

June 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	<p>6/27/2013 12:00 PM Entered By: Helena Valenzuela C area: Non compliant: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate</p> <p>The health services intake process is problematic in medically processing inmates and entering the information on a timely basis resulting in a serious delay of ADOC inmates being moved or transferred out to other facilities. Corizon upper management at the Phoenix Complex have been previously and currently made aware of this on several occasions and were provided with suggestions for making improvements. They have shown a momentary attention to address the problems with the intake process; however, it is temporary with limited to no follow up to assure correction. It seems there exists an attitude of ignoring the ineffective current medical intake process combined with a non urgency to maintain timely intake medical inmate processing.</p> <p>6/20/2013 1:47 PM Entered By: Helena Valenzuela C area: On 6/12/13, a review of 10 medical records indicated the following were non complaint: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate</p>	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			<p>6/27/2013 12:00 PM Entered By: Helena Valenzuela</p>	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 Red U er Helena Valenzuela Date 6/27/2013 12 00 04 PM

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

Corrective Actions: Reinforce to staff that a physical examination must be completed by a Medical Provider by day two of an inmate's arrival at the facility.

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		6/27/2013 1:08 PM Entered By: Helena Valenzuela This remains under assessment as there is not verifiable confirmation as to compliance.	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	6/27/2013 12:12 PM Entered By: Helena Valenzuela Aspen Unit: On 6/25/13, a review of HNRs indicated the following were non compliant: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate JKQ: Review on 6/25/13 indicated the following were non compliant: inmate inmate inmate inmate inmate inm, inmate inmate 6/21/2013 1:49 PM Entered By: Helena Valenzuela Aspen Unit: The following HNRs were non-compliance. They are variously dated ranging from 4/15/13 through 6/14/13: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate The following HNRs were in non compliance as there was no response as of 6/21/13, (dates of HNR range from 6/15/13 through 6/19/13; the majority were 6/18/13): inmate inmate inmate (two HNR separate dates, inmate 6/20/2013 1:00 PM Entered By: Helena Valenzuela Aspen: On 6/12/13, monitor review indicates the following were non compliant: inmate On 6/16/13, inmate inmate inmate C area: On 6/17/13, inmate inmate 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		6/27/2013 12:16 PM Entered By: Helena Valenzuela Aspen Unit: A review on 6/25/13 indicate the following in non compliance: inmate inmate inmate inmate inmate inmate inmate JKQ: Review on 6/25/13 indicated non compliance in the following inmate inmate inmate inmate 6/20/2013 1:11 PM Entered By: Helena Valenzuela	1

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				<p>6/20/2013 1:39 PM Entered By: Helena Valenzuela Aspen: Review on 6/14/13, indicated the following were non compliant: inmate inmate inmate inmate inmate inmate Baker: Review on 6/17/13, indicated the following were non compliant: inmate</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>6/27/2013 12:39 PM Entered By: Helena Valenzuela Aspen: Review on 6/25/13 indicated non compliance in the following: following protocol of using refusal; however, the form, Refusal to Submit to Treatment is incomplete and no inmate name, date of birth, ADC number, and Facility/Unit is not filled out, inmate and inmate show nurse did not sign off on the physician's notes Baker Ward: inmate Inmate refused medication, no refusal filed. JKQ: Review on 6/25/13 indicated non compliance in the following: inmate</p>	1

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: 6/27/2013 1:08:24 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.

CAP revision #2

Problem Identified: Sick call needs to be conducted 5 days a week.

Discussion and Action Plan: As a result of this finding, the FHA has instituted a plan to ensure compliance. Nursing staff have been instructed that sick call is to be conducted in a clinical setting five days a week. DON shall ensure that sick call lines are being properly documented and are being conducted 5 days a week in a clinical setting.

Responsible Person: DON shall ensure that sick call is being conducted in accordance with this compliance measure.

Status: Nursing staff have been informed and the DON will continue to monitor for compliance.

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.

