

April 2013 FLORENCE 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			<p>4/9/2013 8:05 AM Entered By: Mark Haldane This performance measure is not applicable to ASPC-Florence.</p> <p>4/28/2013 1:44 PM Entered By: Jen fontaine</p>	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			<p>4/9/2013 8:06 AM Entered By: Mark Haldane</p> <p>4/9/2013 8:06 AM Entered By: Mark Haldane This performance measure is not applicable to ASPC-Florence.</p> <p>4/28/2013 1:45 PM Entered By: Jen fontaine</p>	2

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Sick Call (Q)

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>4/14/2013 4:19 PM Entered By: Kathy Campbell Globe-Green. Sick call being conducted at least 5 days/week.</p> <p>4/27/2013 9:28 AM Entered By: Jen fontaine East Unit review of sick call lines as of 4/26/13. appointment lists were reviewed indicating sick call was conducted 4/1, 4/2, 4/3, 4/5, 4/7, 4/8, 4/9, 4/11, 4/12, 4/13, 4/14, 4/15, 4/16, 4/17, 4/18, 4/19, 4/21, 4/23, & 4/24.</p> <p>Kasson Unit did not have evidence of a nurses line being run in April. There were 2 appointment lists available for review, both from provider lines, one from 4/2 and one from 4/11.</p> <p>South Unit review of sick call lines as of 4/15/13. Appointment lists were reviewed indicating sick call was conducted 4/1, 4/2, 4/2, 4/4, 4/5, 4/8, 4/9, 4/10, 4/11, 4/12, 4/13, & 4/14. As of 4/15 south Unit was in compliance with this performance measure.</p> <p>4/15/2013 10:41 AM Entered By: Jen fontaine Central Unit review of sick call lines as of 4/11/13. Appointment lists were reviewed indicating sick call was conducted 4/1/13, 4/2/13, 4/5/13, and 4/11/13. There was also one undated sick call appointment list available for review.</p> <p>North Unit review of sick call lines as of 4/12/13. Appointment lists were reviewed indicating sick call was conducted 4/1/13, 4/2/13, 4/3/13, 4/4/13, 4/5/13, 4/8/13, 4/9/13, 4/10/13 and 4/11/13. As of 4/12/13 North Unit was in compliance with this performance measure.</p> <p>Under the terms of the contract (Solicitation # ADOC12-00001105; Section 2.7.2.6) sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.</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>4/14/2013 4:24 PM Entered By: Kathy Campbell Globe- 5/10 charts reviewed revealed inmates were not being seen within 24 hours of HNR being triaged. (Amber) There is no weekend nursing staff at Globe, therefore HNRs are not picked up on the weekends. Below are some examples of my findings: inmate [REDACTED] - HNR triaged 2/26/13, but refusal wasn't signed until 3/4/13. inmate [REDACTED] - HNR triaged 2/26/13, but not seen until 3/4/13. inmate [REDACTED] - HNR triaged 3/1/13, referred to Provider, not seen by Nursing.</p>	1

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4/27/2013 9:58 AM Entered By: Jen fontaine

CENTRAL UNIT Review of the following 10 inmates seen on sick call in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of

these ten, zero were in compliance.

- inmate HNR 3/28 seen 4/1
- inmate HNR 3/17 seen 4/1
- inmate HNR 3/19 seen 4/3
- inmate HNR 3/14 seen 4/4
- inmate HNR 3/24 seen 4/4
- inmate HNR 3/25 seen 4/4
- inmate HNR 4/2 seen 4/10
- inmate HNR 3/16 seen 4/10, HNR 4/22 seen 4/24
- inmate HNR 3/12 seen 4/10
- inmate HNR 3/17 seen 4/10

EAST UNIT review of the following 10 inmates seen on sick call in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of

these ten, four were in compliance.

- inmate HNR 4/2 seen 4/3, in compliance
- inmate multiple HNR's seen 4/3
- inmate HNR 4/2 seen 4/3, in compliance
- inmate HNR 4/2 seen 4/3, in compliance
- inmate HNR 3/28 seen 4/8
- inmate HNR 4/10 seen 4/11 in compliance
- inmate HNR 4/5 seen 4/10
- inmate HNR 4/9 seen 4/11
- inmate HNR 4/9 seen 4/11
- inmate HNR 4/2 seen 4/11

KASSON unit: Review of four medical records indicated inmates who placed HNR are not seen within the 24 hour timeframe.

- inmate , inmate , inmate , & inmate
- inmate did not have an HNR on file but was seen by the HCP on 4/2
- inmate HNR 3/16 inmate had not been seen
- inmate HNR 4/14 not seen as of 4/17
- inmate HNR 3/28, seen 3/29.

SOUTH UNIT Review of the following 10 inmates seen on sick call in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of

these ten, nine were in compliance.

inmate was the only one out of compliance with the HNR being addressed 48 hours after it was written instead of 24 as required.

4/15/2013 10:51 AM Entered By: Jen fontaine

NORTH UNIT Review of the following 10 inmates seen on sick call in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of

these ten, zero were in compliance.

- inmate HNR 3/28 seen 4/8
- inmate HNR 3/24 seen 4/1 and HNR 4/2 seen 4/9
- inmate HNR 3/30 seen 4/2
- inmate No HNR's in file but 4/11/12 note indicates inmate seen for HNR
- inmate HNR not on file, 4/2/13 note states seen for HNR.

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				<p>inmate not seen for HNR, was seen for intake transfer inmate HNR 3/27 seen 4/4 inmate HNR 3/24 seen 4/4 inmate HNR3/5 seen 3/15, HNR 3/21 seen 3/21 and HNR 3/79 seen 3/29 inmate HNR 4/2 seen 4/9</p> <p>Per NCCHC Standars 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 the weekends.</p> <p>4/18/2013 11:40 AM Entered By: Mark Haldane This performance measure is not met at East Unit, although those not seen within 24 hours were generally seen within 2 - 7 days of the triage date.</p> <p>4/16/2013 2:42 PM Entered By: Mark Haldane At Central Unit this performance measure is not being met. #inmate submitted an HNR on 3/25 and was seen on the 4/5 nurse line. ##inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, and inmate are each an example of an appointment being more than 24 hours after triage.</p>	
3	<p>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]</p>		X	<p>4/14/2013 4:28 PM Entered By: Kathy Campbell Globe- 5/10 charts reviewed did not have either vital signs and/or weight each time inmate was seen during sick call. (Amber) Here is some examples which include the following: inmate - 4/1/13 Protocol utilized does not include weight. inmate - Nursing Protocol for burn utilized on 4/1/13 has no weight documented. inmate - 3/4/13 Note is without weight. inmate - Nursing Note of 3/4/13 without weight. inmate - Nursing note of 3/12/13 without vital signs and weight.</p> <p>4/18/2013 11:47 AM Entered By: Mark Haldane At East Unit, #inmate was seen on 4/11 and no weight was recorded. #inmate was seen on 4/2 and no vitals were recorded. #inmate was seen on 4/11 for a follow-up appointment and no weight was included with the vitals. Likewise, weight was not recorded for #inmate and no vitals were recorded for #inmate.</p> <p>4/16/2013 2:47 PM Entered By: Mark Haldane</p>	1

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At Central Unit, there were several instances of no vital signs being recorded or vitals being incomplete. For example, #inmate had his temperature recorded on 4/4, but no other vitals were charted. There were no vitals documented in SOAPE notes for #inmate, inmate, and inmate. Only weight was recorded on a SOAPE note for #inmate. Only BP and temperature were documented on a SOAPE note for #inmate.

4/27/2013 10:27 AM Entered By: Jen fontaine

CENTRAL UNIT Review of the following 10 inmates seen on sick call in April inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, zero were in compliance. Four inmates, inmate, inmate, inmate, & inmate had no vital signs at all. Three inmates, inmate, inmate, & inmate had only a weight. Inmate had no O2 or temp on 4/4. Inmate had vitals without an O2 on 4/10. Inmate had vitals without weight and O2 on 4/10 but was also seen on 4/24 with full vital signs taken during that encounter.

EAST UNIT review of the following 10 inmates seen on sick call in April. Inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these 10, four were in compliance. Inmate, inmate, & inmate. Two were without any vital signs at all. Inmate & inmate. Inmate seen on 4/3 did not have weight. Inmate seen on 4/3, did not have respirations. Inmate seen on 4/11 did not have a temp or weight taken. Inmate seen on 4/11 did not have O2 or weight.

