

June 2013 YUMA 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			6/6/2013 11:22 AM Entered By: Anthony Medel N/A This is not an intake facility	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			6/6/2013 11:23 AM Entered By: Anthony Medel N/A This is not an intake facility	2

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		<p>6/26/2013 12:13 PM Entered By: Anthony Medel Cocopah did not conduct sick call everyday during the month of June.</p> <p>All other units did conduct sick call 5 days per week (M-F).</p> <p>Authority: DO 1101, HSTM: Chapter 7 Section 7.6 and Chapter 5 Section 5.3. NCCHCC Standard: PE07 Per Contract: ADOC 12-00001105 Section 2.20.2.2</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		<p>6/28/2013 2:01 PM Entered By: Anthony Medel See Comments Below</p> <p>6/27/2013 3:06 PM Entered By: Anthony Medel Cheyenne Unit (Amber) There were ten charts reviewed and 6 out of the 10 (HNR Triage within 24 hours). #inmate [redacted] -HNR submitted 5/10, not seen until 6/12 (re-occurring cough). #inmate [redacted] -HNR submitted on 5/24, not seen until 6/6 (Hx of Jaw Cancer). #inmate [redacted] -HNR submitted on 6/15, not seen until 6/19 (Lower back pain) #inmate [redacted] -HNR submitted on 6/12, not seen until 6/20 (Sore on penis)</p> <p>Cibola (Amber)</p> <p>There were 10 charts reviewed on this unit and 7 out of 10 (HNR triaged within 24 hours). #inmate [redacted] -HNR submitted on 6/7- triaged on 6/8, not seen until 6/13 (shaving waiver). #inmate [redacted] -HNR submitted on 6/5- triaged on 6/6, not seen until 6/11 (Diet card-renewal). #inmate [redacted] -HNR submitted 6/12- triaged on 6/14, not seen until 6/17 (Labs ordered).</p> <p>Cocopah Unit (Green)</p> <p>Dakota Unit (Green)</p> <p>La Paz (Amber)</p> <p>There were 10 charts reviewed on this unit and 3 out of 10 (HNR triaged within 24 hours)</p> <p>#inmate [redacted] -HNR submitted on 6/2- triaged on 6/3, not seen until 6/6 (Chronic Pain-Spinal stenosis). #inmate [redacted] -HNR submitted 5/21- triaged on 5/21, not seen until 6/6 (Dx: Chronic pain-back, hip, and left knee). #inmate [redacted] -HNR submitted 6/3- triaged 6/3, not seen until 6/6 (Frequent urination). #inmate [redacted] -HNR submitted 5/7- triaged 5/12 (Med renewal 6/13). #inmate [redacted] -HNR submitted 5/4- triaged 5/4, not seen until 6/7. (Foot</p>	1

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				<p>fungus). #inmate ██████ -HNR submitted 5/4-triaged 5/5, not seen until 6/7 (Neck and Back pain)-practitioner review. #inmate ██████ -HNR submitted 6/16-triaged 6/17, not seen until 6/21 (Toe nail clipped).</p>	
3	<p>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]</p>		X	<p>6/28/2013 2:03 PM Entered By: Anthony Medel See Comments Below</p> <p>6/27/2013 3:39 PM Entered By: Anthony Medel Cheyenne (Amber) There were (10) chart reviewed on this unit and 6 out of 10 (Vital signs check at documented during sick call).</p> <p>#inmate ██████) Wt. not documented. #inmate ██████) Wt. not documented. #inmate ██████) Wt. not documented. #inmate ██████) Wt. not documented.</p> <p>Cibola Unit (Amber) There were (10) charts reviewed on this unit and 6 out of 10 (Vital signs checked at documented during sick call)</p> <p>#inmate ██████) Wt. and Pulse not documented. #inmate ██████) Wt. not documented. #inmate ██████) Temp. not documented #inmate ██████) Wt. not documented.</p> <p>Cocopah Unit (Amber) There were (10) charts reviewed on this unit and 5 out of 10 (Vital signs checked at documented during sick call).</p> <p>#inmate ██████) Wt. not documented. #inmate ██████) Wt. not documented. #inmate ██████) Wt. O2 Sat, Temp. #inmate ██████) Temp., Wt., O2 Sat. #inmate ██████) Temp., Wt., O2 Sat.</p> <p>Dakota Unit (Amber) There were (10)chart reviewed on this unit and 5 out of 10 (Vital signs checked at documented during sick call). #inmate ██████) Wt., Respirations, B/P not documented. #inmate ██████) No note in chart #inmate ██████) Wt. not documented. #inmate ██████) 0-2 Sat. not documented. #inmate ██████) Wt. not documented.</p> <p>La Paz (Green)</p>	1
4	<p>Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>	X		<p>6/28/2013 2:04 PM Entered By: Anthony Medel See Comments Below</p>	1

