

### April 2013 PERRYVILLE COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			4/18/2013 1:46 PM Entered By: Kristan Sears	2
					4/29/2013 10:36 AM Entered By: Mark Haldane	
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			4/18/2013 1:46 PM Entered By: Kristan Sears	2
					4/29/2013 10:36 AM Entered By: Mark Haldane	

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			<p>4/23/2013 8:54 PM Entered By: Kristan Sears A review of the Nurse Line appointment lists for April 2013 to date evidence that Perryville is in compliance with this performance measure.</p> <p>Note: Due to custody levels and housing at Lumley Unit, nurse line is not available five days a week for all housing units. There is a schedule that is posted and followed, which leads to a delay and complications with meeting other performance measures such as patients being seen within 24 hours of HNR triage.</p> <p>4/30/2013 6:53 PM Entered By: Kathy Campbell</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>4/23/2013 7:29 PM Entered By: Kristan Sears</p> <p>AUTHORITY: Per NCCHC P-E-07, nonemergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p> <p>LUMLEY – This performance measure is difficult to gauge on this unit due to the amount of loose filing. A review of charts indicated that inmates were seen on nurse line and/or provider line as a result of an HNR. However, many of the HNRs could not be located in the charts at the time of observation, which are as follows:</p> <p>#inmate [REDACTED] – Seen on nurse line on 4-10-13 regarding compromised skin integrity from her cast on her left foot. No HNR in chart.</p> <p>#inmate [REDACTED] – Seen on nurse line on 4-8-13 for heavy bleeding, but no HNR located in the chart. Urgent HNR for back pain dated 3-20-13; rec'd 3-20-13; scheduled on nurse line 3-22-13, but there is no indication in the chart that this inmate was actually seen for this issue as a result of this HNR (i.e. there is no corresponding SOAPE note located in the chart).</p> <p>#inmate [REDACTED] – Seen on nurse line on 4-8-13 for constipation, but no corresponding HNR located in the chart. HNR for rash cream dated 2-26-13; rec'd 2-28-13; answered on 3-11-13 stating that the request for the rash cream was not on the profile and check w/ provider for new Rx; however, no indication of follow-up is recorded in the chart as to whether or not she was seen or if the cream was ordered.</p> <p>#inmate [REDACTED] – Seen on nurse line 4-8-13 for severe acne, but no</p>	1

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corresponding HNR located in chart. Also seen on nurse line on 3-26-13 for lesions on buttocks in regards to an HNR dated 3-14-13 that was received and triaged on 3-20-13.

#inmate [REDACTED] – Seen on nurse line on 4-8-13 for stomach problems in regard to an HNR dated 4-1-13 that was received and triaged on 4-4-13.

#inmate [REDACTED] – Intake date was 4-3-13; three HNRs dated 4-4-13 and one dated 4-5-13 that were all triaged on 4-7-13. The one regarding eyeglasses was mentioned on 4-8-13 nurse line where she was told that she does not qualify because her sentence is less than 1 year. Two of the HNRs requested psych meds, and the patient was not seen until 4-10-13 to address these issues. The other HNRs addressing medications and health concerns were addressed during a chronic care appointment on 4-10-13 with the medical provider. Therefore, the above listed HNRs were addressed > 24 hours after triage.

SAN CARLOS - This performance measure is difficult to gauge on this unit due to the amount of loose filing. A review of charts indicated that inmates were seen on nurse line and/or provider line as a result of an HNR. However, many of the HNRs could not be located in the charts at the time of observation, which are as follows:

#inmate [REDACTED] – Seen on nurse line on a number of occasions, SOAPEs indicate that 3-15-13 and 3-21-13 visits were in response to HNRs. One SOAPE not states the HNR was old and that the patient had already been seen. Neither HNR were located in the chart during observation.

#inmate [REDACTED] – Upon interview, patient claims to have submitted several HNRs regarding previously ordered consults that have not taken place. Due to the amount of loose filing issues, this could not be verified. However, previous incomplete consults for cardiologist, pulmonologist, and ophthalmologist were located in the chart.

#inmate [REDACTED] – Seen on nurse line on 4-5-13 for back and neck pain. Patient states that she submitted HNRs, but they were not located in the chart during observation on 4-15-13.

#inmate [REDACTED] – Seen on nurse line on 4-5-13 for lower bunk request for back and leg pain. However, I could not locate recent HNR request. Most recent HNRs were from March 2013. HNR dated 3-3-13 was triaged 3-4-13, but patient was not seen until the above date, which was > 24 hours after triage. Another HNR dated 3-2-13 regarding cervical cancer was submitted and triaged on 3-4-13, but not seen on nurse line to address it until 4-5-13, which is > than 24 hours after triage.

SANTA CRUZ –

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#inmate [REDACTED] – Two HNRs for side pain and urinating blood were located in the patient's medical chart, one dated 2-28-13 and the other 3-19-13, which were triaged 3-4-13 and 3-20-13 respectively. Patient was seen on nurse line on 3-21-13 for this issue, which is within time frame for the second HNR, but not the initial one. Another HNR date 3-25-13 that was triaged on 3-27-13 regarding eye glasses states scheduled on nurse line, but patient was not seen until 4-3-13, which is > 24 hours after triage.

#inmate [REDACTED] – HNR dated 3-27-13 that was received and triaged on 3-31-13 for glasses states scheduled on nurse line, but there is no indication that the patient was seen for this in her medical chart.

#inmate [REDACTED] – Seen on nurse line on 4-2-13 for constipation, but no HNR could be located in the medical chart.

#inmate [REDACTED] – Seen on nurse line on 4-3-13 for a sore throat and a protocol was used, but no corresponding HNR was located in the chart.

Two charts had HNRs that had not been addressed as of 4-16-13: #inmate [REDACTED] & #inmate [REDACTED], and both HNRs were triaged on 4-10-13.

## SAN PEDRO –

#inmate [REDACTED] – HNR dated 3-26-13, received and triaged on 3-28-13. Scheduled and seen on nurse line on 4-1-13, which is > than 24 hours after triage.

#inmate [REDACTED] – HNR for stomach problems dated 4-1-13, received and triaged 4-2-13. Seen on nurse line on 4-4-13, which is > than 24 hours after triage.

#inmate [REDACTED] – HNR for falling and foot pain dated 4-4-13, received and triaged 4-5-13. Seen on nurse line on 4-9-13, which is > than 24 hours after triage.

#inmate [REDACTED] – HNR for ear pain dated, received, and triaged 4-2-13. Seen on nurse line on 4-4-13, which is > than 24 hours after triage.

#inmate [REDACTED] – HNR dated 3-27-13 for gas and toe nail issue, received and triaged 3-27-13. Seen 4-1-13 on nurse line for gas, and seen on nurse line on 4-4-13 for the toe nail issue, which is > than 24 hours after triage.

#inmate [REDACTED] – HNR dated 4-3-13 for breast pain and lactation and headaches. The HNR was triaged on 4-4-13, but patient was not seen until 4-10-13, which is > than 24 hours after triage.

SANTA MARIA – There are a lot of unfiled HNRs, which makes it difficult to gauge this performance measure.

