

August 2013 YUMA 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>8/16/2013 12:16 PM Entered By: Anthony Medel Cheyenne Unit (Green)</p> <p>Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Mon-Fri). 8/5/13 to 8/9/13.</p> <p>Cibola Unit (Green)</p> <p>Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Mon-Fri). 7/29/13 to 8/2/13 and 8/5/13 to 8/9/13.</p> <p>Cocopah Unit (Green)</p> <p>Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Mon-Fri). 7/29/13 to 8/2/13 and 8/5/13 to 8/9/13.</p> <p>Dakota Unit (Green)</p> <p>Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Mon-Fri). 7/29/13 to 8/2/13 and 8/5/13 to 8/9/13.</p> <p>La Paz Unit (Green)</p> <p>Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Mon-Fri). 8/5/13 to 8/9/13.</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.7.2.6) sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.</p> <p>AUTHORITY: Per NCCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p> <p>RFP/Contract 2.7.2.6 Sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays. Inmates must be able to sign-up for sick call seven (7) days a week and the sick call sign-up form</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		<p>8/22/2013 10:21 AM Entered By: Anthony Medel Complex: 50 Charts reviewed during this period: twenty-two (22) out of fifty (50) were in compliance with being seen within 24 hours of HNR being triaged. (44%) and July- (55%) deficit of -11%.</p> <p>8/16/2013 1:50 PM Entered By: Anthony Medel Complex: 50 Charts reviewed during this</p>	1

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period: twenty-two (22) out of fifty (50) were in compliance with being seen within 24 hours of HNR being triaged. (44%) and July- (55%) deficit of -11%.

Cheyenne:

Sick Call inmates being seen within 24 hours of the HNR being triaged: eight (8) out of ten (10) charts reviewed and not in compliance.

#Inmate Was triaged on 7/31, but not seen until 8/2.

#Inmate Was triaged on 8/1, but not seen until 8/5.

#Inmate Was triaged on 7/30, but not seen until 8/1.

#Inmate Was triaged on 8/6, but not seen until 8/8.

#Inmate Was triaged on 8/5, but not seen until 8/7.

#Inmate Was triaged on 7/30, but not seen until 8/1.

#Inmate Was triaged on 8/3, but not seen until 8/6.

#Inmate Was triaged on 7/30, but not seen until 8/1.

Cibola:

Sick Call inmates being seen within 24 hours of the HNR being triaged: zero (0) out of ten (10) charts reviewed and not in compliance.

Cocopah:

Sick Call inmates being seen within 24 hours of the HNR being triaged: one (1) out of ten (10) chart reviewed and not in compliance.

#Inmate Was triaged on 8/5, but not seen until 8/9.

Dakota:

Sick Call inmates being seen within 24 hours of the HNR being triaged: ten (10) out of ten (10) charts reviewed and not in compliance.

#Inmate Was triaged on 8/7, but not seen until 8/13.

#Inmate Was triaged on 8/11, but not seen until 8/13.

#Inmate Was triaged on 8/2, but not seen until 8/8.

#Inmate Was triaged on 7/28, but not seen until 8/1.

#Inmate Was triaged on 7/30, but not seen until 8/2.

#Inmate Was triaged on 7/22, but not seen until 7/25.

#Inmate Was triaged on 7/31, but not seen until 8/2.

#Inmate Was triaged on 8/5, but not seen until 8/7.

#Inmate Was triaged on 8/5, but not seen until 8/8.

#Inmate Was triaged on 8/8, but not seen until 8/12.

La Paz:

Sick Call inmates being seen within 24 hours of the HNR being triaged: nine (9) out of ten (10) charts reviewed and not in compliance.

#Inmate Was triaged on 8/2, but not seen until 8/7.

