



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

MADISON CORRECTIONAL INSTITUTION

in

Madison, Florida

on

May 13-16, 2003

CMA Physical Health Team Leader:

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CMA Mental Health Team Leader:

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Physical Health Team Members:

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Mental Health Team Members:

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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	Close	2

Institutional Potential/Actual Workload

Main Unit Capacity	1132	Current Main Unit Census	1096
Satellite Unit(s) Capacity	295	Current Satellite(s) Census	290
Total Capacity	1427	Total Current Census	1386

Inmates Assigned to Medical/Mental Health Grades

	1	2	3	4	Impaired	
<i>Medical Grade</i>	1009	406	0	0	3	
<i>Mental Health Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	1352	33	1	0	0	1

Inmates Assigned to Special Housing Status

	DC	AC	PM	CM3	CM2	CM1
<i>Confinement/ Close Management</i>	82	40	0	0	0	0

OVERVIEW

Physical Health Summary

A thorough review of the physical health-related systems at the institution, including dental care, the physical plant, administrative processes, and the provision and documentation of care generally revealed no significant departures from the Department of Corrections' standards, CMA standards, or from standards generally accepted in the health care community at large. Only one finding was identified requiring corrective action – a need to ensure encounter information documented in the medical record is appropriately entered on the corresponding offender-based information system (OBIS) screen.

Mental Health Summary

The mental health program provided an appropriate range of services to the largely S1 inmate population. The pre-survey questionnaire indicated that 33 of the 1,386 adult males housed at Madison Correctional Institution (MADCI) and the work camp were S2 inmates. The majority of the survey findings related to documentation concerns rather than clinical care. Documentation of mental health orientation, treatment consents, psychological emergencies, and physician's orders for suicide observation all needed improvement. Three inmates required follow-up intelligence testing and mental health staff lacked training in the use of psychiatric restraints. There were several strengths including excellent documentation of sex offender treatment, excellent discharge summaries for inmates who had been admitted to the infirmary on suicide observation status, appropriate use of psychiatric consultation, very good communication between departments, and excellent interdepartmental teamwork in the care and management of inmates with low intellectual functioning.

Supplemental Report

No areas of concern were noted which require intervention by the department's Office of Health Services (OHS).

Exit Conference and Final Report

At the conclusion of the survey, an exit conference was held with institutional and regional health services staff 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		Numeric Score*		
		Systems	Records	
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100	
		Emergency Care		100
		Follow-Up Care		100
		Infirmery Care		100
		Sick Call		100
	Chronic Care	Asthma Clinic		100
		Diabetes Clinic		100
		General Medicine Clinic		100
		Hypertension Clinic		100
		Immunity Clinic		
		Seizure Clinic		100
	TB/INH Clinic		99	
	Preventative Care		100	100
	Dental Care		100	98
	Mortality Review		100	100
	Other	Administrative	100	
		Consultation Requests	100	100
Infection Control		100		
Intake (Reception) Process				
Intrasystem Transfers		100	100	
Medical Area and Inmate Housing		100		
Medication Administration		100	98	
OBIS-Health Record Content		100	92	
Pharmacy				
Quality Management	100			
MENTAL HEALTH	Access to Mental Health Services		100	92
	Intellectual Functioning		100	83
	Psychiatric Restraints		83	
	Outpatient Mental Health Services		87	88
	Self-Injury/Suicide Prevention	23-hour Observation		
		SOS Status	100	78
		Other Self-injury Prevention Status		
	Sexual Offender Services		100	97
Special Housing		100	100	

PHYSICAL HEALTH FINDINGS

Survey Results

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

Records Reviewed:	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Systems Score	Records Score
5		100	92
Finding(s)	Suggested Corrective Action(s)		
<p>PH-1: Discrepancies were noted in comparing applicable OBIS screens against the information contained in each of the five records reviewed; i.e., encounters (nursing assessments) noted in the medical record, but not on the corresponding OBIS screen, and in one case, a medical pass noted on the OBIS screen, but not annotated in the medical record.</p>	<p>Provide in-service training for staff regarding the importance and proper procedure for the entering of data on OBIS screens.</p> <p>Monitor five medical records and the corresponding OBIS screens per month to ensure corresponding information is annotated both in the medical record and in OBIS. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		

