

	2013	2013	2013
	Apr	May	Jun
<b>SAFFORD COMPLEX</b>			
<b>Intake (Q)</b>			
1 Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only) [HSTM 2.20.2.1]	Green		Green
2 Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[HSTM 2.20.2.1]	Green		Green
<b>Sick Call (Q)</b>			
1 Is sick call being conducted five days a week Monday through Friday (excluding holidays)?	Green	Green	Green
2 Are sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if inmate is identified with emergent medical needs)?	Green	Green	Green
3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call?	Green	Green	Green
4 Is the SOAPE format being utilized in the inmate medical record for encounters?	Green	Green	Green
5 Are referrals to providers from sick call being seen within seven (7) days?	Green	Green	Green
6 Are nursing protocols in place and utilized by the nurses for sick call?	Green	Green	Green
<b>Medical Specialty Consultations (Q)</b>			
1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated?	Green	Green	Green
2 Are consultation reports being reviewed by the provider within seven (7) days of receipt?	Amber	Amber	Green
3 Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs?	Green	Green	Green
4 Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner?	Green	Green	Green
5 Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning?	Green	Green	Green
<b>Chronic Condition and Disease Management (Q)</b>			
1 Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC?	Amber	Green	Green
2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan?	Green	Amber	Green
3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record?	Amber	Green	Green
4 Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC?	Amber	Green	Green
5 Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter?	Green	Green	Green
<b>Medical Records (Q))</b>			
1 Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]	Green		
2 Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]	Green		
3 Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]	Amber		
4 Are medical record entries legible, and complete with time, name stamp and signature present?	Green		

[P-H-01]			
5 Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	Green		
6 Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?	Green		
7 Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	Green		
8 Are medical records for released inmates pulled from the active file area?	Green		
9 Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	Green		
10 Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	Green		
<b>Prescribing Practices and Pharmacy (Q)</b>			
1 Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted?	Green	Green	Green
2 Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01]	Amber	Amber	Green
3 Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	Green	Green	Green
<b>Reporting (AIMS) (Medical Records)(Q)</b>			
1 Are medical AIMS entries being made timely, completely, accurately and no greater than 3 work days from the entry in the medical record?	Green		
<b>Grievances (Q)</b>			
1 Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802?	Green		Green
<b>No Shows (Q)</b>			
1 Are medical, dental and mental health line "no-shows" being reported and documented per policy, Department Order 1101?	Green	Green	
<b>Mental Health (Q)</b>			
1 Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff?	Green	Green	Green
2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral?	Green	Green	Green
3 Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates?	Green	Green	Green
4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy?	Green	Green	Green
5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)	Green	Green	Green
6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above?	Green	Green	Green
<b>Quality and PEER Review (Q)</b>			
1 Is the contractor physician conducting monthly and quarterly chart reviews?	Green		
2 Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard?	Green		
3 Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next monthly meeting?	Green		
4 Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician	Green		

assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists?			
5 Did the contractor conduct a quarterly on-site review of the site CQI program?	Green		
<b>Intake (Reception)</b>			
1 Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]			
2 Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]			
3 Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]			
4 Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only			
5 Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]			
6 Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]			
7 Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only			
8 Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only			
9 Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only			
<b>Chronic Condition and Disease Management</b>			
1 Are chronic condition medications renewed/refilled prior to inmate running out of medication?			
<b>Grievances</b>			
1 Is a grievance tracking system in place and being utilized?		Green	
2 Are grievance trends being tracked and addressed?		Green	
<b>No Shows</b>			
1 Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]			
2 Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]			
3 Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]			
4 Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]			
<b>Transfer Screening</b>			
1 Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]		Green	
2 Is nursing staff ensuring inmate medication was transferred with inmate?		Green	
3 Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)?		Green	
4 Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?		Green	
<b>Suicide Prevention Program</b>			
1 Are inmates that are placed on suicide watch seen daily by mental health staff and medical staff on weekends and holidays and documented in the Mental Health Section of the chart?			
2 Are mental health and medical visits documented for inmates on suicide watch?			

