



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **MARION CORRECTIONAL INSTITUTION**

in

**Lowell, Florida**

on

**February 3 - 6, 2009**

**CMA Physical Health Team Leader:**

Priscilla Wood, BS

**CMA Mental Health Team Leader:**

Jane Holmes-Cain, LCSW

**Physical Health Team Members:**

Phillip Barkley, MD  
Tim Garvey, DMD  
Wendy Suckow, PA  
Sue Sims, RN  
Suzanne Brown, RN

**Mental Health Team Members:**

Ronald Girona, PhD

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1543	Male	Close	2

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1543	<b>Current Main Unit Census</b>	1284
<b>Annex Capacity</b>	N/A	<b>Current Annex Census</b>	N/A
<b>Satellite Unit(s) Capacity</b>	259	<b>Current Satellite(s) Census</b>	92
<b>Total Capacity</b>	1,459	<b>Total Current Census</b>	1,031

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		1522	21	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>
	1523	20	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>
		59	20	0	N/A	N/A

# OVERVIEW

## **Survey Findings**

Marion Correctional Institution (MARCI) located in Lowell, Florida houses male inmates of minimum, medium and close custody levels. The institution is designated to house medical grades one through four, but most inmates currently assigned are medical grade one or two. There are approximately 20 inmates designated as a psychological grade two, with the remainder designated as a psychological grade one.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at MARCI February 4 - 6, 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. Physical and mental health deficiencies and areas of concern are described in their respective sections of the report.

## **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

### SYSTEM REVIEWS

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

### CLINICAL REVIEWS

#### GENERAL RECORD REVIEWS

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: Eleven of 43 chronic illness clinic records reviewed lacked evidence of the provision of pneumovax and/or flu vaccines and/or a signed inmate refusal.</b></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>

#### DENTAL FINDINGS

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: Four out of 20 records reviewed lacked evidence that requests for routine treatment were completed within six months and/or time frames between appointments were within three months.</b></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>

*Discussion: Notwithstanding this finding, overall the dental surveyor identified no significant clinical issues with dental services, particularly significant in light of the growing numbers of inmates requiring dental care.*

### CONCLUSION

Survey findings indicated the overall medical care provided at MARCI 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 medical area, inmate housing, and food service revealed no negative findings.

Positive findings were noted in all chronic illness clinics. The surveyor who reviewed the infirmary records stated they were the best she had seen. The physician reviewer was impressed with the clinical and administrative skills of the Chief Health Officer (CHO) and the volume of patients treated daily. He added the CHO appeared to be a strong leader as well as an advocate for the health of the inmates.

The inmates interviewed were satisfied with their care and security staff was aware of how inmates can access care. Overall, the clinic staff, including medical and administrative, demonstrated their dedication to providing health care to the inmate population.

## MENTAL HEALTH FINDINGS

### OVERVIEW

Marion C.I. 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 Marion CI:

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

### CLINICAL REVIEWS

#### Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In three of three applicable records reviewed there was no evidence that records were requested for inmates who received mental health treatment in the community prior to incarceration.</b></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>Monitor a minimum of ten records monthly 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>

#### Access To Care

Finding(s)	Suggested Corrective Action(s)
N/A	N/A

*Discussion: In two of four records reviewed to assess responses to inmate requests, the request forms were not in the record even though documentation was present elsewhere that the request was received and answered. According to the psychological specialist, he most likely forgot to make a copy of the answered request before it was returned to the inmate. While this does not rise to the level of a finding, efforts should be made to ensure requests are placed in the medical record.*

## **CONCLUSION**

The Marion Correctional Institution mental health department consists of one full time psychological specialist and a Sr. Psychologist from a neighboring institution who provides supervision one day per week. The inmates interviewed reported feeling the psychological specialist is helpful and listens to their concerns. The assessments are thorough and individualized. Inmates are often seen based on need rather than what is required. The psychological specialist works with security when appropriate to ensure inmates adjust to the prison environment. The lack of findings reflects the dedication of the staff to provide quality mental health services.

## **DEPARTMENT FINDINGS**

In addition to the physical and mental health findings referenced previously in this report, other issues were identified during the survey that are beyond the scope of the institution to address in an institutional corrective action plan (CAP). The issues may be based on standards endorsed by the CMA, but not addressed in department policy, procedure, or directive and therefore beyond institutional control. Issues identified below are currently under discussion with the OHS staff and will be addressed through the CMA's Quality Management Committee. Until such time as a resolution is reached between the CMA and the OHS these issues will continue to be reflected as "Department Findings" in individual institutional reports when applicable.

### **PHYSICAL HEALTH**

<b>Finding(s)</b>
<b>Dept-1: Inmates in special housing are not offered one hour of exercise per day, outside the cell, five days per week.</b>
<b>Dept-2: There was no evidence of a policy prohibiting the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.</b>

### **MENTAL HEALTH**

There were no department findings 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.