



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **SANTA ROSA CORRECTIONAL INSTITUTION**

in

**Milton, Florida**

on

**December 10 - 12, 2008**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2,299	Male	Close	4

### Institutional Potential/Actual Workload

Main Unit Capacity	1,502	Current Main Unit Census	1,378
Annex Capacity	1,116	Current Annex Census	1,063
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
<b>Total Capacity</b>	<b>2,618</b>	<b>Total Current Census</b>	<b>2,431</b>

### Inmates Assigned to Medical/Mental Health Grades

	1	2	3	4	<i>Impaired</i>	
<i>Medical Grade</i>	1,667	649	146	0	18	
<i>Mental Health Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	2,103	72	200	97	10	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>
	64	49	0	458	298	339

## OVERVIEW

Santa Rosa Correctional Institution (SARCI) houses male inmates of minimum, medium, close, and close management custody levels and is designated as a medical grade 4 facility. In addition, SARCI houses inmates requiring inpatient mental health services. The Santa Rosa complex consists of three management areas: Main Unit, Annex, and Crisis Stabilization Unit/Transitional Care Unit (CSU/TCU).

The Main Unit is comprised of open population and close management I, II, and III inmates. The facility grade for this Unit is: Medical 1, 2, and 3, and psychology grades 1, 2, and 3. The scope of health services provided includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventative care, chronic illness clinics, emergency care, and an observation/infirmery as required for medical and mental health.

The Annex Unit is comprised of open population, with a designated dormitory for administrative and disciplinary confinement. The facility grade for this Unit is: Medical 1, 2, and 3, and psychology grades 1, 2, 3, 4, and 5. The scope of health services offered is the same as the Main Unit except inmates requiring infirmary observation/admission are moved to the Main Unit for the duration of the observation/admission period.

The CSU/TCU Inpatient Unit is located at the Annex. This is an inpatient unit, with the population comprised mainly of inmates on close management status who are classified as S grades 4 and 5. The mental health inpatient unit offers crisis stabilization and transitional care with treatment and counseling. The scope of other health services offered is the same as in the Main Unit.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at SARCI December 10 - 12, 2008. 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.

### **Department Findings**

In addition to the institutional findings contained in this report, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and not addressed in OHS policy, procedure or directive. They may be based on issues beyond institutional control, requiring intervention at a higher level. The OHS should submit a separate corrective action plan for these findings. These findings are clearly identified as "Department Findings" and appear following the body of the Mental Health section of this report. Department findings from all institutional surveys, including those from the SARCI survey will be routinely reviewed by the CMA QM Committee and reported in the CMA Annual Report.

### **Exit Conference and Final Report**

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of

the information collected during the survey. The suggested corrective 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. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and must be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

## **PHYSICAL HEALTH FINDINGS**

## ADMINISTRATIVE SYSTEM REVIEWS

No significant findings were noted regarding the administrative aspects of the institution's health delivery system.

## CLINICAL RECORD REVIEWS

*As the overall medical and dental missions of both the Main Unit and Annex at SARCI are similar and both areas are the responsibility of the same centralized medical management team, findings are considered relevant to the institution as a whole. Therefore unless the following findings are identified as unit-specific, they apply to both Units.*

### Chronic Clinics

Endocrine Clinic	
Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: A review of nine records of inmates enrolled in the Endocrine Clinic revealed that six records lacked consistent documentation of baseline and follow-up information such as diagnostic data and physical examinations. (see discussion)</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue listed in the Finding(s) column.</p> <p>Create a monitoring instrument on which the issue is regularly examined by reviewing no less than 5 records weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

*Discussion PH-1: In only a few cases did clinic enrollment occur at SARCI; most initial work-ups occurred at another institution such as a reception center. However, health care providers must ensure records of chronically ill inmates reflect current and accurate diagnostic data upon which to make appropriate clinical treatment decisions. For example, most of the records referenced in PH-1 lacked clear and consistent documentation during clinic visits of peripheral foot pulses, foot capillary refill, sensory testing, and/or the presence/absence of complications.*