2 Is Mental Health Disposition Form 1103-44 being completed by Mental Health staff or Nursing Staff with verbal orders from Mental Health Staff?			
4 Is Mental Health Disposition Form 1103-44 being review and updated daily as needed?			
3 Are inmates on suicide watch being issued only items authorized in the Suicide Watch Order?			
6 Are inmate placed on a 10 minute suicide watch checked at random times not to exceed 10 minutes between each check?			
3 Are inmates on suicide watch medications change to unit dose?			
8 Are checks on inmates placed on 30 minute mental health watch conducted at random times not to exceed 30 minutes between each check?			
4 Are inmate placed on a suicide or mental health mental only removed from watch by a licensed mental health professional?			
<b>Oral Care (Dental)</b>			
1 Is an oral examination performed by a dentist within 30 days of admission to ADC?			
2 Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC?			
3 Are there inmates waiting over 90 days for routine dental care?			
4 Are 911's seen within 24 hours of HNR submission?			
5 Are treatment plans developed and documented in the medical record?			
6 Are daily inventories for all dental instruments being conducted before the first patient and after the last?			
7 Are all supplies that have an expiration date checked monthly?			
8 If items are within 30 days of expiration, are they flagged and disposed of when they expire?			
9 Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?			
10 Is the dental wait time log/report being maintained?			
11 Is the MSDS binder being maintained?			
12 Are patients provided with the medications that are prescribed by the dentist?			
13 Are equipment repairs being addressed in a timely manner?			
14 Are all orders for materials/supplies being fulfilled in a timely manner?			
15 Are dental entries complete with military time and signature over name stamp?			
16 Is treatment plan section C and priority section D of the dental chart completed?			
17 Is the X-Ray certification/registration certificate posted in the dental clinic?			
18 Are weekly SPORE testing logs available for the Autoclaves?			
19 Is there a mechanism in place for immediate notification of a positive SPORE count?			
<b>Segregated Inmates</b>			
1 Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart?			
2 Are inmates in segregation being monitored by medical staff or Mental Health staff in accordance with NCCHC standard for the level of segregation the inmate has been placed?			
3 Is there a POST Order identifying the level of segregation for each administrative segregation unit and monitoring requirement for each unit?			
3 Are inmates in segregation provided an opportunity to submit HNR daily?			

4 Is security staff immediately notifying health staff when an inmate is placed in detention / segregation?			
5 Are SMIs placed in segregation seen within 24 hours by mental health staff?			
6 Are vital signs done on all segregated inmates every month?			
<b>Administrative Meetings and Reports</b>			
1 Is the Site Manager (or designee in the absence of the Site Manager) attending weekly warden executive staff meetings? [NCCHC Standard P-A-04; DO 117]			Green
2 Is the Site Manager conducting monthly meetings with Warden and unit Deputy Wardens and include: -responsibilities of health staff -procedures for triage -predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system -procedures for evacuating patients -alternate back-ups for each plan element?			Green
3 Are monthly staff meetings being conducted and documented? [NCCHC Standard P-A-04]			Green
4 Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?			Green
<b>Emergency Response Plan</b>			
1 Are written policy and procedures in place? [NCCHC Standard P-A-05; P-A-07, HSTM Chapter 1, Section 6.0]			
2 Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]			
3 Are mass disaster drills being scheduled / conducted annually so that all shifts have participated over a three year period (Actual events may be used to meet this requirement)? [NCCHC Standards P-A-04; P-A-07]			
4 Are man down drills being scheduled / conducted once a year on all units for all shifts (Actual ICS may be used to meet requirement)? [NCCHC Standard P-A-07]			
5 Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]			
6 Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]			
<b>Communications of Patients Health Needs</b>			
1 Are security staff (Wardens & Shift Commanders) being notified of an inmate's special needs that may affect housing, work, program assignments, disciplinary measures, transfers-communication is documented (Special Needs Form)? [NCCHC Standard P-A-08]			
2 Is security given brief written instructions regarding appropriate interventions for medical emergencies that may arise from a chronic condition? [NCCHC Standard P-A-08]			
<b>Privacy of Care</b>			
1 Are clinical encounters being conducted in a manner to maximize privacy? [NCCHC Standards P-A-09; P-D-04, HSTM Chapter 1, Section 7.0]			
2 Is there a POST Order indicating when a chaperone is to be present?			
3 Are chaperones being utilized as required by POST Order?			
<b>Procedure in the Event of Inmate Death</b>			
1 Are death reviews being completed in accordance with Department Order 1105? [NCCHC Standard P-A-10]			