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				<p>6/27/2013 4:18 PM Entered By: Anthony Medel Cheyenne Unit (Green) Nursing Encounter Tools (NET's) used on all (10) reviewed charts.</p> <p>Cibola Unit (Green) (10) Charts reviewed and reflected the use of SOAPE format.</p> <p>Cocopah Unit (Amber)</p> <p>There were (10) charts reviewed on this unit and 6 out of 10 (SOAPE format used in medical record).</p> <p>#inmate [redacted] - "E" not documented. #inmate [redacted] - "E" not documented. #inmate [redacted] - "E" not documented. #inmate [redacted] - "E" not documented.</p> <p>Health Services Technical Manual Ch.5, Section 1.3</p> <p>RFP/Contract 2.20.2.2</p> <p>Dakota Unit (Green) (10) Charts reviewed and reflected the use of SOAPE format.</p> <p>La Paz (Green) (10) Charts reviewed and reflected the use of SOAPE format.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>6/28/2013 2:04 PM Entered By: Anthony Medel See Comments Below</p> <p>6/28/2013 8:40 AM Entered By: Anthony Medel Cheyenne (Green) Inmates on this unit were seen within the allotted time frame.</p> <p>Cibola (Green) Inmates on this unit were seen within the allotted time frame.</p> <p>Cocopah (Green) Inmates on this unit were seen within the allotted time frame.</p> <p>Dakota (Green) Inmates on this unit were seen within the allotted time frame.</p> <p>La Paz (Amber)</p> <p>There were (10) chart reviewed on this unit and 4 out of 10 (Providers see inmates within (7) days of referral.</p> <p>#inmate [redacted] -HNR 6/2-triaged 6/3, seen on 6/6 (NL) and to be seen by provider-6/28 (Dx: Chronic pain-spinal stenosis). #inmate [redacted] -HNR 5/21-triaged 5/21, seen on 6/6 (NL) and not seen as of 6/21. (Dx: Chronic pain-back, hip and left knee). #inmate [redacted] -HNR 6/3-triaged 6/3, seen</p>	1

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				<p>on 6/6 (NL) and not seen as of 6/21. (Frequent urination) #inmate [REDACTED] HNR 5/7-triaged 5/12, Medication renewal 6/13. #inmate [REDACTED] HNR 6/3-triaged 6/4, seen on 6/5 (NL) Medication renewal received 6/13. #inmate [REDACTED] HNR 6/3-triaged 6/3, seen by Optometry 6/11.</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>6/28/2013 2:05 PM Entered By: Anthony Medel See Comments Below</p> <p>6/27/2013 5:19 PM Entered By: Anthony Medel Cheyenne Unit (Amber) There were (10) chart reviewed on this unit and 4 out of 10 (Nursing protocols in place and utilized) #inmate [REDACTED] -Incomplete data placed on NETs #inmate [REDACTED] -NETs documentation-not complete #inmate [REDACTED] -NETs documentation-not complete #inmate [REDACTED] -NETs documentation- incomplete #inmate [REDACTED] -NETs documentation- incomplete (past hx) #inmate [REDACTED] -NETs documentation incomplete (past hx)</p> <p>Health Services Technical Manual Chapter 5 Section 1.5 (1.2)(1.3) and (2.0).</p> <p>Cibola Unit (Green) There were (10) chart reviewed under this section and all found to be in compliance with performance outcome.</p> <p>Cocopah Unit (Amber) There were (10) charts reviewed and 2 out of 10 (Nursing protocols in place and used. #inmate [REDACTED] -No NET used (Dx: Body rash) NET: General Sick Call, Skin/Nails or Allergic Reaction #inmate [REDACTED] -No NET used (C/O: Blackout, Seizures, Cardiac) NET: Chest Pain, Seizures, or General Sick Call) #inmate [REDACTED] -No NET used (Dx: Liver/Back pain) NET: Back pain #inmate [REDACTED] -No NET used (Med renewal) NET: General sick call #inmate [REDACTED] -No NET used (C/O: Headache-decrease in caffeine) NET: Headache or General sick call #inmate [REDACTED] -No NET used (Dx: Rash, food allergy) NET: Allergic reaction or General sick call #inmate [REDACTED] -No NET used (Med renewal) NET: General sick call.</p> <p>Health Services Technical Manual Chapter 5 Section 1.5 (1.2)(1.3) and (2.0).</p>	1

