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Intake (Q)						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			4/15/2013 2:35 PM Entered By: Terry Allred Does not apply to the Lewis Complex.	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			4/15/2013 2:34 PM Entered By: Terry Allred Does not apply to the Lewis Complex.	2

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	Sick Call (Q)					
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		4/25/2013 2:17 PM Entered By: Terry Allred Performance measure is not met. Documentation and discussion with vender nursing supervisors indicates that sick call is being conducted on all yards except Rast/Eagle Point. Staffing patterns are not supportive of required perfromance measures at present.	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		4/30/2013 10:49 AM Entered By: Terry Allred Performance measure is not met. Random audit of 20 submitted Health Needs Request submissions revealed that in rare instances patients were seen within the 24 hour required timeframe. I was unable to locate 1 instance where HNR's that were identified as "emergent" were seen in immediate fashion. In cases of emergent submissions the wait times were anywhere from 2 to 10 days. These results were taken as a cross section of all complex units.	1
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]		X		4/25/2013 9:13 AM Entered By: Terry Allred Performance measure is not met. Continue to find regular cases in unit audit review where inmate weights are neglected from the SOAPE. Further, cases were dicovered where vitals numbers were entered, but identification of those numbers was absent. To the non-clinical staff, it would be very difficult to follow.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		4/25/2013 9:09 AM Entered By: Terry Allred Performance measure is not met. The SOAPE was utilized in varied fashion within those audited charts. There was not set method or trend to note. It was clear that both nursing and medical providers utilize personal preference rather than a directed method as indicated in the performance measure.	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		4/30/2013 10:52 AM Entered By: Terry Allred Performance measure is not met. A random audit of 20 nursing patients complex wide reflected that only about 10% saw the provider within the 7 days period as required. In cases where patients were seen earlier than the 7 day timeframe, resulted in a send up to the Complex medical HUB for evaluation and treatment.	1
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			4/25/2013 9:06 AM Entered By: Terry Allred Performance measure was met. Of those charts that were reviewed in this audit, in areas where necessary, the current nursing protocols were being utilized.	1

Corrective Action Plans for PerformanceMeasure: 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: Terry Allred Date: 4/25/2013 2:17:39 PM

Corrective Plan: As staffing fill rates increase all sites will have a nurse line as determined by the Corizon contract with DOC.

Corrective Actions: October Action plan submitted by Corizon-
1.Process to address access to care, to include but not limited to:
  a.Scheduling patients
  b.Staffing
2.In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1
  Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all
  inmates (Sick Call Attachment); and site specific process
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
3.Monitoring (Sick Call 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 = 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.
10/11/13 Update – All HNR s to be triaged by nursing, inclusive of MH.

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: Terry Allred Date: 4/30/2013 10:49:39 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Process to address, to include but not limited to:
  a.Daily pick up.
  b.Date stamp.
  c.Triage within 24 hrs, immediate triage of patient if emergent.
  d.Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
  e.Nurse line sees patient, then to provider line when appropriate.
  f. Submit final site process to RVP.
2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 (
  (Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call
  Attachment);
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Sick Call Monitoring Tool)
  a.Audit tools developed.
  b.Weekly site results discussed with RVP.
  c.Audit results discussed a monthly CQI meeting.
  d.Minutes and audit reported monthly to Regional office for tracking and trending.
Responsible Parties = FHA/DON/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.

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: Terry Allred Date: 4/25/2013 9:13:08 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call
 Attachment);
 a.Agenda/sign off sheet to verify
2.Monitoring (Sick Call Monitoring Tool)
 a.Audit tools developed
 b.Weekly site results discussed with RVP
 c.Audit results discussed a monthly CQI meeting
 d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/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 – VS will include weight when appropriate.

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: Terry Allred Date: 4/25/2013 9:09:40 AM

Corrective Plan: Nuring and provider education will address soape formatting in future training over the next 12 months.

