

April 2013 EYMAN COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
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)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			4/9/2013 8:03 AM Entered By: Mark Haldane This performance measure is not applicable to ASPC-Eyman.	2
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)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			4/9/2013 8:04 AM Entered By: Mark Haldane This performance measure is not applicable to ASPC-Eyman.	2

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			<p>4/15/2013 1:25 PM Entered By: Mark Haldane Sick call is schedules 5-days per week at all units except Meadows, where it is scheduled 7-days per week. Nurse lines are conducted at cell front at Browning and SMU I. On April 2, there were 25 inmates on the nurse line at Rynning, but it was cancelled because one nurse was out half the day and there were 3 emergencies. The size of nurse lines vary, but they are being conducted.</p> <p>4/9/2013 3:42 PM Entered By: Mark Haldane At Meadows Unit sick call is being conducted 7 days per week. There are 3 nurses on duty during the weekends according to staff.</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]	X			<p>4/15/2013 2:42 PM Entered By: Mark Haldane While not universally compliant with this standard, the majority of inmates in the samples reviewed were seen withing 24 hours of the HNR being triaged. Exceptions included 4/2/13, when the nurse line at Rynning was cancelled. At Rynning, the receipt of HNRs is often not date-stamped. Examples of those not seen within 24 hours of triage are #inmate and #inmate at Rynning, #inmat, and #inmate at Meadows, #inmate at Browning, #inmate at Cook.</p> <p>In some of those cases listed above, the inmate was seen on the second day after triage. While Corizon is not fully compliant with this performance standard and the green designation is not to be construed as full compliance, nurse lines are generally timely and other areas are of more immediate concern for corrective action.</p> <p>4/9/2013 3:50 PM Entered By: Mark Haldane At Meadows Unit this performance measure was met in 9 of 10 charts reviewed. #inmate was triaged on 4/2/13 and seen on 4/4/13.</p>	1
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]	X			<p>4/16/2013 8:32 AM Entered By: Mark Haldane At SMU I, the 4/4/13 note on #inmate states, "vitals as stated." However, no vitals are listed. #inmate did not have vitals listed. At Browning, #inmate did not have weight recorded on 3/8 or 4/8 SOAPEs. 4/3 SOAPE for #inmate at Cook recorded height, weight, and BP, but no other vitals. In all other cases reviewed the vitals were recorded appropriately.</p> <p>4/9/2013 3:51 PM Entered By: Mark Haldane In 10 of 10 charts reviewed at Meadows Unit, vitals were recorded in the SOAPE</p>	1

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				notes.	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X		<p>4/16/2013 8:38 AM Entered By: Mark Haldane The SOAPE format is used appropriately at all units. Although the education component is not always separately documented, the education note is included in the plan section. For example, see the 4/11 note for #inmate at Rynning.</p> <p>4/9/2013 3:59 PM Entered By: Mark Haldane MEADOWS UNIT - The SOAPE format is being utilized at Meadows Unit. In some cases the education part of the note was not separately identified, but there was instruction/education in the plan (P) section of the note. Some charts contained notes from CNAs that were not in the SOAPE format, but those notes were not sick call encounters and not relevant to this performance measure.</p>	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>4/16/2013 8:45 AM Entered By: Mark Haldane In almost no cases are sick call referrals seen within 7 days. Rynning Unit has not had a provider for 6 weeks. No unit reported having a provider more than two days per week. Hundreds of HNR appointments/ referrals are backlogged at every unit. The backlogged appointments go back to August. Hundreds of charts are on provider carts in the Complex, many at units without a provider to see the patients.</p>	1
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>4/16/2013 8:50 AM Entered By: Mark Haldane Nursing protocols are used at Cook Unit, but at no other unit. Staff reports that Corizon is providing training on 4/18 on the use of its nursing protocols.</p> <p>4/9/2013 4:03 PM Entered By: Mark Haldane At Meadows Unit I did not see any nursing protocols in the 10 charts I reviewed. I will review with the Nurse Auditor to determine if the use of nursing protocols would be appropriate.</p>	1

Corrective Action Plans for PerformanceMeasure: Sick Call (Q)

5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]

Level 1 Amber User: Mark Haldane Date: 4/16/2013 8:45:16 AM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

