



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

OKEECHOBEE CORRECTIONAL INSTITUTION

in

Okeechobee, Florida

on

January 20-23, 2004

CMA Physical Health Team Leader:

John W. Rainey, BS

Physical Health Team Members:

Richard Berjian, MD
Roberta Diehl, DMD
Barbara Murphree, PA
Margie Davis, RN

CMA Mental Health Team Leader:

Kathy Pilkenton, MSW, MEd

Mental Health Team Members:

Sherry Roth, PhD
Jacquelyn Gallop, LCSW
Sandra Bauman, ARNP

DEMOGRAPHICS

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

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

Institutional Potential/Actual Workload

Main Unit Capacity	1553	Current Main Unit Census	1747
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity*	N/A	Current Satellite(s) Census	N/A
Total Capacity	1553	Total Current Census	1747

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Impaired</i>	
	786	241	588	8	16	
<i>Mental Health Grade</i>	<i>Mental Health Outpatient</i>				<i>MH Inpatient</i>	
<i>(S-Grade)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	1506	120	3	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	61	32	0	0	0	0

OVERVIEW

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

Most areas of chronic and episodic care appeared to be adequate, however, a primary concern and trend related to multiple findings during the record reviews was inadequate referral and follow-up care. Problems associated with these findings included denial of consultations by Wexford utilization review, untimely consultations, and failure to follow through with recommendations made by consulting specialists.

Mental Health Findings

Survey results were very positive in terms of the documentation and quality of mental health services provided by institutional staff at OKECI. Troubling findings were noted, however, in the delays in transfers to crisis stabilization units and in documentation reviewed regarding medical staff involvement with inmates who were recipients of use of force with chemical agents. Additionally, concern existed regarding the high rate of confinement evaluation refusals. Though not cited as a formal finding, staff are encouraged to closely examine possible reasons for these refusals to ensure that no procedural barriers exist.

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	100	
		Emergency Care	88	
		Episodic Care Follow-Up	84	
		Infirmatory Care	83	
		Sick Call	87	
	Chronic Care	Asthma/Pulmonary Clinic	98	
		Diabetes Clinic	100	
		General Medicine Clinic	99	
		Hypertension Clinic	96	
		Immunity Clinic	N/A	
		Seizure Clinic	99	
	Preventative Care		67	98
	Dental Services		94	93
	Mortality Review		88	93
	Other	Administrative Processes	100	
		Consultation Requests	100	73
		Food Services	80	
		Infection Control	79	
		Intake Process (Reception)	NA	NA
		Intrasystem Transfers	92	93
Medical Area and Inmate Housing		100		
Medication Administration		92	65	
OBIS/Health Record Content		89	83	
Pharmacy Services		100		
Quality Management		63		
Area of Review		Area Score		
MENTAL HEALTH	Mental Health Systems		100	
	Access to Mental Health Services		93	
	Inpatient Mental Health Services		NA	
	Intellectual Functioning		91	
	Outpatient Mental Health Services		97	
	Psychiatric Restraint		NA	
	Psychotropic Medication Practices		NA	
	Reception/Intake Process		NA	
	Self-Injury/Suicide Prevention	23-hour MH Observation		NA
		SOS Status		NA
		Other Self-injury Prevention Status		NA
	Sexual Offender Services		100	
	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

DENTAL SERVICES	Systems Score 94
------------------------	-----------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-1: The dental area had no preventive dentistry/oral hygiene posters and/or plaques displayed.	<p>Ensure appropriate posters and/or plaques are displayed.</p> <p>Compliance will be checked during the CMA CAP assessment.</p>

FOOD SERVICES	Systems Score 80
----------------------	-----------------------------------

Finding(s)	Suggested Corrective Action(s)
PH-2: Inmates were not aware of appropriate hand washing techniques and did not always wear clean disposable gloves on the serving line.	<p>In-service training should be provided to all food service workers on hand washing techniques and the importance of wearing disposable gloves on the serving line. The institution infection control coordinator should monitor for compliance.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>
PH-3: Appropriate monitoring of inmates' adherence to prescribed therapeutic diets was not being completed.	<p>Food service staff should record inmates' adherence to prescribed therapeutic diets on the Diet Attendance Roster, DC4-668, and forward it to medical each month.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>
PH-4: Written procedures that address actions to be taken in a suspected food-borne illness outbreak were not available in the food service facility.	<p>Provide in-service training to relevant personnel on management of suspected food-borne illnesses. DC procedure 401.003 should be reviewed, and a copy along with any additional procedures and or notification checklists, should be kept in the food service area for immediate reference.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>