8/16/13 - Please see Findings of Space Utilization Committee and Position Paper submitted on this subject matter:

ARIZONA DEPARTMENT OF CORRECTIONS
 ARIZONA STATE PRISON COMPLEX – PHOENIX

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ALHAMBRA UNIT

MEMORANDUM

DATE: October 24, 2012

TO: Charles L. Ryan, Director

THROUGH: Robert Patton, Division Director

THROUGH: Carson McWilliams, Northern Region Operations Director

THROUGH: Al Ramos, Warden

FROM: Meegan A. Muse, Deputy Warden
Helena Valenzuela, Wexford Health Medical Compliance Monitor
Holly Massey, Interim Wexford Health Complex Site Manager

SUBJECT: COMPLIANCE WITH THE AMERICAN HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

POSITION PAPER

ISSUE

Should the Department of Corrections, Phoenix/Alhambra Complex, address the spatial arrangement of the inmate intake area to ensure confidentiality of obtaining inmate medical and mental health information in order to comply with American Health Insurance Portability and Accountability Act of 1996, (HIPAA) and the Standards for Health Services in Prisons by the National Commission on Correctional Health Care?

BACKGROUND

HIPAA, which stands for the American Health Insurance Portability and Accountability Act of 1996, is a set of rules to be followed by doctors, hospitals and other health care providers. This protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)."12 "Individually identifiable health information" is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.13 Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number). www.hhs.gov/ocr/privacy

The Arizona Department of Corrections follows the accreditation program by complying with the requirements in the manual, Standards for Health Services in Prisons, developed by the National Commission on Correctional Health Care. The Standard states, "Discussion of patient information and clinical encounters are conducted in private and carried out in a manner designed to encourage the patient's subsequent use of health services." (Standards for Health Services, p. 15)

The Wexford Health Sources, Inc. Contract states in section 2.10.15.1: Information Confidentiality

"Confidentiality/Exchange of Information: The Contractor shall ensure that inmate health information is handled in accordance with any applicable procedures established by Federal and State confidentiality of health information laws and regulations." Additionally stated, "To ensure compliance with HIPAA regulations, Wexford Health will set forth protocols that meet or exceed accepted privacy standards of the correctional health care industry." (section 2.10.15.1, p. 443)

CURRENT PRACTICE

Inmate medical and mental health intake evaluations are conducted in Delta run. The top portion of the Physical Examination form (#1101-77P) and the Reception Center Screening form (#1101-21P), demographics, is conducted in the hallway in Delta run by Patient Care Technicians (PCT's). The nursing portion of the Reception Center Screening form (#1101-21P) is conducted in one room in Delta run utilizing 2 to 5 nurses. Mental Health evaluations are conducted in another room in Delta run by two Psych Associates utilizing the Initial Mental Health

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Assessment form (#1103-27) and if needed, additional SOAPE notes are written in the inmate's medical file to address additional needs (i.e. – continuous watch, etc.). Mobile partitions (from 5 to 6 feet tall and 5 feet wide) are being used in both rooms in an attempt to address confidentiality compliance. There is no partition in the hallway surrounding the PCT desk.

OPTIONS

1) Possibility of any open offices or other areas within the unit to expand into.

Comments: An inspection was conducted by key staff. The current infrastructure does not support additional areas to be utilized by medical or mental health staff. Other office areas are currently occupied by other staff and there are no empty rooms.

2) Possibility of introducing additional office spaces (i.e. - mobile trailer, etc.) within the Alhambra yard.

Comments: Cost and utility installation may be prohibitive. As well, an additional security officer would need to be allocated for additional location.

3) Possibility of expanding the current Nursing and Mental Health staff hours.

Comments: Changes have already been made to the staff hours to better accommodate the needs of the unit. Variations to the staff hours are limited due to the dependence of the time that the new arrivals come in to the unit and the daily operational activities of the unit.

4) Possibility of mirroring community standards utilized in regional healthcare facilities, mental health institutions, and correctional practices.

Comments: At regional healthcare facilities, such as hospital emergency departments, patients are screened, triaged, evaluated, and treated, often in medical bays separated by cloth material (i.e. – curtains made of paper, linen, or other thin cloth, etc.) in an attempt to address confidentiality compliance. At regional mental health institutions (i.e. – walk-in mental health clinics and psychiatric emergency rooms), mental health screenings are often conducted in much the same manner as hospital emergency departments. At regional correctional facilities (i.e. – jails and prisons), the medical and mental health screening practices are often conducted in similar situations.

