

### April 2013 PHOENIX 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   |     | 4/28/2013 2:34 PM Entered By: Helena Valenzuela<br>A review of 10 charts in C area indicate non compliance in the following: inmate, inmate, inmate, inmate. | 2     |
| 2          | Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1] | X   |     |     | 4/28/2013 2:35 PM Entered By: Helena Valenzuela<br>A review of 10 intake medical records indicate compliance.  | 2     |

#### Corrective Action Plans for Performance Measure: Intake (Q)

**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]**

**Level 2 Amber User: Helena Valenzuela Date: 4/28/2013 2:34:35 PM**

Corrective Plan: Problem Id: Inmates 10 inmates not seen by medical provider by two business days;

Discussion: Meeting with Classification Officer COIV and AFHA.

Action Plan: Classification CO III's & COIV Officer will provide names & ADOC numbers of inmates who do not have medical scores posted on the AIMS medical screen in required time frames. AFHA and Medical records supervisor will work with nursing supervisor and security to improve the process movement of inmates. AFHA and FHA now have been added to the communications distribution list on pending inmate arrival for the next day. One new provider is in training this week with a second provider starting next week for his training.

Responsible person: AFHA Freudenthal

Status: Zero rollovers reported from 7-1-2013 through 7-3-13.

Continuous monitoring due the arrival of inmates Monday through Friday and overtime may be used when authorized through the proper chain of command.

Corrective Actions: Approved by Helena Valenzuela.

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| <b>Sick Call (Q)</b> |  |            |            |            |  |              |
|----------------------|--|------------|------------|------------|--|--------------|
|                      | <b>Performance Measure (Description)</b>   | <b>Grn</b> | <b>Amb</b> | <b>Red</b> | <b>Notifications</b>   | <b>Level</b> |
| 1                    | Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]        |            | X          |            | 4/28/2013 3:59 PM Entered By: Helena Valenzuela<br>Sick call, in a "clinical setting", as defined by NCCHC standards, is not being conducted at the C area.  | 1            |
| 2                    | Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1] |            | X          |            | 4/28/2013 2:44 PM Entered By: Helena Valenzuela<br>Aspen non compliance inmate, inmate, inmate, inmate, inmate (unclear #, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate.<br><br>4/12/2013 5:49 PM Entered By: Helena Valenzuela<br>JKQ: HNR Inmate #: inmate, inmate (confusion as to SOAP note dates and HNR documentation of addressing issue), inmate Aspen: inmate, inmate, C area: inmate, inmate   | 1            |
| 3                    | Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]                |            | X          |            | 4/28/2013 5:04 PM Entered By: Helena Valenzuela<br>A review of 10 charts indicate non compliance in no vital signs and/or no weight being checked and documented: C area: inmate, inmate, inmate, inmate, inmate.<br>On 4/26/13: Baker Ward: inmate, inmate, inmate, inmate, Aspen inmate  | 1            |
| 4                    | Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]   |            | X          |            | 4/28/2013 2:47 PM Entered By: Helena Valenzuela<br>JKQ: HNR Inmate # inmate C area: inmate, inmate<br>Aspen: Review on 4/26/13: inmate - psychiatrist SOAPE has no inmate #, DOB, Facility and illegible, inmate - psychiatrist SOAPE not complete, no provider signature. Inmate inmate signed psychiatrist line form dated 4/10/13, as being evaluated-no SOAPE note was found with Inmate's medical chart<br><br>4/12/2013 6:03 PM Entered By: Helena Valenzuela<br>A review of 5 medical records in the listed areas indicate compliance | 1            |
| 5                    | Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]   |            | X          |            | 4/28/2013 2:58 PM Entered By: Helena Valenzuela<br>Aspen: inmate, inmate, inmate, inmate, inmate - (no medical records located to verify inmates were evaluated in regard to submitted HNRs)(Medical Record outguides are not being utilized and medical records are in various areas).  | 1            |

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|   |  |  |          |  |          |
|---|--|--|----------|--|----------|
|   |  |  |          | <p>4/12/2013 6:06 PM Entered By: Helena Valenzuela<br/>                 A review of 10 medical records indicate the following as non compliant-JKQ: inmate [redacted] Aspen: inmate [redacted], inmate [redacted], inmate [redacted]</p>   |          |
| 6 | Are nursing protocols in place and utilized by the nurses for sick call? |  | <b>X</b> | <p>4/28/2013 3:00 PM Entered By: Helena Valenzuela<br/>                 A review of 10 medical records on 4/22/13 at Aspen indicate the following as in non compliance: inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted]</p> <p>4/12/2013 6:08 PM Entered By: Helena Valenzuela<br/>                 A review of 10 medical records indicate the following as non compliant-JKQ: HNR Inmate # [redacted], inmate [redacted], inmate [redacted]. Incomplete information on protocol form</p> | <b>1</b> |

**Corrective Action Plans for Performance Measure: Sick Call (Q)**

**1 Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]**  
**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 3:59:42 PM**

Corrective Plan: Sick call at Phoenix Complex is conducted seven days a week in order to keep up with the influx of Intakes submitting HNRs. Inmates are triaged by nursing and either addressed with a Nursing Encounter Form, (NET), or are put on the line at the clinic. Please see NEO II binder -Nursing Encounter Guidelines and Tools. A copy can be provided to you by written request, (email is fine).

CAP Revision #1 - NEOII Binder is reserved for Health Monitor at the AA's desk in Medical Admin. NEOII Training roster has been sent to you via email.

Corrective Actions: See Above.

**2 Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]**  
**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 2:44:15 PM**

Corrective Plan: Each nursing encounter has a designated protocol sheet, (NET), that is to be used for each inmate encounter. There is no need to use a separate notation; these forms encompass the SOAPE format and are located in both the NEO II and NET binder available on each unit.

Cap Revision #1 - There will be many less SOAPE notes from nursing because the SOAPE format is encompassed in the NETs. Each nursing encounter, (nursing sick call), will be documented on a NET from here out.

See Below.

Corrective Actions: October Action plan submitted by Corizon-

1.Process to address, to include but not limited to:

- a. Daily pick up.
- b. Date stamp.
- c. Triage within 24 hrs, immediate triage of patient if emergent.
- d. Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
- e. Nurse line sees patient, then to provider line when appropriate.
- f. Submit final site process to RVP.

2. In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 ( Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);

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

3. Monitoring (Sick Call Monitoring Tool)

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- a. Audit tools developed.
- b. Weekly site results discussed with RVP.
- c. Audit results discussed a monthly CQI meeting.
- d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

### **3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]**

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 5:04:21 PM**

Corrective Plan: Vital Signs, (VS), are to be utilized with every inmate/nursing encounter as required on each Nursing Encounter Tool, (NET). These VS will not be reflected in the SOAPE notes but on the NET forms. This process will be again reviewed at the Nursing Meeting scheduled on 5/24/13.

Corrective Actions: Please leave feedback or kindly remove from MGAR. Thank you.

### **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: Helena Valenzuela Date: 4/28/2013 2:47:24 PM**

Corrective Plan: Psychiatrist and Clinical Director, (Mental Health), notified today, (5/24/13), regarding this incident. Psychiatrist to take special care to assure all medical record entries are complete and legible.

CAP revision #1 - MH Team, led by Clinical Director, will be auditing charts weekly to ensure compliance.

Corrective Actions: Please leave feedback on revision or kindly remove from MGAR. Thank you.