INFECTIOUS CONTROL		Systems Score 79
Finding(s)	Suggested Corrective Action(s)	
<p>PH-5: The infection control coordinator did not receive or review:</p> <ol style="list-style-type: none"> 1. Monthly reports related to the overall sanitation of the medical facility, or 2. Weekly inspection reports related to the sanitation and cleanliness of the dining facility. 	<p>Provide in-service training to the 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>	

MEDICATION ADMINISTRATION		Systems Score 92
Finding(s)	Suggested Corrective Action(s)	
<p>PH-6: Oral cavity checks were not always conducted to ensure that inmates ingested their medication. Security staff was not present during medication administration.</p>	<p>Provide in-service training to relevant staff on medication administration protocols including review of DC procedure 403.007.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>	

MORTALITY REVIEW		Systems Score 88
Finding(s)	Suggested Corrective Action(s)	
<p>PH-7: A mortality review was still open for a death that occurred 11/18/02.</p>	<p>Appropriate action should be taken to bring closure to this untimely review.</p> <p>Place documentation in the CMA CAP assessment closure file.</p>	

QUALITY MANAGEMENT		Systems Score 63
Finding(s)	Suggested Corrective Action(s)	
<p>PH-9: Minutes of the infection control report were insufficient and lacked information regarding focused studies, staff education, trends, and actions taken. There was also no discussion in the minutes of the annual CQR.</p>	<p>Minutes of the infection control report should be descriptive and include discussion and analysis of data in terms of patterns, trends and action. The last annual CQR should be mentioned and all elements resulting in a score less than 80% should be addressed.</p>	

QUALITY MANAGEMENT		Systems Score 63
Finding(s)	Suggested Corrective Action(s)	
	Place documentation in the CMA CAP assessment closure file.	
PH-10: There was no evidence of an annual clinical review for the senior psychologist, dentist or ARNP.	Annual clinical reviews should be completed for indicated credentialed providers. Place documentation in the CMA CAP assessment closure file.	

CLINICAL

Records Reviewed 7	CONSULTATION REQUESTS	Record Review Score 73
Finding(s)	Suggested Corrective Action(s)	
PH-11: Records reviewed for consultation requests revealed several findings, including:	Provide in-service training to relevant staff on consultation request protocols and related documentation requirements.	
<ul style="list-style-type: none"> • Incomplete consultation forms • Untimely consultations • Failure to justify departures from consultants' recommendations • Lack of ongoing treatment plans 	Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.	

Records Reviewed 6	EMERGENCY CARE	Record Review Score 88
Finding(s)	Suggested Corrective Action(s)	
PH-12: Follow-up evaluation/care was not consistently done in a clinically timely manner.	Provide in-service training to relevant staff regarding follow-up to emergency encounters.	
	Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.	

Records Reviewed 20	DENTAL SERVICES	Record Review Score 93
Finding(s)	Suggested Corrective Action(s)	
PH-13: Timely and appropriate measures were not routinely taken to maintain optimal dental health and function. In nearly half of the charts reviewed, routine treatment had not been completed within 6	Provide in-service training to relevant staff on dental protocols and documentation requirements.	
	Review five records per month for compliance.	

Records Reviewed 20	DENTAL SERVICES	Record Review Score 93
Finding(s)	Suggested Corrective Action(s)	
months of beginning treatment. In one record x-rays revealed enlargement of a lesion, but there was no documentation or charting of appropriate treatment or follow-up.	Continue until corrective action is affirmed through the CMA CAP assessment.	

