



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

MARION CORRECTIONAL INSTITUTION

in

Lowell, Florida

on

September 3-6, 2002

CMA Physical Health Team Leader:

John W. Rainey, BS

CMA Mental Health Team Leader:

Deborah McNamara, LCSW

Physical Health Team Members:

Boyd Kellett, MD
Paul Burtner, DMD
Barbara Murphree, PA
Sue Brown, RN

Mental Health Team Members:

Michael Clark, PhD
Larry Goble, LCSW
Julia Howe, LCSW

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1331	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	740	Current Main Unit Census	1051
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	193	Current Satellite(s) Census	280
Total Capacity	1035	Total Current Census	1331

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		461	415	506	2	36
Mental Health Grade (S-Grade)	<u>MH Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	1309	75	0	0	0	13

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		42	24	0	0	0



OVERVIEW

Physical Health Summary

A thorough review of the medical health-related and dental systems at the institution, including the physical plant, administrative processes, and the provision and documentation of care was conducted. The survey revealed many physical health-related findings where institutional practices deviated from Department of Corrections' standards, CMA standards, or from standards of care generally accepted in the health care community at large. The area of greatest concern was the lack of documentation of appropriate care in the chronic illness clinics. The facility appeared very clean and well organized and the staff responded professionally.

Mental Health Summary

The mental health department at Marion Correctional Institution (MARCI) provided on-going mental health care to approximately 75 inmates with 13 of those identified as cognitively impaired. To accomplish this task, one full-time psychological specialist and one psychologist with responsibilities at one other institution were employed. Overall, the care provided was individualized and met the needs of the population served.

Ten findings are described in the Mental Health Findings section of this report. The majority of these findings appear to be the direct result of insufficient mental health staff, such as lack of group therapy and inconsistent record screenings for new arrivals. Despite the findings, the staff should be commended on the effort being made in a climate of limited resources.

Supplemental Report

In addition to the medical and mental health findings referenced above, several other areas of concern were noted. These issues will require intervention by the department's Office of Health Services (OHS). These issues are identified and discussed in a supplemental report provided directly to the OHS.

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		Numeric Score			
		Systems	Records		
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	85		
		Emergency Care		95	
		Follow-Up Care		95	
		Infirmery Care		76	
		Sick Call		100	
	Chronic Care	Asthma Clinic		88	
		Diabetes Clinic		75	
		General Medicine Clinic		65	
		Hypertension Clinic		84	
		Immunity Clinic			
		Seizure Clinic		61	
	TB/INH Clinic		78		
	Preventative Care		83	77	
	Dental Care		95	98	
	Mortality Review		100	87	
	Other	Administrative	88		
		Consultation Requests	100	98	
		Infection Control	100		
		Intake (Reception) Process			
		Intrasystem Transfers	100	88	
Medical Area and Inmate Housing		90			
Medication Administration		100	96		
OBIS-Health Record Content		88	73		
Pharmacy					
Quality Management	69				
MENTAL HEALTH	Access to Mental Health Services		100	80	
	Intellectual Functioning		100	84	
	Psychiatric Restraints		100	N/A	
	Outpatient Mental Health Services		73	77	
	Self-Injury/Suicide Prevention	23-hour Observation			N/A
		SOS Status		86	96
		Other Self-injury Prevention Status			N/A
	Sexual Offender Services		60	50	
Special Housing		80	79		

PHYSICAL HEALTH FINDINGS

Survey Results

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

EPISODIC CARE

EPISODIC CARE SYSTEM REVIEW		Systems Score
		85
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: There was no tracking mechanism in place to track inmates who are provided emergency care.</p> <p>PH-2: The infirmary log time entry space was not always completed.</p>	<p>Develop an emergency care log or other suitable tracking mechanism that includes the date and time of the encounter, inmate identifier, chief complaint/diagnosis, referrals, transfers, and disposition.</p> <p>Brief staff on completing all requested log information and have a supervisor routinely review for completeness.</p> <p>Place documentation in the corrective action plan (CAP) closure file.</p>	

Discussion: During the emergency care and follow-up care record reviews, concern was noted regarding LPNs not making appropriate referrals to higher level of evaluation/care. There was also one isolated incident of a follow-up visit considered untimely. Routine supervisory review for appropriate and timely referrals is recommended.