KASSON unit: Review of four medical records. Inmate, inmate, inmate, & inmate.

Inmate was in compliance. Inmate had no vital signs taken. Inmate was not seen at all for his HNR, & inmate was in compliance having full vital signs including weight recorded.

SOUTH UNIT Review of the following 10 inmates seen on sick call in April. Inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, three were in compliance. Inmate, inmate, & inmate. Five had vital signs taken but without weight. Inmate, inmate, inmate, inmate, & inmate. IM inmate had vital signs without pulse on 4/6. IM inmate had no vital signs at all on 4/11/13.

4/17/2013 11:25 AM Entered By: Jen fontaine

NORTH UNIT Review of the following 10 inmates seen on sick call in April. Inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, zero were in compliance. Six records indicated vitals were taken but were without a weight. Inmate, inmate, inmate, inmate, inmate, & inmate. Inmate & inmate had no vital signs at all.

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				<p>inmate had no B/P or weight, and inmate had no temp.</p> <p>Contract state in Section 2.20.2.2 that 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.</p>	
4	<p>Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>		X	<p>4/14/2013 4:30 PM Entered By: Kathy Campbell inmate - 3/10 charts did not include SOAPE format. (Amber) Here are the examples: inmate - Nursing note of 3/12/13 without E on SOAPE note. inmate - 3/4/13 Note without E on SOAPE note. inmate - 3/14/13 Nursing note without E on SOAPE note.</p> <p>4/18/2013 11:48 AM Entered By: Mark Haldane The SOAPE format is being utilized at East Unit.</p> <p>4/16/2013 2:49 PM Entered By: Mark Haldane The SOAPE format is being utilized and is usually pre-printed with check boxes at Central Unit.</p> <p>4/30/2013 3:30 PM Entered By: Jen fontaine Inmate inmate from NORTH UNIT was exposed to blood from a HIV positive inmate on April 24th. There was no progress note or SOAPE note documenting the incident in the inmate's medical record to indicate the inmate was seen by medical after being escorted by security to the health unit.</p> <p>4/27/2013 10:35 AM Entered By: Jen fontaine CENTRAL UNIT Review of the following 10 inmates seen on sick call in April inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these 10 all had education provided during encounter. Central Unit was in compliance with this performance measure.</p> <p>EAST UNIT review of the following 10 inmates seen on sick call in April inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six were in compliance inmate , inmate , inmate , inmate , & inmate . The other four did not have evidence of education provided. inmate , inmate , inmate , & inmate .</p> <p>KASSON unit: Review of four medical records inmate , inmate , inmate , & inmate . None of these 4 inmates had evidence of education provided.</p>	1

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				<p>SOUTH UNIT Review of the following 10 inmates seen on sick call in April: [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, 8 were in compliance. [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. 2 records did not have evidence of education provided during encounter [inmate] & [inmate].</p> <p>4/17/2013 11:36 AM Entered By: Jen fontaine</p> <p>NORTH UNIT Review of the following 10 inmates seen on sick call in April: [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, two were in compliance [inmate] & [inmate] both had "E" addressed in the note. The other 8 did not have education provided.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>4/14/2013 4:34 PM Entered By: Kathy Campbell</p> <p>Globe- Amber. No Provider was on site the entire month of March, therefore those referred to Provider from sick call were not seen within 7 days.</p> <p>These include the following:</p> <p>[inmate] - Was referred to Provider on 3/4/13, scheduled to be seen on 4/5/13.</p> <p>[inmate] - Was referred to Provider on 3/4/13, scheduled to be seen on 4/5/13.</p> <p>[inmate] - Was referred to Provider on 3/15/13, scheduled to be seen on 4/5/13.</p> <p>[inmate] - Seen by Provider on 2/15/13 with order for doctor's line in 2 weeks, has not been seen. Scheduled to be seen on 4/5/13.</p> <p>4/18/2013 12:03 PM Entered By: Mark Haldane</p> <p>At East Unit, referrals from sick call seen in April were as old as January 26 (#[inmate]) and most were from early March (e.g. #[inmate] and #[inmate]).</p> <p>4/27/2013 10:49 AM Entered By: Jen fontaine</p> <p>CENTRAL UNIT Review of the following 10 inmates seen on sick call in April: [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, 4 were not referred. [inmate] referred on 4/1 had not been seen as of 4/25. [inmate] referred on 4/4 had not been seen as of 4/25. [inmate] referred on 4/4 had not been seen as of 4/25. [inmate] referred on 4/10 did have Rx written on 4/17 but was not seen as of 4/25. [inmate] was referred on 4/10 but had not been seen as of 4/25.</p> <p>EAST UNIT review of the following 10 inmates seen on sick call in April: [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, six were not referred. [inmate] referred on 4/3 not seen as of 4/26. [inmate] referred on 4/3 not addressed as of 4/26. [inmate] referred on 4/8 not addressed as of</p>	1

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				<p>4/26. inmate referred on 4/10 not seen until 4/24.</p> <p>4/24/2013 2:54 PM Entered By: Jen fontaine KASSON As of 4/17/13 there were no inmates seen on a nurse "sick call" line requiring referral to the HCP thus allowing Kasson to be in compliance with this performance measure by technicality.</p> <p>NORTH UNIT Review of the following 10 inmates seen on sick call in April: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, seven were not referred to the HCP. Three were referred, inmate was referred on 3/23/13 but as of 4/12/13 had not been seen. inmate was referred on 4/4/13 but as of 4/12/13 had not been seen, and inmate was referred to HCP on 3/15/13 but not seen until 3/29.</p> <p>SOUTH Review of the following 10 inmates seen on sick call in April: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, four inmate, inmate, inmate, & inmate) were not referred to the HCP, three inmate, inmate, & inmate) were referred but had not yet reached the 7 day due date at time of my view. Three were out of compliance. inmate was referred to HCP on 4/6/13 but as of 4/15/13 had not been seen, inmate was referred to HCP on 4/5/13 but as of 4/15/13 had not been seen and inmate was referred to HCP on 4/4/13 but as of 4/15/13 had not been seen.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>4/14/2013 4:34 PM Entered By: Kathy Campbell Globe- Fantastic job on utilizing nursing protocols for sick call.</p> <p>4/18/2013 12:05 PM Entered By: Mark Haldane At East Unit, only 1 chart reviewed had a nursing protocol (#2). Staff reported that they just received the Corizon tools for protocols and were awaiting training.</p> <p>4/16/2013 2:50 PM Entered By: Mark Haldane No nursing protocols were used at Central Unit.</p> <p>4/27/2013 10:57 AM Entered By: Jen fontaine CENTRAL UNIT Review of the following 10 inmates seen on sick call in April inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, zero had evidence of nursing protocol being used.</p> <p>EAST UNIT review of the following 10</p>	1

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					<p>inmates seen on sick call in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, nine were without evidence of nursing protocol. One IM inmate did have a nursing protocol used on 4/3.</p> <p>KASSON As of 4/17/13 there were no inmates seen on a nurse "sick call" line requiring referral to the HCP thus allowing Kasson to be in compliance with this performance measure by technicality.</p> <p>NORTH UNIT Review of the following 10 inmates seen on sick call in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six had evidence of nursing protocols being used during nurses line. inmate , inmate , inmate , inmate , inmate , & inmate were in compliance. the other 4 did not have evidence of nursing protocol in the record.</p> <p>SOUTH Review of the following 10 inmates seen on sick call in April: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero had evidence of nursing protocol being used.</p>	
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Corrective Action Plans for Performance Measure: Sick Call (Q)

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]

Level 1 Amber User: Jen fontaine Date: 4/27/2013 9:28:34 AM

Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week. Urgent HNR's will be addressed after hours or weekends as needed.

Corrective Actions: See above.

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]

Level 1 Amber User: Jen fontaine Date: 4/27/2013 9:58:55 AM

Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week. Urgent HNR's will be addressed after hours or weekends as needed.

Corrective Actions: See above.

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]

Level 1 Amber User: Jen fontaine Date: 4/27/2013 10:27:11 AM

Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week.

Corrective Actions: See above.

4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]

Level 1 Amber User: Jen fontaine Date: 4/30/2013 3:30:32 PM

Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week.

Corrective Actions: See above.

4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]

Level 1 Amber User: Jen fontaine Date: 4/30/2013 3:30:32 PM

Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education).

Corrective Actions: See above.

