



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Okeechobee Correctional Institution

in

Okeechobee, Florida

on

November 5-6, 2014

CMA Staff Members

Lynne Babchuck, LCSW
Jane Holmes-Cain, LCSW

Clinical Surveyors

Thomas Chambers, MD
Mark Heifferman, DDS
Jerry Bartlett, PA
Fidel Gonzalez, PA
Heidi Hammond Epstein, RN
Suzanne Brown, RN

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1756	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1918	Current Main Unit Census	1756
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1918	Total Current Census	1756

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1105	548	128	2	2
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1666	119	N/A	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		82	81	20	6	5

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	5	0
LPN	7	0
CMT-C	0	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	0	0
Behavioral Specialist	1.6	1

OVERVIEW

Okeechobee Correctional Institution (OKECI) houses male inmates of minimum, medium, and close management custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 psychology (S) grades 1 and 2. OKECI consists of a Main Unit only.

The overall scope of services provided at OKECI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at OKECI on November 5-6, 2014. 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

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

- 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.
- M5 - Inmate requires long-term care (greater than 30 days) inpatient, infirmary, or designated Housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in five of the chronic illness clinics; 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 or sick call. There were findings requiring corrective action in the review of infirmary services; 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, periodic screenings, or in the medication administration record review. There were findings requiring corrective action in the review of consultations; the items to be addressed are indicated in the table below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental services. 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, pharmacy services, and in the administration of the pill line.

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 5 of 16 records reviewed, there was no evidence of pneumococcal vaccine or refusal (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 endocrine 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:** The Health Services Bulletin (HSB) which outlines immunization protocols was revised and implemented by the Office of Health Services effective June of 2014. The new guidelines changed the criteria for revaccination. However, OKECI staff indicated they were not aware of the change in policy and thus, were not providing booster vaccinations in accordance with the new HSB. On the day of the survey, both institutional and leadership staff made immediate plans to institute the new guidelines.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 3 of 14 applicable records (16 reviewed), there was no evidence that hepatitis A & B vaccine were given to inmates with hepatitis C infection and no prior history of A & B infection.</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 gastrointestinal 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-3: In 2 of 10 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 9 of 12 records reviewed, seizures were not classified (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: 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)
<p>PH-5: In 3 of 6 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-6: In 4 of 12 records, there was no evidence that all orders were implemented (see discussion).</p> <p>PH-7: In 6 of 9 records, the discharge note did not contain all the 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 infirmiry 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-6:** In the first record, there was no evidence that vital signs were taken every four hours. In the second record, Bactrim ordered on 10/24/14 was not administered until 10/30/14. In the last two records, the medication administration records (MARs) were unable to be located; therefore, CMA clinical surveyors were unable to confirm that medications were administered as ordered.*

***Discussion PH-7:** In each of the deficient records, there was no evidence that the inmate was provided with appropriate patient education.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-8: In 6 of 12 applicable records, the diagnosis was not recorded on the problem list.</p> <p>PH-9: In 2 of 10 applicable records, follow-up appointments and/or diagnostic testing was not completed as per the consultant's recommendations (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 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>

***Discussion PH-9:** In the first record, the specialist recommended that the inmate return to the clinic in two months to replace the battery on his pacemaker, but he was not seen until four months later. In the second record, the specialist recommended on 4/22/14 that the surgical excision take place urgently. However, the procedure was not completed until 9/2/14.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: A tour of the dental clinic revealed that necessary equipment was not in proper working order (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-10:** At the time of the survey, only two of the four dental operatories were working. Additionally, only one of two x-ray processors was working.*

CONCLUSION

The physical health staff at OKECI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 251 records and found deficiencies in 61 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Overall, medical charts were well organized and documents were filed in a timely manner. The staff at OKECI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates were complimentary of their experiences at the medical clinic and frequently expressed the opinion that health care staff appeared to be concerned about their medical issues.

Identified in the reviews of medical records were several concerns regarding the provision of medical services. There were multiple findings regarding immunizations, with most deficiencies related to a lack of booster pneumococcal vaccinations. Additional concerns were noted in the areas of consultation services. As identified above, there were examples of follow-up taking place considerably outside of the time period recommended by the specialist. An additional concern was noted in the review of oncology services. In June of 2013, an inmate was diagnosed with prostate cancer and surgery recommend urgently. In January of 2014, a consultation request for urology services was completed by OKECI and an appointment scheduled for 2/27/14. However, this appointment was never completed and there was no notation in the medical record that provided an explanation for the missed appointment. Although the inmate has a history of medical refusals, there was no indication in the medical record that he had refused consultation services or was made aware of the risks associated with refusing this particular treatment.

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

MENTAL HEALTH FINDINGS

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

- 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 was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below. There were no episodes of restraint at OKECI.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There was a finding requiring corrective action in the review of psychological emergencies; the item to be addressed is indicated in the table below. There were no findings requiring corrective action in the review of special housing and inmate requests.

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 requiring corrective action in the review of mental health systems.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 2 of 7 records reviewed, the inmate was not seen by mental health staff within 7 days for post-discharge follow-up.</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>

Psychological Emergency

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: In 1 of 3 records reviewed, there was no response to the psychological emergency (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-2: *In this case the emergency was documented on the log but there was no response documented by medical or mental health staff. According to Department policy, mental health staff must respond to the psychological emergency and complete the Mental Health Emergency Evaluation. If the emergency is declared after hours, nursing staff will respond and assess the inmate using the Mental Health Emergency Protocol. In one record, there was no assessment present or other documentation indicating that the inmate had been seen after declaring the emergency.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 2 of 2 applicable records (14 reviewed), the sex offender screening was not completed.</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>

CONCLUSION

At the time of the survey, OKECI mental health staff was providing outpatient services to 119 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, performs weekly rounds in confinement, and provides daily counseling for inmates in Self-harm Observation Status (SHOS). To serve this population, OKECI has one full-time and one part-time Behavioral Health Specialist (BHS) position. Supervision is provided weekly by the Regional Mental Health Director.

The few mental health findings noted were related to a lack of documentation of mental health contacts and assessments. For example, there was no documentation indicating inmates were consistently seen for evaluation after declaring a psychological emergency or for follow-up after discharge from SHOS. Additionally, inmates received at the institution that were classified as sex offenders were not identified as such and therefore were not receiving the appropriate screening. Institutional staff took action during the survey to ensure a system was in place to identify sex offenders who are gained at the institution.

The mental health staff were cooperative and helpful during the survey process and responsive to the few findings noted. Medical records were well-organized and readily available. Inmates interviewed were complimentary of their experiences with mental health staff. The majority of the findings noted can most likely be attributed to the high caseload carried by the BHS. As mentioned above, currently there is one fulltime and one halftime BHS position to serve the mental health needs of the inmates at OKECI. The fulltime position has been vacant since July and the part-time BHS has been working fulltime. The fact that few findings were noted in this report reflects the dedication of mental health staff to ensure inmates receive necessary 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.