



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

RECEPTION MEDICAL CENTER

in

Lake Butler, Florida

on

March 23-26, 2004

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DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire regarding the Reception Medical Center.

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

Institutional Potential/Actual Workload

Main Unit Capacity	1545	Current Main Unit Census	1323
Satellite Unit(s) Capacity	1289	Current Satellite Unit(s) Census	965
Annex Capacity	N/A	Current Annex Census	N/A
Total Capacity	2834	Total Current Census	2288

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		501	227	288	7	7
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>				<u>MH Inpatient</u>	
	1	2	3	4	5	Impaired
	950	51	22	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC/AC	PM	CM3	CM2	CM1
	236	0	N/A	N/A	N/A

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at the Reception Medical Center (RMC). 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

A thorough review of the physical health-related systems in place at RMC, including the physical plant, administrative processes, and the provision and documentation of care, revealed five findings requiring correction by institutional staff. All of these findings, however, fell into an administrative category and were therefore fairly innocuous. No significant negative trend regarding clinical care was identified.

Mental Health Findings

RMC serves as a reception center and provides both inpatient and outpatient mental health services to a large population of all S-grades. There is constant movement of the inmate population that results in a heavy workload for mental health staff providing screening, assessment, treatment planning, and therapeutic interventions. Despite these challenges, the mental health care provided at RMC met minimum standards. Sixteen findings have been issued, and the majority of findings represented a delay in the initiation of care for newly arriving inmates or problems with administrative functions, such as logs or the correct completion of forms.

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 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 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 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 of the West Unit.

Area of Review		Score*			
		Systems	Clinical		
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100		
		Emergency Care		100	
		Episodic Care Follow-Up		100	
		Infirmatory Care		96	
		Sick Call		99	
	Chronic Care	Asthma/Pulmonary Clinic		98	
		Diabetes Clinic		98	
		General Medicine Clinic		97	
		Hypertension Clinic		98	
		Immunity Clinic		98	
		Seizure Clinic		97	
	Preventative Care		100		98
	Dental Care		100		97
	Mortality Review		100		N/A
	Other	Administrative Processes	92		
		Consultation Requests	100		98
		Food Services	100		
		Infection Control	86		
		Intake Process (Reception)	100		99
		Intrasystem Transfers	100		98
Medical Area and Inmate Housing		96			
Medication Administration		100		98	
OBIS-Health Record Content		100		97	
Pharmacy Services		97			
Quality Management	94				
Area of Review		Area Score			
MENTAL HEALTH	Mental Health Systems		95		
	Access to Mental Health Services		77		
	Inpatient Mental Health Services		99		
	Intellectual Functioning		82		
	Outpatient Mental Health Services		78		
	Psychiatric Restraints		0**		
	Psychotropic Medication Practices		99		
	Reception/Intake Process		81		
	Self-Injury/Suicide Prevention	23-hour MH Observation		75	
		SOS Status		0**	
		Other Self-injury Prevention Status		0**	
	Sexual Offender Services		95		
	Special Housing		93		
	Use of Force		86		

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

** For details see discussion within the body of the survey report.

PHYSICAL HEALTH FINDINGS

Survey Results

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

ADMINISTRATIVE

Records Reviewed	INFECTION CONTROL	System Review Score
N/A		86
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: The Infection Control Coordinator (ICC) does not receive and review overall monthly facility inspection reports and weekly dining facility sanitation reports.</p>	<p>Develop and implement an institutional policy whereby the ICC conducts the necessary sanitation inspections, accompanies the institutional safety officer during inspections, or reviews and files the inspection results when conducted by the safety officer.</p>	