2 Are treating staff informed of the clinical mortality review and administrative review findings? [NCCHC Standard P-A-10]			
3 Are deaths being reviewed by the complex CQI committee? [NCCHC Standards P-A-06; P-A-10]			
4 Is the FHA (Site Manager) completing the CIU chart review memo in a timely manner? [DO 1105]			
<b>Procedure on the Event of Sexual Assault</b>			
1 Is a physical exam of the victims(s)being conducted by health staff?			
2 After the physical exam, is there an evaluation by a qualified, mental health professional for crisis intervention counseling?			
<b>Professional Development</b>			
1 Do the qualified health care professionals obtain 12 hours of continuing education per year that are appropriate for their position? [NCCHC Standard P-C-03]			
2 Do Part-time qualified health care professionals pro-rate their continuing education hours based on full-time equivalency? [NCCHC Standard P-C-03]			
3 Do health staff demonstrate compliance with C.E. Licensure requirements? [HSTM Chapter 3, Section 4.0 and NCCHC Standard P-C-03]			
4 Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique? [HSTM Chapter 3. Section 4.0, NCCHC Standard P-C-03]			
<b>Patient Safety</b>			
1 Does the FHA proactively implement patient safety systems to prevent adverse and near miss clinical events? [NCCHC Standard P-B-02]			
2 Has the FHA implemented an error reporting system for health staff to voluntarily report environmental factors that affect patient safety? [NCCHC Standard P-B-02]			
<b>Infection Control</b>			
1 Does the facility have a written exposure control plan?			
2 Is the health unit in compliance with NCCHC Standard P-B-01 compliance indicators?			
3 Are standard precautions used by health care practitioners?			
4 Are precautionary instructions given to security when necessary (to include transportation staff)?			
5 Are Sanitation workers trained in appropriate methods for handling and disposing of biohazard spills and materials?			
6 Are active TB patients transported to hospitals with negative pressure rooms?			
7 Does the facility assure that inmates released with infectious or communicable diseases are provided with community referrals and for transfer inmates, notify the receiving facility of the medical condition?			
8 Are facilities using effective ectoparasite control procedures to treat infected inmates and to disinfect clothing and bedding?			
9 Does the prescribed treatment given to inmates consider conditions such as pregnancy, open sores, or rashes and is ordered only by a clinician?			
10 Does the facility complete and file all reports as required by local, state, and federal laws and regulations and reports to local health departments?			
11 Does the facility follow a TB plan consistent with CDC guidelines and conduct PPD tests and chest x-rays per policy with annual PPD check-up?			
12 Has the facility developed a needle-stick prevention program?			
13 Is there a designated Infection Control liaison ?			
14 Are red bags being handled and stored appropriately?			

15 Are dirty sharps maintained in a double locked area?			
<b>Medication Administration</b>			
1 Is there a formal medication administration program? [NCCHC Standard P-C-05]	Green	Green	Green
2 Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	Green	Green	Green
3 Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	Green	Green	Green
4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]	Amber	Green	Green
5 Are medication errors forwarded to the FHA to review corrective action plan?	Green	Green	Green
6 Are there any unreasonable delays in inmate receiving prescribed medications?	Amber	Green	Amber
7 Are inmates being required to show ID prior to being administered their medications?	Green	Green	Green
8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]	Green	Green	Green
9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	Green	Green	Amber
10 Are providers being notified of non-formulary decisions within 24 to 48 hours?	Green	Green	Amber
11 Are medication error reports being completed and medication errors documented?	Green	Green	Green
<b>Inmate Workers</b>			
1 Is the facility ensuring that inmates are not being used to make treatment decisions or provide patient care? [NCCHC Standard P-C-06]			
2 Is the facility ensuring that inmates are not used to collect sick-call slips, schedule appointments, or handle medical records, medications, or surgical instruments and sharps (or to handle biohazard material)? [NCCHC Standard P-C-06]			
3 Is the facility ensuring that inmates are not being used to provide direct patient care? [NCCHC Standard P-C-06]			
4 Is the facility ensuring that inmates who are employed in cleaning the health unit are appropriately trained and supervised regarding their work assignment, and is the documentation maintained at the facility? [NCCHC Standard P-C-06]			
5 Do the post orders for inmate porters include duties?			
<b>Staffing</b>			
1 Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07]	Green		Green
2 Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07]	Green		Green
3 Are all positions filled per contractor staffing pattern?	Green		Green
4 Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	Green		Green
<b>Charging</b>			
1 Are appointment list forwarded daily to inmate banking? [HSTM Chapter 5, Section 8.0]			
2 Are staffing trained on charging procedures?			
3 Does appointment sheets reflect if there is a charge or no charge?			
4 Are inmates signing the health appointment logs?			

