



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Cross City Correctional Institution

in

Cross City, Florida

on

August 7 – 8, 2013

CMA Physical Health Team Leaders:

Kathy McLaughlin, BS
Jane Holmes-Cain, LCSW

CMA Mental Health Team Leaders:

Matthew Byrge, LCSW
Lynne Babchuck, LCSW

Physical Health Team Members:

Jim Langston, MD
Timothy Garvey, DMD
David Habell, PA-C
Ann Panzarino, RN
Sue Sims, RN

Mental Health Team Members:

Maggi Pecora, LMHC

Distributed on

8/27/13

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,275	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	916	Current Main Unit Census	1,019
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	280	Current Satellite(s) Census	256
Total Capacity	1,196	Total Current Census	1,275

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		642	287	100	0	0
<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>
	977	52	0	0	0	0

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>
		96	25	0	0	0

DEMOGRAPHICS

Medical Unit Staffing:

	Number of Positions	Number of Vacancies
Physician (three days per week)	1	0
RN	5	2
LPN	6	2

Mental Health Unit Staffing:

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician (coverage is currently available one day per week by a psychologist from a nearby institution)	1	1
Behavioral Specialist	1	0
Other (Clerk Typist Specialist-OPS)	1	0

OVERVIEW

Cross City Correctional Institution (CROCI) houses male inmates of minimum, medium and close custody levels. The facility grades are medical (M) grades 1, 2 and 3, and psychology (S) grades 1 and 2. The scope of health services provided includes comprehensive medical, dental, mental health and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, outpatient mental health and infirmary care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at CROCI on August 7 – 8, 2013. 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.

Overall, findings indicate CROCI is providing physical and mental health services commensurate with the Department of Corrections' Health Services Bulletins.

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 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 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

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

- 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 two of the chronic illness clinics; the items to be addressed are indicated in the table below.

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of preventive care and infirmary care. There were findings requiring corrective action in the review of consultations, intra-system transfers, medication administration; the items to be addressed are indicated in the table below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care and systems. One issue cited by the surveyor is detailed in the conclusion of the physical health report.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of infection control and pharmacy practices.

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: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 2 records, the baseline history was incomplete or missing.</p> <p>(b) In 3 records, there was no evidence of appropriate physical examination to include an assessment of the feet.</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 monthly monitoring of no less than ten records to evaluate the effectiveness of 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>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: A comprehensive review of 3 inmate records revealed the following deficiencies:</p> <p>(a) In 1 record, the diagnosis was not appropriately documented.</p> <p>(b) In 1 record, the baseline history was incomplete or missing.</p> <p>(c) In 1 record, there was no evidence of initial and ongoing education regarding treatment compliance and smoking cessation.</p> <p>(d) In 1 record, the evaluation of the control of the disease and/or patient status was not documented.</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 monthly monitoring of no less than ten records to evaluate the effectiveness of 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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 1 of 3 applicable records (14 reviewed), the new diagnosis was not reflected on the problem list.</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 monthly monitoring of no less than ten records to evaluate the effectiveness of 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>

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: A comprehensive review of 5 inmate records revealed the following deficiencies:</p> <p>(a) In 1 record, the receiving institution did not include all necessary key information on the Health Information Transfer/Arrival Summary (DC4-760A) (see discussion).</p> <p>(b) In 2 records, a clinician did not review the health record within seven days of arrival (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 monthly monitoring of no less than ten records to evaluate the effectiveness of 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 PH-4(a): *In this record, the DC-760A did not contain all necessary prescription information and was not signed by the physician.*

Discussion PH-4(b): *The Chief Health Officer (CHO) is the only physician employed by CROCI and is on-site three days per week while also being responsible for providing coverage at another institution. The lack of consistent physician coverage may contribute to health records not being reviewed within the appropriate time frame.*

Medication Administration Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, there was no documentation regarding the route of administration and/or the strength of the medication (see discussion).</p> <p>(b) In 3 records, the medication orders were not transcribed within the necessary time frame.</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 weekly monitoring of no less than ten records to evaluate the effectiveness of 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 PH-5(a): *In two records, the route of administration was not indicated. In the other record, the order did not address the required dosage.*

CONCLUSION

The physical health staff at CROCI serves a complex and difficult population. Physical health care is provided on an outpatient and inpatient basis; inmates in the infirmary may require both medical observation and skilled nursing services. 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 154 records and found deficiencies in 37 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.