Records Reviewed:	INFIRMARY CARE RECORD REVIEW	Records Score
8		76
Finding(s)	Suggested Corrective Action(s)	
<p>PH-3: Documentation did not indicate daily rounds in person or by phone by a physician or clinical associate.</p> <p>PH-4: Nursing admission notes lacked documentation of an orientation to the infirmary.</p> <p>PH-5: Discharge summaries were incomplete or missing altogether.</p>	<p>Ensure that daily rounds are completed and documented.</p> <p>Provide in-service training to relevant staff on infirmary documentation requirements.</p> <p>Randomly select and review one record per week for appropriate documentation until closure is affirmed through the CMA CAP assessment.</p>	

CHRONIC CARE

Discussion: Findings identified as PH-15, PH-16, and PH-17 were repeatedly identified during the various chronic illness clinic record reviews. These findings reflect trends rather than clinic specific issues. Recommend that a random selection of records be pulled from each clinic for review to ensure overall compliance.

Records Reviewed:	ASTHMA CLINIC RECORD REVIEW	Records Score
7		88
Finding(s)	Suggested Corrective Action(s)	
<p>PH-6: Physical examinations did not always focus on the upper respiratory tract.</p> <p>PH-7: Medical history did not always address gastrointestinal reflux.</p>	<p>Provide in-service training to relevant staff on asthma clinic protocol and documentation requirements.</p> <p>Randomly select and review five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	DIABETES CLINIC RECORD REVIEW	Records Score
9		75
Finding(s)	Suggested Corrective Action(s)	
<p>PH-8: Initial physical and/or medical histories were missing or incomplete for disease specific items.</p> <p>PH-9: Documentation did not indicate that annual comprehensive dilated eye examinations were always completed.</p> <p>PH-10: No microalbumin screens were being completed on the majority of the patients.</p>	<p>Provide in-service training to relevant staff on diabetes clinic protocol and documentation requirements.</p> <p>Expert consensus published by the American Diabetes Association, Inc. recommends annual testing for the presence of microalbuminuria. Our survey consultant indicates this is prevailing standard of care</p> <p>Randomly select and review five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	GENERAL MEDICINE CLINIC RECORD REVIEW	Records Score
6		65
Finding(s)	Suggested Corrective Action(s)	
<p>PH-11: Many charts did not contain a chronic illness clinic form (DC4-701F) documenting the initial clinic visit.</p> <p>PH-12: Two referrals for gastro-intestinal consults were not completed as indicated.</p>	<p>Provide in-service training to relevant staff on general medicine clinic protocol and documentation requirements.</p> <p>Randomly select and review five records per month to ensure compliance. Continue</p>	

Records Reviewed:	GENERAL MEDICINE CLINIC RECORD REVIEW	Records Score
6		65
Finding(s)	Suggested Corrective Action(s)	
<p>PH-13: Follow-up laboratory studies were not always completed when required.</p> <p>PH-14: Medical histories were incomplete or not specific to the condition.</p> <p>PH-15: Documentation did not reflect that all inmates were offered appropriate vaccines.</p>	<p>monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	HYPERTENSION CLINIC RECORD REVIEW	Records Score
9		84
Finding(s)	Suggested Corrective Action(s)	
<p>PH-16: A clinic related diagnosis was not always identified on the problem list.</p> <p>PH-17: Lab test results were not always entered on the clinic flow sheet.</p>	<p>Provide in-service training to relevant staff on hypertension clinic protocol and documentation requirements.</p> <p>Randomly select and review five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	SEIZURE CLINIC RECORD REVIEW	Records Score
6		61
Finding(s)	Suggested Corrective Action(s)	
<p>PH-18: Abnormal lab results were not always addressed.</p> <p>PH-19: Physical examinations and medical histories were incomplete for disease specific items.</p> <p>PH-20: Most records had no evidence of a neurological consultation or a written explanation as to why one was not indicated.</p> <p>PH-21: Frequency of seizures was not always documented.</p>	<p>Provide in-service training to relevant staff on seizure clinic protocol, abnormal lab procedures and documentation requirements.</p> <p>Randomly select and review five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	TB/INH CLINIC RECORD REVIEW		Records Score
9			78
Finding(s)		Suggested Corrective Action(s)	
PH-22: Medical histories were missing or incomplete for disease specific items.		Provide in-service training to relevant staff on TB/INH clinic protocol and documentation requirements. Randomly select and review five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

PREVENTATIVE CARE

Records Reviewed:	PREVENTATIVE CARE		Systems Score	Records Score
6			83	77
Finding(s)		Suggested Corrective Action(s)		
PH-23: Records did not always contain the most recent physical examination. PH-24: Not all records had documentation of annual purified protein derivative (PPD). PH-25 Vital signs did not always include height and weight. PH-26: The minimum required diagnostic tests were not always completed.		Provide in-service training to relevant staff on preventative care protocol and documentation requirements. Randomly select and review five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.		

