

**ARIZONA DEPARTMENT OF CORRECTIONS
HEALTH SERVICES CONTRACT MONITORING BUREAU
MEMORANDUM**

TO: Lacey Meason, ASPC-Florence Site Manager

THROUGH: Richard Pratt, Program Evaluation Administrator

CC: Art Gross, Assistant Director
Lance Hetmer, Warden ASPC-Florence

FROM: Jen Fontaine RN Audit Nurse Florence & Eyman Complexes

DATE: 04/04/2013 *J Fontaine*

SUBJECT: Florence 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 and MARs

Many inmates are not receiving their prescribed medication and MARs remain incomplete or are being filled out incorrectly.

EAST UNIT: At minimum 47 inmates were allowed to not show up for watch swallow medication line. List below generated on 3/25/13 and was discussed with the Nursing Supervisor on East unit on that date.

inmate	no-show entire month of March
inmate	no-show entire month of March
inmate	no-show entire month of March
inmate	no-show entire month of March
inmate	no-show most of March
inmate	no-show since ordered
inmate	no-show most of March
inmate	no-show entire month of March
inmate	no-show entire month of March
inmate	(MAR without IM #)- no-show most of March
inmate	no-show since ordered
inmate	no-show entire month of March
inmate	no-show for am meds entire month of March, does take pm meds
inmate	no-show for am meds entire month of March, does take pm meds
inmate	no-show entire month of March
inmate	no-show most of March
inmate	no-show entire month of March
inmate	no-show most of March
inmate	no-show most of March
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inmate	no-show entire month of March

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inmate no-show entire month of March
inmate no-show most of March
inmate no-show most of March
inmate (MAR without IM #)- no-show most of March
inmate no-show most of March
inmate no-show most of March
inmate no-show for am meds entire month of March, does take pm meds
inmate - no-show most of March
inmate no-show entire month of March
inmate no-show most of March

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.

Additional MARs were found without initials on several dates indicating medication was not offered to the inmate at all on that date and time.

- inmate had blanks for am and pm doses on 3/18 and 3/19.
- inmate had 3 psych medications ordered on 2/28/13 and according to the MAR inmate did not begin receiving this medication until 3/20/13.
- inmate Has multiple blanks throughout March indicating the inmates medication was not offered to him.
- inmate MAR has multiple dates without signature and several dates inmate did not take medication, MAR not clear if med was refused or inmate did not show.
- inmate MAR has several dates without signature .
- inmate Mar indicates inmate did not receive medication for the first 12 days of the month and from the 13 thru the 24th either did not show up or refused the meds at the window.

KASSON: Many MARs were discovered with medications that were not available to the inmate for multiple days in a row during the month of March.

- inmate MAR indicates medication was not available to the inmate between 3/18 and 3/26. Additional medication for the same inmate was no available between 3/3 and 3/14.
- inmate MAR indicates medication order expired on 3/19/13 however MAR indicated medication was given to the inmate thru 3/26/13 Page 2 of MAR for same inmate has order without order origination, without month and year the documentation is being kept for, and is without name of ordering HCP or initials of nurse creating MAR.
- inmate MAR indicates medication was not available to the inmate between 3/4/13 and 3/23/13.
- inmate MAR indicates inmate was without medication from 3/1/13 until 3/22/13.
- inmate MAR indicates inmate was without medication from 3/11/13 thru 3/18/13 and this MAR was also not signed on 3/19 and 3/20
- inmate MAR indicates medications were not available from 3/1/13 thru 3/18/13.

