



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

NEW RIVER CORRECTIONAL INSTITUTION

in

Raiford, Florida

on

June 12 - 15, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on April 25, 2001				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	1821	1591

CMA Physical Health Team Leader:

Diana Pico, R.N., R.M.

CMA Mental Health Team Leader:

Murdina Campbell, M.S.W.

Physical Health Team Members:

Boyd Kellet, M.D.
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Lynda Smith, A.R.N.P.
Barbara Murphree, P.A.
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Mental Health Team Members:

Paree Stivers, Psy.D.
Fran Jacobs, A.R.N.P., Ph.D.
Larry Goble, L.C.S.W.

OVERVIEW

On June 15, 2001 the Correctional Medical Authority concluded a physical and mental health survey of New River Correctional Institution (NERCI), located in Raiford, Florida. At the time of the survey, NERCI health care unit served an adult male population of approximately 1591 inmates (East Unit/805 and West Unit/786) assigned to medical grades one through four and psychological grades one through two.

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	1017	339	223	41	46	
<i>Psychological Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	1600	20	0	0	0	01
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	69	25	0	N/A	N/A	N/A

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the 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.

During the course of the four-day evaluation, the physical health survey team examined the institution's health care services/systems, toured inmate housing and treatment areas, and conducted staff and inmate interviews. Additionally, the survey team reviewed a total of 139 medical records related to the services provided by the institution.

The majority of the physical health services reviewed demonstrated compliance with minimum standards of care. However, there were concerns noted related to some of the services reviewed under the following headings:

- Episodic care (sick call and emergency care),
- Chronic illness clinics (asthma, diabetes, and hypertension).
- Mortality.
- Preventative care.
- Other (administrative, consultations, intrasystem transfers, MARs, OBIS, and quality management).

The mental health department at New River Correctional Institution consists of an experienced psychological specialist, with ten years service at this institution and a clerk typist. The senior psychologist from Florida State Prison is also responsible for New River Correctional Institution. However, this level of staffing does not currently support the provision of the full range of required mental health services for an S2 facility. Further

reductions in staff coverage implemented in mid-June 2001 are expected to exacerbate the situation.

At the conclusion of the survey, an exit conference was held on site with department staff to discuss the preliminary findings of the team members. The physical health and mental health sections of this report reflect the findings and final conclusions drawn following an analysis of the information collected during the survey. Where recommended corrective actions are provided, these recommendations should not be construed as the only action required to demonstrate corrections, but should be viewed as guidance for development of a corrective action plan.

PHYSICAL HEALTH FINDINGS

Survey Results

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

- Episodic Care (Follow-up Care and Infirmary Care).
- Other (Ancillary Medical Service, Infection Control, Pharmacy, Pill Line, and Tour of Housing Areas).
- Chronic Illness Clinics Systems.
- Chronic Illness Clinic Records (General Medicine, Seizure and TB/INH).
- Dental Care.

EPISODIC CARE

Records Reviewed:	SICK CALL
8	
<p style="text-align: center;">Finding(s)</p> <p>PH1 There was no sick call log maintained by the health care staff. Sick call encounters were selected for review from the institution's daily sick call sign in sheets and/or hand written daily operational log.</p>	<p style="text-align: center;">Recommended Corrective Action(s)</p> <p>The Department of Corrections, Office of Health Services should develop a standard sick call log for institutions to utilize with the necessary identifiers to track inmates who have had a sick call encounter.</p>
<p>PH2 One sick call encounter reviewed lacked a complete set of vital signs.</p>	<p>Provide inservice to clinicians on the necessity of recording a complete set of vital signs.</p>

Records Reviewed:	EMERGENCY CARE
10	
<p style="text-align: center;">Finding(s)</p> <p>PH3 There was no emergency care log maintained by the health care staff. Emergency care incidents were selected for review from the institution's canary copies of the original emergency care form.</p>	<p style="text-align: center;">Recommended Corrective Action(s)</p> <p>The Department of Corrections, Office of Health Services should develop a standard emergency care log for institutions to utilize with the necessary identifiers to track inmates who have had emergency care.</p>

CHRONIC CARE

Records Reviewed:	ASTHMA CLINIC RECORD REVIEW
7	

Finding(s)	Recommended Corrective Action(s)
PH4 One record reviewed lacked evidence of a signed refusal for pneumococcal vaccine.	Provide inservice to clinicians regarding the importance of documenting refusals of pneumococcal vaccine.

