



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Northwest Florida Reception Center

in

Chipley, Florida

on

March 4- 6, 2009

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2,506	M	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,385	Current Main Unit Census	1,342
Annex Capacity	1,106	Current Annex Census	976
Satellite Unit(s) Capacity	203	Current Satellite(s) Census	188
Total Capacity	2,694	Total Current Census	2,506

Inmates Assigned to Medical/Mental Health Grades

	1	2	3	4	<i>Impaired</i>	
<i>Medical Grade</i>	1,235	653	349	3	67	
<i>Mental Health 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>
	1,453	210	776	N/A	N/A	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	175	107	19	N/A	N/A	N/A

OVERVIEW

Northwest Florida Reception Center (NWFRC) houses male inmates ranging from minimum to close custody. It is designated as a medical level 4 and psychological level 3 institution. Health services are accessible in two primary locations, the Main Unit and the Annex.

The Main Unit consists of approximately 1,300 permanent party inmates. The scope of health services provided includes comprehensive medical, mental health, dental and pharmaceutical services. More specific services include the management of chronic illness, emergency and preventative care, medical and mental health isolation management, infirmary care, and health education. The medical services building at the Main Unit is comprised of four clinic rooms, a triage area, lab room, a twelve-bed infirmary, a fully equipped emergency room, and a medical records storage room. There is a well-stocked medication room. Pill line is conducted three times a day, once per shift, with over 800 inmates receiving single dose medications.

In October 2008, the reception process was added to the mission at NWFRC and is the primary function of the Annex. Newly committed inmates into the state correctional system in Region I are oriented and processed at the facility. From a health perspective, this is a five to seven day process and includes orientation, an initial medical, dental and mental health screen, psychological and educational testing, and physical examinations. During this time information on each inmate is collected using the computer assisted reception process (CARP). CARP was designed to standardize the documentation of health encounters and the tracking of inmates. The medical building at the Annex includes three clinic rooms, a triage area, lab room, fully equipped emergency and medication rooms, and a medical record storage room. An infirmary at the Annex is undergoing construction, as are isolation cells. Currently, if situations arise requiring an infirmary bed and/or an isolation cell, inmates are transferred to the Main Unit.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at the Main Unit and Annex of NWFRC March 4 - 6, 2009. 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.

Department Findings

In addition to the institutional findings contained in this report, other areas of concern were noted. These findings may be based on standards endorsed by the CMA, but not addressed in OHS policy, procedure or directive. They may be based on issues beyond institutional control, requiring intervention at a higher level. The OHS should submit a separate corrective action plan for these findings. These findings are clearly identified as "Department Findings" and appear following the body of the Mental Health section of this report. Department findings from all institutional surveys, including those from the NWFRC survey will be routinely reviewed by the CMA QM Committee and reported in the CMA Annual Report.

Exit Conference and Final Report

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in 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. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and must be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE SYSTEM REVIEWS

No significant findings were noted regarding the administrative aspects of the health delivery system.

CLINICAL RECORD REVIEWS

As described in the overview section, the missions of the Main Unit and Annex differ somewhat in that the Main Unit deals primarily with permanent party inmates and the Annex with intake and reception services. The provision of overall health care, however, remains the responsibility of one Chief Health Officer. Findings addressed below therefore are considered relevant to the institution as a whole unless identified as unit-specific.

Episodic Care

Sick Call & Follow-Up (Main Unit)	
Finding(s)	Suggested Corrective Action(s)
PH-1: Two of six Main Unit records contained documentation of a sick call encounter in which the nursing assessment was inadequate or incomplete. (see discussion)	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column.</p> <p>Create a monitoring instrument on which the issue is regularly examined by reviewing no less than five records weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Discussion PH-1: One record included a 2/27/09 note which indicated, "infected abscess", however, objective findings indicated, "no infection". Wound follow-up also appeared inadequate based on the wound description. In addition, there was no evidence a clinical associate or physician was notified until 3/2/09 (at which time antibiotics were prescribed).

In another case, a nursing note on 1/27/09 described an infected lesion, but the assessment form indicated, "no infection". Follow-up also appeared questionable as a subsequent note on 1/30/09 described a larger infected lesion.

