

ARIZONA DEPARTMENT OF CORRECTIONS
HEALTH SERVICES CONTRACT MONITORING BUREAU
MEMORANDUM

TO: Ken Moore, ASPC-Eyman Site Manager

THROUGH: Richard Pratt, Program Evaluation Administrator

CC: Art Gross, Assistant Director
Ron Credio, Warden ASPC-Eyman

FROM: Jen Fontaine RN Audit Nurse Florence & Eyman Complexes

DATE: 04/04/2013 *J Fontaine RN*

SUBJECT: Eyman Complex findings for March 2013

For March 2013 Audit Nurses were asked to evaluate performance measures related to chronic conditions and medical specialty consultations. I also reviewed medication issues and MARs on several units.

Medication & MARs

BROWNING: MARs were found with medication noted as being not available to the inmate for a significant period of time.

- inmate missing Haldol minimum of 10 days as of 3/29
- inmate missed multiple psych meds between 3/17 & 3/23
- inmate missed pain medication since 3/10
- inmate missed cardiac med 3/11 thru 3/18 and vitamin for the entire month
- inmate missed psych med between 3/17 and 3/25
- inmate missed several critical chronic care medications at various times throughout March, multiple days at a time.
- inmate missing medication since 3/22/13 as of 3/29/13
- inmate had 2 psych meds ordered on 3/19, one arrived the other had not as of 3/29/13
- inmate multiple medications missing for several days at a time throughout March
- inmate multiple psych meds missing for 5 or more consecutive days in March
- inmate multiple chronic care medication missing multiple consecutive days in March

MARs were found with multiple refused doses of medication however no refusals were documented in the chart.

- inmate multiple refusals of psych meds per MAR
- inmate multiple refusals of psych meds per MAR
- inmate multiple refusals of psych meds per MAR
- inmate multiple refusals of chronic care meds per MAR

MARs were found with missing signatures on multiple days throughout March indicating the inmate was not offered his medication.

- inmate dates blank on 3/18 & 3/23
- inmate dates blank on 3/19, 3/20, and 3/24.

inmate dates blank on 3/8, 3/9, 3/77, & 3/17
inmate blanks on 3/1, 3/4, 3/11, 3/20, 3/22 & 3/23
inmate dates blank on 3/11 and 3/28
inmate dates blank on 3/7, 3/10, 3/11, 3/12, 3/13, 3/14, and 3/26
inmate blanks on 3/21, 3/22, 3/26, 3/27, and 3/28
inmate dates blank on 3/8, 3/18, 3/19, 3/20, and 3/23
inmate dates blank 3/18, 3/19
inmate dates blank on 3/19
inmate psych injection blank on 3/17 as of 3/29
inmate psych injection blank on 3/13 as of 3/29

Also MAR of inmate is without inmate allergies listed and is without month and year documentation is being kept for.

COOK: MARs in at Cook unit were found to be in compliance in March. Examples were inmate inmate inmate inmate inmate inmate & inmate

MEADOWS: MARs were reviewed by Kath Campbell, Audit Nurse Coordinator on 3/15/13 with findings as follows.

Multiple MARs with initials being circled. When I had questioned this with Nurse Jan, she tried to explain that the inmates refuse or don't show up for their medications. I explained to her that the corresponding numbers on the back of the MAR should be used in the boxes on the front. For example, #1- refusal, #6 Not available, etc. There is no documentation on the back of any of the MARs for the reason why the inmate did not receive their medication.

RYNNING MARs at Rynning were found to be in compliance with the exception of the following 3 MARs

inmate has inmate documented as no show for am med pass since 3/10/13
inmate notes inmate was no show for medication pass for 15 days in March
inmate has one blank on am pass 3/21/13 and one blank for pm pass on 3/27

DO regarding refusals of medications states:

1101.12 REFUSAL OF TREATMENT

1.1 Non-Life Threatening - When an inmate with a medical condition is not life-threatening refuses medical treatment, health staff shall:

1.1.1 Explain to the inmate the consequences of not receiving treatment.

1.1.2 Complete a Refusal to Submit to Treatment form in the inmate's presence, and file it in the Unit Medical Record.

1.1.3 Ask two staff members, if the inmate refuses to sign the form, to witness the inmate's refusal and sign the form, indicating the inmate's refusal.