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

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 2:58:02 PM**

Corrective Plan: On 5/24/2013 MR supervisor counseled regarding the use of outguides. Providers being floated to Aspen on 5/27/13 and 5/31/13 to avoid backlog.

Corrective Actions: Please leave feedback or kindly remove from MGAR. Thank you.

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

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 3:00:43 PM**

Corrective Plan: Nursing Encounter Tools are used with standing orders that can be located in the NETs binder found on every unit. These forms are to be used with every nursing-inmate encounter. The process of completeing Nursing Encounter Tools, (NETs), will be again reviewed at the Nursing Meeting scheduled on 5/24/13.

9/9/13 - Nursing Encounter Tools are used with standing orders that can be located in the NETs binder found on every unit. These forms are to be used with every nursing-inmate encounter. The process of completeing Nursing Encounter Tools, (NETs), will continue to be reviewed on a monthly and ad lib basis.

Corrective Actions: See above

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| <b>Medical Specialty Consultations (Q)</b> |   |            |            |            |  |              |
|--|---|------------|------------|------------|--|--------------|
|  | <b>Performance Measure (Description)</b>  | <b>Grn</b> | <b>Amb</b> | <b>Red</b> | <b>Notifications</b>   | <b>Level</b> |
| 1  | Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]      | X          |            |            | 4/30/2013 7:11 PM Entered By: Kathy Campbell<br><br>4/21/2013 12:41 PM Entered By: Kathy Campbell<br>Aspen- No consults within the last 30 days.           | 2            |
| 2  | Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]                             | X          |            |            | 4/30/2013 7:11 PM Entered By: Kathy Campbell<br><br>4/21/2013 12:42 PM Entered By: Kathy Campbell<br>Aspen- No consult reports noted for the past 30 days. | 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          |            |            | 4/30/2013 7:11 PM Entered By: Kathy Campbell   | 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          |            |            | 4/30/2013 7:11 PM Entered By: Kathy Campbell<br><br>4/21/2013 12:42 PM Entered By: Kathy Campbell<br>Aspen- Emergent needs appear to be appropriate.       | 2            |
| 5  | Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]       | X          |            |            | 4/30/2013 7:11 PM Entered By: Kathy Campbell<br><br>4/21/2013 12:43 PM Entered By: Kathy Campbell<br>Aspen- Green.   | 2            |

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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>   |            |            | <p>4/21/2013 12:43 PM Entered By: Kathy Campbell<br/>Aspen- Green as of 4/21/13.</p> <p>4/24/2013 11:08 AM Entered By: Patricia Arroyo</p>  | <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>4/21/2013 12:48 PM Entered By: Kathy Campbell<br/>Aspen- Amber.<br/>Multiple CC inmates are not being seen by the provider (every three (3) to six (6) months as specified in the inmate's treatment plan. Below are a small sample of my findings-</p> <p>inmate ██████████ - CC HTN cc form completed 3/27/13. Was to have follow up from 6/2012, but not seen until 3/27/13. Was outside time frame listed on treatment plan.</p> <p>inmate ██████████ - CC HTN- last seen 10/9/12 with 90 day follow up, but was not seen as of 4/9/13.</p> <p>inmate ██████████ - CC HTN- last seen on 5/30/12 with 180 day follow up, but not seen as of 4/9/13.</p> <p>inmate ██████████ - CC Asthma and Hep C. Seen 9/12/12 with 90 day follow up, but not as of 4/9/13.</p> <p>inmate ██████████ - CC HTN-last seen 11/20/12 with 90 day follow up, not seen as of 4/9/13.</p> <p>4/24/2013 11:12 AM Entered By: Patricia Arroyo<br/>C unit</p> <p>inmate ██████████ HTN seen 3/13, due date not indicated<br/>IDA Unit</p> <p>inmate ██████████ HTN, DM2 Refused CC 3/28/13 no refusal in the chart.</p> <p>inmate ██████████ HepC, Sz seen 12/12, due 3/13 past due</p> <p>inmate ██████████ HTN, Sz seen 9/12, due 3/13 past due</p> <p>Aspen Unit:</p> <p>inmate ██████████ HTN, Hep C, seen 1/13, due 3/13 past due</p> <p>inmate ██████████ HTN, Asthma, DM, seen 11/12, due 2/13 past due</p> <p>inmate ██████████ HTN, seen 8/12, due 11/12 past due</p> <p>inmate ██████████ Asthma, seen 10/11, due 4/12 past due</p> <p>inmate ██████████ Amber HTN, DM, seen 11/12, due 2/13 past due</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-   |            | <b>X</b>   |            | <p>4/21/2013 12:49 PM Entered By: Kathy Campbell<br/>Aspen- Green.</p>  | <b>1</b>     |

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|   |   |   |  |   |   |
|---|---|---|--|---|---|
|   | G-01, CC 2.20.2.4]  |   |  | <p>4/24/2013 11:14 AM Entered By: Patricia Arroyo<br/>                 C Unit:<br/>                 inmate ██████ Education not documented<br/>                 D&amp;E Unit<br/>                 inmate ██████ education is not documented<br/>                 IDA Unit:<br/>                 inmate ██████ education not indicated</p>   |   |
| 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 |  | <p>4/21/2013 12:50 PM Entered By: Kathy Campbell<br/>                 Aspen- Amber.<br/>                 Guidelines clearly not met as Inmates are out of compliance for follow up care as outlined in #2 above. Also cc forms are incomplete.<br/>                 inmate ██████ - VS are incomplete on 3/27/13 cc form. Special needs box was also blank.</p> <p>4/24/2013 11:17 AM Entered By: Patricia Arroyo</p> | 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 |  | <p>4/25/2013 10:02 AM Entered By: Kathy Campbell</p> <p>4/21/2013 12:50 PM Entered By: Kathy Campbell<br/>                 N/A.</p>   | 2 |

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

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

**Level 2 Amber User: Patricia Arroyo Date: 4/24/2013 11:12:11 AM**

Corrective Plan: On 5/6/2013 a new employee, who has been trained as an appointment scheduler for IHAS entry, was hired and on 5/20/13 started functioning in her role. This should eliminate and/or seriously decrease these types of errors.

Corrective Actions: See above.

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

**Level 1 Amber User: Patricia Arroyo Date: 4/24/2013 11:14:20 AM**

Corrective Plan: Please be advised of an email sent out by me this week in response to an email communication I recieved from my Regional DON. This new process will begin Tuesday, May 28, 2013 and will begin to be audited by Administrative staff on June 3, 2013. This should be a much better way to track education than the process in use currently.

Team:

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Please be advised that the attached education log needs to be a part of the patients' medical charts, per our Regional DON. Let's start including these in the new charts we put together on Tuesday, 5/28/13. I will be conducting audits periodically, beginning on 6/3/13. Education materials are available online, though the nursing supervisors will be printing out and replacing existing education materials for your ease of availability and have these in your exam rooms no later than COB on Tuesday, 5/28/13.

Thank you!

Respectfully,

Holly Elaine Massey, RN

Facility Health Administrator'

Corrective Actions: See above.