Overall, CMA surveyors concluded that patient medical records were well organized and institutional staff demonstrated adequate clinical management. Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to health care services. Staff interviewed appeared to be knowledgeable about procedures and all areas on the compound were clean and neat.

A review of dental records and dental systems found no deficiencies in patient care. The dental health surveyor did note some concern regarding the continuity of care between services provided at the Reception and Medical Center (RMC) and the institution. On several occasions, inmates had traumatic incidents resulting in fractured jaws which required oral surgery. There were several cases in which the inmate returned to the institution without documentation of the surgical procedures performed. CROCI staff are responsible for ensuring that these records are obtained if not provided by the sending institution. The surveyor felt that not including progress notes of the surgical procedures in the inmate's record could lead to inadequate follow-up care.

Survey findings indicated the overall medical care provided at CROCI fell within Department standards and adequately reflected standards commensurate with the professional health care community at large. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates.

MENTAL HEALTH FINDINGS

Cross City Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at CROCI:

- 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 restraint at CROCI.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies, special housing and inmate requests.

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.

**Self Harm Observation Status
(SHOS)**

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 7 SHOS admissions revealed the following deficiencies:</p> <p>(a) In 2 records, admission orders were not signed/countersigned and/or not dated/timed (see discussion).</p> <p>(b) In 1 of 2 applicable records, there was no evidence an evaluation was conducted to determine if crisis stabilization care was needed (see discussion).</p> <p>(c) In 6 records, daily rounds by the clinician were not documented.</p> <p>(d) In 2 records, entries were not dated, timed, signed and/or stamped.</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 monthly monitoring of no less than ten records to evaluate the effectiveness of 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 MH-1(a): *In one of the records, the order was not timed. In the other, the signature was dated 4/8/13 but the inmate was discharged on 4/3/13.*

Discussion MH-1(b): *According to the Department's Health Services Bulletin, during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In the deficient record, the inmate was in SHOS for nine days without evidence of evaluation for the Crisis Stabilization Unit.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
MH-2: In 4 of 10 applicable records (13 reviewed), evidence that nursing staff oriented inmates to mental health services within 24 hours of arrival at the institution was not present in the medical record.	<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 monthly monitoring of no less than ten records to evaluate the effectiveness of 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

At the time of the survey, CROCI mental health staff was providing outpatient services to 52 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answers inmate requests, responds to psychological emergencies and performs weekly rounds in confinement. Staff also performs sex offender screenings when needed and provides daily counseling for inmates in Self-harm Observation Status (SHOS). To serve this population, CROCI has one Senior Mental Health Clinician position (currently vacant with one day per week coverage by a Senior Mental Health Clinician from a neighboring institution) and one Behavioral Specialist position.

The few mental health findings noted were in the area of outpatient services and SHOS. While some of the findings were related to documentation, others were related to the lack of consistent physician coverage. Mental health physician coverage is provided by the Chief Health Officer who is on site three days per week. This makes daily rounds and face to face evaluations in SHOS by the clinician difficult, as reflected in the table above. According to Departmental policy, an attending clinician must personally assess the inmate daily (except on weekends and holidays) while the inmate is in SHOS.

The mental health staff were cooperative and helpful during the survey process and responsive to the few findings noted. It is clear through the narrative in the medical record and inmate interviews, that inmates are receiving quality mental health care. The inmates interviewed were complimentary of their experiences with the mental health staff. In reviewing one inmate's record, the surveyor noted an inmate request written specifically to thank mental health staff for assisting him in working through some additional stressors. Overall, it seems the mental health staff is providing quality mental health care.

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.