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				<p>#inmate [REDACTED] – HNR dated 3-21-13, received and triaged on 3-21-13, scheduled on 3-22-13, but not seen until 3-26-13.</p> <p>#inmate [REDACTED] – Seen on nurse line on 4-10-13 for shoulder pain, but could not locate the HNR in chart due to the number of HNRs that have not been filed.</p> <p>#inmate [REDACTED] – HNR dated 4-1-13, received and triaged 4-4-13, scheduled on 4-5-13, but not seen until 4-9-13.</p> <p>#inmate [REDACTED] – Seen on nurse line on 4-5-13 complaining of allergies. However, could not locate the HNR in chart due to the number of HNRs that have not been filed.</p> <p>#inmate [REDACTED] – Emergency HNR dated 3-25-13 for dental pain, received and triaged on 3-26-13, scheduled on 3-27-13, but not seen by nursing, seen by dental on 3-28-13. Seen on nurse line on 4-1-13 for neck pain, but could not locate the corresponding HNR in chart due to the number of HNRs that have not been filed.</p> <p>#inmate [REDACTED] – Seen on nurse line on 4-4-13 and eye exams/eye wear protocol used, but could not locate the corresponding HNR in chart due to the number of HNRs that have not been filed.</p> <p>#inmate [REDACTED] – HNR dated 3-27-13, received and triaged 3-28-13, scheduled on 3-29-13, but not seen until 4-5-13.</p> <p>4/30/2013 6:53 PM Entered By: Kathy Campbell See previous remarks from K. Sears.</p>	
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]		X	<p>4/23/2013 8:35 PM Entered By: Kristan Sears</p> <p>AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCHC P-E-04, vital signs are to include the patient's weight.</p> <p>LUMLEY –</p> <p>#inmate [REDACTED] – 4-8-13 SOAPE no temperature or weight noted.</p> <p>#inmate [REDACTED] – 4-8-13 protocol: no temperature, respirations, or weight noted on protocol.</p> <p>#inmate [REDACTED] – 4-8-13 SOAPE: no temperature or weight noted. 4-3-13 protocol: no weight noted (because there is not a spot for it on the ADC approved protocol. 3-26-13 SOAPE: no O2 sat or temperature indicated.</p>	1

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#inmate [REDACTED] – 4-8-13  
protocol: no temperature or weight  
indicated.

SAN CARLOS -

#inmate [REDACTED] – 4-5-13 SOAPE  
note: no vitals noted

#inmate [REDACTED] – 4-5-13  
SOAPE note: no vitals noted

SANTA CRUZ –

#inmate [REDACTED] – 3-21-13 SOAPE:  
no temperature noted. 3-27-13 protocol: no  
weight noted. 4-3-13 protocol: no weight  
indicated.

#inmate [REDACTED] – 4-2-13  
protocol: no vitals recorded.

#inmate [REDACTED] – 4-3-13  
protocol: no weight noted on protocol.

SAN PEDRO –

#inmate [REDACTED] – 4-1-13  
protocol: no weight recorded.

#inmate [REDACTED] – 4-4-13 protocol:  
no weight recorded.

#inmate [REDACTED] – 4-9-13 protocol:  
no weight on protocol.

#inmate [REDACTED] – 4-4-13 protocol:  
no weight recorded.

#inmate [REDACTED] – 4-1-13  
protocol: no weight recorded.

SANTA MARIA –

#inmate [REDACTED] – 3-26-13 SOAPE:  
no weight recorded.

#inmate [REDACTED] – 4-10-13  
SOAPE: no weight recorded.

#inmate [REDACTED] – 4-9-13 SOAPE:  
no weight recorded.

#inmate [REDACTED] – 4-5-13  
SOAPE: no weight recorded.

#inmate [REDACTED] – 4-1-13  
protocol: no weight recorded.

#inmate [REDACTED] – 4-4-13  
protocol: no weight recorded.

#inmate [REDACTED] – 4-5-13 SOAPE  
note: no weight recorded. 4-11-13 provider  
SOAPE note: no temp recorded.

4/30/2013 6:54 PM Entered By: Kathy  
Campbell  
See previous remarks from K.Sears.

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<p>4</p>	<p>Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>	<p>X</p>	<p></p>	<p>4/23/2013 9:55 PM Entered By: Kristan Sears</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) all sick call entries are documented in the medical record utilizing the "Subjective- Objective- Assessment- Plan -Education" (SOAPE) format.</p> <p>LUMLEY –</p> <p>#inmate [REDACTED] – 4-8-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-8-13 SOAPE note: no "E" component on the note. 3-26-13 SOAPE note: the "S" and "E" components are there in written format, just not indicated as such.</p> <p>#inmate [REDACTED] – 4-3-13 Intake SOAPE note: no "E" component on the physical exam note.</p> <p>SAN CARLOS -</p> <p>#inmate [REDACTED] – 3-27-13 SOAPE note: no "E" component on the note. 3-8-13 SOAPE note: no "E" component on the note. 3-6-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] - 3-12-13 provider SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-5-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-5-13 SOAPE note: no "E" component on the note.</p> <p>SANTA CRUZ –</p> <p>#inmate [REDACTED] – 3-21-13 SOAPE note: no "E" component on the note. 3-28-13 SOAPE note: no "E" component on the note. 4-2-13 SOAPE note: no "E" component on the note. 4-9-13 provider note: difficult to determine SOAPE format. No "E" component on the note.</p> <p>#inmate [REDACTED] – 4-1-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 3-27-13 provider SOAPE note: no "E" component on the note. 4-10-13 provider SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-13-13 provider SOAPE note: no "E" component on the note.</p> <p>SAN PEDRO –</p> <p>#inmate [REDACTED] – 4-4-13 provider SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-9-13 provider SOAPE note: no "E" component on the</p>	<p>1</p>
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				<p>note. 4-10-13 OB/GYN provider SOAPE note: no "E" component indicated on the note, but the information is present.</p> <p>#inmate [REDACTED] – 4-10-13 provider SOAPE note: no "E" component on the note. 4-16-13 provider f/u SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-10-13 provider SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-4-13 provider SOAPE note: no "E" component on the note.</p> <p>SANTA MARIA –</p> <p>#inmate [REDACTED] – 3-26-13 SOAPE note: no "E" component on the note. 4-9-13 provider SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 3-11-13 provider f/u SOAPE note: no "E" component on the note. 4-10-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-9-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-5-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-1-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-5-13 SOAPE note: no "E" component on the note.</p> <p>#inmate [REDACTED] – 4-11-13 provider f/u SOAPE note: no "E" component on the note.</p> <p>4/30/2013 6:54 PM Entered By: Kathy Campbell See previous remarks from K.Sears.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>4/23/2013 11:03 PM Entered By: Kristan Sears</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days.</p> <p>LUMLEY – All charts reviewed were in compliance on this unit.</p> <p>SAN CARLOS -</p> <p>#inmate [REDACTED] – seen on nurse line on 4-5-13 and referred to the provider. Not seen as of 4-15-13, which is &gt; 7 days.</p> <p>#inmate [REDACTED] – seen on nurse line on 4-5-13 and SOAPE note says</p>	1



