



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

MARTIN CORRECTIONAL INSTITUTION

in

Indiantown, Florida

on

May 11-14, 2004

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CMA Mental Health Team Leader:

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Male	Adult	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	956	Current Main Unit Census	930
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	350	Current Satellite(s) Census	346
Total Capacity	1306	Total Current Census	1276

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	567	243	439	46	28	
<i>Mental Health Grade</i>	<i>Mental Health Outpatient</i>				<i>MH Inpatient</i>	
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	831	66	249	0	0	3

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	80	25	27	0	0	0

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Martin Correctional Institution (MATCI). 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 Health Findings

Medical and dental systems at the institution were reviewed. Staff interviews indicated there were no obstacles to providing care that met professional community standards in the medical system. Deficiencies and areas of concern are described in the physical health section of this report.

Mental Health Findings

The mental health care provided at MATCI generally met the expected standards of care. Although many strengths were identified, two findings were of great concern. First, the possibility of encouragement by Wexford Health Sources for physicians to prescribe older typical antipsychotic medications as a cost control mechanism arose during the survey. Second, two unlicensed behavioral health specialists were employed by Wexford. Because they were not state employees, they were not exempt from licensure requirements. These two findings, discussed in greater detail in the Mental Health section of the report, represent serious concerns that warrant expedient action by Wexford and the Department's contract manager.

Department Findings

In addition to the findings referenced above, other areas of concern were noted. These findings may be 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 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		
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	80		
		Emergency Care		100	
		Episodic Care Follow-Up		100	
		Infirmatory Care		99	
		Sick Call		99	
	Chronic Care	Asthma/Pulmonary Clinic		100	
		Diabetes Clinic		84	
		General Medicine Clinic		99	
		Hypertension Clinic		99	
		Immunity Clinic		100	
		Seizure Clinic		100	
	Preventative Care		100		99
	Dental Services		100		88
	Mortality Review		100		78
	Other	Administrative Processes	92		
		Consultation Requests	100		87
		Food Services	90		
		Infection Control	93		
		Intake Process (Reception)	NA		NA
		Intrasystem Transfers	100		97
Medical Area and Inmate Housing		94			
Medication Administration		67		91	
OBIS/Health Record Content		100		87	
Pharmacy Services		100			
Quality Management	88				
Area of Review			Area Score		
MENTAL HEALTH	Mental Health Systems		71		
	Access to Mental Health Services		85		
	Inpatient Mental Health Services		NA		
	Intellectual Functioning		75		
	Outpatient Mental Health Services		96		
	Psychiatric Restraint		NA		
	Psychotropic Medication Practices		98		
	Reception/Intake Process		NA		
	Self-Injury/Suicide Prevention	23-hour MH Observation		NA	
		SOS Status		96	
		Other Self-injury Prevention Status		NA	
	Sexual Offender Services		76		
	Special Housing		94		
	Use-of-Force		60		

*Shaded Area: No survey instrument for the applicable area. NA: No applicable files at the institution.

PHYSICAL HEALTH FINDINGS

SYSTEMS

MEDICATION ADMINISTRATION		Systems Score
		67
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: Medical personnel do not place medication in cups (envelopes) immediately prior to presenting the medication to the inmate.</p>	<p>Instruct staff on importance of not filling medication cups (envelopes) for dispensing hours before the time of actual dispensation to the inmate.</p> <p>Provide documentation of staff preparing medication for dispensing at appropriate time before distribution to inmate.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
<p>PH-2: Medication administration records (MARs) are signed when medications are placed in individual envelopes rather than when the medication is administered to the inmate.</p>	<p>Instruct staff on importance of signing MARs only when medication has been given to the inmate.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

ADMINISTRATIVE PROCESSES		Systems Score
		92
Finding(s)	Suggested Corrective Action(s)	
<p>PH-3: There is no staffing plan based on a written analysis of the mission. The plan should specify the minimum number of essential positions needed to provide the scope of services provided at the institution.</p>	<p>Instruct staff on importance of preparing a staffing plan based on a written analysis of the mission.</p> <p>Provide documentation of staffing plan based on written analysis of the mission.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

QUALITY MANAGEMENT		Systems Score 88
Finding(s)	Suggested Corrective Action(s)	
PH-4: Minutes of the mortality review report are not descriptive and do not reflect the status of any outstanding mortality.	<p>Instruct staff on importance of preparing descriptive minutes of the mortality review in the quality management report.</p> <p>Provide documentation of descriptive minutes of the mortality review in the quality management report.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
PH-5: The DC4-511C Institutional Indicator Trending Report and the DC4-511E Clinical Quality Management Section are not submitted on a monthly basis to the central office Clinical Quality Management Section by the 15 th of the month following the reporting month.	<p>Instruct staff on importance of submitting DC4-511C & E to the Clinical Quality Management Section by the 15th of the month following the reporting month.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

