

July 2013 TUCSON COMPLEX

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>7/29/2013 2:53 PM Entered By: Marlena Bedoya</p> <p>There are (8) yards with Medical Units on each at ASP-Tucson. While performing this audit, patient appointment sheets were analyzed (MON-FRI) for each week in July. These appointment sheets are retained within each medical unit, with a copy being sent to the Complex Business office daily for IM banking transactions. It has been requested through previous audits, that if the yard is locked down, or unforeseen circumstances transpire prohibiting Nursing from conducting daily sick call lines, that an IR be written to account for that day, with a copy of the IR being placed in the Appointment sheet binder, which will account for that missed date. This was a finding in the May and June MGAR. The following was discovered totaling (28) missed sickcall lines across this complex in June;</p> <p>SANTA RITA: A Nurse sick call line was performed each day. There was a total of (46) unprocessed HNRs on the unit. Provider line was back logged at (79). There were (51) IMs waiting to be seen for Nurse sick call, and (64) IMs charts were awaiting Provider review.</p> <p>WINCHESTER: A Nurse sick call line was performed each day. There was a total of (50) unprocessed HNRs on the unit. Provider line was caught up. There were (75) IMs waiting to be seen for Nurse sick call, and (77) IMs charts were awaiting Provider review.</p> <p>CIMARRON: This yard is split into two yards (North / South) due to custody levels therefore; a Nurse sick call line needs to be performed per yard each day. Per logs, NO Nurse line was performed on either yard on July 11. No Nurse line was held on the North yard on July 09, 11, 16, & 18. No Nurseline was held on the South yard on July 03, 08, 10, 12, 19, & 22. Two IRs were found for July 01 & July 02 however; they were addressed straight to the Complex Manager with no IR numbers on them therefore; they had never been officially reported. There was a total of (49) unprocessed HNRs on the unit. Provider line was back-logged with IM awaiting to be seen @ (70). There were (59) IMs waiting to be seen for Nurse sick call, and (31) IMs charts were awaiting Provider review.</p> <p>MINORS: Per logs, no Nurse line was performed on July 01, 02, 03, 10, 11, 15, 16, 17, 18, 23, 24, & 25. No copies of IRS were found in binder reflecting any reason why a line could not be performed on these days. Nursing states that the Minors are seen upon receipt of HNR however; the findings by this auditor prove otherwise. In one case this month a Minor IM had to</p>	1

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submit an HNR three times over a thirty day period before he was seen for a fractured tooth.

RINCON WEST MEDICAL: Per logs, no Nurse line was performed on July 02, 10, 11, 15 & 17. No copies of IRS were found in the binder reflecting any reason why a line could not be performed on these days. There was a total of (124) unprocessed HNRs on the unit. Provider line was backlogged with IMs awaiting to be seen @ (61). There were (78) IMs waiting to be seen for Nurse sick call, and (68) IMs charts were awaiting Provider review.

WHETSTONE: A Nurse sick call line was performed each day. There was a total of (231) unprocessed HNRs on the unit. Provider line was back logged at (322). There were (169) IMs waiting to be seen for Nurse sick call, and (106) IMs charts were awaiting Provider review.

CATALINA: A Nurse sick call line was performed each day. There was (00) unprocessed HNRs on the unit. Provider line was back logged at (45). There were (29) IMs waiting to be seen for Nurse sick call, and (23) IMs charts were awaiting Provider review.

MANZANITA: A Nurse sick call line was performed each day. There was (07) unprocessed HNRs on the unit. Provider line was back logged at (80). There were (24) IMs waiting to be seen for Nurse sick call, and (59) IMs charts were awaiting Provider review.

There are (8) yards with Medical Units on each at ASP-Tucson. While performing this audit, patient appointment sheets were analyzed (MON-FRI) for each week in July. These appointment sheets are retained within each medical unit, with a copy being sent to the Complex Business office daily for IM banking transactions. It has been requested through previous audits, that if the yard is locked down, or unforeseen circumstances transpire prohibiting Nursing from conducting daily sick call lines, that an IR be written to account for that day, with a copy of the IR being placed in the Appointment sheet binder, which will account for that missed date. This was a finding in the May and June MGAR. The following was discovered totaling () missed sickcall lines in June;

SANTA RITA: A Nurse sick call line was performed each day. There was a total of (46) unprocessed HNRs on the unit. Provider line was back logged at (79). There were (51) IMs waiting to be seen for Nurse sick call, and (64) IMs charts were awaiting Provider review.

WINCHESTER: A Nurse sick call line was performed each day. There was a total of (50) unprocessed HNRs on the unit. Provider line was caught up. There were (75) IMs waiting to be seen for Nurse sick call, and (77) IMs charts were awaiting

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Provider review.

CIMARRON: This yard is split into two yards (North / South) due to custody levels therefore; a Nurse sick call line needs to be performed per yard each day. Per logs, NO Nurse line was performed on either yard on July 11. No Nurse line was held on the North yard on July 09, 11, 16, & 18. No Nurseline was held on the South yard on July 03, 08, 10, 12, 19, & 22. Two IRs were found for July 01 & July 02 however; they were addressed straight to the Complex Manager with no IR numbers on them therefore; they had never been officially reported. There was a total of (49) unprocessed HNRs on the unit. Provider line was back-logged with IM awaiting to be seen @ (70). There were (59) IMs waiting to be seen for Nurse sick call, and (31) IMs charts were awaiting Provider review.

MINORS: Per logs, no Nurse line was performed on July 01, 02, 03, 10, 11, 15, 16, 17, 18, 23, 24, & 25. No copies of IRS were found in binder reflecting any reason why a line could not be performed on these days.

RINCON WEST MEDICAL: Per logs, no Nurse line was performed on July 02, 10, 11, 15 & 17. No copies of IRS were found in the binder reflecting any reason why a line could not be performed on these days. There was a total of (124) unprocessed HNRs on the unit. Provider line was back-logged with IMs awaiting to be seen @ (61). There were (78) IMs waiting to be seen for Nurse sick call, and (68) IMs charts were awaiting Provider review.

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MANZANITA: A Nurse sick call line was performed each day. There was (07) unprocessed HNRs on the unit. Provider line was back logged at (80). There were (24) IMs waiting to be seen for Nurse sick call, and (59) IMs charts were awaiting Provider review.

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2	<p>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]</p>		X	<p>7/31/2013 1:38 PM Entered By: Marlena Bedoya For this performance measure, (10) charts were randomly pulled on each yard. (59) out of the (80) charts audited did not meet requirements.</p> <p>SANTA RITA: (04) out of the (10) charts audited did not meet requirements.</p> <p>inmate [REDACTED] - submitted an HNR on 4/03, was seen and referred to a Provider on 4/11. He was finally seen by the Provider on 7/11.</p> <p>inmate [REDACTED] - submitted an HNR on 6/25. Was seen on 7/05.</p> <p>inmate [REDACTED] - submitted an HNR on 7/10. Was seen on 7/16.</p> <p>inmate [REDACTED] - submitted an HNR on 6/02. Was seen 7/04.</p> <p>WINCHESTER: (07) out of the (10) charts audited did not meet requirements.</p> <p>inmate [REDACTED] - Submitted an HNR on 6/24. Seen 7/05.</p> <p>inmate [REDACTED] - Submitted an HNR on 6/21. Seen 7/05.</p> <p>inmate [REDACTED] - Submitted an HNR on 6/21. Seen 7/05.</p> <p>inmate [REDACTED] - Submitted an HNR on 6/24. Not seen as of 7/08.</p> <p>inmate [REDACTED] - Submitted an HNR on 6/04. Seen 6/11.</p> <p>inmate [REDACTED] - Submitted an HNR on 4/18. Was seen and referred to a Provider on 4/30. He was finally seen by the Provider on 7/1.</p> <p>inmate [REDACTED] - Submitted an HNR on 6/18. Seen 7/02.</p> <p>CIMARRON: (ZERO) of the (10) charts audited met requirements.</p> <p>inmate [REDACTED] - Submitted an HNR on 4/22. Was seen and referred to a Provider on 4/29. He was finally seen by the Provider on 7/19.</p> <p>inmate [REDACTED] - Submitted an HNR on 6/06. IM was never triaged by Nursing. They referred him straight to a Provider. The IM was finally seen on 7/19.</p> <p>inmate [REDACTED] - Submitted an HNR on 6/25. He was never seen.</p> <p>inmate [REDACTED] - Submitted HNRs on 6/30 & 7/06. He was finally seen by Nursing on 7/16.</p> <p>inmate [REDACTED] - Submitted an HNR on 7/08. Seen 7/16.</p> <p>inmate [REDACTED] - Submitted an HNR on 7/17. Seen 7/23.</p> <p>inmate [REDACTED] - Submitted an HNR on 7/09. Seen 7/17.</p> <p>inmate [REDACTED] - Submitted an HNR on 7/14. Seen 7/17.</p> <p>inmate [REDACTED] - Submitted an HNR on 5/28. Seen 6/17.</p> <p>inmate [REDACTED] - Submitted an HNR on</p>	1

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7/03. Seen 7/11.

MINORS: (05) of the (10) charts audited did not meet requirements.

inmate [redacted] - Submitted an HNR on 6/27 for Dental. Seen 7/11.

inmate [redacted] - Submitted an HNR on 6/13, 6/24, and 7/06 all to see Dental for a fractured tooth.

inmate [redacted] - Submitted an HNR on 7/17 for Dental. Seen 7/25.

inmate [redacted] - Submitted an HNR on 7/02 for Dental. IM not seen as of 7/26.

inmate [redacted] - Submitted an HNR ON 6/26 & 7/10. IM finally seen on 7/11.

RINCON: (07) of the (10) charts audited did not meet requirements.

inmate [redacted] - Submitted an HNR ON 6/06. Seen 7/16.

inmate [redacted] - HNR submitted on 6/04 requesting to DC Med. The medication was DCd and note stating Nursing saw the IM states "Vitals stable" but there are no vitals documented.

inmate [redacted] - Submitted an HNR ON 6/26. IM not seen as of 7/17.

inmate [redacted] - IM Ltr found in chart dtd 6/18, HNR dtd 6/20 both requesting help from Mental Health. Issue was finally addressed on 7/08.

inmate [redacted] - IM returned to custody on 7/05. IM did not get seen until 7/10.

inmate [redacted] - IM was seen for CC on 6/03. Labs were requested. Labs were drawn on 6/13. IM scheduled to be seen on 7/16 to review results. IM not seen on that date and results were not in the chart as of 7/17.

inmate [redacted] - IM arrived on 6/20. There was documentation that the IM is a (+) TB convertor, and Continuity of Care recommended a medication renewal. Neither issue had been addressed as of 7/17.