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| Medical Records (Q)) |   |     |     |     |  |       |
|----------------------|---|-----|-----|-----|--|-------|
|                      | Performance Measure (Description)   | Grn | Amb | Red | Notifications  | Level |
| 1                    | Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]                               |     | X   |     | <p>4/28/2013 5:07 PM Entered By: Helena Valenzuela<br/>A review of 5 medical records indicate non compliance on the following: Ida: inmate - no sticker for hypertension, inmate -medical record disorderly.</p> <p>4/28/2013 3:03 PM Entered By: Helena Valenzuela<br/>Medical Record Review on 4/26/13 at Aspen: inmate HNR not filed under correct Tab, inmate -SOAPE misfiled. Baker Ward: Following medical records have loose documents and/or require organization/thinning: inmate, inmate - treatment plan misfiled, inmate, inmate .</p> <p>4/12/2013 6:41 PM Entered By: Helena Valenzuela<br/>C area- On 4/12/13 laboratory results were not in the medical record: inmate -intake 4/5/13, inmate intake 3/20/13, inmate intake 4/1/13</p> <p>4/12/2013 6:38 PM Entered By: Helena Valenzuela</p> <p>4/12/2013 6:10 PM Entered By: Helena Valenzuela<br/>JKQ: inmate -MAR misfiled. Following medical records have loose documents and/or require organization/thinning: inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate - incomplete TAB markers. C area: inmate</p> | 1     |
| 2                    | Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]                                  |     | X   |     | <p>4/28/2013 5:12 PM Entered By: Helena Valenzuela<br/>Ida Ward: inmate -Provider orders not noted: .<br/>Aspen Ward: inmate -Psychiatrist orders not signed off by nursing.</p> <p>4/28/2013 3:07 PM Entered By: Helena Valenzuela<br/>The following medical records indicate non compliance in notation: JKQ: inmate, inmate, inmate, C area: inmate, inmate, inmate, inmate -noted "24 hours" later<br/>Aspen: inmate -(On 4/10/13: Provider requested Medical Records "again" from Barrows Neurological Associates/xray of wrist- no documentation completed.)<br/>On 4/26/13: Baker Ward: inmate, inmate - orders not noted, inmate, inmate .</p>   | 1     |
| 3                    | Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, |     | X   |     | <p>4/28/2013 5:16 PM Entered By: Helena Valenzuela<br/>Aspen: inmate, inmate -Incomplete MAR, inmate -no MAR after April 23.</p>   | 1     |

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|   |  |   |   |  |  |   |
|---|--|---|---|--|--|---|
|   | Section 6.4]   |   |   |  | 4/28/2013 3:08 PM Entered By: Helena Valenzuela<br>refer to 4/12/13 Performance Measure<br><br>4/12/2013 6:34 PM Entered By: Helena Valenzuela<br>JKQ: inmate , The following medical records do not have a March MAR inmate , inmate , inmate inmate inmate inmate inmate , inmate  |   |
| 4 | Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]     |   | X |  | 4/28/2013 3:20 PM Entered By: Helena Valenzuela<br>A review of 5 medical records at Aspen and at Baker Ward indicate the following as non compliant: Aspen: inmate , inmate , inmate Baker Ward inmate , inmate<br><br>4/12/2013 6:34 PM Entered By: Helena Valenzuela<br>JKQ: The following medical record entries do not have a name stamp (printed name) and/or have illegible notes: inmate , inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate C area: inmate inmate inmate inmate inmate inmate Aspen inmate , inmate inmate | 1 |
| 5 | Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?                                    | X |   |  | 4/28/2013 3:21 PM Entered By: Helena Valenzuela<br>refer to 4/12/13 Performance Measure<br><br>4/12/2013 6:35 PM Entered By: Helena Valenzuela   | 1 |
| 6 | Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes? | X |   |  | 4/28/2013 3:21 PM Entered By: Helena Valenzuela<br>Refer to 4/12/13 Performance Measure.<br><br>4/12/2013 6:35 PM Entered By: Helena Valenzuela  | 1 |
| 7 | Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?                 | X |   |  | 4/28/2013 3:21 PM Entered By: Helena Valenzuela<br>Refer to 4/12/13 Performance Measure.<br><br>4/12/2013 6:35 PM Entered By: Helena Valenzuela  | 1 |
| 8 | Are medical records for released inmates pulled from the active file area?   | X |   |  | 4/28/2013 3:21 PM Entered By: Helena Valenzuela<br>Refer to 4/12/13 Performance Measure.<br><br>4/12/2013 6:35 PM Entered By: Helena Valenzuela  | 1 |

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|    |  |   |  |  |   |   |
|----|--|---|--|--|---|---|
| 9  | Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?                        | X |  |  | 4/28/2013 3:21 PM Entered By: Helena Valenzuela<br>Refer to 4/12/13 Performance Measure.<br><br>4/12/2013 6:36 PM Entered By: Helena Valenzuela | 1 |
| 10 | Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)? | X |  |  | 4/28/2013 3:22 PM Entered By: Helena Valenzuela<br>Refer to 4/12/13 Performance Measure.<br><br>4/12/2013 6:36 PM Entered By: Helena Valenzuela | 1 |

**Corrective Action Plans for PerformanceMeasure: Medical Records (Q)**

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

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 5:07:08 PM**

Corrective Plan: Medical records staff have each been assigned a unit of responsibility, for accountability purposes. In addition, the MRLS and I will be looking to change the MR dept schedule, when the new schedules come out on the 15th of the month.

Corrective Actions: Thank you for your approval, Ms. Pearson. Please kindly remove from my MGAR.

**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: Helena Valenzuela Date: 4/28/2013 5:07:08 PM**

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Corrective Actions: Please remove from my MGAR, Ms. Pearson. Thank you for the CAP approval!

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Corrective Actions: Please remove from MGAR, Ms. Pearson. Thank you for your approval!

**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: Helena Valenzuela Date: 4/28/2013 5:12:02 PM**

Corrective Plan: Problem Identified: Nursing staff not noting orders in a timely fashion.

Discussion and Action Plan: In response to this finding, the FHA, in conjunction with the DON, has instituted a process of ensuring that all charts are double checked during the night shift. All charts with orders written during the day are reviewed by night shift nurses to ensure that all orders are noted within the 24-hour requirement. All nursing staff have been advised of this requirement and night-shift nurses have been specifically instructed to prioritize this task to ensure compliance.

Responsible Person: Night Shift Nursing staff for task completion. DON for Accountability and training. FHA for process development/direction

Status: This process was instituted at the beginning of June, 2013 and has been trained on by the new DON during

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nurses meetings since then.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

CAP Revision: One nursing supervisor specifically assigned to Aspen to continually monitor this action being completed. My apologies for not addressing Aspen specifically.

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

### **2 Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]**

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 5:12:02 PM**

Corrective Plan: Problem Identified: Nursing staff not noting orders in a timely fashion.

Discussion and Action Plan: In response to this finding, the FHA, in conjunction with the DON, has instituted a process of ensuring that all charts are double checked during the night shift. All charts with orders written during the day are reviewed by night shift nurses to ensure that all orders are noted within the 24-hour requirement. All nursing staff have been advised of this requirement and night-shift nurses have been specifically instructed to prioritize this task to ensure compliance.

Responsible Person: Night Shift Nursing staff for task completion. DON for Accountability and training. FHA for process development/direction

Status: This process was instituted at the beginning of June, 2013 and has been trained on by the new DON during nurses meetings since then.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

Corrective Actions: Approved by Helena Valenzuela.

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

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 5:16:32 PM**

Corrective Plan: Problem Identified: Incomplete MARs or Missing MARs.