Corrective Actions: October Action plan submitted by Corizon-
1.In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)",
 Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance
 outcome 4 (Sick Call Attachment); use of Corizon NETs
 a.Agenda/sign off sheet to verify
2.Monitoring (Sick Call Monitoring Tool)
 a.Audit tools developed
 b.Weekly site results discussed with RVP
 c.Audit results discussed a monthly CQI meeting
 d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/Medical Director/RDCQI/RVP
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 –NETs to be used for all Nursing sick call.

5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]
Level 1 Amber User: Terry Allred Date: 4/30/2013 10:52:14 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5
 (Sick Call Attachment); Seen by Physician or Midlevel within 7 days
 a.Agenda/sign off sheet to verify
2.Monitoring (Sick Call Monitoring Tool)
 a.Audit tools developed
 b.Weekly site results discussed with RVP
 c.Audit results discussed a monthly CQI meeting
 d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/Medical Director/RDCQI/RVP
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.

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			4/18/2013 8:09 AM Entered By: Vanessa Headstream	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		4/18/2013 8:18 AM Entered By: Vanessa Headstream Review of reports demonstrates non compliance with this performance measure - #inmate - out to hospital 04/04/13, returned 04/06/13 s/p hernia repair; consult request, pre-op orders, & hospital records were found in loose filing in medical records; pre-op orders not noted by nursing, hospital records not signed off by provider #inmate , #inmate , #inmate , #inmate - consult appt. held per ORC - unable to locate charts, no reports found in charts	2
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			4/9/2013 10:13 AM Entered By: Vanessa Headstream	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			4/9/2013 10:13 AM Entered By: Vanessa Headstream	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			4/18/2013 8:18 AM Entered By: Vanessa Headstream	2

Corrective Action Plans for PerformanceMeasure: Medical Specialty Consultations (Q)

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]
Level 2 Amber User: Vanessa Headstream Date: 4/18/2013 8:18:02 AM**

Corrective Plan: We are working to comport with this issue. The DON, FHA and Nursing supervisors are counseling providers to make sure they are reviewing materials in a timely manner. Staffing patterns in Medical records are being modified to insure faster filing of loose filing.

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.

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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			4/18/2013 8:18 AM Entered By: Vanessa Headstream	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		4/26/2013 11:14 AM Entered By: Vanessa Headstream 9 chronic care medical files reviewed indicate non compliance; 5 of the files are not within the specified time frame - #inmate - last cc visit May 2012, no f/u visits in file #inmate - last cc visit Aug 2012, 90 day f/u ordered, not completed #inmate - last cc visit Nov 2012, 180 day f/u ordered, not completed #inmate - last cc visit Sept 2012, 30 day f/u ordered not completed #inmate - last cc visit Mar 2013, no f/u ordered, orders not noted by nursing	2
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]	X			4/26/2013 11:14 AM Entered By: Vanessa Headstream	1
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]	X			4/22/2013 3:15 PM Entered By: Vanessa Headstream	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			4/22/2013 3:15 PM Entered By: Vanessa Headstream Reporting quarter not completed as of this date.	2

Corrective Action Plans for PerformanceMeasure: 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: Vanessa Headstream Date: 4/26/2013 11:14:28 AM

Corrective Plan: Initiatives have been taken to enhance the chronic care system to insure that inmates are being seen pursuant to condition type in the indicated time frames. This includes a switch of software, and a review of all patients charts to identify chronic condition patients by mid july.

Corrective Actions: See above.

