

May 2013 LEWIS COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notification	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		5/23/2013 2:58 PM Entered By: Terry Allred Performance measure is not met. Complex wide, there are gaps in nursing sick call lines. In one specific case, when a provider is on the unit, he has a nurse with him to assist, but the nurse does not perform a sick call line, only a line that assists the provider. By definition, this does not meet the performance measure.	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		5/23/2013 3:10 PM Entered By: Terry Allred Performance measure is not met. A random pull and audit of 35 HNR's reveals that the average waiting time post triage for non-emergent HNR's exceeds the 24 hour time limit. In the 4 cases of "Emergent" HNR submissions, 1 was seen on the date of submission, while the other 3 had a wait time of between 7 to 18 days.	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		5/30/2013 12:27 PM Entered By: Terry Allred Performance measure is not met. A review of approximately 25 charts revealed the following: 5 of the 25 charts included no inmate weight at the time of the clinical intervention. Inmate [REDACTED], inmate [REDACTED], inmate [REDACTED], inmate [REDACTED] and inmate [REDACTED].	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		5/30/2013 12:31 PM Entered By: Terry Allred Performance measure is not met. Of those 25+ audited charts, at least 8 were either deficient in identifying SOAPE, or had no complete SOAPE at all. They are: inmate [REDACTED], inmate [REDACTED], inmate [REDACTED], inmate [REDACTED], inmate [REDACTED], inmate [REDACTED] and inmate [REDACTED].	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		5/31/2013 12:52 PM Entered By: Terry Allred Performance measure is not met. In auditing approximately 25 medical records wherein the nurse had made a provider referral, the average wait time was on average 15 days. This does not include those referral to providers from the HUB, as the provider was onsite at the time and saw the inmate on the same day as the referral. Further, this does not include emergency referrals who were then transferred to the HUB to be seen by the provider.	1
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			5/31/2013 12:54 PM Entered By: Terry Allred Performance measure is being met in the general sense. Protocols, or "nets" are	1

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				available and nursing staff are working to familiarize themselves with them. There remain questions by the nursing staff in regards to nets usage for those items not covered. This is being addressed.	
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Corrective Action Plans for Performance Measure: Sick Call (Q)

1 Sick call being conducted five day a week Monday through Friday (excluding holiday)? [P E 07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]
Level 1 Amber User: Terry Allred Date: 5/23/2013 2:58:50 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Process to address access to care, to include but not limited to:
 - a. Scheduling patients
 - b. Staffing
2. In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1 Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all inmates (Sick Call Attachment); and site specific process
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Monitoring (Sick Call Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

10/11/13 Update – All HNR s to be triaged by nursing, inclusive of MH.

2 Are sick call inmates being triaged within 24 hours (or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]
Level 1 Amber User: Terry Allred Date: 5/23/2013 3:10:47 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during

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sick call? [P-E-04, HSTM Chapter 5, Section 1.3]

Level 1 Amber User: Terry Allred Date: 5/30/2013 12:27:55 PM

Corrective Plan: See October action plan as submitted by Corizon. Staff has been counseled in weekly nurses meetings to insure that height and weight are being documented when inmates are seen during sick call.

Corrective Actions: October Action plan submitted by Corizon-

1. In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call Attachment);

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

10/11/13 Update – VS will include weight when appropriate.

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

Level 1 Amber User: Terry Allred Date: 5/30/2013 12:31:38 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)", Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance outcome 4 (Sick Call Attachment); use of Corizon NETs

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

10/11/13 Update –NETs to be used for all Nursing sick call.

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

Level 1 Amber User: Terry Allred Date: 5/31/2013 12:52:01 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5 (Sick Call Attachment); Seen by Physician or Midlevel within 7 days

