



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Baker Correctional Institution**

in

**Sanderson, Florida**

on

**June 24-25, 2015**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1530	Male	Close	4

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1165	<b>Current Main Unit Census</b>	1120
<b>Satellite Unit(s) Capacity</b>	705	<b>Current Satellite(s) Census</b>	410
<b>Total Capacity</b>	1870	<b>Total Current Census</b>	1530

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1208	344	145	0	2
<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>
	1677	19	5	0	0	0

## Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>OP</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		70	63	69	0	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0.4	0.4
RN	7.7	0.7
LPN	9.4	0.4
CMT-C	0	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	1	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	0	0
Behavioral Specialist	1	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, 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 includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at BAKCI on June 24-25, 2015. 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 does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

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

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care, sick call, or infirmary services.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of medication administration, medical inmate requests, periodic screenings, or intra-system transfers. 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 care or dental systems.

### **ADMINISTRATIVE PROCESSES REVIEW**

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

### **INSTITUTIONAL TOUR**

There were findings requiring corrective action as a result of the institutional tour; the items to be addressed are indicated in the table below.

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 17 of 18 records reviewed, the physical examination was incomplete (see discussion).</b></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 cardiovascular 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-1:** In the 17 records reviewed in this clinic, there was no documentation indicating that an evaluation of the lungs was completed as required in Health Services Bulletin (HSB) 15.03.05 Attachment #4. The clinician was using a stamp template for documentation of physical examinations but was not checking the boxes to indicate results. Since the boxes were not checked and there was no additional documentation, it could not be determined that the physical examination was complete. The stamp had an indicator for heart regular rhythm, chest symmetry and expansion, breath sounds, abdomen, extremities, and was used for all chronic illness clinics.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-2: In 4 of 7 applicable records, there was no evidence that patients with HbA1c over 8.0 were seen every 3 months (see discussion).</b></p> <p><b>PH-3: In 1 of 1 applicable record, there was no referral to a specialist when indicated (see discussion).</b></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>

***Discussion PH-2:** HSB 15.03.05 Appendix #2 indicates that patients with HbA1c over 8.0 or whose blood sugars are uncontrolled should be seen at least every three months to address tighter blood glucose control. In all four records, inmates with HbA1c levels over 8.0 were seen every 120 days.*

**Discussion PH-3:** In this record, an inmate with anemia secondary to diabetes, nephropathy, and a history of sickle cell trait had large amounts of blood in his urine since 1/29/15. Although the inmate did not arrive at this institution until 4/14/15, his urinalysis on 4/16/15 revealed blood, protein 1+, and profuse epithelial cells. On 5/14/15 the urinalysis continued to show blood and protein trace, although some improvement was noted. On 5/19/15 protein trace was again detected. CMA surveyors brought this record to the attention of institutional staff who agreed that further testing was indicated, such as an ultrasound, hematology or urology consult, to rule out the possibility of bladder or renal cancer. As a result of the discussion with staff, an ultrasound was ordered.

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-4: In 3 of 7 records reviewed, the physical examination was incomplete (see discussion).</b>	<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 miscellaneous 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:** Per HSB 15.03.05 Attachment #3 the physical examination in the miscellaneous clinic will include an evaluation and documentation based on the diagnosis, symptoms, and medication side effects if applicable. In two records, inmates were diagnosed with benign prostatic hyperplasia (BPH). There was no documentation regarding symptoms or difficulty voiding in either record. In another record, the physical examination documentation indicated a normal heart rate and rhythm in an inmate with a diagnosis of atrial fibrillation (AFib). The stamp was used in this record (see discussion PH-1) with pedal pulses addressed but no other documentation. In fact, AFib was not mentioned in the clinician notes at all but was listed on the problem list and confirmed via an EKG in the chart. It was unclear if the heart rate and rhythm were normal or if the information was incorrect due to the usage of the stamp. CMA surveyors expressed concern that the documentation of these examinations was not appropriate to the diagnosis and/or sufficient to assess the patient's condition.

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-5: In 3 of 8 records reviewed, seizures were not classified (see discussion).</b>	<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</p>

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	<p>records of those enrolled in the neurology 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-5:** Department policy (HSB 15.03.05 Appendix #7) requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In 15 of 15 records reviewed, the physical examination was incomplete (see discussion).</b></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 respiratory 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-6:** In all 15 records, the clinician used the stamp template for documentation of the physical examinations but the boxes were not checked to indicate results or outcomes. Peak flow was documented but there was no indication of breath sounds, rales, rhonchi, or wheezing. Since the boxes were not checked it could not be determined that the physical examination was complete in regard to the respiratory system.

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: In 3 of 14 records reviewed, the diagnosis was not reflected on the problem list.</b></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 consultation</p>



## Consultations Record Review

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

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-8: The infirmary did not contain a hand washing station (see discussion).</b></p> <p><b>PH-9: All dorms did not have the over-the-counter medications available (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-8:** *There were no hand washing stations available in the infirmary area. Staff must utilize hand washing stations in the medical exam rooms or the infirmary bathroom toilet area.*

**Discussion PH-9:** *Per policy (Procedure 406.001), specific over-the-counter (OTC) medications will be made available in all general population and special housing areas. The medications that are generally accepted are Acetaminophen, Alamag (Maalox), and Ibuprofen. One dorm only had Tylenol available.*

## CONCLUSION

The physical health staff at BAKCI serves inmates with multiple medical and psychiatric 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. The physical health team reviewed 244 records and found deficiencies in 65 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Patient medical records were well organized. All areas on the compound were clean and neat. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services. Staff at BAKCI were helpful throughout the survey process.

