	Sic	k Cal	I (Q)			
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Leve
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			8/21/2013 11:57 AM Entered By: John Mitchell Sick call is being conducted daily Monday- Friday excluding holidays.	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			8/16/2013 3:55 PM Entered By: John Mitchell Thirty Random HNR's from Kaibab and fifteen HNR's from Apache were reviewed. All of the Apache HNR's were seen in compliance with this performance measure. Two from Kaibab were non-compliant: Inmate HNR was triaged 8/6/13 and had not been seen as of 8/9/13 and Inmate HNR was triaged 7/27/13 and was not seen until 8/1/13. This represents a 95% compliance rate. Reference DO 1101 NCCHC standard PE-07 the contract ADOC 12-00001105 section 2.30.2.2 and section 2.7.2.6, and the HSTM Ch. 5 section 5.3 and Ch. 7 section 7.6.	
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			8/21/2013 1:35 PM Entered By: John Mitchell 25 random charts from Kaibab and 20 random charts from Apache were reviewed for this performance measure. All of the Apache charts were in compliance. Only one of the Kaibab charts was not in compliance. Inmate 8/5/13 note was missing a weight. This represents a 98% compliance rate. Keep up the good work.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X			8/19/2013 10:20 AM Entered By: John Mitchell Reference: The contract ADOC 12- 00001105 section 2.20.2.2 and the HSTM Ch. 5 section 1.3. Of 50 charts reviewed for this performance measure 45 were in compliance. This represents a 90% compliance rate. There were 5 charts that were not in compliance as they did not have an "E" for education. They were all completed by the Medical Director Dr. Arebalo. Please insure that he is reminded that this is a requirement. 90% is an acceptable compliance rating but the issue still needs to be addressed so that as the % for compliance is raised his charts do not drop you below the acceptable %. The charts that were found to be out of compliance are: Inmate 8/14/13 note, Inmate 8/14/13 note, Inmate 7/31/13 note, Inmate 7/10/13 note and Inmate 7/10/13 note.	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X			8/21/2013 1:38 PM Entered By: John Mitchell 20 random charts from the Kaibab medical unit and 15 random charts from the Apache medical unit were reviewed for this performance measure and all of them were	1

				in compliance. This represents a 100% compliance rate. Keep up the good work.	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		8/16/2013 3:58 PM Entered By: John Mitchell Nursing protocols are in place and are being used by nursing for sick call. Corizon calls their protocols NET's and they are being used for sick call.	1

	Chronic Condition and Disease Management (Q)								
	Performance Mea ure (De cription)	Grn	Amb	Red	Notification	Level			
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	x			8/16/2013 3:37 PM Entered By: John Mitchell Twenty random charts from Kaibab and 10 random charts from Apache revealed no deficienies for this performance measure. Keep up the good work.	1			
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	x			8/16/2013 3:40 PM Entered By: John Mitchell Twenty random charts from Kaibab and 10 random charts from Apache that all had chronic conditions revealed 100 % compliance with this performance measure.	2			
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P- G-01, CC 2.20.2.4]	x			8/19/2013 2:07 PM Entered By: John Mitchell A review of 20 CC/DM charts from the Kaibab and Apache units revealed that all 20 had documentation of education and coaching.	1			
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	X			8/14/2013 3:44 PM Entered By: John Mitchell	2			
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			8/19/2013 2:04 PM Entered By: John Mitchell N/A This report is not due this month.	2			

	Prescribing Prac	ctices	and	Phar	macy (Q)	
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Leve
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	x			8/28/2013 7:46 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			8/28/2013 7:46 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			8/28/2013 7:46 AM Entered By: Martin Winland	1