WHETSTONE: (09) of the (10) charts audited did not meet requirements.

inmate [redacted] - Submitted an HNR ON 5/03. Seen 6/12. Submitted a second HNR for another issue on 6/22. Seen 7/10.

inmate [redacted] - Submitted an HNR ON 6/21. IM not seen yet as of 7/10.

inmate [redacted] - Submitted an Informal Grievance dtd 7/02/13 and HNRs dtd 5/15, 4/24, 3/28, 2/26 and 1/10 all requesting to know when he will get his surgery for Cataracts. He has yet to receive resolution for the issue.

inmate [redacted] - Submitted an Informal Grievance dtd 7/02/13. There is a consult in the chart for Ophthalmology dtd 6/18/13 for (OS) Pterygium that affects the field of vision. As of 7/10 nothing was in the chart showing the IM had been seen.

inmate [redacted] - IM has an Aortic Aneurysm 4.2 cm - 6/16/11 and 4.7 cm - 10/25/12. Urgent consult dtd 5/28/13 to Cardiology. As of 7/10 nothing was in the chart showing that the IM had been seen.

inmate [redacted] - There was no HNR in chart however, IM was seen 7/09. One half

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				<p>of the SOAP missing. There was no vitals taken and the plan was not documented. inmate [redacted] - Submitted an HNR on 6/15. Seen 7/25. inmate [redacted] - Submitted an HNR on 6/23. Seen 7/05. inmate [redacted] - Submitted an emergency HNR to Dental on 7/05. Seen by Dental 7/08. CATALINA: (07) of the (10) charts audited did not meet requirements. inmate [redacted] - Submitted an HNR on 6/24. Seen 6/29. inmate [redacted] - Submitted an HNR on 7/03. Seen 7/09. inmate [redacted] - Submitted an HNR on 6/27. Never seen by Nursing. Finally seen by Provider on 7/10. inmate [redacted] - Submitted an HNR on 6/19. Seen 6/24. inmate [redacted] - Submitted an HNR on 6/28. Seen 7/03. inmate [redacted] - Submitted an HNR on 6/29. Seen 7/02. MANZANITA: (10) of the (10) charts audited did not meet requirements. inmate [redacted] - Submitted an HNR on 6/20. Issue not triaged by Nursing, but sent straight to Provider line. As of 7/15 IM had not been seen for this issue. inmate [redacted] - Submitted an emergency HNR for chest pains on 6/15. Issue addressed on 7/09. inmate [redacted] - Submitted an HNR on 6/15. Issue triaged by Nursing on 6/18, but sent straight to Provider line. As of 7/15 IM had not been seen for this issue yet by the Provider. inmate [redacted] - Submitted an HNR on 5/29 & 6/03. Issue addressed on 7/12. inmate [redacted] - Submitted an HNR on 6/02. Seen 7/02. inmate [redacted] - Submitted an HNR on 6/27. Seen 7/03. inmate [redacted] - Submitted an HNR on 7/05. Seen 7/09. inmate [redacted] - Submitted an HNR on 6/28. It was addressed and forwarded to the Pharmacy. On 7/03 the Pharmacy forwarded it to the Provider. As of 7/15, the IM still had not been seen. inmate [redacted] - Submitted an HNR on 6/04. As of 7/15 IM had not been seen. inmate [redacted] - Submitted an HNR on 6/14. Issue not triaged by Nursing, but sent straight to Provider line. As of 7/15 IM had not been seen for this issue.</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>7/31/2013 10:41 AM Entered By: Marlana Bedoya For this performance measure (10) IM charts were randomly audited per yard. (13) charts out of the (80) audited did not meet requirements. Over all, this will reflect green finding. Below are the findings: SANTA RITA: (1) chart out of (10) did not meet requirements. inmate [redacted] had no weight recorded. WINCHESTER: (4) charts out of (10) did not meet requirements.</p>	1

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				<p>inmate [redacted] had no temp, pulse, respirations or weight. inmate [redacted] - had no weight recorded. inmate [redacted] - No weight or pulse was recorded. inmate [redacted] - No weight was recorded.</p> <p>CIMARRON: (2) charts out of (10) did not meet requirements.</p> <p>inmate [redacted] - had no weight recorded. inmate [redacted] - had no vitals at all recorded.</p> <p>RINCON MINORS: All charts reviewed had appropriate vitals taken.</p> <p>RINCON WEST MEDICAL: (2) charts out of (10) did not meet requirements.</p> <p>inmate [redacted] - had no weight recorded. inmate [redacted] - had no vitals at all recorded.</p> <p>WHETSTONE: (3) charts out of (10) did not meet requirements. inmate [redacted] - had no weight recorded. inmate [redacted] - Had no vitals at all. Half of the SOAP was not there, and there was no Plan on the note. inmate [redacted] - had no weight recorded.</p> <p>CATALINA: All charts reviewed had appropriate vitals taken.</p> <p>MANZANITA: (1) chart out of (10) did not meet requirements. inmate [redacted] - had no weight recorded.</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X		<p>7/31/2013 10:56 AM Entered By: Marlana Bedoya</p> <p>7/31/2013 10:42 AM Entered By: Marlana Bedoya</p>	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>7/31/2013 2:27 PM Entered By: Marlana Bedoya</p> <p>Not all of the charts audited for HNR/Nurse Sickcall required referral to a Provider. Of those IMs requiring referral to a Provider, the findings are below. Of the (28) inmates requiring referral (24) did not meet standards.</p> <p>SANTA RITA: Of the (07) inmates requiring referral to a Provider, (05) did not meet time frame requirements.</p> <p>inmate [redacted] - Referred on 4/11. IM seen on 7/11. inmate [redacted] - Referred on 7/05. Not seen as of 7/23.</p>	1

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inmate [REDACTED] - Referred on 7/04. Brought to their attention by this Monitor, and IM was seen the day of the audit 7/22.
inmate [REDACTED] - Referred on 7/16. Not seen as of 7/22.
inmate [REDACTED] - Referred on 7/04. Not seen as of 7/22.

WINCHESTER: Of the (05) inmates requiring referral to a Provider, (05) did not meet time frame requirements.

inmate [REDACTED] - Referred 7/05. Book reflects IM scheduled with Provider on 7/23 which is out of parameters.
inmate [REDACTED] - Referred 7/05. Book reflects IM scheduled with Provider on 8/19 which is way out of parameters.
inmate [REDACTED] - Referred 7/05. Book reflects IM scheduled with Provider on 7/29 which is out of parameters.
inmate [REDACTED] - Referred 6/11. Not seen until 7/02.
inmate [REDACTED] - Referred 4/30. Not seen until 7/01.

CIMARRON: Of the (02) inmates requiring referral to a Provider, (02) did not meet time frame requirements.

inmate [REDACTED] - Referred on 4/29. Seen 7/19.
inmate [REDACTED] - IM submitted and HNR on 6/06. Nursing didnt triage the IM and sent the request straight to the Provider. IM was not seen until 7/19.

RINCON MINORS: There were no charts audited whereby the IM was referred to a Provider.

RINCON WEST MEDICAL: There were no charts audited whereby the IM was referred to a Provider.

WHETSTONE: Of the (04) inmate encounters requiring referral to a Provider, (02) did not meet time frame requirements.

inmate [REDACTED] - Referred on 6/12. Not yet seen by a Provider.
inmate [REDACTED] - Referred on 7/10 for a different issue. Not yet seen by a Provider.

CATALINA: Of the (05) inmates requiring referral to a Provider, (05) did not meet time frame requirements.

inmate [REDACTED] - IM submitted and HNR on 6/27. Nursing didnt triage the IM and sent the request straight to the Provider. IM was not seen until 7/10.
inmate [REDACTED] - Referred on 6/24. Seen 7/03.
inmate [REDACTED] - Referred on 7/03, but scheduled to see the Provider on 7/24 which is out of parameters.
inmate [REDACTED] - Referred on 7/03, but scheduled to see the Provider on 7/24 which is out of parameters.
inmate [REDACTED] - Referred on 6/18. Not seen as of 7/12.

MANZANITA: Of the (05) inmate encounters requiring referral to a Provider,

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		X			(05) did not meet time frame requirements. inmate ██████████ - Referred on 7/03. Not seen as of 7/15. inmate ██████████ - Referred on 7/03. Not seen as of 7/15. inmate ██████████ - Referred on 6/14, 6/18, and 6/20. As of 7/15 none of the issues had been addressed yet by a Provider.	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			7/29/2013 3:12 PM Entered By: Marlana Bedoya	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: Marlana Bedoya Date: 7/29/2013 2:52:59 PM

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.Process to address access to care, to include but not limited to:
 - a.Scheduling patients
 - b.Staffing

- 2.In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1
Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all inmates (Sick Call Attachment); and site specific process

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

- 3.Monitoring (Sick Call Audit Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

2 Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]

Level 1 Amber User: Marlana Bedoya Date: 7/31/2013 1:37:26 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.

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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.

