



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Everglades Correctional Institution

In

Miami, Florida

on

April 12-14, 2016

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1892	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1788	Current Main Unit Census	1485
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	407
Total Capacity	2220		1892

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		707	555	240	3	2
<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	
	926	119	462	N/A	N/A	N/A

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>
	83	30	N/A	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	1	0
RN	9	0
LPN	11	3
CMT-C	2	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	2	0
Psychological Services Director	1	0
Sr. Mental Health Clinician	0	0
Behavioral Specialist	6	0
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	1	0

OVERVIEW

Everglades Correctional Institution (EVECI) 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, 2, and 3. EVECI consists of a Main Unit and a Re-Entry Center.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at EVECI on April 12-14, 2016. 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

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

- 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.
- 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 findings requiring corrective action in two of the chronic illness clinics and in the general chronic illness clinic review; 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 sick call. There was a finding requiring corrective action in the review of infirmary 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 intra-system transfers or the medication administration record review. There were findings requiring corrective action in the review of consultations, periodic screenings, and medical inmate requests; the items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental systems or dental care.

ADMINISTRATIVE PROCESSES REVIEW

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

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.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 13 of 16 records reviewed, the baseline information was incomplete or missing.</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 a chronic illness 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 1 of 1 applicable record (16 reviewed), there was no evidence of an annual hepatocellular carcinoma screening for an inmate with cirrhosis or suspected cirrhosis.</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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 10 of 15 records reviewed, reactive airway disease was not classified as mild, moderate, or severe.</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>

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 2 of 10 applicable records (15 reviewed), there was no evidence of daily clinician rounds for acute inpatient care (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 inmates receiving infirmary 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-4: *In both records, one day of the required daily clinician notes was missing. Neither day was a weekend or holiday.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 9 of 16 records reviewed, the diagnosis was not recorded 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 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>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 3 of 15 records reviewed, the periodic screening was incomplete (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 periodic screenings 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: Per Health Services Bulletin (HSB) 15.03.04, weight will be measured and compared to the last screening. In all three records the previous weight was missing.

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 8 of 17 records reviewed, there was no evidence of an incidental note documenting the receipt of the request.</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 medical inmate requests 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>A tour of the facility revealed the following:</p> <p>PH-8: Protective equipment for universal precautions was not available in the sick call and emergency care areas.</p> <p>PH-9: Emergency equipment and supplies were not readily available (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-9:** Staff reported that the AED was checked daily but a log was not available for verification. When tested at the time of the survey, the unit indicated a new battery was needed. Additionally, full and empty oxygen tanks were stored together and were not marked accordingly. Surveyors expressed concern that in an emergent situation, a clinician could pull a tank only to find out it was empty after it was hooked up for use. There was also one tank that was free standing and unsecured.*

CONCLUSION

The physical health staff at EVECI serves a complex and difficult population, including 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.

Although medical records were located in an adjacent building, the records needed for review were readily available to the surveyors. Overall, documents appeared to be filed in a timely manner, and were organized in accordance with Department policy (*HSB 15.12.03*).

Interviews held with medical staff, correctional officers, and inmates indicated that all were knowledgeable about how to access both routine and emergency medical services. Inmates indicated that they were generally satisfied with the care received.

Of the physical health findings noted, many were related to a lack of documentation. For example, reactive airway disease classification was not indicated, the diagnosis was not recorded on the problem list for consultations, the previous weight was blank on the periodic screenings, and incidental notes regarding the receipt of inmate requests were missing.

Although there were few findings in this survey, the corrective action process (CAP) will still be beneficial to EVECI as they strive to meet the health care needs of the inmate population and improve care in the areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Everglades Correctional Institution (EVECI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at EVECI:

- 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 or psychiatric ARNP care).

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 for review at EVECI.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

There were no findings requiring corrective action in the aftercare planning review.

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-2: In 2 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (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 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-2:** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on Observation Checklist (DC4-650). In two records, there were blanks on the checklist indicating the inmate was not observed as required.*

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 1 of 5 records reviewed, the psychological emergency was not responded to within 1 hour (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-3:** Documentation was missing in the medical record to show evidence of declaration of an emergency and the response from staff. Although the information was documented on the Psychological Emergency Log (DC4-781A), there was no evidence in the record of a response to this emergency.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 1 of 4 applicable records (8 reviewed), psychotropic medications ordered were not continued as directed while the patient was held in special housing (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 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:** Health Services Bulletin (HSB 15.05.08) indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In the record reviewed, the medication administration record for March 2016 was missing and could not be located by staff.*

CONCLUSION – MENTAL HEALTH

The staff at EVECI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. 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, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The few findings noted in this report are due to missing evaluations. Assessments for inmates on SHOS were not completed as required. There was no evidence that a response was provided to an inmate who declared a psychological emergency. Additionally, the medication administration record was missing for an inmate held in special housing, therefore surveyors were unable to determine if the inmate received his medication as prescribed.

The quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. Individualized Service Plans (ISP) were timely and relevant. Issues addressed in counseling were reflective of problems listed on the ISP. The mental health professionals seemed dedicated to providing mental health services to inmates in their care. Inmates expressed that they had frequent and convenient access to services and reported that the mental health team exceeded their expectations. Staff was cooperative and helpful throughout the survey process. Medical records were well organized and readily available. Overall, staff were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

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.