Discussion and Action Plan: As a result of this finding, the FHA and DON have instituted a process of confirming that all medications currently prescribed for patients have an accurate MAR. The first Monday of each month, the DON shall run a census (through AIMS) of all inmates in designated housing areas (excluding intakes) and distribute this census to the nursing staff responsible for those areas. Nursing staff shall then do a chart review of each patient and confirm that MARs are accurate and present in the MAR books. Nurses shall notate on the census report if MARs are present and accurate and shall immediately correct or replace any missing or inaccurate MARs. At the completion of this task, the census report shall be delivered back to the DON for review and a copy of this report shall be maintained in the DON's office for compliance inspection by contract monitors. These reports shall be made available on the second Monday of each month. Inventory coordinators may assist in this task as supervised by nursing staff.

Responsible Person: Nursing staff assigned to units for task completion. DON for review and training. FHA for process implementation/development/direction.

Status: Initial reviews will begin immediately and the formal process is to begin August 2013. First reports will be available on August 12th. See below.

Anticipated Completion Date: As this is an ongoing monitoring process, no completion date can be given.

Date Completed: See immediately previous response.

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Corrective Actions: Reinforce with nursing staff the importance of a complete MAR. Continue to monitor.

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

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 5:16:32 PM**

Corrective Plan: Problem Identified: Incomplete MARs or Missing MARs.

Discussion and Action Plan: As a result of this finding, the FHA and DON have instituted a process of confirming that all medications currently prescribed for patients have an accurate MAR. The first Monday of each month, the DON shall run a census (through AIMS) of all inmates in designated housing areas (excluding intakes) and distribute this census to the nursing staff responsible for those areas. Nursing staff shall then do a chart review of each patient and confirm that MARs are accurate and present in the MAR books. Nurses shall notate on the census report if MARs are present and accurate and shall immediately correct or replace any missing or inaccurate MARs. At the completion of this task, the census report shall be delivered back to the DON for review and a copy of this report shall be maintained in the DON's office for compliance inspection by contract monitors. These reports shall be made available on the second Monday of each month. Inventory coordinators may assist in this task as supervised by nursing staff.

Responsible Person: Nursing staff assigned to units for task completion. DON for review and training. FHA for process implementation/development/direction.

Status: Initial reviews will begin immediately and the formal process is to begin August 2013. First reports will be available on August 12th.

Anticipated Completion Date: As this is an ongoing monitoring process, no completion date can be given.

Date Completed: See immediately previous response.

Corrective Actions: Approved by Helena Valenzuela.

**4 Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]**

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 3:20:30 PM**

Corrective Plan: Staff redirected/retrained at the monthly staff meeting, held on 5/24/2013. Training ongoing.

Corrective Actions: See above.

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| <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 10:39 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<br/>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>     |

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

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

**Level 2 Amber User: Leslie Boothby Date: 4/26/2013 10:16:34 AM**

Corrective Plan: I cannot answer this MGAR as I am not the Regional DON.

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.

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| <b>Reporting (AIMS) (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 AIMS entries being made timely, completely, accurately and no greater than 3 work days from the entry in the medical record?<br>[CC 2.20.2.7, HSTM Chpt. 7, Sec. 8.0] | <b>X</b>   |            |            | 4/29/2013 9:38 AM Entered By: Helena Valenzuela | <b>1</b>     |



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| Grievances (Q) |   |     |     |     |   |       |
|----------------|---|-----|-----|-----|---|-------|
|                | Performance Measure (Description)   | Grn | Amb | Red | Notifications   | Level |
| 1              | Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802? [P-A-11, DO 802, HSTM Chpt. 1, Sec. 8.0, CC 2.20.2.8] |     | X   |     | 4/28/2013 3:54 PM Entered By: Helena Valenzuela<br>Monitor requested grievance tracking record from administrative assistant on Friday. 4/26/13 and was told administration is "working on it" and it will be emailed to me on Friday. On 4/28/13, no receipt of grievance tracking record. | 2     |

#### Corrective Action Plans for Performance Measure: Grievances (Q)

**1 Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802? [P-A-11, DO 802, HSTM Chpt. 1, Sec. 8.0, CC 2.20.2.8]**

**Level 2 Amber User: Helena Valenzuela Date: 4/28/2013 3:54:52 PM**

Corrective Plan: Grievance log was being moved from the drive to a spreadsheet. It is up and working properly and emailed to you today.

Corrective Actions: Please leave feedback or kindly remove from MGAR. Thank you.

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| No Shows (Q) |  |     |     |     |  |       |
|--------------|--|-----|-----|-----|--|-------|
|              | Performance Measure (Description)  | Grn | Amb | Red | Notifications  | Level |
| 1            | Are medical, dental and mental health line “no-shows” being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9] |     | X   |     | 4/28/2013 3:24 PM Entered By: Helena Valenzuela<br>With the exception of Aspen, all other unit nurses report they do not experience no shows. At Aspen, it has been reported some inmate are not picking up their KOPs; however, documentation is not available. | 1     |

#### Corrective Action Plans for Performance Measure: No Shows (Q)

**1 Are medical, dental and mental health line “no-shows” being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]**  
**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 3:24:30 PM**

Corrective Plan: Aspen was indeed having a problem with inmates picking up KOPs, while attempting to pass them out with the DOT medications. The process was returned to the process used when ADC pharmacy was in place, where inmates pick up their KOPs between the hours of 0900-1000. Supervisor instructed to inform unit DW when inmates are not picking up KOPs so that she may intervene and consider ticketing repeat offenders.

Corrective Actions: Please leave feedback or kindly remove from MGAR. Thank you.

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| <b>Mental Health (Q)</b> |   |            |            |            |  |              |
|--------------------------|---|------------|------------|------------|--|--------------|
|                          | <b>Performance Measure (Description)</b>  | <b>Grn</b> | <b>Amb</b> | <b>Red</b> | <b>Notification</b>  | <b>Level</b> |
| 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]        | <b>X</b>   |            |            | 4/30/2013 5:50 PM Entered By: Steve Bender<br>All HNR's were being triaged within the designated time frame.   | <b>2</b>     |
| 2                        | Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]                                   | <b>X</b>   |            |            | 4/30/2013 5:51 PM Entered By: Steve Bender<br>All referrals were occurring within the designated time frame.   | <b>2</b>     |
| 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]               |            | <b>X</b>   |            | 4/30/2013 6:04 PM Entered By: Steve Bender<br>A review of charts for treatment plans at the Phoenix Complex revealed the following findings:<br><br>MTU - (9) out of (10) SMI charts reviewed did not have an updated SMI treatment plans. (5) out of ten did not have a treatment plan for an inmate with a qualifying mental health condition.<br><br>George Ward - All (6) charts reviewed had treatment plans.<br><br>Baker Ward - (1) out of (4) SMI treatment plans had been updated within the last (3)months as required by policy. All (4) charts reviewed with a qualifying mental health diagnosis did not have a treatment plan as required by policy.<br><br>Ida Ward - All (10) charts reviewed had a treatment plan as required by policy.<br><br>John and King Ward - (5) of the (11) charts reviewed did not have a treatment plan as required by policy. | <b>1</b>     |
| 4                        | Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]  | <b>X</b>   |            |            | 4/30/2013 6:13 PM Entered By: Steve Bender<br>All inmates are being seen within the designated time frame identified by their inpatient status.<br><br>4/30/2013 6:05 PM Entered By: Steve Bender<br>All inmates were being seen every (90) days as required by policy.  | <b>2</b>     |
| 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] | <b>X</b>   |            |            | 4/30/2013 6:06 PM Entered By: Steve Bender<br>All referrals and evaluations were occurring within the designated time frame.   | <b>2</b>     |
| 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]                     | <b>X</b>   |            |            | 4/30/2013 6:06 PM Entered By: Steve Bender<br>All inmates were being seen within the designated time frame.  | <b>2</b>     |

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

**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: 4/30/2013 6:04:05 PM**

Corrective Plan: Problem Identified: Treatment plans not in compliance.