Also at Kasson an issue was discovered on IM inmate who was seen by Psychiatry on 2/26/13 and prescribed Prolixin 2mg PO QPM x 15 days then increase dose to 5mg PO QPM x 180 days. Reviewing the MARs it appears the inmate's meds were not available until 3/23 or 3/24, almost a month after they were prescribed. The MAR appears as though the inmate was provided 2 mg for maybe 8 or 9 days at the end of March and possibly 5 mg on 3/28 & 3/29 but really hard to say due to the line drawn through both the 2 mg dose for that day and the 5 mg dose for that day then the April MAR D/C's the 2 mg and indicates the inmate has received the 5 mg on 4/1 and 4/2 yet this April MAR clearly states the inmate is to receive the 2 mg dose thru 4/3. When I looked at the inmates actual medication, which according to the pill cards were dispensed on 3/19/13, there are only 6 of the 5mg tabs missing and none of the 1 mg tablets have been removed.

SOUTH: I reviewed a small sample of MARs and had the following findings.

- inmate was in compliance
- inmate has several dates left blank for the 1300 dose of the IM's medication.
- inmate was in compliance
- inmate has several dates left blank for the 1300 dose of the IM's medication.
- inmate medication was changed from KOP to DOT on 3/18 and MAR indicates inmate has not taken medication since. No refusals were found.
- inmate MAR was in compliance
- inmate MAR indicates inmate has not showed up for medication for the entire month of March, also same MAR has dates left blank for am meds 3/22 thru 3/24.
- inmate MAR indicates inmate was given a medication for 4 days that was not ordered for him
- inmate MAR indicates inmate has either not shown up or medication has not been provided 3/22 thru 3/24.

NORTH: Many MARs were discovered during an audit by Kathy Campbell on 3/14/13 with dates left blank indicating the inmate had not been offered his medication. Examples include the following:

inmate Clopidogrel 0600 on 3/6, 3/10, 3/11 and 3/12.
inmate Fluoxetine 0600 on 3/1, 3/6, 3/10, 3/11 and 3/12.
inmate Lithium, Diphenhydramine and Risperidone 1800 on 3/9 and 3/10.
inmate Gabapentin 0600 on 3/4, 3/5 and Amitriptyline 1800 on 3/9 and 3/10.
inmate Divalproex 0700- 3/3, 3/6, 3/10, 3/11, 3/12 Divalproex 2000-3/9, 3/10
inmate Olanzapine 3/9 and 3/10. Sertraline 0700- 3/3, 3/6, 3/10, 3/11 and 3/12.
inmate Trazadone 0600- 3/3, 3/6, 3/10-3/12
Trazadone 2000- 3/9 and 3/10.

No refusals were found in the in charts.

CENTRAL: The IPC was visited on 3/14/13 by Kathy Campbell, Audit Nurse Coordinator and again on 3/18/13 by Dr. David Robertson, Medical Program Administrator with findings as follows. MARs were noted to have initials in the boxes for 3/14/13 1300, 1500 and 1600 doses at 1045. A sample of these MARs include: inmate (Who is currently hospitalized), inmate (including Methadone) and inmate (including Methadone). All of the medications up to 1800 were initialed by the day shift nurse.

HU-8 MARs on 3/14/13 were not initialed as of 1130 for all 0900 meds to all Inmates. These included:

inmate Insulin, Warfarin, Glyburide, Vitamin, etc.
inmate Diltazem, Lasix, Zoloft, etc.,
inmate Levothyroxine, Tube feeding bolus.
inmate Morphine IR,
inmate Risperidone, Furosemide, Allopurinol and Potassium.

The above inmates had medications that were to be given at 0900. The MARs were not signed off as of 1130 on 3/14/13.

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.**

During K. Campbell's visit on 3/14/13 she also discovered there weren't any vital signs on the worksheet that the nursing staff utilizes over the past weekend. When she inquired, she was told there was no working equipment in the IPC over last weekend to take vital signs. A Nursing Assistant stated she actually went out and purchased equipment on her own to ensure they had necessary equipment as Corizon has placed an order for new equipment, but it has not arrived as of 3/14/13.

