CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Jefferson Correctional Institution

in

Monticello, Florida

on

July 9 – 12, 2013

CMA Physical Health Team Leaders:
Priscilla Wood, BS
Kathy McLaughlin, BS
Lynne Babchuck, LCSW

CMA Mental Health Team Leaders:
Jane Holmes-Cain, LCSW
Matthew Byrge, LCSW

Physical Health Team Members:
Jim Langston, MD
Ed Zapert, DMD
Susan Porterfield, ARNP
Ann Panzarino, RN
Sue Sims, RN

Mental Health Team Members:
Erik Gooch, DO
Kristin Schmidt, PhD
Mandy Petroski-Moore, LCSW
Maggi Pecora, LMHC
Kathy Louvaris, ARNP
Cathy Morris, RN

Distributed on
8/9/13

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	**Type**	**Custody Level**	**Medical Level**
1113	**Male**	**Close**	**4**

Institutional Potential/Actual Workload

Main Unit Capacity	**1179**	**Current Main Unit Census**	**1113**
Annex Capacity	**NA**	**Current Annex Census**	**NA**
Satellite Unit(s) Capacity	**NA**	**Current Satellite(s) Census**	**NA**
Total Capacity	**1179**	**Total Current Census**	**1113**

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	***1***	***2***	***3***	***4***	***5***	***Impaired***
	549	**336**	**244**	**6**	**0**	**12**
Mental Health Grade (S-Grade)	***Mental Health Outpatient***			***MH Inpatient***		
	1	***2***	***3***	***4***	***5***	***Impaired***
	429	**105**	**603**	**0**	**0**	**12**

Inmates Assigned to Special Housing Status

Confinement/ Close Management	***DC***	***AC***	***PM***	***CM3***	***CM2***	***CM1***
	77	**89**	**0**	**0**	**0**	**0**

OVERVIEW

Jefferson Correctional Institution (JEFCI) houses male inmates of minimum, medium and close custody levels. The facility grades are medical (M) 1, 2, 3 and 4, and psychology (S) grades 1, 2 and 3. 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 JEFCI on July 9 – 12, 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.

This report raises significant concerns because of the number of findings related to both documentation and the provision of clinical services. Overall, findings indicate a considerable departure from the provisions set forth in the Department's Health Service Bulletins (HSB).

Exit Conference and Final Report
The survey team conducted an exit conference 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 action(s) 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

Jefferson Correctional Institution provides outpatient and inpatient physical health services. The following are the medical grades used by the department to classify inmate physical health needs at JEFCI:

- 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.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in all of the chronic illness clinics; the items to be addressed are indicated in the table below.

EPISODIC CARE REVIEW

There were findings requiring corrective action in the review of emergency care and sick call records; the items to be addressed are indicated in the table below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There was a finding requiring corrective action 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 and pharmacy practices.

INSTITUTIONAL TOUR

There was a finding requiring corrective action as a result of the institutional tour; the item to be addressed is indicated in the table below.

Cardiovascular Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-1: A comprehensive review of 17 inmate records revealed the following deficiencies: **(a) In 5 records, the baseline history was incomplete or missing.** **(b) In 5 of 13 applicable records, there was no evidence of an annual fundoscopic examination.** **(c) In 4 records, the evaluation of the control of the disease and/or patient status was not documented.** **(d) In 5 of 16 applicable records, there was no evidence of pneumococcal vaccine or refusal.** **(e) In 4 records, there was no evidence of influenza vaccine or refusal.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Endocrine Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-2: A comprehensive review of 16 inmate records revealed the following deficiencies: **(a) In 6 records, the baseline history was incomplete or missing.** **(b) In 6 records, the baseline physical examination was incomplete or missing.** **(c) In 6 records, the baseline laboratory work was incomplete or missing.** **(d) In 4 of 4 applicable records, inmates with HgbA1c over 8.0 were not seen every 4 months and there was no documentation of the clinical justification with respect to frequency of clinic visits (see discussion).** **(e) In 1 of 4 applicable records, there was no evidence of appropriate efforts made to reduce HgbA1c over 7.0. (see discussion).**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-2 (d)(e): *Clinical surveyors noted instances of improper follow up following abnormal lab results. For example, a medical grade 3 inmate's HgbA1C was 9.4 and although the chronic illness clinic note stated that medications were to be adjusted, no changes were made to the inmate's medications. The inmate was not scheduled for follow up for six months. In another case; a medical grade 3 inmate had HgbA1C lab values of 8.2 and was not scheduled for follow up for six months.*