6 Are nursing protocols in place and utilized by the nurses for sick call?

Level 1 Amber User: Mark Haldane Date: 4/16/2013 8:50:32 AM

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Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]		X		<p>4/30/2013 12:45 PM Entered By: Jen fontaine BROWNING UNIT review of seven inmates who received care by outside medical providers in April. inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these seven only 2 had an urgent request for services. IM inmate had a request for EGD and poss die TIPS written 3/14/13 not yet completed and IM inmate had urgent request for Pacemaker check written 2/4/13. As of 4/18/13 there were no notes in the medical record to indicate this had occurred.</p> <p>COOK UNIT review of nine inmates who received care by outside medical providers in April. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these nine, only one had an urgent consult IM inmate had an urgent pacemaker check requested on 3/21/13 that as of 4/29 had not been completed.</p> <p>MEADOWS UNIT review of ten inmates who received care by outside medical providers in April. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten only one inmate inmate had an urgent consult written. He had a request for urgent wound follow up written on 3/29 and the appointment for that occurred on 4/5/13. This unit was in compliance with this performance measure.</p> <p>RYNNING UNIT review of seven inmates who received care by outside medical providers in April. inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these seven only one had an urgent consult. IM inmate had urgent consult to Retina specialist written on 4/19/13. He was sent to the hospital to receive treatment for this on 4/25/13.</p> <p>SMU I Review of eight inmates who received care by outside medical providers in April. inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. None of these eight inmates had urgent consult requests written.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>4/30/2013 1:12 PM Entered By: Jen fontaine BROWNING UNIT review of seven inmates who received care by outside medical providers in April. inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these seven, five were in compliance and two were not. IM inmate had notes from 2/20/13 specialist visit not reviewed as of 4/18/13 and IM inmate had an appointment on 3/21/13 with off site eye specialist and the notes from that appointment were not available for review.</p> <p>COOK UNIT review of nine inmates who received care by outside medical providers</p>	2

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					<p>in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these nine, none of them were in compliance. inmate did not have notes from 4/2 specialist appointment available for review. inmate did not have any notes from appointments on 3/13, 3/18, 3/26, 4/2, 4/9 or 4/16 appointments in his medical record. IM inmate did not have notes from 4/3 or 4/24 appointments available for review. IM inmate did not have notes from 4/9/13 cardio appointment as of 4/29/13. inmate did not have notes available from 4/11 visit to ENT available. inmate had vascular surgery notes from 4/15/13 that were not reviewed as of 4/29. inmate did not have notes from April eye specialist appointment available. inmate did not have note from 4/17/13 Urology visit on file for review as of 4/29. inmate had hospital records from 4/19/13 still awaiting provider review on 4/29/13.</p> <p>MEADOWS UNIT review of ten inmates who received care by outside medical providers in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten zero were in compliance. All had notes, labs, imaging results, or hospital paperwork some dating back to February that had not been reviewed. In addition there was about 5 inch stack of paperwork waiting to have the medical records pulled and reviewed by the provider.</p> <p>RYNNING UNIT review of seven inmates who received care by outside medical providers in April. inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these seven zero were in compliance. All had notes, labs, imaging results, or hospital paperwork some dating back to February that had not been reviewed. in addition to the charts mentioned there was also a stack approximatly 3 inches tall of loose paperwork, labs, hospital reports, flow sheets etc waiting for the charts to be pulled and reviwed by the HCP.</p> <p>SMU I Review of eight inmates who received care by outside medical providers in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these eight, only one was in compliance. IM inmate had his hospital notes from 4/27 reviewed the same day. In addition there were two full carts of records (100+) awaiting provider review.</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]		X		<p>4/30/2013 1:23 PM Entered By: Jen fontaine</p> <p>BROWNING UNIT review of seven inmates who received care by outside medical providers in April. inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these seven, five were in compliance and two were not. IM inmate had recommendation to follow up with foot speicalist in 4 weeks after 11/6/12 and as of 4/18/13 that recommendation had not been addressed. IM inmate had is awaiting an</p>	3

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				<p>urgent pacemaker check since 2/4/13.</p> <p>COOK UNIT review of nine inmates who received care by outside medical providers in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these nine, only one was slightly out of compliance at the time of my review. IM inmate was 2 weeks over due for a follow up with Vascular Surgery. The remaining eight inmates were in compliance with this performance measure however it was difficult to tell as the majority were without the most recent notes from the specialty provier so it was difficult to tell if additional services were recommended and missed.</p> <p>MEADOWS UNIT review of ten inmates who received care by outside medical providers in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Meadows unit appeared to be in complaiance with this performance measure.</p> <p>RYNNING UNIT review of seven inmates who received care by outside medical providers in April. inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these seven all appeared to be in complaien with this performance measure.</p> <p>SMU I Review of eight inmates who received care by outside medical providers in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these eight, two were out of compliance. IM inmate need follow up after EMG and to date that has not occurred and IM inmate was recommended additional eye surgery and to date request for authorization to complete that procedure has not occurred.</p>	
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X		4/29/2013 9:03 PM Entered By: Jen fontaine	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		4/29/2013 9:02 PM Entered By: Jen fontaine	2

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Corrective Action Plans for Performance Measure: Medical Specialty Consultations (Q)

1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]

Level 2 Amber User: Jen fontaine Date: 4/30/2013 12:45:06 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]

Level 2 Amber User: Jen fontaine Date: 4/30/2013 1:12:24 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

3 Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]

