



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Okaloosa Correctional Institution

In

Crestview, Florida

on

February 16-18, 2016

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1142	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1004	Current Main Unit Census	901
Satellite Unit(s) Capacity	280	Current Satellite(s) Census	241
Total Capacity	1284		1142

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		712	310	126	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>
	1119	29	N/A	N/A	N/A	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		83	69	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

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

Mental Health Staffing: Main Unit

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

OVERVIEW

Okaloosa Correctional Institution (OKACI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1 and 2. OKACI consists of a Main Unit and a Work Camp.

The overall scope of services provided at OKACI 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 OKACI on February 16-18, 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

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

- 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 in three of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings requiring corrective action in the general chronic illness clinic record review.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call services. There was a finding requiring correction action in the review of infirmary services; the item to be addressed is indicated in the table below.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, periodic screenings, medical inmate requests, or the medication administration record review. There was a finding requiring corrective action in the review of consultations; the item to be addressed is indicated in the table below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental systems. There was a finding requiring corrective action in the review of dental care; 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 or pharmacy services. There was a finding requiring corrective action in the administration of the pill line; the item to be addressed is indicated in the table below.

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 2 of 6 applicable records (15 reviewed) there was no evidence of an annual fundoscopic examination.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 1 of 4 applicable records (15 reviewed), there was no evidence that possible opportunistic infection was addressed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: *In this record, an inmate with a positive tuberculin skin test had not received a tuberculosis symptom screening since 2014.*

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 1 of 2 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 7 of 15 records reviewed, the nursing discharge note did not include all necessary components (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *Per the Nursing Manual, the discharge note should include current complaints, patient education, discharge instructions, and information regarding follow-up appointments. In two records, there was not a nursing discharge note. In five records, the note did not include patient education.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 6 of 12 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Care Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 5 of 18 records reviewed, allergy information was not documented on the outside of the record jacket and/or did not correspond to the dental health questionnaire.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Pill Line

Finding(s)	Suggested Corrective Action(s)
PH-7: A review of pill line administration revealed there was no evidence that an oral cavity check was completed for each inmate.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column and evidence in the closure file that the issue described has been corrected. This may be in the form of documentation of observation, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
PH-8: A tour of the facility revealed there were expired supplies in the medical treatment area.	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 – PHYSICAL HEALTH

The physical health staff at OKACI 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.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available, organized, and ready for the surveyors. Overall, medical charts were in order and documents were filed in a timely manner. The staff at OKACI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services.

There were relatively few findings that required corrective action. Four of the eight findings were related to clinical care and four were documentation or administrative in nature. Surveyors expressed concern that insufficient documentation could lead to errors in patient care and/or make it difficult to follow the continuum of care.

Based on the discussions above, it is clear that the corrective action process will be beneficial to OKACI as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

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

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no episodes of restraints at OKACI. 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 no use of force episodes available for review.

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 tables below.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEM 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.

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 outpatient records revealed the following deficiencies:</p> <p>MH-1: In 4 of 6 applicable records, the mental health screening evaluation was incomplete.</p> <p>MH-2: In 1 of 3 applicable records, the sex offender screening was not completed.</p> <p>MH-3: In 2 records, the Individualized Service Plan (ISP) was not individualized (see discussion).</p> <p>MH-4: In 3 records, ISP goals were not objective and measurable (see discussion).</p> <p>MH-5: In 2 records, the ISP was not signed by the inmate and there was no documentation of a refusal.</p> <p>MH-6: In 2 of 7 applicable records, the ISP was not revised at the 180 day interval.</p> <p>MH-7: In 5 records, problems were not listed on the problem list.</p> <p>MH-8: In 3 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-9: In 7 records, counseling was not provided as required (see discussion).</p> <p>MH-10: In 8 records, progress notes were not sufficient to follow the course of treatment (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-3: *In the first record a confinement admission was not addressed in the ISP. In the second record the ISP was not updated and instead continued to address the initial therapy session.*

Discussion MH-4: The goals on all three records were not measurable, listing “manage depression” as the goal.

Discussion MH-8: Counseling was not provided every 30 days and /or inmates were not seen for case management every 90 days as indicated on the ISP.

Discussion MH-9: In 7 of the 9 records counseling topics were blank and in the remaining 2 records inmates were not seen at all for counseling.

Discussion MH-10: In the majority of records, “I’m okay” was the only documentation, making it difficult to determine the inmates’ progress towards treatment goals.

Self-harm Observation Status (SHOS)	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-11: In 2 of 4 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-12: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-13: In 2 records, daily rounds by the attending clinician did not occur as required (see discussion).</p> <p>MH-14: In 3 records, mental health staff did not provide post-discharge follow-up within 7 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 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-11: 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 both records, there was no documentation by the attending clinician that this was considered.

Discussion MH-12: Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In 3 records, there were one or more blanks on the checklist indicating the inmate was not observed as required.

Discussion MH-13: According to the Department’s HSB, phone rounds may be conducted instead of face to face rounds on weekends and holidays. However, in both records phone rounds were conducted on regular business days.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-15: In 5 of 11 records reviewed, the initial mental status exam was not completed within the required time frame.</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>

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-16: In all 3 records reviewed, a referral was indicated in the request response but did not occur (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 inmate request episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-16: Each of the three requests were related to the inmate's desire to be seen by mental health staff. In 2 records the response indicated that the inmate would be seen. These responses were submitted in October, however these inmates had not been seen at the time of the survey. In the remaining record the request was made on 10/04/15. The inmate was not seen until 12/01/15 and his request was not addressed.

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 psychological emergencies revealed the following deficiencies:</p> <p>MH-17: In 2 records, the inmate's mental health history was not documented.</p> <p>MH-18: In 2 records, the assessment was incomplete (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-18:** In the first record the assessment and suicide sections of the form were blank. The second record did not contain documentation of suicide risk. Additionally it was difficult to determine the reason the inmate declared a psychological emergency from the minimal documentation provided.*

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-19: There was no documentation indicating clinical staff were receiving weekly clinical supervision.</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-20: Multi-disciplinary Service Team meetings were not conducted as required</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>

CONCLUSION – MENTAL HEALTH

At the time of the survey, OKACI mental health staff was providing outpatient services to 23 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, OKACI has one full-time Mental Health Professional (MHP) position and a Senior Psychologist who is scheduled to be on-site one day per week.

Although some of the findings noted in this report were related to missing assessments, many were due to inadequate documentation. For example, the subjective portion of most case management notes and responses to psychological emergencies was “I’m okay” and other narrative and portions of the assessments were blank. Counseling topics were often not documented, although there was indication that the inmate fully participated in therapy sessions. ISPs did not contain updates from the previous review period and goals were not measurable. It was difficult to follow the course of treatment from the documentation provided. However, all inmates interviewed felt that the MHP is 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.

In addition to clinical findings, there were administrative findings that may have contributed to the clinical findings noted in this report. The MHP was not receiving weekly supervision and MDST meetings were not conducted as required. 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.