#Inmate Was triaged on 8/1, but not seen

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				<p>until 8/7. #Inmate Was triaged on 8/2, but not seen until 8/7. #Inmate Was triaged on 8/1, but not seen until 8/5. #Inmate Was triaged on 7/26, but not seen until 7/30. #Inmate Was triaged on 8/2, but not seen until 8/7. #Inmate Was triaged on 8/1, but not seen until 8/6. #Inmate Was triaged on 8/8, but not seen until 8/14. #Inmate Was triaged on 7/23, but not seen until 7/25.</p> <p>AUTHORITY: Per NCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p> <p>Health Services Technical Manual Chapter 5 Section 3.1</p> <p>RFP/Contract 2.20.2.2. Sick Call: Performance Outcome 2: All sick call inmates shall be triaged within 24 hours with emergent health need requests triaged immediately Measure: Inmates identified from HNR Appointment Report show that triage is performed within 24 hours (or immediately for emergent needs)of request form date and time.</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>8/22/2013 10:22 AM Entered By: Anthony Medel Complex 50 charts reviewed: thirty-six (36) out of fifty (50) were in compliance of Vital signs checked and documented each time an inmate is seen during sick call. (72%). July (53%) positive variance of + 19%.</p> <p>8/16/2013 4:22 PM Entered By: Anthony Medel Complex 50 charts reviewed: thirty-six (36) out of fifty (50) were in compliance of Vital signs checked and documented each time an inmate is seen during sick call. (72%). July (53%) positive variance of + 19%.</p> <p>Vital signs being check and documented each time an inmate is seen during sick call.</p> <p>Cheyenne: zero (0) out of ten (10) charts reviewed were not in compliance.</p> <p>Cibola: one (1) out of ten (10) charts reviewed were not in compliance.</p> <p>#Inmate No Wt. noted.</p> <p>Cocopah: eight (8) out of ten (10) charts reviewed</p>	1

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					<p>were not in compliance.</p> <p>#Inmate No Wt. noted. #Inmate No vitals taken or noted #Inmate No Wt. or O2 Sat. #Inmate No R/R or Wt. #Inmate No Temp, Wt. or O2 Sat. #Inmate No Wt. or O2 Sat. #Inmate No Wt. #Inmate No Wt.</p> <p>Dakota Unit</p> <p>two (2) out of ten (10) charts reviewed were not in compliance.</p> <p>#Inmate No B/P. #Inmate No Wt. or O2 Sat.</p> <p>La Paz Unit:</p> <p>three (3) out of ten (10) charts reviewed were not in compliance.</p> <p>#Inmate No Wt. #Inmate No Wt. #Inmate No Wt.</p> <p>RFP/Contract Performance Outcome 3: Every inmate's vital signs shall be checked and documented each time they attend sick call on the appropriate assessment form.</p> <p>Measure: Medical record reflects vital signs for each sick call inmate. The percentage of inmates in HNR Appointment Report sample with documented vital signs on the assessment form/record.</p> <p>Authority (NCCHC) AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCHC P-E-04, vitals signs are include the patient's weight.</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>8/22/2013 10:23 AM Entered By: Anthony Medel Complex chart reviewed forty-nine (49) and one (1) N/A. Forty-six (46) out of forty-nine (49) charts reviewed (94%) were in compliance of the SOAPE format used in the medical records. July (86%) for a positive variance of +8%.</p> <p>8/16/2013 4:40 PM Entered By: Anthony Medel Complex chart reviewed forty-nine (49) and one (1) N/A. Forty-six (46) out of forty-nine (49) charts reviewed (94%) were in compliance of the SOAPE format used in the medical records. July (86%) for a</p>	1