Level 3 Amber User: Jen fontaine Date: 4/30/2013 1:23:30 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
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? [P-G-01, CC 2.20.2.4]	█	X	█	<p>4/29/2013 7:05 PM Entered By: Jen fontaine BROWNING UNIT Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. All ten of these charts were in compliance with this performance measure.</p> <p>COOK UNIT Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. All ten were in compliance with this performance measure.</p> <p>MEADOWS UNIT Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. IM inmate was without a treatment plan upon review and previous chronic care form was incomplete.</p> <p>RYNNING UNIT Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. All 10 records were in compliance.</p> <p>SMU I Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. All ten were in compliance.</p>	1
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	█	X	█	<p>4/29/2013 7:29 PM Entered By: Jen fontaine BROWNING UNIT Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, four were in compliance, inmate, inmate, inmate, & inmate. inmate was last seen for chronic care 12/27/12, 90 day follow up not complete as ordered. inmate was last seen 7/31/12, 90 day follow up not complete as ordered. inmate last seen 2/28/13 did not have follow up ordered during last visit. inmate last seen 12/31/12, due for F/U in March 2013 not complete as ordered. inmate last seen 6/7/12 was due F/U in Dec 2012 but not completed as ordered.</p> <p>COOK UNIT Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, eight were in compliance inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. IM inmate last seen 2/14/13 did not have any F/U order at the time of last visit. inmate seen 2/27/13 was due in April but F/L did not occur as ordered.</p> <p>MEADOWS UNIT Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of</p>	2

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				<p>these ten, three were in compliance inmate , inmate , & inmate . inmate last seen 6/6/12 was due in Sept 2012 but F/U did not occur as ordered. inmate last seen 12/10/12 was due F/U in 90 days but appointment did not occur. inmate last documented CC visit 4/3/12. inmate last seen 5/24/12 was due 90 day F/U but appointment did not occur. inmate last seen 12/11/12 no follow up ordered. inmate CC follow up was due March 2013 but did not occur. inmate last seen 11/6/12, F/U was due 2/2013 but did not occur.</p> <p>RYNNING UNIT Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, four were in compliance inmate , inmate , inmate , & inmate . inmate last seen 8/23/12 was due follow up 11/2012 but appointment did not occur. inmate last seen 12/17/12, 90 day F/U was due in MArch but did not occur. inmate last seen 2/20/13 no follow up was ordered at that time. inmate last seen 1/30/13 and 30 day F/U was ordered but not completed. inmate last seen 2/5/13 no follow up was ordered. inmate last seen 9/18/12 60 day follow up was ordered but not completed.</p> <p>SMU I Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, three were in compliance inmate , inmate , & inmate . inmate last seen 4/20/12 was due in 10/2012 but appointment did not occur. inmate last seen 12/2012 had follow up due in March that did not occur. inmate last seen 4/17/12 had follow up due in October that did not occur. inmate last seen 7/11/12 had 90 day follow up ordered that did not occur. inmate had last documented CC appt in May 2011. Appt was scheduled 5/2012 however inmate refused. inmate last seen 1/29/12 was due 4/2012 but was not seen.</p>	
3	<p>Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]</p>		X	<p>4/29/2013 7:40 PM Entered By: Jen fontaine</p> <p>BROWNING UNIT Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six were in compliance inmate , inmate , inmate , inmate , inmate , & inmate . Four inmates, inmate , inmate , inmate , & inmate were not provided education at their last CC appointment.</p> <p>COOK UNIT Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six were in compliance inmate , inmate , inmate , inmate , inmate , & inmate . Four inmates inmate , inmate , inmate , & inmate did not receive education during their last chronic care appointment.</p> <p>MEADOWS UNIT Reviewed the following</p>	1

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				<p>10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, three were in compliance inmate , inmate & inmate . Seven inmates inmate , inmate , inmate , inmate , inmate , inmate , & inmate did not receive education during their last chronic care appointment.</p> <p>RYNNING UNIT Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, nine were in compliance inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Only one inmate did not have record of education during his last chronic care appointment.</p> <p>SMU I Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, eight were in compliance inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Two inmates inmate & inmate did not have documented education during their last chronic care appointment.</p>	
4	<p>Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]</p>		X	<p>4/29/2013 7:54 PM Entered By: Jen fontaine</p> <p>BROWNING UNIT Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, three were in compliance inmate , inmate , inmate . The other seven, inmate , inmate , inmate , inmate , inmate , inmate , & inmate were not in compliance as they lacked the regular follow up appointments, labs, etc as required by disease management guidelines.</p> <p>COOK UNIT Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, eight were in compliance inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . The other two, inmate & inmate were not in compliance as they lacked the regular follow up appointments, labs, etc as required by disease management guidelines.</p> <p>MEADOWS UNIT Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were in compliance as they all lacked the regular follow up appointments, labs, etc as required by disease management guidelines.</p> <p>RYNNING UNIT Reviewed the following 10 inmate medical records: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, five were in compliance inmate , inmate , inmate , inmate , inmate . The other five, inmate , inmate , inmate , inmate , & inmate were not in compliance as they</p>	2

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				<p>lacked the regular follow up appointments, labs, etc as required by disease management guidelines.</p> <p>SMU I Reviewed the following 10 inmate medical records: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, three were in compliance inmate, inmate, & inmate. The other seven, inmate, inmate, inmate, inmate, inmate, inmate, & inmate were not in compliance as they lacked the regular follow up appointments, labs, etc as required by disease management guidelines.</p>	
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X		4/29/2013 8:49 PM Entered By: Jen fontaine	2

