



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

PUTNAM CORRECTIONAL INSTITUTION

in

East Palatka, Florida

on

December 9-11, 2003

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
Adult	Male	Medium	1

Institutional Potential/Actual Workload

Main Unit Capacity	439	Current Main Unit Census	430
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	439	Total Current Census	430

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>	
	411	38	0	0	0	
<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>
	434	15	0	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC/AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	29	N/A	N/A	N/A	N/A

OVERVIEW

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

The physical health survey of Putnam Correctional Institution revealed the provision of health care was adequate and consistent with expected and required standards. Only two clinical findings are enumerated in this report, representing relatively minor departures from Correctional Medical Authority and Department of Correction's standards, or with prevailing practice standards generally accepted in the community at large. Only one administrative issue is cited and is also minor in nature and easily remedied.

Mental Health Findings

This institution offered outpatient services in the form of screening, case management, and individual therapy. However, those services had been limited for the prior three years due to only part-time coverage provided by a psychological specialist from a neighboring institution. Approximately one month prior to the survey, a full-time psychological specialist was assigned to the institution. Given the generally low mental health acuity level of PUTCI's inmate population (psychological grades S1/2), the deficiencies identified were unexpected, though not surprising considering the minimal mental health staff coverage in place for the majority of the time period covered by this survey.

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 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) Supporting 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	85	
		Emergency Care		100
		Follow-Up Care		100
		Infirmery Care		N/A
		Sick Call		98
	Chronic Care	Asthma Clinic		100
		Diabetes Clinic		100
		General Medicine Clinic		95
		Hypertension Clinic		100
		Immunity Clinic		N/A
		Seizure Clinic		N/A
		TB/INH Clinic		100
	Preventative Care		100	95
	Dental Care		100	100
	Mortality Review		100	N/A
	Other	Administrative	94	
		Consultation Requests	100	96
		Food Services	100	
		Infection Control	92	
		Intake (Reception) Process	N/A	N/A
Intrasystem Transfers		100	96	
Medical Area and Inmate Housing		98		
Medication Administration		100	96	
OBIS-Health Record Content		100	98	
Pharmacy		100		
Quality Management	73			
Area of Review			Area Score	
MENTAL HEALTH	Mental Health Systems		91	
	Access to Mental Health Services		57	
	Inpatient Mental Health Services		NA	
	Intellectual Functioning		NA	
	Outpatient Mental Health Services		64	
	Psychiatric Restraints		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		80	
	Special Housing		52	
	Use of Force		NA	

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

PHYSICAL HEALTH FINDINGS

Survey Results

The following areas of review resulted in findings requiring corrective actions by institutional staff of PUTCI.

CLINICAL

Records Reviewed	PREVENTATIVE CARE	Record Review Score
7		95
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: Four of seven records reviewed lacked complete documentation of all required diagnostic tests (no FBS or cholesterol noted).</p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five records per month (or 100% of available records if less than five are available) to ensure appropriate completion and documentation of all required diagnostic laboratory tests. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Records Reviewed	GENERAL MEDICINE CLINIC	Record Review Score
9		95
Finding(s)	Suggested Corrective Action(s)	
<p>PH-2: In four of five applicable records, the baseline laboratory studies for patients diagnosed with liver disease lacked documentation of alpha-fetoprotein.</p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five records per month (or 100% of available records if less than five are available) to ensure appropriate completion and documentation of all required diagnostic laboratory tests. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

ADMINISTRATIVE

Records Reviewed	INFECTION CONTROL	System Review Score
N/A		92
Finding(s)	Suggested Corrective Action(s)	
<p>PH-3: No evidence was provided that the Infection Control Coordinator (ICC) received formal training in the practices of infection control.</p>	<p>Conduct and document appropriate training.</p>	

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

System Reviews

- Administration
- Consultation Requests
- Dental Services
- Emergency Care
- Episodic Care Follow-up
- Food Services
- Infirmary
- Intrasystem Transfers
- Medical Area/Inmate Housing
- Medication Administration
- Mortality Review
- OBIS
- Preventative Care
- Quality Management

Record Reviews

- Asthma/Pulmonary Clinic
- Consultation Requests
- Dental
- Diabetes Clinic
- Emergency Care
- Episodic Care Follow-up
- Hypertension Clinic
- Intrasystem Transfers
- Medication Administration
- OBIS
- Sick Call
- Tuberculosis/INH Therapy Clinic

CONCLUSION

The physical health survey of Putnam Correctional Institution revealed the provision of health care was adequate and consistent with expected and required standards. Only two clinical findings are enumerated in this report, representing relatively minor departures from Correctional Medical Authority and Department of Correction's standards, or with prevailing practice standards generally accepted in the community at large. Only one administrative issue is cited and is also minor in nature and easily remedied.

MENTAL HEALTH FINDINGS

Background

Staffing consisted of one full-time psychological specialist who was assigned to Putnam CI approximately one month prior to the survey. The regional mental health director, who is a psychologist, provided supervision to the psychological specialist. For the prior three years mental health services had been provided by a part-time psychological specialist also serving Gainesville CI.