Discussion and Action Plan: As a result of this finding, the Clinical Director met with all Mental Health Staff between 5/27/13 and 6/7/13 to express expectations of treatment plan compliance and patient contact. Staff were instructed that treatment plans were to be updated as described in the MGAR question and as ADC policy dictates. A chart audit process (previous described in another MGAR finding) was initiated to address treatment plans and patient contact expectations. These audits are being submitted and reviewed by the Clinical Director on a weekly basis since early June 2013. Since that time, significant improvement has been demonstrated in chart audits. This process is expected to continue to ensure ongoing compliance. Documentation of chart audit findings can be reviewed in the Clinical Director's office.

Responsible Person: Mental Health Staff for task completion. Clinical Director is responsible for oversight and review of charts as well as staff redirection/coaching when non-compliance is discovered.

Status: Chart audit process has been in place since early June 2013.

Anticipated Completion Date: As this is an ongoing monitoring process, no completion date can be given for monitoring of charts.

Date Completed: See immediately previous response.

Corrective Actions: Thank you. We will continue as described above to address this issue and ensure compliance.

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| <b>Quality and PEER Review (Q)</b> |   |            |            |            |  |              |
|------------------------------------|---|------------|------------|------------|--|--------------|
|                                    | <b>Performance Measure (Description)</b>  | <b>Grn</b> | <b>Amb</b> | <b>Red</b> | <b>Notifications</b>   | <b>Level</b> |
| 1                                  | Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]  |            | X          |            | 4/29/2013 9:38 AM Entered By: Helena Valenzuela<br>Contractor supervising physician reports this is not being conducted.   | 1            |
| 2                                  | Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]  |            | X          |            | 4/28/2013 3:25 PM Entered By: Helena Valenzuela<br>Monthly CQI meetings are not being conducted.<br><br>4/10/2013 3:22 PM Entered By: Helena Valenzuela<br>4/10/13 Entered by H. Valenzuela, C area:<br>Monthly CQI meetings are not being conducted.    | 1            |
| 3                                  | Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]   |            | X          |            | 4/28/2013 3:26 PM Entered By: Helena Valenzuela<br>Monthly CQI meetings are not being conducted.<br><br>4/10/2013 3:25 PM Entered By: Helena Valenzuela<br>Entry: H. Valenzuela; 4/10/13; 1523. CQI meetings not conducted; therefore, non compliance.   | 1            |
| 4                                  | Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12] | X          |            |            | 4/28/2013 3:26 PM Entered By: Helena Valenzuela<br>Refer to 4/10/13 Performance Measure notation.<br><br>4/10/2013 3:26 PM Entered By: Helena Valenzuela<br>Entry: H. Valenzuela 4/10/13; 1525. Not required at this time.                               | 1            |
| 5                                  | Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]   |            | X          |            | 4/28/2013 3:27 PM Entered By: Helena Valenzuela<br>Monthly CQI meetings are not being conducted.<br><br>4/10/2013 3:27 PM Entered By: Helena Valenzuela<br>Entry: H. Valenzuela 4/10/13; 1525. No CQI conducted at this time; therefore, non compliance. | 1            |

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### **Corrective Action Plans for Performance Measure: Quality and PEER Review (Q)**

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

**Level 1 Amber User: Helena Valenzuela Date: 4/29/2013 9:38:03 AM**

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

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: Helena Valenzuela Date: 4/28/2013 3:25:55 PM**

Corrective Plan: 8/17/13 - Problem Identified: No CQI meetings

Discussion and Action Plan: As a result of this finding, the FHA has scheduled a monthly CQI meeting for the third Tuesday of every month to begin July 16th.

Responsible Person: SMD is responsible for conducting this meeting. Department heads are responsible for meeting and contributing to CQI activities.

Status: CQI meeting scheduled for July 16th, 2013.

Anticipated Completion Date: As this is an ongoing meeting, no completion date can be given. Meetings to begin and continue monthly as of August 20, 2013.

Date Completed: See immediately previous response.

8/16/13 - CQI meeting scheduled for 8/27/13. Monitor welcome to attend.

Corrective Actions: CQI Meeting was held on August 27, 2013. Contract Monitor and Nursing Monitor were invited and declined to attend.

**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: Helena Valenzuela Date: 4/28/2013 3:26:18 PM**

Corrective Plan: 8/16/13 - Problem Identified: No CQI meetings

Discussion and Action Plan: As a result of this finding, the FHA has scheduled a monthly CQI meeting for the third Tuesday of every month to begin July 16th.

Responsible Person: SMD is responsible for conducting this meeting. Department heads are responsible for meeting and contributing to CQI activities.

Status: CQI meeting scheduled for Aug 27, 2013.

Anticipated Completion Date: As this is an ongoing meeting, no completion date can be given. Meetings to begin and continue monthly as of Aug 27, 2013.

Date Completed: See immediately previous response.

Monitor welcome to attend.

Corrective Actions: CQI Meeting was held on August 27, 2013. Contract Monitor and Nursing Monitor were invited and declined to attend.

**5 Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]**

**Level 1 Amber User: Helena Valenzuela Date: 4/28/2013 3:27:50 PM**

Corrective Plan: 8/16/13 - Problem Identified: No CQI meetings

Discussion and Action Plan: As a result of this finding, the FHA has scheduled a monthly CQI meeting for the third Tuesday of every month to begin July 16th.

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Responsible Person: FHA is responsible for conducting this meeting. Department heads are responsible for meeting and contributing to CQI activities.

Status: CQI meeting scheduled for July 27, 2013.

Anticipated Completion Date: As this is an ongoing meeting, no completion date can be given. Meetings to begin and continue monthly as of July 27, 2013.

Date Completed: See immediately previous response.

Monitor welcome to attend.

Corrective Actions: CQI Meeting was held on August 27, 2013. Contract Monitor and Nursing Monitor were invited and declined to attend.