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]		X		<p>5/16/2013 1:32 PM Entered By: Vanessa Headstream Previous entry of 05/14/13 in error - applies to another facility</p> <p>5/14/2013 11:40 AM Entered By: Vanessa Headstream Review of 4 Urgent consult requests demonstrates noncompliance - #inmate - written 04/02/13, submitted to UM 04/11/13, entered into ORC 04/12/13, has not been scheduled #inmate - written 04/03/13, submitted/received/entered into ORC 05/14/13, has not been scheduled</p> <p>5/7/2013 2:08 PM Entered By: Vanessa Headstream</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>5/16/2013 1:29 PM Entered By: Vanessa Headstream #inmate - TSL c/s report dated 03/26/13, rcv'd 04/26/13; signed off 05/08/13</p> <p>5/7/2013 2:22 PM Entered By: Vanessa Headstream Review of medical files demonstrates noncompliance; inmate - cardiology report rcv'd 04/01/13 not signed off, i/m currently out to hospital for possible MI inmate - surgery c/s report rcv'd 04/04/13 not signed off inmate - optometry report rcv'd 03/25/13 not signed off inmate - retinal c/s report rcv'd 04/13/13 not signed off inmate - nephrology report rcv'd 01/18/13 not signed off inmate - retinal eval report rcv'd 01/15/13 not signed off inmate - urology report rcv'd 04/17/13 not signed off inmate - endocrinology report rcv'd 03/22/13 not signed off inmate - pulmonology report rcv'd 04/12/13 not signed off inmate - hand surgery report rcv'd 01/23/13 not signed off</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			<p>5/7/2013 2:22 PM Entered By: Vanessa Headstream</p>	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			<p>5/16/2013 1:32 PM Entered By: Vanessa Headstream</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of	X			<p>5/7/2013 2:23 PM Entered By: Vanessa Headstream</p>	2

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discharge planning? [CC 2.20.2.3]

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

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

Level 2 Amber User: Vanessa Headstream Date: 5/16/2013 1:32:13 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = ARMD/RDON/RVP/RCQI/FHA/DON

Target Date - 11/30/13

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

1. Standardized process to address, to include but not limited to:
 - a. Approved consults scheduled/documented within 5 days by clinical coordinator
2. Schedule and conduct training for all clinical coordinators
 - a. Agenda/sign off sheet to verify
3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = DON/Clinical Systems Business Analyst II/FHA/DON/RDCQI/RVP

Target Date - 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 5/16/2013 1:29:50 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = ARMD/RDON/RVP/RDCQI/DON/

Target Date-11/30/13

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

Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			5/16/2013 1:11 PM Entered By: Vanessa Headstream	1
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		5/16/2013 1:18 PM Entered By: Vanessa Headstream 28 chronic care files reviewed demonstrate non compliance with this performance measure - 22 chronic care follow up visits were not completed as ordered - #inmate , inmate ,	2
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]		X		5/16/2013 1:26 PM Entered By: Vanessa Headstream see previous entry 5/16/2013 1:24 PM Entered By: Vanessa Headstream 28 chronic care files reviewed demonstrate +/- 78% compliance - 6 files did not have education documented with the provider visits - #s inmate , inmate , inmate , inmate , inmate , inmate	1
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	X			5/20/2013 3:16 PM Entered By: Vanessa Headstream under review	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			5/20/2013 3:16 PM Entered By: Vanessa Headstream	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: 5/16/2013 1:18:08 PM

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

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

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 2 (I.- IV.Chronic Care Attachment).
2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.) and outcome measure .
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff .
3. Monitoring

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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//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.

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: Vanessa Headstream Date: 5/16/2013 1:26:34 PM

Corrective Plan: See October action plan as submitted by Corizon. staff are being educated about the importance of providing disease management education and documentation in records at each visit.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.

2. In-service staff on:

- a. Documentation of chronic condition education at each visit.
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff.

3. Monitoring

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

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

Target Date - 11/30/13

Plan weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. 10/11/13 Update – Documentation on education sheet located in front of chart, medical records responsible for making sure in chart.

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			5/31/2013 8:11 AM Entered By: Leslie Boothby	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		<p>5/31/2013 8:02 AM Entered By: Leslie Boothby</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests & HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Amber – will remain amber until a completed written action plan is received and implemented with weekly follow up documentation of results to ADC from each Complex Site by Corizon Health.</p> <p>A) HSTM 4.1.6 Non-Formulary Drug Requests: A written Action Plan is required from Julie Carter, Regional Pharmacist, 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 medications, if needed, to provide continuity of care while the NFD is being processed. This Action Plan requires documented weekly follow-up from Corizon staff that identifies that medications have been approved or denied and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. May 2013 Non Formulary Drug Requests - Stop Date Reports indicate: 1363 Non-formulary drugs expiring for 1171 patients</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: A written Action Plan is required from Julie Carter, Regional Pharmacist, 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 weekly documented follow-up from Corizon staff. Medications should be renewed before the expiration date to provide continuity of care. May 2013 Expired Medications - Stop Date Report indicates: 10,117 Expired Medications for 5,168 Patients. Snapshot of April 1, 2013 – May 16,2013 for Psychotropic medications (not including amitriptyline, nortriptyline and gabapentin for medical use). Stop Date Report indicates: 1051 Expired Psychotropic Medications for 694 patients. Note: not same parameter as May 2013 reporting. Some information will be duplicated in the Expired Medication reporting for May 2013.</p> <p>C) Julie Carter, Corizon Regional Pharmacist, implemented the Pharmacy Corrective Action Plan on May 13th, 2013. She followed up on May 20th, 2013 with a conference call to DONs/FHAs to identify problems and resolutions and discuss progress of renewals. A Status Report was submitted 05/30/13. Most, but not all findings were reported at that time. We are</p>	2