## Gastrointestinal Clinic

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: A review of 10 records of inmates enrolled in the Gastrointestinal Clinic revealed:</b></p> <p><b>(a) Four records lacked consistent documentation of baseline medical histories and/or did not effectively address the reason(s) for clinic enrollment, either upon clinic enrollment or during subsequent clinic visits. (see discussion)</b></p> <p><b>(b) Three records lacked consistent documentation that lab values were reviewed and abnormalities addressed in a timely manner. (see discussion)</b></p> <p><b>(c) Four records lacked consistent documentation that referrals to a specialist were appropriately documented. (see discussion)</b></p> <p><b>(d) Four records lacked consistent documentation that patients with hepatitis C were given consideration to initiate treatment even though the patient met the criteria as outlined in department policy. (see discussion)</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues are regularly examined by reviewing no less than 10 records weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

*Discussion PH-2: In only a few cases did clinic enrollment occur at SARCI; most initial work-ups occurred at another institution such as a reception center. However, health care providers must ensure records of chronically ill inmates reflect current and accurate diagnostic data upon which to make appropriate clinical treatment decisions.*

*All examples described below were from records reviewed at the Annex.*

*PH-2 (a): All of the records reviewed lacked clear and consistent documentation of frequency of symptoms, aggravating and alleviating factors, history of previous treatment, complications/consultations, age of onset, and/or pertinent medical/surgical history.*

*PH-2 (b): Examples of unaddressed abnormal labs include one case in which a hepatitis B patient with hemochromatosis and elevated AFP received no imaging for hepatocellular carcinoma, and second case in which a viral load was not ordered nor a rationale documented for a hepatitis C positive patient with elevated enzymes.*

PH-2 (c): Three of the four cases involved applicable hepatitis C positive patients for which consideration of a referral to a hepatologist was not addressed.

PH-2 (d): Examples of inconsistent documentation of treatment decisions for hepatitis C positive patients include two cases of patients with active hepatitis C with elevated enzymes and increased viral loads with no documentation treatment was considered.

<b>Neurology Clinic</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-3: A review of 7 records of inmates enrolled in the Neurology Clinic revealed:</b></p> <p><b>(a) Four records lacked consistent documentation of baseline medical histories, either upon clinic enrollment or during subsequent clinic visits.</b></p> <p><b>(b) Two records lacked consistent documentation of seizure frequency and type, and/or cause of any acute complications.</b></p> <p><b>(c) Six records lacked consistent documentation during clinic visits of the presence or absence of treatment side effects.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues are regularly examined by reviewing no less than five records weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

*Discussion PH-3: In only a few cases did clinic enrollment occur at SARCI; most initial work-ups occurred at another institution such as a reception center. However, health care providers must ensure records of chronically ill inmates reflect current and accurate diagnostic data upon which to make appropriate clinical treatment decisions.*

<b>Respiratory Clinic</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-4: A review of 14 records of inmates enrolled in the Respiratory Clinic revealed:</b></p> <p><b>(a) Twelve records lacked consistent documentation of baseline medical histories, either upon clinic enrollment or during subsequent clinic visits.</b></p> <p><b>(b) Five records lacked consistent documentation that appropriate medications were prescribed and monitored. (see discussion)</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues listed in the Finding(s) column.</p> <p>Create one monitoring instrument on which both issues are regularly examined by reviewing no less than 10 records weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is</p>

Respiratory Clinic	
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Finding(s)	Suggested Corrective Action(s)
	affirmed through the CMA corrective action plan assessment.

*Discussion PH-4: In only a few cases, clinic enrollment occurred at SARCI; most other initial work-ups occurred at another institution such as a reception center. However, health care providers must ensure records of chronically ill inmates reflect current and accurate diagnostic data upon which to make appropriate clinical treatment decisions.*

*PH-4 (b): Two examples were found in which patients with moderate to severe reactive airway disease were not prescribed anti-inflammatory (steroid) inhalers and no documentation was present in their records as to why. Two other examples were noted of patients with less severe symptoms who were prescribed steroid inhalers, but no documentation was present in their records justifying use of the inhaler.*

**Other Clinical Record Reviews**

Consultations	
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Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: Reviews of 10 records examined for the timeliness and effectiveness of outside consultations and follow-up revealed:</b></p> <p><b>(a) Nine records lacked consistent documentation that patients were informed of the consultation results.</b></p> <p><b>(b) Five records lacked consistent documentation that completed consultations were signed, initialed and dated by the referring clinician within three working days after the results were available.</b></p> <p><b>(c) Four records lacked consistent documentation in a progress note by the referring clinician of the consultant's findings and/or recommendations.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding all issues listed in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues are regularly examined by reviewing no less than 5 applicable medical records weekly to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

## **CONCLUSION**

Survey findings indicated the overall medical care provided at SARCI appeared to fall within department standards and generally reflected standards commensurate with the professional health care community at large. Of particular note was the effective way in which the administrative processes were organized, including the efficient manner in which medical and dental operations were conducted, and in well organized and maintained medical records. In addition, both formal and informal interviews conducted during the survey revealed a knowledgeable staff and an inmate population generally satisfied with the medical and dental services provided.