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

Level 1 Amber User: Marlina Bedoya Date: 7/31/2013 2:26:56 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]		X		<p>7/11/2013 8:42 AM Entered By: Trudy Dumkrieger inmate ██████ 12/12 UPH admission recommendation to be evaluated by GI, to have a BE and colonoscopy via ileostomy. Urgent consult written 12/31/12 approved 3/13/13. Has not been seen or scheduled yet.</p> <p>inmate ██████ Seen by urology 1/30/13 secondary to testes mass and possible urethral stricture. Plan scrotal ultrasound, puruv cystoscopy. Consults submitted 3/26/13 still pending.</p> <p>inmate ██████ Consult for EMG/NCV written 3/29/13, approved 4/19/13. Not seen by 7/3/13.</p> <p>inmate ██████ Cardiology follow up approved 2/7/13 not seen by 7/3/13.</p> <p>inmate ██████ Urgent consult 2/20/13 approved 3/13/13 not seen by 7/3/13.</p> <p>inmate ██████ Urgent urology consult written 5/10/13, approved 5/15/13. Has not been seen as of 7/8/13.</p> <p>inmate ██████ Cardiology consult 6/6/13 for syncopal episodes. The response on 6/6/13 was to resubmit the cardiology consult after he had a walking EKG but had no place to send him for the EKG. The have now found a place to do it. CT spine 4/26/13 On 5/2/13 resubmit. Had neurosurgery C6-7 subluxation secondary to fall. F/U after C5-T2 fusion, C8-7 laminectomy, C6-7 Lt. facetectomy to TX tramatic C6-7 subluxation. Written 2/11 approved 3/12/13 none scheduled as of 7/8/13. The neuro visit is approved but they want an MRI done first. Before the MRI can be done they have to check with the neuro surgeon to see if the plates and screws are titanium.</p> <p>inmate ██████ .Ophthamology consult for F/U one month Open angle glaucoma written 1/22/13 approvd 4/9/13, not seen by 7/11/13.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>7/26/2013 11:32 AM Entered By: Trudy Dumkrieger No provider review at IPC.</p> <p>7/24/2013 10:45 AM Entered By: Trudy Dumkrieger Santa Rita 57 charts for provider review.</p> <p>inmate ██████ CXR report dated 7/1/13 n ot reviewed by 7/24/13.</p> <p>inmate ██████ CXR report dated 7/2/13 not reviewed by 7/24/13.</p> <p>inmate ██████ Opthomology consult report. Date of service 7/5/13 not reviewed by 7/24/13.</p> <p>inmate ██████ Labs reported 7/13/13 not reviewed by 7/24/13.</p> <p>inmate ██████ Labs reported on 7/18/13 not reviewed by 7/24/13.</p> <p>inmate ██████ Labs reported on 7/17/13 not reviewed by 7/24/13.</p> <p>inmate ██████ Labs reported on 4/24/13 not reviewed by 7/24/13.</p> <p>inmate ██████ Abnormal labs reported on</p>	2

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7/4/13 not reviewed by 7/24/13.
inmate [redacted] Labs reported 6/26/13 not reviewed by 7/24/13.
inmate [redacted] Labs reported 7/4/13 not reviewed by 7/24/13.

7/23/2013 2:08 PM Entered By: Trudy Dumkrieger
Winchester has 42 charts for providers review.
inmate [redacted] CXR report from 3/26/13 not reviewed by 7/23/13.
inmate [redacted] Renala Consult DOS 4/22/13 not reviewed by 7/23/13.
Young Orthopedica aConsult report DOS 5/23/13 not reviewed by 7/23/13.
inmate [redacted] UPH ER report of 7/9/13 HX of Colon CA. DX Gastrointestinal hemorrhage. Recommend fu with gastroenterology within one week. Not reviewed as of 7/23/13.
inmate [redacted] Methadone renewal.
inmate [redacted] Consult 6/11/13 TSLH for chest pain not reviewed 7/23/13.
inmate [redacted] Out side records regarding Bells Palsy recieved 5/6/13 not reviewed 7/23/13.
inmate [redacted] Out side jail records received 5/6/13 not reviewed 7/23.13.

7/18/2013 12:56 PM Entered By: Trudy Dumkrieger
Cimarron had no provider review charts.

7/17/2013 11:33 AM Entered By: Trudy Dumkrieger
Whetstone
inmate [redacted] PharmaCorr message that three medications need non-formulary. Message dated 7/5/13 not reviewed by 7/16/13.
inmate [redacted] HNR submittede 6/28/13 stating that his inhaler had expired and he was having problems breathing. Not reviewed by 7/16/13.
inmate [redacted] X-ray report done 7/3/13 not reviewed by 7/16/13.
inmate [redacted] . Labs resulted 5/22/13 not reviewed by 7/16/13.
inmate [redacted] HNR submitted 6/12/13 requesting an inhaler for asthma (CC) was waiting for CC visit. (Last CC visit 6/26/12).
inmate [redacted] Returned from UPH 7/12/13 chart not reviewed by provider as of 7/16/12.

Manzanita 63 charts for provider review.
inmate [redacted] Non formulary written 5/20/13 denied 6/12/13 not reviewed as of 7/16/13.
inmate [redacted] Opthomology consult dated 7/2/13 not reviewed as of 7/16/13.
inmate [redacted] Non-formulary for three eye meds submitted 6/25/13. Pre-surgical no response located.
inmate [redacted] Consult from Dr.Fabisoff Carpal tunnel. Seen 5/21/13 not reviewed by 7/15/13.
inmate [redacted] GI consult 5/22/13 not reviewed by 7/15/13.
inmate [redacted] Medication expired 5/31/13. Renewal not reviewed by 7/15/13.
inmate [redacted] Orthotics consult. Seen 5/23/13 not reviewed 7/15/13.
inmate [redacted] Lab resulted 6/6/13 and x-ray 6/3/13 not reviewed by 7/15/13.

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				<p>inmate [redacted] Labs 5/30/13 not reviewed 7/15/13.</p> <p>inmate [redacted] Non-formulary for eye drops pre-surgical submitted 7/1/13 No response.</p> <p>Catalina 34 charts for providers review.</p> <p>inmate [redacted] Consult report from 6/29/11 re: pineal cyst like lesion that was requested and received 5/30/13 not reviewed by 7/15/13.</p> <p>inmate [redacted] Labs done 3/27/13 and old records not reviewed by 7/15/13.</p> <p>inmate [redacted] request for m-score change.</p> <p>inmate [redacted] Hnr for medication renewal not reviewed by 7/15/13.</p> <p>inmate [redacted] PT/INR from 6/12 and 7/1/13 not reviewed by 7/15/13.</p> <p>inmate [redacted] Consult 6/16/13 dermat biopsy not reviewed by 7/15/13.</p> <p>inmate [redacted] Calciferol ordered 7/10/13 faxed back 7/10/13 need a non-formulary. Not reviewed by 7/15/13.</p> <p>7/11/2013 3:06 PM Entered By: Trudy Dumkrieger</p> <p>Rincon 53 charts for providers review.</p> <p>inmate [redacted] Lab from 6/22/13 not reviewed by 7/10/13.</p> <p>inmate [redacted] HNR dated 6/20/13 re X-RAY report of fingers . Not answered by 7/10/13. Report was dated 6/10/13, reviewed by provider 6/17/13.</p> <p>inmate [redacted] CXR reported 6/27/13 not reviewed by 7/10/13.</p> <p>inmate [redacted] Medication renewal printed 5/16/13 for lovastatin not reviewed by 7/10/13.</p> <p>inmate [redacted] Labs 6/21/13 not reviewed 7/10/13.</p> <p>inmate [redacted] Labs drawn 6/29/13 not reviewed by 7/10/13.</p> <p>inmate [redacted] Order for tennis shoes needs consult written.</p> <p>Minors/CDU No provider review charts.</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>7/23/2013 2:52 PM Entered By: Trudy Dumkrieger</p> <p>Still need another urologist.</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>7/17/2013 11:35 AM Entered By: Trudy Dumkrieger</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>7/29/2013 10:17 AM Entered By: Trudy Dumkrieger</p> <p>7/24/2013 10:45 AM Entered By: Trudy Dumkrieger</p> <p>7/23/2013 2:53 PM Entered By: Trudy Dumkrieger</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: Trudy Dumkrieger Date: 7/11/2013 8:42:00 AM

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: Trudy Dumkrieger Date: 7/26/2013 11:32:57 AM

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.

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: Trudy Dumkrieger Date: 7/23/2013 2:52:59 PM

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

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Corrective Actions: October Action plan submitted by Corizon-

1. Retrain FHA/DONs on ED management and expectations
 - a. Agenda/sign off sheet to verify
2. Develop a site level process to assure, but not limited to:
 - a. ED log completed and submitted daily to Regional office
 - b. Access to custody transport logs
 - c. Access to AIMS
3. Train site staff on ED management and expectations
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
4. Review ED activity daily (in AM) with FHA/DON/MD (lead provider in absence of MD) to determine patient status and appropriate treatment plan
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
5. Regional staff conduct weekly review of compliance to daily submission and appropriate patient disposition
6. Monitoring tool developed for self-monitoring and submission to site management and regional CQI
7. Initiation of monitoring tools at sites
8. 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 = VPO/ARMD/RDON/RVP/FHA/DON/MD/RDCQI

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 – ED log sent to Regional office daily.

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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			7/24/2013 7:30 AM 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>7/24/2013 7:41 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests & HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Red- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity and mortality and maintain continuity of care.</p> <p>A) HSTM 4.1.6 Non-Formulary drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. July 2013 Non formulary Drug Requests – Non-Formulary Reports indicate: 1223 Non-Formulary medications expiring for 1038 patients.</p> <p>B) HSTM4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to the morbidity or mortality and so that the inmate population receives continuity of care. Medication should be renewed prior to the expiration date to provide continuity of care. July Formulary Report indicates: 8072 formulary medications for 4598 patients expiring in July.</p> <p>C) Total expiring medications for July: 9295 medication for 5636 patients. Tucson The facility must be aware of the necessity of renewing prescriptions in a timely manner as not to negatively impact the continuity of care. There have been some recent documentation errors for Tramadol and Norco. I'm on Santa Rita today. Out of just "one" alphabet section in the MAR book, attached is what I found. The MARS are so messed up that I copied them all and highlighted, and thought I would send them to you to look at. I didn't even highlight the part on the far left where the Physician name, dates, and who took the order off should be. I highlighted on missed or non-documented doses.</p> <p>When I went in to ask the Nurse about an Officer observing med line because I didn't see one, she said to me as she opened the top drawer of the med cart "Well, right now we're just doing Coumadins and I'm having</p>	2

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				<p>to rob from Peter for Paul". I said you mean you are taking from another IMs card, and she said "Yes, we don't have a choice cause you can't just stop a person on these medications." I said "but in the end what will happen to the IMs card you're taking from" and she just shrugged her shoulders. I have copies of the two IMs MARS which I can scan to you. Yesterday and today, she stated she took (2)-#4s, and (2)-#1s from IM inmate [redacted] card, and gave them to inmate [redacted]. I asked her about her RDSA. She said what is an RDSA? She didn't even know she had back up meds. We did find Coumadin in there she could have used. In looking into that, I found a locked cabinet NOT in the med room where Psychotropics and other back up meds are kept. There is literally no room in the medication room. The cabinet is physically located in an office, but after hours the office is locked and the cabinet is locked and only the Nurse's keys have a key to that cabinet. There is a double lock redundancy after hours, but shouldn't they make the effort to get those meds in the medication room?</p> <p>Next, I asked Nursing if after (3) no shows for medications, if they are notifying the Physicians and they told me that they have been instructed to NOT do this regarding MH meds because MH is so short staffed that they won't get to them anyway.</p>	
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		7/24/2013 7:41 AM 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 Red User: Martin Winland Date: 7/24/2013 7:41:25 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Expired Medications (Appendix I.1.a.)
- b. Re-order medications
- c. Invalid chart orders (Appendix I.1.c.)
 - i. Therapeutic dose ranges
 - ii. Dose changes must have supporting documentation
- d. Non-formulary process (Appendix I.1.d.)