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					hoping to receive a report with all findings and a significant improvement in Continuity of Care for Non-Formulary and Expired Medications next month.	
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			5/31/2013 8:02 AM Entered By: Leslie Boothby	1

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: 5/31/2013 8:02:42 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.

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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		5/14/2013 11:39 AM Entered By: Terry Allred Performance measure is not met. Areas within the medical unit may be following DO 1101, such as sporadic compliance by MH, but it is random at best with minimal compliance overall.	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: Terry Allred Date: 5/14/2013 11:39:43 AM

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

Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor.

Responsible Parties= RN/LPN

Target Date = 11/30/13

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			5/31/2013 11:28 AM Entered By: Steve Bender All HNR requests for mental health services were being triaged within the designated (24) time period.	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			5/31/2013 11:29 AM Entered By: Steve Bender 5/31/2013 11:28 AM Entered By: Steve Bender All referrals were occurring within the designated (7) day time frame.	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		5/31/2013 11:45 AM Entered By: Steve Bender A review of (26) medical records with a brown SMI sticker revealed (13) which had not been updated within the past (3) months as required. inmate - no treatment plan, inmate - 12/13/11, inmate - 6/14/12, inmate - 1/13/09, inmate - 2/6/12, inmate - 12/23/08, inmate - 8/15/12, inmate - 1/30/12, inmate - 8/9/12, inmate - no treatment plan, inmate - 5/7/12, inmate - 4/20/10, inmate - 4/26/09, inmate - 1/21/10 These inmates were designated SMI on their problem list. This designation in some cases was referenced from ADC SMI checklists completed years ago. A review of (35) medical records with a mental health score of three revealed all of them had a required treatment plan.	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		5/31/2013 12:04 PM Entered By: Steve Bender The (13) SMI inmates identified in Q3 had not been seen in the past (90) days as required. (5) of the MH3 inmates had not been seen during the past (90) days by either mental health or psychiatry staff. inmate - 1/9/13, inmate - 1/12/13, inmate - 1/11/13 - inmate - 1/24/13, inmate - 12/4/12	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			5/31/2013 12:07 PM Entered By: Steve Bender Inmates assessed as being unstable were being referred for evaluation with a psychiatric provider within the designated 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			5/31/2013 12:08 PM Entered By: Steve Bender All medical records reviewed revealed they all had been seen by the psychaitric provider within the designated time frame.	2

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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: 5/31/2013 11:45:59 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 3 (Mental Health Attachment) related to treatment plan updates every 90 days and use of SMI monthly report tool

a. SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track and trend (III.1.a. SMI Monthly Report)

b. Review AIMS and update when changes in MH status

c. Inmates with mental health score of three or above are seen by MH staff per policy titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date- 11/30/13

Continue to monitor daily, then monthly until meet compliance, then ongoing monthly monitoring.

10/11/13 Update: Staff in-serviced on how to use SMI monthly report tool; review of audit tool data to begin in November.

4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]

Level 2 Amber User: Steve Bender Date: 5/31/2013 12:04:31 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.

2. Reinforce this in monthly staff meetings.

3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.

4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.

Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI

Target Date-11/30/13

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Grievances						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			5/14/2013 11:26 AM Entered By: Terry Allred Performance measure is met. To be clear, this component is met in part. Meaning, grievances are tracked by inmate name, number, unit, date of submission and date of returned response, with a small component that can be utilized for comments. There is no actual utilization of this component that is ongoing at present.	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]		X		5/14/2013 11:28 AM Entered By: Terry Allred Performance measure is not met. There is no current tracking of trends, or trends analysis that is occurring, therefore there is nothing to support that these "trends" are being addressed.	1

Corrective Action Plans for Performance Measure: Grievances

2 Are grievance trends being tracked and addressed? [P-A-11; P-A-04]

Level 1 Amber User: Terry Allred Date: 5/14/2013 11:28:42 AM

Corrective Plan: See October action plan as submitted by Corizon. As staffing permits review of the grievances with trend analysis will be accomplished. All grievances are currently collected and topics entered into a tracking system. there is no time line at this point to accomplish this item.