Neurology Clinic (Main Unit and Annex)	
Finding(s)	Suggested Corrective Action(s)
<p>PH-2: A review of nine records of inmates enrolled in the Neurology Clinic at both the Main Unit and Annex revealed that:</p> <p>(a) Six records lacked evidence of appropriately documented neurological evaluations during clinic visits.</p> <p>(b) Two records lacked evidence that lab values were reviewed and any abnormalities addressed in a timely manner.</p> <p>(c) Three records lacked evidence that examinations conducted during clinic visits included documentation of the presence or absence of medication side effects.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue listed in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues are regularly examined by reviewing no less than five records weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Respiratory Clinic (Main Unit and Annex)	
Finding(s)	Suggested Corrective Action(s)
<p>PH-3: A review of 10 records of inmates enrolled in the Respiratory Clinic at both the Main Unit and Annex revealed that four records lacked adequate documentation of peak expiratory flow (PEF), expressed in percentages predicted, and/or appropriate response to peak flows below the expected range.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue listed in the Finding(s) column.</p> <p>Create a monitoring instrument on which the issue is regularly examined by reviewing no less than five records weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

***NOTE:** As the concerns noted in PH-4 and PH-5 below were revealed in five chronic illness clinics to some degree, the findings should be addressed via corrective actions in each of the clinics identified in the Discussion statements.*

Overall Chronic Clinic Reviews (Main Unit and Annex)	
Finding(s)	Suggested Corrective Action(s)
<p>A review of a total of 77 records from all chronic illness clinics from both the Main Unit and the Annex revealed that:</p> <p>PH-4: Twenty-six records lacked adequate documentation of appropriate physical examinations during clinic visits. (see discussion)</p> <p>PH-5: Sixteen records inconsistently documented medical histories, either upon clinic enrollment or at subsequent clinic visits. (see discussion)</p>	<p>Provide in-service training to staff regarding the issues identified in the Finding(s) column.</p> <p>Create one monitoring instrument on which PH-4 and PH-5 are regularly examined by reviewing no less than 5 records weekly from each chronic illness clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: Examples of documentation deficiencies regarding physical examinations during clinic visits include:
Cardiovascular Clinic -- pulses, the presence or absence of bruits, fundoscopic exams
Endocrine Clinic -- peripheral pulses, vascular status, and skin integrity
Gastrointestinal Clinic -- extremity edema and sclera jaundice
Neurological Clinic -- as described in PH-2
Respiratory Clinic -- as described in PH-3

Discussion PH-5: Examples of documentation deficiencies regarding medical histories include:
Immunology Clinic -- length of infection, opportunistic infections, and prior treatments
Neurology Clinic -- type, frequency, and cause of seizures
Respiratory Clinic -- date of last asthma attack, frequency and severity of attacks, allergies, pharmacology, and history and/or frequency of gastrointestinal reflux

Other Clinical Record Reviews

Medication Administration (Main Unit)	
Finding(s)	Suggested Corrective Action(s)
<p>PH-6: A review of five medication administration records (MAR) and the corresponding medical records from the Main Unit revealed that in four records and/or MARs at least one of the following discrepancies was noted:</p> <p>(a) In four records, medication orders were not consistently transcribed by the end of the shift during which they were written.</p> <p>(b) In three records, medication orders did not consistently match the physician’s order, including drug name, route of administration, dose, frequency, and/or start/stop times.</p> <p>(c) Three records lacked evidence that ordered medications had been started on a clinically timely basis.</p> <p>(d) In two records, code boxes on MARs were not consistently completed when the nurse administered medications.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding all issues listed in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues are regularly examined by reviewing no less than 10 medical records and corresponding MARs weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

CONCLUSION

Physical health survey findings requiring attention by institutional staff primarily detail areas related to assessment components; i.e., nursing assessments, chronic illness clinic physical examinations results, and the documentation of pertinent medical histories. One other area of concern identified during the survey was related to medication administration practices documentation.

When these concerns were discussed with institutional staff, they appeared motivated to improving the institutional health care delivery system. Staff is encouraged to develop training offerings and to create useful monitoring instruments to address the concerns addressed in this report. Once implemented, corrective action plans will provide the staff a useful blueprint to identify training opportunities and methods to ensure components of overall patient care are met in a timely and effective manner. Further, although some findings are unit specific, staff is encouraged to share training offerings at both units and to apply internal monitoring efforts to the institution as a whole.

MENTAL HEALTH FINDINGS

Northwest Florida Reception Center provides outpatient mental health services in the Main Unit and Annex. The Annex also serves as a reception center for newly incarcerated inmates. The following are the mental health grades used by the department to classify inmate mental health needs on an outpatient basis:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

SYSTEMS

ADMINISTRATIVE ISSUES	
Finding(s)	Suggested Corrective Action(s)
MH-1: The mental health program description was not posted in the housing areas in the Main Unit.	Provide evidence in the closure file that program descriptions are posted as required.

