



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

WAKULLA CORRECTIONAL INSTITUTION

in

Crawfordville, Florida

on

April 29 - May 1, 2009

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Distributed on May 12, 2009

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2,953	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,325	Current Main Unit Census	1,328
Annex Capacity	1,955	Current Annex Census	1,625
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	3,280	Total Current Census	2,953

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	Impaired	
		2,126	596	336	2	38
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	2,792	80	103	0	0	8

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		107	40	N/A	N/A	N/A

OVERVIEW

Wakulla Correctional Institution (WAKCI) houses male inmates of minimum, medium and close custody levels and is designated as a medical grade 4 and psychological grade 3 facility. The Wakulla complex contains a Main Unit and Annex.

The Main Unit is comprised of open population inmates in a Faith and Character-Based setting. The facility grade for this Unit is: medical 1 - 4 and psychological grades 1, 2, and 3. The scope of health services provided includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and an infirmary as required for medical care and mental health observation.

The Annex is comprised of open population with a designated dormitory for administrative and disciplinary confinement. The facility grade for this Unit is: medical 1 - 4 and psychological grades 1, 2, and 3. The scope of health services offered is the same as the Main Unit except inmates requiring infirmary observation/admission are moved to the Main Unit for the duration of the observation/admission period.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at WAKCI April 29 - May 1, 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 endorsed 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 WAKCI 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 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.

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

ADMINISTRATIVE SYSTEM REVIEWS

No significant findings were noted regarding the administrative aspects of the institution's health delivery system.

CLINICAL RECORD REVIEWS

As the overall medical and dental missions of both the Main Unit and Annex at WAKCI are similar and both areas are the responsibility of the same centralized medical management team, findings are considered relevant to the institution as a whole. Therefore unless the following findings are identified as unit-specific, they apply to both Units.

Chronic Clinics

Gastrointestinal Clinic	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A review of 11 records of inmates enrolled in the Gastrointestinal Clinic from both the Main Unit and the Annex revealed:</p> <p>(a) Six of six main Unit records lacked documentation of a statement as to the control of the disease (good, fair, poor).</p> <p>(b) Three of five Annex records lacked adequate documentation that consideration was given to initiate treatment if the patient met the criteria as outlined in Technical Instruction 15.03.09.</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 one monitoring instrument on which both issues are regularly examined by reviewing no less than 10 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>

Overall Chronic Clinic Reviews (Main Unit and Annex)	
Finding(s)	Suggested Corrective Action(s)
<p>A review of a total of 87 records from all chronic illness clinics from both the Main Unit and the Annex revealed that:</p> <p>PH-2: Seventeen records lacked adequate documentation of appropriate physical examinations during clinic visits. (see discussion)</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 one monitoring instrument on which both issues are regularly examined by reviewing no less than 10 records weekly</p>

**Overall Chronic Clinic Reviews
(Main Unit and Annex)**

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: Sixteen records inconsistently documented medical histories, either upon clinic enrollment or at subsequent clinic visits. (see discussion)</p>	<p>from a variety of clinics 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 the CMA corrective action plan assessment.</p>

Discussion PH-2: Examples of documentation deficiencies regarding physical examinations during clinic visits include:

Cardiovascular Clinic -- pulses

Endocrine Clinic -- vascular and neurological status of extremities

Discussion PH-3: Examples of documentation deficiencies regarding medical histories include:

Gastrointestinal -- history of hepatitis C

Neurology Clinic -- type, frequency, and cause of seizures

Respiratory Clinic -- age of onset, family history, date of last asthma attack, frequency and severity of attacks, allergies, pharmacotherapy, and gastrointestinal reflux

In only a few cases, clinic enrollment occurred at WAKCI; most other initial work-ups occurred at another institution such as a reception center. However, health care providers must ensure records of chronically ill inmates reflect current and accurate diagnostic data upon which to make appropriate clinical treatment decisions.

Other Clinical Record Reviews

Offender Based Information System (OBIS)	
Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In seven of 10 records reviewed at both the Main Unit and Annex, medical record Problem Lists, which require problems to be listed, numbered, titled, dated, signed, and so documented when a problem is resolved, were not current or complete.</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 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>

CONCLUSION

Survey findings indicated the overall medical care provided at WAKCI appeared to fall within department standards and generally reflected standards commensurate with the professional health care community at large. Of particular note was the effective way in which the administrative processes were organized, including the efficient manner in which medical and dental operations were conducted, and in well organized and maintained medical records. In addition, both formal and informal interviews conducted during the survey revealed a knowledgeable staff and an inmate population generally satisfied with the medical and dental services provided.

Notwithstanding the issues identified in the body of this report, staff should be commended on the level of care provided to inmates under their charge. Survey findings detail a relatively small number of areas requiring attention by institutional staff, but do suggest areas of improvement in the documentation of chronic illness care. These areas include the documentation of medical histories and physical examination findings as an assessment tool.

When these concerns were discussed in detail with institutional staff, they appeared motivated to improving the institutional health care delivery system. Each of the findings identified in this report fall well within the scope of institutional staff to correct. Training and monitoring instruments developed to address these concerns should focus on the documentation of chronic illness assessments, treatments, and follow-up. When developed, corrective action plans will provide the staff a useful blueprint to identify training opportunities and methods to ensure components of overall patient care are met in a timely manner.

MENTAL HEALTH FINDINGS

Wakulla 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 Wakulla CI:

- 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).

In February 2009, psychiatry was added to the mental health services offered to inmates on the Annex, while psychological services only continue to be provided on the Main Unit.

CLINICAL RECORDS REVIEW

Psychotropic Medication Practices - Annex	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In three of eight records reviewed, the psychiatric evaluation was not present in the record.</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>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 Mental Health Services - Main	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of eight records revealed the following deficiencies:</p> <p>(a) Three records did not contain documentation of the S-grade on the profile sheet.</p> <p>(b) Three records did not have the mental health problem(s) listed on the problem sheet.</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>

Self-Harm Observation Status	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A comprehensive review of three records revealed the following deficiencies:</p> <p>(a) Two records did not contain observation checklists.</p> <p>(b) Two records did not contain documentation that inmates were seen for post discharge follow-up.</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>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>

CONCLUSION

Notwithstanding the findings identified in the body of this report, mental health staff at Wakulla Correctional Institution appears to be providing clinically appropriate care to a complex population. The documentation is generally thorough and clinically appropriate. Officers interviewed reported feeling that mental health staff is accessible and inmates interviewed were positive regarding the mental health services. Mental health staff was enthusiastic regarding providing services, particularly groups conducted on the Main Unit. Mental health contacts are provided more frequently than required on the Annex. Psychiatric services have only been offered since February 2009 and the institution is gaining S3s weekly. Since these services have only been provided at the institution for a relatively short period of time, it was difficult to evaluate how services will be provided over the long term. The lack of findings however is an indication of staff's dedication to providing quality services for this difficult population.

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.