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

Level 1 Amber User: Jen fontaine Date: 4/27/2013 10:49:58 AM

Corrective Plan: With the recent addition of Locum physicians throughout complex and physician assistant in Central Unit it is expected that this measure will be met. In addition, the NETS (Nursing Encounter Tools) encompass Subjective, Objective, Plan and Education components which enables the LPN to do sick call as well as RNs.

Corrective Actions: See above.

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

Level 1 Amber User: Jen fontaine Date: 4/27/2013 10:57:43 AM

Corrective Plan: Effective 6/7/13, Corizon has rolled out, trained and implemented (NETS) Nursing Encounter Tools

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as approved by ADC.

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>4/14/2013 4:36 PM Entered By: Kathy Campbell Globe- Green. No Urgent Consults noted.</p> <p>4/27/2013 1:09 PM Entered By: Jen fontaine CENTRAL UNIT Review of six inmates receiving care by outside services in April. inmate , inmate , inmate , inmate , inmate , & inmate . Of these six, three had urgent consults written, two of those were in compliance, one was not. inmate had urgent consult written 3/8 not scheduled/seen until 4/25. inmate had urgent consult written on 4/5 and was seen on 4/10. inmate had urgent consult written on 3/22 and was seen on 4/16.</p> <p>EAST UNIT found five inmates who were seen by outside specialty providers in April. inmate , inmate , inmate , inmate , & inmate . Of these 5 non had urgent consults written.</p> <p>KASSON found one inmate had been seen by outside medical. IM inmate was seen but consult was routine in nature.</p> <p>NORTH UNIT found nine inmates seen by outside medical services in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these nine, three inmates had urgen consults. inmate was in compliance, inmate in compliance, and inmate had urgen Oncology request made 2/25/13, not seen but consult re-written on Corizon form on 3/29/13 inmate seen on 4/10/13.</p> <p>SOUTH UNIT six inmates identified as having received services by off site specialty clinics in April. inmate , inmate , inmate , inmate , inmate , & inmate . Of these six none had urgent consults 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>4/14/2013 4:39 PM Entered By: Kathy Campbell Globe-4 of the 10 charts reviewed revealed consultation reports were not being reviewed by the Provider within 7 days of receipt. These include the following: inmate - X-Ray result received 2/27/13, was not reviewed until 4/5/13. inmate - X-Ray result performed on 2/27/13 was not reviewed until 4/5/13. inmate - Abnormal lab dated 3/14/13 was not reviewed as of 4/5/13. inmate - Information from ER visit of 3/17/13, was not noted by Provider as of 4/5/13.</p> <p>4/27/2013 1:25 PM Entered By: Jen fontaine CENTRAL UNIT Review of six inmates receiving care by outside services in April.</p>	2

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				<p>inmate , inmate , inmate , inmate inmate , & inmate . Of these six, four were in compliance, one did not have note from 4/8 appointment sent to the unit until 4/24 inmate) and one did not have note from appointment available at all inmate)</p> <p>EAST UNIT found five inmates who were seen by outside specialty providers in April. inmate , inmate , inmate , inmate , & inmate . Of these five, two were in compliance inmate & inmate . the other three did not have notes from their appointments available for review. inmate seen on 4/5 by ophthalmology did not have notes on file, inmate seen by Urology on 4/8 did not have notes available, & inmate did not have derm notes available.</p> <p>KASSON found one inmate had been seen by outside medical. IM inmate was seen 4/4 by General Surgeon and as of 4/17 the notes from that appointment had not been reviewed.</p> <p>NORTH UNIT found nine inmates seen by outside medical services in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these nine, zero were in compliance. inmate had hospital notes from 3/11 without signature and there were no notes from April visit to ortho on the chart for review. inmate had no notes available from the specialist to review. inmate had hospital notes from 3/20 not reviewed until 3/29. inmate had post op follow up notes from 4/4 not signed or dated as of 4/12. inmate had notes from 4/4 not signed or dated as of 4/12. inmate had notes from 4/16 not signed as of 4/26. inmate refused outside consult to derm, no education provided. inmate newly diagnosed cancer receiving first radiation treatments had no Oncology notes on file at all and the scan report dated 2/27 did not appear to have been reviewed by HCP. inmate had hospital records from 4/10 discharge not reviewed or signed as of 4/25.</p> <p>SOUTH UNIT six inmates identified as having received services by off site specialty clinics in April. inmate , inmate , inmate , inmate , & inmate . Of these six, four were in compliance inmate , inmate , inmate , & inmate . inmate had hospital notes from 3/23 not signed off on and consultant notes from 4/9 also not signed off but the chart was filed. inmate was found to have a note from 2/4/13 not signed until 3/26.</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>4/14/2013 4:40 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/27/2013 1:58 PM Entered By: Jen fontaine CENTRAL UNIT Review of six inmates receiving care by outside services in April. inmate , inmate , inmate , inmate , inmate .</p>	3

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				<p>& inmate . Of these six, five were in compliance. One IM inmate had notes from the Neuro with recommendations for additional treatment that was not addressed as of 4/25.</p> <p>EAST UNIT found five inmates who were seen by outside specialty providers in April. inmate , inmate , inmate , inmate & inmate . Of these five, all were in compliance</p> <p>KASSON found one inmate had been seen by outside medical. IM inmate was seen 4/4 by General Surgon and as of 4/17 the notes from that appointment had not been reviewed and authorization for the recommended surgery had not been requested.</p> <p>NORTH UNIT found nine inmates seen by outside medical services in April. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these nine, five were in compliance inmate , inmate , inmate , inmate , & inmate . IM inmate had 3 week follow up not completed as ordered. inmate seen by specialist 4/16 who recommended pin removal. As of 4/26 request authorization to complete this procedure had not been made. IM inmate was delayed in beginning radiation therapy for prostate CA. IM inmate had prescription for pain reliever following an assault and hospital visit dated 4/10 that had not been ordered on site as of 4/26.</p> <p>SOUTH UNIT six inmates identified as having received services by off site specialty clinics in April. inmate , inmate , inmate , inmate , inmate , & inmate . Of these six, four were in compliance inmate , inmate , inmate & inmate . inmate was seen and was recommended a pain clinic consult and EMG for which authorization was not requested. inmate was recommended he have a left heart cath/angiogram which was not addressed.</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		<p>4/14/2013 4:40 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/27/2013 2:05 PM Entered By: Jen fontaine</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		<p>4/14/2013 4:40 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/27/2013 2:05 PM Entered By: Jen fontaine</p>	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: 4/27/2013 1:09:15 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit 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 = ARMD/RDON/RVP/RCQI/FHA/DON

Target Date -11/30/13

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

1. Standardized process to address, to include but not limited to:
 - a. Approved consults scheduled/documented within 5 days by clinical coordinator
2. Schedule and conduct training for all clinical coordinators
 - a. Agenda/sign off sheet to verify
3. Monitoring (UM Audit 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 = DON/Clinical Systems Business Analyst II/FHA/DON/RDCQI/RVP

Target Date - 11/30/13

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

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: 4/27/2013 1:25:57 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit 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 = ARMD/RDON/RVP/RDCQI/DON/

Target Date-11/30/13

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

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: 4/27/2013 1:58:36 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>4/14/2013 4:40 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/27/2013 2:29 PM Entered By: Jen fontaine</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>4/14/2013 4:47 PM Entered By: Kathy Campbell Globe-Ambler. 8/10 charts reviewed revealed that CC inmates were not being seen by the Provider(every 3 to 6 months as specified in the inmate's treatment plan. These include: inmate - CC COPD- last seen 12/28/13. Not seen as of 4/5/13. inmate - CC HTN- Last seen 9/21/12 with 90 day Follow up- Seen 4/5/13. inmate - CC Asthma and HTN seen 9/12/13 with 180 day Follow up, seen 4/5/13. inmate - CC Asthma, seen 9/20/12 with 180 day Follow up, Seen 4/5/13. inmate - CC Asthma and HTN, seen 9/20/12 with 180 day Follow up, Seen 4/5/13. inmate - CC Asthma, seen 1/25/13 with 90 day follow up, to be seen 4/5/13. inmate - CC Asthma, seen 1/23/13 with 90 day follow up, to be seen 4/5/13. inmate - CC HTN and Hep C, seen 1/18/13 with 90 day follow up, seen 4/5/13.</p> <p>4/27/2013 3:01 PM Entered By: Jen fontaine CENTRAL UNIT Five inmates with chronic conditions inmate, inmate, inmate, inmate, & inmate were reviewed. Of those Five zero were in compliance. Nursing staff states approximately 400 inmates are over due on their chronic care appointments.</p> <p>EAST UNIT Ten inmates with chronic conditions were reviewed. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of those ten, nine were out of compliance. One inmate inmate last seen on 3/5/13 not due again unit 6/2013 was found to be in compliance.</p> <p>KASSON UNIT Six inmates with chronic conditions were reviewed. inmate, inmate, inmate, inmate, & inmate. Of these six, zero were in compliance.</p> <p>NORTH UNIT Six inmates with chronic conditions were reviewed. inmate, inmate, inmate, inmate, & inmate. Of these six four were in compliance inmate, inmate, & inmate. Two were found to be out of compliance inmate & inmate.</p>	2