Records Reviewed:	DIABETES CLINIC RECORD REVIEW
10	

Finding(s)	Recommended Corrective Action(s)
PH5 All records reviewed lacked a complete physical examination (e.g. neurological/vascular status of extremities and skin/nail assessment).	Provide inservice and/or review with clinicians the necessary elements required for a complete physical examination and a complete history as it pertains to the diabetes clinic.
One record reviewed lacked a complete medical history (e.g. tobacco and alcohol use).	Provide inservice and/or review with clinicians the importance of documenting refusals of pneumococcal vaccine and/or flu vaccine.
Two records reviewed lacked evidence of signed refusals for pneumococcal vaccines. Additionally, one of those records lacked evidence of a signed refusal for 2001 flu vaccine.	Monitor diabetes records for a minimum of three consecutive months to ensure compliance with the following: <ul style="list-style-type: none"> • a complete physical examination, • a complete history, and signed refusals of pneumococcal and/or flu vaccine.

Records Reviewed:	HYPERTENSION CLINIC RECORD REVIEW
7	

Finding(s)	Recommended Corrective Action(s)
PH6 One record reviewed lacked a baseline laboratory urinalysis.	Provide inservice and/or review with clinicians the necessary elements required for baseline laboratory studies as it pertains to the hypertension clinic.

	PREVENTIVE CARE
6	

Finding(s)	Recommended Corrective Action(s)
PH7 One record reviewed lacked evidence that a PPD was administered and read annually as indicated.	Provide inservice to clinicians regarding annual PPDs.

MORTALITY

Records Reviewed: MORTALITY	
10	
Finding(s)	Recommended Corrective Action(s)
<p>PH8 Three records reviewed lacked physician death summaries.</p>	<p>Have physician(s) review TI 15.09.09, Mortality Review Program with specific attention to death summary forms, and TI 15.12.03, Health Records.</p>
<p>Two records reviewed lacked documentation of medical care specific to the terminal event.</p>	<p>Provide inservice to staff on the importance of documenting all aspects of medical care specific to the terminal event.</p>
<p>One death occurred during the survey on June 13, 2001. Cause of death was undetermined. Possible adverse drug event. Documentation indicated that the inmate had an international normalized ratio (INR) of 6.4 on anticoagulant therapy. The medical history of the inmate indicated esophagitis with esophageal ulcer and prior GI bleed. The inmate was also on an antiulcer drug. Prior to the terminal event the inmate was prescribed an electrolyte and replacement solution. Overall, there was insufficient documentation to adequately evaluate the medical care provided to this inmate.</p>	<p>Provide documentation of medical care specific to the terminal event and the cause of death for review.</p>

OTHER

ADMINISTRATIVE AUDIT	
Finding(s)	Recommended Corrective Action(s)
<p>PH9 There was no evidence of annual CHO peer review made available to the survey team.</p>	<p>The Department of Corrections, should provide evidence that annual peer review is taking place.</p>

Records Reviewed: 9	CONSULTATIONS
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Finding(s) PH10 One record reviewed indicated that the consultation report was not signed and/or dated by the reviewing physician.	Recommended Corrective Action(s) Monitor consultation reports for the reviewing physician's signature and date.
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7	INTRASYSTEM TRANSFERS
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Finding(s) PH11 One record reviewed lacked evidence that the DC4-760 was reviewed by the receiving facility. Two records reviewed lacked evidence that the DC4-760A was completed by the receiving facility on the day of transfer.	Recommended Corrective Action(s) Monitor intrasystem transfer forms, DC4-760 and DC4-760A for completeness.
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Records Reviewed: 8	MAR AND CHART REVIEW
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Finding(s) PH12 One record reviewed indicated that allergies were not listed in red ink. Another record indicated that not all orders had corresponding notes from an advanced level clinician.	Recommended Corrective Action(s) Monitor MARs and records to ensure that allergies are noted in red ink, and that orders have corresponding notes from an advanced level clinician.
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Records Reviewed: 5	OFFENDER BASED INFORMATION SYSTEM (OBIS)
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Finding(s) PH13 One record indicated that the PULHESDXTI reflected in OBIS did not match the PULHESDXTI in the record reviewed.	Recommended Corrective Action(s) Monitor OBIS/record PULHESDXTI entries to ensure accuracy.
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QUALITY MANAGEMENT	
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Finding(s) PH14 Quality management meeting minutes lacked evidence that the credential process was monitored. Documentation reviewed indicated that quality management committee members had attended less than 75% of the quality management meetings.	Recommended Corrective Action(s) Monitor submission of credentials review packets and report status at meetings to ensure timely privileging of staff. Encourage QM member to attend scheduled meetings.
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CONCLUSION

Both the inmate population and the size of New River Correctional Institution, which encompasses the East and West Units are factors in the provision of health care. The health care services provided meet accepted standards of care with a few exceptions as listed above.

Both formal and informal staff interviews, and observations revealed no indications of interference with medical decisions. Overall, staff was very knowledgeable regarding the process of health care services. However, according to health care staff there is a significant shortage of nursing positions within the "cluster" (New River Correctional Institution East and West Units, Florida State Prison, Union Correctional Institution, and a Work Camp). Along with the shortage of nursing staff there were a large percentage of inmates housed at the West Unit who were diagnosed with multiple chronic illnesses that required complex medical care. Additionally, there were no indications that security staff failed to respect medical judgment in regard to housing, work assignments, diet, confinement or medical care.