Records Reviewed 8	EPISODIC CARE FOLLOW-UP	Record Review Score 84
Finding(s)	Suggested Corrective Action(s)	
PH-14: Follow-up assessments were not always adequate and the follow-up care was not consistently completed in a clinically timely manner.	Provide in-service training to relevant staff on follow-up care protocols and documentation requirements. Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.	
PH-15: Some indicated diagnostic studies were not ordered or scheduled in a timely manner. One record made note of a lung mass but contained no references addressing the condition.	See PH-14 suggested corrective action.	

Records Reviewed 6	INFIRMARY CARE	Record Review Score 83
Finding(s)	Suggested Corrective Action(s)	
PH-16: Dates and times of admission listed on the infirmary admission log did not always match dates and times in chart documentation. Some discharge summaries lacked dates and times.	Provide in-service training to relevant staff on infirmary care documentation requirements. Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.	

Records Reviewed 10	INTRASYSTEM TRANSFERS	Record Review Score 93
Finding(s)	Suggested Corrective Action(s)	
PH-17: The Health Information Arrival Summary form, DC4-760A, did not always contain required key information.	Provide in-service training to relevant staff on intrasystem transfer documentation requirements. Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.	

Records Reviewed 10	INTRASYSTEM TRANSFERS		Record Review Score 93
Finding(s)	Suggested Corrective Action(s)		

Records Reviewed	MEDICATION ADMINISTRATION	Record Review Score
8		65
Finding(s)	Suggested Corrective Action(s)	
PH-18: Medication orders lacked dates and/or times and the presence or absence of allergies was not always noted on the MAR.	<p>Proved in-service training to relevant staff on appropriate documentation requirements.</p> <p>Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p>	

Records Reviewed	OBIS/HEALTH RECORD	Record Review Score
10		83
Finding(s)	Suggested Corrective Action(s)	
PH-19: Most problem lists were incomplete and were not visible on the left side of the record. Chronic illness clinic forms were not organized according to OHS policy.	<p>Provide in-service training to relevant staff on medical record organization in accordance with Technical Instruction 15.12.03, dated 4/9/03.</p> <p>Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p>	

Records Reviewed	SICK CALL	Record Review Score
8		87
Finding(s)	Suggested Corrective Action(s)	
PH-20: Some assessments completed by LPNs were inadequate and referrals were not always timely.	<p>Provide in-service training to relevant staff on sick call protocols and documentation requirements.</p> <p>Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p>	

Records Reviewed	TB/INH THERAPY CLINIC	Record Review Score
6		92
Finding(s)	Suggested Corrective Action(s)	
PH-21: The diagnosis-related medical history was not always sufficient for the indicated condition.	<p>Provide in-service training to relevant staff on TB/INH protocols and documentation requirements.</p> <p>Review five records per month for compliance. Continue until corrective action is affirmed through the CMA CAP assessment.</p>	

Records Reviewed	TB/INH THERAPY CLINIC	Record Review Score
6		92
Finding(s)	Suggested Corrective Action(s)	

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

System Reviews

- Administrative Processes
- Episodic Care
- Medical Area & Inmate Housing
- Pharmacy Services
- Consultation Requests

Record Reviews

- Asthma/Pulmonary Clinic
- Diabetes Clinic
- General Medicine Clinic
- Hypertension Clinic
- Seizure Clinic
- Preventative Care

CONCLUSION

Staff at Okeechobee Correctional Institution had a professional demeanor and seemed knowledgeable regarding the process of providing care. However, deficiencies were noted in a number of systems reviews and in clinical referrals and follow-up care. The medical facility was clean and well organized. There was good cooperation and communication between the medical department and security.

MENTAL HEALTH FINDINGS

Background

Health and mental health care services in this Region IV institution are provided by Wexford Health Sources, a private vendor operating under contract with the department. Services provided included individual and group therapy, case management, crisis intervention and suicide prevention. The facility had infirmary isolation capabilities in the form of three certified isolation cells for management of suicidal patients. Staffing consisted of a psychologist and one behavioral health specialist. A review of the functions of the behavioral health specialist revealed them to be equivalent to those of psychological specialist positions in department staffed facilities. The behavioral health specialist, though not licensed at the time of the survey, had recently applied for social work intern status.

Survey Results

Strengths:

- Orientation and record reviews of newly arriving inmates were timely.
- Biopsychosocial assessments and Individualized Service Plans were timely and appropriate.
- Progress notes were detailed enabling the reader to easily follow the course of treatment.