Records Reviewed	MEDICAL AREA and INMATE HOUSING	Record Review Score
N/A		96
Finding(s)	Suggested Corrective Action(s)	
<p>PH-2: Appropriate signage was not present indicating the health care area is a doctor's office, pursuant to 64B8, F.A.C.</p> <p>PH-3: Eye wash stations were not strategically placed throughout the medical unit.</p> <p>PH-4: Discrepancies were noted during checks of over-the-counter (OTC) medications in inmate dormitories (actual count did not match inventory log).</p>	<p>Post appropriate signage.</p> <p>Obtain and mount eye wash stations.</p> <p>Provide inservice training to applicable staff.</p> <p>Conduct random reviews of dormitory OTC logs versus actual medication counts at least once monthly to ensure appropriate completion of all required documentation. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Records Reviewed	QUALITY MANAGEMENT	System Review Score
N/A		94
Finding(s)	Suggested Corrective Action(s)	
<p>PH-5: Evidence was not available that each physician, dentist, physician's assistant, advanced registered nurse practitioner, and PhD level psychologist received annual clinical reviews, or if reviews were done and recommendations made, they were acted</p>	<p>Provide necessary evidentiary documentation in closure file of peer review efforts.</p>	

Records Reviewed N/A	QUALITY MANAGEMENT	System Review Score 94
Finding(s)	Suggested Corrective Action(s)	
upon.		

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

System Reviews

- Administrative
- Consultation Requests
- Dental
- Emergency Care
- Episodic Care Follow-up
- Food Service
- Infirmary
- Intake Process
- Intrasystem Transfers
- Medication Administration
- Mortality Review
- OBIS
- Pharmacy
- Preventative Care

1.

Record Reviews

- Asthma/Pulmonary Clinic
- Consultation Requests
- Dental
- Diabetes Clinic
- Emergency Care
- Episodic Care Follow-up
- General Medicine Clinic
- Hypertension Clinic
- Immunodeficiency Clinic
- Inpatient Care
- Intake Process
- Intrasystem Transfers
- Medication Administration
- Mortality
- OBIS
- Preventative Care
- Seizure Clinic
- Sick Call
- Tuberculosis/INH Therapy Clinic

CONCLUSION

The physical health survey of Reception Medical Center revealed that, with only a few exceptions, the administrative systems in place and the provision of health care at the institution was adequate and consistent with expected and required standards. No significant clinical findings were noted, and only five administrative issues were enumerated, which were generally minor in nature and easily remedied.

MENTAL HEALTH FINDINGS

Survey Results

RMC is a large, complex institution that serves as a reception center and provides inpatient and outpatient mental health services. Outpatient mental health services are provided at both the Main and West Units.

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
8		77
Finding(s)	Suggested Corrective Action(s)	
MH-1: The Mental Health Emergency Log was incomplete.	<p>Ensure responsibility is assigned to a designated person for completion of the log and develop a system to ensure that accurate information is provided to this person in a timely manner.</p> <p>The senior psychologist should review the log on a periodic basis.</p>	
MH-2: The <i>Consent for Evaluation and Treatment</i> form was not present in the record or was not completed in its entirety.	<p>Provide inservice training on the need to obtain and correctly complete a consent form for each inmate being seen by mental health staff. Particular attention should be paid to inmates being seen for inmate requests and psychological emergencies.</p> <p>Monitor a minimum of five records each month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	INPATIENT MENTAL HEALTH SERVICES	Area Score
9		99
Finding(s)	Suggested Corrective Action(s)	
MH-3: Out-of-cell exercise was not provided once per day.	<p>Modify the program schedule to permit out-of-cell exercise daily.</p> <p>Provide documentation of daily exercise, such as attendance rosters, in the CAP closure file for review.</p>	