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				<p>schedule for OB/GYN on 4-9-13. As of 4-15-13, this patient had still not been seen by a provider.</p> <p>SANTA CRUZ –</p> <p>#inmate [REDACTED] – seen on nurse line 4-3-13 and referred to the provider. Not seen by the provider until 4-12-13, which is &gt; 7 days.</p> <p>SAN PEDRO – All charts reviewed were in compliance on this unit.</p> <p>SANTA MARIA –</p> <p>#inmate [REDACTED] – seen on 3-26-13 on nurse line and referred to the provider, which was scheduled for 4-4-13 (&gt; 7 days), but not seen until 4-9-13, which is &gt; than 7 days.</p> <p>#inmate [REDACTED] – seen on 4-10-13 on nurse line for shoulder pain and referred to the provider, which was scheduled for 4-18-13 (&gt; 7 days), but there was no provider line on 4-18-13, so the patient was not seen.</p> <p>#inmate [REDACTED] – seen on 4-9-13 on nurse line for shoulder pain and referred to the provider, which was scheduled for 4-18-13 (&gt; 7 days), but there was no provider line on 4-18-13, so the patient was not seen.</p> <p>#inmate [REDACTED] – seen on 4-5-13 on nurse line for allergies and referred to the provider, which was scheduled for 4-17-13 (&gt; 7 days), but was not seen on the provider line on 4-17-13, so the patient was not seen as of 4-18-13.</p> <p>#inmate [REDACTED] – seen on nurse line on 4-4-13 for eye exams/eye wear and referred to practitioner. Not seen as of 4-18-13 most likely due to the scheduling of the optometry provider.</p> <p>4/30/2013 6:59 PM Entered By: Kathy Campbell See previous remarks.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>4/23/2013 11:04 PM Entered By: Kristan Sears AUTHORITY: As identified in HSTM Ch. 5; Sec. 1.5 and HSTM Appendix E (Nursing Protocols) it is the responsibility of the CRNSII [DON] to ensure that all licensed nurses are trained in providing emergency nursing care, health maintenance and prevention to the patient who is in need of these services.</p> <p>LUMLEY – All charts reviewed were in compliance on this unit.</p> <p>SAN CARLOS - All charts reviewed were in compliance on this unit.</p> <p>SANTA CRUZ –</p>	1

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				<p>#inmate [REDACTED] – 4-1-13 seen for shortness of breath, but no protocol was used.</p> <p>SAN CARLOS - All charts reviewed were in compliance on this unit.</p> <p>SAN PEDRO – All charts reviewed were in compliance on this unit.</p> <p>SANTA MARIA –</p> <p>#inmate [REDACTED] – seen on 3-26-13 on nurse line for HNR for foot pain: no protocol used.</p> <p>#inmate [REDACTED] – seen on 4-10-13 on nurse line for shoulder pain: no protocol used.</p> <p>#inmate [REDACTED] – seen on 4-9-13 on nurse line for shoulder pain: no protocol used.</p> <p>#inmate [REDACTED] – seen on 4-5-13 on nurse line for allergies: no protocol used.</p> <p>#inmate [REDACTED] – seen on nurse line on 4-5-13 for nasal congestion and dizziness: no protocol used.</p> <p>4/30/2013 7:00 PM Entered By: Kathy Campbell See previous remarks.</p>	
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### Corrective Action Plans for Performance Measure: Sick Call (Q)

**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: Kathy Campbell Date: 4/30/2013 6:53:55 PM**

Corrective Plan: Inmates are triaged within 24 hours of their HNR being submitted. Emergent medical needs are seen immediately. I will include this item in our weekly spot checks to ensure compliance.

Corrective Actions: See above.

**3 Are vital 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: Kathy Campbell Date: 4/30/2013 6:54:10 PM**

Corrective Plan: The nurse supervisors will remind staff to complete and document vital signs in their entirety. Additionally, we will conduct spot checks to ensure compliance. See below.

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 at monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/RDCQI/RVP

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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: Kathy Campbell Date: 4/30/2013 6:54:27 PM**

Corrective Plan: The staff has been directed to use the SOAPE format, including new education print outs that we can give to the inmates. For the sake of consistency we will include SOAPE note inspection to our spot check list. See below.

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: Kathy Campbell Date: 4/30/2013 6:59:50 PM**

Corrective Plan: Inmates on the smaller yards are being seen within 7 to 10 days. However, it is longer on the larger yards. We are constantly looking for ways to speed up the process. We are currently monitoring provider productivity to provide suggestions to improve turn around times. See below.

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.

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

**Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:00:00 PM**

Corrective Plan: We've recently rolled out the Nursing Encounter Tool(NETS)for sick call.

Corrective Actions: See above.

## April 2013 PERRYVILLE COMPLEX

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 10:40 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		<p>4/18/2013 10:41 AM Entered By: Vanessa Headstream Review of medical files demonstrates non compliance with this performance factor</p> <p>4/16/2013 7:41 AM Entered By: Vanessa Headstream Santa Cruz - #inmate - no report found in medical file appt. 03/02/13 #inmate - unable to locate medical file on unit #inmate - compliant with performance measure #inmate - compliant with performance measure</p> <p>4/12/2013 2:14 PM Entered By: Vanessa Headstream San Carlos - #inmate - Report in chart dated 03/27/13, not signed by provider #inmate - Report in chart dated 03/27/13, not signed by provider</p> <p>4/12/2013 12:03 PM Entered By: Vanessa Headstream San Pedro - #inmate - Report sent 04/04/13, signed by provider 04/14/13 #inmate - Report in chart dated 03/28/13, not signed by provider</p> <p>4/12/2013 8:04 AM Entered By: Vanessa Headstream Brent Lumley - compliant #inmate</p>	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 10:07 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 10:07 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			4/9/2013 10:07 AM Entered By: Vanessa Headstream	2

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### Corrective Action Plans for Performance Measure: 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 10:41:29 AM**

Corrective Plan: This will be addressed with the Medical Director to remind the providers to date and sign the reports in the charts. All staff will be encouraged to pay attention to blank spaces and inform the providers while they may be looking through charts to ensure compliance.

See below.