			<p>Dakota Unit (Amber) There were (10) charts reviewed and 6 out of 10 (Nursing protocols in place and used). #inmate [redacted] -No NET used (Shaving wa ver)NET: General sick call #inmate [redacted] -No NET used (Ankle Sprain) NET: Musculoskeletal #inmate [redacted] -No NET used (Swollen Foot) NET: Musculoskeletal or General sick call #inmate [redacted] -No NET used (Hep C Tx) NET: General sick call.</p> <p>Health Services Technical Manual Chapter 5 Section 1.5 (1.2)(1.3) and (2.0).</p> <p>La Paz Unit (Amber) There were (10) chart reviewed and 3 out of 9 (1-N/A)(Nursing Protocols in place and used). #inmate [redacted] -No NET used. (Dx: Chronic Pain-Spinal Stenosis) NET: Back pain #inmate [redacted] -No NET used (Dx: Chronic pain-back, hip and left knee) NET: Back pain, Musculoskeletal #inmate [redacted] -No NET used (Med renewal) NET: General sick call. #inmate [redacted] -No NET used (Med renewal) NET: General sick call. #inmate [redacted] -No NET used (Med renewal) NET: General sick call and Order received (not on practitioner sheet). #inmate [redacted] -No NET used (Toe nails clipped) NET: General sick call or Skin/Nails.</p> <p>Health Services Technical Manual Chapter 5 Section 1.5 (1.2)(1.3) and (2.0).</p>	
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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: Anthony Medel Date: 6/26/2013 12:13:37 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

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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: Anthony Medel Date: 6/28/2013 2:01:53 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: Anthony Medel Date: 6/28/2013 2:03:12 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.

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

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

Level 1 Amber User: Anthony Medel Date: 6/28/2013 2:06:00 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)

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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.

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

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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>6/26/2013 12:42 PM Entered By: Vanessa Headstream #inmate - consult written 05/08/13 marked "urgent" entered into ORC database 05/13/13, does not show Urgent in database, appt. shown as "scheduled" as of this date. HSA & clinical coordinator contacted.</p> <p>6/28/2013 1:22 PM Entered By: Kathy Campbell See below.</p> <p>6/26/2013 9:09 PM Entered By: Kathy Campbell Cheyenne- inmate - STAT recommendations RIH repair noted from TSL return on 5/2013, still not reviewed by Provider as of 6/13/13. Email to HSA and Assistant HSA done.</p> <p>6/26/2013 9:06 PM Entered By: Kathy Campbell See Vanessa's documentation.</p> <p>6/26/2013 8:23 PM Entered By: Kathy Campbell Cocopah- Green. N/A. No urgent consults. Dakota- Green. N/A. Consults for #inmate and #inmate with charts not available. Inmates moved to Tucson.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>6/26/2013 12:39 PM Entered By: Vanessa Headstream LaPaz - review of 10 consults indicates non compliance: #inmate - report rcv'd 06/05/13, signed off 06/13/13 #inmate - report rcv'd 05/09/13, signed off 05/17/13 #inmate - report rcv'd 06/10/13, not signed off Consults found in compliance: #inmate - report rcv'd 05/21/13, signed off 05/24/13 #inmate - report rcv'd 05/28/13, signed off 05/31/13 #inmate - report rcv'd 05/03/13, signed off 05/08/13 #inmate - report rcv'd 05/01/13, signed off 05/08/13 #inmate - report rcv'd 05/07/13, signed off 05/09/13; report rcv'd 05/13/13, signed off 05/17/13 #inmate - report rcv'd 06/13/13, signed off 06/14/13</p> <p>6/26/2013 9:03 AM Entered By: Vanessa Headstream Cibola - review of 4 consults indicates non compliance: #inmate - report rcv'd 05/01/13, signed off 05/15/13 #inmate - report rcv'd 05/21/13, signed off 05/29/13</p>	2

