CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

OKALOOSA CORRECTIONAL INSTITUTION

in

Crestview, Florida

on

February 5-8, 2002

INSTITUTIONAL STATISTICS PROVIDED CMA on 1/29/02		
Population	**Custody**	**Type**
Adult	**Close**	**Male**

Main Unit Capacity	Current Main Unit Census	Satellite Unit(s) Capacity	Current Satellite Unit(s) Census	Current Number of Inmates Served
767	812	280	254	1021

CMA Physical Health Team Leader:
Sue Sims, R.N., B.S.

Physical Health Team Members:
Ellsworth Sacks, M.D.
Ed Zapert, D.M.D.
Elaine Hatcher, A.R.N.P.
Debbie Kings, R.N.

CMA Mental Health Team Leader:
Murdina Campbell, M.S.W.

Mental Health Team Members:
Angela Register, Ph.D.
Linda Humphries, L.C.S.W.
Kaye Harris, R.N.

OVERVIEW

On February 8, 2002, the Correctional Medical Authority (CMA) concluded a physical and mental health survey of Okaloosa Correctional Institution (OKACI), located in Crestview, Florida. At the time of the survey, OKACI served an adult male population at the main unit and work camp of approximately 1,021 inmates assigned to medical grades I through 3 and psychological grades I and 2. The OKACI main unit was classified as a medical level 3 facility. Approximately 13% of the inmates housed at the main unit had significant medical problems. Inmates requiring complex psychological care including psychotropic medications were not housed at OKACI.

Medical Grade	***1***	***2***	***3***	***4***	***Impaired***	
	493	**230**	**107**	**0**	**2**	
Psychological Grade (S-Grade)	***Mental Health Outpatient***			***MH Inpatient***		
	1	***2***	***3***	***4***	***5***	***Impaired***
	810	**20**	**0**	**0**	**0**	**1**
Confinement/ Close Management	***DC***	***AC***	***PM***	***CM3***	***CM2***	***CM1***
	59	**11**	**6**	**0**	**0**	**0**

The above figures do not include satellite unit capacities.

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.

A thorough review of the physical health-related systems in place at the institution was conducted, including the physical plant, administrative processes, and the provision and documentation of care. The review revealed no physical health-related findings.

With the exception of the management of suicide and self-injury prevention, the mental health program was functioning at an appropriate level with many documented strengths that are noted in the body of the report. With regard to suicide and self-injury prevention, there were findings related to requirements for the physician’s orders which fall within the scope of the institution to correct. There were also concerns that will require intervention by the department’s Office of Health Services (OHS). These include statewide policy issues in areas where standards identified by the CMA as necessary are not addressed in OHS policy or procedure. The OHS issues are identified and discussed in detail in the OKACI Supplemental Report (Survey Findings Requiring OHS Intervention).

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 suggested corrective actions are provided, these suggestions 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.

The following table lists the results from the systems and record review instruments used during the survey:

Findings Summary			Numeric Score*	
			Systems	Records
PHYSICAL HEALTH	**Episodic Care**	Sick Call	100	100
		Emergency Care	100	100
		Physician/CA Follow-Up Care		100
		Infirmary Care		100
	Chronic Care	Chronic Illness Clinic Systems	100	
		Asthma		100
		Diabetes		100
		General Medicine		95
		Hypertension		98
		Immunity		
		Seizure		100
		TB/INH		100
	Preventative Care		100	100
	Dental Care		100	100
	Mortality			93
	Other	Administrative Audit	93	
		Consultations	100	97
		Infection Control	100	
		Intake Process (Reception)		
		Intrasystem Transfers	100	100
		Medication Administration	100	90
		OBIS	100	100
		Pharmacy		
		Quality Management	93	
MENTAL HEALTH		Inmate Access to Mental Health Services	100	84
		Outpatient Mental Health Services	100	S1 100
				S2 100
				S3
		Intellectual Functioning	100	93
		Sexual Offender Services	100	97
		Special Housing	100	93
		Psychotropic Medication		
		Self-Injury/Suicide Prevention	66	46
		Psychiatric Restraints	100	
		Inpatient Mental Health Services		

*A score of 100 represents meeting all minimum care/systems standards. A score of less than 80 represents an unacceptable level of care/systems standards.

PHYSICAL HEALTH FINDINGS

Survey Results

Okaloosa Correctional Institution served an adult male population of approximately 1,021 inmates assigned to medical grades I through 3. A full-time physician and physician's assistant were assigned to the institution. There were 15 full-time nursing positions including a nurse supervisor, eight registered nurses (RNs) and six licensed practical nurses (LPNs). There was a full-time dentist and three dental assistants. Three full-time clerical positions were assigned to medical.

The full range of chronic illness clinics was provided to meet the needs of the inmate population. There were no known HIV/AIDS patients assigned to OKACI. One death had occurred since the previous survey and was reviewed at the time of the survey.

Findings

Systems and record reviews were carried out in the following areas: episodic care including sick call, emergency and infirmary; chronic illness clinics; preventive care; dental services; medication practices; quality management systems; infection control practices; and administrative issues including licensure, training, peer review and staff allocations. The following survey findings did not represent any significant patterns or trends and therefore, did not require formal corrective action. However, these findings were presented to the regional and institutional staff for follow-up.

Chronic Care

There were concerns of legibility of medical documentation in one of the General Medicine Clinic records. This finding was discussed with the provider.