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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<b>Chronic Condition and Disease Management (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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]	<b>X</b>			4/12/2013 12:04 PM Entered By: Vanessa Headstream	<b>1</b>
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]		<b>X</b>		<p>4/18/2013 10:43 AM Entered By: Vanessa Headstream Review of medical charts demonstrates non compliance with this performance measure</p> <p>4/16/2013 7:48 AM Entered By: Vanessa Headstream San Carlos - 9 cc charts reviewed indicate 2 non compliant - #inmate - cc 11/23/12 Liver dz, no f/u ordered, no cc visit noted #inmate - cc 09/06/12 Asthma/HTN, f/u 11/23/12, no cc visit noted</p> <p>Santa Cruz - 8 cc charts reviewed indicate 3 non compliant - #inmate - cc 03/27/12 HTN, f/u 07/31/12, no cc visit noted #inmate - cc 12/28/12 (Intake), no f/u ordered, no cc visit noted #inmate - cc 01/15/13 f/u 04/09/13, no cc visit noted #inmate - cc 04/02/13, f/u 90 days ordered, not noted by nurse #inmate - cc 03/01/13, f/u 3 mo ordered, not noted by nurse</p> <p>4/12/2013 12:11 PM Entered By: Vanessa Headstream San Pedro - 11 cc charts reviewed indicate 7 non compliant - #inmate - cc 10/22/12 HTN, 4-6 wk f/u ordered, no cc visit noted #inmate - cc 12/10/12 HTN/DM, no f/u ordered, no cc visit noted #inmate - cc 04/10/12 HTN/DM, f/u 10/08/12, no cc visit noted #inmate - cc 09/13/12 HTN/DM, 3 mo f/u ordered, no cc visit noted #inmate - cc 05/23/12 HTN, f/u 10/02/12, no cc visit noted #inmate - cc 09/21/12 DM, no f/u ordered, no cc visit noted #inmate - cc 09/10/12 Asthma/HTN, no f/u ordered, no cc visit noted</p>	<b>2</b>
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]	<b>X</b>			<p>4/18/2013 10:43 AM Entered By: Vanessa Headstream San Carlos - cc visit documentation indicates compliance</p> <p>4/16/2013 7:50 AM Entered By: Vanessa Headstream Santa Cruz - cc visit documentation indicates compliance</p> <p>4/12/2013 12:13 PM Entered By: Vanessa Headstream San Pedro - cc visit documentation indicates compliance</p>	<b>1</b>

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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 3:12 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 3:14 PM Entered By: Vanessa Headstream Reporting quarter not completed as of this date	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: Vanessa Headstream Date: 4/18/2013 10:43:16 AM**

Corrective Plan: This will be forwarded to the Medical Director to redirect and follow up with the providers. It will also be included for review during our spot checks.

See below.

Corrective Actions: October Action plan submitted by Corizon-  
Process statewide to include, but not limited to :

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

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

Target Date - 11/30/13

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

**April 2013 PERRYVILLE COMPLEX**

<b>Medical Records (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]	█	█ X	█	<p>4/9/2013 10:01 AM Entered By: Vanessa Headstream IPC review of records indicates non-compliance, flow sheets and legal forms are filed in SOAPE notes, recent hospital reports are filed in Intake section, MH HNRs are filed in MH section.</p> <p>4/18/2013 1:10 PM Entered By: Kristan Sears AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.5) Medical Records are [to be] current, accurate, and chronologically maintained with all documents filed in the designated location.</p> <p>Lumley – This performance measure is not being met at Lumley. There is a significant amount of loose filing dated December 2012 to current consisting of lab reports, HNRs, MARs, Inmate Letters, and SNOs. There is also a stack of loose filing for inactive inmates that have been release from other yards.</p> <p>San Carlos - This performance measure is not being met at San Carlos. There is a significant amount of loose filing consisting of lab reports, HNRs, MARs, Inmate Letters, and SNOs.</p> <p>Santa Cruz- This performance measure is not being met at Santa Cruz. There is a significant amount of loose filing consisting of lab reports, HNRs, MARs, Inmate Letters, and SNOs.</p> <p>San Pedro – This performance measure is not being met at San Pedro in accordance with the above listed authority. The nurse on the unit uses a “drop filing” technique that reduces the amount of loose filing in the medical unit. Although this technique does not ensure medical files are chronologically maintained, the current paperwork is placed in the chart for review if needed.</p> <p>Santa Maria - This performance measure is not being met at Santa Maria in accordance with the above listed authority. Information provided to the MRL is filed in a timely and appropriate manner. However, there is an abundance of HNRs that need to be filed in medical charts.</p> <p>Due to the significant amount of loose filing throughout the complex, it is not feasible to ensure adequate compliance with D.O. 1104.04 UNIFORM MEDICAL RECORD SYSTEM which states the following:</p> <p>1.1 The Regional Office Medical Records Clerk and Contract Health Site Managers shall:</p> <p>1.1.1 Ensure Medical Records contain information that is sufficiently detailed to:</p>	1



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				<p>1.1.1.1 Enable treatment staff to give effective continuing care;</p> <p>1.1.1.2 Determine the course of treatment at any specific time;</p> <p>1.1.1.3 Provide a consultant with adequate information to give an opinion after examination of the inmate/patient and review of the Medical Records;</p> <p>1.1.1.4 Allow another staff member, not familiar with the case, to determine what has transpired in the management of the patient; and</p> <p>1.1.1.5 Enable collection and analysis of statistical data pertaining to delivery of health care.</p> <p>This issue has been discussed with the Site Manager, and a plan is being developed to address this issue.</p> <p>4/29/2013 9:12 AM Entered By: Mark Haldane Loose filing at San Carlos can be measured in feet. Unfiled MARs date back to January. Labs, HNRs, flu shot records, living will consents, and other records are not filed. Loose filing is also piled up at San Pedro and Santa Cruz. At Lumley, there are two smaller piles of loose filing, but improvement is noticeable. One of the piles is of documents for inmates who have moved to other units.</p> <p>There is one medical records librarian at Santa Maria, one at Lumley, and one for the remaining 3 units (Carlos, Cruz and Pedro). Staffing appears to be an issue, as the two units with dedicated medical records staff on site are much closer to compliance than the other 3 units, which have over 2/3 of the inmate population, but only 1/3 of the current staff.</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>4/12/2013 12:24 PM Entered By: Vanessa Headstream San Pedro - #inmate orders written 04/03/13 not noted by nursing, labs signed off by provider found loose inside medical file #inmate orders written 04/11/13 not noted by nursing, medication orders not submitted to pharmacy</p> <p>4/9/2013 10:02 AM Entered By: Vanessa Headstream IPC - #inmate orders written for admission &amp; treatment not noted by nursing</p> <p>4/29/2013 8:32 AM Entered By: Mark Haldane Please disregard previous note. Meant for Florence.</p> <p>4/29/2013 8:31 AM Entered By: Mark</p>	1

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				<p>Haldane Orders for #inmate, #inmat, 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. The method of noting orders is not consistent and in some cases, orders were not noted.</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>4/12/2013 12:21 PM Entered By: Vanessa Headstream MARs reviewed on each unit are noncompliant with this performance measure. Previous month's findings have been submitted addressing the non compliance issue.</p> <p>4/29/2013 9:21 AM Entered By: Mark Haldane At San Carlos, MARs have not been filed in the medical chart for at least 3 months. San Pedro and San Carlos also have significant backlogs of MARs in loose filing. In several instances, handwritten MARs will have an end date that reflect only the duration of the prescription (e.g. 180 days or 10 days). This was observed at all units. KOP MARs do not always have a nurses signature.</p> <p>The green rating for this performance measure does not reflect compliance. There are other measures that are higher priorities and requiring a corrective action on this measure this month would detract from addressing more urgent needs.</p>	1
4	Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]	X		<p>4/23/2013 11:05 PM Entered By: Kristan Sears AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.5) medical record entries shall be legible, complete and the date, time, name stamp and signature shall attest to the entry.</p> <p>LUMLEY –</p> <p>#inmate – 4-8-13 SOAPE note: no stamp or printed signature on note.</p>	1