	Menta	al He	alth (C	ג)		
	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			8/21/2013 11:55 AM Entered By: John Mitchell HNR's for Mental Health services are being triaged within 24 hours by nursing staff.	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			8/23/2013 10:11 AM Entered By: John Mitchell There have not been any inmates identified that were referred to a Psychatrist or Psychiatric Mid-level Provider that were not seen within 7 days or transferred to another facility prior to the 7 days.	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			8/21/2013 1:21 PM Entered By: John Mitchell There is only one MH-3 inmate identified at Winslow and he has just recently been changed to MH-3. He is already in the process of being moved to a facility that can address his mental health needs.	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			8/21/2013 1:24 PM Entered By: John Mitchell There is currently only one inmate at Winslow identified as a MH-3 and none that have a higher MH score. The one inmate is already in the process of being transferred to a facility that can provide mental health services.	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			8/19/2013 10:27 AM Entered By: John Mitchell There have been no inmates identified that were prescribed psychotropic medications for mental health purposes at the Ka bab or Apache units.	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			8/19/2013 10:29 AM Entered By: John Mitchell There were not any inmates identified that has a MH score of MH-3 or above that were due for release at the Kaibab or Apache medical units.	2

	Intake	e (Re	ceptio	n)		
	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			8/5/2013 11:17 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			8/5/2013 11:18 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			8/5/2013 11:18 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			8/5/2013 11:19 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			8/5/2013 11:19 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			8/5/2013 11:20 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			8/5/2013 11:20 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			8/5/2013 11:20 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			8/5/2013 11:21 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	1

	Grievances									
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level				
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	×			8/14/2013 3:46 PM Entered By: John Mitchell There is a grievance tracking system in place. There have not been enough grievances at Winslow to have any trends.	1				
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			8/14/2013 3:47 PM Entered By: John Mitchell There have not been enough grievances to have any trends, so there has been no need to address trends.	1				

	Medicatio	n Ad	minist	tratic	on	
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Leve
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			8/6/2013 1:42 PM Entered By: John Mitchell There is a formal medication administration program in place.	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			8/6/2013 1:44 PM Entered By: John Mitchell Documentation of completed medication administration training is maintained in each employee's file.	· ·
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			8/19/2013 2:08 PM Entered By: John Mitchell There is a tracking system for KOP medications at both the Kaibab and Apache medical units.	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			8/16/2013 3:43 PM Entered By: John Mitchell Twenty five random MARS were reviewed from the Kaibab and Apache units and they revealed 100% compliance with this performance measure.	1
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			8/22/2013 2:35 PM Entered By: John Mitchell Medication error reports are forwarded to the FHA.	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		8/23/2013 11:33 AM Entered By: John Mitchell See the list of inmates for whom the chronic care meds were not renewed prior to their expiring (performance measure # 8 under this same performance standard). If chronic care medications are not being renewed prior to expiring then there is obviously a delay in the inmate receiving the medication. There was no evidence found that once ordered that there was a delay in inmates receiving their medications. Please provide a corrective action plan to include the process changes made to insure that chronic care medications are renewed and received prior to expiration.	
7	Are inmates being required to show ID prior to being administered their medications?	X			8/16/2013 3:45 PM Entered By: John Mitchell Med pass was observed at both the Apache and Kaibab medical units with 100% compliance for 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		8/20/2013 3:49 PM Entered By: John Mitchell 2013 the expiring medication report was reviewed with the following findings: 23	2

