



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **MAYO CORRECTIONAL INSTITUTION**

in

**Mayo, Florida**

on

**December 10 - 13, 2002**

**CMA Physical Health Team Leader:**

Paul R. Cornish

**CMA Mental Health Team Leader:**

Kathy Pilkenton, M.S.W., M.Ed.

**Physical Health Team Members:**

Boyd Kellett, M.D.

Steven McClintock, D.D.S.

Barbara Murphree, P.A.

Judy Reinman, R.N.

**Mental Health Team Members:**

Carolyn Stimel, Ph.D.

Deborah Hart, L.C.S.W.

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Adult	Male	Close	1

### Institutional Potential/Actual Workload

Main Unit Capacity	973	Current Main Unit Census	921
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	288	Current Satellite(s) Census	270
Total Capacity	1,261	Total Current Census	1,191

### Inmates Assigned to Medical/Mental Health Grades

	1	2	3	4	Impaired	
		1,091	126	0	0	0
<i>Mental Health Grade (S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
		2	3	4	5	Impaired
	1,159	58	0	0	0	0

### Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		32	16	N/A	N/A	N/A

# OVERVIEW

## **Physical Health Summary**

A thorough review of the physical health-related systems in place at the institution, including the physical plant, administrative processes, and the provision and documentation of care revealed only a few departures from CMA standards or with prevailing practice standards generally accepted in the community at large. Five of the seven survey findings related to poor attention to detail in documenting assessments, medical histories and treatment planning. One finding related to the documentation of medical encounter information in the medical record that did not match computer data entered into the offender based information system (OBIS). The remaining finding was an inconsistent documentation of the times and routes by which medication was administered.

## **Mental Health Summary**

This institution offered limited outpatient services in the form of screening, case management, individual therapy and sexual offender group treatment. Staffing consisted of two psychological specialists, a clerk and a senior psychologist. The psychologist had been on staff for approximately one month at the time of the survey. The position had been vacant for over one year prior to her arrival, during which time a psychologist from a neighboring institution provided coverage. The lack of an on-site supervising psychologist for such an extended length of time and the lack of necessary computer equipment for mental health staff may have contributed to many of the findings detailed in this report.

## **Supplemental Report**

There were no supplemental physical or mental health findings requiring 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 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		
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Episodic Care Systems	100		
		Emergency Care		91	
		Follow-Up Care		91	
		Infirmery Care		98	
		Sick Call		96	
	<b>Chronic Care</b>	Asthma Clinic		100	
		Diabetes Clinic		95	
		General Medicine Clinic		72	
		Hypertension Clinic		100	
		Immunity Clinic		N/A	
		Seizure Clinic		N/A	
		TB/INH Clinic		98	
	<b>Preventative Care</b>		100	100	
	<b>Dental Care</b>		100	99	
	<b>Mortality Review</b>		100	N/A	
	<b>Other</b>	Administrative	97		
		Consultation Requests	100	76	
		Infection Control	100		
		Intake (Reception) Process			
Intrasystem Transfers		100	94		
Medical Area and Inmate Housing		98			
Medication Administration		100	94		
OBIS-Health Record Content		100	94		
Pharmacy					
Quality Management	100				
<b>MENTAL HEALTH</b>	Access to Mental Health Services		89	100	
	Inpatient Mental Health Services				
	Intellectual Functioning		100	85	
	Psychiatric Restraints		100		
	Psychotropic Medication Practices				
	Outpatient Mental Health Services		93	77	
	<b>Self-Injury/Suicide Prevention</b>	23-hour Observation		88	
		SOS Status			75
		Other Self-injury Prevention Status			
	Sexual Offender Services		100	71	
Special Housing		80	46		

## PHYSICAL HEALTH FINDINGS

### Survey Results

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

### EPISODIC CARE

Records Reviewed:	<b>EMERGENCY CARE RECORD REVIEW (Nursing Encounter)</b>	Records Score
10		91
Finding(s)	Suggested Corrective Action(s)	
<b>PH-1: Three of seven records lacked an assessment appropriate to the presenting complaint.</b>	Provide inservice training to appropriate staff.  Monitor at least five records monthly to ensure adequate and complete assessments are documented in the medical record relevant to the presenting complaints/symptoms.	

