



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Polk Correctional Institution

in

Polk City, Florida

on

January 14-15, 2015

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Distributed on: February 4, 2015

CAP Due Date: March 4, 2015

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1161	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1200	Current Main Unit Census	1161
Satellite Unit(s) Capacity	580	Current Satellite(s) Census	559
Total Capacity	1780	Total Current Census	1720

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		746	315	114	2	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>
	1159	18	0	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>
		68	9	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	.5	0
RN	5	0
LPN	6	0
CMT-C	0	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

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

OVERVIEW

Polk Correctional Institution (POLCI) 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. POLCI consists of a Main Unit, a work camp, two work release centers, a road prison, and a re-entry unit.

The overall scope of services provided at POLCI includes 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.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at POLCI on January 14-15, 2015. 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

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

- 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 visits to the physician more often than every three months.

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, sick call, or infirmary services.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of consultations or in the medication administration record review. There were findings requiring corrective action in the review of intra-system transfers and periodic screenings; 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 or care.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 8 of 19 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 cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 6 of 15 records reviewed, the physical examination 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 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-2: *Health Services Bulletin (HSB) 15.03.05 Appendix #2, indicates the physical examination should include “an evaluation of the cardiovascular system, sensory and vascular status of the extremities, and a description of the feet, nails, and skin.” In four records, the vascular status was not recorded and in all six records, the sensory status was not documented.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-3: In 7 of 12 applicable records, there was no evidence of hepatitis A & B vaccine or refusal.</p> <p>PH-4: In 5 records, 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 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-5: In 3 of 7 applicable records (11 reviewed), there was no evidence of hepatitis B 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>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 1 of 5 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</p>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	<p>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>

Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 8 of 17 records reviewed, there was no evidence that a clinician reviewed the health record and the DC4-760A “Health Information Transfer/Arrival Summary” within 7 days of arrival.</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 transferring into the facility to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Periodic Screenings Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 4 of 17 records reviewed, there was no evidence that the periodic screening was conducted within one month of the due date.</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 who received a periodic screening to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-9: The over-the-counter medications count did not match what was recorded on the inventory logs.</p> <p>PH-10: The infirmary is not within sight or sound of the nurse's station (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:** According to Department policy (HSB 15.03.26) all infirmary patients must be within sight or sound of staff. There is a call button located by the infirmary door but it would require that the patient be ambulatory in order to get to it.*

CONCLUSION

The physical health staff at POLCI 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 236 records and found deficiencies in 56 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.

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 POLCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. 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. All observed areas on the compound were clean and neat.

The majority of clinical findings were related to the administration of immunizations, particularly pneumococcal and hepatitis vaccinations. Health Services Bulletin 15.03.30 states that inmates over age 65, those with chronic pulmonary, cardiovascular diseases, diabetes, certain immunocompromised conditions, and those 19-64 years of age who smoke cigarettes or have a history of asthma should receive the pneumococcal vaccine. The HSB also indicates that inmates with liver disease should receive the hepatitis A vaccination and inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection should receive the hepatitis B vaccinations. Staff at POLCI were aware of deficiencies in this area and had taken steps prior to the survey to begin correcting the issue. Staff created a "new gain" checklist that details vaccination requirements for each inmate according to the chronic illness clinic they are enrolled in. For inmates who are already at the institution, staff perform clinic runs and each chart is audited for vaccinations. Additionally, the triage nurse has been trained to check the charts of inmates she sees for vaccination requirements. As a result of these efforts, POLCI is making progress in their efforts to ensure that inmates receive vaccinations according to policy.

The 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 to improve care in areas that were found to be deficient. It is clear that POLCI will benefit from the corrective action process.

MENTAL HEALTH FINDINGS

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

- 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 psychiatric restraint at POLCI.

USE OF FORCE REVIEW

There were no applicable use of force episodes for review at POLCI.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were findings requiring corrective action in the review of inmate requests; the items to be addressed are indicated in the table below. There were no findings in the review of psychological emergencies and Special Housing.

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 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)
<p>A comprehensive review of 6 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 1 of 4 applicable records, daily counseling by mental health staff did not occur.</p> <p>MH-2: In 2 of 5 applicable records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p> <p>MH-3: In 2 of 4 applicable 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>

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 inmate requests revealed the following deficiencies:</p> <p>MH-4: In 2 records, the request was not responded to within 10 days.</p> <p>MH-5: In 2 of 6 applicable records, the inmate was not seen by mental health as indicated in the response to the request.</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 who have submitted an inmate request to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 outpatient records revealed the following deficiencies:</p> <p>MH-6: In 2 records, the biopsychosocial assessment (BPSA) was not present and/or completed in the medical record.</p> <p>MH-7: In 4 records, the Individual Service Plan (ISP) lacked pertinent information (see discussion).</p> <p>MH-8: In 3 of 7 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>MH-9: In 4 records, mental health problems were not recorded on the problem list.</p> <p>MH-10: In 5 of 9 applicable records, there was a lack of documentation indicating the inmate received the mental health interventions and services described in the ISP.</p> <p>MH-11: In 3 records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder (see discussion).</p> <p>MH-12: In 3 records, case management was not conducted at least every 90 days (see discussion).</p> <p>MH-13: In 10 records, the frequency of the clinical contacts was not sufficient and clinically appropriate.</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-7:** In three records, there was no diagnosis listed for Axis 2-5. In one record, there was no ISP located in the chart.*

***Discussion MH-11 & 12:** In three records, the inmate went four months without being seen by mental health.*

CONCLUSION

At the time of the survey, POLCI mental health staff was providing outpatient services to 18 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform weekly rounds in confinement, and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

The majority of the mental health findings noted were related to inmates not being seen as required or planned by the mental health staff. For example, inmates in SHOS were not seen daily by mental health staff for follow-up after discharge. Records also indicated many mental health contacts were not conducted as scheduled in the ISP (e.g., counseling, case management, ISP updates). In all, it was difficult to follow the course of treatment due to the inconsistent contacts that did not follow the documented plan (ISP) of treatment.

There has been a lack of consistent mental health coverage at POLCI. There have been vacancies in both the Senior Mental Health Clinician and Behavioral Specialist positions; however a Senior Mental Health Clinician was recently hired to provide coverage two days per week. At the time of the survey, three mental health staff, who share time at other institutions, provided coverage on-site five days per week. For five months prior to the new hire, coverage was provided by mental health staff for three days only. This left gaps in mental health coverage resulting in many of the findings noted above. Staff outlined a plan to ensure all inmates on the mental health caseload are seen as required and treatment is provided in accordance with the Department's Health Service Bulletins. Since the implementation of the plan, surveyors noted that the most recent inmate contacts were thorough and goal directed.

The mental health staff were cooperative and helpful during the survey process and responsive to the findings noted. Medical records were well-organized and readily available. Inmates interviewed were complimentary of their experiences with mental health staff. After a review of mental 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 Correctional Medical Authority corrective action plan (CAP) process.

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.