1.1.4 Honor the inmate's preference, if the inmate continues to refuse medical treatment.

1.1.5 Notify the Warden, Deputy Warden or Administrator the inmate has refused medical treatment for a condition which is not life-threatening.

1.1.6 Provide staff with instructions on how to respond to future medical situations involving the inmate who refused treatment.

1.1.7 Thoroughly document the situation for future reference and litigation which may occur, and be prepared to testify if subpoenaed to do so.

1101.03 Refusal- Appt./Med Line

1.7 Health Services staff shall notify the shift supervisor within four hours about inmates who do not appear for their scheduled appointments. Upon being notified, the shift supervisor shall:

1.7.1 Investigate and determine why the inmate failed to appear for the appointment and notify the Health Unit.

1.7.2 If the inmate refuses to keep the on-site appointment and refuses treatment, security staff shall bring the inmate, if compliant, to the Health Unit and health staff shall counsel the inmate on risks of refusing the appointment. If he/she still refuses the appointment, ask the inmate to sign the Refusal to Submit to Treatment, Form 1101-4 (Negativa de Someterse a Tratamiento, Form 1101-4S).

1.7.2.1 If the inmate refuses to sign the form, Health Services staff shall have two independent witnesses attest to the refusal by signing the form.

Per HSTM Chapter 5; Section 6.4; 3.7- Medication Administration-

Prior to the medication being administered to the inmate, the nursing staff member must verify the medication against the MAR to ensure the appropriate person, dosage, time, route, medication.

- The MAR must accompany the nursing staff member during administration of the medication. Lockdown areas and security or clinical situations determined by the CRNSII as not conducive to safe control of the MAR are exempted from this requirement.

- As soon as the medication is administered the nursing staff will document on the MAR. Pre-charting of medication administration on the MAR is not authorized.

Chronic care

BROWNING: Findings were as follows.

inmate seen on 2/25/13 for chronic care, 90 day follow up was requested and due in May 2013. Education was provided at most recent chronic care appointment.

inmate seen on 1/14/13 for chronic care, 90 day follow up was requested and due in April 2013. Education was provided at most recent chronic care appointment.

inmate seen on 1/28/13 for chronic care, 180 day follow up was requested and due in July 2013. Education was provided at most recent chronic care appointment.

inmate seen on 3/12/13 for chronic care, 90 day follow up was requested and due in June 2013. Education was provided at most recent chronic care appointment.

COOK: Findings were as follows.

inmate last seen 12/5/12, with 90 day F/U due in March. As of 3/27/13 follow up appointment has not occurred. Education was provided at most recent chronic care appointment.

inmate last seen Jan 2013, follow up due in April 2013. Education was provided to this Inmate during his most recent chronic care visit.

inmate last seen 11/8/12 was due follow up in Feb 2013. As of 3/27/13 appointment has not occurred.

inmate chronic care last seen 10/1/2012, was due in Jan 2013 but as of 3/27 has not occurred. Education was provided at most recent chronic care appointment.

inmate seen Jan 2013, education was provided, inmate due for follow up in 4/2013. Education was provided at most recent chronic care appointment.

inmate chronic care last completed Jan 2013. No follow up was ordered for this inmate with Asthma. Education was provided at most recent chronic care appointment.

inmate seen 6/19/12, was scheduled for 12/2012 but note in chart is incomplete, without any info that would indicate inmate was seen in December.

inmate last seen 11/14/12, was due for 90 day F/U in Feb 2013 but has not occurred.

inmate last seen 10/1/2012 follow up was due Jan 2013 but has not been completed. Education was provided at most recent chronic care appointment.