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		X			<p>#inmate - report rcv'd 06/05/13, signed off 06/19/13 #inmate - report rcv'd 05/09/15, signed off 05/15/13</p> <p>6/26/2013 9:06 PM Entered By: Kathy Campbell See previous notes.</p> <p>6/26/2013 8:24 PM Entered By: Kathy Campbell Cocopah- Green #inmate Consult report reviewed by Provider within 7 days of receipt. Dakota- No consults available. Green.</p>	
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>6/30/2013 10:08 AM Entered By: Kathy Campbell See previous notes.</p> <p>6/26/2013 9:07 PM Entered By: Kathy Campbell Cheyenne- Green</p> <p>6/26/2013 8:25 PM Entered By: Kathy Campbell Cocopah and Dakota- Green.</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>6/30/2013 10:08 AM Entered By: Kathy Campbell See previous notes.</p> <p>6/26/2013 9:08 PM Entered By: Kathy Campbell Cheyenne- Green</p> <p>6/26/2013 8:25 PM Entered By: Kathy Campbell Cocopah- Green Dakota- Green</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			<p>6/30/2013 10:09 AM Entered By: Kathy Campbell See previous notes.</p> <p>6/26/2013 9:08 PM Entered By: Kathy Campbell Cheyenne- Green</p> <p>6/26/2013 8:25 PM Entered By: Kathy Campbell Cocopah- N/A Dakota- N/A</p>	2

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: Kathy Campbell Date: 6/28/2013 1:22:27 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.

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: Kathy Campbell Date: 6/28/2013 1:22:27 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

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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.

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: Kathy Campbell Date: 6/28/2013 1:22:27 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: Kathy Campbell Date: 6/26/2013 9:06:53 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.

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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			<p>6/26/2013 12:56 PM Entered By: Vanessa Headstream Cibola - compliant LaPaz - compliant</p> <p>6/30/2013 10:09 AM Entered By: Kathy Campbell</p> <p>6/26/2013 9:10 PM Entered By: Kathy Campbell Cheyenne- Green</p> <p>6/26/2013 8:30 PM Entered By: Kathy Campbell Cocopah- Amber #inmate [redacted] Hep Seen. Last seen 2/27/13, follow up due 5/27/13 and not seen as of 6/20/13. #inmate [redacted] - Was due on 4/13, but not seen until 5/3/13. #Inmate [redacted] Seen 11/7/12 with 6 month f/u. Not seen in time frame.</p> <p>Dakota- Amber #inmate [redacted] Hep C since 8/2007, not seen per time frame for cc. #inmate [redacted] Hep C labs done 3/2013, but not seen yet for cc.</p>	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		<p>6/26/2013 12:51 PM Entered By: Vanessa Headstream Cibola - review of 10 charts demonstrates the following: #inmate [redacted] - cc 12/06/12; due 06/2013, not documented as completed #inmate [redacted] - cc 12/14/12; due 03/2013, not documented as completed #inmate [redacted] - cc 02/20/13; due 04/2013, not documented as completed #inmate [redacted] - cc 11/21/12; due 05/2013, not documented as completed #inmate [redacted] - cc 12/28/12; due 06/2013, not documented as completed #inmate [redacted] - cc 12/20/12; due 02/2013, not documented as completed #inmate [redacted] - cc 04/01/13; due 06/2013, not documented as completed #inmate [redacted] - cc 09/20/12; due 03/2013, not documented as completed #inmate [redacted] - cc 01/29/13; due 04/2013, not documented as completed #inmate [redacted] - cc 07/10/12; due 01/2013, not documented as completed, cc visit completed 05/29/13; f/u due 11/2013</p> <p>LaPaz - review of 10 charts demonstrates the following: #inmate [redacted] - cc 01/24/13; due 07/2013 #inmate [redacted] - cc 01/17/13; due 04/2013, not documented as completed #inmate [redacted] - cc 12/12/12; due 06/2013, not documented as completed #inmate [redacted] - cc 05/31/13; due 07/2013 #inmate [redacted] - cc 06/14/13; due 09/2013 #inmate [redacted] - cc 10/01/12; due 04/2013, not</p>	2

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				<p>documented as completed #inmate - cc 01/17/13; due 07/2013 #inmate - cc 05/17/13; due 08/2013 #inmate - cc 03/16/13, due 04/2013, not documented as completed #inmate - cc 05/24/13; due 08/2013</p> <hr/> <p>6/30/2013 10:09 AM Entered By: Kathy Campbell See previous notes below.</p> <p>6/26/2013 9:10 PM Entered By: Kathy Campbell Cheyenne- Green</p> <p>6/26/2013 8:31 PM Entered By: Kathy Campbell Cocopah- Amber #inmate Hep Seen. Last seen 2/27/13, follow up due 5/27/13 and not seen as of 6/20/13. #inmate - Was due on 4/13, but not seen until 5/3/13. #inmate Seen 11/7/12 with 6 month f/u. Not seen in time frame.</p> <p>Dakota- Amber #inmate Hep C since 8/2007, not seen per time frame for cc. #inmate Hep C labs done 3/2013, but not seen yet for cc.</p>	
3	<p>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]</p>		X	<p>6/26/2013 12:55 PM Entered By: Vanessa Headstream Cibola - review of 10 charts demonstrates all were in compliance with this performance measure for the cc visits completed</p> <p>LaPaz - review of 10 charts demonstrates 6 were in compliance, 4 noncompliant (#inmate #inmate #inmate #inmate)</p> <hr/> <p>6/30/2013 10:10 AM Entered By: Kathy Campbell See previous notes below.</p> <p>6/26/2013 9:11 PM Entered By: Kathy Campbell Cheyenne- Amber #inmate coaching/education not documented. #inmate coaching/education not documented.</p> <p>6/26/2013 8:32 PM Entered By: Kathy Campbell Cocopah- Green</p> <p>Dakota- Amber #inmate Coaching/education not completed. #inmate Coaching/education not completed. #inmate Coaching/education not completed</p>	1