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

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
11		93

Discussion Item: Time delays were unacceptable (up to 10 days), for transfer of suicidal inmates to crisis stabilization units (CSUs). As CSU transfers are not under institutional control, this finding is considered a department-level finding (listed in a separate section of this report) for corrective action response by the department.

Records Reviewed:	USE OF FORCE	Area Score
4		71
Finding(s)	Suggested Corrective Action(s)	

<p>MH-1: Problems were noted in medical staff's process of ensuring inmate safety both before and after the use of force as follows:</p> <p>a) Pre-use-of-force medical chart review failed to identify documented symptoms that should have precluded the use of chemical agents.</p> <p>b) Post-use-of-force examinations were not properly documented, omitting required information.</p>	<p>Train medical staff to thoroughly review the medical record for presence of diagnosed conditions and/or documented symptoms that would contraindicate the use of chemical agents.</p> <p>Train medical staff in proper documentation of post-use-of-force examinations on the emergency room record (DC4-701C).</p> <p>Conduct monthly monitoring of five records of use of force with chemical agents per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>
---	---

MH-1 Discussion: In the chart of one inmate reviewed, documented respiratory symptoms were overlooked by medical staff and OC (pepper) spray was subsequently administered during a use of force episode. This inmate, who also had hypertension, became very ill, requiring administration of albuterol and an infirmary admission, the records for which could not be located during the survey. In the charts of two inmates, post-use-of force examinations were not properly documented on the emergency room form.

Records Reviewed: 6	INTELLECTUAL FUNCTIONING	Area Score 91
Finding(s)	Suggested Corrective Action(s)	
<p>MH-2: The reception center psychological testing files were missing for two records of inmates for whom BETA IQ scores were listed on OBIS as below 70, suggesting the inmates may be developmentally disabled.</p>	<p>Obtain testing results for these inmates and administer appropriate testing as needed to rule out developmental disability.</p> <p>Establish a system to ensure that reception center testing files are received when new inmates arrive.</p> <p>Conduct monthly monitoring of five newly arrived inmates for presence of required reception center testing. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

Records Reviewed: 9	SPECIAL HOUSING	Area Score 100
--------------------------------------	------------------------	---------------------------------

Discussion Item: From record reviews it was noted that inmates were refusing confinement evaluations in unusually high numbers. The reasons could not be determined with any certainty at the time of the survey. Although no formal corrective action is required, it is recommended that the issue and processes involved in conducting confinement evaluations be examined for possible access barriers.

ADMINISTRATIVE	
Finding(s)	Suggested Corrective Action(s)
MH-3: Medical records were disorganized, with documents being out of chronological order and/or misfiled.	<p>Train staff in the need to maintain records as required.</p> <p>Conduct monthly monitoring of five records for proper organization. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>

The following areas of review resulted in no significant negative findings.

- Suicide/Self-Injury Prevention
- Outpatient Services
- Psychiatric Restraint Use
- Sexual Offender Services

CONCLUSION

Survey results were very positive in terms of the documentation and quality of mental health services provided by institutional staff at OKECI. Troubling findings were noted, however, in the delays in CSU transfers and in documentation reviewed regarding medical staff involvement with inmates who were recipients of use of force with chemical agents. Additionally, concern exists regarding the high rate of confinement evaluation refusals. Though not cited as a formal finding, staff are encouraged to closely examine possible reasons for these refusals to ensure that no procedural barriers exist.

DEPARTMENT FINDINGS

In addition to the physical 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.

PHYSICAL HEALTH SYSTEMS

Finding(s)

Dept. 3: It is impossible to determine if the confidentiality of medical records is maintained since plastic zip lock bags without any type of seal are used for transferring the records to and from the institution.

MENTAL HEALTH

ACCESS

Finding(s)

Dept. 4: There were time delays of up to 10 days in the transfer of seriously mentally ill patients to crisis stabilization units. This exceeds the amount of time suicide observation status (SOS) patients may be managed on-site at an S1/S2 institution.

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 physical and mental health findings identified in the body of the report require corrective action by institutional staff. Findings identified in the “Department Findings” section of the report require correction/intervention by central office staff.