MEADOWS: Findings were made by Kathy Campbell, Audit nurse coordinator on 3/15/13

Chronic care Inmates are not being seen within a timely manner. These include the following:

inmate cc HTN. Last cc visit was 7/10/12 with 90 day follow up. He has

had no chronic care visit since 7/10/12.

inmate cc HTN, HIV, Hep C. Last cc visit was 6/25/12 with 90 days, but no further visit.
inmate cc HTN; Seizure. Last cc form was dated 2/27/13, but it was not completed or signed by a Provider. Previous cc was dated 2/15/12 with

180 day follow up ordered.

inmate cc COPD; Cardiac. CC form dated 12/18/12 with "X" marked through all 7 pages of form. Prior cc visit was 9/27/12.

inmate cc Asthma, COPD. Last seen 4/5/12 with 180 day follow up. Not seen as of 3/15/13.
inmate cc HTN; DM. Last seen 6/29/12 with 90 day follow up, no cc visit since.

Additional findings found on Meadows are as follows:

inmate chronic care last seen on 6/5/12 with a request for 90 day follow up. As of 3/28/13 follow up was not completed.

inmate last chronic care was 6/29/12 with request for 90 day follow up. As of 3/28/13 that follow up has not occurred.

inmate last chronic care was dated Oct 2011. Inmate with HTN has not had documented B/P check since 10/2011 according to medical record.

inmate Chronic care last seen on 3/26/13 with request for 6 month follow up to be due in Sept 2013. This inmate was not provided any education during the 3/26/13 chronic care visit.

inmate chronic care HIV last seen 2/19/13 but no further follow up requests were made.

inmate Inmate was not provided any education.

inmate inmate seen 3/9/13 for chronic care and request for 90 day follow up was made which will be due in June 2013. This inmate was not provided any education during this visit.

inmate inmate has HTN and hx of CA. Current medical record volume does not contain record of most recent chronic care appointment. This volume dates back to 9/2012.

Review of the expiring medication list for March indicated that all chronic medications were renewed prior to their expiration.

RYNNING: Unit has not had a Doctor or Mid level provider in at least 5 weeks.

inmate Chronic care last seen 3/13/12, 6 month follow up was not complete.

inmate chronic care last seen 11/7/12, follow up not due until May 2013

inmate chronic care last seen on 5/2012, 6 month F/U due in November has not occurred.

inmate chronic care last seen in October 2012, 3 month F/U due in January has not occurred.

inmate Chronic care seen 2/26/13 and found to be unstable, 30 day follow up requested but has not occurred.

inmate chronic care was seen 2/15/13, 90 day follow up due in May 2013.

inmate last documented chronic care appointment was 3/2012

inmate current medical record volume does not contain record of most recent chronic care appointment. This volume dates back to 9/2012.

Review of the expiring medication list for March indicated that all chronic medications were renewed prior to their expiration.

SMU I: Chronic care follow up appointments are not being seen according to their recommended treatment plan in some cases

inmate was seen 2/13/13 for chronic care, prior appointment was 7/3/12 and requested 6 mon F/U. The Feb 2013 follow up, though complete was 30 days over due. Inmate was provided education during this visit.

inmate was seen for chronic care 1/16/13, prior appointment was 6/11/12 and 6 month follow up was requested. The Jan 2013 follow up was in compliance. Education was provided to the inmate during his recent chronic care visit.

inmate was last seen for chronic care in November 2012 with a 3 month follow up being requested at that time. Inmate was due for follow up in Feb 2013 however as of 3/29 appointment had not occurred. Inmate did receive education at his last chronic care appointment.

inmate [redacted] last seen for chronic care in December 2012, prior to that follow up inmate was last seen in July 2012. There was no follow up requested at December 2012 appointment and this inmate has HIV. There was also not any labs ordered nor education provided to the inmate.
inmate [redacted] last documented chronic care was 2/16/12, no education provided and no follow up since that time has occurred. Inmate has seizures.

Medical Specialty Consultations

BROWNING:

inmate [redacted] seen by specialist 3/21/13. No note on file for review as of 3/26/13.
inmate [redacted] seen specialist 3/14/13, note reviewed by HCP on 3/21/13. Inmate was seen upon return by RN and recommendations made by specialist have been referred to HCP.
inmate [redacted] - seen for specialty eye appointment on 3/8/13. Note from this visit was reviewed on 3/11/13.
inmate [redacted] seen by GI on 3/5/13 and evaluated by RN upon return. Request by specialist was made on 1/22/13 for inmate to return to GI in 3 weeks. That did not occur until 3/5/13.
inmate [redacted] - seen by Neuro Ophthalmologist on 3/4/13 who recommended inmate have additional procedures. The specialist note was signed by HCP on 3/14/13 however the consults for the recommendations were not written.

