



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

TAYLOR CORRECTIONAL INSTITUTION

in

Perry, Florida

on

January 14-17, 2003

CMA Physical Health Team Leader:

Paul R. Cornish

Physical Health Team Members:

Ellsworth J. Sacks, M.D.
Steven McClintock, D.D.S.
David F. Habell, P.A.
Judy A. Reinman, R.N.

CMA Mental Health Team Leader:

Kathy Pilkenton, M.S.W., M.Ed.

Mental Health Team Members:

Lonnie Meier, Ph.D.
Linda Humphries, L.C.S.W., Ph.D.
Victoria Lund, A.R.N.P., Ph.D.

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Main Unit: Adult Annex: Youthful Offenders	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1,122	Current Main Unit Census	988
Annex Capacity	1,205	Current Annex Census	463
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	2,327	Total Current Census	1,451

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>	
<i>Main Unit</i>	442	410	146	7	6	
<i>Annex</i>	368	85	10	0	0	
	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
<i>Mental Health Grade (S grade)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
<i>Main Unit</i>	966	24	0	0	0	0
<i>Annex</i>	456	17	0	0	0	1

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>
<i>Main Unit</i>	44	11	N/A	101	96	N/A
<i>Annex</i>	35	32	N/A	N/A	N/A	N/A

OVERVIEW

Physical Health Summary

A thorough review of the physical health-related systems at the institution, including the physical plant, administrative processes, and the provision and documentation of care revealed only six findings considered significant enough to report. These findings represented departures from Correctional Medical Authority (CMA) standards, prevailing practice standards generally accepted in the community at large, or Department of Corrections' standards. Three of the six findings were in the area of documentation related to medication administration practices. The three remaining findings surfaced during reviews of dental patient records.

Mental Health Summary

This institution offered outpatient services, through a private provider (Prison Health Services), in the form of screening, case management, individual therapy and limited group treatment for close management inmates. Staff vacancies may have contributed to many of the documentation deficiencies noted during the survey. Significant findings included three to four month delays in obtaining psychiatric evaluations for inmates demonstrating symptoms of serious mental illness, lack of timely confinement evaluations of close management inmates, missing documentation of observation of suicidal inmates, and lack of consistently documented responses to psychological emergencies.

Supplemental Report

In addition to the medical and mental health findings referenced above, other areas of concern were noted. These issues will require intervention by the department's Office of Health Services (OHS). These issues are identified and discussed in a supplemental report provided directly to the OHS.

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		Numeric Score*			
		Systems	Records		
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100		
		Emergency Care		100	
		Follow-Up Care		100	
		Infirmery Care		100	
		Sick Call		100	
	Chronic Care	Asthma Clinic		100	
		Diabetes Clinic		99	
		General Medicine Clinic		100	
		Hypertension Clinic		99	
		Immunity Clinic		98	
		Seizure Clinic		99	
		TB/INH Clinic		100	
	Preventative Care		100	98	
	Dental Care		95	94	
	Mortality Review		100	98	
	Other	Administrative	100		
		Consultation Requests	100	100	
		Infection Control	85		
		Intake (Reception) Process			
Intrasystem Transfers		100	100		
Medical Area and Inmate Housing		100			
Medication Administration		100	82		
OBIS-Health Record Content		100	98		
Pharmacy					
Quality Management	100				
MENTAL HEALTH	Access to Mental Health Services		78	64	
	Inpatient Mental Health Services				
	Intellectual Functioning		100	92	
	Psychiatric Restraints		100		
	Psychotropic Medication Practices				
	Outpatient Mental Health Services		80	79	
	Self-Injury/Suicide Prevention	23-hour Observation		100	
		SOS Status			71
		Other Self-injury Prevention Status			
	Sexual Offender Services		50	62	
Special Housing		100	61		

PHYSICAL HEALTH FINDINGS

Survey Results

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

DENTAL CARE

Records Reviewed:	DENTAL SERVICES	Systems Score	Records Score
20		95	94
Finding(s)	Suggested Corrective Action(s)		
<p>PH-1: Dental Health Questionnaires completed by inmates are not consistently present or complete.</p> <p>PH-2: Evidence that post-treatment/operative instructions were provided to inmates is not consistently documented.</p> <p>PH-3: Following an inmate's request for treatment, routine care is not consistently completed within six months of the initiation of that treatment.</p>	<p>Provide inservice training to appropriate staff on required documentation.</p> <p>Monitor at least five dental records a month to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment visit.</p> <p>Consider the temporary assignment of a second dentist to help reduce patient backlogs. If not possible, develop and initiate a plan of action to address the issue.</p>		

Discussion: Staff turnover in the senior dentist position has caused a backlog for inmates awaiting care to about 8 months from request to the first routine care appointment. Once treatment is started, there is a two-three week wait between visits. No significant routine care is provided to the youthful offender population housed in the institution's annex. A review of daily patient encounter records suggests an effort is underway by the dentist to reduce the backlog in the main unit. This same attention should be provided to annex inmates requiring care. Given the potential for population growth, particularly youthful offenders, consideration should be given to temporarily assigning a second dentist at the facility until the patient backlog is reduced.

