Correctional Medical Authority

ON-SITE ACCESS TO CARE REVIEW
LAKE CORRECTIONAL INSTITUTION

OCTOBER, 2020

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Lake Correctional Institution (LAKCI) houses male inmates in close custody level. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, 3, 4, 5 and 6. LAKCI consists of a Main Unit. [1]

Institutional Potential and Actual Workload

Main Unit Capacity	**1093**	**Current Main Unit Census**	**1087**
Annex Capacity	**N/A**	**Current Annex Census**	**N/A**
Satellite Unit(s) Capacity	**N/A**	**Current Satellite(s) Census**	**N/A**
Total Capacity	**1093**	**Total Current Census**	**1087**

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	434	**339**	**95**	**0**	**13**	**N/A**
Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**MH Inpatient**		
	1	**2**	**3**	**4**	**5**	**Impaired**
	370	**55**	**324**	**57**	**50**	**N/A**

Inmates Assigned to Special Housing Status

Confinement/ Close Management	**DC**	**AC**	**PM**	**CM3**	**CM2**	**CM1**
	19	**53**	**0**	**N/A**	**N/A**	**N/A**

[1] Demographic and staffing information were obtained from in the Pre-review Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	3	0
Registered Nurse	7	0
Licensed Practical Nurse	8	0
CMT-C	0	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	0	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychiatric APRN/PA	3	0
Psychological Services Director	1	0
Psychologists	5	1
Mental Health Professional	17	0
Activity Technician	6	1
Mental Health RN	15	0
Mental Health LPN	9	3

The Correctional Medical Authority's (CMA) primary role is to provide oversight and monitoring of Florida Department of Correction's (FDC) health care delivery system to ensure adequate standards of physical and mental health care are maintained in Florida's correctional institutions.

Due to the unforeseen and unprecedented impact of COVID-19, FDC has implemented an Essential Services Plan to ensure critical services continue to be provided while precautions are taken to stop the spread of the virus. The Access to Care Review will assess inmates' access to routine and emergent care while the Essential Services Plan is in place. A description of services and recommendations based on information gleaned from record reviews is presented below.

The CMA conducted a review of the medical, mental health, and dental care at Lake Correctional Institution (LAKCI) on October 27-28, 2020. Record reviews evaluating access to essential services, routine and emergent care were completed.

The overall scope of services provided at LAKCI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include chronic illness clinics, emergency care, specialty services, and mental health care.

Physical Health Records Review

Chronic Illness Clinic Review

A review of the chronic illness clinics (CIC) revealed that clinic services were being provided and inmates were seen in person for clinic appointments. Two inmates with a M3 medical grade were scheduled for 180 days and two inmates did not have a medical grade documented on their clinic visit; however, they were seen per protocol for their medical grade. Routine labs were not ordered prior to the clinic visit for two inmates. Of concern, was one inmate with a rising TSH lab value (5.740 to 6.280). There was no evidence this was addressed, or indication thyroid treatment was in progress.

Medical Inmate Requests

Inmate requests were responded to in a timely manner and responses appropriately addressed the stated needs.

Sick Call

Medical care for non-urgent health needs revealed that inmates received information during orientation on how to access this process through sick call. All reviewed charts of inmates requesting to be seen in sick call were triaged appropriately based on the complaint or condition. Assessments were complete and thorough. Referrals to a higher level of care were appropriate, timely and in accordance with protocols. Those inmates requiring follow-up appointments were seen in an appropriate time frame.

Emergency Care

Although there were a few documentation issues such as missing vital signs, "Onset/Duration of Pain" not evaluated, and no referral to a higher level of care when indicated by protocol, overall the review of inmates presenting with declared or referred emergency complaints revealed appropriate and timely care.

Medication Administration

There were no medication administration issues regarding legibility of orders, blanks on the Medication Administration Record (MAR) or delays in medications received from the pharmacy.

Consultations

A review of consultations indicated that inmates generally had access to specialized health care services but there were issues with timeliness. From consult date to the appointment, all records reviewed fell outside of the required time frame. Six records revealed a delay occurred due to Covid-19. In two records, there was no documentation indicating a reason for treatment delay and one record indicated a delay occurred before a transfer to this facility. There was little documentation substantiating the reason for delays. Several consults remain pending.

Infirmary

A review of the infirmary admission care orders revealed orders were not carried out as written. Missing documentation included: logging every 4-hour oxygen saturation results; blood glucose testing results; intake and output totals and vital signs every four hours. CMA surveyors recommended utilizing the nursing flow chart in order to help ensure execution of clinician orders.

Dental

Dental emergencies appeared to have been assessed appropriately at the institutional level in the records available for review.