Chronic care

CENTRAL: Central Unit is 318 chronic care appointments behind however with the addition of 2 health care providers this week I anticipate that number to drop rapidly. The unit has only 10 HNR's outstanding for the HCP and 36 outstanding for nurse line which is a marked improvement. Chronic care medications have been renewed prior to expiration for all inmates awaiting a follow up by HCP and urgent issues for these inmates are being handled as HNR's are written. Sick call was not conducted on Central Unit Monday thru Friday, excluding holidays and weekends in March however Central Unit has a marked improvement in the number of HNR's awaiting nurses line with only 36 pending at this

time

EAST: East is 250+ behind on their chronic care appointment and is currently without a regular HCP assigned to the unit. In addition to the chronic care there were 58+ charts awaiting review by the HCP on a cart. Sick call was not conducted on East Unit Monday thru Friday, excluding holidays and weekends in March.

KASSON: This unit has 60 inmates that are over due for their chronic care appointments. I was able to find one who was in compliance. IM [redacted] has C/C asthma and was seen 3/1/13. Next F/U for him is due in June 2013 and education was provided at his most recent visit. Other inmates reviewed [redacted] [redacted] [redacted] [redacted] also all had education provided at their most recent chronic care however follow up for these inmates was outside their treatment plan. Sick call was not conducted on Kasson Unit Monday thru Friday, excluding holidays and weekends in March. Unit reports back log of 20 HNR's awaiting attention by nurses line, 30 HNR's pending for psych, and 20 waiting for doctor line appointments at this time

NORTH: Multiple inmates were found to be out of compliance with chronic condition appointments treatment plan guidelines during a 3/15/13 visit to the unit by Kathy Campbell.

[redacted] cc HTN, dated 8/9/13, follow up was to be in 90 days, not seen as of 3/15/13.
[redacted] cc Asthma, dated 11/29/12 with 90 day follow up, not seen as of 3/15/13.
[redacted] cc HTN, DM- last seen 12/10/12 with 90 day follow up, not seen as of 3/15/13.
[redacted] cc DM, HTN, last seen 12/10/12 with 90 day follow up, not seen as of 3/15/13.
[redacted] cc HTN. Arrived to North Unit on 1/23/13. No Nursing arrival sheet in chart. Problem list states HTN, but no chronic care form completed.

Some of the chronic care forms are not completed per guidelines; education section not completed on [redacted] and [redacted]

SOUTH: Unit remains behind on chronic care. Review of a few charts indicate some inmates have not been seen for almost a year.

[redacted] had last chronic care appointment April 13, 2012
[redacted] had last chronic care 6/13/12 with a 6 month follow up requested but as of 3/27/13 has not been completed. Inmate was also given 3 gaulac stool cards on 12/20/12 with instructions but to date has not had any follow up to see if he completed them.
[redacted] last chronic care was done 10/22/12 with a 90 day follow up requested. As of 3/27/13 the follow up has not been completed. This inmate also had HCP orders dated 1/14/13 that had not been noted as of 3/27/13.

Sick call was not conducted on South Unit Monday thru Friday, excluding holidays & weekends in March

Medical Specialty Consultations

CENTRAL: Notes from hospitalization, consultation, lab and X-ray were not found to be out of compliance on this unit, however unit appears to be out of compliance with scheduling specialty appointments.

EAST: Charts of inmates with labs, X-ray reports, hospital notes, and consultant notes dating back to early February that have not been reviewed.

[redacted] lab from 3/13
[redacted] lab from 3/13
[redacted] lab from 3/14
[redacted] X-ray from 2/21
[redacted] X-Ray from 2/19
[redacted] consultant notes from 3/13
[redacted] hospital notes from 3/22/13 not reviewed, requested med changes were not made. Labs from 3/21/13 not reviewed
[redacted] Hospital discharge note from 3/21 were not reviewed.

inmate hospital D/C 2/6 requesting GI F/U ASAP not reviewed. F/U not ordered.
inmate lab from 3/6
inmate lab from 3/14
inmate lab from 3/14
inmate lab from 3/14
inmate lab from 3/13 including new diagnosed HCV.
inmate lab from 3/6
inmate X-Ray from 2/13
inmate X-Ray from 2/1
inmate X-ray 3/8
inmate X-Ray 3/8
inmate X-ray 2/5
inmate lab from 3/6
inmate lab from 3/6
inmate lab from 3/20
inmate lab from 3/14
inmate lab from 3/14
inmate MRI 3/14 not reviewed. This chart also has HCP orders dated 3/7/13 that were not noted as of 3/26


KASSON: There was only one inmate sent for an outside medical appointment from Kasson in March. IM inmate and he has been moved to Lewis.