RECOMMENDATION

This committee recommends that the Phoenix / Alhambra Unit mirror the community standards utilized in regional healthcare facilities, mental health institutions, and correctional practices (Option 4). The committee will review this issue annually to evaluate and determine new viable options.

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 Red User: Helena Valenzuela Date: 6/27/2013 12:12:17 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.

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- 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.

**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 Red User: Helena Valenzuela Date: 6/27/2013 12:12:17 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 sick call? [P-E-04, HSTM Chapter 5, Section 1.3]
Level 1 Amber User: Helena Valenzuela Date: 6/27/2013 12:16:33 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call Attachment);
- a. Agenda/sign off sheet to verify
2. Monitoring (Sick Call Monitoring Tool)
- a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/RDCQI/RVP

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

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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: Helena Valenzuela Date: 6/27/2013 12:27:49 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: Helena Valenzuela Date: 6/27/2013 12:34:27 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.

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

Level 1 Amber User: Helena Valenzuela Date: 6/27/2013 12:39:02 PM

Corrective Plan: Problem Identified: Helena Valenzuela reports nursing at Aspen is not using refusal forms as appropriate.

Discussion: Nursing staff at Aspen, in Flamenco and on Baker Ward have been counseled/redirected to comply with use of refusal forms. Nursing Staff has been reinstructed to complete med pass, noting on back of MARs any refused doses and complete refusal forms, as directed, to be signed by inmate.

Action Plan: This will be reinforced by training by the DON and nursing supervisors the week of July 8, 2013.

Responsible Person: DON will work in cooperation with unit nursing supervisors to complete and document training.

Status: Initial conversations/redirection done by FHA on July 4, 2013. Formal training by DON, upcoming.

Anticipated Completion Date: Reports will be kept with the DON and available to Monitor on July 17, 2013.

Date Completed _____.

Corrective Actions: Approved per Helena Valenzuela.

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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			6/26/2013 6:57 PM Entered By: Kathy Campbell N/A. No Urgent consults noted.	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]	X			6/26/2013 6:57 PM Entered By: Kathy Campbell	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		6/26/2013 6:59 PM Entered By: Kathy Campbell Inmate [REDACTED] - Arrived 3/27/13. Ophthalmology consult written on 3/27/13 and still has not been seen as of 6/11/13. Clinical Coordinator, Selam to follow up as I discussed this consult with her on 6/11/13.	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			6/26/2013 6:59 PM Entered By: Kathy Campbell	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			6/26/2013 6:59 PM Entered By: Kathy Campbell	2

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

3 Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]

Level 3 Amber User: Kathy Campbell Date: 6/26/2013 6:59:07 PM

Corrective Plan: Inmate released on 6/19/13. No follow up listed in ORC. Process to be reviewed with Clinical Coordinator to ensure consistent compliance.

Corrective Actions: See above.

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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			6/6/2013 11:43 AM Entered By: Patricia Arroyo	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		6/6/2013 11:45 AM Entered By: Patricia Arroyo F Unit: 10 charts were reviewed one was not in time frame. inmate [REDACTED] Hep C, Inmate has not been seen for CC. Inmate admitted to B 11 8/12. Last ALT/AST 6/12 normal. D & Unit 20 charts reviewed. The following was found: inmate [REDACTED] HTN, Hep C Inmate was seen 5/13, due 7/14. Hep C was not addressed during visit. Aspen: There are 50 plus CC appointments past due.	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			6/6/2013 11:45 AM Entered By: Patricia Arroyo	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			6/6/2013 11:45 AM Entered By: Patricia Arroyo	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			6/26/2013 6:59 PM Entered By: Kathy Campbell	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: 6/6/2013 11:45:03 AM

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
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.

