



# CORRECTIONAL MEDICAL AUTHORITY

## PHYSICAL & MENTAL HEALTH SURVEY

of

## SUMTER CORRECTIONAL INSTITUTION

in

Bushnell, Florida

on

June 10-13, 2003

**CMA Physical Health Team Leader:**

Paul R. Cornish

**CMA Mental Health Team Leader:**

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**Physical Health Team Members:**

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**Mental Health Team Members:**

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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/Youthful Offender	Male	Close	2

### Institutional Potential/Actual Workload

Main Unit Capacity	1,366	Current Main Unit Census	1,345
Satellite Unit(s) Capacity	402	Current Satellite(s) Census	368
Total Capacity	1,768	Total Current Census	1,713

### 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>	
		899	822	19	1	3
<i>Mental Health Grade (S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	1,724	15	0	0	0	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>
		55	16	1	0	0

# OVERVIEW

## **Physical Health Summary**

A thorough review of the physical health-related systems at the institution, including dental care, the physical plant, administrative processes, and the provision and documentation of care revealed only eight areas not in compliance with CMA standards or with standards generally accepted in the health care community at large. These eight concerns require corrective action by institutional staff.

## **Mental Health Summary**

This institution offered outpatient services in the form of screening, case management, individual therapy and group treatment. Findings were generally positive with some need for training demonstrated in the areas of obtaining informed consent, sex offender screenings, conducting 90-day confinement evaluations, and use of psychiatric restraints.

## **Supplemental Report**

In addition to the medical and mental health findings referenced in the body of this report, several other areas of physical health concern were noted. These findings will require intervention by the department's Office of Health Services (OHS). These findings are identified and discussed in a supplemental report provided directly to the OHS. No mental health concerns were identified requiring OHS action.

## **Exit Conference and Final Report**

At the conclusion of the survey, an exit conference was held with institutional and regional health services staff 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		Numeric Score*			
		Systems	Records		
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Episodic Care Systems	100		
		Emergency Care		98	
		Follow-Up Care		90	
		Infirmery Care		100	
		Sick Call		94	
	<b>Chronic Care</b>	Asthma Clinic		100	
		Diabetes Clinic		96	
		General Medicine Clinic		100	
		Hypertension Clinic		100	
		Immunity Clinic			
		Seizure Clinic		99	
		TB/INH Clinic		100	
	<b>Preventative Care</b>		100	100	
	<b>Dental Care</b>		94	99	
	<b>Mortality Review</b>		100	89	
	<b>Other</b>	Administrative	97		
		Consultation Requests	100	100	
		Infection Control	92		
		Intake (Reception) Process			
Intrasystem Transfers		100	96		
Medical Area and Inmate Housing		98			
Medication Administration		88	100		
OBIS-Health Record Content		100	97		
Pharmacy					
Quality Management	100				
<b>MENTAL HEALTH</b>	Access to Mental Health Services		100	90	
	Inpatient Mental Health Services				
	Intellectual Functioning		100	88	
	Psychiatric Restraints		83		
	Psychotropic Medication Practices				
	Outpatient Mental Health Services		93	99	
	<b>Self-Injury/Suicide Prevention</b>	23-hour Observation		86	
		SOS Status			100
		Other Self-injury Prevention Status			
	Sexual Offender Services		100	95	
	Special Housing		100	80	

## PHYSICAL HEALTH FINDINGS

### Survey Results

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

Records Reviewed:	DENTAL	Systems Score	Records Score
N/A		94	N/A
Finding(s)		Suggested Corrective Action(s)	
N/A		N/A	

**Discussion:** The dental facilities are cramped, although additional space was gained since the last survey in 2000. The process for cleaning, packaging and sterilization of instruments has potential contamination risks. Dirty instruments are washed at two sinks located in the aisle where patient and staff traffic occurs. This area is also reportedly used for staff hand washing and the washing/bagging of instruments. Packaged instruments are then transported to an adjacent room that has multiple uses, including developing of x-rays, scheduling of appointments and other computer work, plus some storage.

In spite of these restrictions, however, the staff is most conscientious and appears to function well within this limited space. Attention should be given, funding permitting, to expanding available workspace or constructing a new, more appropriately designed facility.

Records Reviewed:	INFECTION CONTROL	Systems Score	Records Score
N/A		92	N/A
Finding(s)		Suggested Corrective Action(s)	
<b>PH-1: Monthly sanitation inspections of the facility (conducted by the safety officer) are not forwarded to the Infection Control Coordinator for review.</b>		Implement an internal policy of coordination between the Institutional Safety Officer and the Infection Control Coordinator to ensure potential sanitation/safety concerns are adequately addressed.	