Corrective Action Plans for Performance Measure: Chronic Condition and Disease Management (Q)

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? [P-G-01, CC 2.20.2.4]

Level 1 Amber User: Jen fontaine Date: 4/29/2013 7:05:15 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: October Action Plan submitted by Corizon-

1. Process to for treatment plan development after identification of chronic condition, to include but not limited to:
 - a. Plan development within 30 calendar days per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 1(I. - IV.Chronic Care Attachment)
2. In-service staff on process expectations/policy
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
 - b. Preparation of chart for clinic
3. Monitoring (Chronic Condition Monitoring Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Medical Director/RDCQI/RVP/MRL

Target Date- 11/15/13

11/30/13

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3.a. 11/15/13

weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]

Level 2 Amber User: Jen fontaine Date: 4/29/2013 7:29:23 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: October Action plan submitted by Corizon-

Process statewide to include, but not limited to :

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 2 (I.- IV.Chronic Care Attachment).
2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.) and outcome measure.
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties = FHA/DON//Medical Director/RDCQI/RVP

Target Date - 11/30/13

Continue weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]

Level 1 Amber User: Jen fontaine Date: 4/29/2013 7:40:44 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.
- 2.(In-service staff on:
 - a. Documentation of chronic condition education at each visit.
 - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties = FHA/DON//Medical Director/RDCQI/RVP

Target Date - 11/30/13

Plan weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

10/11/13 Update – Documentation on education sheet located in front of chart, medical records responsible for making sure in chart.

4 Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]

Level 2 Amber User: Jen fontaine Date: 4/29/2013 7:54:07 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

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Medical Records (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]	X			<p>4/15/2013 10:16 AM Entered By: Mark Haldane Medical records are generally well-kept. There has been some confusion about the use and filing of the Initial/Inter-Facility Assessment form and the Continuity of Care/Transfer Summary form. There is not consistency between the units either in the use of the forms or the filing of them. The Continuity of Care/Transfer Summary form should be filed under the Progress Notes tab and the Initial/Inter-Facility Assessment form are to be filed under the Intake tab. At Meadows, the Inter-Facility Assessment is filed with the SOAPE notes. Both forms need to be utilized in accordance with the Health Services Technical Manual Chapter 5, Section 5.0.</p> <p>There was very little loose filing at any unit. There were a significant amount of HNRs, labs, and SOAPE notes in charts but not filed as they were awaiting provider reviews.</p> <p>Medical records were properly kept in the large majority of charts reviewed on each yard and medical records personnel were doing a good job maintaining the records.</p> <p>4/10/2013 7:32 AM Entered By: Mark Haldane At Meadows Unit, In 9 of 10 charts reviewed, this standard was met. #inmate did not have a SOAPE note for the 4/4/13 appointment and the SOAPE format was not uniformly used. There was little loose filing (some KOP MARs from March and a SNO from yesterday). They do not use outguides as is required by policy, but I was able to locate all charts I sought to review.</p>	1
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]		X		<p>4/15/2013 11:20 AM Entered By: Mark Haldane Orders are generally noted on the same day as the order is documented. However, notes are often without the time and a signature stamp. Signatures are not always legible. For example, at SMU I #inmate, #inmate do not include a time or stamp. The same is true for #inmate at Meadows, #inmate, #inmate, and #inmate at Browning. #inmate, #inmate (3/26 note) and #inmate at Browning, and #inmat and #inmate at Cook properly included the time, but there was not signature stamp or printed name. The note for #inmate at Rynning included the date and stamp, but did not have a signature or time. Orders for #inmate were not noted. The 3/14/13 order for #inmate at Cook was properly noted with all required elements.</p>	1
3	Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature?		X		<p>4/15/2013 11:48 AM Entered By: Mark Haldane Several MARs at Rynning did not include the nurses' signatures. Others did not</p>	1

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	[HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]			<p>include start and end dates for each medication. This monitor observed MARs being signed after pill call at Rynning and both before and after pill call at Meadows. Some MARs at Browning were initialed, but not signed. Some that are signed are not legible. It was difficult to identify the nurse administering the medications in many cases.</p> <p>Staff must comply with the nurse practice act, NCCHC standards, department orders, and the health services technical manual related to MARs and the administration of medication.</p>	
4	Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]	X		<p>4/15/2013 11:58 AM Entered By: Mark Haldane Medical record entries were legible and contained the time in all the charts reviewed. Name stamps (or a printed name) were often missing. The providers did consistently use name stamps, but nurses (with few exceptions) do not. In one case (#inmate) at Rynning), the SOAPE note did not have a signature or a name stamp.</p> <p>While this standard would normally be scored amber, because there are higher priorities this month, I have given this performance measure a green. However, this should not be construed as a determination that the contractor has complied with this requirement.</p>	1
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X		<p>4/15/2013 11:59 AM Entered By: Mark Haldane The medical records librarians maintain these logs at every unit with the required data.</p>	1
6	Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?	X		<p>4/15/2013 12:15 PM Entered By: Mark Haldane 4/15/2013 12:00 PM Entered By: Mark Haldane Departure logs are maintained with the required information by the medical records librarians at each unit at Eyman.</p>	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X		<p>4/15/2013 12:02 PM Entered By: Mark Haldane Old volumes are kept in separate rooms at some units and on separate shelves at other units, but in all cases, they are easily accessible to obtain as needed and separate from the active files.</p>	1
8	Are medical records for released inmates pulled from the active file area?	X		<p>4/15/2013 12:05 PM Entered By: Mark Haldane Released inmates' medical records are kept separate from active inmates' charts. They</p>	1