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	Medical Records (Q))					
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]		X		4/18/2013 8:40 AM Entered By: Vanessa Headstream Review of medical records demonstrate non compliance with this performance measure - There are large volumes of loose filing piled up in the medical records room, including consult reports, hospital records, HNRs, lab results, etc. Medical chart reviews demonstrate misfiled paperwork, i.e. HNR/SNO filed in Progress note section, labs/xrays/consents filed in consult section, SOAPE notes loose inside the folder, not filed 4/25/2013 8:55 AM Entered By: Terry Allred Performance measure is not met. A review of approximately 50 medical records revealed that in many cases current documentation was not available. Specifically, the MAR, which in my review I found the unfiled MARS to go back as far as 5 months in some cases. Further, cases of misfiling of documents or chronological misfiling was noted. Overall, there is improvement, yet these areas of concern do presently exist.	1
2	Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]		X		4/18/2013 8:45 AM Entered By: Vanessa Headstream #inmate - preop orders 04/01/13 not noted by nursing #inmate - orders noted by nursing, no time documented #inmate - orders 04/04/13 not noted by nursing 4/25/2013 8:56 AM Entered By: Terry Allred Performance measure is met. As Providers do not see patients without a nurse present, this is an area that is generally managed well.	1
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		4/18/2013 8:47 AM Entered By: Vanessa Headstream MAR have not been filed in the medical chart for months, MAR from Nov 2012 to Mar 2013 are piled on carts and shelves in the med records area 4/25/2013 8:59 AM Entered By: Terry Allred Performance measure is not met. Majority of medical records do not contain the current months MAR. That MAR which is in the medical record, does not always have all components required on the MAR, but there is noted improvement in this area as well.	1

#	Question	G	Y	R	Comments	Score
4	Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]		X		4/25/2013 9:02 AM Entered By: Terry Allred Performance measure is not met. Noted cases from all units where legibility remains an issue. In those cases where a name stamp is not available, there is seldom the printed name below to support the signature line. A case was brought to the DON on 4/24/13 for his review as a teaching opportunity for the nursing staff.	1
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?		X		4/17/2013 2:45 PM Entered By: Terry Allred Performance measure has been met. Review of tracking database supports accuracy of requirement. 4/18/2013 8:53 AM Entered By: Vanessa Headstream Intake/transfer charts are on a cart at the medical hub, review of the top row demonstrated 11 charts with arrival dated 04/04/13 were reviewed by nursing 04/14/13, no MH &/or dental review completed; 26 charts with arrival of 04/04/13 were not reviewed; the middle and bottom rows of charts had been reviewed by MH &/or dental, no nursing review documented #inmate - arrival 04/04/13, no nursing/MH/dental review of chart documented; Inmate movement record not updated	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			4/17/2013 2:47 PM Entered By: Terry Allred Performance measure has been met. Review of tracking logs supports that performance measure is currently being met.	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			4/17/2013 2:51 PM Entered By: Terry Allred Perfromance measure is being met. Noted volumes outside of the 90 day perameters are stored in seperate locations, to include the CIP area connex, Rast unit and some storage in the medical records area. 4/17/2013 2:51 PM Entered By: Terry Allred Performance measure is being met. Noted volumes outside of the 90 day perameters are stored in seperate locations, to include the CIP area connex, Rast unit and some storage in the medical records area. 4/17/2013 2:51 PM Entered By: Terry Allred Performance measure is being met. Noted volumes outside of the 90 day perameters are stored in seperate locations, to include the CIP area connex, Rast unit and some storage in the medical records area.	1
8	Are medical records for released inmates pulled from the active file area?	X			4/25/2013 9:05 AM Entered By: Terry Allred Performance measure is generally met.	1

		🟩	🟧	🟥	Medical records are available in the medical records area for 90 days before complete removal. Significant effort to thi end has been noted.	🟦
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			4/17/2013 2:53 PM Entered By: Terry Allred Performance measure is being met. Current requests for archived records are minimal presently. Only 1 request for noted records in 2013 to date.	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only?	X			4/17/2013 3:10 PM Entered By: Terry Allred Performance measure is being met. Release of information log is maintained in the office of the medical records supervisor, with a breakdown of submitted ROI's by specialty requestor.	1

Corrective Action Plans for PerformanceMeasure: 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: Vanessa Headstream Date: 4/18/2013 8:41:00 AM

Corrective Plan: Staffing plans are being developed to help reduce the back log loose filling.

Corrective Actions: See above.