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| <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]  |            | X          |            | <p>4/30/2013 7:12 PM Entered By: Kathy Campbell<br/>No documentation received, therefore unclear if a formal medication administration program is in place.</p> <p>4/21/2013 12:51 PM Entered By: Kathy Campbell<br/>Aspen- Greenen.</p>  | 1            |
| 2                                | Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1] |            | X          |            | <p>4/30/2013 7:13 PM Entered By: Kathy Campbell<br/>No documentation received, therefore amber finding given. Several requests made, but never received.</p> <p>4/21/2013 12:51 PM Entered By: Kathy Campbell<br/>Aspen- Awaiting documentation of the completed training and testing.</p>  | 1            |
| 3                                | Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]                                      |            | X          |            | <p>4/24/2013 11:19 AM Entered By: Patricia Arroyo<br/>Staff is attempting to develop &amp; implement a process that will for verification</p> <hr/> <p>4/30/2013 7:13 PM Entered By: Kathy Campbell</p>   | 1            |
| 4                                | Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]      |            | X          |            | <p>4/14/2013 4:10 PM Entered By: Kathy Campbell<br/>Multiple MARs (A-L and M-Z books exhibited MARs signed out for the entire shift on Aspen(up to 1800 at 1045 on 4/9/13).<br/>Per HSTM Chapter 5; Section 6.4; 3.7- Medication Administration-<br/>Prior to the medication being administered to the inmate, the nursing staff member must verify the medication against the MAR to ensure the appropriate person, dosage, time, route, medication.<br/>- The MAR must accompany the nursing staff member during administration of the medication. Lockdown areas and security or clinical situations determined by the CRNSII as not conducive to safe control of the MAR are exempted from this requirement.<br/>- As soon as the medication is administered the nursing staff will document on the MAR. Pre-charting of medication administration on the MAR is not authorized.</p> <hr/> <p>4/24/2013 11:21 AM Entered By: Patricia Arroyo<br/>Aspen Unit:<br/>inmate [redacted] there are no Nurse signatures x 2, both Nurses names are printed, No diagnosis</p> | 1            |



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|   |   |  |   |  |   |
|---|---|--|---|--|---|
|   |   |  |   | <p>inmate [redacted] there is no Nurse signature x 2 Nurses, both Nurses names are printed, No diagnosis</p> <p>inmate [redacted] There is no Prescriber no the MAR for four medications, No diagnosis, No Nurses signature x 2 Nurses, both Nurses names are printed.</p> <p>inmate [redacted], No diagnosis, No Nurses signature x 2, both Nurses names are printed</p> <p>inmate [redacted], No diagnosis, No Nurses signature x 2, both Nurses names are printed</p> <p>inmate [redacted]: No Diagnosis, No Nurses signature x 2, both Nurses names are printed</p> <p>inmate [redacted]: No diagnosis, No allergies documented on the MAR, Nurses name is not printed</p> <p>inmate [redacted]: No diagnosis, No Nurses signature x 2 Nurses, both Nurses name is printed.</p>  |   |
| 5 | Are medication errors forwarded to the FHA to review corrective action plan?  |  | X | <p>4/24/2013 11:21 AM Entered By: Patricia Arroyo<br/>There are no medication errors to determine this is occurring. Have requested reports from the staff</p> <p>4/30/2013 7:14 PM Entered By: Kathy Campbell<br/>Never received medication error reports, so it is unclear if the FHA is aware. A request was made to the DON and FHA for medication errors, but never received.</p>   | 2 |
| 6 | Are there any unreasonable delays in inmate receiving prescribed medications? |  | X | <p>4/21/2013 12:53 PM Entered By: Kathy Campbell<br/>Aspen- Amber<br/>Multiple Inmates were found w/o prescribed medications this month. Working with nursing staff and Pharmacorr to correct issues. Awaiting medication errors to show documentation of inmates missing their medications.</p> <p>4/24/2013 11:22 AM Entered By: Patricia Arroyo<br/>inmate [redacted] Chonazepan 0.5mg requested 4/12/13 no response as of to date 4/18/13<br/>inmate [redacted] Benadryl, Venlafaxine ER 150mg requested 4/10/13 no response as of to date 4/18/13<br/>inmate [redacted] Olanzapine 10mg requested 4/10/13 no response as of to date 4/18/13<br/>inmate [redacted] Amitrityline 125 mg, requested 4/10/12 no response as of to date 4/18/13<br/>inmate [redacted] Benadryl 25mg, requested 4/10/13 no response as of to date 4/18/13<br/>inmate [redacted] Toradol 60mg IMx 1 dose, requested 4/11/12 no response as of to date 4/18/13<br/>inmate [redacted] Abilify, Tylenol submitted 4/11/13, received approval 4/18/13.</p> | 2 |

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|    |   |   |   |  |  |   |
|----|---|---|---|--|--|---|
|    |   |   |   |  |  |   |
| 7  | Are inmates being required to show ID prior to being administered their medications?  | X |   |  | <p>4/21/2013 12:53 PM Entered By: Kathy Campbell<br/>Aspen- Green as of 4/9/13.</p> <p>4/24/2013 11:22 AM Entered By: Patricia Arroyo</p>  | 2 |
| 8  | Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?<br>[NCCHC Standard P-D-01] |   | X |  | 4/30/2013 7:14 PM Entered By: Kathy Campbell<br>See Pharmacy notes.  | 2 |
| 9  | Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?  |   | X |  | <p>4/24/2013 11:23 AM Entered By: Patricia Arroyo<br/>inmate ██████████ Chonazepan 0.5mg requested 4/12/13 no response as of to date 4/18/13<br/>inmate ██████████ Benadryl, Venlafaxine ER 150mg requested 4/10/13 no response as of to date 4/18/13<br/>inmate ██████████ Olanzapine 10mg requested 4/10/13 no response as of to date 4/18/13<br/>inmate ██████████ Amitriptyline 125 mg, requested 4/10/12 no response as of to date 4/18/13<br/>inmate ██████████ Benadryl 25mg, requested 4/10/13 no response as of to date 4/18/13<br/>inmate ██████████ Toradol 60mg IMx 1 dose, requested 4/11/12 no response as of to date 4/18/13<br/>inmate ██████████ Abilify, Tylenol submitted 4/11/13, received approval 4/18/13.</p> | 2 |
| 10 | Are providers being notified of non-formulary decisions within 24 to 48 hours?  |   | X |  | <p>4/24/2013 11:23 AM Entered By: Patricia Arroyo<br/>inmate ██████████ Chonazepan 0.5mg requested 4/12/13 no response as of to date 4/18/13<br/>inmate ██████████ Benadryl, Venlafaxine ER 150mg requested 4/10/13 no response as of to date 4/18/13<br/>inmate ██████████ Olanzapine 10mg requested 4/10/13 no response as of to date 4/18/13<br/>inmate ██████████ Amitriptyline 125 mg, requested 4/10/12 no response as of to date 4/18/13<br/>inmate ██████████ Benadryl 25mg, requested 4/10/13 no response as of to date 4/18/13<br/>inmate ██████████ Toradol 60mg IMx 1 dose, requested 4/11/12 no response as of to date 4/18/13<br/>inmate ██████████ Abilify, Tylenol submitted 4/11/13, received approval 4/18/13.</p> | 2 |
| 11 | Are medication error reports being completed and medication errors documented?  |   | X |  | 4/30/2013 7:15 PM Entered By: Kathy Campbell<br>Never received medication error reports so unable to evaluate if they are documented   | 2 |

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in chart.

### Corrective Action Plans for Performance Measure: Medication Administration

#### 1 Is there a formal medication administration program? [NCCHC Standard P-C-05]

Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:12:37 PM

Corrective Plan: Problem Identified: Kathy Campbell has requested training on any new nurses and has not received any response from DON Sirvent.

Discussion: Please be advised, Richard Christiansen is now the DON. His email address is Richard.Christiansen@corizonhealth.com, his desk extension is 53005. His office hours are 8:30am-5pm M-F. He is available by phone, in person, or via email to provide documentation and answer any questions.

Action Plan: Training has been conducted at the facility on every Monday and Tuesday throughout the month of June. I have scanned to K. Campbell the NEOII taining roster. A copy of NEOII binder is available for pick up at the AA's desk in Medical Admin. Training will break for two weeks then resume on July 15, 2013 and be ongoing to all staff taining is at 100% compliance.