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4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	X			<p>6/30/2013 10:10 AM Entered By: Kathy Campbell See previous notes below.</p> <p>6/26/2013 9:11 PM Entered By: Kathy Campbell Cheyenne- Green</p> <p>6/26/2013 8:35 PM Entered By: Kathy Campbell Cocopah- Amber #inmate - Not seen within the 90 days as the guidelines are outlined #inmate - Not within timeframe and incomplete form. #inmate - Incomplete form #inmate - Incomplete form.</p> <p>Dakota- Green</p>	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			<p>6/30/2013 10:10 AM Entered By: Kathy Campbell</p> <p>6/26/2013 9:12 PM Entered By: Kathy Campbell Cheyenne- Green</p> <p>6/26/2013 8:35 PM Entered By: Kathy Campbell Cocopah- Green</p> <p>Dakota- Green</p>	2

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

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

Level 2 Amber User: Kathy Campbell Date: 6/30/2013 10:09:49 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.
 - 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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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: Kathy Campbell Date: 6/30/2013 10:10:05 AM

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

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.

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]

Level 2 Amber User: Kathy Campbell Date: 6/30/2013 10:10:18 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
2. Monitoring
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date- 11/30/13

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

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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 1:01 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		<p>6/26/2013 1:02 PM Entered By: Martin Winland</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 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</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. June 2013 Expired Medications - Stop Date Report indicates: 13,754 Expired Medications for 6,627 patients.</p>	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			<p>6/26/2013 1:02 PM Entered By: Martin Winland</p> <p>6/26/2013 1:02 PM Entered By: Martin Winland</p>	1

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

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

Level 2 Amber User: Martin Winland Date: 6/26/2013 1:02:13 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. 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			6/26/2013 11:23 AM Entered By: Anthony Medel As per conversation with FHA, Assistant FHA, and DON. The grievances were caught up as of 6/14/2013.	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			6/25/2013 9:25 AM Entered By: Steve Bender All HNR's are being triaged within the required (24) hour 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		6/25/2013 9:31 AM Entered By: Steve Bender The PRN continues to report these referrals are taking up to (3) weeks to be seen by their psychiatric provider. The current weekly hours designated for their psychiatrist doesn't appear to be sufficient to provide services for the seven hundred inmates receiving psychotropic medication at this complex. The PRN has an effective data base which identifies inmates when their medication is expiring.	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		6/25/2013 9:38 AM Entered By: Steve Bender A review of (75) medical records of MH3 inmates found (40) of them did not have a treatment plan. The majority of treatment plans which were in compliance had been completed prior to the inmates arrival at the Yuma Complex. The new mental health staff need to review all MH3 inmates assigned to this complex to ensure they all have a required and up to date 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		6/25/2013 9:43 AM Entered By: Steve Bender A review of (75) medical records revealed (35) had not been seen by a mental health provider during the required (3) month time period. The majority of ones which were in compliance had been seen at their previous complex. The new mental health staff can begin to meet this performance factor when they meet with the inmates to update their treatment plans.	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		6/25/2013 9:51 AM Entered By: Steve Bender A review of (75) medical records of inmates receiving psychotropic medication revealed (47) of them had not been seen within the required (3) month time period. This problem is related to their current psychiatric and mental health coverage. The PRN is having to complete work usually delegated to the PAII's. This impedes her ability to complete all of her duties associated with coordinating the psych lines and monitoring inmates on medication. She is doing a great job with limited resources.	2
6	Are reentry/discharge plans established no later		X		6/25/2013 10:10 AM Entered By: Steve	2