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				<p>SOUTH UNIT Nine inmates with chronic conditions were reviewed. [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these nine, eight were out of compliance and only one [inmate] was in compliance as he was seen on 12/19/12 and the 6 month F/U requested is not due until 6/ 2013.</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>4/14/2013 4:48 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/27/2013 5:46 PM Entered By: Jen fontaine CENTRAL UNIT Five inmates with chronic conditions [inmate], [inmate], [inmate], [inmate], & [inmate] were reviewed. Of those five, three received education during their last chronic care appointment. Two did not.</p> <p>EAST UNIT Ten inmates with chronic conditions were reviewed. [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of those ten, nine were in compliance having received education during their last chronic care appointment. One inmate [inmate] was out of compliance.</p> <p>KASSON UNIT Six inmates with chronic conditions were reviewed. [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these six, four were in compliance, [inmate], [inmate], [inmate], & [inmate]. Two were out of compliance [inmate] and [inmate].</p> <p>NORTH UNIT Six inmates with chronic conditions were reviewed. [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these six, all inmates had evidence of education being provided at time of chronic care appointment.</p> <p>SOUTH UNIT Nine inmates with chronic conditions were reviewed. [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these nine, seven were in compliance and two, [inmate] & [inmate] were found to be out of compliance having no education provided at time of last chronic care appointment.</p>	1
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>4/14/2013 4:49 PM Entered By: Kathy Campbell Globe-2/10 charts with incomplete chronic care form. These include: [inmate] - dated 4/5/13. [inmate] - dated 4/5/13.</p> <p>4/27/2013 6:54 PM Entered By: Jen fontaine Though there are disease management guidelines developed and in place, they are not being used on any unit at Florence complex. This is evidenced by the delay in</p>	2

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					<p>provider follow up, lab tests, imaging etc.</p> <p>Of the 36 medical records reviewed with chronic conditions only 11 had evidence of regular follow up as indicated in the 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			<p>4/14/2013 4:49 PM Entered By: Kathy Campbell Globe-Green. N/A.</p> <p>4/29/2013 8:50 PM Entered By: Jen fontaine</p>	2

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

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: 4/27/2013 3:01:10 PM

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

Corrective Actions: See above.

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: 4/27/2013 5:46:54 PM

Corrective Plan: Education although almost always done at every inmate encounter, has not always been documented properly. Corizon with ADC approval has instituted an education tracking form which will be placed in the chart. This form has not yet been numbered by ADC but is approved for use. We will also have an education tab/section in the chart for such document. The document reviews tracked chronic diseases.

Corrective Actions: See above.

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: 4/27/2013 6:54:12 PM

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

Corrective Actions: Action plan submitted by Corizon-

1. In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)

a. Agenda/sign off sheet to verify, inclusive of all pertinent staff

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

10/11/13 Update – Make sure guidelines available at sites; need to prep chart for clinic visit so everything the provider needs is available.

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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>4/14/2013 4:53 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/24/2013 7:55 AM Entered By: Mark Haldane Medical records were generally in compliance with this standard at each unit I visited (I did not review CBK). There was one chart at South Unit (#inmate) with HNRs that were not filed chronologically.</p> <p>As a whole, medical records staff does a good job maintaining charts.</p> <p>4/17/2013 2:37 PM Entered By: Mark Haldane At Central Unit, HNRs and SOAPE notes were not chronologically maintained in several instances of charts reviewed (e.g. #inmate and #inmate).</p> <p>The charts reviewed at East Unit were in compliance with this standard.</p> <p>4/30/2013 3:34 PM Entered By: Jen fontaine Inmate#inmate from NORTH UNIT was exposed to blood from a HIV positive inmate on April 24th. There was no progress note or SOAPE note documenting the incident in the inmate's medical record to indicate the inmate was seen by medical after being escorted by security to the health unit. Also no note to indicate the encounter he had with nursing staff on the 25th asking for the post exposure prophylactic antiretroviral drugs. No doctors order was written in the medical record to indicate what medication the inmate should be provided however there was a MAR indicating the inmate was receiving medication. No vital signs were ever taken according to the medical record.</p> <p>4/28/2013 11:02 AM Entered By: Jen fontaine CENTRAL UNIT review of 10 medical records. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these 10, all were in compliance with this performance measure.</p> <p>EAST UNIT review of 10 medical records. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these 10, one record had post it notes being used in the record (inmate) and one had progress notes on top of the physician order tab. The other eight were in compliance.</p> <p>KASSON UNIT review of 5 medical records. inmate , inmate , inmate , inmate , & inmate . Of these five, four were in compliance while one (inmate) had notes out of chronologic order.</p>	1

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				<p>NORTH UNIT review of 6 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these six, three were in compliance. IM [redacted], IM [redacted] & IM [redacted] all had notes not in chronologic order.</p> <p>SOUTH UNIT review of 10 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, five were in compliance. Three charts [redacted], [redacted], & [redacted] had documents filed in the wrong location and two records [redacted] & [redacted] had documents loose in the record.</p>	
2	<p>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]</p>		X	<p>4/14/2013 4:54 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/29/2013 8:33 AM Entered By: Mark Haldane Orders for [redacted], [redacted], at South Unit were not noted. Across Florence Complex, numerous notes were initialed, but not signed or stamped. Many had the date without the time, although South Unit notes did have times.</p> <p>According to staff, nurses have been instructed to note only the "Provider Order" forms and not the SOAPE notes. This practice was not widely in place at the time of this review. The "Plan" section of the SOAPE note documents what the provider will do to treat the patient's concerns, such as ordering labs or x-rays, making referrals, conducting procedures, and giving medication. Without these orders, the SOAPE note is incomplete. If the SOAPE is not noted, there is no documented check that what is on the Provider Order form contains the same information as in the SOAPE.</p> <p>I have scored this performance measure an amber, not so much because of the lack of times, names, and stamps (although that should be corrected), but because the method of noting orders is not consistent and in some cases, orders were not noted.</p> <p>4/17/2013 2:44 PM Entered By: Mark Haldane At East Unit, orders are generally noted on the day of the order, however notations have only a date and initial. There is no signature, signature stamp or time on the notations.</p> <p>4/28/2013 11:37 AM Entered By: Jen fontaine CENTRAL UNIT review of 10 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, zero were in compliance. [redacted] had order 4/12 not</p>	1

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				<p>noted until 4/17. inmate had order written 4/17 not noted until 4/18 and an order written 4/24 not noted until 4/25. inmate had order written on 4/18. The notation did not include the date. inmate had order written on 4/17 not noted, and an order written on 4/9 that was also not noted. IM inmate had order written on 4/12 not noted until 4/17. IM inmate had order written on 4/19 not noted until 4/20 and an order written on 4/16 not noted at all. IM inmate had orders 4/5, 4/10, 4/11 that were all not noted. IM inmate had order written 4/10 not noted until 4/11. IM inmate had order 4/4 noted but the date and time the order was noted was not indicated. IM inmate had order written on 4/9 not noted until 4/12.</p> <p>EAST UNIT review of 10 medical records. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, nine were in compliance. One IM inmate had orders written on 4/10 not noted until 4/11.</p> <p>KASSON UNIT review of 5 medical records. inmate, inmate, inmate, inmate, & inmate. Of these five, three were in compliance. IM inmate had order 4/2/13 not noted until 4/3. IM inmate had order 3/15 not noted at all.</p> <p>NORTH UNIT review of 6 medical records. inmate, inmate, inmate, inmate, inmate, & inmate. Of these six, three were in compliance. IM inmate had orders written on 3/29 that were not noted until 4/5. IM inmate had order written 4/25 not noted until 4/26. IM inmate had order written 4/25 not noted until 4/26.</p> <p>SOUTH UNIT review of 10 medical records. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, seven were in compliance. IM inmate had order written 4/3 not noted until 4/15. IM inmate had order 4/1 not noted as of 4/15. inmate had order 3/18 not noted until 3/19.</p>	
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]	X		<p>4/14/2013 4:54 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/28/2013 11:06 AM Entered By: Jen fontaine</p> <p>CENTRAL UNIT review of 10 medical records. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, all were in compliance with this performance measure.</p> <p>EAST UNIT review of 10 medical records. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, all were in compliance with this performance measure.</p> <p>KASSON UNIT review of 5 medical records. inmate, inmate, inmate, inmate, & inmate. Of these five, all were in</p>	1