CLINICAL RECORDS REVIEW

As described in the overview section, the missions of the Main Unit and Annex differ somewhat in that the Main Unit deals primarily with permanent party inmates and the Annex with intake and reception services. The provision of overall health care, however, remains the responsibility of one Chief Health Officer. Findings addressed below therefore are considered relevant to the institution as a whole unless they are identified as unit-specific.

Psychotropic Medication Practices (Main Unit and Annex)	
Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 34 Main Unit and Annex records revealed the following deficiencies:</p> <p>(a) Nine records lacked evidence that initial lab reports were completed as required.</p> <p>(b) Fifteen records lacked evidence that follow-up lab studies were conducted as required.</p> <p>(c) Seven of 19 applicable records lacked evidence that AIMS testing was conducted as required.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Psychotropic Medication Practices (Annex)	
Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A comprehensive review of 10 Annex records revealed the following deficiencies:</p> <p>(a) Two of two applicable records reviewed lacked evidence of follow-up for abnormal lab results.</p> <p>(b) Two records lacked evidence of signed medication consents.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of five records or all if less than five weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Reception
(Annex)**

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In four of nine Annex records reviewed, case management notes did not address medication compliance for inmates remaining at the reception center longer than 30 days. (see discussion)</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-4: According to the Sr. Psychologist, there was some confusion regarding who should be addressing this issue. It was determined that this issue should be addressed in case management notes.

**Outpatient Mental Health Services
(Main Unit and Annex)**

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: In 14 of 38 Main Unit and Annex records reviewed, Individualized Service Plans (ISP) were not completed within the required timeframe. (see discussion)</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-5: Four of seven ISPs in the Annex lacked staff signatures. Some ISPs from the Main Unit lacked signatures from staff as well as inmates. In a few cases, the ISP was completed late or was incomplete.

**Outpatient Mental Health Services
(Main Unit)**

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: A comprehensive review of 31 Main Unit records revealed the following deficiencies:</p> <p>(a) Ten of 29 applicable records lacked evidence that ISPs were reviewed as required.</p> <p>(b) Nine records lacked documentation that the interventions described on the ISP were being provided. (see discussion)</p> <p>(c) In 12 of 28 applicable records reviewed, a case manager was not assigned within three working days of the inmate's arrival.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-6(b): In many cases counseling or cognitive-behavioral therapy was noted as an intervention on the ISP, however, the documentation consisted of check boxes with very little narrative making it difficult to determine if these services were actually provided. With the implementation of the new requirements in HSB 15.05.18 which increases the timeframe for case management contacts, it is expected that staff will be able to focus their efforts on providing and documenting the counseling services listed in the ISP.

CONCLUSION

Notwithstanding the findings identified in the body of this report, mental health staff at NWFRC generally appear to be providing clinically appropriate care to a complex population, in which over half the inmates have a diagnosis of a major mental illness. Several strengths were evident in the review of mental health operations, including well organized records and staff focused on the provision of quality care. Inmates interviewed had positive comments regarding mental health staff. Mental health staff interviewed were particularly positive about the accessibility of psychologists and psychiatrists and there seems to be a real team effort on both units.

The findings noted are mainly related to ISPs and laboratory testing required for inmates taking psychotropic medication. ISPs were not consistently completed as required and interventions listed were not consistently provided. As mentioned in the discussion for MH-6(b), mental health staff will have the opportunity to individualize treatment with the implementation of the revised HSB 15.05.18. According to staff, current requirements for laboratory testing are in the process of being updated which should make it easier for staff to adequately monitor the testing requirements for inmates taking psychotropic medication. Although the Annex houses considerably fewer inmates with mental illnesses, staff struggle with the same issues related to psychotropic medication as do staff at the Main Unit. According to staff at the Annex, a nursing position dedicated to mental health issues has been requested. Surveyors felt that this addition would prove to greatly increase the psychiatrist's ability to effectively monitor the testing and assessments necessary for inmates taking psychotropic medication.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, there are several other areas of concern. These findings are beyond the scope of the institution to correct as they may be based on standards endorsed 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

Finding(s)
Dept-1: Special housing inmates were not offered one hour of exercise per day, five days per week outside the cell.
Dept-2: There was no evidence of a policy prohibiting the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

MENTAL HEALTH

There were no department findings for mental health

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, /treatment plans, schedules, logs, administrative reports, physician orders, service 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.