



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

WALTON CORRECTIONAL INSTITUTION

in

Defuniak Springs, Florida

on

July 9-12, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on June 25, 2001				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	1,144	1,096

CMA Physical Health Team Leader

Diana Picolo, R.N., R.M.

CMA Mental Health Team Leader:

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

Physical Health Team Members:

Stanley Frankwitz, D.O.
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Mental Health Team Members:

Paree Stivers, Psy.D.
Kathy Monson, L.C.S.W.
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OVERVIEW

On July 12, 2001, the Correctional Medical Authority concluded a physical and mental health survey of Walton Correctional Institution (WALCI), located in Defuniak Springs, Florida. Care for complex medical problems and outpatient mental health treatment was offered at this institution. At the time of the survey, WALCI served an adult male population of approximately 1,096 inmates plus approximately 250 inmates from an affiliated work camp. The inmate population was distributed across medical and psychological grades as follows:

Medical Grade	1	2	3	4	Impaired	
	814	341	189	3	22	
Psychological Grade	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
(S-Grade)	1	2	3	4	5	Impaired
	1,309	37	N/A	N/A	N/A	2
Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	53	30	0	N/A	N/A	N/A

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the 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.

During the course of four days, the physical health survey team evaluated the institution's physical health care services/systems, and reviewed 98 medical records. Overall, the physical health care services/systems reviewed demonstrated compliance with the Department of Corrections' standards or with standards generally accepted in the community at large with a few minor findings identified under the following headings:

- SICK CALL (lacked adequate nursing assessments).
- DENTAL (delay in treatment).
- INTRASYSTEM TRANSFER (lacked evidence that DC4-760 was not reviewed).
- OBIS (PULHESDXTI in record did not match OBIS screen HSSB006).
- PILL LINE (no pill call schedule posted in inmate common areas).
- PREVENTIVE CARE (lacked evidence of annual PPD).

In the mental health area the most significant deficiencies were in the areas of assessment and clinical management of self-injurious/suicidal inmates and delays in obtaining psychiatric evaluations.

The following table lists the results from the systems and record review instruments used during the survey:

Findings Summary		Numeric Score*		
		Systems	Records	
PHYSICAL HEALTH	Episodic Care	Sick Call	100%	94%
		Emergency Care	100%	100%
		Physician/CA Follow-Up Care	100%	100%
		Infirmity Care	100%	100%
	Chronic Care	Chronic Illness Clinic Systems	100%	
		Asthma		100%
		Diabetes		100%
		General Medicine		100%
		Hypertension		100%
		Immunity		N/A
		Seizure		100%
		TB/INH		100%
	Preventative Care		100%	98%
	Dental Care		100%	98%
	Mortality		100%	100%
	Other	Administrative Audit	94%	
		Consultations	100%	100%
		Infection Control	100%	
		Intake Control	N/A	N/A
Intake Process		N/A	N/A	
Intrasystem Transfers		100%	95%	
MAR and Chart Review			100%	
OBIS		100%	97%	
Pill Line		100%		
Pharmacy		100%		
Quality Management	100%			
MENTAL HEALTH	Inmate Access to Mental Health Services	78%	64%	
	Outpatient Mental Health Services	92%	S1	94%
			S2	72%
			S3	N/A
	Intellectual Functioning	100%	100%	
	Sexual Offender Services	100%	100%	
	Special Housing	83%	98%	
	Psychotropic Medication	N/A	N/A	
Self-Injury/Suicide Prevention	86%	64%		
Psychiatric Restraints	100%	N/A		
Inpatient Mental Health Services	N/A	N/A		

* A score of 80% or higher indicates care/systems met basic minimum standards.

At the conclusion of the survey, an exit conference was held on site with department staff to discuss the preliminary findings. The physical health and mental health sections of this report reflect the findings and final conclusions drawn following an analysis of the information collected during the survey. Where recommended corrective actions are provided, these recommendations should not be construed as the only action required to demonstrate corrections, but should be viewed as guidance for development of a corrective action plan.

PHYSICAL HEALTH FINDINGS

Survey Results

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

- Episodic Care Systems (Sick Call, Emergency Care, Follow-up Care & Infirmary Care).
 - Episodic Care Records (Emergency Care, Follow-Up Care & Infirmary Care).
 - Chronic Illness Clinics Systems.
 - Chronic Illness Clinic Records (Asthma, Diabetes, General Medicine, Hypertension, Seizure & TB/INH).
- Preventative Care Systems.
 - Dental Care Systems.
 - Mortality Systems and Records.
 - Other (Ancillary Services, Consultations, Infection Control, MARs, Pharmacy, Pill Line, Quality Management and Tour of Housing Areas).

EPISODIC CARE

Records Reviewed:	SICK CALL (Nursing Encounter)	Systems Score	Records Score
9		100%	94%
Finding(s) PH1 Four sick call encounters reviewed lacked adequate nursing assessments.		Recommended Corrective Action(s) Provide inservice to clinicians on the importance of documenting an adequate assessment. Monitor sick call encounters for a period of three consecutive months to ensure that nursing assessments are adequately documented.	

PREVENTATIVE CARE

Records Reviewed:	PREVENTATIVE CARE	Systems Score	Records Score
9		100%	99%
Finding(s) One record reviewed indicated that the inmate did not receive annual PPD testing. The last PPD testing was recorded on March 1, 2000.		Recommended Corrective Action(s) Provide inservice to clinicians on annual PPD testing.	

DENTAL CARE

Records Reviewed:	DENTAL	Systems Score	Records Score
10		100%	98%
Finding(s) Two records reviewed indicated a delay in treatment		Recommended Corrective Action(s) Monitor inmates' request for routine treatment to ensure that inmates are seen within six months. Also, monitor time frames between appointments to ensure that inmates are seen within three months.	

Discussion:

Delays in treatment were during the time when WALCI had no fulltime dentist in house for a period of time, but care has since resumed in timely manner since a fulltime dentist was hired.

OTHER

	ADMINISTRATIVE AUDIT	Systems Score	
		94%	
Finding(s) There was no evidence of annual CHO and/or senior dentist peer review made available to the survey team.		Recommended Corrective Action(s) The Department of Corrections, Office of Health Services should develop a policy regarding annual CHO peer review.	

Records Reviewed:	INTRASYSTEM TRANSFERS	Systems Score	Records Score
5		100%	95%
Finding(s) Two records reviewed lacked notation that the DC4-760 form was reviewed.		Recommended Corrective Action(s) Monitor intrasystem transfer forms DC4-760 to ensure that the forms are noted as reviewed.	

Records Reviewed:	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Systems Score	Records Score
5		100%	98%
Finding(s) One record reviewed indicated that the PULHESDXTI did not match the OBIS screen, HSSB006.		Recommended Corrective Action(s) Monitor records to ensure that the PULHESDXTI in the record matches with the OBIS screen HSSB006.	

CONCLUSION

Overall, the health care services provided at Walton Correctional Institution meets the accepted standard of care with a few minor exceptions as listed above.

Both formal and informal staff interviews, as well as observation by surveyors, revealed no indications of interference with medical decisions. Overall, staff was very knowledgeable regarding the process of health care services. There were no indications that security staff failed to respect medical judgment in regard to housing, work assignments, diet, confinement or medical care.

Five inmates housed in general population and confinement area were interviewed formally and their records reviewed if indicated. Overall, inmates interviewed had no overt concerns or problems with the health care services provided at Walton Correctional Institution.

MENTAL HEALTH FINDINGS

Survey Results

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

- Special Housing (Confinement/Close Management)
- Intellectual Functioning
- Sex Offender Treatment
- Psychiatric Restraint

There had been no deaths related to mental health reasons since the prior CMA survey.

Where recommended corrective actions suggest inservice training, a copy of the curriculum should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding.

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
7		78%	64%
Finding(s)		Recommended Corrective Action(s)	
<p>M-1: Thorough suicide risk assessments were not consistently completed for all inmate-declared psychological emergencies.</p>		<ul style="list-style-type: none"> • All mental health staff should be provided in-service training on suicide risk assessment. Include a copy of the training agenda/curriculum in the CAP file. • On a monthly basis review 10 charts or 10% whichever is less, from the psychological emergency log until 100% compliance is achieved for three consecutive months. A full suicide risk assessment including plan lethality and intent, precipitating factors, history, plans for the future and level of hopelessness, as well as relevant DSM-IV diagnostic criteria must be a part of the assessment. 	
<p>M-2: There was no tracking system in place to ensure that mental health staff responded to inmate-declared psychological emergencies within one hour.</p>		<ul style="list-style-type: none"> • Establish a tracking system or modify the psychological emergency log to document the time the mental health unit was notified that an inmate-declared psychological emergency existed and the time mental health staff made in-person contact with the inmate. • Conduct monthly reviews of 10 incidents 	

Records Reviewed:	INMATE ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
7		78%	64%
Finding(s)		Recommended Corrective Action(s)	
	<p>or 10%, whichever is less until at least 90% compliance is demonstrated for three consecutive months to verify that:</p> <ul style="list-style-type: none"> a) There are no time delays from when an inmate declares a psychological emergency to when mental health staff are notified. b) In-person contact is made by mental health staff within one hour of the inmate declaring the emergency 	<p>M-3: Mental health staff did not consistently provide timely follow-up and appropriate interventions with inmates declaring psychological emergencies.</p>	<ul style="list-style-type: none"> • Ensure that mental health staff responds to psychological emergencies within one hour of notification and that responses reflect appropriate treatment interventions. (See corrective action recommendations under M-2 above.)
<p>M-4: Valid consent forms signed within the past year were not consistently obtained prior to evaluating and counseling inmates who declared psychological emergencies.</p>	<ul style="list-style-type: none"> • Unless clinical presentation contraindicates, consent forms should be obtained prior to conducting an interview. If clinical presentation contraindicates that action, then the record should so document and a consent form should be signed as soon as the inmate is stabilized. 	<p>M-5: Delays in psychiatric evaluations of up to two months were noted on the psychiatric referral log.</p>	<ul style="list-style-type: none"> • Establish a system for utilizing all available resources for obtaining timely psychiatric evaluations. • Monitor all psychiatric referrals on a weekly basis to ensure timely appointments are scheduled and completed. Continue monitoring until 100% compliance is achieved for three consecutive months.

Records Reviewed:		OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score	
	28			92%	S1: 94%
Finding(s)		Recommended Corrective Action(s)			
<p>M-6: Diagnoses and treatment interventions were not always clinically appropriate given the symptoms presented and history reflected on biopsychosocial assessments.</p>		<ul style="list-style-type: none"> • Provide inservice training on documentation of clinical symptoms and on the development of clinically supported diagnoses. • Review 10 charts per month or 10%, whichever is less, for correspondence of documented symptoms with diagnosis and treatment interventions until at least 90% compliance is achieved for three consecutive months. 			

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
	6			86%
Finding(s)		Recommended Corrective Action(s)		
<p>M-7: Thorough suicide risk assessments were not consistently completed for inmates admitted to 23-hour observation status or to suicide observation status.</p>		<ul style="list-style-type: none"> • All mental health and nursing staff should be provided in-service training on suicide risk assessment. Include a copy of the training agenda/curriculum in the CAP file. • Review all charts of inmates admitted to AMC, SOS, 23-hr. observation status, or any other self-harm prevention status until 100% compliance is achieved for three consecutive months. A full suicide risk assessment including plan lethality and intent, precipitating factors, history, plans for the future and level of hopelessness, as well as relevant DSM-IV diagnostic criteria must be a part of the assessment. 		
<p>M-8: Initial screenings by nursing staff of inmates admitted to 23-hour observation status did not contain thorough nursing assessments or mental status evaluations (MSEs).</p>		<ul style="list-style-type: none"> • Provide inservice training on nursing assessments and MSEs of potentially self-injurious/suicidal patients. • Review all charts of inmates admitted to AMC, SOS, 23-hr. observation status, and any other self-harm prevention status until 100% compliance is achieved for three consecutive months. 		
<p>M-9: Physician orders for admission to and discharge from 23-hour infirmary observation status were not always present, or co-signed. When present</p>		<ul style="list-style-type: none"> • Provide inservice training reminding physicians and nursing staff that physician orders are required for mental health admissions to 23-hour infirmary 		