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- 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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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notification	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			7/30/2013 3:45 PM Entered By: Steve Bender A review of (108) medical records found (8) HNR's for mental health or psychiatry services. All of them had been triaged within the required (24) hour time frame.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		7/30/2013 3:48 PM Entered By: Steve Bender A review of (108) medical records found (22) referrals to a psychiatric provider. None of these referrals had been seen within the designated (7) day time frame. The main focus of psychiatry is seeing the inmates every (3) months.	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		7/30/2013 3:53 PM Entered By: Steve Bender A review of (58) medical records for MH3 inmates found (13) which did not have a required treatment plan. A review of (50) medical records for inmates identified as SMI found (8) which did not have an updated treatment plan. These results were provided to the assigned clinician at every unit except for Whetstone.	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		7/30/2013 4:00 PM Entered By: Steve Bender A review of (58) medical records of MH3 inmates found (8) who had not been seen by either mental health or psychiatry staff during the past (3) months. A review of (50) medical records of inmates identified as SMI found (18) which had not been seen by mental health staff during the past (30)days as required by ADC policy. These results were provided to the assigned unit clinician at all of the units except for Whetstone.	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		7/30/2013 4:03 PM Entered By: Steve Bender A review of (108) medical records for inmates receiving psychotropic medication found (20) which had not been seen during the past (3) months. This is a significant improvement over the past months findings. There has been a concerted effort at this complex to bring this performance factor into compliance.	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		7/30/2013 4:11 PM Entered By: Steve Bender The Regional Release Planner has been making a concerted effort to see all MH3 inmates scheduled for release over the next (90) days. She is also responsible for release planning at (3) other major complexes. However, due to the number of MH3 inmates being released each month it	2

is unrealistic for her to see all of them scheduled for release.

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: 7/30/2013 3:47:29 PM

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: 7/30/2013 3:52:17 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

b. Review AIMS and update when changes in MH status

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

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

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

Level 2 Amber User: Steve Bender Date: 7/30/2013 3:59:25 PM

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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: 7/30/2013 4:02:50 PM**

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: 7/30/2013 4:10:30 PM**

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
 - 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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Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]			X	<p>7/30/2013 11:38 AM Entered By: Marlana Bedoya</p> <p>There have been nine Minor IM intakes since June 01, 2013. They are listed below. Per NCCHC (Essential) standard Y-E-02, a receiving screening is performed on all juveniles UPON ARRIVAL at the intake facility, to ensure that emergent and urgent health needs are met. This is the screening portion of the exam. The disposition for placement within the IM population is also determined. This is the medical clearance portion of the exam.</p> <p>Dates that labs were obtained and reviewed are in parens below for each newly arriving IM for the past two months. None of them, if performed, met appropriate standards.</p> <p>inmate [redacted] - Arrived 6/05. (Drawn 6/11 - Reviewed 6/21).</p> <p>inmate [redacted] - Arrived 6/05. (Complete labs still not in chart, only a UA dip).</p> <p>inmate [redacted] - Arrived 6/12. (Drawn 6/18 - Reviewed 7/11).</p> <p>inmate [redacted] - Arrived 6/20. (Drawn 7/16 - Reviewed 7/25).</p> <p>inmate [redacted] - Arrived 6/26. (Drawn 7/02 - Reviewed 7/11).</p> <p>inmate [redacted] - Arrived 6/27. (Drawn 7/16 - Reviewed 7/25).</p> <p>inmate [redacted] - Arrived 7/10. (No labs are in the chart as having been drawn or reviewed by a Provider).</p> <p>inmate [redacted] - Arrived 7/17. (No labs are in the chart as having been drawn or reviewed by a Provider).</p> <p>inmate [redacted] - Arrived 7/17. (No labs are in the chart as having been drawn or reviewed by a Provider).</p>	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]			X	<p>7/30/2013 11:49 AM Entered By: Marlana Bedoya</p> <p>Per NCCHC (Essential) standard Y-E-02, receiving screening personnel will perform a screening to identify dental problems. This includes a Panoramic Xray.</p> <p>inmate [redacted] - Arrived 6/05. (Complete).</p> <p>inmate [redacted] - Arrived 6/05. (Complete).</p> <p>inmate [redacted] - Arrived 6/12. (Complete).</p> <p>inmate [redacted] - Arrived 6/20. (Complete).</p> <p>inmate [redacted] - Arrived 6/26. (Has not been seen by Dental yet).</p> <p>inmate [redacted] - Arrived 6/27. (Complete).</p> <p>inmate [redacted] - Arrived 7/10. (Has not been seen by Dental yet).</p> <p>inmate [redacted] - Arrived 7/17. (Has not been seen by Dental yet).</p> <p>inmate [redacted] - Arrived 7/17. (Has not been seen by Dental yet).</p>	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]			X	<p>7/30/2013 12:04 PM Entered By: Marlana Bedoya</p>	1

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				<p>Per NCCHC (Essential) standard Y-E-02, a receiving screening is performed on all juveniles UPON ARRIVAL. A part of the exam screens for communicable illness symptoms. This is the screen testing for tuberculosis.</p> <p>inmate [REDACTED] - Arrived 6/05. (Planted 7/08 - Read 7/10).</p> <p>inmate [REDACTED] - Arrived 6/05. (Completed TB Symptomology check list – prior converter).</p> <p>inmate [REDACTED] - Arrived 6/12. (No documentation is in the chart regarding a PPD).</p> <p>inmate [REDACTED] - Arrived 6/20. (PPD from Pima Co Jail used, dtd 12/07/12).</p> <p>inmate [REDACTED] - Arrived 6/26. (Planted 7/08 - Read 7/10).</p> <p>inmate [REDACTED] - Arrived 6/27. (PPD from Mojave Co Jail used, dtd 12/20/12).</p> <p>inmate [REDACTED] - Arrived 7/10 (No documentation is in the chart regarding a PPD).</p> <p>inmate [REDACTED] - Arrived 7/17. (No documentation is in the chart regarding a PPD).</p> <p>inmate [REDACTED] - Arrived 7/17. (No documentation is in the chart regarding a PPD).</p>	
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X		7/30/2013 12:04 PM Entered By: Marlana Bedoya	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X		7/30/2013 12:05 PM Entered By: Marlana Bedoya N/A. There are no female IMs at the Complex. 7/29/2013 10:34 AM Entered By: Marlana Bedoya N/A for Tucson. There are no female IMs on the entire complex.	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X		7/30/2013 12:05 PM Entered By: Marlana Bedoya	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only		X	7/30/2013 12:13 PM Entered By: Marlana Bedoya NO they are not. IMs are being seen far past the initial intake date, if they have been seen at all. inmate [REDACTED] - Arrived 6/05. (Not seen by Dental until 6/27). inmate [REDACTED] - Arrived 6/05. (Not seen by Dental until 6/13). inmate [REDACTED] - Arrived 6/12. (Not seen by Dental until 6/25). inmate [REDACTED] - Arrived 6/20. (Not seen by Dental until 6/27). inmate [REDACTED] - Arrived 6/26. (Has not	1

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		X			been seen by Dental yet). inmate ██████████ - Arrived 7/10. (Has not been seen by Dental yet). inmate ██████████ - Arrived 7/17. (Has not been seen by Dental yet). inmate ██████████ - Arrived 7/17. (Has not been seen by Dental yet).	
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]	X			7/30/2013 12:14 PM Entered By: Marlena Bedoya There was one IM in June/July that transferred with medications. A thirty day supply was forwarded.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Section 2.0.4.2]	X			7/30/2013 12 14 PM Entered By Marlena Bedoya	1

Corrective Action Plans for Performance Measure: Intake (Reception)

1 Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]
Level 1 Red User: Marlena Bedoya Date: 7/30/2013 11:37:41 AM

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

Corrective Actions: Intake process for minors will follow the same flow as Alhambra intake process for medical screening.

2 Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]
Level 1 Red User: Marlena Bedoya Date: 7/30/2013 11:48:40 AM

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

Corrective Actions: The intake process for minors at Tucson will follow the same flow as Alhambra.

3 Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]
Level 1 Red User: Marlena Bedoya Date: 7/30/2013 12:03:35 PM

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

Corrective Actions: Reinforce the need for PPD planting and read on intake (and/or acceptable alternative d/t the shortage of tuberculin).

7 Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only
Level 1 Red User: Marlena Bedoya Date: 7/30/2013 12:12:14 PM

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

Corrective Actions: Dental emergencies will be seen within 24 hours.