Corrective Actions: Reinforce with staff grievance time frames and maintain a database to assist with response follow-up. Reinforce that grievance trends are being tracked and addressed.

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Transfer Screening						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]		X		5/31/2013 12:58 PM Entered By: Terry Allred Performance measure is not being met. 30 inmate intake charts were pulled. Of those charts, the time between arrival and nursing review was an average of 12 days. One chart, inmate [redacted] arrived 5/13/2013, and had not had a chart review as of 5/31/2013.	1
2	Is nursing staff ensuring inmate medication was transferred with inmate? [HSTM Chpt. 5, Sec. 6.1, 5.0, CC 2.7.2.3]	X			5/31/2013 12:59 PM Entered By: Terry Allred Performance measure appears to have been met.	1
3	Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]		X		5/31/2013 1:06 PM Entered By: Terry Allred Performance measure has not been met. In auditing approximately 30 inmate medical record intake charts, the average wait time between arrival and chart review was 15 days.	1
4	Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?		X		5/31/2013 1:09 PM Entered By: Terry Allred Performance measure is not met. In auditing 30 inmate intake charts, the average time between arrival on the complex and chart review by dental staff was 14 days.	1

Corrective Action Plans for Performance Measure: Transfer Screening

1 Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]

Level 1 Amber User: Terry Allred Date: 5/31/2013 12:58:49 PM

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by nursing staff.

Responsible Parties = RN/LPN

Target Date – 11/30/13

3 Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]

Level 1 Amber User: Terry Allred Date: 5/31/2013 1:06:35 PM

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 24 hours of an Inmate's arrival to the unit by mental health staff.

Responsible Parties = MH Staff

Target Date – 11/30/13

4 Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?

Level 1 Amber User: Terry Allred Date: 5/31/2013 1:09:21 PM

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

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Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by dental staff.
Responsible Parties = dental
Target Date – 11/30/13

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notification	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			5/7/2013 2:23 PM Entered By: Vanessa Headstream	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]		X		5/29/2013 10:14 AM Entered By: Vanessa Headstream Documentation of training/testing is not available for review, training presentation sent to HSA/DON	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			5/23/2013 2:14 PM Entered By: Vanessa Headstream KOP medication is officer delivery, rosters are signed by the inmate at the time of receipt. Signed rosters are maintained in the Pharmacy area at Admin.	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		5/20/2013 3:15 PM Entered By: Vanessa Headstream Review of MARs demonstrates non compliance: Insulin MARs for all units were incomplete in documentation; missing days of documentation #inmate, inmate inmate, 05/16/13 to 05/20/13 not documented; #inmate 05/12/13 to 05/18/13 not documented; not start/stop dates shown; no nurse signature to match initials; no diagnosis; no allergies shown Medication MARs are also incomplete in documentation; no nurse signature to match initials; no diagnosis; missing days of administration; no start/stop dates shown; no allergies shown; "NA" documented for 2 to 7 days - #inmate, inmate, inmate, inmate, inmate, inmate	1
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		5/29/2013 10:14 AM Entered By: Vanessa Headstream No medication errors reported though MAR documentation facility wide indicates occurrence of errors	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		5/20/2013 2:59 PM Entered By: Vanessa Headstream #inmate - Lithium was reordered and delivered to the complex med area 05/17/13, was found by med nurse 05/20/13 still in the box delivered by pharmacy. inmate to begin receiving medication today #inmate - Nortriptyline 25mg ordered 05/14/13 has not been administered to inmate per MAR #inmate - Mirtazapine 30mg expired 05/14/13 per MAR, has not been administered since that date #inmate - Gabapentin 300mg documented "NA" 05/15/13 thru 05/19/13 #inmate - Carbamazepine 200mg	2