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				<p>#inmate [redacted] – 4-3-13 protocol: no stamp (or printed signature) used by nurse. Provider used stamp.</p> <p>#inmate [redacted] – 4-3-13 Intake SOAPE note: no provider stamp used.</p> <p>SAN CARLOS - All charts reviewed were in compliance on this unit.</p> <p>SANTA CRUZ –</p> <p>#inmate [redacted] – 4-1-13 SOAPE note: no stamp or printed signature.</p> <p>SAN PEDRO – All charts reviewed were in compliance on this unit.</p> <p>SANTA MARIA –</p> <p>#inmate [redacted] – seen on 4-10-13 on nurse line for shoulder pain: nurse did not use stamp.</p>	
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?		X	<p>4/29/2013 9:26 AM Entered By: Mark Haldane Name stamps (or printed name) are often missing from SOAPE notes. The charts reviewed are otherwise compliant with this standard.</p> <p>4/23/2013 7:46 PM Entered By: Kristan Sears The appropriate forms to adequately meet this performance measure were provided to the site manager on 4-10-13, and subsequently sent to each unit MRL for immediate implementation.</p> <p>4/29/2013 9:29 AM Entered By: Mark Haldane medical records staff reported being unaware of this requirement. At Lumley an electronic spreadsheet was developed to start maintaining this information. At Santa Maria, a manual record was being started. Other units were not in compliance.</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>4/23/2013 7:47 PM Entered By: Kristan Sears The appropriate forms to adequately meet this performance measure were provided to the site manager on 4-10-13, and subsequently sent to each unit MRL for immediate implementation.</p> <p>4/29/2013 9:51 AM Entered By: Mark Haldane Medical records staff reported being unaware of this requirement. At Lumley an electronic spreadsheet was developed to start maintaining this information. At Santa Maria, a manual record was being started. Other units were not in compliance.</p>	1

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7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			<p>4/18/2013 1:39 PM Entered By: Kristan Sears</p> <p>4/18/2013 1:29 PM Entered By: Kristan Sears All units are in compliance with this performance measure in that older volumes of medical records are stored in a separate area of the medical records room.</p> <p>Note: Santa Maria has very limited space for such volumes, and they are located on certain marked shelves around the whole room, as well as on top of shelving units.</p> <p>4/29/2013 9:31 AM Entered By: Mark Haldane Each unit complies with this standard.</p>	1
8	Are medical records for released inmates pulled from the active file area?	X			<p>4/18/2013 1:40 PM Entered By: Kristan Sears</p> <p>4/18/2013 1:35 PM Entered By: Kristan Sears Medical records for inmates released from custody are routinely pulled and stored away from the active file area.</p> <p>Note: There is a backlog of files that need to be sent to archives.</p> <p>4/29/2013 9:32 AM Entered By: Mark Haldane Each unit is in compliance with this standard.</p>	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			<p>4/23/2013 9:23 PM Entered By: Kristan Sears Archive charts have not been sent to archives for an extended period of time. Therefore, when inmates are released, their medical charts are at the last yard they were on. Upon re-entry to ADC, new charts are made, and there is a delay in locating previous charts to merge them together.</p> <p>4/29/2013 9:42 AM Entered By: Mark Haldane While in compliance, this monitor observed stacks of charts with instructions not to file because they needed to be merged. While this standard only addresses whether charts are merged and not the timeliness of the merging, the completeness and accuracy of medical records is adversely affected when charts are not merged in a timely manner.</p>	1

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10	<p>Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?</p>	X	<p>4/23/2013 7:47 PM Entered By: Kristan Sears The appropriate forms to adequately meet this performance measure were provided to the site manager on 4-10-13, and subsequently sent to each unit MRL for immediate implementation.</p> <p>4/29/2013 9:50 AM Entered By: Mark Haldane ROI logs are not consistently kept at every unit. Although there were differing examples of how (or whether) that information was kept, there was not a log used at each unit.</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: Mark Haldane Date: 4/29/2013 9:12:15 AM**

Corrective Plan: We have recently hired former Medical Records Supervisor Lora Dilley to resume responsibility of the medical records staff. We will also devise a rotation plan of all medical records staff to put away all of the loose filing. Over time will also be granted during Saturdays in order to catch up the loose filing.

Corrective Actions: See above.

**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: 4/12/2013 12:24:19 PM**

Corrective Plan: This will be addressed by the DON and ADON to re-educate, redirect and monitor the nursing staff. We will began with the Charge Nursing staff in the next morning meeting and the remainder of staff at the monthly CQI meeting. We will provide additional training and follow up.

Corrective Actions: 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 8:32:39 AM**

Corrective Plan: The DON, ADON and Charge Nurses will ensure that the providers orders will be noted and annotated with time, date and name of person taking off the orders. This also will be included in our weekly spot checks.

Corrective Actions: See above.

**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 8:32:39 AM**

Corrective Plan: The DON, ADON and Charge Nurses will ensure that the provider's orders will be noted and annotated with time, date and name of person taking off the orders. This also will be included in our weekly spot checks.

Corrective Actions: See above.

**3 Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**

**Level 1 Amber User: Vanessa Headstream Date: 4/12/2013 12:21:10 PM**

Corrective Plan: The nurse supervisors will remind staff to complete the MARS in their entirety. Additionally, we will conduct spot checks to ensure compliance.

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Corrective Actions: See above.

**5 Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?  
Level 1 Amber User: Mark Haldane Date: 4/29/2013 9:29:01 AM**

Corrective Plan: The Lumley electronic spreadsheet will be duplicated and maintained on each yard for consistency. See below.

Corrective Actions: Reinforce that the arrival logs are maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes. Continue to monitor.

**6 Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?  
Level 1 Amber User: Mark Haldane Date: 4/29/2013 9:51:42 AM**

Corrective Plan: We have recently hired former Medical Records Supervisor Lora Dilley to resume responsibility of the medical records staff. We will educate the medical records staff and implement a plan to maintain this information on all yards.

Corrective Actions: See above.

**10 Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?  
Level 1 Amber User: Mark Haldane Date: 4/29/2013 9:50:00 AM**

Corrective Plan: We have recently hired former Medical Records Supervisor Lora Dilley to resume responsibility of the medical records staff. This is a system that we may look at centralizing through the Medical Records Supervisor. Or establishing a standard system throughout all of the units.

Corrective Actions: See above.

## April 2013 PERRYVILLE COMPLEX

<b>Prescribing Practices and Pharmacy (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	<b>X</b>			4/26/2013 10:44 AM Entered By: Kathy Campbell	<b>2</b>
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		<b>X</b>		<p>4/26/2013 10:16 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>	<b>2</b>
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?	<b>X</b>			4/26/2013 10:16 AM Entered By: Leslie Boothby	<b>1</b>

## April 2013 PERRYVILLE COMPLEX

### 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 10:16:00 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 (Appendix 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.