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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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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			6/26/2013 12:54 PM Entered By: Martin Winland	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		6/26/2013 12:55 PM Entered By: Martin Winland 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 NFDR 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. June 2013 Non Formulary Drug Requests – Non-Formulary Reports indicate: 1363 Non-formulary drugs expiring for 1171 patients 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. June 2013 Expired Medications - Stop Date Report indicates: 13,754 Expired Medications for 6,627 patients.	2
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			6/26/2013 12:55 PM Entered By: Martin Winland	1

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

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

Level 2 Amber User: Martin Winland Date: 6/26/2013 12:55:14 PM

Corrective Plan: 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 statewide, to include but not limited to (Pharmacy Appendix 1 & 2):

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- 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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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			6/27/2013 12:40 PM Entered By: Helena Valenzuela Review on 6/27/13, indicate no grievances have been filed by inmates.	2

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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			6/27/2013 9:56 AM Entered By: Steve Bender HNR's were being triaged within the designated (24) hour time at FMHC and ABHTF. The following (3) mental health HNR's had not been triaged within the required (24) time period: inmate - recieved On 6/23/13 and triaged on 6/25/13, inmate - recieved on 6/23/13 and triaged on 6/25/13 and inmate - recieved on 6/23/13 and triaged on 6/25/13	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			6/27/2013 9:57 AM Entered By: Steve Bender All referrals were being seen within the designated (7) day time period.	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			6/27/2013 10:03 AM Entered By: Steve Bender A review of (70) medical records found (9) which were not in compliance. The findings were four on John Ward, (3) on Baker Ward and (2) on Ida Ward. These findings were provided to the assigned unit therapist. MTU was using color dividers to separate the treatment plan from the rest of the mental health section. This process allows the treatment plan to remain on the top of the mental health section as required by policy.	1
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]	X			6/27/2013 10:05 AM Entered By: Steve Bender A review of (70) medical records revealed all of them had been seen within the designated (3) month time period.	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			6/27/2013 10:06 AM Entered By: Steve Bender A review of (70) medical records revealed all of them had been seen by the provider within the designated (3) month time period.	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			6/27/2013 10:08 AM Entered By: Steve Bender Discharge plans are being established within the designated (90) day time frame. Staff at Phoenix were completing the release planning for their inmates.	2

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Administrative Meetings and Reports						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the Site Manager (or designee in the absence of the Site Manager) attending weekly warden executive staff meetings? [NCCHC Standard P-A-04; DO 117]	X			6/20/2013 2:00 PM Entered By: Helena Valenzuela	1
2	Is the Site Manager conducting monthly meetings with Warden and unit Deputy Wardens and include: -responsibilities of health staff -procedures for triage -predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system -procedures for evacuating patients -alternate back-ups for each plan element? [DO 117]		X		6/27/2013 12:41 PM Entered By: Helena Valenzuela Non compliance on this Performance measure. 6/20/2013 2:01 PM Entered By: Helena Valenzuela Non compliance on this Performance measure.	1
3	Are monthly staff meetings being conducted and documented? [NCCHC Standard P-A-04]	X			6/27/2013 12:42 PM Entered By: Helena Valenzuela June monthly meeting occurred. 6/20/2013 2:02 PM Entered By: Helena Valenzuela No meeting minutes have been provided for verification.	1
4	Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?	X			6/27/2013 1:08 PM Entered By: Helena Valenzuela	2

Corrective Action Plans for Performance Measure: Administrative Meetings and Reports

2 Is the Site Manager conducting monthly meetings with Warden and unit Deputy Wardens and include:
-responsibilities of health staff
-procedures for triage
-predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system
-procedures for evacuating patients
-alternate back-ups for each plan element? [DO 117]

Level 1 Amber User: Helena Valenzuela Date: 6/27/2013 12:41:27 PM

Corrective Plan: FHA/AFHA/DON/Clinical Director meet with Warden/DW/ADW on a one-two times weekly basis. AFHA is a Participant in Disaster Preparedness Drill while FHA is a Player. Please provide feedback on how this measure is non-compliant or remove from MGAR. Thank you.

8/15/13 - The CAP answer is final.

MAC Committee meetings will be implemented for December 2013. See below.

Corrective Actions: Reinforce that the Site Manager is conducting monthly meetings with Warden and unit Deputy Wardens and include: -responsibilities of health staff -procedures for triage -predetermination of site for care - telephone #s & procedures for calling health staff & the community emergency response system -procedures for evacuating patients -alternate back-ups for each plan element.