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				<p>compliance with this performance measure.</p> <p>NORTH UNIT review of 6 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these six, all were in compliance with this performance measure.</p> <p>SOUTH UNIT review of 10 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, all were in compliance with this performance measure.</p>	
4	<p>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]</p>		X	<p>4/14/2013 4:54 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/18/2013 10:47 AM Entered By: Mark Haldane In the large majority of examples reviewed at Central and East Units, name stamps were not present at East or Central Units. In one case, there was no signature present ([redacted] at Central). The time was not present on several SOAPE notes ([redacted], [redacted], [redacted], [redacted], and [redacted] at East; [redacted] at Central).</p> <p>4/28/2013 12:00 PM Entered By: Jen fontaine CENTRAL UNIT review of 10 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten only one was in compliance IM [redacted]. The other nine all had doctor orders written without the time indicated on the order and six of those nine records also had entries that did not have the providers name printed or stamped at the time of the entry.</p> <p>EAST UNIT review of 10 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. All ten were out of compliance. Missing were times entries were made and stamps following signatures.</p> <p>KASSON UNIT review of 5 medical records. [redacted], [redacted], [redacted], [redacted], & [redacted]. All five were out of compliance. Four were missing stamps or times and one [redacted] had orders written on 3/25 that were not legible.</p> <p>NORTH UNIT review of 6 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Five of the six were out of compliance missing the stamp following the provider signature. One [redacted] was found to be in compliance.</p> <p>SOUTH UNIT review of 10 medical records. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, one [redacted] was in compliance. the other nine were found to be out of compliance due to missing stamp or printed name following signature.</p>	1

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5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X			<p>4/14/2013 4:54 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/18/2013 10:47 AM Entered By: Mark Haldane East Unit is in compliance with this standard.</p> <p>4/16/2013 1:50 PM Entered By: Mark Haldane At Central Unit, Arrival Logs are maintained with the required data.</p> <p>4/28/2013 11:13 AM Entered By: Jen fontaine Evidence of complete arrival logs found on every unit at Florence Complex</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>4/14/2013 4:54 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/18/2013 10:48 AM Entered By: Mark Haldane East Unit is in compliance with this performance measure.</p> <p>4/16/2013 1:52 PM Entered By: Mark Haldane At Central Unit, Departure Logs are maintained with the required data.</p> <p>4/28/2013 11:15 AM Entered By: Jen fontaine Evidence of complete departure logs found at every unit on Florence complex.</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>4/14/2013 4:54 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/16/2013 1:53 PM Entered By: Mark Haldane At Central Unit, the staff is in compliance with this performance measure.</p> <p>4/28/2013 11:15 AM Entered By: Jen fontaine All units on Florence complex found to be in compliance with this performance measure.</p>	1

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8	Are medical records for released inmates pulled from the active file area?	X			<p>4/14/2013 4:55 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/18/2013 10:49 AM Entered By: Mark Haldane East and Central Units are in compliance with this performance standard.</p> <p>4/28/2013 11:16 AM Entered By: Jen fontaine All units on Florence complex found to be in compliance with this performance measure.</p>	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			<p>4/14/2013 4:55 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/28/2013 11:17 AM Entered By: Jen fontaine All units on Florence Complex found to be in compliance with this performance measure.</p>	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			<p>4/14/2013 4:55 PM Entered By: Kathy Campbell Globe-No log in place. Places request under legal section of chart.</p> <p>4/16/2013 1:55 PM Entered By: Mark Haldane This log is being properly kept at Central Unit.</p> <p>4/28/2013 11:18 AM Entered By: Jen fontaine All units on Florence Complex found to be in compliance with this performance measure.</p>	1

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

1 Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]

Level 1 Amber User: Jen fontaine Date: 4/30/2013 3:34:46 PM

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

Corrective Actions: Medical Records will regularly file loose papers and monitor charts for thinning utilizing a reference for medical record chronological order. Continue to monitor.

Responsible Parties = MRL

Target Date= 11/30/13

1 Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]

Level 1 Amber User: Jen fontaine Date: 4/30/2013 3:34:46 PM

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

Corrective Actions: Medical Records will regularly file loose papers and monitor charts for thinning utilizing a reference for medical record chronological order. Continue to monitor.

Responsible Parties = MRL

Target Date= 11/30/13

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: Jen fontaine Date: 4/28/2013 11:37:39 AM

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

Corrective Actions: CAP for Medical Records MGAR Question # 2 – Are provider orders noted daily with time, date, and name of person taking the order off?

Reinforce with nursing staff to note charts regularly. Continue to monitor.

Responsible Parties = RN/LPN

Target Date= 11/30/13

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: 4/29/2013 8:33:39 AM

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

Corrective Actions: Reinforce with nursing staff to note charts regularly. Continue to monitor.

Responsible Parties = RN/LPN

Target Date= 11/30/13

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]

Level 1 Amber User: Jen fontaine Date: 4/28/2013 12:00:43 PM

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

Corrective Actions: Reinforce with nursing staff the importance of using name stamps. Continue to monitor

Responsible Parties = RN/LPN

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			<p>4/26/2013 10:14 AM Entered By: Leslie Boothby</p> <hr/> <p>4/26/2013 10:31 AM Entered By: Kathy Campbell</p>	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 10:14 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 10:14 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 10:14:34 AM

Corrective Plan: We have conducted a series of pharmacy/renewal audits and prepared a status report for AZ Regional Pharmacist indicating percentages of med renewals that were ordered/faxed, verified, reviewed, to include formulary vs approved non-formulary. In most circumstances, the results yielded 100%. We did uncover some areas of improvement and are in the process of additional staff training.

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			<p>4/14/2013 4:35 PM Entered By: Kathy Campbell Globe- Green</p> <p>4/16/2013 2:35 PM Entered By: Mark Haldane at Cetral Unit, there is no backlog of AIMS entries, which are generally entered ont eh same day they are received.</p> <p>4/28/2013 12:02 PM Entered By: Jen fontaine All units at Florence complex were in compliance with this performance measure.</p>	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>4/28/2013 12:04 PM Entered By: Jen fontaine One the grievance previously reported was found to be out of compliance</p> <p>4/18/2013 1:50 PM Entered By: Jen fontaine A03-015-013 IM inmate [REDACTED] was due on 4/15/13 and as of 4/18/13 response had not been received.</p> <p>4/23/2013 1:54 PM Entered By: Mark Haldane Inmate letters reviewed have been answered within the 15 day timeframe by nursing supervisors. Formal grievances have not yet been reviewed.</p>	2

Corrective Action Plans for Performance Measure: Grievances (Q)

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]

Level 2 Amber User: Jen fontaine Date: 4/28/2013 12:04:08 PM

Corrective Plan: We currently have no outstanding grievances. The AFHA, transitioned into that role in late April/Early May and one of her primary responsibilities is addressing greivances. She has been highly effective in addressing the grievances within one business day once received.

Corrective Actions: See above.