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: Terry Allred Date: 4/25/2013 8:55:20 AM

Corrective Plan: As staffing patterns improve this will resolve, we are striving to have full staff in place in medical records by june 1 pending effecientcy in the DOC staff background check process.

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

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: Vanessa Headstream Date: 4/18/2013 8:46:00 AM

Corrective Plan: Every effort is made to insure that orders are noted with in a reasonable time frame. Nursing staff is being counseled, and additional training given to help insure that orders are processed as identified in contract language.

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

3 Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]
Level 1 Amber User: Vanessa Headstream Date: 4/18/2013 8:47:59 AM

Corrective Plan: Plans are in development to address the filing backlog, current staffing levels are insufficient to allow for the routine upkeep of loose filing.

Corrective Actions: See above. Approved by V. Headstream.

3 Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]
Level 1 Amber User: Terry Allred Date: 4/25/2013 8:59:50 AM

Corrective Plan: We are working towards achieving compliance with this issue. The DON of nursing and Nursing supervisors are working to insure that this measure will be met in the near future. It should be noted that current MARS are housed in yard specific books, and not returned to the patient medical record until after the end of the

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current month, thus the chart will always be one month or so behind on having the MAR in it. Carting individual charts to the yard for each pill pass would be undoable in the current system.
Corrective Actions: Reinforce with nursing staff the importance of a complete MAR. Continue to monitor
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: Terry Allred Date: 4/25/2013 9:02:22 AM**
Corrective Plan: under wexford health stamps were not allowed. Stamps are being purchased for all medical staff.
Corrective Actions: Reinforce with nursing staff the importance of using name stamps. Continue to monitor
5 Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?   **Level 1 Amber User: Vanessa Headstream Date: 4/18/2013 8:53:53 AM**
Corrective Plan: A check list has been developed to insure that charts are reviewed by appropriate departments within identified time frames.
Corrective Actions: Reinforce with medical records staff the importance of maintaining the log. Continue to monitor

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Prescribing Practices and Pharmacy (Q)

	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			4/26/2013 10:14 AM Entered By: Leslie Boothby	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		4/26/2013 10:15 AM Entered By: Leslie Boothby HSTM 4.1.6 1. Amber – will remain amber until a written corrective action plan is received and implemented at each Complex Site by Corizon Health. 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. a. April 2013 NFDR Stop Date Reports indicates: i. 1583 Non-formulary drugs expiring for 1270 patients 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. a. April 2013 Discontinued (Expired) Medication Report indicates: i. 2766 Expired medications expiring for 1721 patients	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 10:15 AM Entered By: Leslie Boothby	1

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

2 Are pharmacy polices, 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 10:15:27 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
 a.Expired Medications (Appendix I.1.a.)
 b.Re-order medications
 c.Invalid chart orders (Appendix I.1.c.)
   i.Therapeutic dose ranges
   ii.Dose changes must have supporting documentation
 d.Non-formulary process (Appendix I.1.d.)
   i.Reviewed for approval within 24-48 hrs
   ii.Providers notified decision within 24-48 hrs
 e.Manifest Reconciliation
 f.Inventory control
 g.Stock Medications
 h.Practitioner Cards (Appendis I.1.h.)
 i.Controlled Medications (Appendix I.1.i.)
2.In-service staff
 a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr
   policy
 b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
3.Monitoring (Appendix I. - IV Monitoring Tools)
 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/IC/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 – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

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	Reporting (AIMS) (Medical Records)(Q)					
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Are medical AIMS entries being made timely, completely, accurately and no greater than 3 work days from the entry in the medical record? [CC 2.20.2.7, HSTM Chpt. 7, Sec. 8.0]	X			4/18/2013 12:52 PM Entered By: Terry Allred Performance measure is met. Entries are made within 1 to 2 days normally. No noted backlog.	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		4/15/2013 2:33 PM Entered By: Terry Allred Performance measure is not met. A complete audit of those submitted grievances from 02/01/2013 through 04/15/2013 reflected the following inmate grievances that are out of timeframe with Department Order 802. The following have been received but have not been responded to. inmate ▮ (Rast) received 03/12/2013; inmate #▮ (Bachman) received 03/12/2013; inmate ▮ (Barchey) received 04/01/2013; inmate ▮ (Bachman) received 03/04/2013 and inmate ▮ (Bachman) received 02/21/2013.		2

