



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

NEW RIVER CORRECTIONAL INSTITUTION

in

Raiford, Florida

on

February 17-20, 2004

CMA Physical Health Team Leader:

John W. Rainey, BS

Physical Health Team Members:

Phillip Barkley, MD
Donald McNeal, DMD, MPH
David F. Habell, PAC
Sue Sims, RN, BSN

CMA Mental Health Team Leader:

Deborah McNamara, LCSW

Mental Health Team Members:

Carolyn Stimel, PhD
Elizabeth Miles, LCSW
Vicki Lund, ARNP, PhD

DEMOGRAPHICS

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

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

Institutional Potential/Actual Workload

Main Unit Capacity	802	Current Main Unit Census	776
Satellite Unit(s) Capacity	1019	Current Satellite(s) Census	993
Total Capacity	1821	Total Current Census	1769

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		1004	616	152	27	5
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	1703	66	0	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		80	39	0	0	0

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at New River Correctional Institution (NERCI). 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

A total of 12 physical health findings were identified. Overall the healthcare provided by the staff at the east and west medical facilities meet or exceed community standard of care. Dental care was noted as being exceptionally good.

Mental Health Findings

Mental health care at NERCI was very good. Eight findings were identified, primarily related to minor documentation problems. Staff are encouraged to maintain the high quality of care provided.

During the survey, one suicide mortality case was reviewed. Although problems were identified in the care for this patient, these problems did not occur at New River. Therefore, a discussion of this case is found in the Department Findings section of the report.

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 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		Score*			
		Systems	Clinical		
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	87		
		Emergency Care		100	
		Episodic Care Follow-Up		100	
		Infirmery Care		87	
		Sick Call		99	
	Chronic Care	Asthma/Pulmonary Clinic		97	
		Diabetes Clinic		95	
		General Medicine Clinic		96	
		Hypertension Clinic		97	
		Immunity Clinic		98	
		Seizure Clinic		100	
	Preventative Care		83		98
	Dental Services		100		100
	Mortality Review		100		97
	Other	Administrative Processes	89		
		Consultation Requests	100		100
		Food Services	95		
		Infection Control	86		
		Intake Process (Reception)	NA		NA
		Intrasystem Transfers	100		100
Medical Area and Inmate Housing		96			
Medication Administration		100		93	
OBIS/Health Record Content		89		84	
Pharmacy Services		100			
Quality Management	81				
Area of Review			Area Score		
MENTAL HEALTH	Mental Health Systems		94		
	Access to Mental Health Services		90		
	Inpatient Mental Health Services		NA		
	Intellectual Functioning		92		
	Outpatient Mental Health Services		95		
	Psychiatric Restraint		NA		
	Psychotropic Medication Practices		NA		
	Reception/Intake Process		NA		
	Self-Injury/Suicide Prevention	23-hour MH Observation		56	
		SOS Status		78	
		Other Self-injury Prevention Status		NA	
	Sexual Offender Services		89		
	Special Housing		100		
	Use-of-Force		71		

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

PHYSICAL HEALTH FINDINGS

SYSTEMS

ADMINISTRATIVE PROCESSES	Systems Score 89
---------------------------------	-----------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-1: There were no written job descriptions for inmate workers assigned to the medical facilities.	<p>Develop written job descriptions for each inmate assigned to medical describing the duties expected.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>

EPISODIC CARE	Systems Score 87
----------------------	-----------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-2: There was no documented evidence of supervisory review for sick call or emergency encounters.	<p>Establish a process for documented supervisory reviews of sick call and emergency encounters.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>

FOOD SERVICES	Systems Score 95
----------------------	-----------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-3: The west unit dining facility had a sour odor and water was found standing throughout the food preparation area.	<p>Food service staff should take appropriate measures to eliminate standing water and the source of the sour odor. These are signs of unsanitary conditions and should be monitored by the institution infection control coordinator for compliance.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>