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					<p>positive variance of +8%.</p> <p>Is the SOAP format being utilized in the inmate medical record for encounters?</p> <p>Cheyenne Unit:</p> <p>zero (0)/10 Ten charts reviewed were not in compliance.</p> <p>Cibola Unit</p> <p>zero (0)/9 Nine charts reviewed were not in compliance. 1-N/A</p> <p>Cocopah Unit</p> <p>three (3)/10 Ten charts reviewed were not in compliance.</p> <p>#Inmate No "E" documented #Inmate No "E" documented #Inmate No "E" documented</p> <p>Dakota Unit:</p> <p>zero (0)/10 Ten charts reviewed were not in compliance.</p> <p>La Paz Unit</p> <p>zero (0)/10 Ten charts reviewed were not in compliance.</p> <p>Performance Outcome 4: All Sick call entries are documented in the medical record utilizing the "Subjective – Objective – Assessment – Plan - Education" (SOAPE) format. Measure: The medical record shall have a SOAPE entry for each sick call inmate.</p> <p>Health Services Technical Manual Chapter 5-Section 1.3</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X			<p>8/22/2013 10:25 AM Entered By: Anthony Medel Complex thirty-six (36) chart reviewed, and twenty nine (29) were in compliance (14 N/A) with providers seeing an inmate within seven (7) days of referral. (81%) July-(57%) with a positive variance of +24%.</p> <p>8/16/2013 6:05 PM Entered By: Anthony Medel Complex thirty-six (36) chart reviewed , and twenty nine (29) were in compliance (14 N/A) with providers seeing an inmate within seven (7) days of referral. (81%) July-(57%) with a positive variance of +24%.</p> <p>Are referrals to providers from sick call being seen within (7) days?</p> <p>Cheyenne Unit</p> <p>one (1)/5 five referrals to providers from sick call are being seen within (7) days were not in compliance. (5-N/A)</p> <p>#Inmate Referral made on 8/12 to Dr.</p>	1

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				<p>Barclay (foot problems)</p> <p>Cibola Unit:</p> <p>one (1)/8 eight referrals to providers from sick call are being seen within (7) days were not in compliance. (2-N/A)</p> <p>#Inmate Referral made on 8/1 on NL to provider (twisted ankle and left knee).</p> <p>Cocopah Unit</p> <p>zero (0)/5 five referrals to providers from sick call are being seen within (7) days were not in compliance. (5-N/A).</p> <p>Dakota Unit</p> <p>two (2)/9 nine referrals to providers from sick call are being seen within (7) days were not in compliance. (1-N/A)</p> <p>#Inmate On the practitioner's order, it was not signed by the provider (ingrown toenail on left foot)</p> <p>#Inmate On the practitioner's order, it was not signed by the provider (infection on the right side of face)</p> <p>La Paz Unit</p> <p>three (3)/9 five referrals to providers from sick call are being seen within (7) days were not in compliance. (1-N/A)</p> <p>#Inmate I/M scheduled for PL on 8/1 has not been seen (blood sugar level).</p> <p>#Inmate Seen on 7/30 and referred to PL on 7/30, has not been seen (neck/shoulder swollen).</p> <p>#Inmate Seen on 7/25 and referred to PL on 7/25, has not been seen (pain in left leg-knee joint).</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days.</p> <p>RFP Contract Performance Outcome 5: Referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days. Measure: Date of referral to physician or Midlevel provider compared to date of sick call.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		<p>8/22/2013 10:26 AM Entered By: Anthony Medel Complex forty-eight (48) charts reviewed (2 N/A). Forty-three (43) out of forty-eight (48) were in compliance of Nursing protocols (NETS) in place and used. (90%) July (82%) with a positive variance of +8%.</p> <p>8/16/2013 6:22 PM Entered By: Anthony Medel Complex forty-eight (48) charts reviewed (2 N/A). Forty-three (43) our of forty-eight(48) were in compliance of of Nursing protocols</p>	1

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

Level 1 Amber User: Anthony Medel Date: 8/22/2013 10:21:58 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call Attachment);