COOK:

inmate [redacted] seen by derm 3/5/13 who recommended surgery. Consult for procedure was written on 3/7/13 but has not occurred.
inmate [redacted] seen Oncologist on 3/13/13 but as of 3/29, note not available in medical record for review.
inmate [redacted] seen by Cardiology 3/19/13. Note from consultation not found in medical record.
inmate [redacted] seen 3/15/13 by specialist who recommended cataract extraction and intraocular lens implant. Request for this was written but not signed by HCP.
inmate [redacted] cardiology note dated 3/19/13 not reviewed until 3/28/13. Referral for Cardiologist recommendations written 3/28/13.

MEADOWS: On 3/15/13 the following findings were made by Kathy Campbell, Audit Nurse Coordinator. There were approximately one hundred thirty (130) charts on the Provider review cart awaiting review ranging from abnormal labs, medication renewal to outside consult information.

Inmate inmate [redacted] 2/27/13 had PSA of 24.8. Was to have an Oncology appointment on 2/28/13, But no report in chart and nursing staff unclear if he went out to appointment. 3/13/13 note from Dr. Rumsey questioned if appointment was completed. His 2/27/13 abnormal PSA results were reviewed by Dr. Rumsey on 3/13/13, greater than the seven (7) days.

Inmate inmate [redacted] has abnormal labs dated 2/22/13 and still have not been reviewed as of 3/15/13.

Additional findings were as follows:

inmate [redacted] - seen for wound care on 3/6/13 and notes from that appointment were reviewed by HCP on that same day.
inmate [redacted] - seen by Eye specialist on 3/4/13. As of 3/28/13 notes were not reviewed.
inmate [redacted] - follow up on the 3/15/13 finding made by K. Campbell found the inmates medical record still did not contain notes from his Oncology visit.
inmate [redacted] - hospital notes dated 3/7/13 were reviewed by HCP on 3/12/13.

On follow up visit, only 61 charts remained for HCP review however a stack of labs and X-Ray reports approximately 5.5 to 6 inches thick were discovered and appear to be waiting to have the corresponding chart pulled and results reviewed by the HCP.

RYNNING:

[redacted] inmate was sent to the hospital on 3/11/13. Inmate was seen by nursing upon return however hospital records have not been reviewed by HCP as of 3/29/13.

[redacted] inmate was sent to hospital on 2/28/13 and was seen by RN upon return however as of 3/29/13 the hospital notes had not been reviewed by HCP.

[redacted] inmate seen by outside specialist on 2/28/13. As of 3/29/13 surgical note had not been reviewed by HCP.

[redacted] inmate was seen by Oncologist on 3/20/13. As of 3/29/13 there was no notes from the specialist to be reviewed.

[redacted] inmate was referred to a hand surgeon on 1/19/13 due to fracture and was not seen by the surgeon until 3/14/13. The hand surgeon recommended a CT scan. As of 3/29/13 the hand surgeons notes have not been reviewed by HCP and a consult for CT scan has not been requested.

[redacted] inmate was sent to off-site cardiology appointment and ended up getting admitted. Inmate was discharged from the hospital on 3/21/13 but as of 3/29/13 the hospital discharge note had not been reviewed by the HCP. Inmate was seen upon return by the RN.

Approximately 2.5 to 3 inch stack of lab and X-Ray reports and an additional 39 medical records with reports of varying types are awaiting review by HCP.

SMU I: 84 charts with reports of various types found awaiting review by HCP

Arizona Department of Corrections
Health Services Division

Memorandum

To: Ken Moore, ASPC-Eyman Site Manager

From: Matthew A. Musson, Compliance Monitor II ASPC-Eyman, HSCMB
Musson

CC: Art Gross, Assistant Director, HSCMB
Richard Pratt, Program Evaluation Administrator, HSCMB
Ron Credio, Warden ASPC-Eyman

Date: April 1, 2013

Re: March MGAR Findings – ASPC Eyman

Ken, for March, 2013, the Monitoring Bureau was assigned only the sick call performance measure. However, I completed other measures at some units. I am submitting these findings to you via official memo. Moving forward, you should expect to see my findings submitted via the MGAR system. My unit work sheets are also attached, and contain the ADC numbers and units associated with all my findings. Let me know if you have any questions on this content.