5 Does a review of appointment logs and medical encounters reflect appropriate charges?			
<b>Diagnostic Services</b>			
1 Does the responsible health authority maintain documentation that on-site diagnostics services are certified or licensed (and posted)? [NCCHC Standard P-D-04]			
2 Is there a procedure manual if a facility provides on-site diagnostic services including protocols for calibration of testing devices (available to staff)? [NCCHC Standard P-D-04]			
3 Do facilities with full-time health staff have multiple-test dip-stick urinalysis, finger-stick glucose tests, peak flow meters, stool blood-testing material, and if applicable, pregnancy tests? (Post orders for these tests?) [NCCHC Standard P-D-04]			
4 Are laboratory tubes checked monthly for expiration?			
5 Does radiology regularly monitor levels of exposure through dosimeters? [NCCHC Standard P-D-04]			
<b>Hospital Specialty Care</b>			
1 Does each community hospital or off-site specialty service used have a written agreement that outlines terms of care to be provided? [NCCHC Standard P-D-05]			
2 Do agreements with outside providers or off-site facilities require that a summary of treatment provided and any follow-up instructions (this follow up information is to accompany the inmate upon return to the facility)? [NCCHC Standard P-D-05]			
<b>Emergency Services</b>			
1 Is an emergency/after hours on-call physician, mental health, dental roster available to nursing staff? [P-E-08]			
2 Are emergency drugs, supplies, and medical equipment regularly maintained (is there proof of routine monthly inventory of Man-down Bag and no expired supplies)? [P-E-08]			
3 Is (are) an AED(s) available, checked for fully functioning batteries and new pads? Is the location clearly marked or known? [P-E-08]			
4 Are nurses familiar with off site emergency transport procedures? [P-E-08]			
5 Are there "Emergency Nursing Proctocols" in place and utilized?			
6 Is the facility using a Medical Appointment List Form marked "ER" for inmates brought to health unit to be seen as an emergency? [P-E-08]			
<b>Continuity of Care During Incarceration</b>			
1 Are ordered tests or specialty consultations completed in a timely manner and there is evidence in the record of ordering clinicians review of the results?			
2 When an inmate returns from hospitalization, does the physician see the patient, review the discharge orders, and issue follow-up orders as clinically indicated?			
3 Do clinicians use diagnostic and treatment results to modify treatment plans as appropriate?			
4 Are individual treatment plans used to guide treatment for episodes of illness? Does the format include, at a minimum, the frequency follow-up for medical and diagnostic testing and therapeutic regimens and when appropriate, instructions about diet, exercise, adaptation tot he correctional environment and medication?			
5 Does the responsible physician determine the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations?			
6 Are physician's chart reviews sufficient in number and frequency to assure that appropriate care is ordered and implemented by attending health staff			
7 Are chronic conditions listed on Problem List?			