Gastrointestinal Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-3: A comprehensive review of 8 inmate records revealed the following deficiencies: **(a) In 2 records, the diagnosis was not appropriately documented.** **(b) In 3 records, the baseline history was incomplete or missing.** **(c) In 3 records, the baseline physical examination was incomplete or missing.** **(d) In 3 records, the baseline laboratory work was incomplete or missing.** **(e) In 2 records, the baseline assessment did not indicate control of the disease.** **(f) In 1 of 5 applicable records, there was no evidence that an inmate with Hepatitis C was considered for treatment.** **(g) In 2 of 6 applicable records, there was no evidence of pneumococcal vaccine or refusal.** **(h) In 2 of 5 applicable records, Hepatitis A & B vaccine was not given to inmates with Hepatitis C infection and no prior history of A & B infection.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Immunity Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-4: A comprehensive review of 10 inmate records revealed the following deficiencies: **(a) In 7 records, there was no evidence of initial and ongoing education regarding treatment compliance and smoking cessation.** **(b) In 5 of 6 applicable records, there was no evidence of hepatitis B vaccine or refusal.** **(c) In 6 records, there was no evidence of pneumococcal vaccine or refusal.** **(d) In 2 records, there was no evidence of influenza vaccine or refusal.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Miscellaneous Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-5: A comprehensive review of 7 inmate records revealed the following deficiencies: **(a) In 3 records, the diagnosis was not appropriately documented.** **(b) In 3 records, the baseline history was incomplete or missing.** **(c) In 4 records, the baseline assessment did not indicate the control of the disease.** **(d) In 3 records, education did not include counseling regarding treatment compliance and risk factor reduction.** **(e) In 5 records, the evaluation of the control of the disease and/or patient status was not documented.** **(f) In 5 records, the chronic illness flow sheets and progress notes were not signed, dated and timed and/or a minimum of 4 flow sheets were not in chronological order.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-5: *A clinical surveyor expressed concern regarding an inmate's care. An inmate, who was being followed for glaucoma, had written repeated requests for eye drops after his original prescription had expired. Records completed by an outside ophthalmologist indicate that the inmate reported no access to the eye drop medication and that the inmate's disease was progressing which had deleterious effects on his vision. The response to the inmate's last request reported that the drops would not be available until 10/27/13. This matter was brought to the attention of the institution's Health Services Administrator during the CMA survey.*

Neurology Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-6: A comprehensive review of 15 inmate records revealed the following deficiencies: **(a) In 6 records, the baseline history was incomplete or missing.** **(b) In 3 records, the baseline physical examination was incomplete or missing.** **(c) In 4 records, seizures were classified incorrectly (see discussion).** **(d) In 1 of 2 applicable records, there was no evidence that a medication taper was discussed after two years without seizures.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-6(c): *In two records, seizures were only identified as "convulsions". In the other two records, the seizures were also unclassified. Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial or complex partial seizures.*

Oncology Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-7: A comprehensive review of 6 inmate records revealed the following deficiencies: **(a) In 3 records, the diagnosis was not appropriately documented.** **(b) In all records, the baseline history was incomplete or missing.** **(c) In all records, the baseline physical examination was incomplete or missing.** **(d) In 4 records, there was no evidence of initial and ongoing education regarding treatment compliance and smoking cessation.** **(e) In 5 records, the evaluation of the control of the disease and/or patient status was not documented.** **(f) In 2 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Respiratory Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-8: A comprehensive review of 13 inmate records revealed the following deficiencies: **(a) In 3 records, the diagnosis was not appropriately documented.** **(b) In 3 records, the severity of reactive airway diseases was not documented.** **(c) In 1 of 4 applicable records, the use of a rescue inhaler occurring more than two times per week was not addressed appropriately.** **(d) In 7 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit (see discussion).** **(e) In 8 records, there was no evidence of pneumococcal vaccine or refusal.** **(f) In 5 records, the chronic illness flow sheets and progress notes were not signed, dated and timed and/or a minimum of 4 flow sheets were not in chronological order.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-8(d): *In one record, an inmate claimed that he never received an inhaler. In another record, it did not appear that an inmate was prescribed an inhaler, although the clinical surveyor felt he was an appropriate candidate.*