				patients with 42 chronic care related prescriptions from the Apache medical unit and 59 patients with 90 chronic care related prescriptions were reviewed. As of today Apache still had 5 prescriptions for 5 inmates and Kaibab still had 10 prescriptions for 4 inmates that still required action. Apache had 8 prescriptions that were not renewed prior to the expiration date (Immate Lisinopril expired 8/10/13 and was not renewed until 8/18/13, Immate Lisinopril expired 8/12/13 and was not renewed until 8/13/13, Immate Aspirin and HCTZ expired 8/4/13 and were not renewed until 8/13/13, Immate Allopurinol expired 8/4/13 and was not renewed until 8/13/13, Immate Aspirin and HCTZ expired 8/4/13 and was not renewed until 8/13/13, Immate Lisinopril expired 8/16/13 and had not been renewed as of today, Immate Allouterol expired 8/15/13 and was not renewed until 8/15/13 and not delivered until after that day. On the Kaibab unit Immate Allopurinol, Metformin, Simvastatin and Aspirin expired on 8/4/13 and were not renewed until 8/9/13, Immate Amlodipine, Aspirin, Clopidogrel, and HCTZ expired 8/19/13 and had not been renewed as of 8/19/13, Immate Potassium expired 8/19/13 and was not renewed until 8/19/13. 101 of 117 prescriptions have been renewed on time as of this date which represents 86%. This does not include the 15 prescriptions that still need to be reviewed. While this is not a sanctionable level this represents a decreased level of compliance Reference the contract ADOC 12-00001105 section 2.12.23. For the month of August	
				compared to previous reviews and will require a corrective action plan.	
	e non-formulary requests being reviewed for proval or disapproval within 24 to 48 hours?		X	8/28/2013 3:55 PM Entered By: John Mitchell Reference the contract ADOC 12-00001105 section 2.12.29. There were ten non- formulary requests reviewed this month and only six of them were in compliance with this performance measure. That represents only a 60 % compliance rate. Immate had a request written 8/16/13 for Cholecalciferol and there has been no response as of 8/28/13, Immate had a request written 8/5/13 for Cholorthromycin and it was not filled until 8/16/13, Immate had a request for Neurontin written 8/20/13 and there has been no response as of 8/28/13, and Immate had a request written 8/20/13 for Lortab suspension and there has been no response as of 8/28/13. I understand that there is a new process in place to address this issue. Please submit a corrective action plan describing the new process and when it is anticipated to be in operation.	2
10 Are dec		Х		8/28/2013 4:05 PM Entered By: John Mitchell	2

				place to insure that the Dr. designated to review and approve or deny non-formulary requests receives and responds to these requests within the allotted time frames. I understand that there have been some glitches in the process that have involved faxes not printing the whole page and the Dr. not receiving the requests and that your staff has been working with IT to remedy the problems. As noted in the previous performance measure there have been non-formulary requests that were not approved or denied within compliance. Obviously if the requests were not responded to then the writing provider could not have been notified within time frames. This performance measure will not receive an amber rating this month for that reason, but a corrective action plan will be required for the previous performance measure that should address this deficiency also. This performance measure will be looked at again next month to insure the issues have been resolved and that compliance is being achieved.	
11	Are medication error reports being completed and medication errors documented?	X		8/22/2013 2:36 PM Entered By: John Mitchell There were no medication errors uncovered.	2

#### Corrective Action Plans for PerformanceMeasure: Medication Administration

6 Are there any unreasonable delays in inmate receiving prescribed medications? Level 2 Amber User: John Mitchell Date: 8/23/2013 11:32:58 AM

Corrective Plan: At the beginning of August we did not notice any problems however as the month progressed we discovered that the script, when faxed, only showed part of the order. Pharmacorr was notified but stated it wasn't a problem on their end. We also notified IT to see if the issue could be resolved. In the meantime It was noted that Apache wasn't having that same problem so we sent our scripts to them and they inturn faxed them to Pharmacorr. We also found med orders not renewed because they got filed with the requesting paper work still in the chart. It was decided to add a new colored tag to the tag system. The renewal meds or any immediate pharmacy action need would use a purple tag. All staff were educated on the new color tag. The Inventory tech also created a spreed sheet of all chronic meds to include nonformulary. She has a column with the date faxed and date received, this gives her an at a glance of where the holes are, where there is no received date. She can then make immediate adjustments to refax order if necessary. IT is followed up and requested that we try to send less orders at a time to see if they will fax better, so far these systems are working and will continue to be monitored. And as per the Pharmacy the tickler file is also working.

Corrective Actions: See above.

# 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: John Mitchell Date: 8/20/2013 3:48:41 PM

Corrective Plan: There is a problem with the expireing med reports being accurate. The Inventory tech prints a stop date report weekly how ever pharmacorr says this is only a snap shot in time. They came up with what they think is a more accurate report and have requested that the inventory tech use that report. This has been done for two weeks and we have found that it really isn't any more accurate then what we were using. All this information has been passed to the appropriate people to follow up and see if there isn't a better way to report. Mean while we continue to keep in place all the fail safe we have created and monitor the situation. Providers have been encouraged to write DC orders for meds not working or not needed to assist in cleaning up the reports. With Pharmacorr meds ordered for certain lengths of time do not drop off the expiring med report sheet automaticly.

