

July 2013 WINSLOW 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			7/9/2013 2:14 PM Entered By: John Mitchell Sick call has consistently been conducted Monday-Friday (excluding holidays since the beginning of the contract.	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		7/9/2013 9:41 AM Entered By: John Mitchell see below. 7/9/2013 9:41 AM Entered By: John Mitchell Reference the contract ADC 12-00001105 section 2.20.2.2, HSTM ch.5 Section 3.1, and NCCHC standard PE-07. The following inmates were not seen within 24 hours of their HNR being triaged: inmate [redacted] HNR triaged 6/29/13 Scheduled 7/3/13, inmate [redacted] HNR triaged 7/5/13 scheduled 7/11/13, inmate [redacted] HNR triaged 7/4/13 scheduled 7/9/13, and inmate [redacted] HNR triaged 7/4/13 and scheduled 7/9/13 (all from the Ka bab medical unit) In addition inmate [redacted] from the Apache medical unit HNR triaged 6/21/13 and scheduled 6/25/13. Please submit a corrective action plan for this performance measure to include retraining provided to staff and consequences staff may expect if they continue to not comply with this performance measure.	1
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]		X		7/9/2013 1:05 PM Entered By: John Mitchell Please see below. 7/9/2013 1:05 PM Entered By: John Mitchell Reference the contract ADC 12-00001105 section 2.20.2.2 and NCCHC standard PE-04. A review of 25 charts at the Kaibab medical unit and 15 charts at the Apache medical unit revealed the following charts that did not have vital signs documented as required by this performance measure: inmate [redacted] no vital signs for notes on 6/26, 6/27, 6/28, 6/29, and 6/30/13, inmate [redacted] no vital signs for the 6/30/13 note, inmate [redacted] (Apache inmate) no vital signs for the 7/2/13 note and inmate [redacted] no vital signs for the 7/4/13 note. The notes for inmate [redacted] were for dressing changes in which vital signs could indicate infection and the note for inmate [redacted] was an initial assessment for dry cell. Please provide a detailed corrective action plan for this performance measure to include training to be provided to the staff responsible and potential discipline for continues non-compliance.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		7/3/2013 1:13 PM Entered By: John Mitchell see below. 7/3/2013 1:11 PM Entered By: John Mitchell 7/3/2013 1:11 PM Entered By: John Mitchell Of the 25 charts reviewed on 7/3/13 for this	1

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				<p>performance measure 9 were found to not be in compliance: inmate 7/2/13 note without an E, inmate 7/2/13 note with out an E, inmate 7/2/13 note without an E, inmate 6/14/13 note without an E, inmate 7/2/13 note without an E, inmate 6/27/13 note without an E, inmate 7/2/13 note without an E, inmate 7/2/13 note without an E and inmate 6/30/13 note in narrative format. All of these notes except for the last one were done by the mid-level provider. The one that was in narrative format was done by an RN and did not have vital signs also. Please submit a corrective action plan to address this performance measure. Because this is a repeat deficiency a more detailed corrective action plan will be required. To state that the staff member has been reminded that the SOAPE format is required will not be sufficient. If you would like assistance with a corrective action plan that would be acceptable please ask and I will help you.</p>	
5	<p>Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]</p>		X	<p>7/8/2013 3:29 PM Entered By: John Mitchell see below.</p> <p>7/8/2013 3:29 PM Entered By: John Mitchell see below.</p> <p>7/8/2013 3:28 PM Entered By: John Mitchell Reference NCCHC standard PE-07 and contract ADC 12-00001105 section 2.20.2.2. This performance measure has not been met. The following charts were noted to be out of compliance: inmate seen on nurse line 7/2/13 and scheduled for Provider line 7/16/13, inmate seen on nurse line 7/2/13 and scheduled on provider line 7/11/13 (on the Kaibab medical unit) and the following inmates from the Apache medical unit: inmate seen by nursing 6/25/13, inmate seen by nursing 6/25/13, inmate seen by nursing 6/25/13, inmate seen by nursing 6/26/13, inmate seen by nursing 6/26/13, and inmate seen by nursing 6/27/13 none of which were seen by a provider as of 7/5/13 and all had been referred to provider line. Please submit a corrective action plan for this performance measure to include an estimated time for compliance.</p>	1
6	<p>Are nursing protocols in place and utilized by the nurses for sick call?</p>	X		<p>7/8/2013 3:04 PM Entered By: John Mitchell At least 20 charts from each the Ka bab and Apache medical units contained appropriately used nursing protocols.</p>	1