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
6		86%	64%

Finding(s)	Recommended Corrective Action(s)
present, or co-signed. When present they did not consistently specify required elements such as frequency of observation and articles allowed the inmate.	<ul style="list-style-type: none"> observation status and that they must specify the frequency of observations as well as indicate what articles/property inmates are allowed to have in the cell. Review all charts until 100% compliance is maintained for three consecutive months.
M-10: Physician's orders did not specify observations at least every 15 minutes nor was there consistent documentation that any observations occurred on inmates admitted to 23-hour infirmary observation status.	<ul style="list-style-type: none"> Physician's orders should specify observations to occur at least every 15 minutes on any inmate admitted to any type of self-harm prevention status for suicidal symptoms regardless of the type of status (e.g., AMC, SOS or 23-hour observation status). Inservice training with nursing, physician and mental health staff should be conducted on this issue. Review all charts of inmates admitted to AMC, SOS, 23-hr. observation status, and any other self-harm prevention status until 100% compliance is achieved for three consecutive months.
M-11: Follow-up by mental health staff did not occur in a timely manner for five of six inmates discharged from a self-harm prevention status (i.e., SOS, AMC or 23-hour infirmary observation status).	<ul style="list-style-type: none"> Mental health staff should have face-to-face follow-up contact with inmates discharged from any self-harm prevention status within at least 7 calendar days or sooner, as clinically indicated, and contact should continue as specified in TI 15.05.09 (e.g., for S2 inmates discharged from SOS/IMR: 3, 10, 30 days post-discharge, etc.). Review all charts of inmates admitted to AMC, SOS, 23-hr. observation status, and any other self-harm prevention status until 100% compliance is achieved for three consecutive months.
M-12: "Alternative Housing" cells used to house self-injurious inmates in confinement were not appropriately retrofitted and observation procedures were unsafe (see discussion below).	<ul style="list-style-type: none"> Use of the cells should be discontinued until they are retrofitted for safe use with self-injurious/suicidal inmates.

M-12 Discussion: The observation procedure when self-injurious inmates were placed in the non-retrofitted confinement cells involved stationing an officer at a desk in front of the

closed cell door. The windows in the doors of these cells had been enlarged somewhat. However, they were still inadequate to qualify as allowing “continuous observation” since, “blind spots”, or areas in the cells where inmates could not be observed, remained. Additionally, there were numerous protrusions in the cells providing ample opportunity for successful and potentially serious self-injury.

Records Reviewed:	OTHER ADMINISTRATIVE ISSUES	Systems Score	Records Score
N/A		N/A	N/A
Finding(s)		Recommended Corrective Action(s)	
M-13: Mental health callout appointments were posted in the dormitories in such a manner as to compromise patient privacy thereby potentially impeding access.		<ul style="list-style-type: none"> Callout should not specify staff name but rather should simply specify the inmate is to report to the medical building. As mental health is co-located with medical this should be a simple solution. 	

CONCLUSION

It should be noted that mental health staffing allocation had been decreased by one psychological specialist position since the prior CMA survey and the senior psychologist had recently been assigned to cover an additional institution with on-site presence at least once/week. These factors certainly may bear upon the findings of the current survey, the most significant of which related to assessment and clinical management of self-injurious/suicidal inmates and significant delays in psychiatric evaluations. Institutional medical and mental health staff are encouraged to take expedient strides in improving performance in the crucial area of suicide risk assessment and in working with the Office of Health Services and regional staff to resolve the issue of psychiatric referral delays.

SURVEY PROCESS

The goals of every survey performed by the CMA are (1) to determine if the physical, mental, and dental care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and if that care conforms to 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 objectives are designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility. 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 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, selected through purposeful sampling, 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

During the course of a three or four day evaluation, the survey team examines the institution's health-related administrative systems, tours inmate housing and health treatment areas, conducts staff and inmate interviews, and conducts a clinical review of health care records.

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 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 to result in the compromise of inmate health care. All findings identified in the body of the report will require a corrective action by institutional and/or regional/central office health services staff.