Mortality Review

The mortality record reviewed lacked a physician summary. This finding was reviewed with the appropriate staff.

Quality Management

Two members of the quality management committee attended 50% only of the meetings in the previous 12 months. This finding was discussed with administrative staff.

Conclusion

Both formal and informal staff interviews and observations were conducted and overall, staff was knowledgeable regarding the process of providing care. The institution is fortunate to have all nursing positions filled. Not only are the positions filled, but most of the nurses have been at the facility for many years. Strengths were identified in the areas of documentation, continuity of care, and record maintenance. This no doubt is a reflection of hard work, dedication of staff, and continuity of the overall work force.

MENTAL HEALTH FINDINGS

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

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
7		66	46

Finding(s)	Recommended Corrective Action(s)
MH1. The infirmary admission log, the 23-hour observation log, and the alternate medical housing log failed to accurately track the status of inmates being managed for suicidal and/or self-injurious, ideation, threats or gestures.	Suggest medical and mental health staff review the logs for accuracy and provide in-service training as required. Suggest that the nurse supervisor and senior psychologist work together to monitor the logs on a weekly basis until accuracy is maintained. Continue monitoring until completion of the initial CMA Corrective Action Plan (CAP) assessment visit.
MH 2. There were findings related to the physician's orders for suicide/self-injury precautions: • The physician's orders for admission to and discharge from infirmary suicide observation status (SOS), infirmary 23-hour observation status, or alternate medical housing status were not consistently present in the records reviewed. • When present, the physician's orders did not consistently specify the articles/property allowed the inmates. • The attending physician did not consistently reorder SOS every 24 hours as required.	Provide in-service training on requirements for physicians' orders. Review all records of inmates admitted to SOS, 23-hour observation status, alternate medical housing status, or any other self-harm prevention status to ensure appropriate orders. Continue monitoring until completion of the initial CMA CAP assessment visit.

Records Reviewed: 7	SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
		66	46

Finding(s)	Recommended Corrective Action(s)
MH 3. Observation checklists were not consistently located in the applicable records reviewed.	Provide in-service training on observation/ documentation (filing in the record) requirements. Monitor all records of inmates admitted to SOS, 23-hour observation status, alternate medical housing status, or any other self-harm prevention status to ensure observations are performed and the observation checklists are filed in the medical records. Continue monitoring until completion of the initial CMA CAP assessment visit.

Discussion

A particular suicide/self-injury episode was often documented on each of the three logs simultaneously (see MH 1), making it difficult to determine whether an inmate had been admitted to the infirmary, placed in the infirmary on 23-hour observation status (for mental health purposes), or placed in confinement on alternate housing status (in a cell retrofitted for suicide isolation) or some combination of the three.

Furthermore, it was difficult for the senior psychologist and psychological specialist to clarify the clinical management of these inmates when going through the records with the surveyors. The introduction of alternate medical housing and the expanded 23-hour observation policy has complicated clinical management and documentation processes for both mental health and medical staff at OKACI. In this regard, the OHS should ensure that all policies that impact suicide and self-injury prevention are clear and that there are not inconsistencies that negatively impact clinical management at the institutional level. This issue will be addressed in the OKACI Supplemental Report, as noted above in the overview section of the report.

Records Reviewed:	OTHER ADMINISTRATIVE ISSUES

Finding(s)	Recommended Corrective Action(s)
MH 6. Current consents for mental health treatment (executed within the past year) were not consistently documented in the psychological emergency records reviewed.	Monitor a sample of records pulled from the psychological emergency log to ensure indicated and/or updated consents have been obtained. Suggest monitoring a minimum of five records per month until completion of the initial CMA CAP assessment visit.

Discussion:
All inmates undergoing any type of mental health treatment or evaluation, regardless of psychiatric grade, should have current signed consents for mental health treatment on file. This includes S1 inmates receiving confinement assessments, new screenings, or mental health assessments in response to self-declared psychological emergencies and applicable inmate requests for mental health services. Refer to HSB 15.05.17. *Intake Mental Health Screening at Reception Centers.*

The following areas of review resulted in no significant negative system or record review problems. A number of strengths were identified and are discussed below.

System Reviews

- Inmate Access to Mental Health Services
- Intellectual Functioning
- Outpatient Mental Health Treatment
- Psychiatric Restraints
- Sex Offender Services
- Special Housing

Record Reviews

- Inmate Access to Mental Health Services
- Intellectual Functioning
- Outpatient Mental Health Services
- Sex Offender Services
- Special Housing

CONCLUSION

Other than findings in the area of suicide and self-injury prevention, the mental health program is functioning at an acceptable level with many identified strengths. For example, the staff is stable and well trained with a history of years of service at OKACI. With the recent hiring of a new clerk typist, the mental health department has effective support in this area. Mental health documentation was generally thorough and informative. Inmate requests were consistently addressed within a day and mental health emergencies within an hour. The individualized treatment plans had specific and measurable goals and were updated in a timely manner. The sex offender documentation was superior and demonstrated the utilization of up-to-date treatment options and a thorough understanding of sex offender issues by the senior psychologist. Finally, inmate interviews and record review indicated that the inmates found mental health services helpful. The inmates mentioned the psychological specialist as being particularly responsive in addressing the mental health concerns of those in confinement.

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.