SICK CALL:

- A) A review of the Health Unit appointment lists evidenced that, not all units were meeting the daily sick call requirement. A review of the March, 2013 appointment lists did not evidence a nursing line was completed Monday through Friday at SMU-I, Browning, and Rynning unit during this last month.

AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.7.2.6) sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.

Please reinforce with your nursing supervisors that the appointment lists are the recognized form of documentation to evidence completion of an appointment line. These appointment lists need to be completed and in the designated location if they are to be counted towards compliance. Also, in the event of a long-term yard lock down which prevents a line from being run, the open yards can notate "ON LOCKDOWN" on the appointment list and include this form in the binder. This will count towards compliance as well.

In a review of 50 charts (10 per unit):

- B) For inmates seen on a March, 2013 NL, 28 records (56%) evinced that the inmate was not seen within 24 hours following the triage of his HNR.

AUTHORITY: Per NCCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).

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- C): Complete vitals were not recorded in the documentation for 25 (50%) NL appointments. The vitals sign(s) most commonly missing from the documentation was weight. At the time of my review I also confirmed that each unit did have on hand all of the functional equipment necessary to take each vital sign.

AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCHC P-E-04, vital signs are to include the patient's weight.

- D) The S/O/A/P/E note format was not utilized in the documentation for 24 (48%) of NL appointments. The most common component of the SOAPE format that was missing from the documentation was the "E"ducation.

AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) all sick call entries are documented in the medical record utilizing the "Subjective- Objective- Assessment- Plan -Education" (SOAPE) format.

- E) For inmates seen on a March, 2013 NL, 19 were referred to the Medical Provider for additional review. Of these 19, nine charts (47%) were not seen/reviewed by the Medical Provider within the seven day time frame outlined in policy.

AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days.

- F) There was no evidence that the Nursing Protocols worksheets were being used at any ASPC-Eyman Unit with the exception of Cook Unit. Of the remaining four units, I could not locate the Nursing Protocol binder at Meadows Unit, but have confirmed in past months the protocols that the binder was available in the health unit.

AUTHORITY: As identified in HSTM Ch. 5; Sec. 1.5 and HSTM Appendix E (Nursing Protocols) it is the responsibility of the CRNSII [DON] to ensure that all licensed nurses are trained in providing emergency nursing care, health maintenance and prevention to the patient who is in need of these services. This includes the use of the recognized protocol forms in the performance of sick call.

Other issues of note:

- 1) On each unit I found at least five entries where the Provider's written order had not been annotated by nursing staff the day it was written. Of these charts, most were annotated by nursing staff the following day.

AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) Physician's orders in the medical record are taken off daily, annotated with time, date and name of the person taking them off.

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- 2) Throughout my review of the health records, it was very evident that staff were not routinely printing/stamping their names in addition to their signature.
- 3) Also, it is required that each note be complete with the time in addition to the date that the appointment was completed.

AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.5) medical record entries shall be legible, complete and the date, time, name stamp and signature shall attest to the entry.

- 4) Currently, there are three (3) full-time Medical Providers assigned to ASPC-Eyman; Nick Salyer (PA-C), Dr. Rumsey, and the recently hired Dr. MacDougall, who will start effective April, 2013. Dr. Thompson and Dr. Anikuwe also provide part-time care at Cook and Meadows Units, respectively. Corizon's staffing plan (attached) calls for five (5) full-time Medical Providers. This would include one (1) Medical Director, one (1) Physician, and three (3) Mid-level Provider's. I would submit that item E (above) may be an indication that the current level of Provider staffing is insufficient to meet the current patient need.

AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.17) The Contractor must employ sufficient staffing and utilize appropriate resources to achieve contractual compliance.

EOR