



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Baker Re-Entry Center

In

Sanderson, Florida

on

January 22 - 23, 2018

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
391	Male	Medium	3

Institutional Potential/Actual Workload

Main Unit Capacity	432	Current Main Unit Census	391
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	432	Census	391

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		286	95	9	0	0
<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	
	376	12	3	N/A	N/A	1

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>
	N/A	N/A	N/A	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	0.2	0
RN	2.8	0
LPN	2.8	1
Dentist	N/A	N/A
Dental Assistant	N/A	N/A
Dental Hygienists	N/A	N/A

Mental Health Staffing: Main Unit

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

OVERVIEW

Baker Re-Entry Center (BAKRE) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. BAKRE consists of the Main only.

The overall scope of services provided at BAKRE 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 BAKRE on January 22 - 23, 2018. 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

Baker Re-Enter Center (BAKRE) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at BAKRE:

- 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 of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There was a finding requiring corrective action in one of the chronic illness clinics; the item to be addressed is indicated in the table below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call services. There are no infirmary services provided at BAKRE.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There are no dental services provided at BAKRE.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 2 of 8 records reviewed, there was no evidence of a physical examination appropriate for the diagnosis (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: In both records, there was no description of the feet in a diabetic patient.

Intra-system Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 4 of 16 records reviewed, there was no evidence that the clinician reviewed the health record within 7 days of transfer.</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 institution 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 deficiency:</p> <p>PH-3: The spare oxygen tank was not labeled or stored appropriately (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have 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-3: The spare oxygen tank had no seal or gauge and it could not be determined if it was full or empty.

CONCLUSION – PHYSICAL HEALTH

The physical health staff at BAKRE serves 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. Reportable findings requiring corrective action are outlined in the tables above.

The staff at BAKRE 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.

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, BAKRE staff indicated they would use the CMA corrective action process to improve health care services.

MENTAL HEALTH FINDINGS

Baker Re-Entry Center (BAKRE) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at BAKRE

- 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

Infirmity services are not provided at BAKRE, therefore there were no admissions to Self-Harm Observation Status (SHOS) or episodes of psychiatric restraints for review.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of psychological emergencies or inmate requests.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

CONCLUSION

Currently BAKRE has one fulltime mental health professional and the psychologist is on-site one day per week. At the time of the survey, approximately 20 inmates were receiving mental health services. In addition to providing services to these inmates, staff answers inmate requests and responds to psychological emergencies. Staff also performs sex offender screenings when needed.

The quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. When reviewing mental health records, the course and progress of treatment was clear. The interview with the mental health professional revealed a familiarity with the mental health caseload and a strong desire to provide quality services. After a review of mental health records and interviews with inmates and staff, no corrective action plan is required by the CMA for mental health.

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.