



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

WALTON CORRECTIONAL INSTITUTION

in

De Funiak Springs, Florida

on

December 5 - 6, 2007

CMA Physical Health Team Leader:

Paul R. Cornish

CMA Mental Health Team Leader:

Paul R. Cornish

Physical 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
1,436	M	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,199	Current Main Unit Census	1,155
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	288	Current Satellite(s) Census	281
Total Capacity	1,487	Total Current Census	1,436

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		946	397	88	5	N/A
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1,422	14	N/A	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		72	22	0	NA	NA

OVERVIEW

Walton Correctional Institution (WALCI) houses male inmates of minimum, medium and close custody levels and is designated as a medical grade 4 and psychological grade 2 facility. WALCI is comprised of a Main Unit and the Walton Work Camp. The institution's Main Unit houses all medical levels; the Work Camp primarily houses medical levels 1 and 2. At the Main Unit, sick call and doctor's call are held Monday through Friday; the medical clinic is operational 24 hours per day. Work Camp sick call is held Monday, Wednesday and Friday, with doctor's call on Friday. Work Camp inmates have access to the medical services at the Main Unit 24 hours per day, seven days per week if needed.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at WALCI December 5 - 6, 2007. 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.

Survey Findings

Medical, mental health and dental systems at the institution were reviewed. Deficiencies and areas of concern are described in the body of the report.

Department Findings

In addition to the institutional findings contained in this report, other areas of concern were noted. These findings are based on standards endorsed by the CMA, but not currently addressed in Office of Health Services (OHS), Department of Corrections, policy, procedure or directive. These findings are clearly identified as "Department Findings". Corrective action plans developed by institutional staff based on the contents of this report need not include Department Findings. These findings are addressed by the CMA directly with the OHS through the CMA Quality Management Committee.

Exit Conference and Final Report

At the conclusion of the survey, an exit conference was conducted 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 medical, dental and mental health 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 records.

PHYSICAL HEALTH FINDINGS

SYSTEMS

INFECTION CONTROL

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: The Infection Control Coordinator (IC) does not currently receive or review monthly inspection reports related to institutional sanitation and cleanliness, including those from the dining facility.</p>	<p>Include evidence in the closure file that appropriate procedures have been put into place to ensure the IC receives and reviews institutional Environment Health and Safety Team reports on a no less than monthly basis. This finding may also be corrected by providing evidence the IC has been assigned to the team and regularly participates in institutional inspections.</p>

CLINICAL

CHRONIC ILLNESS CLINIC

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: Records reviewed in the following clinics inconsistently documented either the administration of pneumococcal vaccine or inmate refusals.</p> <ul style="list-style-type: none"> (a) Endocrine (b) Miscellaneous (c) Renal (d) Respiratory (e) Tuberculosis 	<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>Create one monitoring instrument on which this finding is examined on a regular basis.</p> <p>Conduct monthly monitoring of no less than ten records (combined from all clinics) to evaluate the effectiveness of the 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>

MEDICATION ADMINISTRATION

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: Some medication administration reports (MAR) reviewed lacked documentation of the route of</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue</p>

MEDICATION ADMINISTRATION

Finding(s)	Suggested Corrective Action(s)
administration of the medication (orally, intramuscular, subcutaneous, etc).	<p>in the Finding(s) column.</p> <p>Conduct monthly monitoring of no less than ten MARs to evaluate the effectiveness of the 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: Overall, the medication administration records reviewed were meticulous and procedures were followed well. Inmates received a variety of medications and all were given on time and in a professional manner. Poorly documented routes of administration appeared to be isolated to only one or two staff.

DENTAL SERVICES

No specific negative findings were identified during a review of dental services. However, as is the case at many other institutions recently surveyed, demand for services at WALCI appears to challenge the capability of institutional staff to meet those demands. The assigned staff does ensure inmates have appropriate access to dental sick call and emergency services, and an adequate level of comprehensive care is provided.

It was reported to the survey team that the institution was entering into a contract with Smallwood Dental to assume the provision of inmate dental care. Smallwood is a private vendor of dental services with contracts to provide services at some other correctional institutions. This contract called for Smallwood to assume dental services the following Monday (December 10, 2007). It was further reported current staff would be offered the option of employment with Smallwood.

INTERVIEWS

Both formal and informal interviews were conducted with staff and inmates. Overall, staff was very knowledgeable regarding their responsibilities and department procedures. Notwithstanding the three findings listed above, staff should be commended on the positive attitude displayed and the care provided. Of particular note was the cohesive working relationship between security and health care staffs.

Comments received from inmates during interviews were very favorable. Each inmate independently expressed satisfaction with the health care provided and indicated he felt the staff was caring and professional. None offered any suggestions for improvement.

CONCLUSION

Survey findings indicated the medical care provided at Walton Correctional Institution appeared to fall within department standards and adequately reflect standards commensurate with the professional health care community at large. Medical records were

very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained.

Two specific examples identified by surveyors as “best practice”:

- ◆ The custom of the chief health officer (CHO) is to include a written (frequently typed) case summary note in the record of each newly arriving inmate. This includes those inmates who have been transferred to Reception Medical Center (RMC) for a week or two for consultations etc. Although this practice is not required by department standards, the long-term benefit is reflected in the quality of care provided at all staff levels and the clarity of documentation. During sick call encounters, emergency situations, and at chronic illness clinic visits, all staff can quickly and efficiently review medical histories and previous treatments based in part on the case summaries, thus allowing them to make timely and appropriate triage and treatment decisions.

- ◆ The CHO holds consulting privileges at the local hospital in De Funiak Springs, following inmates who are admitted there and assuming responsibility for after hours calls rather than relying on a hospital staff physician. With a background in internal medicine and cardiology, his privileges allow him to perform cardiac stress tests on inmates at the local hospital. This is likely more cost effective than referring inmates to RMC for testing.

MENTAL HEALTH FINDINGS

CONCLUSION

No significant negative findings were noted during reviews of administrative systems or clinical mental health care provided to inmates at WALCI. Survey team members indicated all records were well organized and detailed, inmates were provided care in a timely manner, and all clinical decision making was well reasoned.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, other areas of concern were noted beyond the scope of the institution to correct. It is based on a standard endorsed by the CMA, but not currently addressed in department policy, procedure or directive.

PHYSICAL HEALTH

Finding(s)
Dept-1: 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.
Dept-2: Inmates in special housing are not offered one hour of exercise per day, outside the cell, five days per week.

MENTAL HEALTH

There were no department findings for mental health.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- 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.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

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.