MORTALITY REVIEW

Records Reviewed:	MORTALITY REVIEW		Systems Score	Records Score
3			100	87
Finding(s)		Suggested Corrective Action(s)		
PH-27: Hospital records were not always available. PH-28: A death certificate was not available for each record.		Provide in-service training to relevant staff on mortality documentation requirements. Recover all missing documents and place documentation in CAP closure file.		

OTHER

ADMINISTRATIVE		Systems Score
		88
Finding(s)	Suggested Corrective Action(s)	
PH-29: Inmate workers in the medical section did not have job descriptions describing the duties expected.	Develop job descriptions describing the duties expected for all inmates that work in medical. Job descriptions should be signed by inmates.	

Additional Discussion: There was no documentation of medical providing training to security staff regarding medical emergencies, administration of first aid and signs and symptoms of mental illness. Even though it may not be necessary for medical staff to provide the training, it is recommended that they periodically review the content and delivery of the training.

Records Reviewed:	INTRASYSTEM TRANSFERS	Systems Score	Records Score
6		100	88
Finding(s)	Suggested Corrective Action(s)		
PH-30: There was no evidence that the DC4-760, Health Information Transfer Summary was reviewed by a LPN or higher-level health care provider.	Provide in-service training instructing staff to document review of the DC4-760. Randomly select and review five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.		

MEDICAL AREA AND INMATE HOUSING		Systems Score
		90
Finding(s)	Suggested Corrective Action(s)	
PH-31: There was no evidence of regular testing of eye wash stations.	Eye wash stations should be tested for proper functioning on a regular basis with documentation of the action.	

Additional Discussion: First aid kits had outdated supplies and the over the counter medications on hand did not match the inventory logs. Immediate corrective action was taken to correct these items. Also, there is some concern appropriate emergency medications and supplies were not immediately available in the primary treatment area of the facility.

Records Reviewed:	OFFENDER BASED INFORMATION SYSTEM (OBIS)/HEALTH RECORD	Systems Score	Records Score
5		88	73
Finding(s)	Suggested Corrective Action(s)		
PH-32: Many records did not have the chronic illness clinic forms filed in the appropriate location.	Provide in-service training to relevant staff on record organization. All records should be reviewed for organization		

Records Reviewed:	OFFENDER BASED INFORMATION SYSTEM (OBIS)/HEALTH RECORD	Systems Score	Records Score
5		88	73
Finding(s)		Suggested Corrective Action(s)	
<p>PH-33: The problem list in many records was incomplete and was not immediately visible on the left side of the record.</p> <p>PH-34: The HSS-11 (appointments by facility) report was not utilized as required by OHS policy.</p>		<p>and completeness before being returned to file.</p> <p>Place documentation of corrective action in CAP closure file.</p>	

Additional Discussion: Many records had various forms that were not filed in the appropriate locations. Many had physician order sheets and name labels filed on top of the problem lists.

QUALITY MANAGEMENT		Systems Score
		69
Finding(s)	Suggested Corrective Action(s)	
<p>PH-35: There were no descriptive minutes of the various required reports.</p> <p>PH-36: There was no evidence that the HIS chaired a quarterly medical record committee.</p>	<p>Minutes need to document discussion and analysis of data.</p> <p>The HIS should chair a quarterly medical record committee focusing on quality management issues related to medical records (Supplement #9, HSB 15.12.03).</p> <p>Place documentation in CAP closure file.</p>	

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

System Reviews

- Consultation Requests
- Infection Control Systems
- Intrasystem Transfers
- Medication Administration
- Mortality Review

Record Reviews

- Dental Services
- Medication Administration
- Sick Call

CONCLUSION

The CMA survey of Marion Correctional Institution revealed that a number of physical health care services provided fell below accepted standards of care. This is evidenced by the numerous records that lacked indicated documentation. It was noted during the survey that more recent record documentation showed improvement over earlier examples. Staff displayed a professional image and were very cooperative. A very noticeable strength was interest in health care issues shown by the Warden and Chief Security Officer.