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			6/26/2013 7:07 PM Entered By: Kathy Campbell	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		6/30/2013 12:02 PM Entered By: Kathy Campbell I have requested training on any new nurses and have not received any response from DON Sirvent.	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			6/30/2013 12:03 PM Entered By: Kathy Campbell	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		6/26/2013 7:27 PM Entered By: Kathy Campbell Multiple MARS not completed in accordance with standard nursing practices. Findings are listed below- C Area- #inmate No diagnosis. #inmate 6/10/13 0600 dose blank. #inmate No diagnosis. No allergies. #inmate Divalproex without route. #inmate No diagnosis. Gabapentin without route. Sertaline with "R" Refusal on 6/7, 6/8, 6/9 and 6/10. No refusal found for 6/8 or 6/9. #inmate No diagnosis. #inmate Lactulose without route. #inmate Thiamine without route. #inmate Clonidine without route. #inmate Norco without route. #inmate Risperidone 2000 dose on 6/8/13 blank. #inmate Refusal dated 6/10/13 at 2000. Refusal form incomplete- consequences left blank. #inmate Lasix without start date and Provider name. #inmate Dilantin order without stop date #inmate No diagnosis #inmate Atripla without stop date and Gabapentin without stop date #inmate No diagnosis. 6/10/13 Sertaline circled, no note on back while it wasn't given. #inmate No diagnosis. Mar with Vistatil, Lorazepam and Imodium all written within one MAR space, instead of three separate MARs. No route written on any of the above. #inmate Metformin and Pamelor without route #inmate Without allergies #inmate MAR reads, "Ibuprofen 600"- No route, frequency, start or stop date, no Provider. #inmate Tegretol blank on 6/11/13 at 0600. Baker-	1

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				<p>#inmate No diagnosis. #inmate No diagnosis. #inmate Refusal for Beclomethasone noted on 6/1-6/4 and 6/6-6/10 for 1700 dose. No refusals found in chart. ***1700 meds on 6/11/13 given at 1640, but not signed off by Nurse Flanagan while being given**</p> <p>Ida- #inmate No diagnosis Weekly weight ordered, not done 6/1 or 6/8 (blank) #inmate No diagnosis #inmate No diagnosis #inmate No diagnosis. Wellbutrin dose scheduled for 1800, signed off at 1610. #inmate Effexor 1700 dose on 6/7 and Halcid HIS dose on 6/7- blank #inmate 1800 doses of Clozapine and Divalproex on 6/7/13 blank #inmate Lasix 6/3 and 6/4/13 0600 doses blank.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		6/30/2013 12:03 PM Entered By: Kathy Campbell	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>6/26/2013 7:30 PM Entered By: Kathy Campbell Multiple inmates found to be leaving Alhambra without medications, causing a delay at receiving facility.</p> <p>#inmate - Asacol ordered 6/7/13, note on 6/10/13 dose states, "Non-formulary, no meds available". #inmate - Vistaril ordered 5/29/13, but not started until 6/3/13 at 2000. #inmate - Augmentin ordered 6/4/13, not started until 6/7/13.</p>	2
7	Are inmates being required to show ID prior to being administered their medications?	X		6/26/2013 7:30 PM Entered By: Kathy Campbell	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]	X		6/26/2013 7:30 PM Entered By: Kathy Campbell	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>6/26/2013 7:30 PM Entered By: Kathy Campbell #inmate - Asacol ordered 6/7/13, note on 6/10/13 dose states, "Non-formulary, no meds available".</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	<p>6/26/2013 7:30 PM Entered By: Kathy Campbell #inmate - Asacol ordered 6/7/13,</p>	2

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					note on 6/10/13 dose states, "Non-formulary, no meds available".	
11	Are medication error reports being completed and medication errors documented?	X			6/30/2013 12:03 PM Entered By: Kathy Campbell	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: Kathy Campbell Date: 6/30/2013 12:02:59 PM

Corrective Plan: Problem Identified: Kathy Campbell has requested training on any new nurses and have 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: 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: Kathy Campbell Date: 6/26/2013 7:27:04 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 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.

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Corrective Actions: See above.

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

Level 2 Amber User: Kathy Campbell Date: 6/26/2013 7:30:08 PM

Corrective Plan: There is a committee meeting to discuss problem solving for this process. The first meeting is Friday, August 2, 2013. This is a statewide Corizon/Pharmacorr issue and not at the site level.