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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		<p>4/14/2013 4:56 PM Entered By: Kathy Campbell Globe- Green. Refusals have been signed appropriately.</p> <p>4/29/2013 10:48 AM Entered By: Mark Haldane At South Unit, appointment no shows are not reported. An entry is placed on a SOAPE note indicating that the inmate did not appear for the scheduled appointment. According to staff, the inmate is called to appear 3 times. If he fails to appear, unless the issue is critical the appointment is not rescheduled and the inmate must submit a new HNR to get seen. The inmate is not charged for the missed appointment.</p> <p>Please refer to Department Order 1101.03 for the policy regarding no-shows.</p> <p>4/18/2013 11:34 AM Entered By: Mark Haldane At East Unit staff reported that they do not report or document appointment no-shows. Appointment lists will note the no-show status, although in one case reviewed, the inmate (#inmate) was listed as a no show on 4/11 even though he had been seen for the same issue the previous day, 4/10. He was not charged for the "no-show."</p> <p>4/28/2013 12:30 PM Entered By: Jen fontaine CENTRAL UNIT No evidence of no shows on this unit.</p> <p>EAST UNIT six inmates identified as not showing up for nurses line. inmate had appointment 4/3 per appointment list but did not show up. No refusal found in medical record. inmate had appointment 4/3 per appointment list but did not show up. No refusal found in medical record. inmate had appointment 4/3 per appointment list but did not show up. No refusal found in medical record. inmate had appointment 4/19 per appointment list but did not show up. No refusal found in medical record. inmate had appointment 4/19 per appointment list but did not show up. No refusal found in medical record. inmate had appointment 4/19 per appointment list but did not show up. Several MARs indicate inmates are not showing up for their daily medication at pill call line. Medication line no shows has been on a decline for the past 30 days and nursing remains dedicated to eliminating the "no show" for the pill call line completely.</p> <p>KASSON UNIT No evidence of no shows on this unit.</p> <p>NORTH UNIT reivew of 5 inmates who did not show up for sick call. inmate, inmate,</p>	1

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					<p>inmate, inmate, & inmate all were no shows and none of them had a refusal found in the medical record.</p> <p>SOUTH UNIt review of 10 inmates that did not show up for appointments according to appointment lists, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. All ten were out of compliance as none of them had evidence of a signed refusal in the medical record for the missed appointment.</p>
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Corrective Action Plans for Performance Measure: No Shows (Q)

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]
Level 1 Amber User: Mark Haldane Date: 4/29/2013 10:48:00 AM

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

Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor.
 Responsible Parties= RN/LPN
 Target Date = 11/30/13

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]
Level 1 Amber User: Jen fontaine Date: 4/28/2013 12:30:29 PM

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

Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor.
 Responsible Parties= RN/LPN
 Target Date = 11/30/13

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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 2:06 PM Entered By: Steve Bender All HNR's were being triaged within the designated 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 2:08 PM Entered By: Steve Bender All referrals for psychiatric services were not occurring within the designated time time frame. This information was documented with interviews with several 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 2:11 PM Entered By: Steve Bender All SMI treatment plans had been updated within the designated time frame. All MH3 inmates with a qualifying diagnosis had a treatment plan as required by ADC policy.	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 2:15 PM Entered By: Steve Bender All inmates were being seen within the identified 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 2:16 PM Entered By: Steve Bender All referrals were being seen within the identified time frame.	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 2:24 PM Entered By: Steve Bender A review of (50) charts found (5) inmates who had not been seen during the past (3) months by the psychiatric provider. #inmate, #inmate, #inmate, #inmate, #inmate Staff reported these numbers may increase due a reduction in the number of provider lines being scheduled.	2

Corrective Action Plans for PerformanceMeasure: 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 2:08:57 PM

Corrective Plan: We are currently awaiting clearance on a Psychiatric Nurse Practitioner (FT), have brought on a Psychiatrist (Locum) for who we are awaiting a start date on, and continue to use tele-psych 4 days per week. Once we have the two additional providers onboarded, it is the expectation that this measure will be met.

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 2:24:25 PM

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

Corrective Actions: October Action plan submitted by Corizon

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 7 (Mental Health Attachment) related to re-entry plan

a. SMI patients will be followed by discharge planners utilizing the data from the SMI monthly report tool; MH3 patients will be given community resources by MH Clinicians and documented in the chart; all patients receiving psychotropic medications will be seen by Psychiatrist/Psychiatry CNP

b. Agenda/sign off sheet to verify, inclusive of all pertinent staff

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead

Target Date- 11/30/13

Will continue to monitor monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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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		4/30/2013 1:54 PM Entered By: Jen fontaine To date this has not occurred at Florence complex	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			4/16/2013 2:22 PM Entered By: Mark Haldane According to the Florence Site Manager, Corizon's expectations regarding CQI were provided at training during the week ending 4/12/13. Corizon has not created a CQI Committee as of 4/16. Although this standard has not been met, there are higher priorities this month and this monitor has scored the performance measure green at this time, although that should not be construed as being in compliance with the requirements. Many of the issues in the complex are appropriate topics for a CQI Committee and Corizon should be working toward the establishment of a CQI program and a committee that meets on a regular schedule.	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			4/16/2013 2:29 PM Entered By: Mark Haldane 4/16/2013 2:29 PM Entered By: Mark Haldane No CQI Committee has been established. The green designation is not to be construed as compliance with the requirement, but is only recognizing that there are higher priorities this month and requiring a corrective action on this performance measure would detract from addressing more pressing concerns.	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			4/16/2013 2:32 PM Entered By: Mark Haldane This standard is not yet applicable, as the contract has been active for less than 6 weeks. According to Corizon staff, PEER review will be conducted through Corizon's state medical director.	1
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]	X			4/16/2013 2:33 PM Entered By: Mark Haldane The CQI program has not yet been established at ASPC-Florence. Because the contract has not been in place for 3 months, a quarterly review is not yet due.	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: Jen fontaine Date: 4/30/2013 1:54:28 PM

Corrective Plan: With the on boarding of three new providers, it would be the expectation there will be more time to conduct chart reviews. We have also approved and implemented use of overtime for mid-level providers who will come in on the weekends for chart reviews.

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			<p>4/14/2013 4:51 PM Entered By: Kathy Campbell Globe- Green.</p> <p>4/27/2013 5:49 PM Entered By: Jen fontaine</p>	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			<p>4/28/2013 12:36 PM Entered By: Jen fontaine proper documentation of training maintained by the Complex site Manager for employees who administer medication</p>	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			<p>4/14/2013 4:51 PM Entered By: Kathy Campbell Globe-Green</p> <p>4/28/2013 12:37 PM Entered By: Jen fontaine All units on Florence complex had evidence of tracking delivery of KOP medications.</p>	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		<p>4/14/2013 4:51 PM Entered By: Kathy Campbell Globe-Green. MARs much improved from previous months.</p> <p>4/28/2013 1:04 PM Entered By: Jen fontaine CENTRAL UNIT Review MARs of the following 10 inmates: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Two were in compliance, inmate & inmate . the other eight were all found to have multiple dates left blank in April. Page 2 of MARs for IM inmate was without month and year the documentation is being maintained for, without allergies, and without the ordering HCP.</p> <p>EAST UNIT review MARs of the following 10 inmates: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . All ten were out of compliance with dates left blank indicating medication was not offered to the inmate. MAR of IM inmate also did not have the allergies indicated on the MAR.</p> <p>KASSON UNIT review of MARs for the following 7 inmates: inmate , inmate , inmate , inmate , inmate , & inmate .MAR of inmate was in compliance. the other six all had multiple dates blank indicating the medication was not offered to the inmate.</p>	1

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					<p>NORTH UNIT review of MARs for the following 10 inmates: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, two were in compliance inmate & inmate . The other eight MARs had multiple blanks throughout April indicating the inmates were not offered doses of medication.</p> <p>SOUTH UNIT review of MARs for the following 10 inmates: inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten MARs, six were in compliance inmate , inmate , inmate , inmate , & inmate . The other four had gaps in delivery of medication and inmates not showing up for med pass.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		<p>4/14/2013 4:52 PM Entered By: Kathy Campbell Globe-Green. No medication errors reported.</p> <p>4/28/2013 1:07 PM Entered By: Jen fontaine CENTRAL UNIT had inmate receive incorrect medication and this error was documented by security on an IR.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		<p>4/14/2013 4:52 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/28/2013 1:11 PM Entered By: Jen fontaine CENTRAL UNIT inmate inmate was without prescribed pain medication for 7 days EAST UNIT No delays found KASSON UNIT IM inmate was without RX for 7 days. IM inmate was without Rx for 8 days NORTH UNIT IM inmate had Rx not available for 8 days after it was ordered. IM inmate was without Rx for 6 days. SOUTH UNIT no delays found.</p>	2
7	Are inmates being required to show ID prior to being administered their medications?	X			<p>4/14/2013 4:52 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/28/2013 1:12 PM Entered By: Jen fontaine</p>	2