MEDICAL AREA AND INMATE HOUSING		Systems Score 94
Finding(s)	Suggested Corrective Action(s)	
PH-6: Procedures to access medical, dental or mental health services are not posted in the inmate common areas.	<p>Instruct staff on importance of posting procedures to access medical, dental & mental health services in the inmate common areas.</p> <p>Provide documentation of procedures to access care in the inmate common areas.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
PH-7: Two of the sinks examined in the dorms did not have functional hot water (only dribbles from faucet).	<p>Repair faucets in order that they are fully operational.</p> <p>Provide documentation of repair to improperly functioning faucets.</p>	
PH-8: Pill line schedules are not posted in the inmate common areas.	<p>Instruct staff on importance of posting pill line schedules in the inmate common areas.</p> <p>Provide documentation of procedures to access care in the inmate common areas.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

FOOD SERVICE		Systems Score 90
Finding(s)	Suggested Corrective Action(s)	
PH-9: There were signs of insects (crawling roach) near the dishwasher.	<p>Instruct staff on importance of maintaining an insect free kitchen facility.</p> <p>Provide documentation that the facility is clean and well maintained.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
Ph-10: The cleaning section of the kitchen had peeling paint on the walls and food on the floor.	<p>Instruct staff on importance of keeping facility clean and well maintained.</p> <p>Provide documentation that the facility is clean and well maintained.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

CLINICAL

Records Reviewed 10	CONSULTATIONS	Record Review Score 87
Finding(s)	Suggested Corrective Action(s)	
PH-11: One of ten records reviewed indicated that the inmate had missed his optometry appointment and it had not been rescheduled.	<p>Instruct staff on importance of following up on missed appointments for inmates and rescheduling in order for the inmate to get the necessary consultation</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed 12	MORTALITY	Record Review Score 78
Finding(s)	Suggested Corrective Action(s)	
<p>PH-12: The mortality review, death certificate, and postmortem report are kept separate from the medical chart. This limits the trail to document the time of the injury or illness and the timed sequence of care.</p> <p>The dates of preexisting illness onset or the diagnosis of malignancy or any relevant surgical procedures performed in the recent past is usually not recorded in the death summary.</p> <p>While morbidities related to the years before 2004 show poor follow-up to retrieve the hospital records of inmates treated outside of MCI, the Chief Medical Officer notes things are better now since he has a reliable physician consultant at the hospital to provide those records.</p>	<p>Instruct staff on importance of maintaining all supporting documents for mortality with the mortality review.</p> <p>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

- Intra-system transfer
- Mortality
- Consultation Requests
- Dental Services
- OBIS/Health Record Content
- Preventative Care
- Pharmacy

Record Reviews

- Consultation Requests
- Infirmary Care
- Sick Call
- Asthma/Pulmonary Clinic
- General Medicine Clinic
- Hypertension Clinic
- Emergency Care
- Episodic Care Follow-Up
- Seizure Clinic
- Immunity Clinic
- OBIS/Health Record Content
- Tuberculosis/INH Clinic

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Staff is to be commended for the excellent job they have done providing care to the prison population.

MENTAL HEALTH FINDINGS

Survey Results

The Mental Health department at MATCI was comprised of one psychiatrist, one senior psychologist, one RN Specialist, five behavioral health specialists, one administrative assistant, and one secretary. Since the last survey, mental health services have been contracted through Wexford Health Sources, Inc.

Strengths

Numerous strengths were identified during the course of the survey that appeared to contribute to the efficiency and quality of the care provided at MATCI:

- Regularly held staff meetings permitted inservice training regarding new policy changes and clinical issues.
- Administrative logs were computerized resulting in legibility and completeness.
- Local policy requires a response time of three days to inmate requests in contrast to the 10-day response time in Department policy.
- Due to safety concerns, the mental health staff at MATCI chose to administer psychotropic medications by direct observation therapy although recent Department policy changes permit certain medications to be given to inmates as keep-on-person.
- The psychiatrist continued to evaluate the adjustment and symptomology of several S-2 inmates who had recently discontinued medication.
- The senior psychologist meets weekly with security administration to discuss any issues pertaining to mental health.

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
8		85
Finding(s)	Suggested Corrective Action(s)	
MH-1: In four records reviewed, clinical responses to psychological emergencies failed to identify mental health needs that resulted in subsequent interventions by other clinicians.	<p>Provide inservice training to mental health staff responding to psychological emergencies regarding appropriate assessment and follow-up. Requests for psychotropic medication are best assessed by psychiatric staff.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
17		96
Finding(s)	Suggested Corrective Action(s)	
MH-2: Entries in the medical record were not consistently filed in chronological order.	<p>Provide inservice training on the need to file entries in chronological order.</p> <p>Monitor a minimum of five records each month for compliance. Continue monitoring until</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
17		96

Finding(s)	Suggested Corrective Action(s)
	closure is affirmed through the CMA CAP assessment.