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			<p>8/20/2013 10:25 AM Entered By: Yvonne Maese All charts reviewed for Dakota, Cheyenne, and LaPaz had no new CC conditions identified within the last 30 days.</p> <p>8/29/2013 12:32 PM Entered By: Brenda McMullen</p> <p>8/29/2013 9:41 AM Entered By: Brenda McMullen Cibola 10 charts reviewed 10 charts in compliance. Cocopah 10 charts reviewed 10 charts in compliance.</p>	1
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		<p>8/20/2013 10:24 AM Entered By: Yvonne Maese DAKOTA- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten charts, four are in compliance with the performance measure- Inmate Inmate Inmate and Inmate. The remaining six did not meet performance measure. Inmate last cc appt on 4/29/13 with 90d f/u, no appt as of 08/16/13. Inmate last cc appt 10/22/12 with 90d f/u, no appt as of 08/16/13. Inmate last cc appt 10/24/12 with 180d f/u, no appt as of 08/16/13. Inmate last cc appt on 11/14/12 with 90d f/u, no appt as of 8/16/13. Inmate cc appt 10/12/12 with 180d f/u, inmate seen on 5/7/13 with 180d f/u. Inmate last cc appt 3/21/13 with 90d f/u, no appt as of 8/16/13.</p> <p>CHEYENNE- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, five were in compliance with the performance measure- Inmate Inmate Inmate Inmate and Inmate. The remaining five did not meet the standard. Inmate last cc appt 3/11/13 with 30d f/u, inmate seen on 5/3/13 with 180d f/u. Inmate last cc appt 3/27/13 with 90d f/u, inmate seen on 7/19/13 with 60d f/u. Inmate last cc appt on 10/31/12 with 180d f/u, inmate seen on 5/3/13 with 180d f/u. Inmate last cc appt on 10/31/12 with 180d f/u, inmate seen on 5/3/13 with 180d f/u. Inmate last cc appt 10/16/12 with 180d f/u, inmate seen on 5/16/13 with 180d f/u.</p> <p>LAPAZ- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, three were in compliance with the performance measure- Inmate Inmate and Inmate. The remaining seven did not meet the standards. Inmate last cc appt 12/26/13 with 90d f/u, inmate seen on 7/4/13 with</p>	2

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				<p>180d f/u. Inmate last cc appt 01/29/13 with 90d f/u. Inmate seen on 6/24/13 with 180d f/u. Inmate last cc appt 9/27/12 with 180d f/u, inmate seen on 06/24/13. Inmate last cc appt 10/1/12 with 180d f/u, inmate seen on 7/11/13 with 180d f/u. Inmate last cc appt 9/14/12 with 180d f/u, inmate seen on 6/21/13 with 180d f/u. Inmate last cc appt 11/1/12 with 90d f/u, no appt as of 8/16/13. Inmate last cc appt 12/20/12 with 90d f/u, inmate seen on 8/7/13. Inmate last cc appt 11/9/12 with 180d f/u with no appt as of 8/16/13. Inmate last cc appt 2/6/13 with 30d f/u, inmate seen on 6/24/13 with 90day f/u.</p> <p>8/29/2013 12:33 PM Entered By: Brenda McMullen</p> <p>8/29/2013 9:42 AM Entered By: Brenda McMullen Cibola 10 charts reviewed 10 charts in compliance Cocopath 10 charts reviewed 1 chart out of compliance #Inmate SZ last CC 3/30/11 RTC 22-24 weeks not done scheduled for 8/30/13</p> <p>8/30/2013 2:39 PM Entered By: Vanessa Headstream Review of 50 CC charts indicates 31 charts in compliance, demonstrating 62% compliance with this measure.</p>	
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		<p>8/20/2013 10:40 AM Entered By: Yvonne Maese LAPAZ- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten charts all were in compliance with the performance measure and documented that coaching or education was given to inmates at their last cc visit however seven of the ten appts were past due. Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>CHEYENNE- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, seven were in compliance with the performance measure, either coaching or education was documented on last visit. Inmate Inmate Inmate Inmate Inmate Inmate and Inmate The remaining three did not meet the performance measure and had no coaching or education provided at last cc visit. Inmate Inmate and Inmate</p> <p>DAKOTA- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, nine were in compliance with the</p>	1