Records Reviewed:	INTELLECTUAL FUNCTIONING	Area Score
9		82
Finding(s)	Suggested Corrective Action(s)	
MH-4: The WASI was not consistently administered for inmates with a BETA score of 75 or below.	<p>Complete testing as required.</p> <p>Monitor a minimum of five records per month, or all if fewer applicable records exist, until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
20		78
Finding(s)	Suggested Corrective Action(s)	
MH-5: Significant mental health needs were not consistently documented on the initial record screening (Main unit).	<p>Provide inservice training on the completion of the initial record screening.</p> <p>Monitor a minimum of five records each month to ensure that all relevant mental health information is present. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
MH-6: Orientation to mental health services was not consistently documented (Main and West Units).	<p>Provide inservice training on the documentation of orientation, such as a stamp or incidental note.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
MH-7: Initial service planning interviews were not consistently completed within the required time frame (West Unit).	<p>Develop a system to ensure that service planning interviews are completed within 14 days of arrival.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
MH-8: Profile sheets did not consistently document accurate S-grades (Main and West Units).	<p>Ensure that the profile sheet is completed and matches the information in the Offender Based Information System (OBIS).</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
20		78
Finding(s)	Suggested Corrective Action(s)	
MH-9: Biopsychosocial Assessments for S-2 inmates were not completed within the required time frames (Main and West Units).	<p>Provide inservice training on the need to complete BPSAs within 14 days for S-2 inmates.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
MH-10: Individualized Service Plans (ISP) were not completed within 14 days for S-2 inmates (West Unit).	<p>Provide inservice training on the need to complete ISPs within 14 days for S-2 inmates.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
MH-11: Mental health problems were not consistently documented on the problem list (West Unit).	<p>Provide inservice training on the need to record mental health problems on the problem list.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
MH-12: Progress notes were not consistently in chronological order (West Unit).	<p>Review records for correct document placement prior to returning them to Medical Records.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
MH-13: In three cases reviewed, the psychiatric evaluation was not completed within the required time frame (Main and West Unit).	<p>Develop a system to ensure timely psychiatric evaluations are completed.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Area Score
29		99

Additional Discussion Item: In one record reviewed, a patient with limited intellectual capacity was prescribed psychotropic medication. No documentation was present to suggest that the psychiatrist evaluated the patient's competence to consent for treatment.

Additional Discussion Item: In one record reviewed, multiple medications from different drug classes were all listed on the same consent form without indication of specific side effects. The patient and a nurse signed the form, and it was neither timed nor dated.

Records Reviewed:	RECEPTION/INTAKE PROCESS	Area Score
8		81
Finding(s)	Suggested Corrective Action(s)	

Reviews of reception records indicated problems with consent forms, follow-up intellectual testing, and documentation of orientation to mental health services. These findings were also identified in other areas (MH-2, MH-4, and MH-6), and will not be duplicated here.

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Area Score
23-hr		**
SOS	1	
Other		

Finding(s)	Suggested Corrective Action(s)
MH-14: The SOS log was deficient in that: <ul style="list-style-type: none"> • it was used to reflect non-injurious events; • it did not reflect SOS status or disposition; • it inaccurately listed events as SOS admissions; 	Provide inservice training regarding the correct completion of this log. Administrative staff should monitor the log on a regular basis to ensure correct completion. There should be documentation of this review, such as initialing the log.

MH-14 Discussion: Due to the inaccuracy of the SOS log, the survey team was unable to identify applicable cases for review. As a result, a greater emphasis will be placed on review of SOS documentation during the CAP assessment process.

Records Reviewed:	SPECIAL HOUSING	Area Score
7		93

Finding(s)	Suggested Corrective Action(s)
MH-15: Mental status exams were not consistently completed within the required time frames.	Provide inservice training regarding the time frame requirements for mental status exams. Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed:		Area Score
7		93
Finding(s)	Suggested Corrective Action(s)	
MH-16: DC4-528, <i>Mental Status of Confinement Inmates was not consistently completed as required.</i>	<p>Provide inservice training regarding the use of this form.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

The following areas of review resulted in no significant problems.

- Psychiatric Restraint
- Use of Force

CONCLUSION

Overall, the mental health care provided at RMC met minimum standards. The majority of findings represented a delay in the initiation of care for newly arriving inmates or problems with administrative functions, such as logs or the correct completion of forms. Despite there being 16 findings, the staff at RMC should be commended on the results of this survey as the complexity of the institution and the high volume of inmates served present challenges to providing care.

DEPARTMENT FINDINGS

In addition to the 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

Finding(s)

Dept-1: Exercise was not offered for inmates in special housing (administrative and disciplinary confinement and protective custody) consistent with a one hour per day, outside the cell, five days per week schedule.

Dept-2: There was no policy prohibiting medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

MENTAL HEALTH

There were no departmental findings identified during the mental health survey.

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 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.