See Below.

Corrective Actions: October Action plan submitted by Corizon-
Intakes-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)

- a. Intake Orders
- b. Private Prisons

2. In-service staff on process per PharmaCorr policy,

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

3. Custody educated regarding contract requirements regarding inmate transfer with meds.

4. Monitoring (Appendix I. - IV Monitoring Tools)

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

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

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

1. Monitoring (Appendix I. - IV Monitoring Tools)

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

2. Standardized process statewide to include, but not limited to (Appendix III.1.):

- a. Internal
- b. External

2. In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);

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

9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?

Level 2 Amber User: Kathy Campbell Date: 6/26/2013 7:30:32 PM

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013.

See Below.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):

- a. Non-formulary process (Appendix I.1.d.)
 - i. Reviewed for approval within 24-48 hrs
 - ii. Providers notified decision within 24-48 hrs

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

h. Practitioner Cards (Appendix I.1.h.)

i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

- a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

3. Monitoring (Appendix I. - IV Monitoring Tools)

- a. Audit tools developed
- b. Weekly site results discussed with RVP
- c. Audit results discussed a monthly CQI meeting

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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: Kathy Campbell Date: 6/26/2013 7:30:40 PM

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013.

See below.

Corrective Actions: October Action plan submitted by Corizon-

1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):

a.Non-formulary process (Appendix I.1.d.)

i.Reviewed for approval within 24-48 hrs

ii.Providers notified decision within 24-48 hrs

e.Manifest Reconciliation

f.Inventory control

g.Stock Medications

h.Practitioner Cards (Appendix I.1.h.)

i.Controlled Medications (Appendix I.1.i.)

2.In-service staff

a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy

b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

3.Monitoring (Appendix I. - IV Monitoring Tools)

a.Audit tools developed

b.Weekly site results discussed with RVP

c.Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

10/11/13 Update – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

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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			6/27/2013 12:43 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		6/27/2013 12:44 PM Entered By: Helena Valenzuela According to nursing schedule, areas of vacancy continue to exist. 6/20/2013 2:09 PM Entered By: Helena Valenzuela Staffing at Aspen: One nurse quit on Monday, 6/9/13. According to schedule, verified by R Kearney, short staffing exists. Although he is scheduled to leave at 2:30, he states he stays late to "help out" when necessary.. After 2:30 PM there is one nurse on site to complete preparation and pass 5:00 PM med pass, complete nurse line, respond to the emergencies (ICS), and complete other nursing tasks. I was informed there is overtime is not permitted. On 6/16/13, one nurse was scheduled from 1230-1830.Scheduling one afternoon nurse has been occuring consistently. JKQ has had call offs and there has not consistent replacement of absent nursing staff.	3
3	Are all positions filled per contractor staffing pattern?		X		6/27/2013 12:45 PM Entered By: Helena Valenzuela Nursing schedule indicates non-compliance.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			6/27/2013 12:45 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: 6/27/2013 12:44:28 PM

Corrective Plan: Problem: Vacancy

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.

Corrective Actions: See above.

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Helena Valenzuela Date: 6/27/2013 12:45:05 PM

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Corrective Plan: Problem: Scheduling

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.

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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			6/6/2013 11:47 AM Entered By: Patricia Arroyo	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			6/6/2013 11:47 AM Entered By: Patricia Arroyo	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			6/6/2013 11:48 AM Entered By: Patricia Arroyo	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			6/6/2013 11:48 AM Entered By: Patricia Arroyo	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			6/6/2013 11:48 AM Entered By: Patricia Arroyo	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			6/6/2013 11:48 AM Entered By: Patricia Arroyo	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			6/6/2013 11:48 AM Entered By: Patricia Arroyo	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			6/6/2013 11:48 AM Entered By: Patricia Arroyo	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			6/6/2013 11:48 AM Entered By: Patricia Arroyo	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			6/6/2013 11:46 AM Entered By: Patricia Arroyo	1
11	Are vital signs done daily when required?	X			6/6/2013 11:46 AM Entered By: Patricia Arroyo	1

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12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			6/6/2013 11:46 AM Entered By: Patricia Arroyo	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			6/6/2013 11:47 AM Entered By: Patricia Arroyo	1