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				<p>documented "NA" 05/14/13 thru 05/19/13 #inmate - Carbamazepine 100mg & Risperdone 0.5mg expired 05/08/13; reordered 05/16/13, not administered yet per MAR #inmate - Gabapentin 300mg documented "NA" 05/13/13 thru 05/19/13</p> <p>5/16/2013 8:08 AM Entered By: Vanessa Headstream #inmate - Lithium 300 mg exp. 05/06/13, not renewed prior to exp.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>5/23/2013 2:16 PM Entered By: Vanessa Headstream</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	<p>5/29/2013 10:17 AM Entered By: Vanessa Headstream see previous entries</p> <p>5/16/2013 2:59 PM Entered By: Vanessa Headstream Review of stop date report for May 8-14, 2013 indicates - 64 i/m checked, 170 prescriptions; 63 were reordered on or prior to the stop date, 107 were expired. 11 i/m were out of medication prior to the reorder date based on the pharmacy "last fill date"</p> <p>5/10/2013 1:44 PM Entered By: Vanessa Headstream Review of the stop date report for May 1-7, 2013 indicates - 91 i/m checked, 285 prescriptions; 108 were reordered on or prior to the stop date, 177 were expired. 13 i/m were out of medication prior to the reorder date</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>5/16/2013 8:10 AM Entered By: Vanessa Headstream inmate - NFDR submitted 04/02/13, approval rcv'd not dated, prescription sent to pharmacy 05/15/13</p> <p>5/7/2013 2:26 PM Entered By: Vanessa Headstream inmate - NFDR submitted 04/26/13; no response documented inmate - NFDR submitted 03/22/13; no response documented</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	<p>5/16/2013 8:10 AM Entered By: Vanessa Headstream inmate - see #9</p> <p>5/7/2013 2:26 PM Entered By: Vanessa Headstream inmate - NFDR submitted 04/26/13; no response documented inmate - NFDR submitted 03/22/13; no response documented</p>	2

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11	Are medication error reports being completed and medication errors documented?		X		5/29/2013 10:14 AM Entered By: Vanessa Headstream No medication errors reported though MAR documentation facility wide indicates occurrence of errors
					2

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: 5/29/2013 10:14:11 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :
 - a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
 - b. MAR documentation.
 - c. Administration of DOT/KOP.
 - d. Printing MARs (Pharmacy Appendix).
 - e. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]

Level 1 Amber User: Vanessa Headstream Date: 5/20/2013 3:15:58 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :
 - a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
 - b. MAR documentation.
 - c. Administration of DOT/KOP.
 - d. Printing MARs (Pharmacy Appendix).
 - e. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 5/29/2013 10:14:35 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :
 - a. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 5/20/2013 2:59:12 PM

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

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.

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: 5/29/2013 10:17:51 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
2. In-service staff on process per PharmaCorr policy,
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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: 5/16/2013 8:10:04 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide, to include but not limited to (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)

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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/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: 5/16/2013 8:10:45 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.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: 5/29/2013 10:14:47 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.Standardized process statewide to include, but not limited to :
 - a.Medication error documentation/reporting (Pharmacy Appendix).
- 2.In-service staff on process and PharmaCorr policy.
 - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
- 3.Monitoring (Appendix I. - IV Monitoring Tools)
 - a.Audit tools developed.
 - b.Weekly site results discussed with RVP.
 - c.Audit results discussed a monthly CQI meeting.
 - d.Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties =FHA/DON/RDCQI/RVP/FHA
Target Date- 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			5/6/2013 8:07 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	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			5/6/2013 8:07 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	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			5/6/2013 8:07 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			5/6/2013 8:07 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			5/6/2013 8:07 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	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			5/6/2013 8:07 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			5/6/2013 8:08 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			5/6/2013 8:08 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	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			5/6/2013 8:08 AM Entered By: Vanessa Headstream No infirmiry at this facility, L11 does not meet infirmiry guidelines.	1

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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			5/6/2013 8:08 AM Entered By: Vanessa Headstream No infirmary at this facility, L11 does not meet infirmary guidelines.	1
11	Are vital signs done daily when required?	X			5/6/2013 8:08 AM Entered By: Vanessa Headstream No infirmary at this facility, L11 does not meet infirmary guidelines.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			5/6/2013 8:09 AM Entered By: Vanessa Headstream No infirmary at this facility, L11 does not meet infirmary guidelines.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			5/6/2013 8:09 AM Entered By: Vanessa Headstream No infirmary at this facility, L11 does not meet infirmary guidelines.	1

