



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **LIBERTY CORRECTIONAL INSTITUTION**

in

**Bristol, Florida**

on

**April 13-16, 2004**

**CMA Physical Health Team Leader:**

Tikia McGhee, MHA  
Sue Sims, RN

**Physical Health Team Members:**

Marjorie Kirsch, MD  
Edward Zapert, DMD  
Elaine Hatcher, ARNP  
Sue Sims, RN

**CMA Mental Health Team Leader:**

Murdina Campbell, MSW

**Mental Health Team Members:**

Suzanne Zoss, PhD  
Jacquelyn Gallop, LCSW, PhD  
Jane Holmes-Cain, LCSW

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Adult	Male	Close	2

### Institutional Potential/Actual Workload

Main Unit Capacity	1,335	Current Main Unit Census	1,159
Annex Capacity		Current Annex Census	
Satellite Unit(s) Capacity	692	Current Satellite(s) Census	689
Total Capacity	2,027	Total Current Census	1,976

### 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>	
	819	732	425	0	0	
<i>Mental Health Grade</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
<i>(S-Grade)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	1,909	67	0	0	0	0

### Inmates Assigned to Special Housing Status

<i>Confinement/</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
<i>Close Management</i>	82	46	0	0	0	0



## OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Liberty Correctional Institution. 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. 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.

### **Physical Health Findings**

Medical and dental systems at the institution were reviewed. Deficiencies and areas of concern are described in the physical health section of this report. Overall, the care provided at the institution was an appropriate level of care.

### **Mental Health Findings**

While many components of the mental health program functioned effectively at Liberty Correctional Institution, there were concerns about the use of 23-hour observation status in the infirmary with inmates at risk for suicide and self-injury. The Authority does not support the use of 23-hour observation for self-injury prevention. Rather, all inmates at risk for suicide and self-injury should be managed in accordance with the suicide observation status policy, which requires a formal admission to the infirmary on suicide observation status (SOS). See the Department Findings sections of the report for discussion of this finding.

There were findings regarding the mortality (suicide) that occurred on January 15, 2003.

### **Department Findings**

In addition to the findings referenced above, other areas of concern are noted. These findings are 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 monthly 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		98	
		Episodic Care Follow-Up		100	
		Infirmatory Care		100	
		Sick Call		100	
	<b>Chronic Care</b>	Asthma/Pulmonary Clinic		96	
		Diabetes Clinic		87	
		General Medicine Clinic		96	
		Hypertension Clinic		100	
		Immunity Clinic		NA	
		Seizure Clinic		96	
	<b>Preventative Care</b>		83		100
	<b>Dental Services</b>		100		97
	<b>Mortality Review</b>		100		76
	<b>Other</b>	Administrative Processes	94		
		Consultation Requests	86		90
		Food Services	100		
		Infection Control	86		
		Intake Process (Reception)	NA		NA
		Intrasystem Transfers	100		98
Medical Area and Inmate Housing		100			
Medication Administration		100		83	
OBIS/Health Record Content		100		96	
Pharmacy Services		100			
Quality Management	93				
Area of Review			Area Score		
<b>MENTAL HEALTH</b>	Mental Health Systems		98		
	Access to Mental Health Services		89		
	Inpatient Mental Health Services		N/A		
	Intellectual Functioning		100		
	Outpatient Mental Health Services		96		
	Psychiatric Restraint		N/A		
	Psychotropic Medication Practices		N/A		
	Reception/Intake Process		N/A		
	<b>Self-Injury/Suicide Prevention</b>	23-hour MH Observation		N/A	
		SOS Status		85	
		Other Self-injury Prevention Status		N/A	
	Sexual Offender Services		100		
	Special Housing		100		
Use-of-Force		100			
<b>*Shaded Area: No survey instrument for the applicable area. NA: No applicable files at the institution.</b>					