Corrective Action Plans for PerformanceMeasure: 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: Terry Allred Date: 4/15/2013 2:33:02 PM**
Corrective Plan: a search for the aforementioned grievances has been attempted and they have not been located. WHen located appropriate action will be taken.
Corrective Actions: Reinforce with staff grievance time frames and maintain a database to assist with response follow-up.

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	No Shows (Q)					
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Are medical, dental and mental health line "no-shows" being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]		X		4/22/2013 2:49 PM Entered By: Terry Allred Performance measure is not met. I can find no evidence that there is any consistancy in no-show reporting amoung the noted disciplines of medical, dental ot mental health.	1

Corrective Action Plans for PerformanceMeasure: 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: Terry Allred Date: 4/22/2013 2:49:22 PM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with staff to report no-shows IAW D. O. 1101.

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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			4/30/2013 6:20 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 3:29 PM Entered By: Steve Bender All referrals for psychiatric services were not occurring within the identified time frame. This information was documennted 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 3:35 PM Entered By: Steve Bender A review of (50) charts found (1) SMI treatment plan needing to be reviewed and (5) MH3 inmates with a qualifing diagnosis without a treatment plan. #inmate , #inmate , #inmate , #inmate (meds were D/C on 3/14/13, #inmate , #inmate	1
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]		X		4/25/2013 3:40 PM Entered By: Steve Bender A review of (50) charts found (8) which had not been seen during the required time frame. #inmate , #inmate , #inmate , #inmate , #inmate , #inmate , #inmate , #inmate ,	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			4/30/2013 6:22 PM Entered By: Steve Bender All inmates assesssed to be unstable were being referred for evaluation by the psychiatric provider.	2
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]		X		4/25/2013 3:46 PM Entered By: Steve Bender A review of (50) charts found (10) who had not been seen within the designated time frame. #inmate , #inmate , #inmate , #inmate , #inmate , #inmate , #inmate , #inmate , #inmate , #inmate	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 3:29:54 PM

Corrective Plan: THis information will be shared with Psych staff and an action plan developed as staffing becomes available.

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 2 (Mental Health Attachment) related to psychiatric providers seeing HNR or sick call
   referrals within 7 days
   a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers
      within 7 days, when appropriate
   b.Agenda/sign off sheet to verify, inclusive of all pertinent staff
   c.Have MH staff increase their contacts if appointment cannot be made in 7 days
2.Monitoring (Mental health Monitoring Tool)
   a.Audit tools developed
   b.Weekly 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
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 – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman completed.

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]
Level 1 Amber User: Steve Bender Date: 4/25/2013 3:35:40 PM

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 3(Mental Health Attachment) related to treatment plan updates every 90 days and use of
   SMI monthly report tool
   a.SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking
     appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track
     and trend (III.1.a. SMI Monthly Report)
   b.Review AIMS and update when changes in MH status
   c.Inmates with mental health score of three or above are seen by MH staff per policy
     titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)
   d.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
Continue to monitor daily, then monthly until meet compliance, then ongoing monthly monitoring.
10/11/13 Update: Staff in-serviced on how to use SMI monthly report tool; review of audit tool data to begin in November.

4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]
Level 2 Amber User: Steve Bender Date: 4/25/2013 3:40:18 PM

Corrective Plan: See October action plan as submitted by Corizon. Information will be reviewed with Psych staff and acted upon

Corrective Actions: October Action plan submitted by Corizon-
1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.

2. Reinforce this in monthly staff meetings.
3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.
4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.
Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI
Target Date-11/30/13

6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]
Level 2 Amber User: Steve Bender Date: 4/25/2013 3:46:16 PM

Corrective Plan: Information will be evaluated and acted upon.