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

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: John Mitchell Date: 7/9/2013 9:41:54 AM

Corrective Plan: Inmate [REDACTED] should have been seen on Monday the first. Inmate [REDACTED] was rescheduled due to there being no provider this was documented. Inmate [REDACTED] was missed due to not being written on the appointment sheet, this was discussed with the nurse on duty inmate was rescheduled. Inmate [REDACTED] HNR was sent in on Friday he should have been scheduled on Tuesday and he was. Inmate [REDACTED] one day off of when he should be seen. The nursing staff was directed as to the proper standards of scheduling appointments further problems in this area will result in disciplinary action and possible termination. This is a night nurse issue at Winslow and disciplinary was given.

Corrective Actions: See above.

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

Level 1 Amber User: John Mitchell Date: 7/9/2013 1:05:42 PM

Corrective Plan: The chart on inmate [REDACTED] did not have vitals because the nurse did not seem. This note was a follow up documentation to a phone call made on the inmates behalf. Nurse has been directed that all notes should be in SOAPE format as much as possible and that her first line should have explained that she did not do an assessment nor did she see the inmate to prevent any confusion.

Inmate [REDACTED] all 5 notes were wound assesment and should have had vitals. Written counseling will be done as a result, since these are experienced nurses and they are to be reminded that discipline can lead to termination. This standard will also be covered in a nurse meeting.

Corrective Actions: See above.

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

Level 1 Amber User: John Mitchell Date: 7/3/2013 1:13:18 PM

Corrective Plan: The FHA did give direction to the mid level regarding this standard how ever all but one of the charts were due to failure to meet this standard. The FHA has printed out this standard so it can be read by the provider and the copy placed into her Practioner orientation binder for further reference. Further the supervisors have been directed to give back charts to the NP when noting and no E is present.

The narrative note was made by the RN who actually never saw the inmate so this is why education was not given. She in fact was referencing an HNR.

Corrective Actions: See above.

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

Level 1 Amber User: John Mitchell Date: 7/8/2013 3:29:37 PM

Corrective Plan: The Winslow Complex has a full time medical director as of the first of August. He is at Winslow Monday through Wednesday and at the Apache unit on Thursday. We continue to have the NP Tuesday through Friday as she has renewed her contract through November. Referrals are scheduled within 7 days unless the provider specifically orders it for a different time. The above named inmates were all seen but out of the time frame.

Corrective Actions: See above.

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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			7/2/2013 1:35 PM Entered By: John Mitchell Urgent consultations are in most cases scheduled the same week and have all been scheduled within 30 days. At this point there are no urgent consults that have not already been scheduled.	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]	X			7/12/2013 12:57 PM Entered By: John Mitchell 20 consult reports from the Kaibab medical unit and 10 from the Apache medical unit were reviewed and all of them had been reviewed by the provider and signed off on within the 7 day timeframe.	2
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			7/9/2013 10:47 AM Entered By: John Mitchell There were no delays in scheduling of off-site services found. Off-site services were ordered and scheduled appropriately.	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			7/9/2013 10:49 AM Entered By: John Mitchell Emergent transports are ordered without delay and have been appropriately ordered.	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			7/12/2013 1:07 PM Entered By: John Mitchell	2

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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 7:07 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			7/24/2013 7:07 AM Entered By: Martin Winland	2
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			7/24/2013 7:08 AM Entered By: Martin Winland	1

