropic Medication Practices		NA	
	Reception/Intake Process		NA	
	<b>Self-Injury/Suicide Prevention</b>	23-hour MH Observation		NA
		SOS Status		96
		Other Self-injury Prevention Status		NA
	Sexual Offender Services		NA	
	Special Housing		60	
	Use of Force		NA	

\*Shaded Area: No survey instrument for the applicable area. NA: No applicable files at the institution.

# PHYSICAL HEALTH FINDINGS

## Survey Results

The following areas of review resulted in findings requiring corrective actions by institutional staff.

### CLINICAL

Records Reviewed	GENERAL MEDICINE CLINIC	Record Review Score
9		96

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In two records reviewed of inmates diagnosed with liver disease, documentation of baseline and follow-up alpha-fetoprotein lab studies was not evidenced in the medical record.</b></p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five applicable general medicine clinic records per month to ensure appropriate laboratory tests are conducted and reviewed.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP process.</p>

Records Reviewed	HYPERTENSION CLINIC	Record Review Score
10		98

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: Two records lacked documentation of a hypertension diagnosis on the problem list.</b></p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five hypertension clinic records per month to ensure they contain appropriate documentation detailing diagnoses of chronic illnesses. Continue monitoring until closure is affirmed through the CMA CAP process.</p>

Records Reviewed	MEDICATION ADMINISTRATION	Record Review Score
10		94

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: Physician medication orders in two records did not contain all required elements, e.g., medication dosage.</b></p> <p><b>PH-4: Three medication administration records (MAR) lacked appropriate documentation when the medication was missed.</b></p> <p><b>PH-5: Health services or security personnel did not perform oral cavity checks during pill line.</b></p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five physician order forms and the corresponding MAR per month to ensure all required components are documented. Continue monitoring until closure is affirmed through the CMA CAP process.</p> <p>Develop and implement a policy whereby oral cavity checks are performed by either medical or security staff during pill line. Conduct at least weekly monitoring for compliance. Continue monitoring until closure is affirmed through the CMA CAP process.</p>

## ADMINISTRATIVE

Records Reviewed	ADMINISTRATIVE PROCESSES	Record Review Score
N/A		90
Finding(s)	Suggested Corrective Action(s)	
<p><b>PH-6:</b> No evidence was provided that all inmate workers in the medical unit have a written job description outlining their specific duties.</p>	<p>Develop a “personnel packet” for medical unit inmate workers which contains training materials as well as a job description outlining specific job duties. Ensure inmate workers sign the job descriptions acknowledging their understanding of the contents.</p>	

Records Reviewed	INFECTION CONTROL	Record Review Score
N/A		77
Finding(s)	Suggested Corrective Action(s)	
<p><b>PH-7:</b> No evidence was provided that the infection control coordinator (ICC) received formal training in the practices of infection control.</p> <p><b>PH-8:</b> No evidence was provided that the ICC conducted monthly institutional and weekly food service sanitation inspections, or if conducted by the safety officer, reviewed those inspection reports.</p>	<p>Either provide evidence of infection control training if previously obtained, or if not previously obtained, ensure training is provided.</p> <p>Develop and implement an institutional policy whereby the ICC conducts the necessary sanitation inspections, accompanies the institutional safety officer during inspections, or reviews and files the inspection results when conducted by the safety officer.</p>	

Records Reviewed	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Record Review Score
N/A		78
Finding(s)	Suggested Corrective Action(s)	
<p><b>PH-9:</b> There is no system in place through which daily encounters by agency nursing staff are entered into the OBIS system when the designated data entry operator is absent.</p> <p><b>PH-10:</b> There is no specific system in place for verifying the accuracy of data input prior to the destruction of data entry forms.</p>	<p>Provide inservice training to applicable staff.</p> <p>Develop and implement policies for ensuring a “check and balance” system is in place regarding data input into the OBIS system. Conduct at least weekly compliance monitoring. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Records Reviewed	MEDICAL AREA AND INMATE HOUSING	Record Review Score
N/A		91
Finding(s)	Suggested Corrective Action(s)	
<p><b>PH-11:</b> No eye wash stations are located in the medical area.</p> <p><b>PH-12:</b> The emergency/trauma room is disorganized; cabinets are not clearly marked</p>	<p>Obtain and mount eye wash stations.</p> <p>Clean and reorganize the emergency/trauma room.</p>	