Records Reviewed:	MEDICAL AREA AND INMATE HOUSING	Systems Score	Records Score
N/A		98	N/A
Finding(s)		Suggested Corrective Action(s)	
<b>PH-2: No information regarding how to access medical/dental sick call and mental health services is posted in inmate dormitories or common areas.</b>		Ensure appropriate posting of access information in inmate dormitories and inmate common areas.	

Records Reviewed:	<b>MEDICATION ADMINISTRATION</b>	Systems Score	Records Score
N/A		88	N/A

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: Staff was observed not washing their hands before and between patient encounters in the medication administration area. Although no sink is present, at a minimum, the use of waterless hand washing materials, e.g., alcohol foam, anti-bacterial pads, etc. should be utilized.</b></p>	<p>Provide in-service training for staff regarding the importance and proper hand washing procedures.</p> <p>Through observation, monitor staff activity in this area on a regular basis and document the findings of the monitoring. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

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

Records Reviewed:	<b>DIABETES CLINIC</b>	Systems Score	Records Score
7		N/A	96

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: Five of the seven records reviewed (all Type II diabetics) lacked evidence of an annual test for microalbuminuria.</b></p>	<p>Provide in-service training for staff regarding the importance and proper procedure for required laboratory testing of inmates enrolled in the Diabetes Clinic.</p> <p>Monitor five records per month of inmates enrolled in the Diabetes Clinic to ensure appropriate laboratory testing and follow-up. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:	<b>EPISODIC CARE FOLLOW-UP</b>	Systems Score	Records Score
6		N/A	90

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: Three of the six records reviewed contained examples of referrals that were ordered, but not completed.</b></p>	<p>Provide in-service training for staff regarding the importance and proper procedure scheduling and completing required follow-up appointments.</p> <p>Monitor five applicable records per month to ensure appropriate and timely follow-up encounters are accomplished when ordered. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:		Systems Score	Records Score
<b>INTRASYSTEM TRANSFERS</b>		<b>100</b>	<b>92</b>
5			
Finding(s)		Suggested Corrective Action(s)	
<p><b>PH-6: In two of five records reviewed, no specific evidence was located to indicate the DC4-760, Health Information Transfer Summary, was reviewed upon the inmate's arrival at SUMCI.</b></p>		<p>Provide in-service training for staff regarding the proper procedures for record review on incoming inmates.</p> <p>Monitor five medical records per month of newly arrived inmates to ensure appropriate screenings are completed and documented. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed:		Systems Score	Records Score
<b>MORTALITY</b>		<b>100</b>	<b>89</b>
2			
Finding(s)		Suggested Corrective Action(s)	
N/A		N/A	

**Discussion:** Two mortality records were reviewed during the survey. Documentation deficiencies noted included: no final physician death summary in either record, no notification to the medical examiner in either record, and no death certificate in one record. However, since the time of these deaths, more than two years ago, the Office of Health Services has instituted an improved quality management mortality review checklist that provides a method to effectively eliminate these types of oversights from occurring. Should another death occur at the institution, it is recommended the staff carefully review and apply this checklist during the required mortality review process.

Records Reviewed:		Systems Score	Records Score
<b>SICK CALL</b>		<b>N/A</b>	<b>94</b>
10			
Finding(s)		Suggested Corrective Action(s)	
<p><b>PH-7: During instances when the inmate's first sick call encounter was with a certified medical technician (CMTTC) or a licensed practical nurse (LPN), the encounter notes were not always co-signed by a registered nurse (RN).</b></p> <p><b>PH-8: Vital signs were not consistently documented during sick call encounters.</b></p>		<p>Implement a procedure for routine RN review of all sick call records when a CMTTC or LPN initiated the encounter.</p> <p>Provide inservice training to all staff regarding the importance of documenting vital signs during patient encounters.</p> <p>Monitor at least five medical records each per month of CMTTC/LPN and RN initiated encounters to ensure appropriate co-signatures and the documentation of vital signs. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

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

System Reviews

- Administration
- Consultation Request
- Episodic Care
- Intrasystem Transfers
- Medication Administration
- Mortality Review
- OBIS/Health Record Content
- Preventative Care
- Quality Management

Record Reviews

- Asthma Clinic
- Consultation Request
- Dental Services
- Emergency Care
- General Medicine Clinic
- Hypertension Clinic
- Infirmary Care
- Medication Administration
- OBIS/Health Record Content
- Preventative Care
- Seizure Clinic
- TB/INH Therapy Clinic

**CONCLUSION**

Overall, the provision of physical health care at SUMCI was, with few exceptions, adequate and generally consistent with expected and required standards. It was the opinion of the survey team that staff was knowledgeable regarding the process of providing care, and that a team effort was used to provide the care. A good working relationship and a level of trust appeared to exist between medical, nursing and security staffs.