### April 2013 PERRYVILLE COMPLEX

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>4/23/2013 11:13 PM Entered By: Kristan Sears</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.7) required AIMS entries are made timely, completely and accurately and no greater than 3 work days from the entry in the medical record.</p> <p>Santa Cruz –</p> <p>#inmate [REDACTED] – Medical score was changed on 3-21-13 according to the SOAP note, but as of 4-16-13, the score was not changed in AIMS.</p> <hr/> <p>4/30/2013 12:58 PM Entered By: Mark Haldane</p> <p>A review of AIMS entries and medical records rooms did not reveal non-compliance with this standard. However, with one medical records librarian to cover three yards, it is unlikely that compliance will continue at current staffing levels.</p>	1

**April 2013 PERRYVILLE COMPLEX**

<b>Grievances (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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>4/29/2013 12:35 PM Entered By: Mark Haldane Most grievances at Perryville are being responded to within required timeframes. In April, 1 of 5 formal grievances were not timely and one unanswered grievance is still within the time requirement. 10 of 32 informal grievances due as of 4/29 were not answered within the allotted time. Another 17 have been answered prior to their due date. In March 25 of 210 informal grievances were not answered timely.</p> <p>On April 29, approximately 60 informal grievances were awaiting the Site Manager's signature. The Site Manager was off-site during the week of April 22 - 26. Inmate Letter Responses are dated from April 17 - 24. Those letters should be re-dated before sending them.</p> <p>The green designation for this standard is not to be construed as representing full compliance. It is based on the improvement seen in this process in recent months and the continued progress being made.</p> <p>4/15/2013 9:36 AM Entered By: Mark Haldane The previous note was intended for Eyman Complex and was inadvertently submitted to the Perryville MGAR.</p> <p>4/15/2013 9:20 AM Entered By: Mark Haldane Eyman complex received approximately 30-50 formal grievances per month. According to the FHA who responds to these grievances, his staff researches and reviews the grievances and writes responses that he reviews and issues. While the current volume of formal grievances is being managed in a timely manner, the lack of providers at the complex is likely to increase that volume.</p> <p>Nursing supervisors at each unit respond to informal grievances (inmate letters). The average volume is currently about 50-100 per week. Cook Unit reports being about 2 weeks behind in responses. Staff reports backlogs across the complex. As is the case with formal grievances, it is likely that the volume of informal grievances will increase because of the lack of providers.</p> <p>Although this performance standard has not been met, because this is based on the first 5 weeks of the contract and there are other deficiencies of higher priority that directly affect patient care, I have chosen not to score this an amber and require a corrective action. As nursing supervisors deal with the issues and responsibilities associates with the transition, provider shortages, medication issues, etc., the volume of informal grievance responses is an added workload pressure that needs</p>	2

### April 2013 PERRYVILLE COMPLEX

						attention. The green rating is not meant to suggest that the level of compliance with this standard is appropriate, but is only a recognition that time is needed to address this deficiency and other priorities are of greater immediate concern.	
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### April 2013 PERRYVILLE COMPLEX

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			4/30/2013 7:00 PM Entered By: Kathy Campbell	1

### April 2013 PERRYVILLE COMPLEX

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 6:26 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 1:10 PM Entered By: Steve Bender All referrals for psychiatric services were not occurring within the identified time frame. These findings were documented by interviews with mental health staff at all of the units.	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 1:16 PM Entered By: Steve Bender SMI treatment plans were not being updated within the identified time frame. These findings were isolated to the San Carlos unit. #inmate, #inmate, #inmate, #inmate, #inmate and #inmate. San Pedro had one #inmate. All MH3 inmates with a qualifying diagnosis had a treatment plan as required by 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 1:18 PM Entered By: Steve Bender All (60) charts reviewed had been seen by a mental health or psychiatric provider within the required 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 1:20 PM Entered By: Steve Bender All referrals were being seen within the required (30) day 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 1:24 PM Entered By: Steve Bender A review of (60) charts revealed (19) which had not been seen by the psychiatric provider during the past (3) months. These finding were spread out at all of the units assigned to this complex.	2

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

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

**Level 2 Amber User: Steve Bender Date: 4/25/2013 1:10:06 PM**

Corrective Plan: We have active recruitments for this position and work hard to retain the staff in place. Inmates have access to other mental health staff on an as needed basis. Should an emergent issue arise that calls for the psychiatrist, he responds immediately. See below.

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 1:16:39 PM**

Corrective Plan: The San Carlos unit has a backlog at this time. Mr. Bender suggested to Psych Associate Brandi Gaskill that she complete the treatment plan at the time of the inmate visit. We will incorporate this into the process. Other mental health staff will be rotated to Carlos to ensure compliance.

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 1:24:45 PM**

Corrective Plan: We have recently hired a Release Planner to assist with planning 30 days prior to release. She coordinates with the Psychiatrist to ensure that medications and resources are in place. See below.

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.

## April 2013 PERRYVILLE COMPLEX

Quality and PEER Review (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	█	X	█	<p>4/23/2013 7:56 PM Entered By: Kristan Sears Corizon's CQI program has not been implemented yet at Perryville. An example chart review form has been provided to the site manager for reference.</p> <p>4/30/2013 1:04 PM Entered By: Mark Haldane This performance measure is not being met, although given the issues more directly affecting patient care, it is understandable that this standard is a lower priority. The medical director is providing direct care to inmates in addition to her other responsibilities and has not been able to conduct monthly or quarterly chart reviews.</p>	1
2	Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	█	X	█	<p>4/18/2013 1:56 PM Entered By: Kristan Sears Monthly CQI meetings have not been implemented thus far.</p> <p>A discussion with the Site Manager has occurred, and I have been advised that they will be implementing Corizon's CQI program.</p> <p>4/29/2013 10:00 AM Entered By: Mark Haldane CQI Committee meetings are not being held. The green rating does not indicate compliance, but is only to reflect that there are currently higher priorities and acknowledge that the contractor is aware of the need to comply with this performance measure.</p>	1
3	Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	█	X	█	<p>4/23/2013 7:53 PM Entered By: Kristan Sears CQI meetings have not taken place as of yet; therefore, recommendations have not yet been made and/or acted upon.</p> <p>4/29/2013 10:01 AM Entered By: Mark Haldane There have not been CQI committee meetings and thus, no recommendations upon which to act.</p>	1
4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12]	X	█	█	<p>4/18/2013 1:45 PM Entered By: Kristan Sears This is an annual requirement that is due by June 30, 2013.</p> <p>4/29/2013 10:02 AM Entered By: Mark Haldane</p>	1

## April 2013 PERRYVILLE COMPLEX

					This standard is not yet applicable.	
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]	X			<p>4/18/2013 1:39 PM Entered By: Kristan Sears This is a quarterly requirement that is due by June 30, 2013.</p> <p>4/29/2013 10:03 AM Entered By: Mark Haldane This standard is not yet applicable as the contract is not yet 3 months old.</p>	1

### 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: Kristan Sears Date: 4/23/2013 7:56:13 PM**

Corrective Plan: This has been discussed with the Medical Director and will be included in her administrative duties. The chart review template has been forwarded to the Medical Director. She will begin conducting chart reviews immediately.

Corrective Actions: Will continue to monitor.

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

**Level 1 Amber User: Mark Haldane Date: 4/30/2013 1:04:17 PM**

Corrective Plan: This site will request appropriate documentation from the Medical Director's visits will document his / her chart reviews to include date of reviews and number of charts reviewed. It has been this site's experience that the reviews are un-announced and randomly selected providers.

Corrective Actions: Reinforce with physicians the need to conduct appropriate reviews following DOC/Corizon guidelines. Continue to monitor.

