



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Holmes Correctional Institution

in

Bonifay, Florida

on

June 3-4, 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
1445	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1185	Current Main Unit Census	1122
Satellite Unit(s) Capacity	328	Current Satellite(s) Census	323
Total Capacity	1513	Total Current Census	1445

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		999	374	92	0	0
<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	
	1337	19	0	N/A	N/A	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>
		76	39	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	1	0
RN	5	0
LPN	5.6	0
CMT-C	0	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	0.5	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	0.2	0
Mental Health Professional	1	0

OVERVIEW

Holmes Correctional Institution (HOLCI) 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. HOLCI consists of a Main Unit and Work Camp.

The overall scope of services provided at HOLCI 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 HOLCI on June 3-4, 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

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

- 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 three 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 services, or infirmary services.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, medication administration record review, or periodic screenings. There were findings requiring corrective action in the review of consultations 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 care. There was a finding in the review of dental systems; 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 infection control. There were findings requiring corrective action in the review of pharmacy services and in the administration of the pill line; the items to be addressed are indicated in the tables below.

INSTITUTIONAL TOUR

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

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 5 of 18 records reviewed, there was no evidence of influenza vaccine 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 cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 3 of 10 records reviewed, there was no evidence that abnormal labs were addressed timely (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 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-2: *In one record, an inmate with Tegretol levels consistently below therapeutic range since 4/11/14 received no increase in medication or change in dosing. He was last seen in clinic on 4/29/15. In another record, an inmate's Keppra was discontinued and Dilantin was prescribed on 9/24/14. The chronic illness progress note on 3/3/15 indicated that the inmate had a seizure but no medication change was made until 5/5/15. This inmate had subtherapeutic lab levels for seven months. In the last record, an order was written on 3/10/15 for Keppra 500 b.i.d. On 4/24/15 the lab work revealed a subtherapeutic level of under 2.0 and no change in medication was made. The inmate is not scheduled for follow-up until July.*

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 2 of 10 records reviewed, the physical examination 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 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-3: Per Health Services Bulletin (HSB) 15.03.05 Appendix #5, the physical examination will include documentation of indication of extra-pulmonary tuberculosis. This was not addressed in either record.

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 4 of 10 records reviewed, the 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 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>

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 2 of 8 applicable records (17 reviewed), there was no evidence that the response occurred as intended (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
	<p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those submitting 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>

Discussion PH-5: *In one record, an inmate was seen in clinic on 12/21/14 and the clinician ordered an optometry consult and medications. The inmate submitted an inmate request on 3/24/15 stating that he had not received the aspirin or eye exam. Staff answered the request on 3/26/15 stating that the information would be referred to the clinician for review and disposition. As of the date of this survey, the eye consultation had not been completed. In the other record, an inmate did not receive his hypertension and diabetes medications for several months. The inmate put in requests on 2/10/15, 2/18/15, 3/19/15, and 4/28/15 stating he had not received his medications. Although staff answered the requests timely with responses such as “chart to clinician,” “requested from pharmacy,” “med ordered-one expired-chart to physician,” the inmate did not receive the needed medications until 4/29/15.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: There was no evidence that all necessary equipment was available (see discussion).</p>	<p>Create a monitoring tool and conduct biweekly monitoring 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 HSB 15.04.13 Supplement #A, the dental staff should be capable of treating a medical emergency, should one arise. A portable oxygen tank is to be kept on hand in the dental clinic. Although an oxygen tank was located in the medical unit, accessing this tank would require dental staff to break sterile, leave the dental clinic and enter a locked room, then retrieve the tank from a locked cabinet.*

Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: A review of medical clinic systems revealed improperly stored and expired HIV medications (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 to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-7:** During the interview with staff regarding the infection control process, expired packets of HIV medications were discovered in the blood-borne pathogen binder. CMA surveyors expressed concern that these medications were stored in an office binder and not in the pharmacy and additionally, that they were expired and not appropriately discarded.*

Administration of the Pill Line

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: Staff administering the medications did not wash their hands prior to beginning the pill line.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

The physical health staff at HOLCI serves a difficult population that includes 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 243 records and found deficiencies in 30 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, medical charts were well organized and documents were filed in a timely manner. The staff at HOLCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. A review of the inmate housing areas revealed no negative findings and all areas on the compound were clean and neat.

There were several clinical concerns identified in the review of the medical records. Inmates enrolled in the cardiovascular clinic were not consistently receiving influenza vaccinations; abnormal labs were not addressed timely in the neurology clinic; and there was an issue with inmates receiving necessary medications and/or services timely through the inmate request process. There was also a deficiency noted in dental care services that did not rise to the level of a finding but warrants further discussion. An inmate presented to dental on 10/16/14 with tooth pain. X-rays were taken and showed the periodontal condition of tooth #19 was "hopeless." Informed consent was obtained to extract the tooth and documentation in the record showed that it was extracted. On 12/17/14, however, the inmate returned with complaints of pain at the same site. X-rays taken on that date showed tooth #19 present and tooth #18 missing. The dental surveyor concluded that on 10/16/14, tooth #18 was mistakenly extracted. This record was brought to the attention of institutional and Office of Health Services staff.

After a review of physical health records and interviews with staff and inmates, and based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.

MENTAL HEALTH FINDINGS

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

- 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 no findings requiring in the review of Self-harm Observation Status (SHOS). There were no episodes of psychiatric restraint at HOLCI.

USE OF FORCE REVIEW

There were no applicable use of force episodes for review at HOLCI.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of psychological emergencies, inmate requests, or special housing.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

CONCLUSION

Currently HOLCI has one fulltime Mental Health Professional. The Senior Mental Health Clinician is on-site one day per week. At the time of the survey, approximately 25 inmates were receiving mental health services. In addition to providing services to these inmates, staff answers 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.

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. The interview with the Mental Health Professional revealed a familiarity with the mental health caseload. He expressed a strong desire to provide quality services. After a review of mental health records and interviews with inmates and staff, no corrective action plan is required by the CMA for mental health.

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.