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		X			are kept on release chart shelves for 3 months and then boxed for archiving. At each unit this task was up to date.	
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			4/15/2013 12:08 PM Entered By: Mark Haldane Medical records of RTC inmates are merged as records are returned from archives. Although I did not observe the process, the medical records librarians were able to explain the process and show me charts that had been merged.	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			4/15/2013 12:09 PM Entered By: Mark Haldane The medical records librarians in each unit maintain an ROI log.	1

Corrective Action Plans for Performance Measure: Medical Records (Q))

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]

Level 1 Amber User: Mark Haldane Date: 4/15/2013 11:20:12 AM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Error in above, seeing October Action Plan. See below Action Plan.

Nursing staff have been advised to complete the noting of charts daily. Weekend nurses have also been included in this instruction. The nursing supervisor will check on the noting of charts daily.

Responsibility Parties = ADON/DON/Nursing Supervisor/RN/LPN/CNA

Target Date= 11/30/13

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]

Level 1 Amber User: Mark Haldane Date: 4/15/2013 11:48:34 AM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Error above in "Seeing October Action Plan". See below.

Reinforce in nursing staff meetings the importance of completing the MAR completely. Examples of appropriate filled out MARs will be provided to Nursing Staff as a reference. MARs will be audited at least quarterly to ensure MARs are completed according to standard nursing practice.

Responsibility Parties = ADON/DON/Nursing Supervisor

Target Date= 11/30/13

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			4/26/2013 10:30 AM Entered By: Kathy Campbell	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		<p>4/26/2013 10:13 AM Entered By: Leslie Boothby HSTM 4.1.6</p> <p>1. Amber – will remain amber until a written corrective action plan is received and implemented at each Complex Site by Corizon Health.</p> <p>A) HSTM 4.1.6 Non-Formulary Drug Requests: A written Action Plan is required from Christy Somner, Regional Director of Nursing, Corizon, to ensure that requests for necessary non-formulary medications at each Complex Site, are received by inmate patients in a timely manner. Providers will need to provide formulary medication, if needed, to provide continuity of care while the NFDR is being processed. This Action Plan requires documented follow-up from Corizon staff that identified medications have been approved or denied and if denied, an appropriate therapy is instituted so that patient will not go without medication during the approval/denial process.</p> <p>a. April 2013 NFDR Stop Date Reports indicates:</p> <p>i. 1583 Non-formulary drugs expiring for 1270 patients</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: A written Action Plan is required from Christy Somner, Regional Director of Nursing, Corizon, to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receive continuity of care. This Action Plan requires documented follow-up from Corizon staff assuring expiring medications at each Complex Site are renewed before expiration date.</p> <p>a. April 2013 Discontinued (Expired) Medication Report indicates:</p> <p>i. 2766 Expired medications expiring for 1721 patients</p>	2
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?	X			4/26/2013 10:13 AM Entered By: Leslie Boothby	1

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Corrective Action Plans for Performance Measure: Prescribing Practices and Pharmacy (Q)

2 Are pharmacy policies, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]

Level 2 Amber User: Leslie Boothby Date: 4/26/2013 10:13:39 AM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

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Reporting (AIMS) (Medical Records)(Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical AIMS entries being made timely, completely, accurately and no greater than 3 work days from the entry in the medical record? [CC 2.20.2.7, HSTM Chpt. 7, Sec. 8.0]	X			4/15/2013 12:24 PM Entered By: Mark Haldane AIMS entries appeared to be in compliance with the performance standard. Each yard reported making AIMS entries on the same they they are received (unless received in the late afternoon, in which case they would be entered the next day.	1

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Grievances (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802? [P-A-11, DO 802, HSTM Chpt. 1, Sec. 8.0, CC 2.20.2.8]	X			<p>4/8/2013 10:20 AM Entered By: Mathew Musson test save</p> <p>4/15/2013 9:37 AM Entered By: Mark Haldane Eyman complex received approximately 30-50 formal grievances per month. According to the FHA who responds to these grievances, his staff researches and reviews the grievances and writes responses that he reviews and issues. While the current volume of formal grievances is being managed in a timely manner, the lack of providers at the complex is likely to increase that volume.</p> <p>Nursing supervisors at each unit respond to informal grievances (inmate letters). The average volume is currently about 50-100 per week. Cook Unit reports being about 2 weeks behind in responses. Staff reports backlogs across the complex. As is the case with formal grievances, it is likely that the volume of informal grievances will increase because of the lack of providers.</p> <p>Although this performance standard has not been met, because this is based on the first 5 weeks of the contract and there are other deficiencies of higher priority that directly affect patient care, I have chosen not to score this an amber and require a corrective action. As nursing supervisors deal with the issues and responsibilities associated with the transition, provider shortages, medication issues, etc., the volume of informal grievance responses is an added workload pressure that needs attention.</p> <p>The green rating is not meant to suggest that the level of compliance with this standard is appropriate, but is only a recognition that time is needed to address this deficiency and other priorities are of greater immediate concern.</p>	2