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			7/8/2013 3:15 PM Entered By: John Mitchell All HNRs for Mental Health services are triaged within 24 hours by nursing and referred to the Psyche Associate the next work day unless they indicate a possible emergent need in which case nursing calls for the inmate to be brought to medical for a face to face interview. If still assessed to be emergent then the on-call MH provider is contacted.	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		7/15/2013 4:28 PM Entered By: John Mitchell Inmates identified as needing to be referred to Psychiatry are transferred to a corridor facility. If an inmate needing Psychiatry can't be moved and prior to the seven days allowed to be seen by provider the Psyche Associate is to schedule a telepsychiatry appointment. Inmate [REDACTED] was the only inmate identified to need services that was not moved promptly. The Psyche Associate said that he did not know who to call to set up a telepsychiatry appointment and had been told that there was noone available to provide such service. The inmate has been moved since. Please submit a corrective action plan to include the fact that a provider has been indentified to provide telepsychiatry and that the Psyche Associate knows how the process is to work.	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			7/8/2013 1:54 PM Entered By: John Mitchell Winslow does not currently have any SMI inmates. The last of the MH3 inmates that had been identified at Winslow transferred out last week. Winslow does not have a Psychologist or a Psychiatrist so inmates who are MH3 or above are transferred to a complex that has a Psychologist or Psychiatrist.	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			7/8/2013 3:07 PM Entered By: John Mitchell MH-3 inmates are transferred from Winslow to a facility that has MH providers. There are currently no MH-3 inmates housed at Winslow that I could identify.	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			7/8/2013 1:59 PM Entered By: John Mitchell Inmates prescr bed psychotropic medications are transferred to a facility that has a mental health provider. The last of these inmates was moved last week as Winslow has only a Psych Associate. If an inmate can't be moved prior to needing a review of his medications then a telemedicine visit would be arranged.	2
6	Are reentry/discharge plans established no later	X			7/8/2013 3:08 PM Entered By: John Mitchell	2

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than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]				There are no MH-3 inmates currently identified at Winslow.	
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Corrective Action Plans for Performance Measure: Mental Health (Q)

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

Level 2 Amber User: John Mitchell Date: 7/15/2013 4:28:12 PM

Corrective Plan: I'm not sure why the psych. associate did not know who to contact because the FHA has told him multiple times to contact Dr Khilnani and ask. Dr Gogek has been used in the past and even the Lewis providers when necessary. Lewis FHA Cameron Lewis can be contacted and coordinate a clinic with Dr Stallcup and Mr Cave. If Mr Cave doesn't know how to set the clinic up he can contact the psych nurse Josh Santo who is very familiar with that process and he will help set up the clinic. There is a system in place. I will have this discussion with him and give him the names and numbers to call.

Corrective Actions: Approved per John Mitchell.

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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			7/1/2013 10:27 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			7/1/2013 10:27 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			7/1/2013 10:28 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	1
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			7/1/2013 10:29 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			7/1/2013 10:29 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	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			7/1/2013 10:30 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			7/1/2013 10:30 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	1
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			7/1/2013 10:31 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	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, Setion 2.0.4.2]	X			7/1/2013 10:31 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	1

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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		7/12/2013 1:23 PM Entered By: John Mitchell Reference DO 1101. There is not a no show log as there should be. The following inmate charts were noted to have a notation that the inmate had been a no show and did not have a refusal in the charts: inmate ██████████ 7/5/13 and 7/8/13 notes and inmate ██████████ 7/8/13 note. Please submit a corrective action plan for this performance measure and include that you will start and then maintain a no show log. Please also include training for staff on writing IR's for all no shows and verification that the Deputy Warden is being notified of all unresolved no shows.	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]		X		7/12/2013 1:32 PM Entered By: John Mitchell Reference: DO 1101, HSTM chapter 5 section 7.1 and the contract ADC 12-00001105 section 2.20.2.9. The FHA reports that there has been several unresolved no shows reported to the Deputy Warden that she has not received a reply for. As noted in the previous performance measure there have been at least two no shows for which there are not refusals in the chart and there is no evidence that they were reported to the Deputy Warden as required. Please submit a corrective action plan for this performance measure. Include in this plan that copies of notifications to the Deputy Warden will be forwarded to the Compliance Monitor and that the Warden will be made aware that the Deputy Warden is not providing a written response for unresolved no shows.	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]	X			7/8/2013 9:37 AM Entered By: John Mitchell	1
4	Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]	X			7/8/2013 9:42 AM Entered By: John Mitchell Any no shows that are medically indicated are rescheduled.	1

