

WAKULLA C.I. SUPPLEMENTAL REPORT

For CMA Survey Conducted April 9-12, 2002

PHYSICAL AND MENTAL HEALTH SURVEY FINDINGS REQUIRING OHS INTERVENTION

In addition to the physical and mental health findings of Wakulla C.I. referenced in the main body of the survey report (which fall within the scope of the institutional staff to correct), several other areas of concern were noted. These findings may be based on standards adopted by the CMA, but not addressed in OHS policy, procedure, or directive, or on other issues beyond institutional control. Therefore, corrective actions at the institutional level can be initiated only by or with the authority or intervention of the OHS.

The items listed below identify the finding, the name of the audit instrument used by CMA surveyors and the specific screen number, if applicable, and what criteria were used to determine the standard was not met.

PHYSICAL HEALTH

1. **Nursing staff vacancies (two of four senior registered nurses and six of nine senior licensed practical nurses) could result in an inadequate ratio of nursing staff to inmate.** This standard is referenced in the CMA Administrative Audit Instrument, Screen 6 – “Is there a staffing plan that includes types of workers as well as schedules? Is the plan adequate? The staffing plan should include all employees who work in the medical unit. There should be a ratio of nurses and upper level providers that is adequate to provide health care at a level that is acceptable. This should include, if applicable, a nurse in the infirmary 24 hours per day. Advanced level providers should be onsite for the approximate number of hours to take care of inmates at the facility (approximately 3.5 weekly hours per 100 inmates). Is there a compliment of nurses that are available for sick call, pill call, isolation rounds, etc?”
2. **No evidence was available demonstrating ongoing record review of episodic care; i.e., sick call and/or emergency care encounters.** This standard is referenced in the CMA Administrative Audit Instrument, Screen 10 – “Is there a review of sick call and emergency charts by the senior nurse supervisor (SRN) and/or the chief health officer (CHO)? Charts should be reviewed by the SRN or CHO for appropriateness of care, medications, completeness of documentation, etc. If errors are found, are they addressed with the appropriate medical personnel?”
3. **No evidence was available demonstrating annual senior dentist peer review.** This standard is referenced in the CMA Administrative Audit Instrument, Screen 12 – “Is there at least an annual CHO and Senior Dentist peer review? These peer reviews should be conducted by another provider and be documented at the facility. Is there documentation of review of Physician Assistants and Advanced Registered Nurse Practitioners by the CHO, and dentists by the Senior Dentist?”

MENTAL HEALTH

1. **Physician's orders (when present) did not specify observations at least every 15 minutes for inmates admitted to the infirmary for observation and prevention of self-injurious/suicidal behavior.** This standard is referenced in the CMA Self-Injury/Suicide Prevention Record Review Instrument, Screen 3 and is based upon national correctional healthcare standards and prevailing professional practices in the community at large.
2. **The clinical mental health staffing allocation (one senior psychologist) was inadequate to provide necessary mental health services to the institution's population.** At least one full-time, on-site psychological specialist position is needed to provide necessary clinical services to the inmate population as well as to enable implementation and maintenance of corrective actions resulting from this survey.
3. **Formal avenues should be explicitly outlined by policy for medical and mental health staff to report allegations of inmate abuse.** Such reporting should be clearly documented and staff should be trained in the policy.
4. **Policy clarity is needed for guiding medical staff in providing "clearance" prior to the use of chemical agents (e.g., OC pepper gas) on inmates.** A policy should address the specific purpose and criteria for medical clearance as well as ethical issues when staff are asked to repeatedly clear an inmate for use of the agents within a short period of time. Also, the issue of how recent the inmate's last physical examination was should be explored in developing such a policy. It is also suggested that the policy address consultation with mental health staff in situations of repeated and numerous applications of chemical agents with no apparent change in inmate behavior.