Several of the findings noted in the tables above were related to a lack of documentation in the chronic illness clinics due to use of the stamp template. While CMA is not opposed to the use of templates, it should be emphasized that areas left blank without explanation are considered incomplete documentation. The stamp, if used correctly, could serve as a prompt for clinicians to provide the necessary information.

In addition to the documentation problem with the stamp, several records in the cardiovascular clinic had “no meds” written beside the elevated blood pressure reading in the chronic illness clinic notes indicating some level of medication non-compliance in inmates who had been prescribed medication. It was unclear, however, due to the lack of documentation whether the medication had not been taken as prescribed, not taken at all, or had been taken sporadically. The records indicated that these medications were given as “keep on person” and not single dosed. CMA surveyors expressed concern that if inmates were not taking the medications as prescribed that their status may need to be changed to single dose so that an assessment of adherence could be monitored more effectively.

Based on the findings of this survey, 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 psychiatric restraint.

### **USE OF FORCE REVIEW**

There were no applicable use of force episodes for review.

### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were no findings in the review of psychological emergencies and inmate requests. There was a finding requiring corrective action in the review of special housing; the item to be addressed is indicated in the table below.

### **OUTPATIENT SERVICES REVIEW**

There was a finding requiring corrective action in the review of outpatient mental health services; the item to be addressed is indicated in the table below.

### **MENTAL HEALTH SYSTEMS REVIEW**

There were findings in the review of mental health systems; the items to be addressed are indicated in the table below.

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 2 SHOS admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 record, the Mental Health Emergency Nursing Assessment “DC4-683A” was not completed in its entirety (see discussion).</b></p> <p><b>MH-2: In 1 record, daily counseling by mental health staff did not occur or was not documented.</b></p> <p><b>MH-3: In 1 record, mental health staff did not provide adequate post-discharge follow-up.</b></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>

***Discussion MH-1:** One of the requirements of the Mental Health Nursing Assessment is that when SHOS is warranted, a recommendation must be recorded on the “Plan” section of the form. In one record, the “Plan” section was left blank and there was no indication the inmate was to be placed on SHOS. He was placed on SHOS 45 minutes later.*

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: In 10 of 14 records reviewed, the Mental Status Exams (MSEs) were not sufficient to identify any possible adjustment problems (see discussion).</b></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 inmates in special housing 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:** HSB 15.05.08 indicates that the MSE shall address relevant history, status of the problems, and the following aspects of mental status: appearance; behavior; orientation; recent and remote memory, mood/affect; suicidal/ homicidal thoughts; thinking; perception; vegetative functions; and appetite. In ten records, the MSEs were left blank with the words “inmate refused” and a line through the rest of the form. Even with an inmate refusal, some of the required information should be assessed (appearance, behavior, relevant history, etc.).*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: In 3 of 9 outpatient records reviewed, mental health problems were not recorded on the problem list.</b></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 applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## MENTAL HEALTH SYSTEMS REVIEW

### Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: Not all SHOS episodes were logged on the Mental Health Emergency, Self-harm, IMR Admission Log (see discussion).</b></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 the DC4-781A to ensure all episodes were documented.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p><b>MH-7: Mental health staff was observed conducting open door interviews with inmates (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-6:** Episodes of SHOS that represent inmates transferred from other institutions (overflow) were not logged on the DC4-781A "Mental Health Emergency, Self-Harm, IMR Admission Log." These episodes were logged on the DC4-797E "Infirmity Inpatient Log." All episodes of SHOS require documentation on the DC4-781A.

**Discussion MH-7:** Mental health staff was observed conducting open door interviews with inmates; which allowed their conversations to be audible in the hallway where other

*inmates could be working, meeting with staff, or walking through. Staff indicated that open door interviews are conducted because it allows for safety checks. Mental health staff do not have doors with transparent panels; therefore, if their office doors are closed, they are unable to see outside the door, and no one is able to see inside the office.*

## **CONCLUSION – MENTAL HEALTH**

At the time of the survey, BAKCI mental health staff was providing outpatient services to approximately 20 inmates on the mental health caseload. 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 in Self-harm Observation Status (SHOS).

Overall, treatment plans were goal directed and individualized and the course of treatment was easy to follow. It was clear from the documentation of mental health contacts, that the Individualized Service Plan was both a reflection of the direction of treatment and a detailed account of inmate progress towards goal completion. All ISPs reviewed listed aftercare planning as a goal even when it was not required. An interview with mental health staff revealed that impending end of sentence often creates additional problems, hopes, and fears that can be addressed through the therapeutic process. Interviews with inmates on the mental health caseload reflected the direction of treatment listed on the ISP as well. More specifically, two inmates volunteered information about what problems they are working on during their mental health contacts.

There were relatively few areas identified during the survey that required corrective action. The majority of the findings were related to documentation. The mental health staff were cooperative and helpful during the survey process and responsive to the findings noted. Medical records were well-organized and readily available. After a review of mental health records and interviews with staff and inmates and taking into account the relatively few findings listed above, the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

## 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 also 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.