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No Shows						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]		X		<p>7/30/2013 2:59 PM Entered By: Marlena Bedoya DO 1101 states: Health Services staff shall notify the shift supervisor within (4) hours about IMs who do not appear for their scheduled appointments. The Shift Supv will investigate. If the IM refuses, security staff shall bring the IM to the Health Unit to be counseled and sign a Refusal to Submit to Treatment form.</p> <p>HSTM Chapter 5 states: HNR requests cannot be canceled by the IM without coming to Medical to complete the Refusal to submit to Treatment form.</p> <p>There should be a refusal form filled out and signed appropriately, and a short note in the chart as well.</p> <p>SANTA RITA:</p> <p>There were no "No Shows" recorded on any of the daily appointment sheets in July.</p> <p>WINCHESTER:</p> <p>inmate [redacted] - No show dtd 7/05, NO refusal in chart. No Note in chart.</p> <p>inmate [redacted] - No show dtd 7/03, NO refusal in chart. No Note in chart.</p> <p>inmate [redacted] - No show dtd 7/03, NO refusal in chart. No Note in chart.</p> <p>inmate [redacted] - IM marked as a No Show on appointment sheet. Could find no HNRs, but a refusal was in the chart dtd 7/02 and the (Related Diagnosis) line was blank. There was no note therefore; there is no way to track what he was refusing.</p> <p>inmate [redacted] - IM marked as a No Show on appointment sheet. Could find no HNRs, but a refusal was in the chart dtd 7/02 and the (Related Diagnosis) line was blank. There was no note therefore; there is no way to track what he was refusing.</p> <p>CIMARRON:</p> <p>inmate [redacted] - Refusal documented dtd 7/23, Refusal in chart. No Note in chart.</p> <p>inmate [redacted] - Refusal documented dtd 7/16, Refusal in chart. No Note in chart.</p> <p>inmate [redacted] - Refusal documented dtd 7/02, Refusal in chart. No Note in chart.</p> <p>inmate [redacted] - Refusal documented dtd 7/12, Refusal in chart. No Note in chart.</p> <p>inmate [redacted] - Refusal documented dtd 7/09, Refusal in chart. No Note in chart.</p> <p>inmate [redacted] - Refusal documented dtd 7/09, Refusal in chart. No Note in chart.</p> <p>inmate [redacted] - Refusal documented</p>	1

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dtd 7/09, No Refusal in chart. Note in chart.

inmate [REDACTED] - Refusal documented dtd 7/06, No Refusal or note in chart for Nursing line. IM was seen by Provider on 7/08.

MINORS:

There were no "No Shows" recorded on any of the daily appointment sheets in July.

RINCON WEST MEDICAL:

inmate [REDACTED] - Refusal documented dtd 7/10, No Refusal in chart. No Note in chart.

inmate [REDACTED] - Refusal documented dtd 7/09, No Refusal in chart. Note in chart.

inmate [REDACTED] - Refusal documented dtd 7/08, Refusal in chart. No Note in chart.

WHETSTONE:

inmate [REDACTED] - No show documented dtd 7/08, No Refusal in chart. NO Note in chart.

inmate [REDACTED] - No show documented dtd 7/05, No Refusal in chart. No Note in chart.

inmate [REDACTED] - No show documented dtd 7/08, No Refusal in chart. No Note in chart.

inmate [REDACTED] - No show documented dtd 7/05, No Refusal in chart. No Note in chart.

inmate [REDACTED] - No show documented dtd 7/05, No Refusal in chart. No Note in chart.

inmate [REDACTED] - No show documented dtd 7/05, No Refusal in chart. No Note in chart.

inmate [REDACTED] - No show documented dtd 7/05, No Refusal in chart. No Note in chart.

inmate [REDACTED] - No show documented dtd 7/09, No Refusal in chart. No Note in chart.

CATALINA:

inmate [REDACTED] - No show documented dtd 7/10, No Refusal in chart. No Note in chart.

inmate [REDACTED] - Treatment refusal documented dtd 7/10, No Refusal in chart. No Note in chart.

MANZANITA:

There were no "No Shows" logged on appointment sheets, only refusals.

inmate [REDACTED] - Refusal documented dtd 7/01, Refusal in chart. No Note in chart.

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2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]		X		7/30/2013 1:01 PM Entered By: Marlana Bedoya I could find no proof that a report is being sent sent to any DW on any yard regarding no shows.	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]		X		7/31/2013 8:58 AM Entered By: Marlana Bedoya For this performance measure, medication MARS from each unit were analyzed. If a MAR had an (R) marked on it, or the date was totally blank with no documentation at all when a dose was to be administered, the IMs chart was pulled to see if a refusal was signed. If there were three (R's) or No shows documented, this Monitor also checked to see if a note had been written by the Nurse indicating the Provider had been notified and/or the chart had been put on the Provider review shelf to possibly receive new orders or DC the medication. Below are the findings per yard. SANTA RITA: inmate [REDACTED] - Refusals were indicated on the MAR for 7/14, 19, 20, 21. No refusals, and no note was found in the chart. inmate [REDACTED] - Refusals were indicated on the MAR for 7/03, 04, 17, 18, 19, 20, 22. No refusals, and no note was found in the chart. IM is an MH3 + meds that suffers from Paranoid Schizophrenia. inmate [REDACTED] - No documentation on the MAR for 7/11, 12, 13, 14, 15, 17, 18. No refusals, and no note was found in the chart. inmate [REDACTED] - No documentation on the MAR for 7/01-13, 15, 17, 18, 21, AND No shows on 7/05 & 7/06. No refusals, and no notes were found in the chart. inmate [REDACTED] - No documentation on the MAR for 7/01-04, 06-13, 15-22, AND No show on 7/14. No refusals, and no notes were found in the chart.	1

inmate [REDACTED] - No documentation on the MAR for 7/01-04, 07-13, AND No show on 7/14, AND refused 7/05-06. No refusals, and no notes were found in the chart.

WINCHESTER:

In speaking with Nurses on the Unit, they state that the majority of their No Shows are for MH medications, and they have been told by MH to not notify them regarding non-compliance as they do not have the adequate staffing to address the issue at this time.

CIMARRON:

In speaking with Nurses on the Unit, they state that the majority of their No Shows are for MH medications, and they have been told by MH to not notify them regarding non-compliance as they do not have the adequate staffing to address the issue at this time.

RINCON MINORS:

inmate [REDACTED] - Refusal documented on 7/17. No refusal or note in chart. Also, Metronidazole was given 2 days past the stop date indicated on the MAR.

inmate [REDACTED] - There was no documentation on the MAR at all for 7/05. Refusals documented for 7/09, 10, 11, 12, 14, 15, & 16. There was only one Refusal signed for 7/14. No notes were in the chart for any of the occurrences.

inmate [REDACTED] - There was no documentation on the MAR at all for 7/04 & 7/05. No refusals or notes in chart.

inmate [REDACTED] - There was no documentation on the MAR at all for 7/03, 7/04, 7/05 & 7/08 - 7/27. No refusals or notes in chart.

inmate [REDACTED] - There was no documentation on the MAR at all for 7/17 - 7/21. No refusals or notes in chart.

inmate [REDACTED] - There was no documentation on the MAR at all for 7/02-05, 7/08-12. Per documentation med was refused on 7/13-7/15, 7/23 & 24. The Rx stop date was documented as 7/13. There were no refusals or notes in chart.

inmate [REDACTED] - There was no documentation on the MAR at all for 7/02-05, 7/09-12, 7/16-19, and 7/25 & 26. There were no refusals or notes in chart.

inmate [REDACTED] - Refusal documented on 7/15. No refusal or note in chart.

RINCON CDU:

inmate [REDACTED] - Order was written on 7/16 to increase this IMs Prozac from 20mg to 40mg. No stop date was indicated on the MAR. As of 7/26 the IM had still not received his medications. The previous order ended on 7/16 therefore; the IM had been without his meds for 10 days.

inmate [REDACTED] - Refusals documented on 7/08 - 09. There was no documentation at all on 7/15-17, 7/24-26. There were no refusals or notes in chart.

inmate [REDACTED] - Med marked as "Not available", or "No Show" on 7/02-04. IM is in CDU. There is no way that he can be a no show. There was no documentation on the MAR at all for 7/05-7/10 & 7/19.

There were no refusals or notes in chart.

inmate [REDACTED] - There was no

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				<p>documentation on the MAR at all for 7/06, 10, & 11. There were no refusals or notes in chart.</p> <p>inmate [REDACTED] - There was no documentation on the MAR at all for 7/01-05. There were no refusals or notes in chart.</p> <p>inmate [REDACTED] - Refusals documented 7/11 - 18, 20-23, 25-26. There were no refusals or notes in chart.</p> <p>MANZANITA:</p> <p>inmate [REDACTED] - Refusals documented 7/03-7/11. Refusals in chart for all dates, but no note. There was no documentation on the MAR at all for 7/12-14. There was a refusal for 7/12, but no refusal or note found for 7/13 & 14.</p> <p>inmate [REDACTED] - There was no documentation on the MAR at all for 7/14. No refusal or note in chart.</p> <p>inmate [REDACTED] - Refusals documented 7/10. There was no documentation at all on the MAR for 7/14. There were no refusals or notes in chart for these two dates.</p> <p>inmate [REDACTED] - There was no documentation on the MAR at all for 7/03 & 7/08. Refusals on 7/10 & 7/12. For these dates no refusal or note in chart.</p> <p>inmate [REDACTED] - Refusals documented 7/10. No refusal or note in chart.</p> <p>inmate [REDACTED] - Refusal documented 7/04, and no documentation on MAR at all for 7/08, 7/12-14 & 7/16. No refusals or notes in chart.</p> <p>inmate [REDACTED] - There was no documentation on the MAR at all for 7/12 - 15. No refusals or notes in chart.</p>	
4	<p>Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]</p>		X	<p>7/31/2013 9:47 AM Entered By: Marlena Bedoya</p> <p>SANTA RITA: There were no "No Shows" indicating a need to be rescheduled on the appointment logs in July.</p> <p>WINCHESTER: The following IMs were found to need follow up actions, that were not scheduled. All were brought to the attention of the Nursing Supervisor.</p> <p>inmate [REDACTED] inmate [REDACTED] inmate [REDACTED] inmate [REDACTED]</p> <p>CIMARRON: There were no "No Shows" indicating a need to be rescheduled on the appointment logs in July.</p> <p>RINCON MINORS: There were no "No Shows" indicating a need to be rescheduled on the appointment logs in July.</p> <p>RINCON WEST MEDICAL: The following IM was found to need follow up actions, and was not scheduled. It was brought to the attention of the Nursing Supervisor.</p> <p>inmate [REDACTED]</p> <p>WHETSTONE: The following IMs were</p>	1

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			<p>found to need follow up actions, and were not scheduled. It was brought to the attention of the Nursing Supervisor.</p> <p>inmate [REDACTED] inmate [REDACTED] inmate [REDACTED] inmate [REDACTED]</p> <p>CATALINA: The following IMs were found to need follow up actions, and were not scheduled. It was brought to the attention of the Nursing Supervisor.</p> <p>inmate [REDACTED] inmate [REDACTED] inmate [REDACTED]</p> <p>MANZANITA: There were no "No Shows" indicating a need to be rescheduled on the appointment logs in July.</p>	
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Corrective Action Plans for Performance Measure: No Shows

1 Are No-Shows being brought to health unit to sign a refusal?

[DO 1101, HSTM Chapter 5, Section 7.1]

Level 1 Amber User: Marlana Bedoya Date: 7/30/2013 2:58:26 PM

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

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

Responsible Parties= RN/LPN

Target Date = 11/30/13

2 Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]

Level 1 Amber User: Marlana Bedoya Date: 7/30/2013 1:00:34 PM

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

Corrective Actions: Reinforce the need to health services staff to provide a list of those inmates that were a no-show to the DW as per policy.