OTHER

Records Reviewed:	MEDICATION ADMINISTRATION	Systems Score	Records Score
9		100	82
Finding(s)	Suggested Corrective Action(s)		
<p>PH-4: Medication orders are not consistently signed, dated, and/or timed.</p> <p>PH-5: There is no consistent transcription of medication orders by the end of the shift during which they were written.</p> <p>PH-6: Medication administration records do not consistently match the physician's order, including name, route of administration, dose, frequency and start and stop dates.</p>	<p>Provide inservice training to appropriate staff.</p> <p>Monitor at least five records and corresponding medication administration records monthly to ensure appropriate documentation is present; i.e., order and transcription signatures, dates and times, and medication names, routes of administration, dose, frequency and start/stop dates.</p> <p>Continue monitoring until closure is affirmed</p>		

Records Reviewed:	MEDICATION ADMINISTRATION	Systems Score	Records Score
9		100	82
Finding(s)		Suggested Corrective Action(s)	
		through a CMA corrective action plan assessment visit.	

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

System Reviews

- Administration
- Consultation Requests
- Episodic Care
- Infection Control
- Intrasystem Transfer
- Medical Area and Inmate Housing
- Medication Administration
- Mortality Review
- OBIS – Health Record Content
- Preventative Care
- Quality Management

Record Reviews

- Asthma Clinic
- Consultation Requests
- Diabetes Clinic
- Emergency Care
- Follow Up Care
- General Medicine Clinic
- Infirmity Care
- Intrasystem Transfer
- Hypertension Clinic
- Immunity Clinic
- Mortality Review
- OBIS – Health Record Content
- Preventative Care
- Seizure Clinic
- Sick Call
- TB/INH Clinic

CONCLUSION

The CMA survey of Taylor Correctional Institution revealed that, with only a few exceptions, the provision of physical health care at the facilities by Prison Health Services, a private contractor, was adequate and consistent with expected and required standards. Only six findings were enumerated in this report, representing relatively minor departures from Correctional Medical Authority (CMA) standards, prevailing practice standards generally accepted in the community at large, or Department of Corrections' standards.

MENTAL HEALTH FINDINGS

Background

Staffing consisted of two psychological specialists, a clerk and a senior psychologist. The psychologist had been on staff for approximately four months at the time of the survey. The position had been vacant for several months prior to his arrival. Additionally, one of the psychological specialist positions was vacant for several months and was filled approximately one month prior to the survey. At the time of the survey, recruitment was underway to fill a third psychological specialist position. As a result of these various staff vacancies, there were several months during the time period under review when clinical staff consisted of one psychological specialist. Fortunately, this individual had a long tenure at the institution and demonstrated excellent clinical skills. However, the vacancies may have contributed to many of the documentation deficiencies noted during the survey.

Survey Results

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

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
9		78	64
Finding(s)	Suggested Corrective Action(s)		
<p>MH-1: Responses by mental health staff to inmate-declared psychological emergencies and staff referrals were not always documented in the medical records reviewed.</p>	<p>Provide training to mental health staff that emphasizes the requirement for both a log entry on the inmate request/staff referral log and the mental health emergency log regarding response time/date and a clinical note entered in the medical record in a timely manner.</p> <p>Conduct monthly monitoring of five records per month of staff referrals and psychological emergencies to ensure responses are documented in the medical records. Continue monitoring until closure of the finding is affirmed through the CMA Corrective Action Assessment (CAP).</p>		
<p>MH-2/OHS issue: Logs and records reflected a three to four month wait for psychiatric evaluations. (Refer also to Taylor C.I. Supplemental Report)</p>	<p>Continue to maintain a system, such as a log, for documenting inmate number, referral date, appointment date and the date consultation report was received. Provide copies of the information in the closure file.</p>		

Discussion: According to regional staff, the institution must utilize the North Florida Reception Center (NFRC) for psychiatric consultations and NFRC staff shortages were causing the delays in obtaining psychiatric evaluations. It should be noted that several inmates on the waiting list were demonstrating symptoms of serious mental illness requiring more expedient psychiatric/medication intervention. Waiting times of this length constitute an access barrier and unacceptable clinical practice. Action will be necessary by the Office of Health Services to correct this finding. Consideration should be given to a triage approach and to referring inmates to different institutions/regions in order to gain expedient psychiatric evaluations.