Mental Health Records Review

Self-Injury and Suicide Prevention Review

Self-Harm Observation Status (SHOS) is assigned to inmates in an acute mental health crisis. In six records, the emergency assessment could not be located. In two records, a portion of the assessment form was blank. However, in most cases inmates were observed at 15-minute intervals for safety as ordered by the admitting clinician. Inmates were evaluated daily by the psychologist and mental health professional (MHP) and were provided timely post-discharge follow-up.

Psychiatric Restraints

Appropriate precipitating signs indicating the need for psychiatric restraints were noted in all but one record reviewed. In this record, the restraint order was written at 0845 after the inmate self-harmed. He was subsequently taken to the treatment room for wound care, then taken to the group room to talk to the MHP at 0910. There was no documentation on incidental notes or the DC4-650A that he was agitated or aggressive during this time. At 1015 he was placed in restraints. Documentation indicated force was not needed and that he asked when he would be released. He remained in restraints until 1145. The only documentation describing the inmate's behavior indicated that he was "tense" and that he continued to ask for release. Surveyors expressed concern that restraints may have no longer been warranted at the time they were applied. Additionally, in two records the Restraint Observation Checklist DC4-650A could not be located by staff.

USE OF FORCE REVIEW

A review of use of force episodes for S-grades two (S2) and three (S3) inmates involving chemical deterrents revealed that all were seen for a physical assessment by nursing immediately. The documentation was thorough and included all required information. The inmates were seen the following business day by mental health staff to be evaluated for the appropriate level of care.

SPECIAL HOUSING

Most of the inmates were seen for a physical evaluation prior to transfer into the confinement unit. These assessments were performed by nursing but many of the forms were not completed in their entirety. Additionally, multiple initial and subsequent mental status exams (MSE) were completed outside of the required time frame. However, the majority inmates who were taking psychotropic medications continued to receive them as prescribed while in special housing.

PSYCHOLOGICAL EMERGENCIES

Psychological emergencies were responded to promptly, whether during business hours by mental health staff or after hours by medical staff. Suicide risk was fully assessed and mental status exams were complete and addressed the necessary components. There was one inmate-declared emergency that was the exception in that there was no evidence the inmate was evaluated by either medical or mental health staff. The incidental note stated, “the inmate was not seen by mental health services for psychiatric emergency due to no show/inmate not being escorted to mental health services by security from the dorm.” According to the Department procedure “at the request of health care staff, security staff will escort the inmate to the medical clinic for evaluation. Health care staff will make such request only after determining that the evaluation cannot be performed in the inmate’s current setting.” As the inmate was in the general population at that time, staff should have gone to the inmate to perform this very important suicide and mental status evaluation.

MENTAL HEALTH INMATE REQUESTS

In general, mental health inmate requests were addressed within the appropriate time frame and inmates were provided a response to address their stated need. Conversely, over half of these interviews or referrals did not occur as intended. For example, several psychological grade three (S-3) inmates wrote requests asking for their medications to be restarted. Upon further review, it was noted that the documentation indicated the inmate refused five doses and the medications were discontinued. These inmates waited an average of three months after writing the request to be restarted on medications by the clinician. Additionally, there was a request that stated “I feel like I want to kill myself” which was not responded to by mental health until the day after it was received. He was not seen for seven days for an evaluation. CMA recommends additional training for staff responding to inmate requests as well as education for S3 inmates on using the sick call process for medication-related issues.

OUTPATIENT MENTAL HEALTH SERVICES

There were approximately 380 inmates on the outpatient mental health caseload at the time of the review. Individualized Service Plans (ISP) were specific to the patient with goals that were measurable and attainable. Yet the majority of ISPs reviewed were missing the inmate’s signature. Without the signature of the inmate, it is impossible to determine if he is agreeable to the goals and interventions of treatment. Overall, inmates were seen timely for therapy and case management services and the documentation of these encounters was detailed and specific to the patient. Assistance with post-release planning and Social Security benefits was provided when indicated apart from two records which were corrected when brought to staff attention by CMA surveyors. The CMA recommends that staff encourage inmates to participate in the multi-disciplinary services team (MDST) meetings. This may increase the opportunity for all required signatures to be obtained on the ISP and ensure the inmate is actively engaged in treatment.

