



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Baker Correctional Institution

In

Sanderson, Florida

on

August 21-23, 2018

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DEMOGRAPHICS

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

| INSTITUTIONAL INFORMATION | | | |
|---------------------------|------|---------------|---------------|
| Population | Type | Custody Level | Medical Level |
| 1378 | Male | Close | 5 |

Institutional Potential/Actual Workload

| | | | |
|-----------------------------------|------|------------------------------------|------|
| Main Unit Capacity | 1047 | Current Main Unit Census | 1098 |
| Satellite Unit(s) Capacity | 285 | Current Satellite(s) Census | 280 |
| Total Capacity | 1332 | Census | 1378 |

Inmates Assigned to Medical/Mental Health Grades

| <i>Medical Grade</i> | 1 | 2 | 3 | 4 | 5 | <i>Impaired</i> |
|--------------------------------------|--|-----|----|----------------------------|-----|-----------------|
| | 925 | 396 | 69 | 0 | 2 | 13 |
| <i>Mental Health Grade (S-Grade)</i> | <u><i>Mental Health Outpatient</i></u> | | | <u><i>MH Inpatient</i></u> | | <i>Impaired</i> |
| | 1 | 2 | 3 | 4 | 5 | |
| | 1372 | 20 | 0 | N/A | N/A | 1 |

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> |
|--------------------------------------|-----------|-----------|-----------|------------|------------|------------|
| | 28 | 23 | 0 | 0 | 0 | 0 |

DEMOGRAPHICS

Medical Staffing: Main Unit

| | Number of Positions | Number of Vacancies |
|--------------------|---------------------|---------------------|
| Physician | 1 | 0 |
| Clinical Associate | 0 | 0 |
| RN | 5.2 | 1.2 |
| LPN | 7 | 3.3 |
| Dentist | 1.5 | 1.5 |
| Dental Assistant | 2 | 0 |
| Dental Hygienists | 1 | 0 |

Mental Health Staffing: Main Unit

| | Number of Positions | Number of Vacancies |
|------------------------------------|---------------------|---------------------|
| Psychiatrist | 0 | 0 |
| Psychiatrist ARNP/PA | 0 | 0 |
| Psychological Services Director | 0 | 0 |
| Psychologist | 0.2 | 0.2 |
| Mental Health Professional | 1 | 0 |
| Human Services Counselor | 0 | 0 |
| Activity Technician | 0 | 0 |
| Mental Health RN | 0 | 0 |
| Mental Health LPN | 0 | 0 |

OVERVIEW

Baker Correctional Institution (BAKCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1 and 2. BAKCI consists of a Main Unit and a satellite work camp.

The overall scope of services provided at BAKCI include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at BAKCI on August 21-23, 2018. 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.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone 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 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 biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly 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

Baker Correctional Institution (BAKCI) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at BAKCI:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in four of the chronic illness clinics. The items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or infirmary services. There was a finding requiring corrective action in the review of sick call services. The item to be addressed is indicated in the table below.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of periodic screenings, inmate requests, intra-system transfers, or medication administration. There was a finding requiring corrective action in the review of consultations. The item to be addressed is indicated in the table below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental systems. There was a finding requiring corrective action in the review of dental care. The item to be addressed is indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of pharmacy services, the pill line, or infection control.

INSTITUTIONAL TOUR

There were no findings requiring corrective action as a result of the institutional tour.

Endocrine Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>PH-1: In 3 of 12 applicable records (16 reviewed), there was no evidence that aspirin was prescribed when required.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Gastrointestinal Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>PH-2: In 4 of 11 applicable records (16 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Immunity Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-3: In 3 of 11 applicable records (12 reviewed) there was no evidence of hepatitis B vaccination or refusal.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity</p> |

Immunity Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|------------|---|
| | <p>clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Tuberculosis Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>PH-4: In 1 of 4 applicable records (5 reviewed), there was no evidence the inmate received the correct number of doses of Isoniazid (INH) (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-4: *The inmate received 75 doses of INH rather than the 78 prescribed.*

Sick Call Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-5: In 2 of 5 applicable records (17 reviewed), there was no evidence clinician follow-up was completed in a timely manner (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-5: In one record, the inmate presented with urinary tract infection symptoms and a “UA/UC” was ordered. There was no further follow-up documented even though blood & sediment were noted in the urine and the inmate voiced complaints of back pain. In another record, an inmate was seen on 3/18/18 for boils on his face and a follow-up was completed by the clinician. The inmate, however, returned to sick call on 5/8/18 and again on 6/12/18 with the same complaint. Orders for doxycycline were written on 5/8/18 and clindamycin on 6/12/18 but there was no indication the clinician reviewed the chart or saw the inmate.