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No Shows (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical, dental and mental health line “no-shows” being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]	X			4/15/2013 12:18 PM Entered By: Mark Haldane Only one "no show" was noted in the documetation reviewed. In that case, the inmate signed a refusal. The nurse line nurse stated that security was notified and they brought the inmate to medical to sign the refusal.	1

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			4/25/2013 3:05 PM Entered By: Steve Bender All HNR's were triaged within the designated (24) hour time frame.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		4/25/2013 3:09 PM Entered By: Steve Bender All referrals were not occurring within the designated time frame. This information was documented from several interviews with clinicians assigned to the complex.	2
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? [CC 2.20.2.10]	X			4/25/2013 3:11 PM Entered By: Steve Bender All SMI and MH3 inmates with a qualifying diagnosis had treatment plans as required by policy. The SMI treatment plans were being updated within the designated time frame.	1
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]	X			4/25/2013 3:12 PM Entered By: Steve Bender All (50) charts reviewed had been seen within the designated time frame.	2
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)?[CC 2.20.2.10]	X			4/25/2013 3:15 PM Entered By: Steve Bender All inmates assessed as being unstable were being referred to the psychiatric provider for evaluation.	2
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? [CC 2.20.2.10]		X		4/25/2013 3:18 PM Entered By: Steve Bender A review of (50) charts found (3) which had not been reviewed during the past (3) months. #Inmate, #Inmate, #Inmate	2

Corrective Action Plans for Performance Measure: Mental Health (Q)

2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]

Level 2 Amber User: Steve Bender Date: 4/25/2013 3:09:14 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

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? [CC 2.20.2.10]

Level 2 Amber User: Steve Bender Date: 4/25/2013 3:18:49 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

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Quality and PEER Review (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		<p>4/9/2013 3:10 PM Entered By: Mark Haldane On April 9, I met with Site Manager Ken Moore, who reported that he was without a Medical Director (although one has been hired and will be starting soon) and a Director of Nursing. There are only 2 providers, one physician and a mid-level. Additionally, he is new to the position and dealing with other priorities such as appointment backlogs. For these reasons, this performance measure is not being met. Corizon need not compete quarterly reviews after only 5 weeks as the contractor, but they should be cognizant of the requirement and be working toward hiring sufficient staff to have these chart reviews completed.</p> <p>4/24/2013 1:18 PM Entered By: Kristan Sears Physician keeps a log, and all required documents are sent to corporate.</p>	1
2	Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		<p>4/9/2013 3:14 PM Entered By: Mark Haldane According to Site Manager Ken Moore, Corizon has not established a CQI program or committee while it works through more pressing issues such as provider staffing.</p> <p>4/24/2013 1:19 PM Entered By: Kristan Sears 4/24/2013 1:19 PM Entered By: Kristan Sears Monthly meeting notes indicate that this facility is in compliance with this performance measure.</p> <p>4/24/2013 1:19 PM Entered By: Kristan Sears Monthly meeting notes indicate that this facility is in compliance with this performance measure.</p>	1
3	Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		<p>4/9/2013 3:16 PM Entered By: Mark Haldane According to the Corizon Site Manager, presently there is no CQI Committee to make recommendations.</p>	1
4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12]	X			<p>4/9/2013 3:24 PM Entered By: Mark Haldane This performance measure is not applicable this month because annual PEER reviews are not yet due. Corizon is aware of the requirement.</p>	1

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5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]	X			<p>4/9/2013 3:21 PM Entered By: Mark Haldane</p> <p>According to the Corizon Site Manager, the CQI program has not yet been established, so there is nothing to review. This performance measure is nonetheless scored green this month because it is a quarterly requirement and the contract is not yet 3 months old.</p>	1
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Corrective Action Plans for Performance Measure: Quality and PEER Review (Q)

1 Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]

Level 1 Amber User: Mark Haldane Date: 4/9/2013 3:10:46 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

2 Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]

Level 1 Amber User: Mark Haldane Date: 4/9/2013 3:14:37 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

3 Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]