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<p>than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]</p>				<p>Bender The regional release planners have only been out to Yuma once since March 1, 2013. They both came out in May to talk with operational staff and meet with some inmates scheduled to be released within the next (3) months. Inmate #inmate who is SMI arrived at this complex from the Tucson Complex on 5/8/13. He was not seen for over a month by any mental health staff. He has a CSBD in early July. Inmate #inmate who is also SMI was transferred from the Lewis Complex to Yuma on 4/30/13. He had been scheduled to be interviewed by CPR while at Lewis. He submitted a HNR on 5/22/13 asking what had happened to this appointment. He was never seen by anyone in mental health prior to his release on 6/11/13. The regional release planners need to have a data base which identifies all MH3 and SMI inmates scheduled to be released from this complex during the next ninety days. They also will need to come out to the Yuma Complex on a more regular basis.</p>
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Corrective Action Plans for Performance Measure: Mental Health (Q)

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

Level 2 Amber User: Steve Bender Date: 6/25/2013 9:31:48 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 2 (Mental Health Attachment) related to psychiatric providers seeing HNR or sick call referrals within 7 days

a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers within 7 days, when appropriate

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

c. Have MH staff increase their contacts if appointment cannot be made in 7 days

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date -11/30/13

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

10/11/13 Update – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman completed.

3 Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]

Level 1 Amber User: Steve Bender Date: 6/25/2013 9:38:17 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

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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: 6/25/2013 9:43:12 AM**

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

**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]
Level 2 Amber User: Steve Bender Date: 6/25/2013 9:51:23 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. 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 = RDCQI/RVP/MH Director/FHA/DON/MH Lead

Target Date- 11/30/13

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

6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]

Level 2 Amber User: Steve Bender Date: 6/25/2013 10:10:38 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 7 (Mental Health Attachment) related to re-entry plan

a. SMI patients will be followed by discharge planners utilizing the data from the SMI monthly report tool; MH3 patients will be given community resources by MH Clinicians and documented in the chart; all patients receiving psychotropic medications will be seen by Psychiatrist/Psychiatry CNP

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

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b.Monthly site results discussed with RVP/MH Director

c.Audit results discussed at monthly CQI meeting

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

Regional office for tracking and trending

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

Target Date- 11/30/13

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

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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			6/26/2013 11:28 AM Entered By: Anthony Medel Yes, FHA and Assistant FHA meet with the Warden every Thursday from 8:30am to 10:00am.	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		6/26/2013 11:36 AM Entered By: Anthony Medel The facility is not having a monthly Medical Advisory Committee meetings that address: 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.	1
3	Are monthly staff meetings being conducted and documented? [NCCHC Standard P-A-04]	X			6/26/2013 11:38 AM Entered By: Anthony Medel Yes, the 1st Tuesday of each month is being designated as Monthly staff meetings.	1
4	Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?	X			6/26/2013 11:40 AM Entered By: Anthony Medel Yes, as per FHA and Assistant FHA monthly reports are being submitted. FHA given copy of Exhibit 2 of the RFP.	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: Anthony Medel Date: 6/26/2013 11:36:44 AM

Corrective Plan: The Facility Health Administrator has implemented Medical Audit Committee meetings to commence monthly beginning the third Thursday of every month at 9am in the Wardens conference room and to be conducted every month from August on.

The monitor can verify by reviewing the meeting mins which are located in the Facility Health Administrators office within one week of the meeting being held.

The monitor is a part of the CQI and MAC committee meetings

Corrective Actions: See above.

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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			6/30/2013 10:10 AM Entered By: Kathy Campbell 6/26/2013 9:12 PM Entered By: Kathy Campbell Cheyenne- Green 6/26/2013 8:36 PM Entered By: Kathy Campbell Cocopah- Green Dakota- Green	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			6/26/2013 9:12 PM Entered By: Kathy Campbell Cheyenne- Green 6/26/2013 8:36 PM Entered By: Kathy Campbell Cocopah- Green Dakota- Green	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			6/26/2013 12:58 PM Entered By: Vanessa Headstream Cibola - the I/M sign a Master Pass along with the MAR for the specific medication received LaPaz - the I/M sign a Master Pass along with the MAR for the specific medication received 6/30/2013 10:10 AM Entered By: Kathy Campbell 6/26/2013 9:12 PM Entered By: Kathy Campbell Cheyenne- Green 6/26/2013 8:37 PM Entered By: Kathy Campbell Cocopah- Green Dakota- Green	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 1:00 PM Entered By: Vanessa Headstream Cibola - MARs were in compliance with this performance measure LaPaz - several MARs were found to be non complaint, i.e. missing start/stop dates, no ordering provider name, no nursing signature, no route of administration or sig on MAR (#inmate #inmate #inmate #inmate #inmate #inmate #inmate #inmate)	1

