



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Martin Correctional Institution

In

Indiantown, Florida

on

July 12-14, 2016

CMA Staff Members

Kathy McLaughlin, BS
Monica Dodrill, RN
Jane Holmes-Cain, LCSW

Clinical Surveyors

Hantz Hercule, MD
Sergio Balcazar, MD
Mark Heifferman, DDS
Gretchen Moy, PhD
Karen Feurman, PhD
Sandi Bauman, ARNP
Fidel Gonzalez, PA
Jerry Bartlett, PA
Sue Brown, RN

Distributed on August 1, 2016

CAP Due Date: August 31, 2016

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1475	Male	Medium	3

Institutional Potential/Actual Workload

Main Unit Capacity	1509	Current Main Unit Census	1475
Satellite Unit(s) Capacity	974	Current Satellite(s) Census	934
Total Capacity	2483	Total Census	2409

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		790	521	164	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	866	261	348	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	321	0	104	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	3	0
RN	7	2
LPN	10	0
Dentist	2	0
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	1	0
Psychological Services Director	1	0
Behavioral Specialist	5	0
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	1	0

OVERVIEW

Martin Correctional Institution (MATCI) 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, 2, and 3. MATCI consists of a Main Unit, Work Camp, Road Camp, a Re-Entry facility, and two Work Release facilities.

The overall scope of services provided at MATCI 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 MATCI on July 12-14, 2016. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

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

- 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 was a finding requiring corrective action in the general chronic illness clinic review; the item to be addressed is indicated in the table below. There were no findings requiring corrective action in the individual chronic illness clinic reviews.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call services. There were findings requiring corrective action in the review of the infirmary; 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 consultations, intra-system transfers, periodic screenings, medication administration, or medical inmate requests.

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There were findings as a result of the institutional tour; the items to be addressed are indicated in the table below.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 9 of 14 records reviewed, the baseline information was incomplete or missing (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 a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: Health Services Bulletin (HSB) 15.03.05 states that the initial clinic visit shall include baseline data documented on the appropriate DC4-770 series. The DC4-770 series includes the "Clinic Flow Sheet(s)" and the "Baseline History and Procedures". There is a specific flowsheet for each chronic illness clinic. In one record, one flow sheet was used for multiple diagnoses rather than one for each diagnosis. In the other records, the narrative portion of the baseline history and procedures was missing.

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 records revealed the following deficiencies:</p> <p>PH-2: In 5 records, there was no evidence of a complete discharge note by the nurse (see discussion).</p> <p>PH-3: In 2 of 5 applicable records, there was no evidence of weekend clinician telephone rounds.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: Per HSB 15.03.26, the nurse is to write a discharge note indicating the patient's condition on discharge, means of discharge (ambulating, wheelchair, crutches, etc.), patient education and discharge instructions, and disposition (transfer to outside hospital or discharged back to dorm). At least one of these items was missing in all of the deficient records.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-4: There was not a sink available for hand washing in the sick call/triage area in the medical unit or in the confinement dorm sick call area.</p> <p>PH-5: Personal protective equipment for universal precautions were not readily available in the infirmary or sick call area.</p> <p>PH-6: The first aid kit in C-dorm had been opened and used items not replaced (see discussion).</p> <p>PH-7: Three fire extinguishers in C-dorm were in the red zone indicating the need for replacement.</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-6: *Per Department Procedure 403.005, once the plastic security seal of the first aid kit is broken, the person who opened it for use and that individual's supervisor will be responsible for the completion of an "Incident Report" (DC6-210), and bringing the first aid kit to the medical department for replacement. Supervisors will ensure the opened first aid kit is replaced with a fully stocked, tamper-sealed first aid kit as soon as possible. A copy of the incident report will be given to the medical department at the time the first aid kit is brought for restocking. It was not clear at the time of the survey when the first aid kit was opened for use. One pair of gloves and tape were missing. The gauze was unrolled and placed back in the kit.*

CONCLUSION

The physical health staff at MATCI 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.

Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates and staff expressed concern regarding medical emergencies. It was reported that due to security staffing issues, most medical emergencies are responded to by medical staff going to the site rather than inmates being brought to the medical unit. This then has the effect of delaying care for those who are waiting for sick call or clinic visits in the medical unit. Staff also reported that there are often delays due to count that affect medical; such as not allowing diabetic inmates to be released so they can get their meals timely and those on single dosed medications released after the pill line has already closed and are therefore unable to receive their medication timely.

There were relatively few clinical concerns identified in the review of the medical records. Most findings were a result of the institutional tour and are described in the table above. 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 corrective action plan (CAP) process will be beneficial in facilitating this improvement. The clinic staff, including medical and administrative, should be acknowledged for their commitment to meeting the health care needs of the inmate population.