**PHYSICAL HEALTH FINDINGS**

## SYSTEMS

<b>CONSULTATION</b>		<b>Systems Score</b> <b>86</b>
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>	
<b>PH-1: (Consultation) There was no procedure for meeting with the patient within 10 working days of receiving the consultant's report to discuss the findings and consult and educate the patient as to the plan.</b>	<p>Instruct the staff on the importance of notifying patients of results whether test results are normal or abnormal.</p> <p>Review monthly sample of consultations to determine if patient education has been completed.</p> <p>Continue monitoring until the CMA CAP assessment is completed.</p>	

<b>QUALITY MANAGEMENT</b>		<b>Systems Score</b> <b>93</b>
	<b>Suggested Corrective Action(s)</b>	
<b>PH-2: There was no evidence that the physician, dentist, PA, ARNP, and PhD level psychologist were provided annual peer/clinical reviews.</b>	<p>Provide evidence of annual peer/clinical review for the staff listed in the finding.</p> <p>Include evidence of compliance in the CMA CAP closure file.</p>	

## CLINICAL

<b>Records Reviewed</b> <b>9</b>	<b>DIABETES</b>	<b>Record Review Score</b> <b>87</b>
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>	
<b>PH-3: Seven out of ten records reviewed revealed no documentation on counseling regarding medication side effects.</b>	<p>Instruct staff on importance of counseling inmates on medication side effects.</p> <p>Monitor five records monthly to ensure documentation and counseling regarding medication side effects is occurring.</p> <p>Continue monitoring until the CMA CAP assessment is completed.</p> <p>Provide copies of the monitoring documentation in the CAP closure file.</p>	

Records Reviewed	<b>MEDICATION ADMINISTRATION</b>	Record Review Score
<b>9</b>		<b>83</b>
Finding(s)	Suggested Corrective Action(s)	
<b>PH-4: Four of nine records reviewed revealed medication orders were not signed, dated, and timed.</b>	<p>Monitor five records monthly to ensure medication orders are signed, dated, and timed by the appropriate staff.</p> <p>Provide copies of the monitoring documentation in the CAP closure file.</p>	
<b>PH-5: Four of nine records reviewed revealed medication orders were not transcribed by the end of the shift by the appropriate personnel.</b>	<p>Monitor five records monthly to ensure medication orders are transcribed by the end of the shift during which the medication orders were written.</p> <p>Provide copies of the monitoring documentation in the CAP closure file.</p>	

Records Reviewed	<b>GENERAL MEDICINE CLINIC</b>	Record Review Score
<b>10</b>		<b>96</b>
Finding(s)	Suggested Corrective Action(s)	
<b>PH-6: Four of ten records reviewed revealed results of lab studies ordered by the clinician were not entered on the clinic flow sheet.</b>	<p>Instruct staff on the importance of ensuring lab study results are entered on the clinic flow sheet.</p> <p>Monitor five records monthly to ensure staff is entering lab study results on the clinic flow sheet.</p> <p>Provide copies of the monitoring documentation in the CAP closure file.</p> <p>Continue monitoring until the CMA CAP assessment is completed.</p>	

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

System Reviews

- Dental Services
- Mortality Review
- Intra-system Transfers
- Medication Administration
- Administrative Processes
- Pharmacy Services
- Preventative Care
- Food Services
- Medical Area and Inmate Housing
- OBIS/Health Record Content

Record Reviews

- Emergency Care
- Episodic Care Follow-Up
- Infirmary Care
- Sick Call
- Asthma/Pulmonary Clinic
- Hypertension Clinic
- Seizure Clinic
- Tuberculosis/INH Clinic
- Dental Services
- Mortality Review
- Consultation Requests
- Intrasystems Transfers
- OBIS/Health Record Content

**CONCLUSION**

Overall, the health care provided at Liberty CI was satisfactory. The staff was very knowledgeable and informative regarding medical care provided to their patients. There were some concerns identified relating to medication procedures and documentation deficiencies.



## MENTAL HEALTH FINDINGS

### Survey Results

The mental health department consisted of one full-time senior psychologist and one full-time psychological specialist. There were 67 psychological grade 2 (S2) inmates on the mental health caseload. The remaining inmates were all S1.