Tuberculosis Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-9: A comprehensive review of 5 inmate records revealed the following deficiencies: **(a) In 3 records, the diagnosis was not appropriately documented.** **(b) In 2 records, the baseline history was incomplete or missing.** **(c) In 2 records, the baseline physical examination was incomplete or missing.** **(d) In 1 record, the baseline laboratory work was incomplete or missing.** **(e) In 1 record, there was no evidence of initial and ongoing education regarding treatment compliance and smoking cessation.** **(f) In 4 records, there was no evidence of monthly follow-up by nursing staff.** **(g) In 1 record, the inmate was not given the correct number of doses of INH or Rifampin.** **(h) In 1 record, the inmate was not referred to the clinician for the final chronic illness clinic visit.** **(i) In 3 records, the documentation of clinic visits was incomplete.** **(j) In 2 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.** **(k) In 2 of 4 applicable records, there was no evidence of influenza vaccine or refusal.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Tuberculosis Record Review	
Finding(s)	**Suggested Corrective Action(s)**
(l) In 2 records, the chronic illness flow sheets and progress notes were not signed, dated and timed and/or a minimum of 4 flow sheets were not in chronological order.	

Emergency Care	
Finding(s)	**Suggested Corrective Action(s)**
PH-10: A comprehensive review of 15 inmate records revealed the following deficiencies: **(a) In 5 records, evidence of patient education applicable to the presenting complaint was missing.** **(b) In 2 of 9 applicable records, follow-up or subsequent visits were not initiated and completed in a clinically timely manner (see discussion).** **(c) In 2 of 10 applicable records, there was no evidence that follow-up assessment adequately addressed the presenting complaint.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-10(b): *In one record, the physician ordered follow up on 3/14/13 but there was no evidence in the inmate's record that the referral was ever made. In another record, an appropriate consultation request was not submitted until months after the initial complaint.*

Sick Call	
Finding(s)	**Suggested Corrective Action(s)**
PH-11: In 3 of 12 sick call records, there was no evidence that education applicable to the presenting problem was provided.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Consultations Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-12: A comprehensive review of 14 inmate records revealed the following deficiencies: **(a) In 7 of 8 applicable records, the new diagnosis was not reflected on the problem list.** **(b) In 12 records, the consultation log did not reflect completion of the consultations.** **(c) In 1 of 2 applicable records, the referring clinician did not document a new plan of care following a denial by the Utilization Management Department (see discussion).**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-12(c): *In this case, there was no follow up after the consultation request was denied by Utilization Management. Department policy requires that the Chief Health Officer document the denial in the progress notes and describe an "alternative plan of care" (Health Services Bulletin, 15.09.04, effective date 3/28/13).*

