



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

LAWTEY CORRECTIONAL INSTITUTION

in

Lawtey, Florida

on

December 10, 2009

CMA Physical Health Team Leader:

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CMA Mental Health Team Leader:

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Distributed on December 23, 2009

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,107	Male	Medium	4

Institutional Potential/Actual Workload

Main Unit Capacity	785	Current Main Unit Census	828
Satellite Unit(s) Capacity	242	Current Satellite(s) Census	279
Total Capacity	1,073	Total Current Census	1,110

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	763	254	89	1	13	
<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>
	1,101	6	N/A	NA	NA	NA

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>
	N/A	N/A	N/A	NA	NA	NA

OVERVIEW

Institutional Description

Lawtey Correctional Institution (LAWCI) houses male inmates of minimum and medium custody levels and is designated as a medical grade 4, psychological grade 2 facility. Health care services are also provided to Dinsmore Work Release Center.

The overall scope of health services provided at LAWCI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and observation/infirmarary care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at LAWCI December 10, 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 medical records reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each record reviewed;
- 4) The percentage of records reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE PROCESSES REVIEW

No findings were reported regarding administrative processes, infection control, pharmacy, and quality management.

INSTITUTIONAL TOUR

See discussion below.

EPISODIC CARE REVIEW

There were no significant findings in emergency, infirmary, and sick call records. See table below.

DENTAL REVIEW

There were no dental findings.

CLINICAL SYSTEM REVIEW

There were no significant findings in the clinical system review (see table below).

OTHER RECORD REVIEW

There were no significant findings in the review of consultations, intra-system transfers, medication administration, the health record/OBIS and preventive care.

Sick Call Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Discrepancies were found in four of 12 records reviewed, including:</p> <ul style="list-style-type: none"> a. Records did not contain documentation of complete physical examinations and diagnosis/assessment. b. Records were difficult to evaluate due to poor legibility. c. Records did not contain documentation of timely referrals to a physician. 	<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>

Institutional Review	
Finding(s)	Suggested Corrective Action(s)
PH-2: There is only one eye wash station in the medical area, and it is not being used because of a leaky roof.	As soon as this was identified as a problem, the HSA initiated a work order for a new eye wash station to be installed as soon as possible. This will be evaluated as part of the CAP assessment process.

Discussion: A staffing issue was brought up by nursing staff interviewed as part of the CMA survey. There is one correctional officer assigned to the entire medical area, which includes the waiting area, the clinic, and the infirmary. While it had not been a problem to date, nursing staff were concerned that there are times when nurses are alone in the medical areas with one or more inmates. The warden agreed to reevaluate security staffing for the medical area.

Another issue discussed with staff was regarding seasonal influenza and pneumovax vaccinations; not all inmates in chronic illness clinics who may have benefited from the vaccine were offered one. Since LAWCI only received 40 flu vaccinations and 10 doses of pneumovax, medical staff determined that inmates in the immunity and respiratory clinics were the highest priority and would best benefit from the limited supply of vaccinations. The Office of Health Services (OHS), which receives annual allotments of vaccinations, received smaller amounts this year. OHS staff developed a formula for distribution of available vaccines which took into account inmate medical grade levels and age; institutions were provided vaccine doses accordingly. Inmates in other chronic illness clinics will be offered vaccinations as supplies are made available.

CONCLUSION

Survey findings indicated the overall medical care provided at Lawtey CI falls within department standards and adequately reflected standards commensurate with the professional health care community at large. Medical records were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Review of the inmate housing and food service areas revealed no negative findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat. Interviews with inmates were positive and some inmates noted that nursing staff were very helpful and caring.

Clinician surveyors noted that institutional staff showed good clinical management and monitoring of inmates. It was also evident that security staff works very 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 appropriate health care to the inmate population.

MENTAL HEALTH FINDINGS

OVERVIEW

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

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

Currently LAWCI has one Mental Health Specialist who is on site three days per week and a Senior Mental Health Clinician from a neighboring institution who provides weekly supervision. Although there are only six inmates receiving mental health services, staff also answer requests from inmates not on the mental health caseload. The quality of progress notes and summaries was excellent and documentation of mental health encounters was complete and informative. All inmates interviewed indicated they would not hesitate to ask for help if they had a mental health problem. Inmates on the mental health caseload expressed satisfaction with the mental health services provided to them.

No corrective action plan is required by the CMA for mental health.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- 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.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

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.