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				<p>6/30/2013 10:11 AM Entered By: Kathy Campbell Multiple MARs not being completed in accordance with standard nursing practices (see below).</p> <p>6/26/2013 9:15 PM Entered By: Kathy Campbell Cheyenne-Amber #inmate [redacted] - Bactrim without start date or Provider. #inmate [redacted] - ASA, Clopidogrel, Lisinopril, Pravastatin, Metoprolol without start date, stop date and Provider name. No diagnosis.</p> <p>6/26/2013 8:47 PM Entered By: Kathy Campbell Cocopah- Amber #inmate [redacted], No doses for warfarin signed off 6/1-6/7. #inmate [redacted] - Abilify 6/1, 6/2, 6/4-6/8. Apparent refusal 6/3, 6/7 and 6/16. NS (No Show) documented on MAR.</p> <p>Dakota- #inmate [redacted] - Humulin 70/30 with blanks on 6/3, 6/4 PM doses, blank 6/13 and 6/14 PM doses. #inmate [redacted] - Benztropine and Risperdone am dose of 6/13 with "A" for Absent/No Show and 6/14/13 dose for Benztropine is blank. #inmate [redacted] - No diagnosis. Phenytoin pm doses with multiple blanks 6/11/13-6/14/13. #inmate [redacted] No Diagnsos. Carbamazepine and Mirtazapine blank on 6/18/13 PM doses. #inmate [redacted] - No Diagnosis. buspirone and Fluoxetine with blanks on 6/16-6/19/13 for all doses on those days. #inmate [redacted] Propanolol with out any initials for the entire month. Unclear if KOP or DOT as there is no specific order. #inmate [redacted] - Gabapentin, Levetiracetam without initials on 6/5/13-6/11/13 doses.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		<p>6/30/2013 10:12 AM Entered By: Kathy Campbell Per HSA Cyndy Hale, medication errors do get forwarded to her.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>6/30/2013 10:12 AM Entered By: Kathy Campbell See below.</p> <p>6/26/2013 8:54 PM Entered By: Kathy Campbell Cheyenne- Amber #inmate [redacted] - Buspirone, Lisinopril, Risperdone and Benztropine ordered 5/31/13, but not started until 6/8/13. #inmate [redacted] - Nortripyline with circles from 6/3-6/9/13. Note on back of MAR states, sent to Pharmacy. Restarted on 6/10/13.</p>	2

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				<p>6/26/2013 8:50 PM Entered By: Kathy Campbell Cocopah- Green</p> <p>Dakota- Amber #inmate [redacted] Prolixin injection ordered 6/13/13, but not received as of 6/17/13, per post-it on MAR.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>6/26/2013 8:54 PM Entered By: Kathy Campbell Cocopah- Green</p> <p>Dakota- Green</p> <p>Cheyenne- Green</p> <hr/> <p>6/30/2013 10:12 AM Entered By: Kathy Campbell</p> <p>6/26/2013 8:54 PM Entered By: Kathy Campbell Cocopah- Green</p> <p>Dakota- Green</p> <p>Cheyenne- Green</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>6/30/2013 10:13 AM Entered By: Kathy Campbell See below.</p> <p>6/26/2013 8:59 PM Entered By: Kathy Campbell Cocopah- Green</p> <p>Dakota- Green</p> <p>Cheyenne- #inmate [redacted] - Hydrochlorothiazide expired 6/2/13, not reordered as of 6/11/13, per MAR. #inmate [redacted] - Beclomethasone expired 6/8/13, not reordered as of 6/11/13, per MAR.</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>6/26/2013 1:06 PM Entered By: Vanessa Headstream Cibola - #inmate [redacted] NFDR submitted 06/19/13, no response noted in file</p> <hr/> <p>6/30/2013 10 13 AM Entered By Kathy Campbell See Vanessa's note from 6/26/13.</p> <p>6/26/2013 9:00 PM Entered By: Kathy Campbell Cocopah- Green</p> <p>Dakota- Green</p>	2

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				Cheyenne-Green	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	<p>6/26/2013 1:06 PM Entered By: Vanessa Headstream Cibola - #inmate NFDNR submitted 06/19/13, no response noted in file</p> <p>6/30/2013 10:13 AM Entered By: Kathy Campbell See Vanessa's note from 6/26/13.</p> <p>6/26/2013 9:01 PM Entered By: Kathy Campbell Cocopah- Green</p> <p>Dakota- Green</p> <p>Cheyenne- Green</p>	2
11	Are medication error reports being completed and medication errors documented?	X		<p>6/30/2013 10:14 AM Entered By: Kathy Campbell No medication errors reported this month</p>	2

Corrective Action Plans for Performance Measure: Medication Administration

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: 6/30/2013 10:11:30 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.