Responsible Person: The Assistant FHA and DON are responsible for training. The FHA is responsible for process implementation/development/direction.

Status: We are at 56% compliance with FT employees at this time.

Anticipated Completion Date: Goal is to be at 100% completion/compliance by August 20, 2013.

Date Completed: \_\_\_\_\_.

Corrective Actions: I have provided those materials to both Ms. Campbell and Ms. Headstream. Please remove from MGAR. Thank you

#### 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: Kathy Campbell Date: 4/30/2013 7:13:12 PM

Corrective Plan: Problem Identified: Kathy Campbell has requested training on any new nurses and has not received any response from DON Sirvent.

Discussion: Please be advised, Richard Christiansen is now the DON. His email address is Richard.Christiansen@corizonhealth.com, his desk extension is 53005. His office hours are 8:30am-5pm M-F. He is available by phone, in person, or via email to provide documentation and answer any questions.

Action Plan: Training has been conducted at the facility on every Monday and Tuesday throughout the month of June. I have scanned to K. Campbell the NEOII taining roster. A copy of NEOII binder is available for pick up at the AA's desk in Medical Admin. Training will break for two weeks then resume on July 15, 2013 and be ongoing to all staff taining is at 100% compliance.

Responsible Person: The Assistant FHA and DON are responsible for training. The FHA is responsible for process implementation/development/direction.

Status: We are at 56% compliance with FT employees at this time.

Anticipated Completion Date: Goal is to be at 100% completion/compliance by August 20, 2013.

Date Completed: \_\_\_\_\_.

Corrective Actions: All information has been provided to both Ms. Campbell and Ms. Headstream. Please remove from MGAR. Thank you

#### 3 Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]

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### Level 1 Amber User: Patricia Arroyo Date: 4/24/2013 11:19:26 AM

Corrective Plan: KOPs are to be included on the MARs, per Corizon policy. This process was educated to the nurses in the meeting today, (5/24/13), from NEO II binder, under Medication Administration and Documentation, and is set to begin Tuesday, 5/28/13.

Corrective Actions: Approved.

### 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: Kathy Campbell Date: 4/14/2013 4:10:05 PM

Corrective Plan: Nurses involved with this encounter, (Aspen), have been educated on medication administration and documentation, counseled and are under corrective actions, where they are being monitored more closely.

CAP Revision #1 - Corizon did all the initial trainings at the Double Tree Suites - I will email out to see if I can acquire those rosters. NEO II binders are in the medical admin office and much too much to scan into an email. Ms. Campbell is invited to take one from medical admin at anytime. The next training for NEO II was scheduled for June 3-4, 2013, but due to circumstances beyond our control, has been rescheduled for June 10-11, 2013. Ms. Campbell welcome to sit in.

Corrective Actions: See above.

### 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: Patricia Arroyo Date: 4/24/2013 11:21:00 AM

Corrective Plan: Nursing meeting today addressed the proper completion of medical record, to include printed name, signature, and date. Any nurse requiring a name stamp has been asked to submit a request through the Asst Administrator for order, prior to 5/31/13.

Corrective Actions: See above.

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

#### Level 2 Amber User: Kathy Campbell Date: 4/30/2013 7:14:16 PM

Corrective Plan: Information Reports are kept in the office of the FHA. No one has asked me personally for any reports. From here out, all ADOC Information Reports will be scanned to K. Campbell for the prior month on the first day of the current month, (to coordinate with the stats procedures), if that process is agreeable to Ms. Campbell.

Corrective Actions: See above.

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

#### Level 2 Amber User: Patricia Arroyo Date: 4/24/2013 11:22:16 AM

Corrective Plan: Acosta: Clonazepam, Dr Cleary d/c'd...medication is non-formulary. Medication was allowed to expire.

**inmate** : Benadryl RX28046749 written 05/06 good thru 06/05, inmate is currently on right now(non-formulary med)

Venlafaxine ER 150mg written 05/06 good thru 06/05, inmate is currently on right now (non-form med)

**inmate** : Inmate is now in Tucson. Written 04/16/13 (Bridge) but d/c'd 04/23 (?)

**inmate** : Lewis Inmate, Amitripyline written 05/06 good thru 06/05, inmate is currently on now. (non form med)

See below.

**inmate** : Inmate now in Florence. Written 04/10/13 was good thru 05/09. Benadryl is non formulary med. \*Status under investigation\*.

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**inmate** : Toradol ok'd sent 04/17/13 x1 injection

**inmate** : Tylenol 500mg changed to 325mg, written 04/18/13 good thru 07/17/13, inmate is currently on. Abilify, no history, I called IDA nurse and nothing on his MAR for abilify.

CAP Revision #1 - This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013. Is not site specific.

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.

### **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: Kathy Campbell Date: 4/30/2013 7:14:41 PM**

Corrective Plan: Problem Identified: Incomplete MARs

Discussion and Action Plan: As a result of this finding, the FHA and DON have instituted a process of confirming that all medications currently prescribed for patients have an accurate MAR. The 26th of each month prior to the printing of the MARs, the DON shall run a census (through AIMS) of all inmates in designated housing areas (excluding intakes) and distribute this census to the nursing staff responsible for those areas. Nursing staff shall then do a chart review of each patient and confirm that MARs are accurate and present in the MAR books. Nurses shall notate on the census report if MARs are present and accurate and shall immediately correct or replace any missing or inaccurate MARs. At the completion of this task, the census report shall be delivered back to the DON for

## April 2013 PHOENIX COMPLEX

review and a copy of this report shall be maintained in the DON's office for compliance inspection by contract monitors. These reports shall be made available on the second Monday of each month. Inventory coordinators may assist in this task as supervised by nursing staff.

Responsible Person: Nursing staff assigned to units for task completion. DON for review and training. FHA for process implementation/development/direction.

Status: Initial reviews will begin immediately and the formal process is to begin August 2013. First reports with any luck will be available on August 12th.  
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.):
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  - 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: Patricia Arroyo Date: 4/24/2013 11:23:00 AM**

Corrective Plan: Acosta: Clonazepam, Dr Cleary d/c'd...medication is non-formulary. Medication was allowed to expire.

**inmate** : Benadryl RX28046749 written 05/06 good thru 06/05, inmate is currently on right now(non-formulary med)

Venlafaxine ER 150mg written 05/06 good thru 06/05, inmate is currently on right now (non-form med)

**inmate** : Inmate is now in Tucson. Written 04/16/13 (Bridge) but d/c'd 04/23 (?)

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inmate : Lewis Inmate, Amitriptyline written 05/06 good thru 06/05, inmate is currently on now. (non form med)

See Below.

inmate : Inmate now in Florence. Written 04/10/13 was good thru 05/09. Benadryl is non formulary med. \*Status under investigation\*.

inmate : Toradol ok'd sent 04/17/13 x1 injection

inmate : Tylenol 500mg changed to 325mg, written 04/18/13 good thru 07/17/13, inmate is currently on. Abilify, no history, I called IDA nurse and nothing on his MAR for abilify.

CAP Revision #1 - I have emailed out to my upper management inquiring about a tool to use for a system-wide process. We are currently using a tickler file system at Phoenix.

CAP Revision #2 - This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013.

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.