MENTAL HEALTH FINDINGS

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

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group, and/or individual counseling, as well as psychiatric or psychiatric ARNP care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies or inmate requests. There were findings requiring corrective action in the review of 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 mental health services and psychiatric medication practices; the items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

There were findings requiring corrective action in the review of mental health systems; the items to be addressed are indicated in the table below.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 1 of 1 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-2: In 1 of 5 applicable records, daily rounds were not completed by the attending clinician (see discussion).</p> <p>MH-3: In 5 records, mental health staff did not provide post-discharge follow-up within 7 days (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-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. Documentation indicated that CSU was considered and a referral was made on the eighth day of the SHOS infirmary admission.*

***Discussion MH-2:** In one record, there was no evidence that rounds were completed by the attending clinician for a period of one week.*

***Discussion MH-3:** In two records, follow-up was completed over one week late. In one record, the follow-up was completed greater than three weeks late. In another record, the follow-up was completed over eleven weeks late. In the remaining record, follow-up had not occurred by the date of the survey.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-4: In 5 records, the initial mental status exam (MSE) was not completed within the required time frame (see discussion).</p> <p>MH-5: In 3 of 11 applicable records, follow-up MSEs were not completed within the required time frame (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 5 of 14 applicable records, outpatient treatment did not continue as indicated on the Individualized Service Plan (ISP) while the inmate was in special housing.</p>	

***Discussion MH-4 and MH-5:** The Department's policy (403.003) states that each inmate who is classified as S3 and who is assigned to administrative or disciplinary confinement, protective management, or close management status shall receive a MSE within five days of assignment and every 30 days thereafter. Each inmate who is classified as S1 or S2 and who is assigned to administrative or disciplinary confinement, protective management, or close management status shall receive a MSE within 30 days and every 90 days thereafter. Three of the five initial MSE's were not completed timely and two of the five initial MSE's were not completed at all. In all three records in which a follow-up MSE was required, this evaluation was not completed.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-7: In 4 of 4 applicable records, a thorough psychiatric evaluation was not completed prior to initiating treatment with psychotropic medications.</p> <p>MH-8: In 4 of 9 applicable records, follow-up lab tests were not completed as required (see discussion).</p> <p>MH-9: In 7 of 17 applicable records, informed consents were not completed for each psychotropic medication prescribed (see discussion).</p> <p>MH-10: In 7 records, follow-up psychiatric sessions were not conducted at appropriate intervals (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 applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-8:** In two records, the Complete Blood Count (CBC) with Liver Function Tests (LFT) had not been completed within the last 6 months. In one record, an inmate on Depakote did not have a recent Valproic Acid Level. In the last record, the CBC and LFT had not been completed in almost a year.*

Discussion MH-9: In five records, there was not an informed consent signed for each psychotropic medication. In two records, the informed consent was present but not signed by the inmate.

Discussion MH-10: In four records, the follow-up session was a month late. In two records, follow-up was three months late. In the last record, follow-up occurred more than four months after it was due.

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-11: In 2 of 9 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>MH-12: In 2 of 9 applicable records, staff did not provide information on how to access health care services to newly arriving inmates.</p> <p>MH-13: In 1 of 1 applicable record, the bio-psychosocial assessment (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiating mental health services.</p> <p>MH-14: In 10 records, the Individualized Service Plan (ISP) was not signed by all relevant parties (see discussion).</p> <p>MH-15: In 4 of 16 applicable records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP (see discussion) .</p> <p>MH-16: In 4 of 16 applicable records, case management services were not provided or refused at least every 90 days.</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 applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-14: In six records, the inmate did not sign the ISP and no refusal was present. In two records, the attending clinician did not sign the ISP. In the remaining two records, there were one or more signatures missing from other service providers.

Discussion MH-15: The the frequency and interventions that will be provided to the inmate are listed in the ISP. In the records with findings, the inmates were not seen for case management, counseling or psychiatry as indicated on the ISP.

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-17: In 3 of 4 applicable records (11 reviewed), assistance with Social Security benefits was not provided.</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 applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>MH-18: There was no documentation that the MDST met at regularly scheduled intervals.</p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p>MH-19: There was not an inadequate tracking mechanism to reflect mental health related admissions and discharges from the infirmary (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 the Psychological Emergency and SHOS log for accuracy and legibility.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-19: According to department policy (404.001) mental health staff will record the emergency referral on the "Mental Health Emergency, Self-harm, SHOS/MHOS Placement Log" (DC4-781A). The documentation on the log did not include a presenting problem or a disposition making it difficult to determine if the inmate received the appropriate referral or level of care after a psychological emergency. Additionally, the log was difficult to read due to font size and some fields were left blank or marked as "N/A".

CONCLUSION – MENTAL HEALTH

The staff at MATCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The majority of the findings noted in this report are due to missing or late initial and follow-up clinical assessments. Inmates on SHOS were not consistently seen by the attending clinician and for post-discharge follow-up. Mental status exams were not completed as required for inmates in confinement. Inmates on the mental health caseload were not receiving services as indicated on the ISP, including case management and psychiatric services. Many ISPs and informed medication consents were not signed by the inmate. These signatures are significant because they indicate the inmate is involved in the planning and carrying out of his treatment goals. Additionally eligible inmates nearing the end of sentence were not provided assistance with applying for social security benefits.

There were also some administrative findings noted. Staff interviews revealed that the MDST does not meet on a regularly scheduled basis to discuss cases and review ISPs, however they did report there is good communication within the department. Additionally the required log tracking psychological emergencies and SHOS admissions was inadequate. Staff indicated they are developing systems to ensure these issues are corrected.

Staff interviewed were knowledgeable and presented a genuine concern for the inmates on their caseload. Staff acknowledged that assessments were late or missing, however reported that in many cases, the inmates had been seen. Staff were able to locate incomplete forms indicating contact was made, however without complete documentation, it is impossible to determine if the assessments were completed timely and appropriately. Staff indicated additional personnel have recently been hired which should alleviate some of the backlog.

Inmates interviewed reported that overall they find mental health services to be adequate to meet their needs. Medical records staff were helpful throughout the survey process and records were readily available for the survey team. Overall, staff were responsive to using the corrective action plan 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.