8 Are inmates with chronic conditions seen regularly or every six months (three for diabetics)?			
9 Are labs and x-rays ordered in accordance with policy?			
10 If the physician is not on-site when inmate is returned from the hospital, does designated staff immediately review discharge instructions and contact the facility physician for orders as needed?			
<b>Nursing Assessment Protocols</b>			
1 Are protocols developed and reviewed annually by the health administrator and responsible physician? [NCCHC Standard P-E-11]			
2 Is there documentation that nurses have been trained in the use of nursing protocols, demonstration of knowledge and skills, evidence of annual review of skills and evidence of retraining when new protocols are introduced or revised? [NCCHC Standard P-E-11]			
3 Do nursing assessment protocols exclude the use of prescription medications except for those covering emergency, life-threatening situations (Nitro, Epinephrine)? [NCCHC Standard P-E-11]			
4 Do protocols include acceptable first-aid procedures for identification and care of ailments that would ordinarily be treated by over-the-counter medications through self-care? [NCCHC Standard P-E-11]			
<b>Discharge Planning</b>			
1 Are diabetic inmates that were identified as IDDMs while in prison given training on self administration of insulin? {NCCHC Standard P-E-13}			
2 Is the health staff receiving discharge list from complex OIU at a minimum of 30 days out and is a release plan in place prior to inmate's actual release date?			
3 Are release medications for chronic conditions and mental health medications being provided to the inmate the day of release from prison?			
4 Is there a procedure in place for inmates with communicable diseases to be referred to community based services? [NCCHC Standard P-E-13]			
5 When appropriately requested, are medical records being provided to inmate authorized medical providers upon release?			
<b>Medical Diets</b>			
1 Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions?			
2 Does a registered or licensed dietician regularly review medical diets for nutritional adequacy at least every six months and whenever a substantial change in the menu is made?			
3 Do inmates who refuse prescribed diets receive follow-up nutritional counseling?			
4 Are diet cards forwarded to food service liaison within 24 hours?			
5 Are non-formulary diets being approved by the medical review committee?			
<b>Infirmiry Care</b>			
1 Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	Green	Green	Green
2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	Green	Green	Green
3 Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	Green	Green	Green
4 Is a supervising registered nurse in the IPC 24 hours a day?	Green	Green	Green
5 Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	Green	Green	Green
6 Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	Green	Green	Green

7 Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	Green	Green	Green
8 Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	Green	Green	Green
9 If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	Green	Green	Green
10 If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	Green	Green	Green
11 Are vital signs done daily when required?	Green	Green	Green
12 Are there nursing care plans that are reviewed weekly and are signed and dated?	Green	Green	Green
13 Are medications and supplies checked regularly, and who is assigned to do it?	Green	Green	Green
<b>Patients with Special Needs</b>			
1 Are individual treatment plans developed by a physician or other qualified clinician at the time the condition is identified and updated when warranted?			
2 Do treatment plans minimally include: -Frequency of follow-up for medical treatment and adjustment of treatment modality -Type and frequency of diagnostic testing and therapeutic regimens -When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medication			
3 Are special needs listed on the Master Problem List?			
4 Does the facility maintain a list of special needs patients?			
5 Is there evidence of medication monitoring?			
<b>Aids to Impairment</b>			
1 Is there evidence that prescribed aids to impairment are received and confirmed through health record documentation?			
2 Where the use of specific aids to impairment are contraindicated for security concerns, are alternatives considered to meet the needs of the inmate?			
3 How are these products documented and tracked?			
4 Is there a short-term usage log?			
<b>Confidentiality of Health Records</b>			
1 Are health records maintained under secure conditions separate from correctional records?			
2 Is access to health records and health information controlled by the health authority?			
3 Is there evidence that health staff receive instruction in maintaining patient confidentiality?			
4 Are the records transported by non-health staff sealed?			
5 Are non-health staff who observe or overhear a clinical encounter instructed that they must maintain confidentiality?			
6 Prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information?			
7 Is medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary?			
<b>Restraint and Seclusion</b>			

1 Do policy and procedures specify types of restraint or conditions of seclusion that may be used?			
2 Are health staff notified when restraints are used for custody purposes so the health record can be reviewed for contraindications or accommodations (and communicate such issues with custody staff) to initiate health monitoring which continues at designated intervals as long as the inmate is restrained?			
3 Does health monitoring include checks for circulation, nerve damage, airway construction, and psychological trauma: (Exercising the limb 10 minutes every 2 hours is recommended to prevent clots).			
4 Are restraints used only for medically necessary purposes?			
5 Is PBC attempted prior to MBC unless authorized by a physician?			
6 Are restraints authorized by physicians or other professionals documented in SOAP notes?			
7 Is it documented that the inmate was a danger to self other others?			
8 Do orders for restraints exceed 12 hours?			
9 Do the FHA and Warden receive daily reports on frequency and use of restraints?			
<b>Emergency Psychotropic Medication</b>			
1 Do the policies regarding use of psychotropic medications: -Require physician authorization before use? -Specify when, where, and how psychotropic medication may be forced?			
2 Does written evidence exist in the health record that terminally ill patients executing such documents have been provided sufficient and appropriate information to make voluntary and informed decisions?			
3 Does documentation adhere to review board's policy?			
4 Does the inmate have a mental disorder?			
5 Is the inmate severely impaired or conduct present likelihood of serious harm?			
6 Does documentation exist that proposed medications are in the inmate's best interest?			
<b>End of life Decision Making</b>			
1 Do written advance directives protocols that specify end of life decisions: -Ensure patient decisions are voluntary, un-coerced, and based on medical information that is complete and comprehensible to the patient? -Specify how competency to make the decision is evaluated? -Include a process to follow when inmate is judged incompetent to make end-of-life decisions?			
2 Does written evidence exist in the health record that terminally ill patients executing such documents have been provided sufficient and appropriate information to make voluntary and informed decisions?			
3 Prior to health care proxy or living will use, is an independent review by a physician not directly involved in the patient's treatment conducted?			
4 Are DNR orders reviewed by a medical professional who is not directly involved in the patient's treatment?			
5 Do Correctional and Health Services staff receive in-service training on end-of-life decisions so they can be knowledgeable and comfortable presenting options to inmates and explaining implementation?			
6 Is the inmate advised of the process and allowed to request limitations?			
<b>Informed Consent and Right to Refuse</b>			
1 Are they addressed by written policy and procedures?			
2 Do policies and procedures specify circumstances when written documentation of informed consent is required?			