Level 1 Amber User: Mark Haldane Date: 4/9/2013 3:16:51 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			4/27/2013 9:22 PM Entered By: Jen fontaine	1
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]	X			4/29/2013 7:54 PM Entered By: Jen fontaine	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			4/29/2013 7:57 PM Entered By: Jen fontaine All ununits on Eyman complex demonstrated delivery of KOP medications by signing the MAR at time of KOP delivery to the inmate on the lock down units or having the inmate sign the MAR at the time he recieved the KOP medication on units where the inmate reports to the medication window.	1
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]		X		4/29/2013 8:26 PM Entered By: Jen fontaine BROWNING UNIT inspected MARs of the following 10 inmates: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, three were in compliance: [redacted], [redacted], & [redacted]. The other seven: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted] were all out of compliacen as they each had multiple dates left blank indicating the medication dose was not offered to the inmate. COOK UNIT inspected the MARs of the following 9 inmates: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these nine, six were in compliance: [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. The othere three: [redacted], [redacted], & [redacted] were all out of compliacen as they each had multiple dates left blank indicating the medication dose was not offered to the inmate. MEADOWS UNIT Inspected the MARs of the following 11 inamtes: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these 11, only one was in compliance [redacted]. The other 10 were out of compliance for various reasons. [redacted] had multiple dates blank, [redacted] indicated the monthly shot was not given, [redacted] was without Rx start date, stop date, or ordering HCP, [redacted] had multiple dates left blank, [redacted] was without start date, stop date, name of ordering HCP, RN creating MAR. [redacted] had multiple doses not signed for, [redacted] had multiple doses missed, [redacted] had multiple doses not signed for, [redacted] was without start date, stop date, name of ordering HCP, RN creating MAR and did not indicate the inmates allergies, [redacted] was without start date, stop date, name of ordering HCP, RN	1

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				<p>creating MAR, Month and year documentation is being kept for, and did not indicate the inmates allergies.</p> <p>RYNNING UNIT inspected the MARs of the following 8 inmates: inmate , inmate , inmate , inmate , inmate , inmate , & inmate . All eight inmate MARs were in compliance.</p> <p>SMU I inspected MARs of the following nine inmates: inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these nine, three were in compliance inmate , inmate , & inmate . The other six inmate , inmate , inmate , inmate , inmate , & inmate were all out of compliance as they each had multiple dates left blank indicating the medication dose was not offered to the inmate.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		4/29/2013 7:57 PM Entered By: Jen fontaine	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>4/29/2013 8:36 PM Entered By: Jen fontaine</p> <p>BROWNING UNIT IM inmate was without his prescribed Rx for 11 days according to his MAR. IM inmate was without prescr bed pain medication for 9 days according to his MAR. inmate had two medications that were not available according to his MAR for 6 days</p> <p>COOK UNIT no delays found</p> <p>MEADOWS UNIT no delays found</p> <p>RYNNING UNIT no delays found.</p> <p>SMU I IM inmate had medication ordered 4/2 as of 4/29 he had not received the Rx. inmate had medication ordered 3/29 that he did not have as of 4/29. IM inmate had RX marked NA for the entire month according to his MAR.</p>	2
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>4/29/2013 8:01 PM Entered By: Jen fontaine</p> <p>Browning and SMU I inmates are required to show ID at cell front prior to taking medication.</p> <p>Observed med pass at Meadows unit on 4/16/13 and witness RN send inmate back to his house to retrieve ID prior to administering medication.</p> <p>Observed med pass at Cook unit on 4/29/13 and ID's were being checked prior to the administration of meds to the inmates.</p>	2

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<p>8</p>	<p>Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]</p>	<p style="background-color: green;"></p>	<p style="background-color: orange; text-align: center;">X</p>	<p style="background-color: red;"></p>	<p>4/30/2013 11:43 AM Entered By: Jen fontaine BROWNING UNIT Review of the following 10 inmates with medication expiring in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, all had medication renewed prior to expiration. COOK UNIT Review of the following 10 inmates with medication expiring in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, all had medication renewed prior to expiration. MEADOWS UNIT Review of the following 10 inmates with medication expiring in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, eight had medication renewed prior to expiration. IM inmate had medication renewed 15 days after expiration and IM inmate had his medication renewed 3 weeks after it had expired. RYNNING UNIT Review of the following 10 inmates with medication expiring in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, nine had their medication either renewed or D/C's if indicated. One inmate, inmate had his medication renewed 19 days after the medication had expired. SMU I Review of the following 10 inmates with medication expiring in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, all had medication renewed prior to expiration.</p>	<p>2</p>
<p>9</p>	<p>Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</p>	<p style="background-color: green;"></p>	<p style="background-color: orange; text-align: center;">X</p>	<p style="background-color: red;"></p>	<p>4/29/2013 8:57 PM Entered By: Jen fontaine BROWNING UNIT inmate had non formulary faxed on 4/15/13 that had not been returned as of 4/18/13. IM inmate had a non formulary submitted on 3/25 that was without a decision as of 4/18. COOK UNIT did not locate any non formulary medication requests at this unit. MEADOWS UNIT did not locate any non formulary medication requests at this unit. RYNNING UNIT did not locate any non formulary medication requests at this unit. SMU I inmate had non formulary medication ordered on 4/2 without decision as of 4/29. inmate had non formulary medication requested on 3/29 not decided on until 4/2</p>	<p>2</p>

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10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		4/29/2013 8:59 PM Entered By: Jen fontaine None of the non-formulary medication requests that I found on Eyman complex were returned within 24 to 48 hours and there are no providers on the units to notify of the decision. I spoke with nursing staff about the return of non formulary decisions and I was told they rarely receive a fax back indicating the decision.	2
11	Are medication error reports being completed and medication errors documented?	X			4/29/2013 8:01 PM Entered By: Jen fontaine	2

Corrective Action Plans for Performance Measure: Medication Administration

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]

Level 1 Amber User: Jen fontaine Date: 4/29/2013 8:26:08 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

6 Are there any unreasonable delays in inmate receiving prescribed medications?

Level 2 Amber User: Jen fontaine Date: 4/29/2013 8:36:09 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?