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

**Level 2 Amber User: Patricia Arroyo Date: 4/24/2013 11:23:11 AM**

Corrective Plan: Acosta: Clonazepam, Dr Cleary d/c'd...medication is non-formulary. Medication was allowed to expire.

inmate : Benadryl RX28046749 written 05/06 good thru 06/05, inmate is currently on right now(non-formulary med)

Venlafaxine ER 150mg written 05/06 good thru 06/05, inmate is currently on right now (non-form med)

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inmate : Inmate is now in Tucson. Written 04/16/13 (Bridge) but d/c'd 04/23 (?)

inmate : Lewis Inmate, Amitripyline written 05/06 good thru 06/05, inmate is currently on now. (non form med)  
See Below.

inmate : Inmate now in Florence. Written 04/10/13 was good thru 05/09. Benadryl is non formulary med. \*Status under investigation\*.

inmate : Toradol ok'd sent 04/17/13 x1 injection

inmate : Tylenol 500mg changed to 325mg, written 04/18/13 good thru 07/17/13, inmate is currently on. Abilify, no history, I called IDA nurse and nothing on his MAR for abilify.

CAP Revision #1 - I have emailed out to my upper management inquiring about a tool to use for a system-wide process. We are currently using a tickler file system at Phoenix.

CAP Revision #2 - This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013.

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: Kathy Campbell Date: 4/30/2013 7:15:19 PM**

Corrective Plan: Information Reports are kept in the office of the FHA. No one has asked me personally for any reports. From here out, all ADOC Information Reports will be scanned to K. Campbell for the prior month on the first day of the current month, (to coordinate with the stats procedures), if that process is agreeable to Ms. Campbell.

Information Reports would be easier managed if the Contractor could include them with the stats procedure, already



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in place. IRs emailed to Ms. Campbell at this time, of her request.

Corrective Actions: This has been discussed and FHA to forward medication errors as they occur. Approved.

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| Staffing |   |     |     |     |  |       |
|----------|---|-----|-----|-----|--|-------|
|          | Performance Measure (Description)   | Grn | Amb | Red | Notifications  | Level |
| 1        | Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]   | X   |     |     | 4/28/2013 3:28 PM Entered By: Helena Valenzuela  | 1     |
| 2        | Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0] |     | X   |     | 4/28/2013 3:46 PM Entered By: Helena Valenzuela<br>Nursing staffing is insufficient on Aspen Unit as demonstrated by consistent late medication pass. Supervisors have assisted and staff have been pulled from other units to cover; thus, affecting staffing on other inmate medical units. The staff schedule is inadequate in providing accurate up to date information on the reality of staffing at the Phoenix Alhambra Complex. Monitors have been informed by Corizon supervisors overtime and the use of agency is not permitted by upper management; however, an extremely high back load number intakes not being timely medically processed resulted in medical and medical records staff working until midnight last week. I have suggested initiating a Continuous Quality Improvement Study (CQI) to the Facility Health Administrator for the purpose of exploring a possible improvement in expediting the time necessary to medically process intake inmates in C area. | 3     |
| 3        | Are all positions filled per contractor staffing pattern?   |     | X   |     | 4/28/2013 4:04 PM Entered By: Helena Valenzuela<br>Non compliance as explained in Staffing-Performance Measure 2 notation, dated 4/28/13.  | 2     |
| 4        | Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?   | X   |     |     | 4/28/2013 5:17 PM Entered By: Helena Valenzuela  | 2     |

**Corrective Action Plans for Performance Measure: Staffing**

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

**Level 3 Amber User: Helena Valenzuela Date: 4/28/2013 3:46:08 PM**

Corrective Plan: Staffing pattern at MTU/Aspen unit became insufficient when Complex changed from Diamond to Pharmmacor. Nursing required more time to process med pass/pill call, therefore required more nuring hours than were allotted. Initially, a supervisor was sent to Aspen to observe, and report. Then, that supervisor became the extra hands on help that the nurses needed. Now, the schedule has been completely revamped to include three nurses everyday, excluding the supervisor over Aspen. The schedule is live on the Shared Drive for the monitoring team to check. Use of OT and Agency is not preferred but is also not forbidden.

\*Medical Records and medical staff working into Midnight on Intake is not related to Aspen scheduling and is the preogative of Corizon FHA. It was related to an exorbitant amount of influx in Intake during our high season.\*

CAP Revision #1 - Problem: Scheduling

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Discussion: Schedules are shared (posted) on the K-drive of the 15th of each month as requested by monitor discussed at leadership.

Action: AFHA is concert with DON is leadership in counsel by FHA, who is responsible for recruitment.

Status: We our currently reviewing applications to improve our staffing levels.

Action: We have new hires in backgrounds, as well as continual recruitment and pending offers. Pool/prn staff and Locums are used to cover vacancies.

Corrective Actions: See above.

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

**Level 2 Amber User: Helena Valenzuela Date: 4/28/2013 4:04:41 PM**

Corrective Plan: Problem: Scheduling /vacancies.

Discussion: Schedules are shared (posted) on the K-drive of the 15th of each month as requested by monitor discussed at leadership.

Action: AFHA is concert with DON is leadership in counsel by FHA, who is responsible for recruitment.

Status: We our currently reviewing applications to improve our staffing levels.

Action: We have two new hires starting this week along with 5 pending new offers.

Both new hires are providers and offers are for medical nurses and one for a nursing supervisor position. We are working with ADOC to ensure our paper work is being filled out completely in order to obtain clearance for personnel ASAP.

CAP Revision: MTU staffed as appropriate. Final discussion on how many nurses are needed to pass meds for 150 inmates. Please see larger complexes where nurses pass medications to 500+ inmates. Any further discussions should be directed to Regional DON Somner.

Corrective Actions: Approved. See above.

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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          |            |            | 4/4/2013 7:59 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 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          |            |            | 4/4/2013 7:59 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 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          |            |            | 4/4/2013 7:59 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 1            |
| 4                     | Is a supervising registered nurse in the IPC 24 hours a day?   | X          |            |            | 4/4/2013 8:00 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 1            |
| 5                     | Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?  | X          |            |            | 4/4/2013 8:00 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 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          |            |            | 4/4/2013 8:00 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 1            |
| 7                     | Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?  | X          |            |            | 4/4/2013 8:00 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 1            |
| 8                     | Is a complete inmate health record kept and include:<br>-Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up<br>-Complete document of care and treatment given<br>-Medication administration record<br>-Discharge plan and discharge notes | X          |            |            | 4/4/2013 8:00 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 1            |
| 9                     | If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?  | X          |            |            | 4/4/2013 8:00 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 1            |
| 10                    | If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?  | X          |            |            | 4/4/2013 8:01 PM Entered By: Kathy Campbell<br>N/A. No infirmiry at this location. | 1            |
| 11                    | Are vital signs done daily when required?  | X          |            |            | 4/4/2013 8:01 PM Entered By: Kathy Campbell  | 1            |

### April 2013 PHOENIX COMPLEX

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|----|---|---|--|--|--|---|
|    |   |   |  |  | N/A. No infirmary at this location.  |   |
| 12 | Are there nursing care plans that are reviewed weekly and are signed and dated?                       | X |  |  | 4/4/2013 8:01 PM Entered By: Kathy Campbell<br>N/A. No infirmary at this location. | 1 |
| 13 | Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03] | X |  |  | 4/4/2013 8:01 PM Entered By: Kathy Campbell<br>N/A. No infirmary at this location. | 1 |