



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

SANTA ROSA CORRECTIONAL INSTITUTION

in

Milton, Florida

on

July 22-25, 2003

CMA Physical Health Team Leader:

Paul R. Cornish

Physical Health Team Members:

Ellsworth Sacks, MD
Tim Garvey, DMD
Roslyn Neely, ARNP
Betty Tapp, RN

CMA Mental Health Team Leader:

Murdina Campbell

Mental Health Team Members:

Sara Tirumalasetty, MD
Paree Stivers, PhD
Karen Milo, PhD
Carmen Paroby, LCSW
Donna Adair, ARNP
Debbie Kings, RN

DEMOGRAPHICS

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

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

Institutional Potential/Actual Workload

Main Unit Capacity	1,755	Current Main Unit Census	733
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	295	Current Satellite(s) Census	138
Total Capacity	2,050	Total Current Census	871

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		572	261	38	0	0
<i>Mental Health Grade</i> <i>(S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
	1	2	2P	3	3	<i>Impaired</i>
	721	67	2	80	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		18	7	0	115	117

OVERVIEW

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

SARCI is a medical level 3 institution housing primarily close management inmates. A small contingent of general population inmates is assigned to the institution to perform work assignments. Overall, survey findings indicate that the provision of health care is adequate to meet the needs of the assigned inmates. Only three relatively minor departures from expected standards of care were revealed through the survey process.

Mental Health Findings

Santa Rosa Correctional Institution was in the process of converting to an entirely close management institution, with the exception of a relatively small contingent of healthy general population inmates assigned to work in the institution. This process was not completed at the time of the survey and a sample of general population inmates was selected for review. The review included outpatient mental health services for psychiatric grades S1, S2 and S3 inmates, special housing, inmate-declared psychological emergencies, inmate requests for mental health services, intellectual functioning, and sex offender services. Overall, the outpatient general population mental health program was functioning well. Findings were limited to a lack of timeliness in completing inmate orientation to mental health services and reviewing the records of newly arriving inmates. Additionally, newly arriving inmates with significant mental health histories were not consistently referred to mental health by nursing staff completing the intake review documentation. It should be noted that most of these inmates were independently reviewed by mental health staff and therefore, none of the survey sample were found to have been overlooked.

Department Findings

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

Exit Conference and Final Report

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

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;

- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

SUMMARY OF INSTITUTIONAL SCORES

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

Area of Review		Score*		
		Systems	Clinical	
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100	
		Emergency Care		100
		Follow-Up Care		98
		Infirmatory Care		96
		Sick Call		96
	Chronic Care	Asthma Clinic		99
		Diabetes Clinic		95
		General Medicine Clinic		99
		Hypertension Clinic		99
		Immunity Clinic		NA
		Seizure Clinic		100
	TB/INH Clinic		100	
	Preventative Care		100	100
	Dental Care		100	100
	Mortality Review		100	92
	Other	Administrative	97	
		Consultation Requests	100	97
		Food Services	100	
		Infection Control	100	
		Intake (Reception) Process	NA	NA
Intrasystem Transfers		100	97	
Medical Area and Inmate Housing		98		
Medication Administration		100	79	
OBIS-Health Record Content		100	98	
Pharmacy		NA		
Quality Management	100			
Area of Review		Area Score		
MENTAL HEALTH	Mental Health Systems		100	
	Access to Mental Health Services		97	
	Inpatient Mental Health Services		NA	
	Intellectual Functioning		87	
	Psychiatric Restraints		NA	
	Psychotropic Medication Practices		100	
	Outpatient Mental Health Services		84	
	Self-Injury/Suicide Prevention	NA		
		NA		
		NA		
	Sexual Offender Services		100	
	Special Housing		100	
Use of Force		100		

*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.

CLINICAL

Records Reviewed	DIABETES CLINIC	Record Review Score
5		95
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: All records reviewed of Type II diabetics lacked evidence of an annual test for microalbuminuria.</p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five diabetic clinic records per month to ensure appropriate laboratory tests are conducted and reviewed. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Records Reviewed	MEDICATION ADMINISTRATION	Record Review Score
7		79
Finding(s)	Suggested Corrective Action(s)	
<p>PH-2: Discrepancies were noted in comparing medication administration records against medications orders documented in the corresponding medical record; routes of administration were not well documented.</p>	<p>Provide inservice training to applicable staff.</p> <p>Monitor at least five physician order forms and the corresponding MAR per month to ensure all required components are documented. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Records Reviewed	MORTALITY REVIEW	Record Review Score
4		92
Finding(s)	Suggested Corrective Action(s)	
<p>PH-3: Two of the four mortality records reviewed contained no final physician death summary.</p>	<p>Provide inservice training to applicable staff.</p> <p>Implement the use of a mortality review checklist to ensure all required review components are completed. Monitor the use of the checklist on an on-going basis. Continue monitoring until closure is affirmed through the CMA CAP process.</p>	

Discussion: Several clinical concerns were noted during one of the mortality record reviews. These concerns were discussed with staff at the time of the survey and will be referred to the CMA's Quality Management Committee for any further action deemed necessary.