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
    Regional office for tracking and trending
Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead
Target Date- 11/30/13
Continue to monitor monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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		4/23/2013 1:46 PM Entered By: Terry Allred Performance measure is not met. Site manager reports that discussions on this topic have begun, but nothing to date has been completed.	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		4/23/2013 1:47 PM Entered By: Terry Allred Performance measure is not met. Site manager reports only initial discussions relative to this topic have occurred at this point.	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		4/23/2013 1:48 PM Entered By: Terry Allred Performance measure is not met. Site manager reports only initial discussions at this point.	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		4/23/2013 1:49 PM Entered By: Terry Allred Performance measure is not met. Site manager reports only initial discussions on topic at this point.	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		4/23/2013 1:50 PM Entered By: Terry Allred Performance measure is not met. Site manager reports only initial discussions on topic to this point.	1

Corrective Action Plans for PerformanceMeasure: 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: Terry Allred Date: 4/23/2013 1:46:07 PM

Corrective Plan: we are in the process of formulating a plan to comply with this standard.

Corrective Actions: See above.

2 Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]
Level 1 Amber User: Terry Allred Date: 4/23/2013 1:47:30 PM

Corrective Plan: Plans are in place to formalize CQI meetings as soon as staffing levels have been met. A master schedule of meetings will be published the first p[arrt of may.

Corrective Actions: See above.

3 Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]
Level 1 Amber User: Terry Allred Date: 4/23/2013 1:48:28 PM

Corrective Plan: Plans are in place to begin meeting the CQI requirements as staffing levels are achieved.

Corrective Actions: See above.

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-

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C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12] **Level 1 Amber User: Terry Allred Date: 4/23/2013 1:49:18 PM**
Corrective Plan: When staffing patterns allow this will be adressed.
Corrective Actions: Reinforce with staff that regular PEER reviews for physicians, nurse practitioners, physicians, physician assistants, dentist, psychiatrists are to be completed. Continue to monitor.
5 Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12] **Level 1 Amber User: Terry Allred Date: 4/23/2013 1:50:07 PM**
Corrective Plan: When Staffing patterns are met this will be addressed
Corrective Actions: Regional management will monitor the site CQI program.

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Medication Administration

	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			4/22/2013 8:28 AM Entered By: Vanessa Headstream	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]		X		4/26/2013 11:27 AM Entered By: Vanessa Headstream No documentation of training/testing available for review when requested.	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			4/18/2013 8:22 AM Entered By: Vanessa Headstream KOP meds are officer delivery, the i/m signs a roster for acceptance of meds, rosters are maintained @ admin bldg med room - when requested to review specific i/m med receipt, was advised rosters were still at the individual housing units	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		4/24/2013 12:42 PM Entered By: Vanessa Headstream Review of April MARs for all units indicates non compliance with this measure: Insulin and medication MARs document missing doses of medications, no nursing signatures to correspond to the initials on the MAR, no diagnosis listed, missing start/stop dates of prescriptions, "NS" or "NA" documented	1
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		4/26/2013 11:30 AM Entered By: Vanessa Headstream No medication error reports completed	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		4/18/2013 8:34 AM Entered By: Vanessa Headstream Review of this performance measure demonstrates non compliance - #inmate - sulfasalazine ordered 04/11/13 - is not shown on pt. profile 04/17/13, so not filled by Pharmacorr - other meds filled 04/11/13 delivered to i/m 04/16/13 #inmate - meds filled 02/14/13 for 30 days; no refills of meds in March 2013, refill of meds occurred 04/11/13 with delivery to i/m 04/16/13 meds arriving from Pharmacorr at the facility on Friday are not delivered to i/m until Tuesday per pharmacy staff - example: Pharmacorr filled meds 04/11/13 (Thurs), delivered to facility 04/12/13 (Fri)@ noon, meds are sorted and packaged 04/15/13 (Mon), taken to the units for delivery 04/16/13 (Tue), rosters are picked up by med techs 04/17/13 (Wed) when newly arrived meds are delivered	2
7	Are inmates being required to show ID prior to being administered their medications?	X			4/22/2013 8:33 AM Entered By: Vanessa Headstream	2

