CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

POLK CORRECTIONAL INSTITUTION

in

Polk City, Florida

on

July 22-25, 2003

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	**Type**	**Custody Level**	**Medical Level**
Adult	**Male**	**Close**	**3**

Institutional Potential/Actual Workload

Main Unit Capacity	1184	Current Main Unit Census	1181
Satellite Unit(s) Capacity	371	Current Satellite(s) Census	367
Total Capacity	1555	Total Current Census	1548

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	*1*	*2*	*3*	*4*	*Impaired*	
	733	595	209	3	66	
Mental Health Grade (S-Grade)	*Mental Health Outpatient*			*MH Inpatient*		
	1	*2*	*3*	*4*	*5*	*Impaired*
	1414	43	0	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	*DC*	*AC*	*PM*	*CM3*	*CM2*	*CM1*
	32	40	0	0	0	0

OVERVIEW

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

Medical health-related and dental systems at the institution were reviewed, including the physical plant, administrative processes, and documentation of care. Staff was very knowledgeable regarding the provision of care. Nursing and medical staff worked very well together to ensure the provision of quality care at the institution. Deficiencies and areas of concern are described in the physical health section of this report.

Mental Health Findings

The mental health care provided to the S-1 and S-2 population at POLCI generally met all minimum standards of care. The mental health staff members expressed a dedication to providing high quality care to the population served, and this was evident in their work. Minor documentation deficiencies are described in the mental health section of this report.

Department Findings

In addition to the findings referenced above, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and may not be addressed in OHS policy, procedure or directive. Or, they may be based on issues beyond institutional control and require intervention at the department level. The department should submit a separate corrective action plan for these findings.

Exit Conference and Final Report

At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the physical health and mental health sections of this report are a result of further analysis of the information collected during the survey. The suggested corrective actions(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

1) The criteria/finding being reviewed;

2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;

3) An indication of whether or not the criteria/finding was met for each chart reviewed;

4) The percentage of charts reviewed each month that complied with the criteria;

5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

SUMMARY OF INSTITUTIONAL SCORES

The goal of the survey is to determine if the administration of the medical unit and the provision of care at the institution are consistent with medical, dental and mental health care standards of care established by the CMA and with prevailing professional practice standards. For a detailed description of the survey goals and processes refer to the "Survey Process" section of this report. The following table lists the results of the systems and record reviews conducted during the survey.

Area of Review			Score*	
			Systems	Clinical
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	87	
		Emergency Care		100
		Follow-Up Care		99
		Infirmary Care		100
		Sick Call		100
	Chronic Care	Asthma Clinic		68
		Diabetes Clinic		72
		General Medicine Clinic		93
		Hypertension Clinic		91
		Immunity Clinic		100
		Seizure Clinic		100
		TB/INH Clinic		98
	Preventative Care		83	100
	Dental Care		95	98
	Mortality Review		88	99
	Other	Administrative	89	
		Consultation Requests	100	98
		Food Services	93	
		Infection Control	86	
		Intake (Reception) Process	NA	NA
		Intrasystem Transfers	92	88
		Medical Area and Inmate Housing	93	
		Medication Administration	83	98
		OBIS-Health Record Content	100	100
		Pharmacy		
		Quality Management	94	

Area of Review			Area Score
MENTAL HEALTH		Mental Health Systems	98
		Access to Mental Health Services	97
		Inpatient Mental Health Services	NA
		Intellectual Functioning	94
		Psychiatric Restraints	83
		Psychotropic Medication Practices	NA
		Outpatient Mental Health Services	94
	Self-Injury/Suicide Prevention	23-hour Observation	NA
		SOS Status	94
		Other Self-injury Prevention Status	NA
		Sexual Offender Services	79
		Special Housing	100
		Use of Force	NA

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

PHYSICAL HEALTH FINDINGS

SYSTEMS

DENTAL SERVICES	Systems Score 95
Finding(s)	**Suggested Corrective Action(s)**
PH-1: The institution's dental facilities do not provide adequate space. This inhibits access to the dental facility and productivity of staff.	Explore alternatives for placement of dental services in a larger facility or expansion of the existing facility.