Strengths were identified during the survey:

- The mental health department consisted of long term, experienced employees of Liberty Correctional Institution, including clerical staff.
- End-of-sentence planning for sex offenders was well documented.
- The clinical documentation was generally well organized and easy to follow.

Records Reviewed:	<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	Area Score
<b>20</b>		<b>96</b>
Finding(s)	Suggested Corrective Action(s)	
<b>MH- 1: In the S2 records reviewed, identified problems were not consistently recorded on the problem list.</b>	<p>Ensure identified problems are recorded on the problem list as appropriate.</p> <p>Complete monthly reviews of a minimum of five records for compliance. Continue monitoring until closure is affirmed through the Correctional Medical Authority (CMA) corrective action assessment plan (CAP) process.</p>	

Records Reviewed:	<b>ACCESS TO MENTAL HEALTH SERVICES</b>	Area Score
<b>10</b>		<b>89</b>
Finding(s)	Suggested Corrective Action(s)	
<b>MH- 2: Consent for treatment forms were not consistently present in the records reviewed when the contact involved responding to inmate requests.</b>	<p>Ensure appropriate documentation is completed.</p> <p>Complete monthly reviews of five request records for compliance. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Records Reviewed:	<b>SUICIDE AND SELF-INJURY PREVENTION</b>	Area Score
<b>6</b>		<b>85</b>
Finding(s)	Suggested Corrective Action(s)	
<b>MH- 3/Department Issue: Inmates at risk for suicide or self-injury were placed on 23-hour observation status in the infirmary after-hours and on weekends, rather than being formally admitted to the infirmary on</b>	<p>The Authority does not support the use of 23-hour observation for self-injury prevention. Rather, all inmates at risk for suicide and self-injury should be managed in accordance with the suicide observation status policy, which requires a</p>	

Records Reviewed: <b>6</b>	<b>SUICIDE AND SELF-INJURY PREVENTION</b>	Area Score <b>85</b>
Finding(s)	Suggested Corrective Action(s)	
<b>suicide observation status (SOS).</b>	formal admission to the infirmary on SOS status.  See the Department Findings section of the report. (Also see discussion below).	
<b>MH-4: One suicide had occurred since the previous survey of the institution. In this case, indicated suicide precautions were not instituted. (See the discussion below).</b>	Conduct peer review with the clinician involved and determine what level of continued review and or training may be required.	
<b>MH-5: Physician's orders for admission to the infirmary were not consistently written at the time of admission or in the case of verbal orders, obtained within one hour of admission and countersigned by the physician within 24 hours.</b>	Complete monthly reviews of five infirmary records for compliance. Continue monitoring until closure is affirmed through the CMA CAP process.	
<b>MH-6: The required nursing assessment of mood and affect was not consistently recorded once per shift in the infirmary records reviewed.</b>	Complete monthly reviews of five infirmary records for compliance. Continue monitoring until closure is affirmed through the CMA CAP process.	

## Discussion

### MH-3/Department:

The Authority is concerned that after-hours and on weekends when mental health staff are not on-site, medical staff are formally admitting some inmates to the infirmary on suicide observation status (SOS), while others are placed on 23-hour observation status until mental health staff are available to evaluate their suicidal/self-injurious ideation. The Authority does not support the use of 23-hour observation for self-injury prevention. Rather, all inmates at risk for suicide and self-injury should be managed in accordance with the suicide observation status policy, which requires a formal admission to the infirmary on SOS status.

Medical staff interview data indicated that inmates placed on 23-hour observation status are afforded the same basic preventive interventions as those formally admitted to the infirmary on SOS. However, medical staff interview data also indicated all the requisite documentation and follow-up is not provided to those on 23-hour observation status, thus two different standards of care are evident in the management of suicidal and self-injurious ideation/behaviors. This practice increases the likelihood of errors in the management of suicidal and self-injurious behavior and is not good clinical practice. Nor is the practice compliant with T.I. 15.03.26, section VI. C.4. which states that any SOS level of precaution requires an infirmary admission.