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8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X		4/22/2013 8:30 AM Entered By: Vanessa Headstream Review of stop date report for April 9-15, 2013 demonstrates non compliance: 127 prescriptions reviewed for MH/CC medications; 81 expired without renewals shown in pharmacy database, 46 reordered on or prior to expiration date 4/9/2013 11:43 AM Entered By: Review of stop date report for April 1-8, 2013 indicates the following: 97 prescriptions reviewed for MH/CC medications; 41 expired without renewals shown in pharmacy database, 56 reordered on or prior to expiration date	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		4/24/2013 12:59 PM Entered By: Vanessa Headstream #inmate - NFDR was submitted 04/17/13, no response noted to be in chart, also a NFDR was submitted for a different med 04/19/13, no response noted to be in chart 4/18/2013 8:36 AM Entered By: Vanessa Headstream No NFDR discovered	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		4/24/2013 1:00 PM Entered By: Vanessa Headstream #inmate - NFDRs submitted 04/17/13 and 04/19/13 have no documented responses 4/18/2013 8:36 AM Entered By: Vanessa Headstream No NFDR discovered	2
11	Are medication error reports being completed and medication errors documented?		X		4/24/2013 8:16 AM Entered By: Vanessa Headstream Medication error reports are not available	2

Corrective Action Plans for PerformanceMeasure: Medication Administration

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]
Level 1 Amber User: Vanessa Headstream Date: 4/26/2013 11:27:04 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
  a.Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2
  (Appendix VI.1.a.).
  b.MAR documentation.
  c.Administration of DOT/KOP.
  d.Printing MARs (Pharmacy Appendix).
  e.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)
  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/RDCQI/RVP/FHA
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.

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: Vanessa Headstream Date: 4/24/2013 12:42:08 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
  a.Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2
  (Appendix VI.1.a.).
  b.MAR documentation.
  c.Administration of DOT/KOP.
  d.Printing MARs (Pharmacy Appendix).
  e.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)
  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/RDCQI/RVP/FHA
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.

5 Are medication errors forwarded to the FHA to review corrective action plan?
Level 2 Amber User: Vanessa Headstream Date: 4/26/2013 11:30:19 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
  a.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)

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/RDCQI/RVP/FHA
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.

6 Are there any unreasonable delays in inmate receiving prescribed medications?
Level 2 Amber User: Vanessa Headstream Date: 4/18/2013 8:34:51 AM

Corrective Plan: we are working to improve this issue, and adjust systems to comport with the Pharmacore models

Corrective Actions: October Action plan submitted by Corizon-
Intakes-
1.Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
  a.Intake Orders
  b.Private Prisons
2.In-service staff on process per PharmaCorr policy,
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
3.Custody educated regarding contract requirements regarding inmate transfer with meds.
4.Monitoring (Appendix I. - IV Monitoring Tools)
  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
Responsibile Parties = FHA/DON/Custody/RDCQI/RVP
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results
1.Monitoring (Appendix I. - IV Monitoring Tools)
  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
2.Standardized process statewide to include, but not limited to (Appendix III.1.):
  a.Internal
  b.External
2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter
  5, Section 5.0 (Appendices III.2.);
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
3.Custody educated regarding contract requirements regarding inmate transfer with meds
4.Monitoring (Appendix I. - IV Monitoring Tools)
  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/Custody/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.

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: Vanessa Headstream Date: 4/22/2013 8:30:16 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
2.In-service staff on process per PharmaCorr policy,
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff

3.Custody educated regarding contract requirements regarding inmate transfer with meds.
4.Monitoring (Appendix I. - IV Monitoring Tools)
  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
Responsibile Parties = FHA/DON/Custody/RDCQI/RVP
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

1.Monitoring (Appendix I. - IV Monitoring Tools)
  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
2.Standardized process statewide to include, but not limited to (Appendix III.1.):
  a.Internal
  b.External
2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter
  5, Section 5.0 (Appendices III.2.);
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
3.Custody educated regarding contract requirements regarding inmate transfer with meds
4.Monitoring (Appendix I. - IV Monitoring Tools)
  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/Custody/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.