INFECTON CONTROL	Systems Score 86
-------------------------	-----------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-4: The infection control coordinator did not receive or review monthly reports related to the overall sanitation of the medical facility or weekly inspection reports related to the sanitation and cleanliness of the dining facility.	<p>Provide in-service training to infection control coordinator on the importance of receiving and reviewing reports related to overall facility sanitation and cleanliness of the medical and dining facility.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>

MEDICAL AREA & INMATE HOUSING	Systems Score 96
--	-----------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-5: The infirmary area was not adequate in size to appropriately accommodate the number of patients along with the needed supplies and equipment. This also makes it very difficult to maintain inmate privacy and not compromise confidentiality.	<p>The infirmary should be evaluated to determine the amount of patients, supplies and equipment that it can safely accommodate. Management should take appropriate action to prevent overcrowding of this area and ensure adequate measures are available to ensure inmate privacy.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>

MEDICATION ADMINISTRATION	Systems Score 100
----------------------------------	------------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-6: Medication orders did not all have corresponding notes in the medical records from an advanced level provider.	<p>Provide in-service training to relevant staff on medication administration protocols.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>

OBIS/HEALTH RECORD	Systems Score 89
---------------------------	-----------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-7: The HSS-15 report showing past due appointments was not being utilized in accordance with OHS policy.	<p>Relevant staff should review OHS TI 15.12.03. This report should be run weekly and required appointment made promptly.</p>

OBIS/HEALTH RECORD		Systems Score 89
Finding(s)	Suggested Corrective Action(s)	
	Place documentation in the CMA CAP assessment closure file.	

QUALITY MANAGEMENT		Systems Score 81
Finding(s)	Suggested Corrective Action(s)	
PH-8: There was no discussion in the minutes of the annual CQR.	<p>The last annual CQR should be mentioned and all elements resulting in a score less than 80% should be addressed.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>	

CLINICAL

Records Reviewed 62	CHRONIC CARE CLINICS	Record Review Score *
Finding(s)	Suggested Corrective Action(s)	
PH-9: Many records contained forms and entries completed by a physician that were not legible.	<p>Relevant staff should make a conscious effort to improve handwriting skills or seek alternate ways to complete entries such as print or dictation.</p> <p>Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p>	
PH-10: The general medicine clinic record review revealed incomplete baseline laboratory studies for more than half of the patients diagnosed with liver disease.	<p>Provide in-service training to relevant staff on required baseline laboratory studies for patient diagnosed with liver disease.</p> <p>Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p>	

Records Reviewed 5	OBIS/HEALTH RECORD	Record Review Score 84
Finding(s)	Suggested Corrective Action(s)	
PH-11: Most problem lists were not always	Provide in-service training to relevant staff on	

Records Reviewed	OBIS/HEALTH RECORD	Record Review Score
5		84
Finding(s)	Suggested Corrective Action(s)	
immediately visible on the left side of the record and medical contacts documented in the health record was not always reflected in OBIS.	<p>medical record organization in accordance with technical instruction 15.12.03.</p> <p>Review five records per month for compliance. Continue until corrective action 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

- Consultation Requests
- Dental Services
- Infirmary Care
- Intrasystem Transfers
- Medication Administration
- Mortality Review Systems
- Pharmacy Services

Record Reviews

- Consultation Requests
- Dental Services
- Emergency Care
- Follow-up
- Intrasystem Transfers
- Mortality Review
- Preventative Care
- Sick Call

CONCLUSION

Staff at New River Correctional Institution had a professional demeanor and seemed knowledgeable regarding the process of providing care. The west side medical facility was clean and well organized. The east side has been determined unsafe and is cramped for space. Even though a new facility is near completion it still lacks space and causes concern for safety and adequate workspace. There was good cooperation and communication between the medical department and security.

MENTAL HEALTH FINDINGS

Survey Results

One senior psychologist, one psychological specialist, and one clerk typist specialist provided mental health services to inmates at NERCI, East and West units.

Strengths

- Interviews revealed positive comments about mental health care at NERCI.
- The use of administrative logs as an organization tool was effective in ensuring required activities were occurring in a timely manner.