Records Reviewed:	<b>FOLLOW-UP CARE RECORD REVIEW (Physician-Clinical Associate Encounter)</b>	Records Score
10		91
Finding(s)	Suggested Corrective Action(s)	
<b>PH-2: Two of five records lacked complete documentation of health care interventions, a complete and adequate follow-up assessment, and/or clinical orders appropriate and adequate for the presenting condition.</b>	Provide inservice training to appropriate staff.  Monitor at least five records monthly to ensure adequate and complete assessments, clinical orders and treatment planning are documented during follow-up encounters.	

### CHRONIC CARE

Records Reviewed:	<b>GENERAL MEDICINE CLINIC RECORD REVIEW</b>	Records Score
15		72
Finding(s)	Suggested Corrective Action(s)	
<b>PH-3: Fourteen of 15 records lacked appropriate and/or complete medical histories related to a Hepatitis C diagnosis.</b>	Provide inservice training to appropriate staff.  Monitor at least five records monthly to ensure adequate and complete assessments, to include relevant medical histories specific to the chronic illness disorder, are documented in the medical record during clinic visits.	

**Discussion:** The documentation of complete related medical histories was inadequate in 14 of the 15 Hepatitis C records reviewed. In only two of the cases was serum fetoprotein as a baseline measure considered. It was ordered and completed in one case. An adequate review of systems was lacking in all charts. Generally Hepatitis A vaccinations were well done as was ordering pneumovax and flu vaccines. Only two consultations were done for the six patients with elevated enzymes. These patients should be evaluated for treatment with Ribavirin and Interferon. Frequently, there were also three to four month lag times from laboratory diagnosis of Hepatitis C to the initial evaluation and intake.

Records Reviewed:	TB/INH CLINIC RECORD REVIEW	Systems Score	Records Score
15		100	98
Finding(s)		Suggested Corrective Action(s)	
PH-4: Four of 15 records lacked documentation of a complete medical history, and a history of risk factors was not always addressed.		<p>Provide inservice training to appropriate staff.</p> <p>Monitor at least five records monthly to ensure adequate and complete assessments, to include relevant medical histories specific to the chronic illness disorder, are documented in the medical record during clinic visits.</p>	

### OTHER

Records Reviewed:	CONSULTATION REQUESTS	Systems Score	Records Score
5		100	76
Finding(s)		Suggested Corrective Action(s)	
PH-5: Documentation omissions including late review by the referring physician and treatment planning were noted in three of five records reviewed.		<p>Provide inservice training to appropriate staff.</p> <p>Monitor the records of at least five patients per month sent for outside consultations to ensure appropriate and timely follow-up is provided.</p>	

Records Reviewed:	MEDICATION ADMINISTRATION	Systems Score	Records Score
10		100	94
Finding(s)		Suggested Corrective Action(s)	
PH-6: Documentation omissions including routes of administration and medication administration times were noted in four of 10 records reviewed.		<p>Provide inservice training to appropriate staff.</p> <p>Monitor at least five records monthly to ensure appropriate documentation of medication administration routes and times.</p>	

Records Reviewed:	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Systems Score	Records Score
15		100	94
Finding(s)		Suggested Corrective Action(s)	
PH-7: In six of 15 records reviewed, either an encounter was found in the medical record but not on the corresponding OBIS screen, or in OBIS but not in the medical record.		<p>Provide inservice training to appropriate staff</p> <p>Monitor at least five records monthly to ensure medical encounter information contained in the record matches that entered into the OBIS screens.</p>	

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

System Reviews

- Administration
- Consultations
- Dental
- Episodic Care Follow-up
- Infection Control
- Intrasystem Transfer
- Medical Area and Inmate Housing
- Medication Administration
- Mortality
- OBIS
- Preventative Care
- Quality Management

Record Reviews

- Asthma Clinic
- Dental
- Diabetes Clinic
- Hypertension Clinic
- Infirmary
- Intrasystem Transfer
- Preventative Care
- Sick Call

**CONCLUSION**

The CMA survey of Mayo Correctional Institution revealed that, with only a few exceptions, the provision of physical health care at the facility was adequate and consistent with expected and required standards. Five of the seven survey findings related to poor attention to detail in documenting assessments, medical histories, clinical management and treatment planning. One finding related to the documentation of medical encounter information in the medical record that did not match computer data entered into the offender based information system (OBIS). The remaining finding was an inconsistent documentation of the times and routes by which medication was administered. Each of these findings fall well within the scope of institutional staff to correct.