[NCCHC Standard P-D-01]

Level 2 Amber User: Jen fontaine Date: 4/30/2013 11:43:14 AM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?

Level 2 Amber User: Jen fontaine Date: 4/29/2013 8:57:28 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

10 Are providers being notified of non-formulary decisions within 24 to 48 hours?

Level 2 Amber User: Jen fontaine Date: 4/29/2013 8:59:56 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: See above.

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Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			4/9/2013 3:26 PM Entered By: Mark Haldane The Corizon Site Manager reported that he does have an approved staffing pattern and is working with the corporate office to fill vacant positions.	1
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; HSMT Chapter 3, Section 2.0]		X		4/15/2013 12:48 PM Entered By: Mark Haldane Provider staffing is woefully inadequate. As of April 12, complex-wide there were over 450 charts in provider review carts. Between chronic care appointments and regular referrals to the provider lines, there were more than 3,500 appointments backlogged. The DON position is vacant. There is one physician's assistant for the entire complex (one registry provider is on a 5-week vacation). There is one psychiatrist for the entire complex. Staffing is insufficient to renew medications or see patients in a timely manner. Nurse lines are being kept for the most part, but when nurses' are sick or on leave or there are ICSSs or unit lockdowns, lines have been cancelled. Although lockdowns and ICSSs are unavoidable circumstances, illness and leave shortages are indicative of inadequate staffing to backfill positions. But for the fact that the contract is so young, this performance measure would receive a red score. The staffing shortages - particularly the provider shortages - potentially create a dangerous environment for inmates who do not receive adequate care and staff who deal with an increasingly upset and volatile inmate population. This issue requires immediate attention. 4/9/2013 3:33 PM Entered By: Mark Haldane According to the site manager, there are only two medical providers for the Eyman Complex. At Meadows Unit staff reported that provider lines for referrals and chronic care visits total about 1,000. That unit has almost 1200 inmates and is a unit with high medical needs. Provider staffing is clearly not sufficient at Meadows. The nurse lines are sufficiently staffed at Meadows. In 9 of 10 charts reviewed, the inmate was seen within 24 hours of the HNR being triaged. In the other case, the inmate was seen on the second day after triage.	3
3	Are all positions filled per contractor staffing pattern?		X		4/15/2013 12:51 PM Entered By: Mark Haldane See the previous standard related to the adequacy and effectiveness of staffing. The number of providers is neither adequate nor in accordance with the contractor's staffing plan. 4/9/2013 3:39 PM Entered By: Mark Haldane Key positions are unfilled. The Medical	2

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					Director has not yet started (he is attending to his mother who was injured recently). Interviews for the Director of Nursing have not taken place. A psych nurse from Utah is expected to be hired soon. Providers are understaffed and provider backlogs exist throughout the complex. Corizon is working to fill these vacancies, but without at least temporary help it may be difficult to eliminate the voluminous backlogs.	
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			4/9/2013 3:40 PM Entered By: Mark Haldane The site manager reported that he is kept informed of recruiting efforts.	2

Corrective Action Plans for Performance Measure: Staffing

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; HSMT Chapter 3, Section 2.0]

Level 3 Amber User: Mark Haldane Date: 4/15/2013 12:48:20 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Corizon continues to evaluate staffing patterns and assignments and make adjustments as needed.

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Mark Haldane Date: 4/15/2013 12:51:59 PM

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Corizon's recruiting team is working tirelessly at recruiting for the open positions. Locums/Registry and over time being utilized to fill open positions.

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			4/27/2013 6:57 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			4/27/2013 6:57 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex.	1
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?	X			4/27/2013 6:57 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			4/27/2013 6:58 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			4/27/2013 6:58 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex.	1
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?	X			4/27/2013 6:58 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			4/27/2013 6:59 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex	1
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	X			4/27/2013 6:59 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			4/27/2013 6:59 PM Entered By: Jen fontaine There is no infirmiry care provided at Eyman complex	1

April 2013 EYMAN COMPLEX

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?	X			4/27/2013 7:00 PM Entered By: Jen fontaine There is no infirmatory care provided at Eyman complex	1
11	Are vital signs done daily when required?	X			4/27/2013 7:00 PM Entered By: Jen fontaine There is no infirmatory care provided at Eyman complex.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			4/27/2013 7:00 PM Entered By: Jen fontaine There is no infirmatory care provided at Eyman complex	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			4/27/2013 7:01 PM Entered By: Jen fontaine There is no infirmatory care provided at Eyman complex.	1