## MENTAL HEALTH FINDINGS

### Background

Staffing consisted of two psychological specialists, a clerk and a senior psychologist. The latter had been on staff for approximately 10 years. The senior psychologist's workload included two to three days per week at Hernando CI. Additionally, during the prior year, one of the psychological specialists had been assigned to Lowell CI five days per week for a period of seven months. It was reported during the survey that this position was to be permanently transferred in the near future, leaving only one psychological specialist on staff at Sumter C.I.

### Survey Results

Strengths:

- Individualized Service Plans and biopsychosocial assessments were developed in a timely manner.
- Inmates on suicide observation were observed no less frequently than every 15 minutes, which is in compliance with the CMA-endorsed standard for observation and all documentation was present.
- 30-day confinement evaluations were timely.
- Required mental health logs were maintained appropriately.

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

Records Reviewed:	<b>ACCESS TO MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
<b>16</b>		<b>100</b>	<b>90</b>
Finding(s)	Suggested Corrective Action(s)		
<b>MH-1: Properly executed consent for treatment forms were not always present in the records reviewed, particularly when the contact involved responding to inmate requests, psychological emergencies, or confinement evaluations.</b>	Provide training to mental health staff regarding the need to obtain signed treatment consent forms prior to initiating an assessment and/or treatment contact.  Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA Corrective Action Assessment (CAP).		

Records Reviewed:		INTELLECTUAL FUNCTIONING	Systems Score	Records Score
8			100	88
Finding(s)		Suggested Corrective Action(s)		
MH-2: Intellectual testing was not consistently completed as required.		<p>Conduct intellectual testing as required for inmates arriving with incomplete testing.</p> <p>Conduct monthly monitoring of the records of five new arrivals per month for the presence of completed intellectual testing. Continue monitoring until closure of the finding is affirmed through the CMA Corrective Action Assessment (CAP).</p>		

Records Reviewed:		PSYCHIATRIC RESTRAINTS	Systems Score	Records Score
0			83	N/A
Finding(s)		Suggested Corrective Action(s)		
MH-3: The officer assigned to the medical unit was unable to demonstrate the application of psychiatric restraints, had not been trained in their use, and other staff were uncertain of the location of the restraint key.		<p>Ensure that security staff assigned to the medical unit have been trained in the application of psychiatric restraints and that all nursing and security staff are aware of the location of the restraint key. Consider posting a notice of the restraint key's location for medical staff reference.</p>		

Records Reviewed:		SPECIAL HOUSING	Systems Score	Records Score
6			100	80
Finding(s)		Suggested Corrective Action(s)		
MH-4: Ninety-day confinement evaluations were not consistently completed within the required timeframe.		<p>Provide staff training to ensure that 90-day confinement evaluations are completed within 90 days from the date the 30-day evaluation was conducted. The confinement evaluation tracking system should continue to be maintained.</p> <p>The confinement tracking system should be monitored on at least a twice-monthly basis to ensure timeframes are met. The results of this monitoring, indicating the number of evaluations due and the number completed in a timely manner, with dates and inmate identifiers, should be recorded in the corrective action file. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:		Systems Score	Records Score
<b>SEX OFFENDER SERVICES</b>		<b>100</b>	<b>95</b>
9			
Finding(s)		Suggested Corrective Action(s)	
<b>MH-5: Sex offenders who had refused treatment in the past were not consistently interviewed within the year prior to their end-of-sentence (EOS) to re-assess amenability to treatment.</b>		Complete sex offender interviews as required.  Conduct monthly monitoring of the records of all sex offenders who are within one year of EOS to ensure they have been re-interviewed and offered treatment. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.	

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

System Reviews

- Access to Mental Health Services
- Intellectual Functioning
- Suicide and Self-Injury Prevention
- Sex Offender Services
- Special Housing

Record Reviews

- Special Housing

## CONCLUSION

Survey results were generally positive at this S1/S2 level institution and several strengths were demonstrated. Improvement was needed in a few areas related to actions that should be taken as a result of the initial record screening of new arrivals, such as sex offender interviews and intellectual testing. Additionally, staff needed training in proper completion of treatment consent forms and in the conduct of 90-day confinement evaluations to ensure that confinement inmates receive mental status evaluations at least every 90 days. Training was also needed for security staff assigned to the medical area in psychiatric restraint application.



## 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.