



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Putnam Correctional Institution

In

East Palatka, Florida

on

May 9-11, 2017

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
447	Male	Close	2

Institutional Potential/Actual Workload

Main Unit Capacity	458	Current Main Unit Census	447
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	453		447

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		321	122	N/A	N/A	N/A
<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	
	433	10	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>
		11	10	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	0.4	0
Clinical Associate	0	0
RN	2	0
LPN	4	0
Dentist	0.4	0
Dental Assistant	1.0	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Psychologist	0.2	1
Mental Health Professional	0.4	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OVERVIEW

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

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at PUTCI on May 9-11, 2017. 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

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

- 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 requires care at intervals every six to twelve months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in two 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 are no infirmary services provided at PUTCI.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of consultations, intra-system transfers, medication administration, inmate requests, and periodic screenings.

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 pharmacy services, pill line, or infection control.

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 1 of 4 applicable records (7 reviewed), there was no evidence of the required annual fundoscopic examination (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 examination was due February 2017, however a consultation request had not been completed at the time of the survey.*

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 1 of 4 records reviewed, there was no evidence that abnormal labs were reviewed timely (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 miscellaneous 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: *An inmate's triglyceride levels were found to be normal (86) on 4/5/16. On 7/6/16 they were redrawn and found to be elevated (197). There was no evidence in the medical record that these abnormal results were addressed.*

CONCLUSION

The physical health staff at PUTCI serves a diverse population, including inmates with multiple medical comorbidities. Physical health care is provided on an outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Inmates requiring infirmary care are transferred out of the institution. Reportable findings requiring corrective action are outlined in the tables above.

The staff at PUTCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Patient records were well organized. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to health care services. Inmates were complimentary of their experiences at the clinic.

A review of medical records indicated that inmates enrolled in chronic illness clinics were seen at the required intervals. CMA surveyors found that follow-up with providers resulting from specialty services, sick call, and emergency clinics occurred timely. Overall, clinical documentation was thorough and individualized.

Although, there were relatively few findings identified in the report, PUTCI staff indicated they would use the CMA corrective action process to improve health care services.

MENTAL HEALTH FINDINGS

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

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

SELF INJURY/SUICIDE PREVENTION REVIEW

There is no infirmary at PUTCI therefore inmates requiring placement on Self-harm Observation Status (SHOS) are transferred to a neighboring institution.

USE OF FORCE REVIEW

There were no episodes of use of force available for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of inmate requests, psychological emergencies or 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 SYSTEM REVIEW

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

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
A comprehensive review of 8 outpatient records revealed the following deficiencies:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
MH-1: In 3 of 7 applicable records, the Individualized Service Plan (ISP) was not reviewed and revised at the 180 day interval.	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.
MH-2: In 3 records, problems were not listed on the problem list.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION – MENTAL HEALTH

The staff at PUTCI serves a diverse population that includes inmates with multiple medical and psychiatric comorbidities. At the time of the survey 10 inmates were receiving outpatient mental health services. 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 conduct sex offender screenings when needed. Reportable findings requiring corrective action are outlined in the table above.

There were two findings noted in the review of outpatient mental health services. Treatment plans were not consistently updated at 180 day intervals and mental health problems noted on the ISP were not added to the problem list. However, the documentation of mental health encounters was timely, complete and informative. In some cases, inmates in need were seen for counseling and case management more frequently than listed on their ISP. Inmates interviewed were complimentary of the mental health services provided. Mental health staff indicated a positive working relationship with security officers. Staff were cooperative and helpful throughout the survey process. Medical records were well organized and readily available. 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 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.