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8	<p>Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]</p>	X		<p>4/14/2013 4:52 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/28/2013 10:45 AM Entered By: Jen fontaine CENTRAL UNIT review of ten inmates with medication expiring in April, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten inmates, two inmates inmate & inmate had medication that were allowed to expire. The other 8 inmates all had medication renewed prior to the prescription expiring.</p> <p>EAST UNIT review of eight inmates with medication expiring in April, inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these eight inmates, one inmate had medication that was allowed to expire. The other seven inmates all had medication renewed prior to the prescription expiring.</p> <p>KASSON UNIT review of ten inmates with medication expiring in April, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, nine inmates had their prescriptions renewed prior to expiration and one inmate had his Rx renewed but not until ten days after expiration.</p> <p>NORTH UNIT review of ten inmates with medication expiring in April, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, eight had all prescriptions renewed prior expiration. IM inmate had his prescriptions renewed but not until 7 days after they expired. IM inmate had prescriptions renewed but not until 24 days after they expired.</p> <p>SOUTH UNIT review of eight inmates with medication expiring in April, inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of those eight all were renewed prior to expiration.</p>	2
9	<p>Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</p>	X		<p>4/14/2013 4:52 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/28/2013 1:15 PM Entered By: Jen fontaine</p>	2
10	<p>Are providers being notified of non-formulary decisions within 24 to 48 hours?</p>	X		<p>4/14/2013 4:53 PM Entered By: Kathy Campbell Globe-Green.</p> <p>4/28/2013 1:15 PM Entered By: Jen fontaine</p>	2

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11	Are medication error reports being completed and medication errors documented?		X		<p>4/14/2013 4:53 PM Entered By: Kathy Campbell Globe-Green. No med errors reported.</p> <p>4/28/2013 1:14 PM Entered By: Jen fontaine CENTRAL UNIT had inmate receive incorrect medication and this error was documented by security on an IR. Medication error report was not completed.</p>	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: 4/28/2013 1:04:18 PM

Corrective Plan: NEO II training was completed in MAY and all staff were required to attend. We covered Medication ordering, administration, storage, integrity and documentation. We are also going unit by unit to educate all employees on how to access Pharmacoar patient profiles online. This will be a useful tool for staff moving forward to compare with MARS and ensure integrity/accuracy of orders, patient information and adherence.

Corrective Actions: See above.

5 Are medication errors forwarded to the FHA to review corrective action plan?

Level 2 Amber User: Jen fontaine Date: 4/28/2013 1:07:10 PM

Corrective Plan: We conducted NEOII in the month MAY which is our clinical component of training for all employees. We educated our staff on Medication Administration following the 5 Rights.

Corrective Actions: See above.

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

Level 2 Amber User: Jen fontaine Date: 4/28/2013 1:11:54 PM

Corrective Plan: NEO II training was completed in MAY and all staff were required to attend. We covered Medication ordering, administration and documentation. We are also going unit by unit to educate all employees on how to access Pharmacoar patient profiles online. This will be a useful tool for staff moving forward and may prevent delays.

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: 4/28/2013 10:45:00 AM

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

Corrective Actions: See above.

11 Are medication error reports being completed and medication errors documented?

Level 2 Amber User: Jen fontaine Date: 4/28/2013 1:14:21 PM

Corrective Plan: NEO II training was completed in MAY and all staff were required to attend. We covered Medication ordering, administration and documentation. We are also going unit by unit to educate all employees on how to access Pharmacoar patient profiles online. This will be a useful tool for staff moving forward and may prevent delays/errors.

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			4/28/2013 1:17 PM Entered By: Jen fontaine	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		<p>4/16/2013 2:04 PM Entered By: Mark Haldane At Central Unit, there is a doctor for 5 8-hour days (M-F) and a PA for 4 10-hour days (M-Th). Staff reported that they are not to use overtime or registry nurses. The tentative schedule for May leaves numerous times when nurses are not scheduled, which would leave IPC uncovered, no nurses to provide insulin or other care on Sundays, and cell blocks without coverage on some days.</p> <p>4/30/2013 1:46 PM Entered By: Jen fontaine CENTRAL UNIT Without a regular provider assigned to this unit. Currently behind 400+ chronic care appointments and multiple inmates waiting to see the HCP for follow up from nurses line and HNR issues. IPC and HU8 inmates are not receiving required phtsician rounds or follow up. Approximately 160 charts awaiting provider review for labs, reports, med renewals, etc. Central Unit also did not evidence a sick call line being conducted Monday thru Friday in April as required.</p> <p>EAST UNIT Has assigend HCP however remains 250+ behind on chronic care appointments and has approximatly 75-80 charts awaiting review.</p> <p>NORTH UNIT Has assigned mid level provider however is 150+ behind on chronic care appointments and has 100+ charts needing provider review of labs, reports, med renewals, etc.</p> <p>SOUTH UNIT Has no regular scheduled HCP. Currently 500+ behind on chronic care. Also has a minimum of 100 charts pending review by the provider Had a provider of 1/2 of a day last week and zero days this week.</p> <p>Under the terms of the contract (Solicitation # ADOC12-00001105; Section 2.17) The Contractor must employ sufficient staffing and utilize appropriate resources to achieve contractual compliance.</p> <p>Under the terms of the contract(Solicitation # ADOC12-00001105, Section 2.7.2.6) Sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.</p>	3

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3	Are all positions filled per contractor staffing pattern?		X		<p>4/23/2013 8:44 AM Entered By: Mark Haldane There continue to be staffing shortages throughout the complex. While providers (both medical and mental health) are most critical at this point, nurses are reporting that without the ability to use registry staff or overtime and with nurse hours being cut beginning the week of 4/28/13, they do not have the ability to fill all shifts. Even if positions are filled, leave, illness, and other absences make filling shifts difficult.</p> <p>Provider staffing shortages have created backlogs of charts for provider reviews and chronic care and referral appointments. Providers are serving multiple yards and being asked to travel between yards when issues needing immediate responses arise.</p> <p>The contractor should develop a plan to address the staffing shortages and backlogs in the short term and eliminate these issues as soon as reasonably possible.</p>	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			<p>4/23/2013 8:22 AM Entered By: Mark Haldane</p> <p>4/28/2013 1:17 PM Entered By: Jen fontaine</p>	2

<p>Corrective Action Plans for Performance Measure: Staffing</p>
<p>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: Jen fontaine Date: 4/30/2013 1:46:57 PM</p>
<p>Corrective Plan: Effective 6/7/13 we have two Locum (temporary) physicians, one Medical Director and two physician assistants providing care throughout the complex. This should prove effective in tackling the backlog, address urgent needs and chronic patients. Mental Health has added an additional RN (filled) and two Psych Associates (recruiting) to staffing control. Nursing although has seen some turnover, is building an impressive pool of PRN nurses to be shared with Eyman and be used in place of agency as needed. We continue to recruit for providers of various disciplines to meet the ever changing needs of the complex.</p>
<p>Corrective Actions: See above.</p>
<p>3 Are all positions filled per contractor staffing pattern? Level 2 Amber User: Mark Haldane Date: 4/23/2013 8:44:09 AM</p>

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Corrective Plan: Effective 6/7/13 we have two Locum (temporary) physicians, one Medical Director and two physician assistants providing care throughout the complex. This should prove effective in tackling the backlog, address urgent needs and chronic patients. Mental Health has added an additional RN (filled) and two Psych Associates (recruiting) to staffing control. Nursing although has seen some turnover, is building an impressive pool of PRN nurses to be shared with Eyman and be used in place of agency as needed. We continue to recruit for providers of various disciplines to meet the ever changing needs of the complex.

Corrective Actions: Will continue to monitor.

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Jen fontaine Date: 4/29/2013 8:48:53 PM

Corrective Plan: Effective 6/7/13 we have two Locum (temporary) physicians, one Medical Director and two physician assistants providing care throughout the complex. This should prove effective in tackling the backlog, address urgent needs and chronic patients. Mental Health has added an additional RN (filled) and two Psych Associates (recruiting) to staffing control. Nursing although has seen some turnover, is building an impressive pool of PRN nurses to be shared with Eyman and be used in place of agency as needed. We continue to recruit for providers of various disciplines to meet the ever changing needs of the complex.

Corrective Actions: See above.

