



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

UNION CORRECTIONAL INSTITUTION

in

Raiford, Florida

on

June 10 - 12, 2009

CMA Physical Health Team Leader:

Priscilla Wood, BS
Tina Weber, MA

CMA Mental Health Team Leader:

Jane Holmes-Cain, LCSW

Physical Health Team Members:

Marjorie Kirsch, MD
Boyd Kellet, MD
Tim Garvey, DDS
Wilbur Johnson, PA
David Habel, PA
Sue Sims, RN
Ann Panzarino, RN

Mental Health Team Members:

J. David Moore, MD
Ronald Girona, PhD
Andrew Daire, LMHC, PhD
Jenene Case-Pease, LMHC, PhD
Maggi Pecora, LMHC
Kathy Louvaris, ARNP
Mary Jane Valbracht, ARNP
Cathy Morris, RN

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2,054	Male	Maximum	4

Institutional Potential/Actual Workload

Main Unit Capacity	2,172	Current Main Unit Census	2,054
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	2,172	Total Current Census	2,054

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	767	1022	257	6	2	59
<i>Mental Health Grade (S-Grade)</i>	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	<i>Impaired</i>
	1,304	69	441	282	27	7

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	11	325	0	23	44	187

OVERVIEW

Union Correctional Institution (UNICI) houses male inmates of minimum, medium, close, and close management custody levels and is designated as a medical grade 4 facility. In addition, UNICI houses inmates requiring inpatient mental health services. Union Correctional Institution is comprised of open population and close management I, II, and III inmates. The facility grades are Medical 1, 2, 3 and 4 and psychology (S) grades 1, 2, 3, 4, and 5. 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. Union Correctional Institution also has three Transitional Care Units (TCU) and one Crisis Stabilization Unit (CSU). These inpatient units are comprised of inmates on close management status who are classified as S grades 4 and 5. The mental health inpatient units offer crisis stabilization and transitional care with treatment and counseling.

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

Chronic Illness Clinics (General)

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Medical histories were missing in 30 of 97 chronic illness medical records.</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>

CLINICAL

Oncology Clinic

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: Three of seven oncology medical records were either missing or had inadequate documentation as to control and status of the disease.</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>

Neurology Clinic	
Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In the eight neurology clinic records reviewed, the following was noted:</p> <p>(a) Four out of eight records did not document the type of seizure.</p> <p>(b) Four out of eight records did not document evidence of a neurological examination during the visit.</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 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>

CONCLUSION

Survey findings indicated the overall medical care provided at UNICI meets Department of Corrections Health Services Bulletin (HSB) expectations and applicable community medical standards. Medical records were 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.

MENTAL HEALTH FINDINGS

Union 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 UNICI:

- 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

Inpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of fifteen inpatient records revealed the following deficiencies:</p> <p>(a) Five records did not contain evidence that the psychiatric evaluation or admission note was completed within the required timeframe.</p> <p>(b) Four records lacked evidence that lab tests were ordered prior to the initial dose of medication or portions of lab results were incomplete.</p> <p>(c) Five records did not contain evidence that follow-up lab studies were ordered and/or conducted as required.</p> <p>(d) Three records did not contain an informed consent for each class of medications prescribed.</p> <p>(e) Five records did not contain adequate documentation that medications prescribed were appropriate for the symptoms and diagnosis.</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>

**Inpatient Psychotropic Medication
Practices (cont.)**

Finding(s)	Suggested Corrective Action(s)
<p>(f) Six records did not contain documentation in progress notes that appropriately addressed the following components of care:</p> <ul style="list-style-type: none"> (1) symptoms and responses to medication; (2) rationales for medication changes; (3) evaluation of medication side effects; (4) abnormal laboratory findings. 	

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: Seven of 11 records did not contain evidence of daily nursing notes for the first seven days of the inmate's admission to the TCU.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue 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>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: Five of 18 records did not contain evidence that follow-up lab studies were ordered and/or conducted as required.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue 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>

Self-Harm Observation Status

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: Six of nine records reviewed did not contain evidence that inmates were observed every 15 minutes. (see discussion)</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue 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-4: Observation checklists contained blank spaces. In some cases several hours of documentation were missing. Upon review of the cells used for suicide observation, two were determined to have paint peeling from the walls and were subsequently decertified by staff until repaired.

CONCLUSION

The mental health staff at UNICI serves a complex and difficult population. There are two 116 bed TCUs, one 54 bed TCU and one 34 bed CSU all serving close management inmates. In addition there is a dorm that houses inmates waiting for an inpatient bed and a dorm that houses inmates who have been recently discharged from a TCU. Inmates in these dorms are considered outpatient, however they require more intensive services than a typical inmate receiving outpatient services.

Inmates at UNICI present many challenges. They often refuse mental health assessments or labs. While the inmate may need medication to ensure stability, it is difficult to evaluate his progress without assessment and labs. Medical records on the inpatient unit are massive as many of the inmates stay in the TCU for years or are frequently transferred between inpatient units. These records are frequently thinned making it difficult to follow the course of treatment, not only for surveyors, but for staff who are providing treatment.

The majority of the findings in this report relate to the lack of consistent psychiatric coverage. At the time of the survey there was only one permanent department psychiatrist; the rest of the coverage was provided by Locum Tenens. According to staff, these psychiatrists vary from week to week. Mental health staff seem to be doing their best to ensure that lack of continuity due to inconsistent psychiatric coverage is not reflected in patient care. In addition to inconsistent psychiatric coverage, there are also problems with chronic Mental Health Specialist vacancies on two of the TCUs. At the time of the survey, there were five vacancies and there are ten positions to cover both units. The inmates served in these units are particularly challenging. They are on close management status for disciplinary reasons, yet they also have a mental illness. Working conditions on these units are difficult as well. Psychiatrists do not have office space and must do their charting in the nurse's station and the Mental Health Specialists do not have private offices. Because it is an inpatient unit, the specialists also provide three to four hours of therapeutic activities per week as well as case management, counseling and responding to inmate requests and emergencies. The Office of Health Services has made efforts to attract and retain staff by raising the base pay for psychiatrists and increasing the pay for mental health staff who work in close management institutions. The CMA encourages OHS to continue to provide incentives to attract staff to work with this difficult population to ensure there are adequate numbers of qualified staff to provide appropriate treatment.

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

Finding(s)
Dept-1: Special housing inmates were not offered one hour of exercise per day, five days per week outside the cell.
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.

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.