**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: Kristan Sears Date: 4/18/2013 1:56:34 PM**

Corrective Plan: We will be implementing Corizon's CQI program, with the first meeting set for June 2013.

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: Kristan Sears Date: 4/23/2013 7:53:25 PM**

Corrective Plan: We will be implementing Corizon's CQI program, with the first meeting set for June 2013. The committee improvement recommendations will be reflected in the meeting minutes and addressed at the following meeting to note action taken and outcome.

Corrective Actions: See above.



**April 2013 PERRYVILLE COMPLEX**

<b>Medication Administration</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	<b>X</b>			4/22/2013 11:42 AM Entered By: Vanessa Headstream	<b>1</b>
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]		<b>X</b>		4/25/2013 3:04 PM Entered By: Vanessa Headstream Review of this performance measure demonstrates non compliance; no documentation of training/testing is available. Supervisory staff went to a training session then provided the information to the unit staff nurses, per Admin personnel.	<b>1</b>
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	<b>X</b>			4/18/2013 10:47 AM Entered By: Vanessa Headstream San Carlos - I/M signs KOP MAR when medication received Piestewa/Santa Rosa - officer delivery of KOP meds, signed rosters are kept at Santa Maria nursing office  4/12/2013 11:03 AM Entered By: Vanessa Headstream San Pedro I/M sign KOP MAR when medication received  4/5/2013 2:44 PM Entered By: Vanessa Headstream 04/05/13 - PU/SM/SR KOP MARs are kept at the nsg station, I/M signs the MAR for the received medication.	<b>1</b>
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]		<b>X</b>		4/16/2013 7:55 AM Entered By: Vanessa Headstream San Carlos MARs indicate non compliance - 16 MARs reviewed document missing doses, no diagnosis shown on MAR, nurse initials do not have corresponding signature, no start/stop dates given, "NS" or "NA" documented; #inmate has Mag Citrate 04/10/13 "drink enure contents @ nurse station x 1 dose" not documented as administered  4/12/2013 11:02 AM Entered By: Vanessa Headstream San Pedro MARs indicate non compliance - 27 MARs reviewed document missing doses, no diagnosis shown on MAR, nurse initials do not have corresponding signature, no start/stop dates given, "NS" or "NA" documented,  4/12/2013 8:01 AM Entered By: Vanessa Headstream Brent Lumley MARs indicate non compliance - #inmate, #inmate, #inmate, #inmate, #inmate, #inmate, #inmate, #inmate - nurse initials do not have corresponding signature, no stop date shown, medication not documented (Rocephin 250mg IM	<b>1</b>

April 2013 PERRYVILLE COMPLEX

				<p>1xdose-#inmate ), DOT meds ordered 04/05/13 not documented as administered yet-#inmate</p> <p>4/9/2013 9:48 AM Entered By: Vanessa Headstream 04/09/913 - IPC MARs indicate non compliance - #inmate - no start/end dates shown, no diagnosis, medication not documented (MVI to TPN soln, Iron inj.) #inmate - no start/end date, no diagnosis, medication not documented (HCT crm, Pravastatin, Allopurinol, ASA, Lipitor, Bumex, Coreg, Periactin #inmate - no start/end dates, no diagnosis, medication not documented (Lorazepam, Prilosec), nurse initials do not have corresponding signature #inmate - medication not documented (Lantus insulin, ASA), refused medication has not refusal in file (Colace, FESO4), nursing initials do not have corresponding signature</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>4/18/2013 2:55 PM Entered By: Vanessa Headstream No current medication error reports available for review. Two reports available were written by pharmacy personnel for mis-labeled medications.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>4/18/2013 10:48 AM Entered By: Vanessa Headstream Review of MARs demonstrates non compliance with this performance measure</p> <p>4/12/2013 11:35 AM Entered By: Vanessa Headstream San Pedro - #inmate - Glatiramer 20mg SQ daily for 90 days dispensed 03/21/13, delivered and placed in refrigerator; 1st dose given 04/08/13, 26 syringes (doses) remain in refrigerator #inmate - Hep B vaccine stop date 04/03/13, no documentation on MAR of injection administered to I/M #inmate - Insulin MAR missing doses 04/01/13, 04/05/13 through 04/12/13</p> <p>4/12/2013 7:53 AM Entered By: Vanessa Headstream Brent Lumley - #inmate Intake 04/03/13, cc medications ordered, 3 meds not shown on MAR - Atenolol, Lisinopril, Lovastatin; Pharmacorr profile indicates fill date 04/04/13, manifest indicates delivery to facility, i/m states she did not receive meds; 04/11/13 med nurse contacted, states she "found" the Lisinopril &amp; Lovastatin &amp; would deliver to i/m that evening; Atenolol status unknown</p> <p>4/9/2013 9:49 AM Entered By: Vanessa Headstream IPC - medications not administered as ordered, see #4</p>	2

### April 2013 PERRYVILLE COMPLEX

7	Are inmates being required to show ID prior to being administered their medications?	X			4/16/2013 7:56 AM Entered By: Vanessa Headstream	2
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 11:44 AM Entered By: Vanessa Headstream review of stop date report for April 9-15, 2013 demonstrates non compliance: 112 prescriptions reviewed for MH/CC medications; 43 expired prior to renewal date or were not renewed, 69 reordered on or prior to expiration date  4/8/2013 1:08 PM Entered By: Vanessa Headstream 04/08/13 - review of stop date report for April 1-8, 2013 indicates the following: 102 prescriptions reviewed for MH/CC medications; 77 expired without renewals shown in pharmacy database, 25 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		4/22/2013 11:50 AM Entered By: Vanessa Headstream see previous entry  4/12/2013 12:41 PM Entered By: Vanessa Headstream San Pedro - #inmate NFDR submitted 04/10/13, no response to request noted	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		4/18/2013 10:49 AM Entered By: Vanessa Headstream San Pedro - #inmate NFDR submitted 04/10/13, no response to request noted	2
11	Are medication error reports being completed and medication errors documented?		X		4/18/2013 2:59 PM Entered By: Vanessa Headstream No medication error reports available for review. MAR documentation reviewed demonstrates medication errors facility wide as shown in performance measure #4 above.	2

## April 2013 PERRYVILLE COMPLEX

### Corrective Action Plans for Performance Measure: 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: 4/25/2013 3:04:04 PM**

Corrective Plan: Corizon recently hired a Nurse educator. We have requested that she provide education in several areas, including medication administration.  
See below.

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: 4/16/2013 7:55:24 AM**

Corrective Plan: The nurse supervisors will remind staff to complete the MARS in their entirety. Additionally, we will conduct spot checks to ensure compliance.

See below.

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: 4/18/2013 2:55:57 PM**

Corrective Plan: There are no current medication error reports at this time; however I will remind the nursing staff to forward any occurrences.

See below.

## April 2013 PERRYVILLE COMPLEX

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 10:48:27 AM**

Corrective Plan: Follow measures are being taken with our Inventory Control Techs and the nursing staff to ensure timely delivery of medications. The Inventory Control Techs have been reminded that it is their responsibility to review faxes and follow up with PharmaCorr on medications not received.

See below.

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

Responsible 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.