## MENTAL HEALTH FINDINGS

### Background

Mental health staffing at Mayo CI consisted of a senior psychologist, two psychological specialists and a mental health clerk. The senior psychologist was new to the position, having been hired approximately one month prior to the survey. The position had been vacant for over a year with coverage provided by a psychologist from a nearby institution. Additionally, one psychological specialist position had been vacant for several months during the prior year.

### Survey Results

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

Records Reviewed:	<b>ACCESS TO MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
5		89	100
Finding(s)	Suggested Corrective Action(s)		
<p><b>MH-1: After hours psychological emergencies were not always logged on the mental health crisis intervention log.</b></p>	<p>Develop a system for ensuring that after-hours emergencies responded to by medical staff are communicated to mental health staff and logged on the mental health crisis intervention log (psychological emergency log).</p> <p>Include a description of the system in the corrective action file and evidence of monthly monitoring to ensure that all psychological emergencies are properly logged and responded to by mental health staff.</p> <p>Continue monitoring until closure of the finding is affirmed through the CMA Corrective Action Assessment (CAP).</p>		

Records Reviewed:	<b>INTELLECTUAL FUNCTIONING</b>	Systems Score	Records Score
85		100	85
Finding(s)	Suggested Corrective Action(s)		
<p><b>MH-2: Intellectual testing was not consistently completed as required.</b></p>	<p>Complete intellectual testing as required.</p> <p>Conduct monthly monitoring of the OBIS report "List of Inmates with IQ Less than 70" (MHSR196) to ensure that all inmates appearing on the list have properly completed intellectual testing and that OBIS is updated to reflect current testing. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:	<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
20		93	77
Finding(s)	Suggested Corrective Action(s)		
<b>MH-3: Orientation to mental health services was not conducted within 24 hours of arrival at the institution.</b>	<p>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.</p> <p>Conduct monthly monitoring of five new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
<b>MH-4: Mental health staff did not conduct record reviews of newly arriving inmates within the required timeframe.</b>	<p>Conduct record reviews within 14 days of arrival.</p> <p>Conduct monthly monitoring of five new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
<b>MH-5: Consent for treatment forms were not consistently completed as required.</b>	<p>Ensure consent for treatment forms are properly completed and signed for all inmates receiving mental health services.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
<b>MH-6: Case managers were not consistently assigned within the required timeframe.</b>	<p>Assign a case manager within three working days of arrival for all newly arriving inmates with S2 psychological grade.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
<b>MH-7: Biopsychosocial assessments were not completed and/or were not completed within the required timeframe.</b>	<p>Complete biopsychosocial assessments within 14 days of assignment of S2 psychological grade or within 14 days of arrival if arriving as an S2 inmate.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
<b>MH-8: Individualized Service Plans (ISPs) were not completed as required and/or were not completed within the required timeframe.</b>	<p>Complete ISPs within 14 days of assignment of S2 psychological grade or within 14 days of arrival if arriving as an S2 inmate.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:		<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
20			93	77

Finding(s)	Suggested Corrective Action(s)
	assessment.
<b>MH-9: Diagnoses were not always clinically appropriate and identified interventions were not always appropriate given the diagnosis. Several inmates, by history and/or level of treatment provision, should have been upgraded to S2.</b>	<p>Conduct in-service training appropriate to the cited deficiency.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>

Records Reviewed:		<b>SELF-INJURY/SUICIDE PREVENTION</b>	Systems Score	Records Score
23-hr	0		88	N/A
SOS	10			75
Other	0			N/A