| Consultations Record Review | |
|---|--|
| Finding(s) | Suggested Corrective Action(s) |
| PH-6: In 4 of 14 records (16 reviewed), there was no evidence follow-up was completed per the consultant’s recommendations (see discussion). | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-6: In one record, the inmate was seen on 4/9/18 for an arachnoid cyst with dizziness and collapse. An EEG was recommended and the inmate was to return in one month. The request for the follow-up consultation was not completed until 7/5/18. In another record, the inmate was seen on 11/17/17 for a colostomy reversal. A colonoscopy and fleet enema were recommended but not completed until 6/12/18. An “urgent” request was resubmitted for the colostomy reversal on 7/16/18 but the procedure had not been completed at the time of the survey. In the third record, an inmate was seen in sick call on 3/12/18 by the dentist and referred to an ENT for a lesion on his tongue. The inmate was seen on 3/28/18 and an “urgent” CT scan of the neck was recommended for suspicious malignancy and possible left neck metastasis. The CT scan was completed on 4/12/18. A subsequent “urgent” request was made on 5/13/18 and the inmate was again seen by the ENT on 6/6/18. A recommendation of a directed laryngoscopy and hemiglossectomy was made and marked as “emergent.” The consultation request was not submitted until 7/2/18 and the surgery was completed 7/5/18. In the last record, an inmate had surgery on 2/22/18 on his neck for anterior cervical discectomy and fusion. He developed a hematoma on the right anterior neck and an “urgent” request was submitted on 4/18/18 for his post-op appointment. The post-op consult was completed on 5/2/18 with the plan to complete the decompression of the spinal cord and to have a cervical myelogram followed by a CT 24 hours prior to the surgery. The CT and myelogram were completed and revealed post-op changes. Surgery was scheduled for July but the consultant felt a second surgeon was needed so the surgery has been postponed until 10/16/18. In addition, while this inmate was in the hospital, another inmate with the same name was also hospitalized. That inmate was diagnosed with rectal cancer and information from his chart was inadvertently placed in this inmate’s chart. Upon this inmate’s return to the facility, he was sent out again on 7/3/18 for an oncology and general surgical consultation based on the incorrect information in the chart. The consultant noted that no cancer was found. At some point in the process, however, hospital staff tried to administer chemotherapy to this inmate who refused. Per Department policy and procedures, all consultations, labs, and reports should be filed in the

chart by Reception and Medical Center (RMC) before an inmate is transferred back to the primary institution. Alternatively, if this is not done, it is the responsibility of the receiving institution to request the missing documentation and place it in the chart. It is imperative that all identifying information is confirmed by all treating parties to prevent sentinel events that could include procedures being performed on the wrong patient. The only information regarding this inmate on the institution's consultation log was in reference to the rectal cancer. There was not a pending consultation in the chart for the upcoming neck surgery as it originated at RMC.

| Dental Clinic Review | |
|--|--|
| Finding(s) | Suggested Corrective Action(s) |
| PH-7: In 2 of 9 applicable records (18 reviewed), there was no evidence follow-up appointments were completed timely and adequately to address the complaint. | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

| Additional Administrative Issues | |
|--|---|
| Finding(s) | Suggested Corrective Action(s) |
| PH-8: The clinician's documentation was illegible (see discussion). | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-8: Illegibility of the clinician's notes was a consistent finding throughout the survey. CMA clinical surveyors had significant difficulty in reading documentation and frequently needed clarification from institutional staff to assist with the interpretation of notes. At times staff were unable to interpret the notes as well. This finding was also noted in the review of consultations as one request was returned by utilization management twice as illegible. CMA surveyors expressed concern that illegible documentation could lead to errors in patient care or delays in treatment.

CONCLUSION – PHYSICAL HEALTH

The physical health staff at BAKCI serves inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

There were few findings in the chronic clinics and clinical care was provided on a timely basis. Of significant concern to CMA surveyors was the timeliness of consultation follow-up services and the mix up in the medical record involving two inmates with the same name. A serious incident of receiving chemotherapy when unwarranted was avoided because this particular inmate was mentally aware and in tune with his diagnoses. Additionally, the delays in care due to scheduling conflicts when requests are marked “urgent” and “emergent” are of concern. Institutional staff should work to implement strategies to prevent delays and to insure medical information is correctly filed and shared with outside consultants in specialty care situations.

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. Inmates were generally complementary of their experiences at the medical clinic and described the care as adequate.

Overall, there were relatively few findings that required corrective action. However, based on the discussions above, it is clear that the corrective action process will be beneficial to BAKCI as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Baker Correctional Institution (BAKCI) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at BAKCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below. There were no episodes of restraints at BAKCI.

USE OF FORCE REVIEW

There were no findings requiring corrective action in the review of use of force.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of inmate requests or special housing. There were findings requiring corrective action in the review of psychological emergencies; the items to be addressed are indicated in the tables below.

OUTPATIENT SERVICES REVIEW

There were no findings requiring corrective action in the review of outpatient mental health services.

ADMINISTRATIVE ISSUES

There were no findings in the review of mental health systems.

Self-harm Observation Status (SHOS)

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-2: In 4 records, there was no evidence of daily rounds by the clinician.</p> <p>MH-3: In 4 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Psychological Emergencies

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>A comprehensive review of 9 psychological emergencies revealed the following deficiencies:</p> <p>MH-4: In 7 records, there was no evidence that the emergency was responded to within one hour (see discussion).</p> <p>MH-5: In 3 records, the psychological emergency evaluation did not include all required information (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-4: Staff did not maintain a log indicating the time the inmate declared the psychological emergency and when the response was provided, thus making it difficult to determine if the response was provided within the required time frame.

Discussion MH-5: In these records, documentation indicated there was no history of suicide attempts; however, the inmate had past episodes of self-inflicted lacerations.

CONCLUSION – MENTAL HEALTH

BAKCI has one fulltime mental health professional. At the time of the survey, approximately 20 inmates were receiving mental health services. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The few findings noted as a result of the survey were related to nursing evaluations and assessments by the provider for inmates on SHOS. However, the quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. When reviewing mental health records, the course and progress of treatment was clear. Inmates interviewed expressed satisfaction with the services provided.

Staff were helpful throughout the survey process and medical records were readily available. Staff indicated they were appreciative of the CMA review, and would use the report results and the corrective action plan (CAP) process to improve care in areas that were found to be deficient.

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 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.
- If inmates 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 licensed mental health professionals. 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 reviewed. Efforts are also made to confirm that administrative documentation (e.g., 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.