3 Are providers being notified of medication line No-Shows?

[DO 1101, HSTM Chapter 5, Section 7.1]

Level 1 Amber User: Marlana Bedoya Date: 7/31/2013 8:58:09 AM

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

Corrective Actions: Providers are given a copy of the MAR during their visit with inmate, so they can see that inmate's did not receive their medications.

4 Are No-Shows being rescheduled if medically indicated?

[DO 1101, HSTM Chapter 5, Section 7.1]

Level 1 Amber User: Marlana Bedoya Date: 7/31/2013 9:47:06 AM

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

Corrective Actions: Reinforce with staff that no-shows need to be rescheduled for missed appointments. Continue to monitor.

Responsible Parties= RN/LPN

Target Date = 11/30/13

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Communications of Patients Health Needs						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are security staff (Wardens & Shift Commanders) being notified of an inmate's special needs that may affect housing, work, program assignments, disciplinary measures, transfers-communication is documented (Special Needs Form)? [NCCHC Standard P-A-08]	X			7/23/2013 2:54 PM Entered By: Trudy Dumkrieger	1
2	Is security given brief written instructions regarding appropriate interventions for medical emergencies that may arise from a chronic condition? [NCCHC Standard P-A-08]		X		7/12/2013 12:43 PM Entered By: Trudy Dumkrieger Per discussion with Warden they don't have written instructions. This is in the works per DON.	1

Corrective Action Plans for Performance Measure: Communications of Patients Health Needs

2 Is security given brief written instructions regarding appropriate interventions for medical emergencies that may arise from a chronic condition? [NCCHC Standard P-A-08]

Level 1 Amber User: Trudy Dumkrieger Date: 7/12/2013 12:43:08 PM

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

Corrective Actions: This is covered in the Officers' CARE Class.

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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			7/12/2013 12:44 PM Entered By: Trudy Dumkrieger	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			7/17/2013 11:36 AM Entered By: Trudy Dumkrieger	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		7/17/2013 11:37 AM Entered By: Trudy Dumkrieger Yes but not all yards are utilizing it yet.	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		<p>7/31/2013 2:41 PM Entered By: Trudy Dumkrieger Rincon inmate [redacted] Citalopram KOP #30 signed as given on 7/15, 7/18, and 7/23. There is then a note on the MAR that the IM got out of prison 7/20/13. Per AIMS the IM actually got out of prison 3/1/13. Meds were reordered by Dr.Winsky on 5/24/13.</p> <p>7/26/2013 11:30 AM Entered By: Trudy Dumkrieger IPC inmate [redacted] page 1 good, page 2 propranolol not signed Xs 2 on pm, page 3 lasix blank on 11th, lisinopril blank on the 11th. inmate [redacted] Good inmate [redacted] Good inmate [redacted] Page 1 good, page 2 QVAR circled why?, page 3 and 4 good. inmate [redacted] page 1 no DOC number otherwise good. inmate [redacted] 3 pages good inmate [redacted] must have order to hold medication prior to dialysis inmate [redacted] Good inmate [redacted] Good, signed refusals in book. inmate [redacted] Good.</p> <p>7/24/2013 11:16 AM Entered By: Trudy Dumkrieger Santa Rita inmate [redacted] Insulin Flowsheets no ordering providers name, no DOB, no signature of nurse verifying orders. inmate [redacted] Cogentin not signed off on the 1st or 2nd. also blank PMS 7.9/10/12,13. Fluoxetine not signed off the 1st or 2nd,Respiridone not signed off the 1st or 2nd. It was order in the PM but given days on the 3rd and 4th. Not signed for on 9th and 10th. inmate [redacted] All KOPS signed off Good. inmate [redacted] Zyprexa and cogentin: No providers name, no transcr bers initials, meds not signed off on 1,2 or 16. inmate [redacted] Psyche meds blank 9,10,12,13,15-18,then refused.</p>	1

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inmate [redacted] Meds not signed off 11-18.
inmate [redacted] Sinemet no providers name, no start/stop date, nothing signed off, KOP vs DOT. No transcribers initials.
inmate [redacted] no allergies Resperdal no providers name, Zolofit no providers name, no stop dates, meds not signed off most of the time no allegies inmate [redacted] Blank 7/1/13 thru 7/4/13 maarked NS on the 5th and 6th, blank 7-13, marked NS on the 14th blank 7/15-7/23.

7/23/2013 2:47 PM Entered By: Trudy Dumkrieger
Winchester
inmate [redacted] PG 1 good, page 2 KOPS not signed off.
inmate [redacted] Amytriptyline: 2 days blank, 4 refusals (only two in med book), KOPS not signed off.
inmate [redacted] No KOPS signed off.
inmate [redacted] Benzotropine refusing, refusals in med book (good), KOP not signed off.
inmate [redacted] Amitriptyline ordered 5/23/13 good thru 7/22/13 marked not available 7/13 thru 7/22/13. Cogentin frequent NS, or blank.
inmate [redacted] tegretol marked no show then given, then absent. KOPS not signed off.
inmate [redacted] All meds are hit and miss. The 1st is blank, the second is a no show, the third signed in the AM but not the PM. 4th and 5th given, the 6th and 7th a no show, 8th and 9th given, 10th and 11th refused, then given for three days, then absent for one then blank for two then absent in the AM but given in the PM for two days then NS qall day then again a combination of absent and given.
inmate [redacted] Refusing psyche meds since 7/1/13. Only 6 refusals in med book.
inmate [redacted] Nortriptyline ordered 7/1/13 marked NA from 7/5-7/14.
inmate [redacted] Tegretol ordered 7/19/13 has not been started as of 7/23/13. Also no stop date.
inmate [redacted] Good.
inmate [redacted] Resperdal and depakote orders written 7/13/13. No start date or stop date. Depakote has not been started as of 7/23/13.

7/18/2013 1:05 PM Entered By: Trudy Dumkrieger
Cimarron
inmate [redacted] KOPS not signed off other wise good.
inmate [redacted] Good.
inmate [redacted] no allergies KOP not signed off.
inmate [redacted] Baclofen no stop date. Order written 7/11/13 not started until 7/16/13.
inmate [redacted] Tegretol no stop date on order#1, no start date on next. Prozac ordered 7/9/13 no start/stop date, unable to tell if its a KOP or DOT as it is over written. Nortriptyline start date 7/5/13 nothing signed off until 16th.
inmate [redacted] Good

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inmate [redacted] Psych meds no start/stop date, no DOB.
inmate [redacted] No start/stop date on psych meds. Blank on 3rd and 8th, marked no show 4th-7th, and 12th,
inmate [redacted] Good job. inmate [redacted] Nortriptyline ordered 6/26/13. & 7/1-7/13 blank, 7/4-7/7 NS, 7/8 blank.
inmate [redacted] Good.

7/17/2013 11:32 AM Entered By: Trudy Dumkrieger Whetstone

inmate [redacted] Good.
inmate [redacted] No DOB, no allergies, no transcribers initials, no providers name on the Ibuprofen, no stop date.
inmate [redacted] Good.
inmate [redacted] No allergies, no DOB, no transcribers initials, no start date.
inmate [redacted] The following meds were ordered 7/9/13. Norco ii tabs start date "when arrives" stop date "7 days from arrival". IBU start 7/9/13 stop 7/23/13. Niether medication signed off from 7/9/13 thru 7/16/13 a week after order date.
inmate [redacted] Coumadin no DOB, no allergies, no transcribers initials, no start/stop date.
inmate [redacted] Good
inmate [redacted] Good
inmate [redacted] No DOB, no allergies, no transcribers initials, no providers name, no start/stop date.
inmate [redacted] Tramadol no transcribers initials, no providers name, no allergies.

Manzanita

inmate [redacted] Good
inmate [redacted] Good
inmate [redacted] Good
inmate [redacted] Good
inmate [redacted] No stop dates on psych meds.
inmate [redacted] Good
inmate [redacted] Good
inmate [redacted] Not signed for three days.
inmate [redacted] Good
inmate [redacted] Good.

Catalina

inmate [redacted] Carbamazepine start date 3/26/13 stop date 9/22/13 blank 7/1-7/11/13.
inmate [redacted] Good.
inmate [redacted] No allergies, no DOB, no transcribers initials. KOPs signed off good job.
inmate [redacted] Good.
inmate [redacted] Good.
inmate [redacted] Good.
inmate [redacted] Celexa no start or stop date.
inmate [redacted] Good.
inmate [redacted] Good
inmate [redacted] No DOB, no allergies, no transcribers initials.