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
14		90
Finding(s)	Suggested Corrective Action(s)	
<p>MH-1: In 71% of records, no current Consent for Evaluation and Treatment form was present in the medical record on the date of clinical contact. This primarily applied to S-1 inmates requesting appointments or declaring psychological emergencies.</p>	<p>Provide inservice training regarding the need to complete a consent form annually for all inmates having clinical contact with mental health staff.</p> <p>Monitor a minimum of five records each month to ensure compliance. Continuing monitoring until closure is affirmed through the CMA CAP assessment.</p>	
<p>MH-2: After-hours mental health emergencies were not recorded on the DC4-781M, Emergency Nursing Log.</p>	<p>Provide inservice training.</p> <p>Review the log monthly to ensure all emergencies are accurately recorded.</p>	

Records Reviewed:	INTELLECTUAL FUNCTIONING	Area Score
9		92
Finding(s)	Suggested Corrective Action(s)	
<p>MH-3: In two records reviewed, the orange psychological files were missing.</p>	<p>Locate the two missing files.</p> <p>Implement a system to locate missing records when inmates arrive at New River unaccompanied by their files.</p> <p>Monitor a minimum of five records of newly arriving inmates to ensure orange files are present or appropriate action is taken when they are not.</p>	

Records Reviewed:		OUTPATIENT MENTAL HEALTH SERVICES	Area Score
12			95
Finding(s)		Suggested Corrective Action(s)	
MH-4: Mental health problems were not recorded on the Problem List.		Provide inservice training. Monitor a minimum of five S-2 inmates each month to ensure all problems identified on the ISP are also included on the Problem List.	
MH-5: No group therapy was offered.		Provide a range of group therapies appropriate for the inmate population.	

Records Reviewed:		USE OF FORCE	Area Score
5			71

See finding under Other Administrative Issues.

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Score
23-hr	1		56
SOS	6		78
Other	0		NA
Finding(s)		Suggested Corrective Action(s)	
MH-6: Physicians' orders did not specify the frequency of observation intervals and items permitted in the cell in the majority of records reviewed.		Provide inservice training. Monitor a minimum of five records each month to ensure compliance. Continuing monitoring until closure is affirmed through the CMA CAP assessment.	

Additional Discussion Item:

In one record reviewed, an inmate was placed in the infirmary one evening after threatening to harm others. Although this intervention was clinically appropriate, the documentation was problematic. First, the physician's order confused 23-hour observation placement with SOS status, which requires an infirmary packet be opened. Secondly, when the physician released the inmate the following morning, his note indicated that mental health staff had evaluated the patient. There was no documentation in the record of mental health's contact. Although this case was flawed, it appeared to be an isolated incident and is therefore identified as a discussion item.

Additional Discussion Item:

On the East unit, retrofitted isolation cells were created in the confinement unit. A tour of the cells revealed safety concerns due to metal fixtures along the walls. Staff provided the survey team with an instructive memorandum prohibiting the use of these cells for suicidal inmates and requiring that inmates be transferred to the nearest available institution. However, an inmate was housed in this cell overnight pending transfer as recently as December 2003. Staff should ensure that these cells are not used for the placement of suicidal inmates.

Additional Discussion Item:

On the East unit, no tool was available in the confinement area to cut down an inmate in the event of a hanging attempt.

OTHER ADMINISTRATIVE ISSUES	
Finding(s)	Suggested Corrective Action(s)
MH-7: There was no system for documentation of referral from medical to mental health in the following instances: <ul style="list-style-type: none">• Post Use-of-Force for S-2 inmates;• After-hours mental health emergencies;• Placement of an inmate on suicide precautions.	Utilize form DC4-529, <i>Staff Referral/Request</i> , to document referral for mental health evaluation. Provide inservice training on the use of this form. Monitor a minimum of five records as described in the finding to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed:	SEX OFFENDER SERVICES	Area Score
9		89
Finding(s)	Suggested Corrective Action(s)	
MH-8: No sex offender treatment was offered.	Offer sex offender treatment to those inmates identified in need of such service.	