9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?
Level 2 Amber User: Vanessa Headstream Date: 4/24/2013 12:59:50 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
   a.Non-formulary process (Appendix I.1.d.)
    i.Reviewed for approval within 24-48 hrs
    ii.Providers notified decision within 24-48 hrs
  e.Manifest Reconciliation
  f.Inventory control
  g.Stock Medications
  h.Practitioner Cards (Appendis I.1.h.)
  i.Controlled Medications (Appendix I.1.i.)
2.In-service staff
  a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr
    policy
  b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
3.Monitoring (Appendix I. - IV Monitoring Tools)
  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/IC/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 – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

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10 Are providers being notified of non-formulary decisions within 24 to 48 hours?
Level 2 Amber User: Vanessa Headstream Date: 4/24/2013 1:00:44 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
   a.Non-formulary process (Appendix I.1.d.)
    i.Reviewed for approval within 24-48 hrs
    ii.Providers notified decision within 24-48 hrs
  e.Manifest Reconciliation
  f.Inventory control
  g.Stock Medications
  h.Practitioner Cards (Appendis I.1.h.)
  i.Controlled Medications (Appendix I.1.i.)
2.In-service staff
  a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr
    policy
  b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
3.Monitoring (Appendix I. - IV Monitoring Tools)
  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/IC/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 – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

11 Are medication error reports being completed and medication errors documented?
Level 2 Amber User: Vanessa Headstream Date: 4/24/2013 8:16:19 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
  a.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
  a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)
  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/RDCQI/RVP/FHA
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.

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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			4/22/2013 11:13 AM Entered By: Terry Allred Performance measure is met.	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]		X		4/22/2013 11:15 AM Entered By: Terry Allred Performance measure is not met. Current staffing patterns are affecting nursing and provider lines. All locum and registry nursing has been cut with no noted replacement of F/T staff to cover shortages at present.	3
3	Are all positions filled per contractor staffing pattern?		X		4/22/2013 11:16 AM Entered By: Terry Allred Performance measure is not met. Not all positions as noted on the staffing amtrix are filled. There are shortages in Providers and in nursing areas of note.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			4/22/2013 11:17 AM Entered By: Terry Allred Performance measure is met. Site manager is in regular weekly contact with HR officials to discuss and mediate needs of the institution.	2

Corrective Action Plans for PerformanceMeasure: Staffing
2 Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0] **Level 3 Amber User: Terry Allred Date: 4/22/2013 11:15:21 AM**
Corrective Plan: We are currently in the process of interviewing to hire additional staff to flesh out the staffing pattern. We are also redistruting and realigning staffing pattens to better accomidate the plan put forth by Corizon and approved by DOC.
Corrective Actions: See above.
3 Are all positions filled per contractor staffing pattern? **Level 2 Amber User: Terry Allred Date: 4/22/2013 11:16:38 AM**
Corrective Plan: Staff are being recurited hired and cleared to meet established staffing patterns. Background checks are still slowing the hiring process.
Corrective Actions: See above.

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	Infirmary 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 infirmary setting?	X			4/9/2013 10:11 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	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			4/9/2013 10:11 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?	X			4/9/2013 10:11 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			4/9/2013 10:11 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			4/9/2013 10:11 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			4/9/2013 10:12 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			4/9/2013 10:12 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			4/9/2013 10:12 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1

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9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X			4/9/2013 10:12 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			4/9/2013 10:12 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
11	Are vital signs done daily when required?	X			4/9/2013 10:12 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			4/9/2013 10:12 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			4/9/2013 10:13 AM Entered By: Vanessa Headstream No infirmary housing at this facility; L11 does not meet the parameters defining infirmary housing	1