7/11/2013 3:08 PM Entered By: Trudy Dumkrieger Rincon

inmate [redacted] Good job, KOPS not signed off yet.
inmate [redacted] Good

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				<p>inmate [redacted] KOP fluoxetine signed off ! inmate [redacted] Good inmate [redacted] Good job except no signature. inmate [redacted] Good. inmate [redacted] Amlodipine and ASA no start/stop date no transcribers initials. inmate [redacted] Good. inmate [redacted] Good job but do not use markers to write orders pen only. inmate [redacted] Good.</p> <p>CDU inmate [redacted] KOP not signed off, other wise good job. inmate [redacted] No DOB. No stop date. inmate [redacted] Good. KOP needs signing off. inmate [redacted] None of the KOPsw signed off other wise good. inmate [redacted] NO DOB, no allergies, no transcribers initials. Minors inmate [redacted] Meds not signed off 3or 4th. inmate [redacted] Zolofit no start/stop date. 5th not signed off. inmate [redacted] Good. inmate [redacted] Should not be over writing meds.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>7/31/2013 1:42 PM Entered By: Trudy Dumkrieger Medication error reports are sent to the FHA but have no corrective action plan attached.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>7/29/2013 10:19 AM Entered By: Trudy Dumkrieger Amber finding.</p> <p>7/24/2013 11:57 AM Entered By: Trudy Dumkrieger Santa Rita IM inmate [redacted] Sinemet ordered 7/11/13 has not received any yet. Does not show on patient profile.</p> <p>7/24/2013 11:39 AM Entered By: Trudy Dumkrieger Santa Rita IM inmate [redacted] Placed HNR asking that staff check in to his sertraline and buspar. He stated they expire 7/14/13 and his last fill was 6/4/13. The prescription was renewed 4/30/13 noted 5/1/13 and faxed. It was refaxed today. IM has not had any for approximately 20 days.</p> <p>7/23/2013 2:51 PM Entered By: Trudy Dumkrieger inmate [redacted] amitriptyline ordered 5/23/13 -7/22/13. Marked not available 7/13/13-7/22/13. inmate [redacted] Nortriptyline ordered 7/1/13 marked NA 7/5/13 -7/14/13. inmate [redacted] Depakote written 7/13/13 has not been received as of 7/23/13.</p>	2

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7	Are inmates being required to show ID prior to being administered their medications?	X			7/24/2013 12:08 PM Entered By: Trudy Dumkrieger	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>7/11/2013 8:45 AM Entered By: Trudy Dumkrieger</p> <p>Manzanita inmate [redacted] Insulin Hum 70/30 expired 7/6/13 not renewed 7/8/13. inmate [redacted] Atrovent expired 7/7/13 not renewed 7/8/13 inmate [redacted] Phenytoin expired 7/8/13 not renewed yet. inmate [redacted] Aspirin 81mg. and Nitrostat both expired 7/6/13 not renewed 7/8/13. inmate [redacted] Aspirin 81 mg., furosimide, metoprolol, spironolactone, verapamil all expired 7/6/13 not renewed by 7/8/13. inmate [redacted] Aspirin 81mg, glyburide, and pravastatin all expired 7/5/13 not renewed 7/8/13. inmate [redacted] Amlodipine, metoprolol, and prazosin all expired 7/1/13 not renewed by 7/8/13.</p> <p>Rincon inmate [redacted] Amlodipine, and Aspirin 81mg expired 7/7/13 not renewed 7/8/13. inmate [redacted] metoprolol and resperidone expired 7/6 and 7/8 not renewed as of 7/8/13. inmate [redacted] Propanolol expired 7/5/13 not renewed 7/8/13. inmate [redacted] Aspirin 81mg., clonidine, hydralazine all expired 7/7/13 not renewed 7/8/13. inmate [redacted] Insulin Detemir and Hum R expired 7/5/13 not renewed by 7/8/13. inmate [redacted] Aspirin 81mg, and simvastatin both expired 7/3/13 not renewed as of 7/8/13. inmate [redacted] Insulin Hum R expired 7/3/13 not renewed by 7/8/13..</p> <p>IPC inmate [redacted] Metoprolol expired 7/3/13 not renewed by 7/8/13. inmate [redacted] ASA EC, HCTZ, Kep0pra, metoprolol all expired 7/5/13 not renewed 7/8/13. inmate [redacted] Albuterol , Aspirin 81mg., lisinopril, metoprolol, pravastatin expired 7/7/13 not renewed by 7/8/13.</p> <p>Cimarron inmate [redacted] Simvastatin expired 7/5/13 not renewed by 7/8/13. inmate [redacted] Albuterol expired 7/7/13 not renewed by 7/8/13. Good job Cimarron.</p> <p>Winchester inmate [redacted] Atenolol expired 7/8/13 not renewed 7/8/13. inmate [redacted] Albuterol expired 7/4/13 not renewed by 7/8/13. inmate [redacted] Propanolol expired 7/1/13 not renewed 7/8/13. inmate [redacted] Lisinopril expired 7/1/13 not renewed by 7/8/13. inmate [redacted] Lisinopril, metformin, prazosin all expired 7/4/13 not renewed</p>	2

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7/8/13.

Santa Rita

inmate [redacted] Lisinopril expired 7/2/13 not renewed 7/8/13
inmate [redacted] Aspirin 81mg, plavix, metoprolol, simvastatin all expire 7/9/13 not renewed by 7/8/13.
inmate [redacted] Qvar expired 7/3/13 not renewed by 7/8/13.
inmate [redacted] Metformin expired 7/5/13 not renewed by 7/8/13.
inmate [redacted] Lisinopril expired 7/7/13 not renewed by 7/8/13.
inmate [redacted] Lisinopril and metformin expired 7/7/13 not renewed by 7/8/13.
inmate [redacted] Phenytoin expired 7/5/13 not renewed by 7/8/13.

Catalina

inmate [redacted] Aspirin 81mg, lovastatin, metoprolol, expired 7/2/13 not renewed 7/8/13.
inmate [redacted] Detemir Insulin expired 7/5/13 not renewed 7/8/13.

Whetstone

inmate [redacted] Aspirin 81mg., enalapril, Insulin HumR all expired 7/4/13 not renewed by 7/8/13.
inmate [redacted] Albuterol , Aspirin EC, nitrostat, all expired not renewed as of 7/8/13.
inmate [redacted] Nitrostat expired 7/6/13 not renewed 7/8/13 inmate [redacted] Albuterol, and Qvar expired 7/7/13 not renewed 7/8/13.
inmate [redacted] Coreg and spironilactone expired 7/7/13 not renewed by 7/8/13.
inmate [redacted] Aspirin, furosemide, lovastatin, spironolactone expired not renewed by 7/8/13.
inmate [redacted] Enalapril, nitrostat, Aspirin, and verapamil expired not renewed 7/8/13.
inmate [redacted] lisinopril expired 7/1/13 not renewed 7/8/13.

7/3/2013 12:12 PM Entered By: Trudy Dumkrieger

Manzanita

inmate [redacted] urea cream
inmate [redacted] Gabapentin
inmate [redacted] Ciclesonide, finasteride, levalbuterol, Gabapentin inmate [redacted]
Carvedilol
inmate [redacted] Albuterol,
Beclomethasone
inmate [redacted] Amlodipine, metoprolol, prazosin

Rincon

inmate [redacted] Divalproex
inmate [redacted] Isordil
inmate [redacted] Ciclesonide, levalbuterol

Santa Rita

inmate [redacted] Amitriptyline, levalbuterol
inmate [redacted] Ciclesonide, levalbuterol
inmate [redacted] Lisinopril and Metformin expired 7/7/13.

Whetstone

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				<p>inmate [redacted] Gabapentin X 2 inmate [redacted] OxcarbazepineArcieri inmate [redacted] Plavix inmate [redacted] Propranolol inmate [redacted] Lisinopril, inmate [redacted] Atripla.</p> <p>Winchester inmate [redacted] levalbuterol inmate [redacted] propranolol expired 7/1/13 inmate [redacted] Lisinopril expired 7/1/13</p> <p>CDU inmate [redacted] Diphenhydramine</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>7/12/2013 12:46 PM Entered By: Trudy Dumkrieger No. Per Corizon they are in the process of hiring more personel to help with this.</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	<p>7/24/2013 12:09 PM Entered By: Trudy Dumkrieger No if med is approved it is sent out if it is denied they may or may not get communication back.</p>	2
11	Are medication error reports being completed and medication errors documented?		X	<p>7/31/2013 2:16 PM Entered By: Trudy Dumkrieger Reports are being written from some yards. These reports do not have corrective action plans and are not generally reviewed (or at least signed) by anyone. Not all are documented in the inmates charts.</p>	2

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Corrective Action Plans for Performance Measure: Medication Administration

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

Level 1 Amber User: Trudy Dumkrieger Date: 7/17/2013 11:37:33 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.
- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

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

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

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

Target Date- 11/30/13

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

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

Level 1 Amber User: Trudy Dumkrieger Date: 7/31/2013 2:40:49 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.
- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

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

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

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

Target Date- 11/30/13

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

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: Trudy Dumkrieger Date: 7/31/2013 2:40:49 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.