SOUTH: inmate had lab report from 3/15/13 that had not been reviewed as of 3/27. This inmate also went to an offsite specialty appointment on 3/4/13 however the notes from this appointment were not available in the inmate medical record as of 3/27.
inmate had oral surgery on 3/7/13 and there was not a report of this event in the inmates medical record as of 3/27/13
inmate seen by an offsite specialist on 3/15/13 and as of 3/27/13 notes from this encounter were not available in the inmate's medical record.
inmate had a note dated 3/8/13 not signed as of 3/27/13. In addition, this inmate had orders from Ophthalmology dated 12/18/12 indicating the inmate should begin new eye gtts and follow up in one month. The follow up did not occur until 3/8/13 at which time the Ophthalmologist discovered the inmate had not yet begun the eye gtts. and requested them begin STAT.
inmate had note from offsite specialty provider dated 3/5/13 not signed as of 3/27/13
inmate was discharged from Phx St. Luke's hospital on 3/27 after a CABG (1 vessel) and AVR on Friday the 22nd. His discharge instructions included a med order for Amioderone 400mg which is not kept on hand. Nursing did obtain order from on-call HCP and had med order filled by Emergency pharmacy.

Arizona Department of Corrections
Health Services Division

Memorandum

To: Lacey Meason, ASPC-Florence Site Manager

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


CC: Art Gross, Assistant Director, HSCMB
Richard Pratt, Program Evaluation Administrator, HSCMB

Date: April 3, 2013

Re: March MGAR Findings – ASPC Florence

Lacey, 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 (NL) was completed Monday through Friday at South, East, Central, North or Kasson 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.

Also, I understand that Kasson has a very low HNR draw, and that a NL is not needed everyday. However, the noted policy requires inmates who need to be evaluated on a nursing line, be seen within 24 hours following triage of the HNR. Currently, the NL is run once per week, normally on Mondays, which is not in concert with the policy.

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In a review of 45 charts (10 per unit):

- B) For inmates seen on a March, 2013 NL, 17 records (37%) 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).

- C): Complete vitals were not recorded in the documentation for 30 (66%) 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, vitals signs are to include the patient's weight.

- D) The S/O/A/P/E note format was not utilized in the documentation for 35 (77%) of NL appointments. The most common component of the SOAPE format that was missing from the documentation was the "E"ducation.

It should be noted that, in some cases, nursing staff do provide education in the "P"lan section of the note. One example is North Unit, where the preprinted NL note includes education under the "P"lan. However, the standard calls for the use of an S/O/A/P/E format; to clearly identify the education being provided.

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, 17 were referred to the Medical Provider for additional review. Of these 17, eight 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 routinely being used at any ASPC-Florence 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.

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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.

- 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.
- 4) I know this has been addressed in the past, but Dr Vukcevic's handwriting is not legible. As a suggestion, he might be more amenable to a typed note. However, if that is an option for him, it should be done routinely.

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.

- 5) Currently, there are (2) two full-time Medical Providers assigned to ASPC-Florence; Dr. Vukcevic and David Onoura (PA-C). Dr. Thompson, a Locum Tenens Physician is also assigned to Florence, but provides only part-time care at both South and Kasson Units. Corizon's staffing plan (attached) calls for five (5) full-time Medical Providers. This would include one (1) Medical Director, two (2) Physicians, and two (2) 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