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score
21		80	79
Finding(s)	Suggested Corrective Action(s)		
MH-3: Mental health staff did not always conduct orientation to mental health services within eight days of arrival at the institution.	<p>Provide orientation to mental health services within eight days of an inmate's arrival at the institution.</p> <p>Conduct monthly monitoring of five new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
MH-4: Mental health staff did not conduct record reviews of newly arriving inmates within the required timeframe.	<p>Conduct record reviews within 14 days of arrival.</p> <p>Conduct monthly monitoring of five new arrivals per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
MH-5: Consent for treatment forms were not consistently completed as required.	<p>Properly complete and sign consent for treatment forms on all inmates receiving mental health services.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
MH-6: Biopsychosocial assessments were not always completed within the required timeframe.	<p>Complete biopsychosocial assessments within 14 days of assignment of S2 psychological grade or within 14 days of arrival if arriving as an S2 inmate.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
MH-7: Individualized Service Plans (ISPs) were not always completed within the required timeframe.	<p>Complete ISPs within 14 days of assignment of S2 psychological grade or within 14 days of arrival if arriving as an S2 inmate.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		
MH-8: Mental health aftercare planning was not initiated for inmates within 180 days of their end of sentence.	<p>Conduct in-service training appropriate to the cited deficiency.</p> <p>Conduct monthly monitoring of five records per month. Continue monitoring until closure of the finding is affirmed through the CMA CAP assessment.</p>		

Records Reviewed:		OUTPATIENT MENTAL HEALTH SERVICES		Systems Score	Records Score
	21			80	79
Finding(s)			Suggested Corrective Action(s)		
MH-9: Group therapy was not offered commensurate with the needs of the inmate population.			Establish waiting lists for a variety of groups such as referenced in the TI 15.05.18, including sex offender treatment groups, to both general population and close management inmates. Provide waiting lists, group titles, schedules and attendance records with inmate identifiers in the closure file.		

Discussion: According to documentation provided by the institution, only one group was offered at the time of the survey. This group consisted of eight close management inmates. Also refer to finding MH-15 below regarding the lack of sex offender screenings.

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION		Systems Score	Records Score
23-hr	0			100	N/A
SOS	9				71
Other	0				N/A
Finding(s)			Suggested Corrective Action(s)		
MH-10: Physician orders for admission to Suicide Observation Status (SOS) were not consistently timed and/or dated.			Conduct in-service training with physician and nursing staff (including locum tenens staff). Conduct monthly monitoring of all admissions to suicide observation status (SOS) and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.		
MH-11: Clinical mental health assessments of inmates placed on SOS or mental health observation were not consistently thorough.			Provide relevant in-service training to mental health staff regarding the need to document a thorough clinical assessment that: includes assessment of suicide risk (plan, intent, precipitating factors, history, plans for the future), considers all appropriate DSM-IV criteria in ruling out psychiatric disorder and reaches a clinically sound conclusion. Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.		
MH-12: Documentation of observations conducted on SOS and/or mental health observation patients were missing in a significant number of records reviewed.			Conduct in-service training with security, nursing, mental health and medical records staff to ensure the observation sheets (DC4-650, "Observation Checklist") are filed in the inmate medical record.		

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
23-hr	0		100	N/A
SOS	9			71
Other	0			N/A

Finding(s)	Suggested Corrective Action(s)
	Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.
MH-13: Mental health staff did not consistently provide post-SOS discharge follow-up within required timeframes.	<p>Conduct relevant in-service training with mental health staff.</p> <p>Conduct monthly monitoring of all admissions to SOS and alternative housing (if utilized) until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:		SPECIAL HOUSING	Systems Score	Records Score
	9		100	61

Finding(s)	Suggested Corrective Action(s)
MH-14: Confinement evaluations of close management inmates had not been conducted within required timeframes in a significant number of cases reviewed.	<p>Complete confinement evaluations (30/90 day evaluations) within required timeframes. A confinement evaluation tracking system, such as a log, should 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
SEX OFFENDER SERVICES		50	62
9			
Finding(s)		Suggested Corrective Action(s)	
MH-15: Sex offender screenings were not completed and updated annually as required.		Complete sex offender screenings as required. Conduct monthly monitoring of five records per month. 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

- Intellectual Functioning
- Psychiatric Restraints
- Self-Injury/Suicide Prevention

Record Reviews

- Intellectual Functioning

CONCLUSION

Staffing instability was reflected in the findings of the survey. Fortunately, one psychological specialist, who had a lengthy tenure with the facility, demonstrated good clinical skills and thorough documentation. The senior psychologist had been in place for approximately four months and had prior experience in the Florida correctional system. The remaining psychological specialist was hired a month prior to the survey. Staff have been in a “catch-up” mode of operating for the past several months. It is anticipated that with adequate supervisory direction and good-faith efforts by PHS staff to comply with departmental requirements, the findings cited in this report will be expediently addressed and corrected, thus better meeting the mental health needs of inmates housed at this institution. The issue of delays in psychiatric evaluations will require intervention by the Office of Health Services.

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.