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

System Reviews

- Administrative Processes
- Consultation Requests
- Dental Services
- Episodic Care
- Food Services
- Infection Control
- Intrasystem Transfers
- Medical Area and Inmate Housing
- Medication Administration
- Mortality Review
- OBIS/Health Record Content
- Preventative Care
- Quality Management

Record Reviews

- Asthma/Pulmonary Clinic
- Consultation Requests
- Dental Services
- Emergency Care
- Episodic Care Follow-Up
- General Medicine Clinic
- Hypertension Clinic
- Infirmary Care
- Intrasystem Transfers
- OBIS/Health Record Content
- Preventative Care
- Seizure Clinic
- Sick Call
- Tuberculosis/INH Therapy Clinic

CONCLUSION

The physical health survey of Santa Rosa Correctional Institution revealed that, with only a few exceptions, the provision of health care and the application of established administrative processes was adequate and consistent with expected and required standards. Only three findings were 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.

MENTAL HEALTH FINDINGS

Survey Results

Santa Rosa Correctional Institution was in the process of converting to an entirely close management institution, with the exception of a relatively small contingent of healthy general population inmates assigned to work in the institution. This process was not completed at the time of the survey and a sample of general population inmates was selected for review. The review included outpatient mental health services for psychiatric grades S1, S2 and S3 inmates, special housing, inmate-declared psychological emergencies, inmate requests for mental health services, intellectual functioning, and sex offender services. Overall, the outpatient general population mental health program was functioning well. Findings were limited to a lack of timeliness in completing inmate orientation to mental health services and reviewing the records of newly arriving inmates. Additionally, newly arriving inmates with significant mental health histories were not consistently referred to mental health by nursing staff completing the intake review documentation. It should be noted that most of these inmates were independently reviewed by mental health staff and therefore, none of the survey sample were found to have been overlooked.

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
9		84
Finding(s)	Suggested Corrective Action(s)	
<p>MH-1: Newly arriving inmates with significant mental health histories were not consistently referred to mental health by nursing staff completing the intake review documentation.</p>	<p>Provide in-service training to relevant staff on the need to review mental health histories and document necessary referrals.</p> <p>Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
<p>MH-2: Orientation to mental health services within was inconsistently documented.</p> <p style="padding-left: 20px;">a. Intake orientation by nursing staff did not document that orientation to mental health access had been provided.</p> <p style="padding-left: 20px;">b. Mental health staff did not consistently document that orientation to mental health services had been provided within eight days of arrival.</p>	<p>Develop a system to ensure that documentation of orientation to mental health access is completed upon intake. This may be recorded as a note or stamp.</p> <p>Provide in-service training to relevant staff on the need to document inmate orientation in a timely manner.</p> <p>Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
<p>MH-3: Mental health staff did not consistently review the medical records of newly arriving inmates within 14 days of arrival.</p>	<p>Provide in-service training to relevant staff on the need to review medical records in a timely manner.</p> <p>Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP</p>	

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Area Score
9		84
Finding(s)	Suggested Corrective Action(s)	
	assessment.	

The following areas of review resulted in no significant problems.

- Access to Mental Health Services
- Intellectual Functioning
- Sex Offender Services
- Special Housing
- Use-of-Force

CONCLUSION

Overall, the outpatient general population mental health program was functioning appropriately with the exception of a lack of timeliness in providing inmate orientation and new arrival record reviews, and inconsistent documentation of intake referrals to mental health.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, one other area of concern was noted. This finding is beyond the scope of the institution to correct. This finding may be based on standards adopted by the CMA, but not addressed in department policy, procedure or directive. Or, it may be based on other issues beyond institutional control. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

ADMINISTRATIVE PROCESSES AND PREVENTATIVE CARE SYSTEMS REVIEW	
Finding(s)	Comment
<p>PH-1: No evidence was provided to indicate that inmates in special housing (Administrative and Disciplinary Confinement, Protective Management and/or Close Management) are offered one hour of exercise outside the cell per day, five days per week.</p>	<p>This standard is referenced in question 21 of the Administrative Processes Systems Review Instrument and in question 5 of the Preventative Care Systems Review Instrument.</p>
<p>PH-2: No specific department policy was provided prohibiting medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.</p>	<p>This standard is referenced in question 29 of the Administrative Processes System Review Instrument.</p>

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.