OUTPATIENT PSYCHIATRIC MEDICATION

Overall, inmates prescribed psychotropic medications were seen at the required intervals by psychiatric staff. Initial and follow-up laboratory tests were completed timely and abnormal values were reviewed by the clinician. However, the majority of outpatient records reviewed revealed that inmates did not receive the medications as prescribed. In three records, there were blanks on the MAR indicating missed doses. In another record half of the October MAR could not be located. In two records, prescriptions expired resulting in the inmate not receiving medications for one week. In the remaining record, the Zyprexa was increased while he was on an inpatient unit at another institution. When he was seen at LAKCI upon return, documentation did not reflect the increased dosage and a new order for the lower dose was written. There was no rationale provided as to why the Zyprexa was prescribed at the lower dose when documentation from the sending institution indicated that the higher dose was beneficial.

It is important to note a trend of discontinuation of medication "due to noncompliance" without evidence that education was provided to the inmate, or documentation of efforts to encourage adherence to the medication regimen. Many of these records contained inmate requests for medication to be restarted. It is unclear whether the decision to discontinue medications was initiated by the inmate, or if nursing forwarded the record to the clinician on the assumption the inmate would refuse all future doses. Documentation in these cases, if present, was minimal. Abrupt discontinuation of psychotropic medications can lead to adverse effects, return of symptoms, and often more severe illness episodes. The CMA recommends that a system be put in place to ensure inmate education and proper refusal protocols for nursing and psychiatry staff.

INPATIENT MENTAL HEALTH SERVICES

Based on the records reviewed inmates on the mental health units appeared to receive the services listed on their ISP. Risk Assessments were completed timely and the need for security restraints was appropriately documented. In all records reviewed, inmates were offered daily activities including psychoeducational groups or therapeutic activities. In accordance with the Essential Services Plan, clinical group therapy was not provided weekly for all inmates; however, groups were conducted and limited to five inmates to ensure safe distancing and confidentiality. MDST meetings were held as required and inmates were invited and encouraged to participate. Well-being checks were performed for those inmates who refused activities. Inmates who were quarantined due to COVID-19 were provided educational handouts.

INPATIENT PSYCHIATRIC MEDICATION

The review of psychotropic medication practices for inmates receiving inpatient mental health services revealed that appropriate initial and follow-up laboratory tests were ordered timely; however, most inmates refused to have them drawn. Abnormal values were noted in only one record reviewed and it was appropriately addressed. Although inmates were not consistently seen within the required time frame, the documentation was thorough, individualized and addressed medication issues. Abnormal Involuntary Movement Scale (AIMS) were administered as indicated for those on antipsychotic medications.

In most cases reviewed, there was documentation of a rationale for an emergency treatment order (ETO). However, in one case the reason documented was "agitation". There were no additional notes to describe the agitation or documentation of what interventions were attempted to de-escalate the behavior. In all but one record, the order written specified the medication as an ETO.

Issues were noted in the administration of medication. In one record, the Zyprexa order expired on 10/07/20. It was not rewritten until 10/12/20; therefore, the inmate did not receive his medication for five days. Additionally, daily weights were ordered from 10/5/20 - 10/26/20; however, weight was not documented for eight days. In the second record, Risperdal Consta was ordered every two weeks starting on 8/21/20. The MAR for August was blank indicating the injection was not given. The dose scheduled to be given 9/18/20 was not given until 9/20/20 and there was no documentation regarding why the medication was given two days late. Additionally, the injection site of two doses was not documented on the MAR. In the third record, an order was written on 9/25/20

to discontinue Zyprexa after the court order for Risperdal Consta was obtained. The court order was not approved until 10/9/20; however, the medication was discontinued on 9/25/20. In the remaining record, Risperdal Consta was ordered but the injection site was not noted on the MAR. The CMA recommends that nursing staff be provided with additional training on transcribing orders and the correct use of the MAR as presented in the nursing manual.

Conclusion

Overall, it appeared inmates had access to most essential routine and emergency services. There were some areas of concern that could negatively impact patient health outcomes.

Based on the review of LAKCI, a follow-up is warranted at this time:

- Ensure that orders are carried out as written
- Ensure that medications are renewed prior to expiration and inmates receive medications as prescribed
- Ensure documentation of education is provided upon discontinuation of medication due to inmate non-compliance
- Ensure that documentation for consultations is accurate and thorough
- Ensure that documents are filed timely and organized according to Department standards

A brief written plan should be submitted to the CMA within 30 days of receipt of this report to address these issues. CMA staff will contact institutional staff in approximately 60 days to assess progress made towards correction of these areas of concern.

Review Process

The goals of the review performed by the CMA are:

1) to determine if physical, dental, and mental health essential services are provided and that inmates have access to care
2) to promote ongoing improvement in the correctional system of health services; and,
3) to ensure adequate processes are in place to prevent lapses in necessary services

To achieve these goals, specific criteria designed to evaluate these services in terms of effectiveness and fulfillment 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 have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning
- If inmates have access to 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

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 are based on several methods of evidence collection:

- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered