



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

ZEPHYRHILLS CORRECTIONAL INSTITUTION

in

Zephyrhills, Florida

on

October 9 - 12, 2007

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
990	M	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	772	Current Main Unit Census	695
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	300	Current Satellite(s) Census	295
Total Capacity	1063	Total Current Census	990

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		468	280	170	1	71
<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>
	485	31	386	83	5	4

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		36	9	0	NA	NA

OVERVIEW

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at Zephyrhills Correctional Institution (ZEPCI) October 9 - 12, 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.

Physical Health Findings

Medical and dental systems at the institution were reviewed. Deficiencies and areas of concern are described in the physical health section of this report.

Mental Health Findings

Mental health systems at the institution were reviewed. Deficiencies and areas of concern are described in the body of the report. One deficiency identified in the prior review in July 2001 and corrected through the corrective action plan process resurfaced as a current issue.

MH 3(c): Twelve records inadequately documented completion of Individualized Service Plans (ISPs) within 14 days and/or reviews were missing, untimely, and/or inadequate.

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

SYSTEMS

SICK CALL

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: There is no sick call log maintained at the institution. Individual sick call slips are kept for 90 days. Even though no log is maintained, sick call seems to be run efficiently.</p>	<p>Provide in-service training for staff regarding the importance of maintaining a sick call log.</p> <p>Conduct monthly monitoring 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-2: Systems review of medication administration revealed that:</p> <p>(a) No first aid kit was available in the recreation area. Outdated inspection stickers were present on the first aid kits in general population.</p> <p>(b) Sick call procedures are not posted in Spanish.</p> <p>(c) Pill line schedules were not posted on bulletin boards in common areas.</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 all issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly monitoring 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>

CLINICAL

OBIS	
Finding(s)	Suggested Corrective Action(s)
<p>PH-3: Clinical reviews of five records were selected to evaluate the provision of the Offender Based Information System (OBIS).</p> <p>(a) Records reviewed did not contain a problem list that was current and complete.</p> <p>(b) Three of five records lacked a copy of the original CARP DATABASE DC4-707.</p> <p>(c) Three of five records reviewed lacked documentation of initial baseline labs in the active 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>Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly monitoring of no less than ten records 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>

PREVENTATIVE CARE	
Finding(s)	Suggested Corrective Action(s)
<p>PH-4: Clinical reviews of five records selected to evaluate the provision of Preventative Care activities revealed that:</p> <p>(a) Records lacked evidence that the annual/biennial appraisal included a hands-on physical assessment. (see discussion)</p> <p>(b) Records lacked evidence the health appraisal included a review of mental health and social history.</p> <p>(c) Three of five records reviewed lacked documentation a tuberculin skin test was administered and read every year.</p> <p>(d) Five of five records reviewed did not contain evidence of a physical that included a digital rectal exam.</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 all issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly monitoring of no less than ten records 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: Although a hands-on physical assessment is not required by department policy, there is concern the overall physical well-being of inmates may not be thoroughly addressed solely by enrollment in a chronic illness clinic. For instance, inmates in the Cardiovascular Clinic are unlikely to have an annual digital rectal examination for evaluation of the prostate. The periodic screening encounter is appropriate and useful, but it is the opinion of the CMA that a physical examination by a clinician is warranted, especially due to the health concerns of an incarcerated population.

RESPIRATORY CLINIC

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: Clinical reviews of five Respiratory Clinic records revealed the following deficiencies:</p> <p>(a) Two of five records reviewed lacked documentation of an upper respiratory exam.</p> <p>(b) Three of five records reviewed lacked evidence of peak flow being expressed in percent predicted.</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 both issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly monitoring of no less than ten records 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>

TUBERCULOSIS CLINIC

Finding(s)	Suggested Corrective Action(s)
<p>Ph-6: Clinical reviews of five Tuberculosis Clinic records revealed the following deficiencies:</p> <p>(a) Four of five records reviewed lacked documentation of a diagnosis of TB on the problem list.</p> <p>(b) Two of five records reviewed did not contain evidence of an influenza vaccination or documentation of a refusal.</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 both issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly monitoring of no less than ten records to evaluate the effectiveness of the corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>

TUBERCULOSIS CLINIC

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CARDIOVASCULAR CLINIC

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: Clinical reviews of 10 Cardiovascular Clinic records revealed the following deficiencies:</p> <p>(a) Two of 10 records reviewed did not contain documentation that low dose aspirin was prescribed or considered for patients over 40.</p> <p>(b) Two of 10 records reviewed did not contain evidence of a fundoscopic examination.</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 both issues identified in the findings column are examined on a regular basis.</p> <p>Conduct monthly monitoring of no less than ten records 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>

CHRONIC ILLNESS CLINIC ISSUES

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: Records reviewed in the following clinics inconsistently documented pneumococcal vaccine or inmate refusals.</p> <p>(a) Cardiovascular (b) Respiratory (c) Tuberculosis (d) Miscellaneous (e) Gastrointestinal</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 the issue identified in the findings column is examined on a regular basis.</p> <p>Conduct monthly monitoring of no less than ten records 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>

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Notwithstanding the deficiencies listed above, staff should be commended on the care provided. A major concern at this institution is having only one clinical provider who shares time between ZEPCI and another correctional institution. Access to care would be greatly improved by assigning one full-time clinician to the institution, or at a minimum, adding additional part-time coverage. Staff is encouraged to maintain these successes and institute corrective action where needed.

COMPREHENSIVE CHART REVIEW

To evaluate the overall healthcare of inmates, a comprehensive medical review of 10 charts was performed. The results of this process are described below.

Documentation and Chart Organization

Five of 10 charts reviewed did not have a history and physical exam in the current volume of the chart. This makes it difficult for the medical providers to quickly see an overview of an inmate's medical problems. In addition, some of the charts had incomplete or missing problem lists. The documentation is generally good with minor problems reading the handwriting in some of the entries.

Quality of Care

Lab studies are reviewed promptly by staff and abnormal results are addressed. Inmate medical concerns are addressed promptly and referrals are made and carried out when appropriate.

Conclusion: Overall, the medical care at Zephyrhills Correctional Institution appears to be good. The physicians review labs in a timely manner and provide timely follow-up of abnormal findings.

MENTAL HEALTH FINDINGS

OVERVIEW

Zephyrhills Correctional Institution (ZEPCI) provides a full range of mental health services including inpatient and outpatient services. The following are the mental health grades used by the department to classify inmate mental health needs:

- 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

INPATIENT MENTAL HEALTH SERVICES	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: Group activities are not reflected in notes. Staff and inmates indicate groups are inconsistently provided.</p> <p>MH-2: In four of ten records reviewed, weekly/biweekly notes by the psychological specialist were missing or late.</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 inpatient 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**

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>(a) Five records did not contain evidence that a case manager was assigned within three working days of arrival or S3 assignment.</p> <p>(b) Five records inadequately documented timely service planning interviews for newly arriving inmates.</p> <p>(c) Twelve records inadequately documented completion of Individualized Service Plans (ISP's) within 14 days and/or reviews were missing, untimely and/or inadequate. (see discussion) (this was a finding in the 2001 report)</p> <p>(d) Five records did not contain evidence that counseling was provided although listed as an intervention on the ISP.</p> <p>(e) Nine records did not contain adequate documentation to follow the course of treatment.</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>
<p>MH-4: Seven of 13 records inadequately documented Bio-Psychosocial Assessments (BPSAs) or updates in a timely manner.</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>

Discussion: MH-3(c): ISPs and reviews are often late, incomplete or missing. Goals and interventions on the ISP or reviews are vague, expired or resolved and do not relate to the problem statement or diagnosis described in the plan. Staff and/or inmate signatures were missing.

AFTERCARE PLANNING

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: A comprehensive review of aftercare planning of six records revealed the following deficiencies:</p> <p>(a) Two of three applicable records did not contain evidence that the “Summary of Outpatient Mental Health Care” was sent to the community mental health center.</p> <p>(b) Two of two applicable records did not contain evidence that staff assisted inmates in applying for Social Security benefits.</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>

PSYCHOTROPIC MEDICATION PRACTICES

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In six of 28 records reviewed, medications ordered do not appear appropriate for the documented 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>Monitor a minimum of ten inpatient 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>

SPECIAL HOUSING

Finding(s)	Suggested Corrective Action(s)
<p>MH-7 : A comprehensive review of five records of inmates in special housing revealed the following deficiencies:</p> <p>(a) Three records contained evidence that mental status exams were not completed within the required time frame.</p> <p>(b) Three records lacked documentation that “Mental Status of Confinement Inmates” was completed after each mental status exam. (see discussion)</p> <p>(c) Two of the four applicable records did not contain evidence that follow-up mental status exams were conducted within the required time frame.</p> <p>(d) Two records did not contain evidence that counseling was provided although listed as an intervention on the ISP.</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>

Discussion: In one record the “Mental Status of Confinement Inmates” was present; however there was no evidence of a corresponding mental status exam.

CONCLUSION: Mental health staff at ZEPCI have very large caseloads which may result in staff being unable to provide timely and in some cases, adequate care. One outpatient psychiatrist is responsible for approximately 386 inmates and the inpatient psychiatrist serves approximately 88 inmates. There is one Sr. Psychologist and nine psychological specialists for approximately 505 inmates receiving inpatient or outpatient services. According to staff, there are vacant positions for an inpatient psychiatrist, Sr. Psychologist and an Aftercare Specialist. It appears the primary treatment modality is pharmacotherapy with limited non-pharmacological treatments. ISPs and BPSAs were often missing, late or incomplete. Treatment plans often listed counseling as an intervention but documentation that such counseling occurred was rarely provided. Progress notes generally consisted of checklists with very little narrative which makes it difficult to determine if adequate care is being provided. However, inmates that were interviewed expressed overall satisfaction with mental health services available at ZEPCI.

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.