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: John Mitchell Date: 7/12/2013 1:23:48 PM

Corrective Plan: Appointments that do not require a refusal are not considered no shows. inmate ██████████ 7/5/13 and 7/8 13 a provider was not going to be available so the inmate was rescheduled by nursing. The NP was on vacation and the new doctor had to fill out all of the new employee paper work and get oriented to the unit. inmate ██████████ sent an HNR in on Sunday and was scheduled to be seen Monday however the TOSS is already in so the inmate did not come up on gate restriction and was released out to work. He was not there to sign a refusal and in fact did not refuse as he didn't know he was scheduled to come to medical so he was rescheduled. A no show log can be made if one is required but just makes more work for the staff.

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Corrective Actions: Approved pending above.

**2 Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]
Level 1 Amber User: John Mitchell Date: 7/12/2013 1:32:47 PM**

Corrective Plan: The staff have been directed to fill out IRs when inmates do not show up for their appt. They are in fact filling them out, however we are receiving no response back from any one telling us how they plan to fix the problem. Most times it is the security officer that either does not follow the D.O. or he is not aware of the what the D.O. says. This will be brought up at the next one on one meeting with the FHA and the Warden.

Corrective Actions: See above.

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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			7/8/2013 12:10 PM Entered By: John Mitchell	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			7/8/2013 12:11 PM Entered By: John Mitchell	1

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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			7/1/2013 2:50 PM Entered By: John Mitchell There is a formal medication administration program.	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			7/1/2013 2:51 PM Entered By: John Mitchell Documentation of completed training and testing is maintained on file for staff who deliver or administer medications.	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			7/1/2013 2:54 PM Entered By: John Mitchell A binder is maintained, with MARS, with inmate signatures for KOP medications that they have received.	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			7/8/2013 7:37 AM Entered By: John Mitchell A review of 25 MAR's each at the Ka bab and Apache medical units revealed compliance with this performance measure.	1
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			7/9/2013 2:17 PM Entered By: John Mitchell Medication error reports are forwarded to the FHA consistently and she reviews the corrective action plans. There were no medication errors so far this month. There have been only a few medication errors since the onset of this contract.	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X			7/17/2013 2:19 PM Entered By: John Mitchell A review of the stop date report reveals that medications are being renewed prior to expiration or discontinued if appropriate. Non-formulary requests are being acted on promptly.	2
7	Are inmates being required to show ID prior to being administered their medications?	X			7/8/2013 7:40 AM Entered By: John Mitchell Observation of medication pass at the Apache medical unit on 7/5/13 and at the Kaibab medical unit on several days reveal compliance with this performance measure.	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]	X			7/17/2013 2:20 PM Entered By: John Mitchell A review of the stop date reports reveal good compliance with this performance measure.	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X			7/9/2013 1:09 PM Entered By: John Mitchell Non-formulary requests appear to be being reviewed and approved or denied within 24-48 hours. The breakdown in the process appears to be in the reporting on those that are denied. This will be addressed under	2

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				the next performance measure.	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	7/9/2013 1:19 PM Entered By: John Mitchell Non-formulary requests are being reviewed within 24-48 hours as noted in the previous performance measure. Those that are approved are being forwarded to pharmacy and are being quickly filled and sent out for dispensing to the inmates. The flaw in the process occurs when the non-formulary is denied. Providers and the Inventory coordinator are not being notified of denials or approvals. On approvals they find out the medication was approved when it arrives from pharmacy. When non-formularies are not approved it is discovered when the Inventory Coordinator calls to find out where the medication is. The two examples found for this were inmate [redacted] and inmate [redacted]. Please submit a corrective action plan for this performance measure that includes a process by which the Inventory Coordinator and the ordering provider are notified of non-formulary decisions.	2
11	Are medication error reports being completed and medication errors documented?	X		7/9/2013 2:20 PM Entered By: John Mitchell Medication error reports have been consistently completed since the contract started. Medication errors have been documented. There have not been any medication errors so far this month.	2

Corrective Action Plans for Performance Measure: Medication Administration

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

Level 2 Amber User: John Mitchell Date: 7/9/2013 1:19:40 PM

Corrective Plan: This was a state wide problem and was brought on the FHA conference call. Another separate conference call took place to discuss this issue. Out of that call came the following solution; A special mail box will be created for the Az regional office to receive all the nonformulary requests, medical will be AZNFDR and Psych will be AZPNFDR. The orders will be scanned to these mailboxes and answered by the doctors. The doctors will in turn forward the approved or denied form back to a special mail box created for each facility. The Inventory tech will check the mailbox daily for returned forms and will then be able to print and place in charts and be able to inform site providers if the request has been approved or denied.