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

Level 2 Amber User: Kathy Campbell Date: 6/30/2013 10:12:22 AM

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

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

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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: Kathy Campbell Date: 6/30/2013 10:13:12 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

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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: Kathy Campbell Date: 6/30/2013 10:13:35 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 (Pharmacy Appendix 1 & 2):

- a. Non-formulary process (Appendix I.1.d.)
 - i. Reviewed for approval within 24-48 hrs
 - ii. Providers notified decision within 24-48 hrs
- e. Manifest Reconciliation
- f. Inventory control
- g. Stock Medications
- h. Practitioner Cards (Appendix I.1.h.)
- i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

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

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

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

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

Target Date-11/30/13

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

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

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

Level 2 Amber User: Kathy Campbell Date: 6/30/2013 10:14:00 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. 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.)

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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			6/26/2013 11:41 AM Entered By: Anthony Medel	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			6/26/2013 11:47 AM Entered By: Anthony Medel At this time the facility is not fully staff; however, it is not possible to determine whether or not the staffing matrix would provide for sufficient staffing.	3
3	Are all positions filled per contractor staffing pattern?		X		6/26/2013 12:06 PM Entered By: Anthony Medel Positions are not all filled, as per below approved staffing matrix Budget OPEN Yuma Complex Administrative Assistant 1.0 Administrator Assistant H S A Clinical Coordinator Dental Assistant 1.0 Dental Director 1.0 Dental Hygienist 0.2 Dentist 3.00 4PT Director of Nursing LPN 10.50 0.5 Medical Director Medical Records Clerk Medical Records-ART/Supv - FT Nurse Practitioner - FT 3.00 2.0 Nursing Assistant 0.4 Pharmacy Technician Physician-Staff 1.0 Psychiatric Associate 2.0 RN 0.6 RN Supervisor - FT Scheduler X-Ray Technician	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			6/26/2013 11:49 AM Entered By: Anthony Medel Yes, FHA is kept informed by the recruiter of the positions needed and filled by the facility.	2

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Corrective Action Plans for Performance Measure: Staffing

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Anthony Medel Date: 6/26/2013 12:06:00 PM

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

Corrective Actions: Corizon continues to recruit locally and on a nationwide level for Providers and other health services staff. Utilizing locum and registry as needed to provide health care for inmates.

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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 11:44 AM Entered By: Anthony Medel N/A There is no infirmiry at this location 6/7/2013 7:48 AM Entered By: John Mitchell N/A Yuma does not provide infirmiry care.	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 11:46 AM Entered By: Anthony Medel N/A There is no infirmiry at this location. 6/30/2013 10:15 AM Entered By: Kathy Campbell N/A. No infirmiry at this location.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			6/6/2013 11:46 AM Entered By: Anthony Medel N/A There is no infirmiry at this location. 6/30/2013 10:16 AM Entered By: Kathy Campbell N/A. No infirmiry at this location.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			6/6/2013 11:47 AM Entered By: Anthony Medel N/A There is no infirmiry at this location. 6/6/2013 11:47 AM Entered By: Anthony Medel N/A There is no infirmiry at this location.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			6/6/2013 11:48 AM Entered By: Anthony Medel N/A There is no infirmiry at this location. 6/6/2013 11:48 AM Entered By: Anthony Medel N/A There is no infirmiry at this location.	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			6/6/2013 11:49 AM Entered By: Anthony Medel N/A There is no infirmiry at this location.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			6/6/2013 11:49 AM Entered By: Anthony Medel N/A There is no infirmiry at this location.	1
8	Is a complete inmate health record kept and include:	X			6/6/2013 11:49 AM Entered By: Anthony Medel	1

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	-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				N/A There is no infirmary at this location.	
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X			6/6/2013 11:50 AM Entered By: Anthony Medel N/A There is no infirmary at this location.	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			6/6/2013 11:50 AM Entered By: Anthony Medel N/A There is no infirmary at this location.	1
11	Are vital signs done daily when required?	X			6/6/2013 11:50 AM Entered By: Anthony Medel N/A There is no infirmary at this location.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			6/6/2013 11:51 AM Entered By: Anthony Medel N/A There is no infirmary at this location.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			6/6/2013 11:51 AM Entered By: Anthony Medel N/A There is no infirmary at this location.	1