Five inmates housed in general population and confinement area were interviewed formally and their records reviewed as indicated. Overall, inmates interviewed had no overt concerns or problems with the health care services provided at New River Correctional Institution.

MENTAL HEALTH FINDINGS

Survey Results

There were no deaths requiring review from a mental health perspective since the last survey of New River Correctional Institution (NERCI).

OUTPATIENT SERVICES

Records Reviewed:	SCREENING, ASSESSMENT & TREATMENT
46	
Finding(s)	Recommended Corrective Action(s)
<p>MH-1/OHS-1: The mental health staffing pattern was inadequate to provide the full range of required mental health services at NERCI. (See discussion below)</p> <p>MH-2: Group therapy was not offered at NERCI (this issue was cited in the 1998 CMA survey of the institution).</p>	<p>Ensure allocated and filled positions are sufficient to provide the full range of needed mental health services.</p> <p>Develop and implement a plan to offer group therapy that addresses the needs of the inmate population.</p>

Discussion

MH-1/OHS-1: Allocated mental health positions at the time of the survey included one full-time psychological specialist and one full-time clerk typist. There was not a senior psychologist position allocated to this institution. A senior psychologist located primarily at Florida State Prison (FSP) was also responsible for NERCI. Further reductions in mental health staff were to take effect in mid-June 2001 (the psychological specialist was scheduled to work 16 hours per week at another institution in addition to managing the workload at NERCI).

The survey team expressed concern that the staffing situation (i.e., reductions in on-site staffing with accompanying responsibility for more than one institution) may result in on-going delays in service provision. Of particular concern is the timely provision of psychiatric evaluation when indicated. Also, while the basic required elements of the treatment plans were present in the S2 records reviewed, the treatment plans were lacking in necessary detail. Moreover, in one case an inmate spent an extended period of time in an infirmary isolation cell due to lack of mental health coverage while the psychological specialist was on leave. This inmate was subsequently transferred to a CSU when the psychological specialist returned from leave (the senior psychologist from FSP has since been specifically assigned to provide coverage for NERCI in such circumstances).

While the staffing issues are a major focus of concern at this institution, the current psychological specialist is also a source of strength in the mental health program. She has been with NERCI for ten years and knows how to prioritize service delivery. For example, mental health emergencies were consistently addressed in a professional and

timely manner. Assessments in these cases were complete and attentive to the individual needs and circumstances of the inmates.

One additional issue was the lack of appropriate Spanish interpreters for mental health purposes (most interpretation was available only through other inmates).

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION
5	
Finding(s)	Recommended Corrective Action(s)
<p>MH-3: The physician's orders for suicide observation status (SOS) did not consistently specify observations at least every 15 minutes.</p>	<p>Conduct appropriate training and monitor all SOS cases each month until 100% compliance is achieved for three consecutive months.</p>

Records Reviewed:	OTHER ADMINISTRATIVE ISSUES
N/A	
Finding(s)	Recommended Corrective Action(s)
<p>MH-4: At times there was a delay of seven to ten days before non-emergent inmate requests for mental health services were delivered to mental health staff. Record review indicated that the mental health staff responded in a timely manner once a request was received.</p>	<p>Conduct review of request procedures with all applicable departments. Ensure requests are forwarded to the mental health department on the day of the request, or the next working day if the request is made after-hours or on weekends. Monitor all inmate requests until 100% compliance is achieved for three consecutive months.</p>
<p>MH-5: There was a lack of security staff available to escort confinement inmates to appropriate interview rooms for mental health encounters.</p>	<p>Review security assignments with the Warden to ensure sufficient staff are available to escort confinement inmates to interview rooms for mental health purposes.</p>

CONCLUSION

The mental health department at NERCI consists of an experienced psychological specialist with ten years service at this institution and a clerk typist. The senior psychologist from FSP is also responsible for NERCI. However, this level of staffing does not currently support the provision of the full range of required mental health services for an S2 facility. For example, orientation to mental health services for newly arriving inmates is not consistently conducted in a timely manner and there is no group therapy offered.

SURVEY PROCESS

The goals of every survey performed by the CMA are (1) to determine if the physical, mental, and dental care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and if that care conforms to 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 objectives are designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility. 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 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, selected through purposeful sampling, 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

During the course of a three or four day evaluation, the survey team examines the institution's health-related administrative systems, tours inmate housing and health treatment areas, conducts staff and inmate interviews, and conducts a clinical review of health care records.

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 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 to result in the compromise of inmate health care. All findings identified in the body of the report will require a corrective action by institutional and/or regional/central office health services staff.