Records Reviewed N/A	<b>MEDICAL AREA AND INMATE HOUSING</b>	Record Review Score 91
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Finding(s)	Suggested Corrective Action(s)
with content.  PH-13: No soap dispenser is located in the infirmary bathroom.  PH-14: Procedures for accessing medical and dental sick call and mental health services, in Spanish and English, are not posted in all inmate housing areas.	Obtain and mount a soap dispenser in the infirmary bathroom.  Post required information in all inmate housing areas.

Records Reviewed N/A	<b>FOOD SERVICE</b>	Record Review Score 96
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Finding(s)	Suggested Corrective Action(s)
PH-15: Although the temperature of stored frozen foods was within an acceptable range when examined during the survey, the daily temperature log was not current.	Provide inservice training to applicable staff.  Conduct at least weekly monitoring of the temperature log to ensure it is current; i.e., accurate and timely. Continue monitoring until closure is affirmed through the CMA CAP process.

Records Reviewed N/A	<b>EPISODIC CARE</b>	Record Review Score 93
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Finding(s)	Suggested Corrective Action(s)
PH-16: The method in place for tracking sick call encounters lacks specificity; i.e., chief complaint/diagnosis.	Provide inservice training to applicable staff.  Develop and implement a revised policy for documenting sick call encounters with particular attention to developing a better method to track the reason for the sick call encounter. Conduct weekly monitoring of the tracking form. Continue monitoring until closure is affirmed through the CMA CAP process.

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

System Reviews

- Consultation Requests
- Dental Services
- Intrasystem Transfers
- Mortality Review
- Preventative Care
- Quality Management

Record Reviews

- Asthma/Pulmonary Clinic
- Consultation Requests
- Dental Services
- Emergency Care
- Episodic Care Follow-Up
- Infirmary Care
- Intrasystem Transfers
- OBIS/Health Record Content
- Preventative Care
- Seizure Clinic
- Sick Call
- Tuberculosis/INH Therapy Clinic

**CONCLUSION**

The physical health survey of Lawtey Correctional Institution revealed that, with only a few exceptions, the provision of health care was adequate and consistent with expected and required standards. Only five clinical findings were enumerated in this report, representing relatively minor departures from Correctional Medical Authority and Department of Correction's standards, or with prevailing practice standards generally accepted in the community at large. Administrative issues identified, although more numerous, were also generally minor in nature and easily remedied.

## MENTAL HEALTH FINDINGS

### Background

Staffing consisted of one senior psychologist, who also covered two other institutions, and one psychological specialist. Additionally, clerical support had recently been added in the form of one half-time position.

### Survey Results

Strengths:

- Individualized Service Plans were timely and contained appropriate goals.
- Biopsychosocial assessments were developed in a timely manner.
- Progress notes were detailed providing a clear picture of the focus and course of treatment.

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

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
12		82
Finding(s)	Suggested Corrective Action(s)	
<p><b>MH-1: Properly executed consent for treatment forms were not always present in the records reviewed, particularly when the contact involved responding to inmate requests, psychological emergencies, or confinement evaluations.</b></p>	<p>Train mental health staff regarding the need to obtain signed treatment consent forms prior to initiating an assessment and/or treatment contact.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA Corrective Action Assessment (CAP).</p>	
<p><b>MH-2: Responses to inmate requests were not always timely.</b></p>	<p>Train mental health staff regarding the need to respond to inmate requests for services within required timeframes. The recent addition of adequate clerical support to maintain a tracking system may also assist with resolution of this issue (see finding under MH-8 below).</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP.</p>	

Records Reviewed: <b>OUTPATIENT MENTAL HEALTH SERVICES</b>		Area Score
18		90
Finding(s)	Suggested Corrective Action(s)	
<b>MH-3: Inmate orientation to mental health services provided by mental health staff was not consistently conducted.</b>	<p>Train mental health staff regarding the need to provide inmate orientation within required timeframe. Examine and eliminate barriers to conducting and documenting orientation.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP.</p>	
<b>MH-4: Mental health staff did not consistently conduct medical record screening of new arrivals.</b>	<p>Establish a system for mental health staff to be informed of new arrivals. Examine and eliminate barriers to the conduct and documentation of record screening within 14 days of an inmate's arrival.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP.</p>	