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					<p>performance measure and had either coaching or education documented at their last cc visit. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Inmate did not receive either coaching or education at his last cc visit.</p>	
					<p>8/29/2013 9:43 AM Entered By: Brenda McMullen Cibola 10 charts reviewed 10 charts in compliance Cocopath 10 charts reviewed 4 charts out of compliance #Inmate Asthma no education documented #Inmate no education documented #Inmate HTN, HepC+ no education documented #Inmate HTN DM HCV no education documented</p>	
					<p>8/30/2013 2:40 PM Entered By: Vanessa Headstream Review of 50 CC charts indicates 42 compliant, demonstrating 84% compliance with this measure.</p>	
4	<p>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]</p>		X		<p>8/20/2013 10:43 AM Entered By: Yvonne Maese DAKOTA- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten charts, four are in compliance with the performance measure. Inmate Inmate Inmate and Inmate. The remaining six did not meet performance measure by not having regular f/u appts and labs. Inmate last cc appt on 4/29/13 with 90d f/u, no appt as of 08/16/13. Inmate last cc appt 10/22/12 with 90d f/u, no appt as of 08/16/13. Inmate last cc appt 10/24/12 with 180d f/u, no appt as of 08/16/13. Inmate last cc appt on 11/14/12 with 90d f/u, no appt as of 8/16/13. Inmate cc appt 10/12/12 with 180d f/u, inmate seen on 5/7/13 with 180d f/u. Inmate last cc appt 3/21/13 with 90d f/u, no appt as of 8/16/13.</p> <p>CHEYENNE- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, five were in compliance with the performance measure. Inmate Inmate Inmate Inmate and Inmate. The remaining five did not meet the standard by not having regular f/u appts and labs. Inmate last cc appt 3/11/13 with 30d f/u, inmate seen on 5/3/13 with 180d f/u. Inmate last cc appt 3/27/13 with 90d f/u, inmate seen on 7/19/13 with 60d f/u. Inmate last cc appt on 10/31/12 with 180d f/u, inmate seen on 5/3/13 with 180d f/u. Inmate last cc appt on 10/31/12 with 180d f/u, inmate seen on 5/3/13 with 180d f/u. Inmate last cc appt 10/16/12 with 180d f/u, inmate seen on 5/16/13 with 180d f/u.</p>	2

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					<p>LAPAZ- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, three were in compliance with the performance measure- Inmate Inmate and Inmate. The remaining seven did not meet the standards by not having regular f/u appts and labs.. Inmate last cc appt 12/26/13 with 90d f/u, inmate seen on 7/4/13 with 180d f/u. Inmate last cc appt 01/29/13 with 90d f/u. Inmate seen on 6/24/13 with 180d f/u. Inmate last cc appt 9/27/12 with 180d f/u, inmate seen on 06/24/13. Inmate last cc appt 10/1/12 with 180d f/u, inmate seen on 7/11/13 with 180d f/u. Inmate last cc appt 9/14/12 with 180d f/u, inmate seen on 6/21/13 with 180d f/u. Inmate last cc appt 11/1/12 with 90d f/u, no appt as of 8/16/13 Inmate last cc appt 12/20/12 with 90d f/u, inmate seen on 8/7/13. Inmate last cc appt 11/9/12 with 180d f/u with no appt as of 8/16/13. Inmate last cc appt 2/6/13 with 30d f/u, inmate seen on 6/24/13 with 90day f/u.</p> <p>8/29/2013 9:44 AM Entered By: Brenda McMullen Cibola 10 charts reviewed 10 charts in compliance Cocopath 10 charts reviewed 2 charts out of compliance #Inmate Asthma no PEFR #Inmate Asthma no PEFR</p> <p>8/30/2013 2:41 PM Entered By: Vanessa Headstream Review of 50 CC charts indicates 30 compliant, demonstrating 60% compliance with this measure.</p>	
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			<p>8/15/2013 2:54 PM Entered By: Yvonne Maese</p> <p>8/29/2013 9:44 AM Entered By: Brenda McMullen Audit due October 2013.</p>	2

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

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

Level 2 Amber User: Vanessa Headstream Date: 8/30/2013 2:38:20 PM

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

Corrective Actions: October Action plan submitted by Corizon-
Process statewide to include, but not limited to :

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 2 (I.- IV.Chronic Care Attachment).
2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.) and outcome measure .
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff .
3. Monitoring
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date - 11/30/13

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

4 Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]

Level 2 Amber User: Vanessa Headstream Date: 8/30/2013 2:40:16 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			8/28/2013 7:37 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 7:42 AM Entered By: Martin Winland Medications must be filled/refilled in a timelier manner. Per the snapshot, 83 prescriptions reviewed, 29 prescriptions expired, 50 renewed on time, 4 prescriptions renewed after the expiration date. I continue to alert facilities on expired chronic medications needing filled/refilled. It appears that the facility is responsive to my inquiry on medication issues. Will continue to monitor and if no improvement in September this will more than likely create a red finding.	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 7:42 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 Amber User: Martin Winland Date: 8/28/2013 7:41:18 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.)
 - 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

