



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

SUMTER CORRECTIONAL INSTITUTION

in

Bushnell, Florida

on

January 14 - 16, 2009

CMA Physical Health Team

Leaders:

Kaye Harris, RN
Priscilla Wood, BS

Physical Health Team Members:

Richard Berjian, MD
Timothy Garvey, DMD
Donna Adair, ARNP
Sue Sims, RN

CMA Mental Health Team Leader:

Kathy Goltry, MSW

Mental Health Team Members:

Karen Milo, PhD
Andrew Daire, PhD, LMHC
Cathy Morris, RN

Distributed on February 3, 2009

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,671	Male Youthful Offender	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1,764	Current Main Unit Census	1,671
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	383	Current Satellite(s) Census	383
Total Capacity	2,147	Total Current Census	2,054

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		1,183	545	326	0	14
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	2,012	43	0	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	33	24	0	N/A	N/A	N/A

OVERVIEW

Institutional Description

Sumter Correctional Institution (SUMCI) houses male inmates of minimum, medium, and close custody levels and is designated as a medical grade 3, psychological grade 2 facility. In addition, SUMCI houses male youthful offender inmates assigned to a Boot Camp program on the institution's Main Unit. Health care services are also provided to inmates assigned to a Forestry Work Camp located on adjacent property.

Primary medical services are rendered for all inmates housed at the Main Unit, including those in the Boot Camp program. Sick call is offered at the Main Unit five days per week for open population inmates and those in the Boot Camp program. The Forestry Work Camp has a designated room at that site where sick call is available three days per week. Care is assumed by the Main Unit for any Forestry Camp inmates requiring health care services beyond sick call.

The overall scope of health services provided at SUMCI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and an observation/infirmarary as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at SUMCI January 14 - 16, 2009. 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 may be noted during the survey. These findings may be based on standards endorsed by the CMA, but 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 SUMCI survey, will be routinely reviewed by the CMA Quality Management 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 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 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 medical records reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each record reviewed;
- 4) The percentage of records reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE SYSTEM REVIEWS

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Patients housed in the infirmary are not within sight or sound of staff. (see discussion)</p>	<p>Provide evidence in the closure file the issue described in the Finding column has been corrected. This may be in the form of copies of work orders, photographic evidence, etc.</p>

Discussion PH-1: The infirmary has a capacity for eight medical inmates housed in four rooms. Due to the physical layout of the infirmary, inmates are not in sight of staff. Therefore, an intercom (communication system) is employed. However, staff reports the system has been inoperative for approximately four months.

CLINICAL

Offender Based Information System (OBIS)

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: Five of 13 records reviewed contained a DC4-730 (Problem List) that was either incomplete or inaccurate.</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 10 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>

Dental Services	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In five of 20 records reviewed, routine treatment was not completed within six months of initiation of treatment.</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 10 applicable dental 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>

Sick Call	
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Finding(s)	Suggested Corrective Action(s)
N/A	N/A

Discussion: Three of five inmates interviewed reported lengthy wait times to be seen in sick call. This allegation was confirmed in part during the survey by the observation of inmates in the medical waiting area accessing sick call. Discussions were held with institutional health services management staff, including suggestions on methods to improve the sick call process. These suggestions included more efficient triage of complaints and a better system for refills of prescription medications.

Currently, inmates in need of routine medication refills must report to sick call. Staff is encouraged to consider the development and implementation of a system for medication refills that does not require inmates to access sick call for routine prescription refills. Staff is also encouraged to improve the triage process of inmate sick call requests, basing sick call access more on acuity level of the complaint than on "first come, first serve".

Conclusion

Survey findings indicated the overall medical care provided at SUMCI appeared to fall within department standards and adequately reflected standards commensurate with the professional health care community at large. Medical records were generally very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. There also appeared to be excellent cooperation between health and security staff to ensure inmates receive timely care. Staff should be commended on the care provided.

MENTAL HEALTH FINDINGS

OVERVIEW

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

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

CLINICAL

Self-Harm Observation Status (SHOS)	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In three of four records reviewed, physician’s orders for admission to Self-Harm Observation Status (SHOS) did not indicate the time or date of the order.</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>MH-2: In all four records reviewed, physician’s orders did not specify 15 minute checks for inmates in SHOS.</p>	<p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p>
<p>MH-3: In two of five records reviewed, SHOS was not reordered by a physician every 24 hours.</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>

Discussion: In the four cases reviewed, all had at least one discrepancy in the documentation of treatment orders or were missing required documentation. Although inmates at SUMCI do not stay on SHOS status for long periods of time before being transferred for further evaluation, the inconsistency of required documentation should be addressed.

CONCLUSION

Currently SUMCI has one part-time psychologist and a full-time psychological specialist providing services to the Main Unit, the youthful offender boot camp, and the forestry camp, a total of over 2,000 inmates. Both of the staff carry caseloads and conduct group sessions as well as answering inmate requests. Although there were some issues with the use of the correct forms in documenting responses to inmate requests and the assignment of a case manager, it was evident that these were infrequent omissions and that inmates were actually receiving appropriate care. Generally the quality of progress

notes and summaries was excellent and documentation of mental health encounters was generally complete and informative. All inmates interviewed indicated they would not hesitate to ask for help if they had a mental health problem. The psychological specialist visits confinement each morning to check on inmates, which probably has greatly contributed to the stability of the inmate population. In spite of their small number, the staff appears to provide quality services to those inmates who need intervention and to respond quickly and appropriately to emergencies. Notwithstanding the findings identified above, mental health staff at SUMCI appear to be providing clinically appropriate care in a majority of cases reviewed and should be commended for their professionalism.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, other issue(s) were identified during the survey that are beyond the scope of the institution to address in an institutional corrective action plan (CAP). The issues may be based on standards endorsed by the CMA, but not addressed in department policy, procedure, or directive and therefore beyond institutional control. Issues identified below are currently under discussion with the OHS staff and will be addressed through the CMA's Quality Management Committee. Until such time as a resolution is reached between the CMA and the OHS these issues, they will continue to be reflected as "Department Findings" in individual institutional reports when applicable.

PHYSICAL HEALTH

Finding(s)
Dept-1: Inmates in special housing are not offered one hour of exercise per day, outside the cell, five days per week.

MENTAL HEALTH

Finding(s)
No mental health findings.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- 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.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

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.