



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Sumter Correctional Institution**

in

**Bushnell, Florida**

on

**July 9-10, 2014**

### **CMA Staff Members**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1268	Male	Close	3

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1701	<b>Current Main Unit Census</b>	1268
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1701	<b>Total Current Census</b>	1268

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		926	511	135	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>
	1557	15	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>
		67	68	0	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	6	1
LPN	10	0
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
Behavioral Specialist	1	0

# OVERVIEW

Sumter Correctional Institution (SUMCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3 and psychology (S) grades 1 and 2. SUMCI consists of a Main Unit, a work camp and a boot camp for youthful offenders.

The overall scope of services provided at SUMCI 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 SUMCI on July 9-10, 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**

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

There 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. There were findings requiring corrective action in the review of sick call and infirmary services; the items to be addressed are indicated in the tables below.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers and in 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 or care.

### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control and 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 were no findings requiring corrective action as a result of the institutional tour.

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 8 of 18 records reviewed, the baseline information was incomplete or missing (see discussion).</b></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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current DC4-770 "Chronic Illness Clinic Flowsheet." Per Department standards, the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.*

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: In 8 of 16 records reviewed, there was no evidence of hepatitis A &amp; B vaccine given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>

### Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-3: In 5 of 9 records reviewed, the baseline information was incomplete or missing.</b>	<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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 8 inmate records revealed the following deficiencies:</b></p> <p><b>PH-4: In 3 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-5: In 2 records, the baseline information was incomplete or missing.</b></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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

### Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-6: In 2 of 8 records reviewed, the diagnosis was not recorded on the problem list.</b>	<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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Sick Call

Finding(s)	Suggested Corrective Action(s)
<b>PH-7: In 4 of 18 records reviewed, there was no documentation of complete vital signs.</b>	<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 sick call services to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>



## Sick Call

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

## Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-8: In 6 of 8 applicable records, there was no evidence that inmates in 23-hour observation status were evaluated by nursing staff upon admission (see discussion).</b></p> <p><b>PH-9: In 2 of 8 applicable records, there was no evidence that appropriate care orders were provided by the clinician for inmates in 23-hour observation status (see discussion).</b></p> <p><b>PH-10: In 4 of 8 applicable records, there was no evidence of a discharge note for inmates in 23-hour observation status.</b></p> <p><b>PH-11: In 3 of 4 applicable records, there was no evidence that the inpatient nursing assessment was completed within two hours of admission (see discussion).</b></p> <p><b>PH-12: In 4 of 4 applicable records, there was no evidence that the discharge nurse completed the discharge summary.</b></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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-8:** Department policy requires that inmates being placed into the infirmary for 23-hour observation be evaluated using the "Infirmary Outpatient Admission 23-Hour Observation Nurses Note" (DC4-732B). In all of the deficient records, the required form was not completed. Interviews conducted with nursing staff revealed that not all nursing staff members were aware of the requirement to utilize this form.*

**Discussion PH-9:** In the first record, the clinician’s order did not specify the frequency of vital sign observations or activity restrictions. In the second record, the clinician’s order did not specify diet, activity restrictions, or frequency of vital sign checks.

**Discussion PH-11:** In the deficient records, the nursing assessment was not signed, dated, and timed. If this information is left off the clinical note, it is impossible to verify that the assessment took place within the two hour window as intended.

<b>Consultations</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-13: In 8 of 13 applicable records (16 reviewed), the new diagnosis was not recorded on the problem list.</b>	<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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Pill Line Administration

Finding(s)	Suggested Corrective Action(s)
<b>PH-14: A review of pill line administration practices revealed that an oral cavity check was not conducted for each inmate (see discussion).</b>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-14:*** An oral cavity check should be conducted for each instance of pill line administration to ensure that the medication has been swallowed. Several staff members erroneously believed that oral cavity checks need only be conducted if ordered by the clinician.

## **CONCLUSION**

The physical health staff at SUMCI 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 220 records and found deficiencies in 67 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.

Patient medical records were well organized. All areas on the compound were clean and neat. 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. It was evident from inmate interviews and a comprehensive review of medical records that inmates were seen frequently and without delays or long wait times.

Although a significant number of the findings discussed above are related to errors in documentation rather than the provision of clinical services, CMA surveyors expressed concern that incomplete or inadequate documentation could disrupt continuity of care or lead to medical errors.

Overall, it appears that SUMCI was providing adequate physical health care to its 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. The clinic staff, including medical and administrative, should be acknowledged for their commitment to meeting the health care needs of the inmate population.

## **MENTAL HEALTH FINDINGS**

Sumter Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at SUMCI:

- 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 restraint at SUMCI.

#### **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 requiring corrective action in the review of psychological emergencies, special housing, and inmate requests.

#### **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of outpatient mental health services.

#### **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><b>A comprehensive review of 6 SHOS admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 6 of 6 records, the DC4-732 “Infirmatory/Hospital Admission Nursing Evaluation” was not completed.</b></p> <p><b>MH-2: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-3: In 3 records, nursing staff did not consistently complete the DC4-673B “Inpatient Daily Nursing Evaluation.”</b></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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-2:** *Physician’s orders indicated either 15 minute or continuous observation for inmates admitted to SHOS. These observations were documented on the DC4-650 “Observation Checklist.” In three records, checklists were missing for some of the days the inmate was on SHOS. Additionally in one record, the physician’s order indicated the inmate was to be continuously observed, however this was not noted on the observation checklist.*

## **CONCLUSION**

At the time of the survey, SUMCI mental health staff was providing outpatient services to 15 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 Self-harm Observation Status (SHOS). To serve this population, SUMCI has one full-time Behavioral Specialist position.

The mental health findings noted were related to SHOS requirements. The "Infirmatory/Hospital Admission Nursing Evaluation" was not completed for any of the selected admissions. Although the "Observation Checklists" and "Inpatient Mental Health Daily Nursing Evaluations" were found in all records, documentation was not completed for some of the days during the admissions. During the survey, CMA staff observed an inmate being placed on SHOS and noted institutional staff making changes during the admission process to ensure the findings were corrected.

Staff was cooperative and helpful throughout the survey process. Medical records were well-organized and readily available. Inmates interviewed were complimentary of their experiences with mental health staff. Case management notes were thorough and counseling notes addressed the issues documented on the Individualized Service Plan. In two cases, inmates were referred to a psychiatrist to determine if psychotropic medication was needed. In some cases inmates arriving from the reception center as an S2 were downgraded to S1. The Behavioral Specialist saw the inmate again just to ensure he was adjusting well to the compound and was no longer in need of mental health services. Overall, it seems mental health staff was providing individualized, quality mental health care.

## 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.