MENTAL HEALTH FINDINGS

Description of the Mental Health Department

The mental health population housed at MARCI consisted of approximately 75 inmates classified as S-grade 2, or in need of mental health services, with thirteen inmates receiving an additional classification of cognitively impaired. To serve this population, DC employed one full-time psychological specialist and one senior psychologist who also had responsibilities at Lowell Correctional Institution. In addition to meeting the needs of the 75 S-2 inmates, the staff was responsible for providing crisis intervention, suicide prevention, and monitoring of inmates housed in confinement for the additional 1,309 inmates housed in the main unit and work camp.

Strengths

Several strengths were identified during the survey:

- Documentation was complete, legible, and individualized;
- Record reviews and interviews suggested that, by and large, mental health care was provided as needed by caring professionals;
- Individualized care was provided despite a high caseload as well as other required job duties;
- Psychiatric restraint training was provided to nursing and security staff.

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
9		100	80

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: Documentation of psychological emergencies did not consistently contain information regarding past suicide attempts and mental health history.</p>	<p>Provide in-service training on documentation of psychological emergencies.</p> <p>Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:	INTELLECTUAL FUNCTIONING	Systems Score	Records Score
9		100	84

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: In several cases reviewed, inmates who had received low scores on tests of intellectual functioning were displaying signs of poor institutional adjustment as evidenced by increased disciplinary problems. Although further evaluation by mental health was warranted, none had been provided.</p>	<p>Develop a system to ensure that inmates with low intellectual functioning are evaluated when displaying signs of poor adjustment, to include those inmates assigned S-1.</p> <p>Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:		OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
	13			73
Finding(s)		Suggested Corrective Action(s)		
MH-3: No group therapy was provided.		Provide a range of therapeutic groups appropriate for the inmate population.		
MH-4: Record screenings were not consistently conducted within the required time frame of 14 days.		Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.		
MH-5: Inmate orientation to mental health services within eight days was not consistently documented.		Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.		
MH-6: Individualized Service Plan (ISP) reviews were not consistently conducted within required time frames.		<p>Ensure that a scheduled time for treatment team meetings is held for the completion of ISP reviews and to provide clinical supervision. Provide documentation in the closure file that this meeting is being held regularly.</p> <p>Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
23-hr	0			86
SOS	7		96	
Other	0		N/A	

Discussion Item:

During the survey, only one Isolation Management Room (IMR) was certified and operational. The additional IMR was under construction to replace the door. Two Observation Cells had been constructed in the disciplinary confinement wing but had not yet been certified.

In the one remaining IMR, a piece of wire was hanging from a metal covering installed in the ceiling. When this was brought to the attention of institutional staff, the repair was done immediately and will, therefore, not be issued as a finding.

Records Reviewed:		SEX OFFENDER SERVICES	Systems Score	Records Score
	9			60
Finding(s)		Suggested Corrective Action(s)		
MH-7: No sex offender treatment was offered.		Provide sex offender treatment.		
MH-8: Aftercare planning was not initiated for those inmates who were within 180 days of		Provide in-service training on the policy requirements for aftercare planning.		

Records Reviewed:	SEX OFFENDER SERVICES	Systems Score	Records Score
9		60	50
Finding(s)		Suggested Corrective Action(s)	
End of Sentence (EOS) and who had been identified as having a psychosexual disorder.		Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed:	SPECIAL HOUSING	Systems Score	Records Score
8		80	79
Finding(s)		Suggested Corrective Action(s)	
MH-9: No tracking mechanism was maintained for confinement mental status exams.		Create a Confinement Evaluations Log as described in Technical Instruction 15.05.18.	
MH-10: The Special Housing Health Appraisal (DC4-769) was not consistently completed in its entirety, often omitting information pertaining to mental health.		Provide in-service training to nursing staff on the completion of the DC4-769. Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

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

System Reviews

- Access to Mental Health Services
- Intellectual Functioning
- Psychiatric Restraints
- Self-Injury/Suicide Prevention

Record Reviews

- Self-Injury/Suicide Prevention

CONCLUSION

Despite having insufficient clinical staff, the mental health department at MARCI appeared to be providing clinically appropriate care to the majority of cases reviewed. This can only be attributed to the dedicated and conscientious staff. The findings listed in this report all appear to be related to difficulties in completing a myriad of tasks with limited resources. In planning corrective action, an attempt should be made to increase clinical resources.

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.