3 Does a health services staff witness note on the form when an inmate does not sign the refusal form?			
4 Is informed consent documented when any invasive procedure or treatment where there is some risk containing both the inmate's signature and a health services staff witness? (Consent is necessary even for "blanket consents forms upon admission.)			
<b>Return to Custody</b>			
1 Is a physical examination completed by a medical provider as part of the RTC intake process??			
2 Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?			
3 Have Base Line labs been drawn?			
4 Has a PPD been planted and read?			
5 Has a PAP been completed (Female)?			
6 Is a continuity of care completed prior to transfer to permanent unit?			
7 Are dental emergencies being addressed at the reception center?			
8 Are inmates seen the day of arrival?			
9 Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute?			
<b>Inmate Hunger Strikes</b>			
1 Did staff report the inmate hunger strike to medical prior to the 72 hour without food when they felt the inmate's health status was deteriorating? D.O. 1101			
2 Has the Chaplain been advised of the inmate hunger strike and visited the inmate? D.O. 1101			
3 Did medical staff establish a baseline weight and vital signs? D.O. 1101			
4 Was a chem panel ordered and drawn?			
5 Was a routine UA completed?			
6 Has the inmate been seen by a psychiatrist or psychologist? D.O. 1101			
7 Has a clinical staffing with the inmate been completed? [HSTM Chapter 7; Section 1.6.1]			
8 Has the inmate been single celled and offered three meals a day (documented)? D.O. 1101			
9 Has security confiscate store purchased food or other private food supplies from the inmate?			
10 Is the inmate being supplied with an adequate supply of drinking water? D.O. 1101			
11 Is medical staff taking and recording the inmate weight and vital signs every 24 hours? D.O.1101			
12 Are input and output levels being monitored by health staff at least q 8 hours?			
13 If medically necessary is the inmate being transferred to an acute care facility? D.O. 1101			
14 Has a court order been requested to force feed the inmate? D.O. 1101			
15 Has the medical provider documented the termination of the hunger strike once the inmate has ingested food, excluding water and medication, for a sufficient period of time as determined by the provider? D.O. 1101			
<b>Medical Tools</b>			
1 Do nursing staff inventory and account for tools assigned to medical areas? D.O 702		Green	
2 Are missing / lost health tools or instruments reported immediately to the shift commander?		Green	
3 Does the Site Manager (FHA) maintain a Master Tool Inventory for all non-disposable surgical/dental tools, medical instruments/devices and hand-held medical/dental tools?		Green	

4 Are medical tools engraved, where practical, to identify the tools as health services items?	Green	
5 Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	Green	
6 Are sharps being inventoried at the beginning and end of each shift?	Green	
7 If sharps count is off is nursing notifying the shift commander?	Green	
8 Are officers present for sharps inventories with the nursing staff?	Green	
<b>Keys and Radio Control</b>		
1 Are keys and radios kept on person?		
<b>Medication Room</b>		
1 Is the medical room kept locked when not occupied?	Green	
2 Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?	Green	
3 Are open medication vials being marked with the date they were opened?	Green	
4 Is nursing staff checking for outdated (expiring) medications?	Amber	