Infirmary	
Finding(s)	**Suggested Corrective Action(s)**
PH-13: A comprehensive review of 14 inmate records revealed that inmates are not being admitted to the infirmary as required by Department policy resulting in the following deficiencies in all records: **(a) There was no evidence the physician or clinical associate was notified of admission or orders were not obtained.** **(b) There was no evidence of daily rounds for acute patients or weekly rounds for chronic, long term patients.** **(d) There was no evidence that nursing problems identified were addressed.** **(e) There were no separate and complete inpatient files.** **(f) Nursing assessments were not completed within 2 hours of admission.** **(g) Admission documentation by the physician or clinical associate was not completed and did not provide a medical plan of care.** **(h) A discharge summary was not completed by the physician or clinical associate.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-13*: According to Department policy (Health Services Bulletin 15.03.26, effective date 2/8/2013) each placement of an inmate in the infirmary shall be considered an infirmary admission. Infirmary patients are admitted either for an acute illness or for chronic, long-term care. Per policy, there is no longer a provision for "23-Hour Observation" status or "Temporary Boarder" status. Prior to the implementation of the HSB, staff were able to observe the inmate for up to 23 hours without an infirmary admission. Infirmary admission necessitates that all clinical orders, assessments and observations be documented in the inpatient record within the required timeframes.CMA surveyors noted there were no admission orders that were in compliance with Department policy. It was not clear if inmates met the criteria for infirmary admission as there was no clinical justification provided. Additionally there were no orders from the physician or clinical associate that directed nursing staff regarding the plan of care. This occurred for both acute and long term care admissions. Thus, JEFCI is currently out of compliance with Departmental policy. Surveyors did note that there was proper documentation*

for medication administration, KOP medications, 24 hour coverage and the two hour rounds. All other survey questions were scored as non-compliant.

Dental Care and Systems Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-14: The dark room does not have a "safe light" for developing X-rays.	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-4: *Although it did not rise to the level of a finding, it should be noted that in the Dental Clinic Review, three records did not contain documentation of the dental materials used, as well as the type and amount of anesthetic agent. The Dental Health Surveyor noted that this does not meet standard of care requirements. The surveyor also noted that some chart notes were double spaced. The surveyor reported that this was a record keeping issue, as documentation could easily be changed by additions made in the record.*

Institutional Systems	
Finding(s)	**Suggested Corrective Action(s)**
PH-15: A tour of the facility revealed the following deficiencies: **(a) Personal protective equipment for universal precautions was not available in H dorm.** **(b) Pill line schedules were not posted in E dorm or D dorm.**	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

The physical health staff at JEFCI serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities. 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 220 records and found deficiencies in 120 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. However, a comprehensive review revealed significant deficiencies in the documentation itself. A large number of records were missing baseline physical, diagnostic, and laboratory data. Frequently, chronic illness clinic flow sheets were thinned from the medical record and baseline information not carried over onto subsequent flow sheets. Lack of necessary baseline clinical information in the current volume of the medical record makes it difficult to maintain continuity of care in an already complex and difficult to manage population. Department policy requires that the Chronic Illness Clinic Flowsheet be completed in its entirety.

Clinician surveyors expressed concern regarding other areas of clinical documentation. It was often difficult to find a clearly established plan of care or rationale for clinical decision making. In some instances it was also difficult to assess whether interventions were administered. There were concerns that poor documentation could lead to medical errors.

There were several findings regarding the provision of clinical services. Inmates in chronic illness clinics were being seen, on average, every six months even though many were classified as M3 requiring visits every three months. Records were frequently missing vaccinations, fundoscopic examinations (where required), and complete laboratory studies. At times, there was no documentation that abnormal findings were addressed with the inmate and there was no corresponding documentation of changes in patient care as indicated. From a nursing perspective, patient education was not consistently provided or was not always documented in the patient record.

Interviews held with medical staff, correctional officers, and inmates indicated that all were generally knowledgeable about how to access both routine and emergency medical services. Additionally, interviews with inmates revealed positive attitudes about the nursing staff. Inmates used language such as “caring” and “listens to me”, when speaking about the nursing staff.

CMA surveyors acknowledge several significant challenges that may impact both the quality and quantity of health care provided by JEFCI staff. For example, the ratio of inmates to medical staff is high. There are two clinicians (one physician and an ARNP) responsible for providing care for over 1100 inmates, almost half of whom are enrolled in at least one chronic illness clinic. Data provided to CMA staff prior to the start of the survey indicated five vacant RN and two vacant LPN positions. Thus, a significant portion of patient care is provided by agency staff who may be less familiar with Department policies and procedures. This may have adverse effects on documentation and continuity of care.

Overall, CMA surveyors concluded that the institution is not providing medical care commensurate with the expectations set forth by the Department’s Health Services Bulletins.

Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. The clinic staff, including medical and administrative, should be acknowledged for their hard work in light of staffing shortages and the complex inmate population.