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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			4/12/2013 10:08 AM Entered By: Jen fontaine Infirmiry and sheltered housing management care is outlined in HSTM Chapter 7 section 4.0	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 11:13 AM Entered By: Jen fontaine During tour of IPC on 4/25/13 discovered door bell/ call bell system has been "misplaced" While the inmates housed in the main ward can easily reach staff if needed the unit is currently without a call bell system in place for the three individual isolation cells.	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		4/28/2013 1:29 PM Entered By: Jen fontaine Review of the medical records of the inmates housed in IPC and HU8 on 4/11/13 indicated the inmates were being seen by the Health Care Provider as required by the contract. Upon return on 4/25 the inmates had not been seen by a Health care Provider for at least 6 days when the requirement is to be seen every 72 hours in the IPC and weekly if housed in HU8. Weekly nursing care plans were not being written on 4/11 however upon return a plan had been implemented to meet this requirement and inmates were beginning to receive weekly complete assessments. On 4/11 there were not daily nursing notes in any of the charts I reviewed. On 4/25/13 that process had also changed and records evidenced a daily nursing note as required.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			4/27/2013 11:14 AM Entered By: Jen fontaine RN "charge nurse" on site 24 hours a day	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			4/27/2013 11:14 AM Entered By: Jen fontaine	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 11:14 AM Entered By: Jen fontaine	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?		X		4/28/2013 1:32 PM Entered By: Jen fontaine Review of the medical records of the inmates housed in IPC and HU8 on 4/11/13 indicated the inmates were being seen by the Health Care Provider as required by the contract. Upon return on 4/25 the inmates	1

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had not been seen by a Health care Provider for at least 6 days when the requirement is to be seen every 72 hours in the IPC and weekly if housed in HU8.

Weekly nursing care plans were not being written on 4/11 however upon return a plan had been implemented to meet this requirement and inmates were beginning to receive weekly complete assessments.

On 4/11 there were not daily nursing notes in any of the charts I reviewed. On 4/25/13 that process had also changed and records evidenced a daily nursing note as required.

4/15/2013 10:31 AM Entered By: Jen fontaine

10 inmates reviewed on 4/11/13:

inmate last RN note 4/10/13 @ 0300, last HCP note 4/9/13 (IM was S/P hospital return on 4/5/13)

inmate last RN note was 4/9/13 at 2200, last HCP note was 4/9/13

inmate last RN note was 4/8/13 at 2345, and last HCP note was 4/9/13

inmate last RN note was 4/7/13 at 2215, last HCP note was 4/9/13

inmate last RN note was 4/7/13 at 2205, last HCP note was 4/9/13

inmate last RN note was 4/10/13, last HCP note was 4/9/13

inmate (HU8 INMATE) last RN note was 3/20/13 prior to this one was 2/16/13, last HCP note was 4/10/13 and prior to that was 2/11/13.

inmate last RN note was 4/6/13, last HCP was 4/9/13 prior to that was 3/25/13.

inmate last RN note was 4/9/13 at 2110, last HCP note was 4/10/13 and prior to that IM was last seen by HCP 3/25/13

inmate last RN note 3/29/13 and last seen by HCP 4/5/13 with prior note dated 3/15/13.

Per HSTM Chapter 7 section 4.0.

3.0 Clinical Responsibilities

3.2 No more than 72 hours will elapse between medical provider visits to the IPC units. In the absence of the assigned medical provider, another provider will be assigned the responsibility of the visits. on weekends/holidays after normal duty hours, the medical provider designated on the urgent notification roster will be called for orders when needed. Medical orders from the hospital for medications and treatments may be continued. The ADC medical provider will rewrite the orders on the next normal work day.

3.3 inmates admitted to the IPC will have a history and physical completed within the first 72 hours by the medical provider.

3.5 Nursing will observe the assigned inmates/patients frequently during each shift. SOAP notes will be done daily and nursing assessments completed weekly. Inmates in IPC's will be visited by nursing on a daily basis. Daily health assessments, vitals, and care will be documented in the medical record.

PER THE HSTM care of inmates in the sheltered housing area.

4.2 Guidelines for the management of

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				<p>chronic conditions will be maintained. Medical Providers will provide ongoing visits weekly for inmates housed in this unit. Nursing staff will make visits to the unit at least every shift and more often as needed for the health and welfare of the assigned inmate.</p> <p>4.3 A weekly documented nursing assessment shall be performed. All assessments shall include complete vital signs and weights when medically indicated with documentation.</p>	
8	<p>Is a complete inmate health record kept and include:</p> <ul style="list-style-type: none"> -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		<p>4/28/2013 1:33 PM Entered By: Jen fontaine</p>	1
9	<p>If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?</p>	X		<p>4/28/2013 1:40 PM Entered By: Jen fontaine</p> <p>4/15/2013 9:45 AM Entered By: Jen fontaine Same record is used for the inmates while they receive care in the infirmary.</p>	1
10	<p>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?</p>	X		<p>4/27/2013 12:48 PM Entered By: Jen fontaine There were no observation patients identified in the last 30 days.</p>	1
11	<p>Are vital signs done daily when required?</p>		X	<p>4/28/2013 1:37 PM Entered By: Jen fontaine Review of the following 10 inmate patients [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. All had evidence of daily vital signs however four inmates, [redacted], [redacted], [redacted], & [redacted] were all missing at least one component, the O2 at least one time during the week.</p>	1
12	<p>Are there nursing care plans that are reviewed weekly and are signed and dated?</p>		X	<p>4/28/2013 1:41 PM Entered By: Jen fontaine Weekly nursing care plans were not being written on 4/11 however upon return 4/25 a plan had been implemented to meet this requirement and inmates were beginning to receive weekly complete assessments.</p> <p>4/12/2013 10:19 AM Entered By: Jen fontaine The medical of 10 inmates housed in IPC/HU8 were reviewed. [redacted], [redacted],</p>	1

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				<p>inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate)</p> <p>Of these 10 charts, zero were found to contain weekly nursing care plans.</p> <p>Per HSTM Chapter 7 section 4.0.3.5 Nursing will observe the assigned inmates/patients frequently during each shift. SOAP notes will be done daily and nursing assessments completed weekly. Inmates in IPC's will be visited by nursing on a daily basis. Daily health assessments, vitals, and care will be documented in the medical record.</p>	
13	<p>Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]</p>		X	<p>4/28/2013 1:44 PM Entered By: Jen fontaine Staff nurses have been identified to monitor the condition and PAR level of supplies in the infirmary.</p> <p>4/15/2013 9:27 AM Entered By: Jen fontaine 4/11/13 I discovered a man down bag in Central Unit without a red tag and was found to be without many of the minimum required items as listed in HSTM Chapter 1 section 6.2.</p> <p>Also, the following medications were in the Man Down bag and were expired: 2 amps D50 expired 4/1/12, 2 Naloxone expired 2/2013, 1 Nitro SL with contraband date of 7/1/12, 2 Diphenhydramine expired 2/2013, Glucagon expired 4/2013, 2 oral glucose gel expired 11/2012, 1 container glucose test strips expired 2/29/12, 1 liter LR expired 9/2012.</p>	1

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Corrective Action Plans for Performance Measure: Infirmatory Care

2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)

Level 1 Amber User: Jen fontaine Date: 4/27/2013 11:13:26 AM

Corrective Plan: Complex Leadership here at Florence is working with Corizon Regional Leadership to develop a "call system" for isolation cells but we will need collaboration with ADC on implementation of any such system. See below.

Corrective Actions: Ensure that inmates have a method available to contact nursing staff.
Responsible Parties= RN/LPN
Target Date = 11/30/13

3 Is the number of appropriate and sufficient qualified health professionals in the infirmatory determined by the number of patients, severity of illnesses and level of care required?

Level 1 Amber User: Jen fontaine Date: 4/28/2013 1:29:48 PM

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

Corrective Actions: See above.

7 Is the frequency of physician and nursing rounds in the infirmatory specified based on categories of care provided?

Level 1 Amber User: Jen fontaine Date: 4/28/2013 1:32:45 PM

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

Corrective Actions: See above.

11 Are vital signs done daily when required?

Level 1 Amber User: Jen fontaine Date: 4/28/2013 1:37:48 PM

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

Corrective Actions: See above.

12 Are there nursing care plans that are reviewed weekly and are signed and dated?

Level 1 Amber User: Jen fontaine Date: 4/28/2013 1:41:14 PM

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

Corrective Actions: See above.

13 Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]

Level 1 Amber User: Jen fontaine Date: 4/28/2013 1:44:04 PM

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

Corrective Actions: See above.