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Medical Tools						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do nursing staff inventory and account for tools assigned to medical areas? D.O 702	X			5/14/2013 11:29 AM Entered By: Terry Allred Performance measure is met. The master tool inventory and log book is stored in the Narcotic room.	1
2	Are missing / lost health tools or instruments reported immediately to the shift commander?	X			5/14/2013 11:31 AM Entered By: Terry Allred Performance measure is met. In those cases were a tool or sharp count reflects a missing item, the shift commander is contacted after an initial search and review of the inventory has been completed.	2
3	Does the Site Manager (FHA) maintain a Master Tool Inventory for all non-disposable surgical/dental tools, medical instruments/devices and hand-held medical/dental tools?		X		5/14/2013 11:32 AM Entered By: Terry Allred Performance measure is not met. The ONLY tool / sharp inventory device is in the narcotic room. The Site manager does not posses a seperate master tool identification instrument.	1
4	Are medical tools engraved, where practical, to identify the tools as health services items?	X			5/14/2013 11:33 AM Entered By: Terry Allred Performance measure is met. Disposable tool items are not engraved.	1
5	Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	X			5/15/2013 12:39 PM Entered By: Terry Allred Performance measure is met with circumstance. It is clear that there are instances in the review of dental tools, that many of these tools cannot be engraved, nor do they have a serial number to identify them. they do however have an order number, but this would be a difficult process to audit. The current process of identification notes that a picture of the actual tool be included in the tool audit process. If the tool were to break or be lost and new tool were to replace it with a different "appearance", then a new picture of the tool would be taken and the old picture discarded. At present this is the process followed by Corizon / Smallwood dental staff.	1
6	Are sharps being inventory at the beginning and end of each shift?	X			5/14/2013 11:34 AM Entered By: Terry Allred Performance measure is met. Inventories are occurring as required by performance measure.	2
7	If sharps count is off is nursing notifying the shift commander?	X			5/14/2013 11:36 AM Entered By: Terry Allred Performance measure is met. As with performance measure #2, the shift commander is notified after a secondary	2

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					audit reflects that the count cannot be rectified.	
8	Are officers present for sharps inventories with the nursing staff?	X			5/14/2013 11:37 AM Entered By: Terry Allred Performance measure is met. All counts are completed in the presence of an officer, unless as in emergent situations, an officer is unavailable.	2

Corrective Action Plans for Performance Measure: Medical Tools

3 Does the Site Manager (FHA) maintain a Master Tool Inventory for all non-disposable surgical/dental tools, medical instruments/devices and hand-held medical/dental tools?

Level 1 Amber User: Terry Allred Date: 5/14/2013 11:32:52 AM

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

Corrective Actions: Reinforce with Site Manager (FHA) the need to maintain a Master Tool Inventory for all non-disposable surgical/dental tools, medical instruments/devices and hand-held medical/dental tools. Continue to monitor.

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			5/7/2013 2:06 PM Entered By: Vanessa Headstream	1
2	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?	X			5/29/2013 10:17 AM Entered By: Vanessa Headstream under review	2
2	Are open medication vials being marked with the date they were opened?		X		5/20/2013 3:06 PM Entered By: Vanessa Headstream Approximately 30 insulin vials were open and not dated in the refrigerator in the narcotics room @ complex medical; two TB solution vials were also open and not dated in the narcotics room refrigerator	1
3	Is nursing staff checking for outdated (expiring) medications?		X		5/20/2013 3:07 PM Entered By: Vanessa Headstream Review of medications demonstrates non compliance; 41 expired patient specific medication cards (Rast & Eagle Point) were noted to be in currently used medication bins for administration. 5/7/2013 2:08 PM Entered By: Vanessa Headstream Review of medications demonstrates non compliance facility-wide; 100+ expired medication cards were noted to be in currently used bins of medications	1

Corrective Action Plans for Performance Measure: Medication Room

2 Are open medication vials being marked with the date they were opened?

Level 1 Amber User: Vanessa Headstream Date: 5/20/2013 3:06:00 PM

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

Corrective Actions: Reinforce to nursing staff to make sure vials are dated when they are opened.

3 Is nursing staff checking for outdated (expiring) medications?

Level 1 Amber User: Vanessa Headstream Date: 5/20/2013 3:07:37 PM

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

Corrective Actions: Reinforce to nursing staff to make sure clinic stock and DOT medications are not with expired dates. If they are expired, return to pharmacy per policy.