



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

OKALOOSA CORRECTIONAL INSTITUTION

in

Crestview, Florida

on

May 11 – 14, 2010

CMA Physical Health Team Leader:

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CMA Mental Health Team Leader:

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,234	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,013	Current Main Unit Census	975
Work Camp Capacity	280	Current Work Camp Census	259
Total Capacity	1,293	Total Current Census	1,234

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
	673	385	176	0	9	
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		Impaired
	1	2	3	4	5	
	1,208	26	N/A	NA	NA	NA

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	69	15	0	NA	NA	NA

OVERVIEW

Institutional Description

Okaloosa Correctional Institution houses male inmates of minimum, medium, and close custody levels and is designated as a medical grade 4, psychological grade 2 facility. Health care services are also provided at Okaloosa Work Camp.

The overall scope of health services provided at Okaloosa CI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and observation/infirmatory care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental, and mental health systems at Okaloosa CI on May 11 - 14, 2010. 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.

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 action(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 medical records reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each record reviewed;
- 4) The percentage of records reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE PROCESSES REVIEW

There were no findings in Administrative Processes.

INSTITUTIONAL TOUR

There were no findings on the Institutional Tour.

EPISODIC CARE REVIEW

There were no findings in Emergency Care, Infirmary, or Sick Call.

DENTAL REVIEW

There were no significant findings in dental. The only issue identified was that the dental hygienist is left handed but working at a station for someone who is right handed. Although the hygienist was ensuring patient care was not impacted by this, there was a significant risk of injury to her because of the positioning. The institution immediately addressed the issue by contacting their contractor to make the necessary minor changes.

CLINICAL SYSTEM REVIEW

While there were no findings in any specific clinic, there were two findings impacting all chronic illness clinics as noted in the table below.

OTHER RECORD REVIEW

There were no significant findings in Medication Administration or Preventative Care. There were findings in Intra-system Transfers and Consultations as noted in the table below. The findings in the overall record review are addressed in the clinical system review section.

Chronic Illness Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 27 of 119 records reviewed there were significant legibility issues on the Chronic Illness Clinic (CIC) notes (see PH-1 discussion).</p> <p>PH-2: In 33 of 137 charts reviewed baseline information was not found in the current volume of the chart. Missing information included baseline physicals, baseline labs, and baseline</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>

Chronic Illness Record Review	
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Finding(s)	Suggested Corrective Action(s)
CIC notes.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-1: Surveyors noted that legibility issues were seen throughout charts in all clinics. They only noted those charts where legibility was so significant that they had difficulty determining course of care. They noted that outcome measures were used to determine appropriate care was being given.

Intra-system Transfers	
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Finding(s)	Suggested Corrective Action(s)
PH-3: In 5 of 14 Intra-system Transfer records reviewed there was no frequency of medication administration documented at the receiving institution.	<p>Provide in-service training to staff regarding the issue identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records 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>

Consultation	
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Finding(s)	Suggested Corrective Action(s)
PH-4: In 13 of 17 Consultation records reviewed the new diagnosis/problem was not added to the problem list.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records 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>

CONCLUSION

Except for the missing baseline information, medical records at Okaloosa CI were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Review of the inmate housing and food service areas revealed no negative findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat. Interviews with inmates, nursing staff, and security staff were consistently positive.

Clinician surveyors noted that despite the illegibility of some notes, the institutional staff provided good clinical management and monitoring of inmates. It was also evident that security staff works very well with medical staff to ensure inmates receive the care they need. Overall the clinic staff, including medical and administrative, demonstrated their dedication to providing the required health care to the inmate population.

MENTAL HEALTH FINDINGS

OVERVIEW

Okaloosa Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmates and the level of mental health services provided at Okaloosa CI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

At the time of the survey Okaloosa had a total of 1,234 inmates, 1207 were S1 and 27 were S2.

Access to Mental Health Services Inmate Request	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 12 records evaluating access to care through inmate requests revealed the following deficiency:</p> <p style="padding-left: 40px;">In 3 records a consent form was not signed prior to conducting an interview in response to the request.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records 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>

CONCLUSION

Mental health services at Okaloosa CI are provided by one Senior Mental Health Clinician and one Mental Health Specialist. Mental health staff provides case management, individual counseling, and group counseling; they also provide evaluations for inmates in SHOS and confinement and respond to inmate requests and psychological emergencies. Both anger management and sex offender groups are being provided.

Generally the quality of mental health care is very good as evidenced by there being no findings in the review areas of psychological emergencies, special housing, use of force, and sex offender treatment. Only one item was identified in the outpatient services review relating to bio-psychosocial assessments (BPSA). In 4 of the 14 cases reviewed, inmates had been upgraded from S1 to S2 as a result of their enrollment in group. However, surveyors noted that the BPSA had not been updated as required by HSB 15.05.11. Since the HSB does not specify a time for the update and the inmates had

only recently been enrolled in group, this was not cited as a finding in the report. According to Regional and OHS mental health staff, the HSB is being revised and it is recommended that a specified time period for updating the BPSA be included in the revisions.

Inmate requests are responded to quickly and inmates with serious or emergent mental health problems are referred for appropriate follow up. Inmates are consistently seen within 1 to 2 days of requesting services from mental health and documentation is thorough and addresses the clinical issues presented. Surveyors commented favorably on the quality and content of progress notes and individualized service plans and noted that the detail in the notes made it very easy to follow an inmate's course of treatment. They also noted that the entire medical record was very well organized and current.

Overall, the mental health department at Okaloosa CI is highly professional, well-organized and is providing very good care to inmates at the facility.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- 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.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

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.