Furthermore, in one case reviewed, the observation status extended to 72 hours, which was reported as common practice by staff interviewed. The infirmary admission log did not clearly identify which inmates were placed on 23-hour observation status.

(See the department finding section of the report).

**MH-4:**

A 34 year-old inmate committed suicide by hanging at Liberty Correctional Institution on January 15, 2003. The inmate had seen mental health staff at Liberty CI on nine occasions since December 09, 2002. On four of those occasions the inmate had declared a mental health emergency. He was on SOS status from January 03 – 06, 2003. He was ordered transferred to a crisis stabilization unit (CSU) on January 03, 2003. However, this was cancelled and the inmate downgraded from an S3 to an S2 when, according to progress notes, he admitted he had been less than truthful in some of his interactions with staff. A psychiatrist at Apalachee Correctional Institution saw the inmate on January 13, 2003 and again on January 15, 2003. The last mental health contact with the inmate was at 1:30 PM on January 15, 2003 at Liberty CI. The inmate was pronounced dead at 4:10 PM the same day.

The encounters with the inmate were generally thoroughly documented. The notes specified the inmate was providing much contradictory information. The notes indicated staff was responsive to the inmate's requests and also confronted him regarding what was described as "manipulation" and lying ("lied again"). The inmate had a history of previous suicidal ideation, threats and attempts both by self-report and while incarcerated. This was the inmate's second incarceration. His current sentence was one year and 27 days for resisting arrest with violence. Based on progress notes, the mental health care provided the inmate at Liberty CI addressed observed suicidal intent and behavior up until the day of the inmate's death. However, on that day the inmate was assessed as being "not truly suicidal" and was told this by the treating clinician in hearing of the colonel. The inmate proceeded to asphyxiate himself in less than two hours. It would have been reasonable and prudent to institute suicide precautions in spite of the documented history (very recent) of "manipulation for secondary gain" and "lies." This was a complex case of an inmate who required much staff attention and it was difficult to establish the accuracy of his symptoms. However, the inmate had a documented history of prior significant suicidal behaviors, poor impulse control, and poor coping skills, suggesting a cautious approach regardless of the motivation attributed to his behavior.

There were no similar concerns noted with the management of other patients reviewed for suicide and self-injury prevention.

The following areas of review resulted in no significant problems.

- Sex Offender Services
- Intellectual Functioning
- Special Housing
- Use-of-Force

## **CONCLUSION**

Overall, the mental health program at Liberty CI was functioning appropriately with some exceptions in the area of suicide and self-injury prevention. The Authority does not support the use of 23-hour observation for self-injury prevention. Rather, all inmates at risk for suicide and self-injury should be managed in accordance with the suicide observation status policy, which requires a formal admission to the infirmary on SOS status.



## **DEPARTMENT FINDINGS**

In addition to the physical and mental 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**

#### **ADMINISTRATIVE PROCESSES**

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

**Dept-1: There was no evidence of a policy addressing all inmates in isolation or segregation, being given the opportunity to exercise at least one hour a day, five times a week.**

**Dept-2: There was no evidence of weekly supervisory review of the emergency encounters for documentation of accuracy, treatment modality, medication distribution, documentation, education, completeness, and other clinically indicated actions.**

**Dept-3: There was no evidence the ICC received and reviewed the monthly safety and sanitation inspection reports related to the overall facility.**

**Dept-4: There was no evidence the ICC received and reviewed weekly inspection reports related to sanitation and cleanliness (including preparation and eating areas) for the dining facility.**

### **MENTAL HEALTH**

#### **SUICIDE & SELF-INJURY PREVENTION**

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

**Dept-5: Inmates at risk for self-injury after-hours and on weekends were placed on 23-hour observation status, rather than being formally admitted to the infirmary on suicide observation status (see discussion in MH-3 in the body of the 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, 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.