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- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

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

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

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

Target Date- 11/30/13

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

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

Level 2 Red User: Trudy Dumkrieger Date: 7/31/2013 1:41:21 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :

- a. 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: Trudy Dumkrieger Date: 7/29/2013 10:19:10 AM

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

Corrective Actions: October Action plan submitted by Corizon-

Intakes-

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

- a. Intake Orders
- b. Private Prisons

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

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

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

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

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

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

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

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

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

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

- a. Internal

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- b.External
 - 2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
 - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
 - 3.Custody educated regarding contract requirements regarding inmate transfer with meds
 - 4.Monitoring (Appendix I. - IV Monitoring Tools)
 - a.Audit tools developed
 - b.Weekly site results discussed with RVP
 - c.Audit results discussed a monthly CQI meeting
 - d.Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/Custody/RDCQI/RVP
Target Date - 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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: Trudy Dumkrieger Date: 7/11/2013 8:45:14 AM

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
 - 2.In-service staff on process per PharmaCorr policy,
 - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
 - 3.Custody educated regarding contract requirements regarding inmate transfer with meds.
 - 4.Monitoring (Appendix I. - IV Monitoring Tools)
 - a.Audit tools developed
 - b.Weekly site results discussed with RVP
 - c.Audit results discussed a monthly CQI meeting
 - d.Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/Custody/RDCQI/RVP
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

- 1.Monitoring (Appendix I. - IV Monitoring Tools)
 - a.Audit tools developed
 - b.Weekly site results discussed with RVP
 - c.Audit results discussed a monthly CQI meeting
 - d.Minutes and audit reported monthly to Regional office for tracking and trending
 - 2.Standardized process statewide to include, but not limited to (Appendix III.1.):
 - a.Internal
 - b.External
 - 2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
 - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
 - 3.Custody educated regarding contract requirements regarding inmate transfer with meds
 - 4.Monitoring (Appendix I. - IV Monitoring Tools)
 - a.Audit tools developed
 - b.Weekly site results discussed with RVP
 - c.Audit results discussed a monthly CQI meeting
 - d.Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/Custody/RDCQI/RVP
Target Date - 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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

Level 2 Amber User: Trudy Dumkrieger Date: 7/12/2013 12:46:13 PM

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

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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: Trudy Dumkrieger Date: 7/24/2013 12:10:00 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. Non-formulary process (Appendix I.1.d.)
 - i. Reviewed for approval within 24-48 hrs
 - ii. Providers notified decision within 24-48 hrs
 - e. Manifest Reconciliation
 - f. Inventory control
 - g. Stock Medications
 - h. Practitioner Cards (Appendix I.1.h.)
 - i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

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

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

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

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

Target Date-11/30/13

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

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

11 Are medication error reports being completed and medication errors documented?

Level 2 Amber User: Trudy Dumkrieger Date: 7/31/2013 2:15:35 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

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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			7/29/2013 10:21 AM Entered By: Marlena Bedoya	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]		X		<p>7/29/2013 10:54 AM Entered By: Marlena Bedoya</p> <p>Staffing levels for this complex are at 85.40% as of the last report dtd 7/15/2013. Those positions include:</p> <p>(1) Dental Assistant, (1.75) Dentist, (1.5) LPNs, (3.7) Nursing Assistants, (1.5) Physicians, (1) Psychiatrist, (2) Psychologists, (2.3) Psychology Associates, (4.1) RNs, (1) RN Supervisor, and (1) Regional Director.</p> <p>Since the report was issued, (3) newly hired Nurses quit, due to the upcoming working hour change. The change will take all Nurses from 12 hours shifts, to 8 hour shifts.</p> <p>The staffing continues to be insufficient to meet the needs of the inmate population at this Complex, due to the backlog of processes that need to be caught up, as witnessed by back-logged charts needing Provider reviews, Inmates continuing to wait to see both Nursing and/or a Provider. Juveniles not being seen by Dental for intake since 6/26/2013, and IMs continuing to wait 2-3 weeks past the date that they submit an HNR. Medications continue to be an issue with them not being ordered, filled/refilled on time despite pointing out to Corizon staff what is causing the majority of the issues regarding this topic for our Complex, and Chronic Care inmates being far past due for their examinations.</p>	3
3	Are all positions filled per contractor staffing pattern?		X		<p>7/29/2013 10:55 AM Entered By: Marlena Bedoya</p> <p>Staffing levels for this complex are at 85.40% as of the last report dtd 7/15/2013. Those positions include:</p> <p>(1) Dental Assistant, (1.75) Dentist, (1.5) LPNs, (3.7) Nursing Assistants, (1.5) Physicians, (1) Psychiatrist, (2) Psychologists, (2.3) Psychology Associates, (4.1) RNs, (1) RN Supervisor, and (1) Regional Director.</p> <p>Since the report was issued, (3) newly hired Nurses quit, due to the upcoming working hour change. The change will take all Nurses from 12 hours shifts, to 8 hour shifts.</p>	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			<p>7/29/2013 10:57 AM Entered By: Marlena Bedoya</p> <p>The Complex Manager informs Corizon</p>	2

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					<p>Corporate of the vacancies that he has, as they become vacant. Per the Complex Manager, if an emergency staffing issues arises Corizon pursues a Locum company to fill the position.</p>	
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Corrective Action Plans for Performance Measure: Staffing

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

Level 3 Amber User: Marlena Bedoya Date: 7/29/2013 10:53:33 AM

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

Corrective Actions: Corizon to evaluate staffing patterns and assignments and make adjustments as needed.

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Marlena Bedoya Date: 7/29/2013 10:54:49 AM

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

Corrective Actions: Corizon's recruiting team is working tirelessly at recruiting for the open positions. Locums/Registry and over time being utilized to fill open positions.

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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			7/26/2013 11:42 AM Entered By: Trudy Dumkrieger They have been given a copy of the post orders, and the HSTM, and the NCCHC guidelines. 7/24/2013 12:12 PM Entered By: Trudy Dumkrieger Corizon does not have a post or or policy that defines the specific scope of care provided in the IPC. They have been operating under DOC guidelines.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			7/29/2013 10:22 AM Entered By: Trudy Dumkrieger 7/12/2013 12:47 PM Entered By: Trudy Dumkrieger	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		7/26/2013 11:43 AM Entered By: Trudy Dumkrieger No they have the same amount of staffing, also9 they do not have an acuity rating scale.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			7/24/2013 2:47 PM Entered By: Trudy Dumkrieger	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?		X		7/29/2013 10:23 AM Entered By: Trudy Dumkrieger They have an old nursing manual. Corizon does not have a nursing manuel.	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			7/12/2013 12:48 PM Entered By: Trudy Dumkrieger	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?		X		7/29/2013 10:28 AM Entered By: Trudy Dumkrieger Per DOC post orders IPC inmates must be seen every 72 hours by a MD or Mid-level provider. Documentation does not support that this is being done. The nurses are documenting a minimum of once per shift and the inmates are being seen at least every 2 hours by a health care team member, ie; LPN, CNA, or RN.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medication , diet, activity re triction , required		X		7/31/2013 2:19 PM Entered By: Trudy Dumkrieger No discharge plans	1

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	<p>diagnostic tests, frequency of monitoring and follow-up</p> <ul style="list-style-type: none"> -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes 					
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			7/12/2013 12:48 PM Entered By: Trudy Dumkrieger	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			7/24/2013 12:13 PM Entered By: Trudy Dumkrieger	1
11	Are vital signs done daily when required?	X			7/24/2013 12:14 PM Entered By: Trudy Dumkrieger	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?			X	7/26/2013 11:46 AM Entered By: Trudy Dumkrieger Unable to locate any nursing care plans.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			7/24/2013 12:14 PM Entered By: Trudy Dumkrieger 7/12/2013 12:49 PM Entered By: Trudy Dumkrieger Currently a night shift nurse is assigned to this duty.	1

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Corrective Action Plans for Performance Measure: Infirmiry Care

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?

Level 1 Amber User: Trudy Dumkrieger Date: 7/26/2013 11:43:55 AM

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

Corrective Actions: An acuity tool will be developed to ensure appropriate staffing levels for infirmiry patient care.

5 Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?

Level 1 Amber User: Trudy Dumkrieger Date: 7/29/2013 10:22:38 AM

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

Corrective Actions: Updated Manual ordered and Infirmiry Manual in development for ADC approval.

7 Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?

Level 1 Amber User: Trudy Dumkrieger Date: 7/29/2013 10:27:32 AM

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

Corrective Actions: Once acuity tool is developed and implemented, frequency of physician/nursing rounds will be based on categories of care.

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

Level 1 Amber User: Trudy Dumkrieger Date: 7/31/2013 2:18:42 PM

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

Corrective Actions: Reinforce with staff the necessity of having the following on Admitting orders (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.

12 Are there nursing care plans that are reviewed weekly and are signed and dated?

Level 1 Red User: Trudy Dumkrieger Date: 7/26/2013 11:46:06 AM

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

Corrective Actions: Reinforce with staff to initiate a care plan upon admission and regularly update, making sure plan is signed and dated.

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?		X		<p>7/26/2013 11:36 AM Entered By: Trudy Dumkrieger IPC yes.</p> <p>7/24/2013 11:17 AM Entered By: Trudy Dumkrieger Santa Rita No. Open and empty several times.</p> <p>7/23/2013 1:56 PM Entered By: Trudy Dumkrieger Winchester No.</p> <p>7/18/2013 1:05 PM Entered By: Trudy Dumkrieger Cimarron yes</p> <p>7/17/2013 11:40 AM Entered By: Trudy Dumkrieger Rincon yes. Minors/CDU yes Manzanita no Catalina no Whetstone no.</p>	1
2	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?	X			<p>7/29/2013 10:21 AM Entered By: Trudy Dumkrieger Quarterly audit has just been done. Have not been able to get a copy of the documentation yet.</p>	2
2	Are open medication vials being marked with the date they were opened?		X		<p>7/26/2013 11:37 AM Entered By: Trudy Dumkrieger IPC ok</p> <p>7/24/2013 11:18 AM Entered By: Trudy Dumkrieger Sant Rita 3 vials of insulin open and undated.</p> <p>7/23/2013 1:57 PM Entered By: Trudy Dumkrieger Winchester had 1 vial that out dated 7/21/13 and two vials that were opened and undated.</p> <p>7/18/2013 1:07 PM Entered By: Trudy Dumkrieger Cimarron 5open vials of insulin not dated and 1 vial of PPD.All avials pulled and given to nurse.</p> <p>7/17/2013 11:42 AM Entered By: Trudy Dumkrieger Rincon yes Minors/CDU yes Manzanita yes Catalina yes Whetstone found 2 vials of insulin opened and undated.</p>	1
3	Is nursing staff checking for outdated (expiring) medications?	X			<p>7/26/2013 11:40 AM Entered By: Trudy Dumkrieger</p>	1

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					<p>The medication room techs are checking clinical stock every week or two and documenting it, Keefe is checking weekly for out dates in the over the counter meds, the nurses are checking the DOT for expired meds.</p>	
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Corrective Action Plans for Performance Measure: Medication Room

1 Is the medical room kept locked when not occupied?

Level 1 Amber User: Trudy Dumkrieger Date: 7/26/2013 11:36:51 AM

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

Corrective Actions: Reinforce the need for the medical room to be locked when not occupied. Continue to monitor.

Responsible Parties = RN/LPN

Target Date = 11/30/13

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

Level 1 Amber User: Trudy Dumkrieger Date: 7/26/2013 11:37:24 AM

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

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

Responsible Parties = RN/LPN

Target Date = 11/30/13