MENTAL HEALTH FINDINGS

Jefferson 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 JEFCI:

- 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 care).

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no episodes of restraint at JEFCI. 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.

USE OF FORCE REVIEW

There were findings requiring corrective action in the review of use of force incidents; the items to be addressed are indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were findings requiring corrective action in the review of psychological emergencies, inmate requests and special housing; the items to be addressed are indicated in the table below.

OUTPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of outpatient psychotropic medications and outpatient mental health services; the items to be addressed are indicated in the table below.

AFTERCARE PLANNING REVIEW

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

Self Harm Observation Status (SHOS)	
Finding(s)	**Suggested Corrective Action(s)**
MH-1: A comprehensive review of 11 SHOS admissions revealed the following deficiencies: **(a) In 8 records, admission orders were not signed/countersigned and/or not dated/timed (see discussion).** **(b) In 6 records, documentation does not indicate that the inmate was observed at the frequency ordered by the clinician (see discussion).** **(c) In 3 records, the daily nursing evaluations were not completed once per shift.** **(d) In 3 of 10 applicable records, the daily rounds by the clinician were not documented.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-1(a): *In six records, the physician's signature was not timed or dated. In two records, some orders were not countersigned.*

Discussion MH-1(b): *All records were missing some documented observations. In addition, three records were missing a mattress check.*

Use of Force	
Finding(s)	**Suggested Corrective Action(s)**
MH-2: A comprehensive review of 12 use of force incidents revealed the following deficiencies: **(a) In 10 records, a written referral to mental health by physical health staff was not completed or not present in the medical record.** **(b) In 9 records, indication that mental health staff interviewed the inmate no later than the next working day was not present in the medical record.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-2: *According to Department policy, mental health staff are required to interview S2 or S3 grade inmates who have been involved in a use of force incident the next working day to determine if a higher level of mental health care is indicated. Mental health staff were not always notified of the incident, which may be the reason inmates were not interviewed by mental health staff as required. If this interview is not conducted, staff are unable to determine if there has been a change in the inmate's mental status or if follow-up care is indicated. Additionally, it was observed that the use of force log provided by the institution had no place to document the inmate's S-grade. This documentation of S-grade can be used to identify inmates in need of evaluation.*

Inmate Request	
Finding(s)	**Suggested Corrective Action(s)**
MH-3: In 5 of 16 records, a copy of the inmate request form was not present (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-3: *A review of the inmate request log indicated inmates filed requests to mental health. The requests were not in the record nor was there any documentation that the requests were received. In addition to the deficiency listed above, a review of the inmate request log revealed that many of the "date request was answered" columns were not filled in.*

Special Housing	
Finding(s)	**Suggested Corrective Action(s)**
MH-4: A comprehensive review of 15 records revealed the following deficiencies: **(a) In 4 records, the mental status exam (MSE) was not completed within the required time frame (see discussion).** **(b) In 6 of 13 applicable records, follow-up MSEs were not completed within the required time frame (see discussion).** **(c) In 9 of 13 applicable records, outpatient treatment (psychiatry, case management and individual therapy) was not continued as indicated on the ISP.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-4(a): *An S-3 inmate must be interviewed by a mental health professional within five calendar days of admission. An S-2 or S-1 inmate must be assessed within 30 days of admission. In three records, the inmate had not been seen by mental health at all.*

Discussion MH-4(b): *An S-3 inmate should have a follow-up MSE every 30 days after the initial evaluation. An S-2 or S-1 inmate should have follow-up MSEs every 90 days. In three records, the inmate had not been seen by mental health at all.*

Outpatient Psychotropic Medication Practices	
Finding(s)	**Suggested Corrective Action(s)**
MH-5: **A comprehensive review of 17 outpatient records revealed the following deficiencies:** **(a) In 2 of 7 applicable records, there was no evidence that initial lab tests were conducted.** **(b) In all records, the physician orders were not dated and/or timed (see discussion).** **(c) In 4 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).** **(d) In 4 of 6 applicable records, a signed Refusal of Health Care Services (DC4-711A) was not present in the medical record after three consecutive or five medication refusals in one month.** **(e) In 5 of 9 applicable records, follow-up lab tests were not completed as required.** **(f) In 10 records, follow-up sessions were not conducted at appropriate intervals (see discussion).**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-5(b): *Although the orders were dated at the top, the signatures were not dated and/or timed.*