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

System Reviews

- Administration
- Consultation Request
- Dental Services
- Episodic Care
- Infection Control
- Intrasystem Transfers
- Medical Area and Inmate Housing
- Medication Administration
- Mortality Review
- OBIS/Health Record Content
- Preventative Care
- Quality Management

Record Reviews

- Asthma Clinic
- Consultation Request
- Dental Services
- Diabetes Clinic
- Emergency Care
- Episodic Care Follow Up
- General Medicine Clinic
- Hypertension Clinic
- Infirmity Care
- Intrasystem Transfers
- Medication Administration
- Mortality Review
- Preventative Care
- Seizure Clinic
- Sick Call
- TB/INH Therapy Clinic

CONCLUSION

Overall, the provision of physical health care at MADCI was adequate and consistent with expected and required standards. It was the opinion of the survey team that staff was knowledgeable regarding the process of providing care, and that a team effort was used to provide the care. A good working relationship and a level of trust appeared to exist between medical, nursing and security staffs.

MENTAL HEALTH FINDINGS

Survey Results

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

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
10		100	92
Finding(s)		Suggested Corrective Action(s)	
MH-1: Psychological emergency notes did not consistently document mental health treatment histories and past suicide attempts, instead referring to the Biopsychosocial Assessment.		Provide in-service training. Monitor at least five records monthly to ensure compliance. Continue monitoring until closure is affirmed by the CMA corrective action plan (CAP) assessment.	

Records Reviewed:	INTELLECTUAL FUNCTIONING	Systems Score	Records Score
6		100	83
Finding(s)		Suggested Corrective Action(s)	
MH-2: Intellectual testing was not consistently completed as required in the records reviewed.		Complete intellectual testing as required. Conduct monthly monitoring of new intake screenings to ensure applicable inmates receive follow-up testing. Continue monitoring until closure is affirmed by the CMA CAP assessment.	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
14		87	88
Finding(s)		Suggested Corrective Action(s)	
MH-3: Documentation of orientation to mental health services was lacking for newly arriving inmates: <ul style="list-style-type: none"> a. Intake orientation by nursing staff did not document that orientation to mental health access was provided. b. Mental health staff did not consistently document that orientation to mental health services had been provided within eight days of arrival. 		Provide orientation to mental health services within 24 hours of an inmate's arrival at the institution. A brief orientation can be provided and documented by nursing staff upon the inmate's arrival. Review requirements for documentation of orientation to mental health services within eight days of arrival to the institution. Conduct monthly monitoring of five new arrivals per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.	

Records Reviewed:		OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
	14		87	88
Finding(s)			Suggested Corrective Action(s)	
MH-4: Consent for treatment forms were not consistently completed as required.			<p>Ensure consent for treatment forms are current, complete, and signed for all inmates receiving mental health services.</p> <p>Monitor five applicable records per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>	

Records Reviewed:		PSYCHIATRIC RESTRAINTS	Systems Score	Records Score
	N/A		83	N/A
Finding(s)			Suggested Corrective Action(s)	
MH-5: Mental health staff lacked training in the use of psychiatric restraints.			Provide training.	

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
23-hr	N/A		100	N/A
SOS	6			78
Other	N/A			N/A
Finding(s)			Suggested Corrective Action(s)	
MH-6: Physician countersignatures on verbal SOS orders lacked the date and time.			<p>Review requirements with health care staff.</p> <p>Monitor five applicable records per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>	

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

System Reviews

- Access to Mental Health Services
- Intellectual Functioning
- Suicide and Self-Injury Prevention
- Sex Offender Services
- Special Housing

Record Reviews

- Sex Offender Services
- Special Housing

CONCLUSION

The mental health program provided an appropriate range of services to the S1/S2 inmate population with the majority of survey findings related to documentation concerns rather than clinical care. Strengths included excellent documentation of sex offender treatment, excellent discharge summaries for inmates who had been admitted to the infirmary on suicide observation status, appropriate use of psychiatric consultations, very good communication between departments, and excellent interdepartmental teamwork in the care and management of inmates with low intellectual functioning.

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 findings identified in the body of the report require corrective action by institutional staff. Findings identified in a supplemental report require corrective action by regional or central office health services staff.