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-10: Physician orders for admission to Suicide Observation Status (SOS) were not documented appropriately as follows:</b></p> <p>a) Telephone orders were not consistently co-signed by the physician and the physician's signature was not always dated.</p> <p>b) Orders did not specify observation intervals, such as "every 15 minutes" or "continuous".</p> <p>c) When a patient's stay extended beyond 24 hours, attending physicians did not consistently re-order SOS every 24 hours.</p>	<p>Conduct in-service training with physician and nursing staff (including locum tenens staff).</p> <p>Conduct monthly monitoring of all admissions to suicide observation status (SOS) and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.</p>
<b>MH-11: Two patients remained in SOS for five days, which is longer than allowed by policy for an S1/2 institution, with no transfer initiated and no clinical justification documented.</b>	<p>Document clinical justification for exceeding the 72-hour timeframe or transfer the patient to a CSU. Conduct in-service training with physician and nursing staff (including locum tenens staff).</p> <p>Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.</p>
<b>MH-12: Attending physicians did not consistently conduct daily rounds for SOS patients.</b>	<p>Conduct in-service training with physician staff (including locum tenens staff).</p> <p>Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until</p>

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
23-hr	0		88	N/A
SOS	10			75
Other	0			N/A

Finding(s)	Suggested Corrective Action(s)
	closure is affirmed through the CMA CAP assessment.
<b>MH-13: Post-discharge follow-up was not consistently provided within required timeframes.</b>	<p>Conduct in-service training with psychology staff.</p> <p>Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:		SPECIAL HOUSING	Systems Score	Records Score
	6		80	46

Finding(s)	Suggested Corrective Action(s)
<b>MH-14: Confinement evaluations had not been conducted in the majority of cases reviewed.</b>	<p>Complete mental status examinations on inmates housed in confinement longer than 30 days (30/90 day evaluations) within required timeframes. Maintain a confinement evaluation tracking system, such as a log.</p> <p>The supervising psychologist should review the confinement log on at least a twice-monthly basis to ensure timeframes are met. Record the results of this monitoring in the corrective action file, indicating the number of evaluations due and the number completed in a timely manner. Additionally, monitor five applicable medical records per month to ensure documentation of confinement evaluations is occurring as required. Include the results of this monitoring in the corrective action file. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>

Records Reviewed:	<b>SEX OFFENDER SERVICES</b>	Systems Score	Records Score
8		100	71

Finding(s)	Suggested Corrective Action(s)
<b>MH-15: Biopsychosocial assessments were not completed in the sex offender records reviewed.</b>	Complete assessments as required for inmates in treatment.  Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.
<b>MH-16: Treatment summaries or a termination group note was not completed within seven days of treatment termination.</b>	Complete treatment summaries as required.  Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.
<b>MH-17: Pre-release continuity of care planning was not documented for inmates within 180 days of end-of-sentence.</b>	Document pre-release continuity of care planning for inmates approaching their release dates.  Conduct monthly monitoring of five applicable records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.

<b>OTHER ADMINISTRATIVE ISSUES</b>
------------------------------------

Finding(s)	Suggested Corrective Action(s)
<b>MH-18: Monthly review and sign-off of mental health logs by the Chief Health Officer or designee did not occur as required.</b>	Conduct at least monthly review and sign-off on mental health logs.
<b>MH-19: Mental health staff, both clinical and support, do not have the computer equipment needed to adequately perform their duties.</b>	Provide desktop computers with appropriate software and printer access for the mental health staff.

**Discussion:** The psychologist and psychological specialists did not have computers. The mental health clerk had a computer but it was non-functional. Mental health staff, both clinical and support, need functional computers with appropriate word-processing and spreadsheet software to produce the required levels of clinical documentation and to maintain needed caseload tracking and monitoring systems.

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

System Reviews

- Intellectual Functioning
- Psychiatric Restraints
- Sex Offender Services

Record Reviews

- Access

## **CONCLUSION**

Survey results demonstrated numerous deficiencies in mental health services documentation and provision in several areas. Chief among these was the lack of mental status assessments of inmates in confinement and the lack of completed biopsychosocial assessments and treatment plans for S2 inmates. While services may have been provided, inadequate documentation resulted in the appearance that care was lacking. The lack of an on-site supervising senior psychologist for a significant length of time and the lack of necessary computer equipment for mental health staff in all likelihood contributed to many of the deficiencies noted. Additionally, management of inmates admitted to infirmary cells for suicide prevention was not always appropriate in that physician orders were not always documented, physician rounds were not consistently conducted, patients were not appropriately transferred to a higher level of care and follow-up was not consistently provided within required timeframes. On a positive note, all infirmary SOS patients were observed at least every 15 minutes, which is the standard endorsed by the CMA.

## 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.