Discussion MH-5(c): *In two records, there was no documentation of medication refusal. In one record, the Medication Administration Record (MAR) indicated the inmate was receiving keep on person (KOP) medications, but there was no corresponding order. In another record, the administration of Vistaril and Wellbutrin was inconsistent with the written order. The written order for Vistaril was decreased from twice daily to once per day, however it continued to be administered twice per day for almost a month. The written order for Wellbutrin was to be titrated from 150 mg to discharge using the written order instructions of "decrease to 75 mg every morning for 30 days then decrease to 75 mg every morning for 30 days then discontinue". The medication titration was administered differently than prescribed (100 mg every morning for 30 days, then 75 mg every 30 days, then discontinued). Although the order for 75 mg was duplicated in the written*

order, possibly in error, there was no subsequent order to justify the administration of the medication.

Discussion MH-5(f): *Department policy indicates follow-up visits shall be scheduled and appropriate progress notes written by the psychiatrist or other qualified prescribing clinician as needed at least once every two weeks upon initiation of any new psychotropic medication for a period of four weeks. Thereafter, psychotropic medication therapy and progress of the inmate shall be reviewed and documented at least every 90 days. The 10 records indicate that these follow-up sessions were not conducted within the appropriate time frame. In four records, the inmates may have been seen within the time frame (medications reordered) but there are no corresponding progress notes.*

Outpatient Mental Health Services	
Finding(s)	**Suggested Corrective Action(s)**
MH-6: A comprehensive review of 36 outpatient (S2 & S3) records revealed the following deficiencies: **(a) In 8 of 23 applicable records, a case manager was not assigned within three working days of arrival.** **(b) In 5 of 12 applicable records, current psychotropic medications prescribed at the sending institution were not continued prior to the inmate's appointment with the psychiatrist at JEFCI (see discussion).** **(c) In 3 of 13 applicable records, the inmate was not seen by the psychiatrist prior to the expiration of current prescription from the sending institution (see discussion).** **(d) In 8 of 23 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.** **(e) In 3 of 4 applicable records, the consent to sex offender treatment was not present.** **(f) In 1 of 2 applicable records, a refusal form (DC4-711A) for sex offender treatment was not present.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Outpatient Mental Health Services	
Finding(s)	**Suggested Corrective Action(s)**
(g) In 4 of 7 applicable records, the biopsychosocial (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services. **(h) In 4 of 8 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.** **(i) In 16 of 30 applicable records, the ISP was not signed by members of the MDST and/or inmate and there was no documented refusal.** **(j) In 13 of 23 applicable records, the ISP was not reviewed or revised at the 180 day interval.** **(k) In 9 records, mental health problems were not documented on the problem list.** **(l) In 14 of 33 applicable records, there was no documentation that the inmate received the services listed in the ISP.** **(m) In 4 of 7 applicable records, counseling was not provided every 30 days for inmates diagnosed with a psychotic disorder.** **(n) In 12 of 29 applicable records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder.** **(o) In 13 records, case management was not conducted at least every 90 days.** **(p) In 13 records, the frequency of the clinical contacts was not sufficient and clinically appropriate (see discussion).**	

MH-6(b)(c): *Inmates transferred from a sending institution to a receiving institution should continue to take medications as prescribed by the psychiatrist at the sending institution. These medications should not be changed or discontinued until the inmate is seen by the psychiatrist at the receiving institution. Additionally, the inmate should be seen by the psychiatrist at the receiving institution prior to the expiration of the prescription written at the sending institution to determine if medications should be continued, changed or discontinued.*

MH-6(p): *In one record, there was no indication the inmate received any mental health contact since his arrival at the institution. In two additional records, the inmate appeared to only be seen by inmate request and/or psychological emergencies. It was difficult to follow the course of treatment due to the infrequency of clinical contacts.*