MEDICAL AREA AND INMATE HOUSING	Systems Score 93
Finding(s)	**Suggested Corrective Action(s)**
PH-2: Eye wash stations are not strategically placed throughout the medical unit.	Install eye wash stations at strategic locations throughout the medical unit.
PH-3: There are no emergency exit signs throughout the infirmary.	Install emergency exit signs in infirmary.
PH-4: The medical isolation room's negative air pressure was not checked for four days during an inmate's stay in the room.	Provide in-service training to staff on importance of performing daily checks of negative air pressure for medical isolation room and monitor log documenting the room is checked daily. Provide copies of the monitoring log in the CAP closure file.
PH-5: A utility cart with oxygen tubing and breathing treatment tubing was stored in an unlocked cart in the infirmary hallway. There was a danger of tubing being confiscated by inmates and used for a weapon.	Instruct staff to ensure that the utility cart containing oxygen tubing is locked. Include documentation in the CAP closure file.
PH-6: Actual counts of OTC medications did not match the inventory log in the Disciplinary Confinement dorm. Counts for Tylenol and Sudafed were off by twenty each.	Ensure compliance with departmental policy regarding OTC medication logs and counting. Provide documentation of accurate and ongoing medication counts in CAP closure file.
PH-7: First aid kits are not inspected on a monthly basis.	First aid kits should be inspected on a monthly basis and monthly inspection tags should be placed on the kit to document that this has been done. Include documentation of monthly first aid kit inspections in CAP closure file.
PH-8: Procedures to access medical and dental sick call and mental health services are	Place procedures to access medical and dental sick call and mental health services in a

MEDICAL AREA AND INMATE HOUSING	Systems Score 93
Finding(s)	**Suggested Corrective Action(s)**
not posted in any of the dorms. Pill line schedules are not posted in the inmate common areas.	conspicuous place in the dorms and inspect on a monthly basis to ensure that this information remains posted and is accurate. Place pill line schedules in inmate common areas and inspect on a monthly basis to ensure this information remains posted and is accurate.

ADMINISTRATIVE PROCESSES	Systems Score 89
Finding(s)	**Suggested Corrective Action(s)**
PH-9: Inmate worker in the medical section did not have a job description describing the duties expected.	Prepare job descriptions outlining duties expected and keep in a readily accessible file. Have inmate workers sign job descriptions and include documentation in the CAP closure file.
PH-10: Inmate worker provided orientation to intra-system transferred inmates on how to access medical care at the institution. When inmates arrived at the institution, an inmate was responsible for explaining procedures involving accessing medical care and sick call rather than medical staff.	Provide in-service training to staff emphasizing that only staff may perform health care orientation. Monitor to ensure that staff are assigned orientation duties and perform them as required. Include documentation in the CAP closure file.

FOOD SERVICES	Systems Score 93
Finding(s)	**Suggested Corrective Action(s)**
PH-11: There were no hand cleansing soaps/detergents or hand drying towels available near the hand wash sinks.	Provide soap for hand soap dispensers and paper towels for paper towel dispensers and monitor on a daily basis that supply is adequate.
PH-12: Written procedures are not available that address actions to be taken in a suspected food borne illness outbreak.	Provide written procedures that address responsibilities to be taken in a case of suspected food borne illness outbreak and make the information available to staff. Procedures should be kept in the food service area for immediate reference. Provide in-service training to staff on necessary actions and ensure staff knows how to access written procedures regarding a suspected food borne illness outbreak.
PH-13: The food service manager does not have a current state of Florida food	Have food service manager renew state of Florida food certification. Review license of

FOOD SERVICES	Systems Score 93
Finding(s)	**Suggested Corrective Action(s)**
certification.	food service manager to ensure license is current and document with copy of current license in the CAP closure file.

EPISODIC CARE SYSTEMS	Systems Score 87
Finding(s)	**Suggested Corrective Action(s)**
PH-14: The emergency care log is not complete. The log does not provide diagnosis, referral information, transfers, or disposition.	Maintain an emergency care log that includes diagnosis, referrals, transfers, and disposition. Include copies of the complete logs in the CAP closure file.
PH-15: There is no weekly supervisory review of the emergency encounters for accuracy, treatment modality, medication distribution, documentation, education, vital signs, etc. Review is currently done on a monthly basis.	Provide in-service training to staff on importance of performing weekly supervisory reviews of the emergency logs for complete and appropriate care. Provide documentation of review in the CAP closure file.

MORTALITY REVIEW	Systems Score 88
Finding(s)	**Suggested Corrective Action(s)**
PH-16: DC4-505D Mortality Review Tracking Log is not being used.	Use of form DC4-505D should be employed to help ensure mortality review was held within specific time frames.

PREVENTATIVE CARE SYSTEMS	Systems Score 83
Finding(s)	**Suggested Corrective Action(s)**
PH-17: Inmates in isolation or segregation are not given the opportunity to exercise a minimum of three hours per week, as indicated in departmental policy.	Document that inmates are provided appropriate out-of-cell exercise as required by departmental policy. Provide documentation of corrective action in the CAP closure file.