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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	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			<p>8/29/2013 4:16 PM Entered By: Nicole Taylor 52 charts reviewed, 51 were in compliance = 98%</p> <p>8/29/2013 4:16 PM Entered By: Nicole Taylor Cheyenne: No HNR issues. Dakota: Inmate HNR date: 7/26/13. Triage date: 7/28/13. LaPaz: No HNR issues. Cibola: No HNR issues. Cocopah: No HNR issues.</p>	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		<p>8/29/2013 4:30 PM Entered By: Nicole Taylor 52 charts reviewed, 43 were in compliance = 83%</p> <p>Cheyenne: 7/10 charts in compliance Inmate (SMI) Referred via HNR's dated 6/10/13 & 6/26/13, not seen until 7/11/13. Inmate (SMI) referred 03/20/13 and still not seen to date. Inmate Many HNR's dated 5/12/13 through 6/12/13 regarding missing psych meds. Issue didn't appear addressed and inmate wasn't seen until 6/19/13. Dakota: 8/11 in compliance Inmate (SMI) Referred 4/11/13 and not seen to date. Inmate (SMI) Referred 7/5/13 & 7/31/13 and not seen to date. Inmate (SMI) Referred 8/6/13 and 3/29/13 for expired meds and not seen. LaPaz: 10/10 in compliance No referral issues. Cibola: 9/11 were in compliance Inmate (SMI) Referred 4/11/13 and needed psychiatry mentioned in 5/7/13 note, but inmate not seen to date. Inmate (SMI) Referred 2/21/13 and never seen. Cocopah: 9/10 Inmate Urgent HNR dated 7/25/13 regarding not receiving psych meds, inmate not yet seen.</p>	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	<p>8/29/2013 4:34 PM Entered By: Nicole Taylor 61 charts reviewed, 21 were in compliance = 40%</p> <p>Cheyenne: 2/10 in compliance Inmate (SMI), Inmate (SMI), Inmate Inmate Inmate Inmate Inmate Inmate Dakota: 5/11 in compliance Inmate Inmate (SMI), Inmate (SMI), Inmate Inmate Inmate LaPaz: 3/10 in compliance Inmate (SMI), Inmate Inmate Inmate Inmate Inmate Inmate Cibola: 4/11 in compliance Inmate Inmate Inmate Inmate Inmate Inmate Inmate Cocopah: 7/10 in compliance Inmate Inmate Inmate</p>	1

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4	<p>Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</p>			X	<p>8/29/2013 4:38 PM Entered By: Nicole Taylor 52 charts reviewed, 26 in compliance = 50% Cheyenne: 6/10 in compliance Inmate Inmate Inmate Inmate Dakota: 7/11 in compliance Inmate(SMI), Inmate Inmate Inmate LaPaz: 6/10 in compliance Inmate Inmate Inmate Inmate Cibola: 4/11 in compliance Inmate(SMI?), Inmate(SMI), Inmate(SMI), Inmate Inmate Inmate Inmate Cocopah: 3/10 in compliance Inmate(SMI), Inmate Inmate Inmate Inmate Inmate Inmate</p>	2
5	<p>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]</p>			X	<p>8/29/2013 4:46 PM Entered By: Nicole Taylor 52 charts reviewed, 22 in compliance = 42% The following inmates have not been seen within time frames by psychiatry and/or have missed their RTC dates: Cheyenne: 5/10 in compliance Inmate(SMI inmate with ME date of 08/09/13. Inmate likely has expired meds), Inmate Inmate Inmate Inmate Notable issue: Inmate Per chart, bridge meds were allowed to expire and inmate was likely out of psych meds for +/- 2 weeks. Dakota: 6/11 in compliance Inmate(SMI), Inmate(SMI), Inmate Inmate Inmate LaPaz: 6/10 in compliance Inmate Inmate Inmate Inmate Cibola: 2/11 in compliance Inmate(SMI inmate with a ME date of 4/20/13, inmate is likely without psych meds), Inmate Inmate Inmate Inmate Inmate(Last seen by psychiatry 2/1/13; inmate likely has expired meds and is without psych meds), Inmate Inmate Cocopah: 3/10 in compliance Inmate Inmate (Inmate's RTC date was 4/3/13; inmate likely has expired meds and is without their psych meds), Inmate Inmate Inmate Inmate Inmate</p>	2
6	<p>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]</p>	X			<p>8/29/2013 4:51 PM Entered By: Nicole Taylor 52 charts reviewed. Cheyenne: No Issues. Dakota: No Issues. LaPaz: No issues. Cibola: No issues. Cocopah: No issues.</p>	2