Records Reviewed: <b>PSYCHIATRIC RESTRAINTS</b>		Area Score
N/A		N/A
Finding(s)	Suggested Corrective Action(s)	
<b>MH-5: Security staff had not been trained in psychiatric restraint application.</b>	<p>Ensure security staff assigned to the medical unit have been trained in the application of psychiatric restraints.</p>	

Records Reviewed:		SPECIAL HOUSING		Area Score	
5				60	
Finding(s)			Suggested Corrective Action(s)		
<p><b>MH-6: Weekly confinement rounds were not documented as required.</b></p>			<p>Document weekly confinement rounds on each confined inmate's daily record of segregation form (DC6-229) as required.</p>		
<p><b>MH-7: Confinement evaluations were not always conducted and, if conducted, were not timely.</b></p>			<p>Train mental health staff regarding the need to conduct and document 30-day confinement evaluations. Maintain a tracking system, such as a log to ensure staff are aware of confinement evaluation due dates. The recent addition of adequate clerical support to maintain a tracking system may also assist with resolution of this issue (see finding under MH-8 below).</p> <p>The confinement tracking system should be monitored on at least a <b>twice-monthly basis</b> to ensure timeframes are met. The results of this monitoring, indicating the number of evaluations due and the number completed in a timely manner, with dates and inmate identifiers, should be recorded in the corrective action file.</p> <p>Additionally, conduct monthly review of all records of inmates who have been confined for more than 30 days to ensure proper documentation of evaluations. Continue monitoring until closure of the finding is affirmed through the CMA CAP.</p>		

Records Reviewed:		ADMINISTRATIVE		Area Score	
N/A				N/A	
Finding(s)			Suggested Corrective Action(s)		
<p><b>MH-8: The following mental health logs were not maintained and updated as required:</b></p> <ul style="list-style-type: none"> <li>• <b>Mental Health Emergency Log (DC4-781A)</b></li> <li>• <b>Inmate Request/Staff Referral Log (DC-781H)</b></li> </ul>			<p>Establish and maintain a mental health emergency log as required. Ensure that the inmate request/staff referral log is adequately maintained and does not contain missing entries. The addition of adequate clerical support will be crucial to correcting this deficiency and may contribute to correction of several deficiencies cited above.</p> <p>Conduct monthly supervisory review and sign-off on the logs to ensure their adequate maintenance.</p>		

One area of review, "Self-Injury/Suicide Prevention", resulted in no significant problems.

## **CONCLUSION**

Survey results were generally positive from the standpoint of the clinical documentation in the records of S2 inmates undergoing active treatment. However, several basic mental health functions such as orientation, record screening and confinement evaluations were not being accomplished as required. There appeared to be a strong link between these findings, the multiple institutional coverage required of the senior psychologist, and inadequate clerical support over much of the past year. Resolution of these findings will most likely require changes in one or both areas.

## **DEPARTMENT FINDINGS**

In addition to the physical health findings referenced previously in this report, several other areas of concern were noted. These findings are beyond the scope of the institution to correct. These findings may be based on standards adopted 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**

#### **QUALITY MANAGEMENT**

##### **Finding(s)**

**Dept-1: Insufficient documentation was provided of peer review activities.**

#### **ADMINISTRATIVE PROCESSES**

##### **Finding(s)**

**Dept-2: There was no evidence of a policy addressing elective medical or surgical procedures and how the inmate may pursue any elective medical or surgical procedure the department declines to provide.**

**Dept-3: There was no evidence of a policy that prohibits the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.**

**Dept-4: Special housing inmates were not offered one hour of exercise per day outside the cell five days per week.**

## 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, 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

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 physical and mental health findings identified in the body of the report require corrective action by institutional staff. Findings identified in the "Department Findings" section of the report require correction/intervention by central office staff.