MEDICATION ADMINISTRATION SYSTEMS	Systems Score 83

Finding(s)	Suggested Corrective Action(s)
PH-18: Medical personnel did not have a clear view of inmates taking medications. Some inmates walked away from the pill window before swallowing their medication. An oral cavity check for each inmate was not conducted by health services staff or security staff person in close proximity to each inmate. The nurse dispensing medication was on the opposite side of the window from inmates. No security staff were present during medication administration.	Provide in-service training to staff on importance of observing inmates taking medication. Provide in-service training to staff on importance of performing oral cavity checks. Monitor a minimum of five medication administration times per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
PH-19: A loose syringe that was not reflected in the inventory count was found in the refrigerator in the medication room.	Provide in-service training to staff on the importance of storing syringes in locked storage and maintaining accurate inventory counts.

INFECTION CONTROL SYSTEMS	Systems Score 86
Finding(s)	**Suggested Corrective Action(s)**
PH-20: The infection control coordinator does not receive or review monthly reports related to the overall sanitation of the facility and sanitation and cleanliness of the dining facility.	Provide in-service training to infection control coordinator on importance of receiving and reviewing reports related to overall facility sanitation and sanitation and cleanliness of the dining facility. Monitor for compliance and include documentation in the CAP closure file. Continue monitoring until closure is affirmed.

CLINICAL

Records Reviewed 7	DIABETES CLINIC RECORD REVIEW	Record Review Score 72
Finding(s)		**Suggested Corrective Action(s)**
PH-21: None of the seven records contained a DC4-701F Chronic Illness Clinic form that documents the baseline diagnostic data in the current volume of the chart.		Provide in-service training of staff regarding placement of form DC4-701F in current volume of the inmate's chart. Monitor a minimum of five diabetes clinic records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
PH-22: Two records indicated that an eye exam was done at two years instead of		Provide in-service training of staff regarding requirement of documentation of annual

Records Reviewed 7	DIABETES CLINIC RECORD REVIEW	Record Review Score 72

Finding(s)	Suggested Corrective Action(s)
annually.	comprehensive dilated eye examination. Monitor a minimum of five diabetes clinic records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed 9	ASTHMA/PULMONARY CLINIC RECORD REVIEW	Record Review Score 68

Finding(s)	Suggested Corrective Action(s)
PH-23: None of the records contained a DC4-701F Chronic Illness Clinic form that documents the baseline diagnostic data in the current volume of the chart.	Provide in-service training of staff regarding placement of form DC4-701F in current volume of the inmate's chart. Monitor a minimum of five asthma/pulmonary clinic records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed 10	TUBERCULOSIS/INH THERAPY CLINIC	Record Review Score 98

Finding(s)	Suggested Corrective Action(s)
PH-24: The diagnosis-related medical history found in the current volume of the chart was inadequate or missing for three records.	Provide in-service training of staff regarding current volume of the inmate's chart containing a medical history related to the condition. Monitor a minimum of five tuberculosis/INH clinic records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed 10	HYPERTENSION CLINIC	Record Review Score 91

Finding(s)	Suggested Corrective Action(s)
PH-25: Five records did not have TSH baseline diagnostic data noted on the DC4-701F Chronic Illness Clinic form.	Provide in-service training of staff regarding need for current volume of the chart to contain DC4-704F with baseline diagnostic data of TSH documented. Monitor a minimum of five hypertension clinic records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed	HYPERTENSION CLINIC	Record Review Score
10		91

Finding(s)	Suggested Corrective Action(s)
PH-26: Nine records did not have pulses/bruits noted on the DC4-701F.	Provide in-service training of staff regarding documentation of hypertension care to include pulses and presence/absence of bruits. Monitor a minimum of five hypertension clinic records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed	GENERAL MEDICINE CLINIC	Record Review Score
8		93

Finding(s)	Suggested Corrective Action(s)
PH-27: One record did not have alpha-fetoprotein diagnostic laboratory data for a patient with liver disease. **A second record did not have a follow-up laboratory study for alpha-fetoprotein in which a liver biopsy was recommended by a specialist. This patient had an elevated AFP noted in February 2002. Although the liver biopsy was recommended, it was refused by utilization review. No repeat of the alpha-fetoprotein was noted in the subsequent 5 months.**	Provide in-service training of staff regarding need for baseline and follow-up diagnostic laboratory studies to include alpha-fetoprotein data for individuals with liver disease. Monitor a minimum of five general medicine clinic records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed	INTRASYSTEM TRANSFERS	Record Review Score
10		88