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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: Nicole Taylor Date: 8/29/2013 4:29:12 PM

Corrective Plan: See October action plan as submitted by Corizon. Yuma complex has hired and trained all mental health staff as of September 23, 2013

Mental Health associates will notify Patient Care Coordinator of patients needing to see psychiatrist to be placed in IHAS system by October 31st.

Mental Health Associates will notify Patient Care Coordinator of patients requiring weekly, monthly, and 90 day appointments with the mental health associates in the IHAS system by October 31st.

The HNR process began in August 2013. The nurse triages the patient within 24 hours. If there is an emergent/urgent need the patient will be seen immediately and evaluated within 24 hours. If a non-emergent need the patient will be seen within 7 days.

Mental Health appointments will be caught up by the 31st of October for all SMI and all MH3's

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 Red User: Nicole Taylor Date: 8/29/2013 4:33:12 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

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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 Red User: Nicole Taylor Date: 8/29/2013 4:37:39 PM**

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 Red User: Nicole Taylor Date: 8/29/2013 4:45:54 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.

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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			8/1/2013 10:23 AM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			8/1/2013 10:23 AM Entered By: Anthony Medel N/A-Yuma 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			8/1/2013 10:23 AM Entered By: Anthony Medel N/A-Yuma 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			8/1/2013 10:24 AM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			8/1/2013 10:25 AM Entered By: Anthony Medel N/A-Yuma is not an intake facility. Yuma does not house female inmates.	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			8/1/2013 10:26 AM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			8/1/2013 10:26 AM Entered By: Anthony Medel N/A-Yuma 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			8/1/2013 10:26 AM Entered By: Anthony Medel N/A-Yuma 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			8/1/2013 10:27 AM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1

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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]	X			8/16/2013 10:22 AM Entered By: Anthony Medel	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			8/16/2013 10:38 AM Entered By: Anthony Medel Yes, the grievance trends can be tracked in each unit and addressed. Ms. Cyndy Hale, FHA is following the following unit with regards to I/M grievances (Dakota, Cheyenne), and Kelli Rogers, Assistant FHA is following (La Paz and Cibola). Both, Ms. Hale and Ms. Rodgers are splitting the Cocopah unit. The responses are currently up to date as Ms. Hale and Ms. Rodgers have worked diligently to get them into compliance.	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			<p>8/15/2013 2:49 PM Entered By: Yvonne Maese</p> <p>8/29/2013 7:38 AM Entered By: Brenda McMullen Yes</p>	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			<p>8/15/2013 2:49 PM Entered By: Yvonne Maese Kept on file with site DON.</p> <p>8/29/2013 7:39 AM Entered By: Brenda McMullen yes</p>	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			<p>8/15/2013 2:48 PM Entered By: Yvonne Maese Currently paper MARs are being used to track KOP medications.</p> <p>8/29/2013 7:39 AM Entered By: Brenda McMullen Yes</p>	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>8/29/2013 8:45 AM Entered By: Brenda McMullen</p> <p>La Paz 10 Mars reviewed 8 mars not in compliance #Inmate no start date, no dx #Inmate no prescriber, no transcriber, no dx, no allergies ##Inmate no start date, no dx, medications ordered KOP given DOT, meds not given 8/13, 8/16,8/26, no explanation #Inmate no start date, no stop date, no dx, no allergies #Inmate not checked by nursing staff, no start dates, no dx, no transcriber #Inmate no start date, no med given 8/19/13 no explanation, no dx #Inmate no start date, not checked by nursing, tramadol given past stop date #Inmate no start date, nortriptyline not given on 8/1,8/9/13 no explanation, no dx Cocopah Mars 10 Mars reviewed 10 charts out of compliance #Inmate not checked by nursing staff, no dx, Paroxetine no prescriber, no transcriber, no order date #Inmate Celexa no start date, no transcriber, no dx, no allergies, ordered 8/9 not started until 8/14/13. #Inmate no start date, no dx, no transcriber #Inmate no start date, not checked by nursing, no transcriber, no stop date, no dx #Inmate not checked by nursing staff, no start date, no dx</p>	1