Survey Results

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

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
7		57
Finding(s)	Suggested Corrective Action(s)	
<p>MH-1: Problems were noted in staff referrals and responses to inmate-declared psychological emergencies and written requests as follows:</p> <ul style="list-style-type: none"> a) Referrals by medical staff to mental health staff were not documented in the medical record by the referring staff person. b) Receipt of inmate requests and staff referrals was not documented in the mental health progress notes by mental health staff. c) Responses/actions taken in response to inmate-declared psychological emergencies and written requests were not always clinically appropriate. 	<p>Train nursing staff regarding the need to appropriately document referrals to mental health services in the medical record. Train mental health staff to document receipt of referrals and inmate written requests by entering an “incidental note” in the mental health section. Train mental health staff to clearly document therapeutic and clinically appropriate responses to inmate requests and psychological emergencies.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA Corrective Action Plan (CAP) assessment.</p>	
<p>Discussion: Responses to psychological emergencies and inmate requests were not always clinically appropriate. In one case documentation reflected a dismissive approach toward inmate complaints rather than assessing symptoms and thoroughly documenting results of that assessment along with clinical justification for actions taken. In another case, documentation reflected that LPN-level nursing staff “contracted for safety” with an inmate with no referral to mental health staff for a thorough assessment and no implementation of suicide precautions. The inmate was not seen by mental health staff until several days later.</p>		
<p>MH-2: Documentation of inmate mental health/suicide history information was inadequate when responding to inmate-declared psychological emergencies.</p>	<p>Train mental health staff regarding the need to fully complete the mental health/suicide history section of Form DC4-642 rather than to write “see chart for detail.”</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the</p>	

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
7		57
Finding(s)	Suggested Corrective Action(s)	
	finding is affirmed through the CMA CAP assessment.	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
18		64
Finding(s)	Suggested Corrective Action(s)	
MH-3: Mental health staff did not conduct inmate orientation within eight days of inmate arrival.	<p>Train mental health staff regarding this requirement. Document the orientation with either a note or a stamp.</p> <p>Conduct monthly monitoring of five records of new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-4: Record screenings by mental health staff were not conducted within 14 days of inmate arrival.	<p>Review the system for informing mental health staff informed of new arrivals. Examine and eliminate barriers to the completion and documentation of record screenings, including sex offender screenings, within required timeframes.</p> <p>Conduct monthly monitoring of five records of new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-5: Reception center psychological screening reports were not present in several records of recent arrivals and no follow-up was documented.	<p>Train mental health staff regarding follow-up of missing reports.</p> <p>Conduct monthly monitoring of five records of new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-6: Biopsychosocial assessments (BPSAs) were not consistently completed within the required 14-day timeframe.	<p>Train mental health staff in the requirements for timeliness of BPSAs.</p> <p>Conduct monthly monitoring of all newly arrived or newly upgraded S2 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
MH-7: Problems identified with Individualized Service Plans (ISPs) included:	<p>Train mental health staff regarding ISP timeliness, periodic reviews and formulating clinically appropriate goals.</p>	

Records Reviewed: 18	OUTPATIENT MENTAL HEALTH SERVICES	Area Score 64
Finding(s)	Suggested Corrective Action(s)	
<p>a) ISPs were not completed within the required 14-day timeframe.</p> <p>b) ISP reviews were not conducted at the required intervals.</p> <p>c) Goals were not always appropriately documented and/or were not clinically appropriate.</p>	<p>Conduct monthly monitoring of five records of S2 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
<p>MH-8: Group therapy was not available at the institution.</p>	<p>Develop a plan to offer therapeutic groups appropriate to the needs of the inmate population (e.g., sex offender treatment, anger/stress management). Include implementation timelines in the plan and establish waiting lists.</p>	
<p>MH-9: Consent for treatment forms were not completed or updated as required.</p>	<p>Train mental health staff regarding this requirement.</p> <p>Conduct monthly monitoring of five records per month of S2 inmates and S1 inmates having clinical contact (e.g., psychological emergencies, confinement inmates). Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	
<p>MH-10: Records of prior community mental health treatment were not always requested for S2 inmates.</p>	<p>Train mental health staff in the need to request records of prior treatment, and to document that request in the medical record.</p> <p>Conduct monthly monitoring of five records of S2 inmates per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

Records Reviewed: 10	SPECIAL HOUSING	Area Score 52
Finding(s)	Suggested Corrective Action(s)	
MH-11: Mental Status Examinations (MSEs) were not conducted as required for inmates who had been in confinement for more than 30 days.	<p>Train mental health staff in this requirement. Continue maintaining a confinement evaluation log and include a copy of the log in the closure file.</p> <p>Conduct monthly monitoring of all inmates whose confinement stays have exceeded 30 days. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>	

CONCLUSION

The findings from this survey in all likelihood reflect the fact that the institution had been staffed only two days per week for the prior three years. This level of staffing is inadequate as demonstrated by survey results. With the addition of a full-time psychological specialist position, mental health services provision and documentation should improve considerably over the next several months.

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

EPISODIC CARE

Finding(s)

Dept - 1 and 2: There is no system in place for supervisory review of weekly sick call or emergency encounters for accuracy, treatment modality, medication distribution, vital signs, documentation, education, completeness, etc.

ADMINISTRATIVE

Finding(s)

Dept - 3: Exercise is not offered for inmates in special housing (administrative and/or disciplinary confinement and protective management) consistent with a one hour per day, outside the cell, five days a week schedule.

Dept - 4: There is no policy prohibiting medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

QUALITY MANAGEMENT

Finding(s)

Dept - 5: The composition of the quality management committee lacks representation from all health disciplines (no physician or chief health officer).

Dept - 6: Since no physician was assigned to the quality management committee, the requirement that each committee member attend at least 75% of the meetings was not met.

Dept - 7: No evidence was available that each physician and dentist had an annual clinical review.

Discussion: Numbers 5 and 6 above were assigned as department findings rather than institutional findings because, in this case, the lack of a permanently assigned physician position is as a result of action by the Office of Health Services, rather than the institution. During the survey, institutional staff and CMA representatives discussed alternative choices to the current practice of not having a physician present at quality management meetings. These choices will be examined by institutional and regional health services staff, and evaluated by CMA staff as to their success at the time of the corrective action plan compliance visit.

MENTAL HEALTH

No mental health related findings were referred to the department for action.

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.