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Area Score
7		98

Finding(s)	Suggested Corrective Action(s)
MH-3: Physician's orders were not consistently signed, stamped, and timed.	Provide inservice training on the need to sign, date, stamp, and time each order for medication or placement in SOS. Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-4: In two cases reviewed, atypical antipsychotic medications were discontinued and replaced with Thorazine. Discussion with institutional staff suggested that a verbal directive from the Wexford psychiatric consultant encouraged the use of Thorazine rather than the more expensive atypical medications.	Standards of care require that medications be prescribed and changed solely for clinical reasons. Thorazine, albeit less expensive, is generally prescribed only when absolutely necessary due to its risk of side effects. Systemic encouragement of the use of this medication should be expediently identified and eradicated. A list of patients prescribed typical antipsychotics should be compiled monthly, and their records should be reviewed for clinical justification. Documentation of this review should be included in the CAP closure file.

Additional Discussion Item: Physical health staff used a stamp to document that labs had been ordered and scheduled. Mental health staff, on the other hand, tracked pending labs through the computer only with no documentation in the medical record. As a result, a review of the documentation suggested that mental health labs had been overlooked since documentation was not placed in the record until the venepuncture. It is recommended that mental health staff also use the stamp to ensure continuity.

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Area Score
23-hr	0	96
SOS	7	
Other	0	

Additional Discussion Item: Cell number three was not certified. A memo was placed in the file from the Regional Director of Mental Health stating that certification had been withheld due to outstanding repairs. The memo indicated that certification was to be given during his next visit to the

institution. During the survey, this cell was inspected with no problems identified. There was no evidence that inmates had been housed in the cell while in a state of disrepair.

Records Reviewed: 9	SEX OFFENDER SERVICES	Area Score 76
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Additional Discussion Item: The next sex offender treatment group is scheduled to begin on May 20, 2004.

Records Reviewed: 8	SPECIAL HOUSING	Area Score 94
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Finding(s)	Suggested Corrective Action(s)
MH-5: There was no tool available in the special housing unit to cut down an inmate attempting hanging.	An implement, such as blunt-tipped scissors, should be secured in the officer's control room.

Additional Discussion Item: In five of eight records reviewed, inmates signed refusals for their confinement mental status examinations. This high percentage of refusals should be reviewed to ensure that refusals are not encouraged for reduction of workload.

Records Reviewed: 2	USE OF FORCE	Area Score 60
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Finding(s)	Suggested Corrective Action(s)
MH-6: In both records reviewed, the general physician did not review the post use-of-force physicals.	Provide inservice training on the need for the nurse to refer, and the physician review, the post use-of-force physical. Monitor a minimum of five, or all applicable, records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-7: In one record reviewed, the inmate complained of an inability to breathe following the use of chemical agents. The next day, he once again voiced the same complaint to the nurse, who completed the standardized chest pain assessment form. There was no documentation that the physician reviewed the chest pain assessment.	Provide inservice training to relevant staff members.

OTHER ADMINISTRATIVE ISSUES	
Finding(s)	Suggested Corrective Action(s)

OTHER ADMINISTRATIVE ISSUES

Finding(s)	Suggested Corrective Action(s)
MH-8: No mental health staff had access to the DC Intranet.	Because policies, forms, and other administrative information is communicated via the Intranet, it is important that mental health staff be given access.
MH-9: Two behavioral health specialists were not licensed.	All direct care staff at institutions with privatized healthcare are required to be licensed. Ensure that all staff are either licensed or have registered intern status.

The following areas of review resulted in no significant problems.

- Intellectual Functioning
- Psychiatric Restraint
- Self-Injury/Suicide Prevention
- Sex Offender Services
- Special Housing

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: Five of the records reviewed for the diabetes clinic did not have evidence of an annual test for the presence of microalbumin.
Dept-2: There is no system for supervisory review of the weekly (done monthly) sick call encounters for accuracy, treatment modality, medication distribution, vital signs, documentation, education, completeness, etc.
Dept-3: The emergency care log does not include the chief complaint/diagnosis. There is no system for supervisory review of the weekly (done monthly) emergency care encounters for accuracy, treatment modality, medication distribution, vital signs, documentation, education, completeness, etc.
Dept-4: There is no policy prohibiting medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes. No policy was presented prohibiting involving inmates in experiments.
Dept-5: There is no policy requiring the infection control coordinator to receive and review the weekly inspection reports regarding sanitation and cleanliness for the dining facility.

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 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.