The following areas of review resulted in no significant problems.

- Psychiatric Restraint
- Special Housing

CONCLUSION

Overall, the mental health care provided at NERCI was good. Staff exuded a professional, caring attitude that appeared to be effective in rendering care to the inmates seeking treatment. Findings generally identified minor documentation problems with the exception of the need for group and sex offender treatment. Staff are encouraged to maintain the quality of care they are providing and expand their services to include groups.

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: Special housing inmates were not offered one hour of exercise per day outside the cell five days per week.

Dept. 2: There was no evidence of a policy that prohibits the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

Additional Discussion Item:

A few weeks prior to the survey, the Department enacted a new health classification system that was a significant change from the previous PULHESDXI system. Although a policy had been released and the new system was reflected in the OBIS database, new profile sheets for the medical record had not been disseminated to the institution. Furthermore, no clear plan on how to align the record documentation with the computerized data had been developed. It is recommended that this discrepancy be remedied expediently to ensure that all documentation is consistent.

MENTAL HEALTH

SUICIDE/SELF INJURY PREVENTION

Finding(s)

Dept 3: Observation intervals greater than 15 minutes are permitted by policy for inmates identified at risk for self-harm.

SUICIDE MORTALITY CASE REVIEW

Finding(s)

Since the last CMA survey of NERCI, one suicide has occurred that was assigned for mortality review. Several concerns were identified in reviewing the treatment and other surrounding issues leading to this death by hanging. However, the care rendered by the staff at NERCI did not appear

to contribute to the final result of suicide. Consequently, these concerns are identified as Departmental Findings.

At NERCI, Inmate X was identified at risk for self-harm and was subsequently referred for inpatient care. He was transferred to Charlotte Correctional Institution and was housed in the inpatient mental health treatment unit for approximately one month. Despite this long stay and the patient's requests to receive antidepressant medication, no medication was prescribed. The patient's identified risk of self-harm, reported symptoms, and history of treatment with antidepressants in the past indicated the need for a trial of psychotropic medication. Corrective action, therefore, should be implemented at Charlotte.

Upon discharge from the inpatient unit without significant documented improvement, Inmate X was scheduled for return to New River. He was released from the CSU as an S-2 and remained in the confinement unit at Charlotte for approximately 9 days. During his journey back to New River, he spent five days at South Florida Reception Center and nearly four days at the Reception Medical Center. He requested mental health contact while at the Reception Medical Center, but was otherwise not evaluated by mental health staff after discharge from the CSU at Charlotte.

Dept 4: Health Service Bulletin 15.05.05, *Inpatient Mental Health Services*, contains the following policy directive for discharging a patient from a CSU:

“...a patient being discharged to the general patient population shall be discharged with an S grade of 3. The patient shall continue on a mental health hold and not be transferred to another institution for at least 30 days after discharge from the CSU.”

Although the policy permits exception with clinical justification, no such evidence existed in this case. Informally, this policy has been modified statewide. Routinely, patients are now discharged without a mental health hold and practitioners must justify why it should be given.

The long lapse in care this patient received after discharge clearly indicates a need for a return to the policy in place or a modification of the policy giving clear directives to practitioners regarding what circumstances are appropriate for the omission of the mental health hold. At the very minimum, mandatory follow-up sessions should accompany the patient as he/she moves back to the outpatient population.

When Inmate X arrived at South Florida Reception Center, an intake screening was conducted by nursing staff as is required by policy. During this screening, Inmate X reported that he was experiencing current suicidal ideations. The nurse did not intervene in any way, returning the patient to the general population with instructions regarding methods for accessing mental health care. This represents a severe departure from professional standards of conduct. Corrective action should be implemented immediately with this staff person.

While it is impossible to know if any intervention would have prevented the untimely suicide of Inmate X, it is clear that several opportunities were available to attempt such interventions. The Department is encouraged to review the systematic breakdowns that have occurred in this case, and modify the system expediently.

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.