Finding(s)	Suggested Corrective Action(s)
PH-28: Weights were not taken as part of vital signs for the inmate being transferred into the institution. Nursing staff documented inmates' verbal report of weight. That practice could result in misleading medical histories.	Provide in-service training of staff regarding need to actually weigh inmate when performing vital signs on transfers to ensure accuracy of data. Monitor a minimum of five intrasystem transfer records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

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

System Reviews

- Consultation Requests
- Dental Services
- Mortality Review
- OBIS/Health Record Content

Record Reviews

- Consultation Requests
- Dental Services
- Emergency Care
- Episodic Care Follow-Up
- Immunity Clinic
- Infirmary Care
- Mortality Review
- OBIS/Health Record Content
- Preventative Care
- Seizure Clinic
- Sick Call

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Due to difficulty in recruiting nurses and the nursing shortage, the institution has employed the use of agency nurses to help assist with staffing. A team effort is displayed among the nursing and medical staff in providing quality care.

MENTAL HEALTH FINDINGS

Survey Results
The mental health department at POLCI was comprised of one senior psychologist, two psychological specialists, and one clerk typist.

Strengths

- The mental health staff members demonstrated dedication to providing needed care to the inmate population served.
- The diagnoses of patients were continually reviewed and amended to reflect signs and symptoms noted during clinical encounters.
- *Best Practices Opportunity:* In response to increasing numbers of psychological emergencies, the staff at POLCI instituted a mental health open house one morning per week in which inmates could access care on a walk-in basis.
- All mental health staff had desktop computers.

Records Reviewed: 18	OUTPATIENT MENTAL HEALTH SERVICES	Area Score 94

Finding(s)	Suggested Corrective Action(s)
MH-1: Progress notes did not contain specific information regarding treatment rendered.	Provide inservice training to clinicians regarding documentation of treatment rendered. Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-2: The legibility of handwritten progress notes was poor, thereby disrupting a thorough review of clinical documentation.	Consider the use of a word processing computer program to complete clinical documentation. Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Additional discussion item:
In two records reviewed, the S-grade documented in the medical record and the S-grade displayed in the OBIS system did not match.

Records Reviewed: 10	SEX OFFENDER SERVICES	Area Score 79

Finding(s)	Suggested Corrective Action(s)
MH-3: Evidence of pre-release continuity of care planning for sexually disordered inmates within 180 days of release was not present in the records reviewed.	Develop a system to ensure that pre-release planning is completed as required. Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed: 0	PSYCHIATRIC RESTRAINTS	Area Score 83

Finding(s)	Suggested Corrective Action(s)
MH-4: Interviews indicated that staff knowledge of the procedures for psychiatric restraints was inadequate to ensure safe application should the need arise.	Ensure that all relevant staff members, to include nursing and security staff assigned to the medical unit, have been trained and can demonstrate competency in the use of psychiatric restraints.

The following areas of review resulted in no significant problems.

- Access to Mental Health Services
- Intellectual Functioning
- Self-Injury/Suicide Prevention
- Special Housing

CONCLUSION

The mental health staff at POLCI succeeded in proving quality care to the inmates they serve. Inmate and staff interviews resulted in a positive picture of the mental health department. Findings listed above will require minimal intervention to ensure that all requirements are being met.

DEPARTMENT FINDINGS

In addition to the physical 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

QUALITY MANAGEMENT

Finding(s)

OHS-1: There was a document stating that a peer review had been done for the doctors and nurse practitioner. However, there was no documentation of the criteria or process used for the peer review available at the institution.

ADMINISTRATIVE PROCESSES

Finding(s)

OHS-2: There was no evidence of a policy addressing elective medical or surgical procedures and how the inmate may pursue any elective medical or surgical procedure the department declines to provide.

OHS-3: 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.

OHS-4: Special housing inmates were not offered one hour of exercise per day outside the cell five days per week.

SURVEY PROCESS

The goals of every survey performed by the CMA are

(1) to determine if the physical, dental and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
(2) to promote ongoing improvement in the correctional system of health services; and,
(3) to assist the Department of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment, and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- ♦ Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- ♦ Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- ♦ Documentary evidence – obtained through reviews of medical/dental records, service/treatment plans, schedules, logs, administrative reports, physician orders, medication administration reports, meeting minutes, training records, etc)
- ♦ Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation, i.e., logs, consultation requests, medication administration reports, etc. coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report require corrective action by institutional staff. Findings identified in a supplemental report require corrective action by regional or central office health services staff.