Corrective Actions: Approved per John Mitchell.

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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			7/1/2013 2:47 PM Entered By: John Mitchell There is an approved staffing matrix available to the FHA.	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			7/13/2013 12:09 PM Entered By: John Mitchell It is difficult to assess if staffing would be adequate as the full staffing compliment has never been realized. With a full compliment of staff per the staffing matrix adequate and effective health may be possible. This is the last month that this performance measure will not be given an amber because hiring has not been completed. Next month will be an amber unless deficiencies are unrelated to lack of staffing.	3
3	Are all positions filled per contractor staffing pattern?		X		7/8/2013 3:45 PM Entered By: John Mitchell see below. 7/8/2013 3:45 PM Entered By: John Mitchell Reference the contract ADC 12-00001105 section 2.17.6.1. A Medical Director started today. He is starting part time but has expressed that he would like to move to full time next month. There is a full time registry mid-level provider but that position remains open. The last remaining RN position will be filled by a LPN who just passed her test and will now be an RN. This will leave the clinical coordinator position open. There is still a LPN position that needs to be filled as well as a Dentist and Dental Tech position that remains unfilled. Please submit a corrective action plan for this performance measure.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			7/1/2013 2:49 PM Entered By: John Mitchell The FHA is informed of recruiting efforts being taken to fill vacant positions. The FHA is doing most of the recruiting.	2

Corrective Action Plans for Performance Measure: Staffing

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: John Mitchell Date: 7/8/2013 3:45:44 PM

Corrective Plan: The clinical Coordinator position has an LPN waiting background clearance and the second LPN position is waiting for the LPN to return paperwork. A mid level has shown interest and a 121 has been filled out to get clearance. The Dental and Dental tech position will not be filled at this time as Winslow is completely caught up and another dentist is not needed. The FHA will follow up with finding out how to remove these positions from the SCD.

Corrective Actions: Approved per John Mitchell.

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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			7/1/2013 10:33 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	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			7/1/2013 10:39 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	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			7/1/2013 10:40 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			7/1/2013 10:41 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			7/1/2013 10:41 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	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			7/1/2013 10:42 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			7/1/2013 10:42 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			7/1/2013 10:43 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			7/1/2013 10:43 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	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			7/1/2013 10:44 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
11	Are vital signs done daily when required?	X			7/1/2013 10:44 AM Entered By: John Mitchell	1

July 2013 WINSLOW COMPLEX

					N/A Winslow does not have an infirmary.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			7/1/2013 10:45 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			7/1/2013 10:46 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1

July 2013 WINSLOW COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			7/3/2013 1:19 PM Entered By: John Mitchell The medication rooms at both the Apache and Kaibab medical units are always kept locked except when a nurse is in the medication room.	1
2	Are quarterly audits of the unit (Floor Stock/RDSA)medication by a pharmacist being conducted and documented?	X			7/2/2013 9:47 AM Entered By: John Mitchell On April 30 an audit was completed by a pharmacist with 100 % compliance. The next quarterly audit would not be due until Sept. and is scheduled for August.	2
2	Are open medication vials being marked with the date they were opened?	X			7/8/2013 7:42 AM Entered By: John Mitchell A check of the open vials in both the Kaibab and Apache units revealed compliance with this performance measure.	1
3	Is nursing staff checking for outdated (expiring)medications?	X			7/8/2013 7:44 AM Entered By: John Mitchell Nursing staff at both the Apache and Ka bab medical units perform monthly checks for expiring medications. A spot check of medications in both units revealed no outdated medications.	1