CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Madison Correctional Institution

In

Madison, Florida

on

March 15-17, 2016

CMA Staff Members
Kathy McLaughlin, BS
Lynne Babchuck, LCSW
Monica Dodrill, RN
April Johnson, MPH

Clinical Surveyors
James Langston, MD
Edward Zapert, DDS
Deanna Epley, ARNP
Julie Holt, ARNP
Sue Sims, RN

Distributed on April 5, 2016
CAP Due Date May 5, 2016

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	**Type**	**Custody Level**	**Medical Level**
1450	**Male**	**Close**	**3**

Institutional Potential/Actual Workload

Main Unit Capacity	**1351**	**Current Main Unit Census**	**1189**
Satellite Unit(s) Capacity	**295**	**Current Satellite(s) Census**	**261**
Total Capacity	**1646**		**1450**

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	***1***	***2***	***3***	***4***	***5***	***Impaired***
	820	**474**	**154**	**0**	**2**	**33**
Mental Health Grade (S-Grade)	***Mental Health Outpatient***			***MH Inpatient***		
	1	***2***	***3***	***4***	***5***	***Impaired***
	1379	**71**	**N/A**	**N/A**	**N/A**	**1**

Inmates Assigned to Special Housing Status

Confinement/ Close Management	***DC***	***AC***	***PM***	***CM3***	***CM2***	***CM1***
	83	**60**	**N/A**	**N/A**	**N/A**	**N/A**

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	5.6	0
LPN	6.1	.3
CMT-C	0	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Sr. Mental Health Clinician	.2	.2
Behavioral Specialist	1	0

OVERVIEW

Madison Correctional Institution (MADCI) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3 and psychology (S) grades 1 and 2. MADCI consists of a Main Unit and a Work Camp.

The overall scope of services provided at MADCI 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 MADCI on March 15-17, 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

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in two of the chronic illness clinics 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, sick call, or infirmary services.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, periodic screenings, or the medication administration record review. 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 systems. There were findings requiring corrective action in the review of dental care; the items to be addressed are indicated indicated in the table below.

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

Chronic Illness Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-1: In 10 of 16 records reviewed, the baseline information was incomplete or missing.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Neurology Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-2: In 2 of 8 applicable records (11 reviewed), seizures were not classified (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-2: *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.*

Respiratory Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-3: In 3 of 14 applicable records (15 reviewed), there was no evidence of pneumococcal vaccination or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Consultations Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-4: In 3 of 15 records reviewed, the diagnosis was not recorded on the problem list.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Medical Inmate Requests	
Finding(s)	**Suggested Corrective Action(s)**
PH-5: In 3 of 11 applicable records (17 reviewed), there was no evidence the interview/appointment/test/etc. indicated in the response occurred. (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-5: *In two records, inmates requested an HIV test, but neither were performed as of the date of this survey. One request was dated 1/16/16 and the other request was dated 12/9/15. In the third record, the inmate requested information regarding hepatitis C transmission, etc. The response stated that the inmate was seen in sick call on 12/23/15, but there was no documentation in the corresponding incidental note that hepatitis C was addressed at that time.*

Dental Care Services	
Finding(s)	**Suggested Corrective Action(s)**
A comprehensive review of 18 records revealed the following deficiencies: **PH-6: In 7 records, there was no evidence of an accurate diagnosis and/or treatment plan (see discussion).** **PH-7: In 7 of 11 applicable records, there was no evidence that post-treatment/operative instructions were given.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental care to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-6: *In six of the records reviewed, the CMA surveyor indicated that treatment plans using "gross debridement" as therapy were inappropriate. Additionally, in one of those records, there was not a documented plan to remove heavy subgingival calculus, and in another record there was no plan to address the pathology of an abscessed tooth. In the seventh record, the treatment plan was not signed by the dentist. Although it did not rise to the level of a finding requiring a corrective action plan, the surveyor expressed concern that restorations were not charted in three records, nor were dental materials and type and amount of anesthetic agent used documented in three other charts.*

CONCLUSION

The physical health staff at MADCI 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.

Patient medical records were well organized. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services and inmates expressed satisfaction with access to health care services. Overall, there were relatively few findings requiring corrective action in the chronic illness clinics and in nursing services. Clinic staff, including medical and administrative, should be acknowledged for their commitment to meeting the health care needs of the inmate population.

Medical staff indicated they were appreciative of the CMA review, and would use the report results and the corrective action process to improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Madison Correctional Institution (MADCI) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at MADCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below. There were no episodes of restraints for review at MADCI.

USE OF FORCE REVIEW

There were no applicable use of force episodes for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There was a finding requiring corrective action in the review of special housing; the item to be addressed is indicated in the table below.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)	
Finding(s)	**Suggested Corrective Action(s)**
A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies: **MH-1: In 3 of 3 applicable records, the guidelines for SHOS management were not observed (see discussion).** **MH-2: In 3 records, "Infirmary/Hospital Admission Nursing Evaluation" (DC4-732) was either missing or incomplete.** **MH-3: In 3 records, the daily nursing evaluation not completed as required.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-1: *According to the Department's HSB, during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In three applicable records, there was no documentation by the attending clinician that this was considered. When phone rounds are made on a weekend or holiday the clinical justification will be documented by nursing staff in an incidental note.*

Special Housing	
Finding(s)	**Suggested Corrective Action(s)**
MH-4: In 7 of 12 records reviewed, the mental status exam (MSE) were not sufficient to identify adjustment problems (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 of inmates in special housing to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-5: *HSB 15.05.08 indicates that the MSE shall address relevant history, status of the problems, and the following aspects of mental status: appearance; behavior; orientation; recent and remote memory, mood/affect; suicidal/ homicidal thoughts; thinking; perception; vegetative functions; and appetite. In five records, the MSEs were blank with the words "inmate refused" and a line through the rest of the form. Even with an inmate refusal, some of the required information should be assessed (appearance, behavior, relevant history, etc.). In the remaining two records, the form was blank.*

Outpatient Mental Health Services	
Finding(s)	**Suggested Corrective Action(s)**
MH-5: In 3 of 13 records reviewed, the Individualized Service Plan (ISP) was not signed by the inmate and there was no documentation of a refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

At the time of the survey, Madison Correctional Institution mental health staff was providing outpatient services to 71 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answers inmate requests, responds to psychological emergencies, and performs weekly rounds in confinement. Staff also performs sex offender screenings when needed and provides daily counseling for inmates in SHOS. To serve this population, MADCI has one full-time Mental Health Professional (MHP) position and a Senior Psychologist who is scheduled to be on-site one day per week.

The few findings noted in this report were related to incomplete assessments or inadequate documentation. For example, some nursing evaluations were incomplete for inmates on SHOS and inmates did not consistently sign their ISPs indicating agreement with the plan. However, all inmates interviewed felt that the MHP was helpful and caring. Medical and security staff indicated the MHP is well-respected by inmates and staff, responds quickly when needed, and is dedicated to the inmates served.

MADCI staff was receptive to the feedback provided and discussed strategies that will enhance the scope of services and the quality of documentation. Staff was cooperative and helpful throughout the survey process. Medical records were well organized and readily available. Overall, staff were responsive to the findings noted and indicated they would use the corrective action 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.