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues	
Finding(s)	**Suggested Corrective Action(s)**
MH-7: Therapeutic groups were not being conducted (see discussion).	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
MH-8: Weekly clinical supervision for the psychological specialists was not being consistently conducted (see discussion).	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

MH-7: *According to the information provided by the institution, there have been no therapeutic groups held in 2012 or 2013.*

MH-8: *A memo from the Senior Mental Health Clinician reports that weekly supervision has not been occurring on a regular basis. However, the memo indicates that contact between Senior Mental Health Clinicians and Behavioral Health Specialists has been consistent. Staff interviews also indicated that supervision is happening "as needed." However, according to the Department's HSB, a minimum of one accrued hour of clinical supervision for all psychological services providers is required weekly.*

CONCLUSION

At the time of the survey, JEFCI mental health staff was providing outpatient services to a population of 105 S-2 inmates and 603 S-3 inmates. 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, provides aftercare planning for eligible inmates and provides daily counseling for inmates in Self-harm Observation Status (SHOS). To serve this population, JEFCI has two full time Psychiatrist positions, two Senior Mental Health Clinician positions, ten Behavioral Specialist positions, one Human Services Counselor position and two mental health RN positions. JEFCI has experienced a lack of consistency of mental health staff due to vacancies and intermittent hiring freezes. JEFCI has not been fully staffed with the allocated ten Mental Health Specialists since April of 2011, and the two Senior Mental Health Clinicians since February of 2011. In January of 2013, five of the 10 specialist positions were filled and there were no permanently assigned Senior Mental Health Clinicians. By June, nine of 10 Mental Health Specialist positions and one Senior Mental Health Clinician position were filled. Psychiatric coverage has been similarly inconsistent, with the provision of services primarily provided by locum tenens. Lastly, one of two mental health RN staff left in July of this year. These struggles with staffing contribute to some of the findings listed in this report. Despite these staffing issues, mental health staff presented as competent and enthusiastic. During interviews, they identified challenges they have faced and were hopeful that the recent hiring would allow them to provide more services to the inmates (e.g. therapeutic groups).

Many findings noted were related to inconsistent contact with mental health staff. In some cases inmates were not seen for services such as case management, counseling or medication management as indicated on the ISP. Included in these findings were episodes in which the inmates had not received any mental health services since arrival at JEFCI. In other cases, there was no ISP; therefore there was no plan of care. Mental status exams were not consistently conducted within the required timeframe in confinement. In some instances, the only notes in the records were in response to psychological emergencies or inmate requests indicating this seemed to be the avenue used by some inmates to access mental health staff. Inmates in SHOS were not consistently observed at the frequency ordered by the clinician and assessments by nursing and psychiatry staff were not always conducted within the required timeframe. Inmates do not consistently receive the prescribed medication dosages and/or distribution method indicated in the physician's order. There does not appear to be a method in place to ensure mental health staff are notified of each use of force incident so that appropriate assessments can be conducted. In addition to findings from the review of records, the review of the group therapy log revealed that there had been no therapeutic groups since prior to 2012.

Other findings from the survey can be contributed to late, missing or incomplete documentation. For example, there were findings from the BPSA and the ISP related to members of the team not signing or approving the documents. In addition, when there was no inmate signature on the ISP agreeing to the course of treatment, there was no documentation of the inmate's refusal. There were missing inmate requests in many of the charts, as well as a consistent lack of dating/timing physician orders. Findings related to documentation may be reflective of the staffing shortages and are especially problematic when assessing the quality of care provided by the institution.

Overall, CMA surveyors concluded that the institution is not providing mental health care commensurate with the expectations set forth by the Department's Health Services Bulletins. A significant number of the findings may be related to large number of vacancies in mental health positions. It seems staff are unable to provide timely and in some cases, adequate care. At the time of the survey, many positions had recently been filled, however several key positions remain vacant. Staff remain hopeful that the increase in staffing will afford them the opportunity to provide quality services to inmates in need of 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 of Corrections 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 and 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, i.e., 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.