Notwithstanding the issues identified in the body of this report, staff should be commended on the level of care provided to inmates under their charge. Survey findings detail a relatively small number of areas requiring attention by institutional staff, but do suggest areas of improvement in the documentation of chronic illness care. These areas include the documentation of medical histories, baseline and follow-up lab results, and physical examination findings as an assessment tool. One other area identified during the survey and requiring attention is medical record documentation following an outside consultation.

When these concerns were discussed in detail with institutional staff, they appeared motivated to improving the institutional health care delivery system. Each of the findings identified in this report fall well within the scope of institutional staff to correct. Training and monitoring instruments developed to address these concerns should focus heavily on the documentation of chronic illness assessments and treatments and consultation follow-ups. When developed, corrective action plans will provide the staff a useful blueprint to identify training opportunities and methods to ensure components of overall patient care are met in a timely manner.

# MENTAL HEALTH FINDINGS

Santa Rosa Correctional Institution provides outpatient and inpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at Santa Rosa CI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

## CLINICAL RECORDS REVIEW

*Outpatient services at the main unit at SARCI are provided primarily to inmates housed in Close Management. Outpatient services are provided at the Annex typically to inmates in confinement or the general population. Inpatient services are provided at the Annex in the TCU and CSU. Because the mental health missions are somewhat different at each unit, the findings listed below will be specific to each unit.*

<b>Inpatient Psychotropic Medication Practices - Annex</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-1: A comprehensive review of eleven inpatient records revealed the following deficiencies:</b></p> <p><b>(a) In four of ten applicable records, the psychiatric evaluation was not completed within the required timeframe.</b></p> <p><b>(b) Five records lacked evidence that lab tests were ordered prior to the initial dose of medication or portions of lab results were incomplete.</b></p> <p><b>(c) In six of nine applicable records, AIMS testing was not conducted at required intervals.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Outpatient Psychotropic Medication  
Practices - Annex**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-2: A comprehensive review of eight outpatient records revealed the following deficiencies:</b></p> <p><b>(a) Five records lacked evidence lab tests were ordered prior to the initial dose of medication.</b></p> <p><b>(b) Three records lacked evidence that psychiatric evaluations were completed within the required timeframe.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Outpatient Mental Health Services -  
Annex**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-3: In five of 10 records reviewed, Individualized Service Plans (ISP) were not completed within the required timeframe. (see discussion)</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

*Discussion MH-3: In three of the cases, the ISP was either not signed by the inmate or was signed several months late.*

**Outpatient Psychotropic Medication  
Practices - Main**

Finding(s)	Suggested Corrective Action(s)
<b>MH-4: In three of 12 records reviewed, AIMS testing was not conducted at required intervals.</b>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of five records or all if less than five weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Outpatient Mental Health Services -  
Main**

Finding(s)	Suggested Corrective Action(s)
<b>MH-5: In two of eight records reviewed, ISPs were not completed within the required timeframe.</b>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of five records or all if less than five weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**CONCLUSION**

Mental health services at SARCI serve a complex and difficult population, but several strengths were evident in the review of mental health operations, including well organized records and staff focused on the provision of quality care. Staff seemed familiar with the personal and clinical issues of each of the inmates on their caseloads. The majority of progress notes were detailed and ISPs were individualized. Notwithstanding the findings identified above, mental health staff at SARCI appear to be providing clinically appropriate care in a majority of cases reviewed.

## **DEPARTMENT FINDINGS**

In addition to the physical and mental health findings referenced previously in this report, there are several other areas of concern. These findings are beyond the scope of the institution to correct as they 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**

<b>Finding(s)</b>
<b>Dept-1: Special housing inmates were not offered one hour of exercise per day, five days per week outside the cell.</b>
<b>Dept-2: There was no evidence of a policy prohibiting the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.</b>

### **MENTAL HEALTH**

There were no department findings for mental health

## 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, /treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc)
- ◆ Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

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

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office security or program area staff.