Many of the meds listed as needing to be renewed are discontinued meds or meds that were 7/10 day meds and in some cases one time meds. This has also been brought to the attention of pharmacorr to see if the dc date can be written at the time the order is written ie meds then dc after 10 days etc. This is being looked into to see if this would be a possibility to help keep the list cleaned up. FHA continues to monitor results of requests made.

Corrective Actions: See above.

#### 9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours? Level 2 Amber User: John Mitchell Date: 8/28/2013 3:54:41 PM

Corrective Plan: It was noted at the beginning of the month that there were issues with not getting the nonformulary requests answered in a timely manner. This was brought up at the FHA meeting and other units were found to be having the same problem. After some discussion it was decided to have a teleconference to discuss just this matter. The conference was scheduled and all units brought their ideas to the table. It was decided to create a mail box at the Regional office as well as corresponding mail boxes at each unit. The mail boxes are AZNFDR@corizonhealth.com for medical and AZPNFDR@corizonhealth.com for psych meds. Each unit had to designate who was to access these mailboxes,once this was determined the it people were notified and the mail boxes set up. The NF request gets scanned to the regional medical director via the new NFDR mailbox. He answers and in turn scans the approved or disapproved request back to the created mail box for the units. Any one of the designated persons identified by the FHA can access the mail box for the results. It isoperational now and is working well.

Corrective Actions: See above.

Infirmary Care							
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Leve	
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmary setting?	X			8/5/2013 11:09 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	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			8/5/2013 11:10 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1	
3	Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?	X			8/5/2013 11:11 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1	
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			8/5/2013 11:11 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1	
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			8/5/2013 11:12 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1	
6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			8/5/2013 11:12 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1	
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			8/5/2013 11:13 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	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			8/5/2013 11:13 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1	
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			8/5/2013 11:14 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1	
10	If an observation patient is placed by a qualified health care profe ional for longer than 24 hours, is this order being done only by a physician?	X			8/5/2013 11:14 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1	
11	Are vital signs done daily when required?	Х			8/5/2013 11:15 AM Entered By: John Mitchell	1	

				N/A Winslow does not have an infirmary.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X		8/5/2013 11:15 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]			8/5/2013 11:16 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1

Return to Custody						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Leve
1	Is a physical examination completed by a medical provider as part of the RTC intake process??	X			8/26/2013 9:34 AM Entered By: John Mitchell There was only one return to custody inmate at Winslow this month and a physical exam was completed by a medical provider.	1
2	Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?	x			8/26/2013 9:36 AM Entered By: John Mitchell There was only one return to custody inmate received at Winslow this month and a mental health assessment was completed as required.	1
3	Have Base Line labs been drawn?	X			8/26/2013 9:43 AM Entered By: John Mitchell There was only one return to custody inmate this month in Winslow and this performance measure was complied with.	1
4	Has a PPD been planted and read?	X			8/26/2013 9:45 AM Entered By: John Mitchell The contractor complied with this performance measure for the one return to custody inmate received at Winslow this month.	1
5	Has a PAP been completed (Female)?	x			8/9/2013 12:18 PM Entered By: John Mitchell N/A there are not any female inmates at the Winslow Complex.	1
6	Is a continuity of care completed prior to transfer to permanent unit?	x			8/26/2013 9:46 AM Entered By: John Mitchell The contractor complied with this performance measure for the one return to custody inmate received at Winslow this month.	1
7	Are dental emergencies being addressed at the reception center?	X			8/26/2013 9:49 AM Entered By: John Mitchell There were no dental emergencies for return to custody inmates at Winslow this month.	1
8	Are inmates seen the day of arrival?	x			8/26/2013 9:51 AM Entered By: John Mitchell The contractor complied with this performance measure and saw the one return to custody inmate receive at Winslow this month on the day he arrived.	1
9	Are inmates on medications prior to being	X			8/26/2013 9:53 AM Entered By: John	1

placed under ADC custody continued on the medication or a therapeutic substitute?

Mitchell

The one return to custody inmate received at Winslow this month did not arrive on medications. The contractor was in compliance with this performance measure.