## April 2013 PERRYVILLE COMPLEX

### **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 11:44:39 AM**

Corrective Plan: We are now receiving PharmaCorr expiring medication reports weekly to ensure that medications can be ordered in a timely manner.

See below.

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

Responsible 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: 4/22/2013 11:50:40 AM**

Corrective Plan: I've discussed this question with our Regional Medical group, so that any glitches in the process can be worked out.

See below.

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 (Appendix I.1.h.)
  - i. Controlled Medications (Appendix I.1.i.)
2. In-service staff

## April 2013 PERRYVILLE COMPLEX

- 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.

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

**Level 2 Amber User: Vanessa Headstream Date: 4/18/2013 10:49:15 AM**

Corrective Plan: Currently they are notified of a decision within 72 hours. I've discussed this question with our Regional Medical group, so that any glitches in the process can be worked out.  
See below.

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 (Appendix 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: 4/18/2013 2:59:17 PM**

Corrective Plan: There are no current medication error reports at this time; however I will remind the nursing staff to forward any occurrences.  
See below.

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.

### **April 2013 PERRYVILLE COMPLEX**

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.



## April 2013 PERRYVILLE COMPLEX

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			<p>4/18/2013 1:47 PM Entered By: Kristan Sears The Site Manager provided a copy upon request.</p> <p>4/29/2013 10:11 AM Entered By: Mark Haldane</p> <p>4/29/2013 10:11 AM Entered By: Mark Haldane Provided upon request.</p>	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>4/30/2013 12:53 PM Entered By: Mark Haldane Currently, Perryville is operating without a Director of Nursing, Assistant Director of Nursing, and one nursing supervisor. Corizon is in the process of hiring these positions. Additionally, it is hiring 2 CNAs. One Nurse Practitioner has recently resigned, effective May 5. Provider lines, nurse lines, and chronic care appointments are each backlogged to varying degrees. Mental health appointments are also not current and the recent reduction of mental health staff has exacerbated the issue.</p>	3
3	Are all positions filled per contractor staffing pattern?		X		<p>4/23/2013 8:42 AM Entered By: Mark Haldane The response below was intended for ASPC-Florence. It does not apply to ASPC-Perryville. I apologize for the error.</p> <p>4/23/2013 8:40 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

## April 2013 PERRYVILLE COMPLEX

4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			<p>4/18/2013 1:51 PM Entered By: Kristan Sears Yes, the Site Manager receives copies of all applicant resumés on a regular basis for all open positions. There is an ongoing effort by the Site Manager to recruit and obtain qualified individuals for all open positions.</p> <p>4/29/2013 10:10 AM Entered By: Mark Haldane</p>	2
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### Corrective Action Plans for Performance Measure: Staffing

**2 Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]**

**Level 3 Amber User: Mark Haldane Date: 4/30/2013 12:53:30 PM**

Corrective Plan: Perryville now has a DON, an ADON and we filled all required positions have been filled, and backlog at the San Carlos unit is being reduced.

Corrective Actions: See above.

**3 Are all positions filled per contractor staffing pattern?**

**Level 2 Amber User: Mark Haldane Date: 4/23/2013 8:42:09 AM**

Corrective Plan: Perryville is currently not using any registry nurses. We have RN and LPN candidates in the background process for hire. We just hired one RN and two CNAs. We've recently hired an additional Lab Tech also. Recruitment and hiring efforts are moving along.

Corrective Actions: Will monitor.

**3 Are all positions filled per contractor staffing pattern?**

**Level 2 Amber User: Mark Haldane Date: 4/23/2013 8:42:09 AM**

Corrective Plan: Perryville is currently not using any registry nurses. We have RN and LPN candidates in the background process for hire. We recently hired one RN and two CNAs. We've also recently hired an additional Lab Tech. Recruitment and hiring efforts are moving along.

Corrective Actions: Will monitor.

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<b>Infirmiry Care</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			4/9/2013 9:09 AM Entered By: Vanessa Headstream Post order book available in nursing station defines scope of care for disciplines	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			4/18/2013 10:49 AM Entered By: Vanessa Headstream  4/9/2013 9:11 AM Entered By: Vanessa Headstream No call system in place, inmates rely on officer or other staff person passing by rooms or loudly calling for nurse.	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		4/24/2013 8:10 AM Entered By: Vanessa Headstream Review of the posted schedule for April demonstrates non compliance; the schedule documents days there is no coverage for the CNA position, or partial days (10am to 2pm)leaving one RN to monitor and care for the 5-7 patients in the unit. Two of the patients currently housed in IPC are high acuity, 1 requires 2 person for transfers.  4/9/2013 9:19 AM Entered By: Vanessa Headstream 04/09/13 Staffing pattern is 1 RN and 1 NA in the IPC; today the NA arrived @ 8am and will be leaving @ 10am. There are 5 IPC inmates, 2 are high acuity, with 1 of them requiring 2 persons for pt. transfers	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			4/9/2013 10:04 AM Entered By: Vanessa Headstream	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			4/9/2013 10:04 AM Entered By: Vanessa Headstream	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			4/18/2013 10:58 AM Entered By: Vanessa Headstream  4/9/2013 9:22 AM Entered By: Vanessa Headstream Admission/discharge is by provider order, however no admit/dc form is present in medical files #inmate , #inmate , or #inmate . SOAPe admit orders are in the files.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on	X			4/9/2013 10:05 AM Entered By: Vanessa Headstream	1

**April 2013 PERRYVILLE COMPLEX**

	categories of care provided?					
8	<p>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</p>	X			<p>4/18/2013 10:51 AM Entered By: Vanessa Headstream</p> <p>4/9/2013 9:27 AM Entered By: Vanessa Headstream                      No admit/dc form is present in medical files #inmate , #inmate , or #inmate</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>4/18/2013 10:52 AM Entered By: Vanessa Headstream</p> <p>4/9/2013 9:29 AM Entered By: Vanessa Headstream                      The I/M unit medical file is utilized during the IPC stay and returned to the unit with the I/M</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>4/18/2013 10:58 AM Entered By: Vanessa Headstream</p>	1
11	<p>Are vital signs done daily when required?</p>	X			<p>4/12/2013 12:15 PM Entered By: Vanessa Headstream</p> <p>4/9/2013 9:31 AM Entered By: Vanessa Headstream                      Vital signs are completed on a multi-patient flow sheet, on occasion the results are not transcribed over to the nursing assessment SOAPE note completed at the beginning of shift</p>	1
12	<p>Are there nursing care plans that are reviewed weekly and are signed and dated?</p>		X		<p>4/24/2013 8:13 AM Entered By: Vanessa Headstream                      Care plans available are not compliant with this measure, no documentation showing review by nursing staff, no updates to care plans noted after origination date</p> <p>4/9/2013 9:33 AM Entered By: Vanessa Headstream                      Nursing care plans have recently been implemented (March 2013); at time of review today there are no signatures or updates to them; one found in the book is for a patient not currently housed in IPC</p>	1
13	<p>Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]</p>	X			<p>4/12/2013 12:15 PM Entered By: Vanessa Headstream</p> <p>4/9/2013 9:34 AM Entered By: Vanessa Headstream                      One of the NAs is responsible for medical supplies, it appears they are adequately stocked; nursing is responsible for</p>	1