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#Inmate no transcriber, no start date, no dx
#Inmate no start date, not checked by nursing, no dx
#Inmate no prescriber, not transcriber, no order date, no dx, no allergies
#Inmate not checked by nursing, no transcriber, no start date, no dx, Tramadol no order date
#Inmate not checked by nursing, not transcriber, no order date, no dx
Cibola Mars 10 Mars reviewed 10 Mars out of compliance
#Inmate no transcriber, no start date, no dx, no allergies
#Inmate no start date, no dx, Naproxen no transcriber, no start date, no stop date
#Inmate no transcriber, no start date, no allergies
#Inmate no dx
#Inmate no start date, no dx
#Inmate Geodon/Congentin no transcriber, no dx, no start date on preprinted
#Inmate no start date, no transcriber, no dx
#Inmate no dx, no allergies
#Inmate Morphine no prescriber, no transcriber, no dx
#Inmate gabapentin not given from 8/1-8/26/13 no explanation on Mar
Cheyenne Mars 10 Mars reviewed 10 Mars out of compliance
#Inmate no dx, no start date, Clonidine not given 8/4/13 no explanation
#Inmate no month, no year, no transcriber, no start date, no dx
#Inmate no prescriber, no transcriber, no dx Tylenol#3 ordered 8/7/13 not started until 8/13/13
#Inmate no dx, no start date, no witness signature on refusal for 8/19/13
#Inmate no dx, no start date
#Inmate no dx, no allergies, no transcriber, Amlodipine no prescriber, no order date, no start date no stop date,
#Inmate no transcriber, no start date, no dx
#Inmate no transcriber, no start date, no dx
#Inmate no transcriber, no start date, no dx, no allergies
#Inmate no start date, no dx
Dakota Mars 10 Mars reviewed 9 Mars not in compliance
#Inmate Clonidine no order date, no transcriber, no dx, no allergies
#Inmate no dx Topamax no prescriber, no order date
#Inmate no dx, no start date
#Inmate no start date, no dx
#Inmate no start date, no dx
#Inmate no start date, no dx
#Inmate no start date, no dx, Nortriptyline not given 8/18-19/13 no explanation
#Inmate no dx, Benzotropine not given 8/5, 8/16/13 no explanation
#Inmate no dx, no start date, Amitriptyline not given 8/23/13 no explanation

8/30/2013 2:42 PM Entered By: Vanessa Headstream
Review of 50 MARs indicates 3 compliant, demonstrating 6% compliance with this measure.

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5	Are medication errors forwarded to the FHA to review corrective action plan?	X		8/15/2013 2:45 PM Entered By: Yvonne Maese Currently med errors are being forwarded for FHA review by DON.	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X		8/30/2013 2:58 PM Entered By: Brenda McMullen 8/29/2013 9:00 AM Entered By: Brenda McMullen La Paz # [Inmate] Celexa ordered 8/9/13, started 8/14/13 Cibola # [Inmate] Gabapentin not given 8-1 thru 8/26/13. Cheyenne# [Inmate] Tylenol#3 ordered 8/7/13 started 8/13/13.	2
7	Are inmates being required to show ID prior to being administered their medications?	X		8/15/2013 2:45 PM Entered By: Yvonne Maese	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	8/21/2013 8:55 AM Entered By: Yvonne Maese LAPAZ- Reviewed the following ten inmates with medication expiring in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate] Of these ten, six had their medication renewed prior to expiration- [Inmate] [Inmate] [Inmate]-2 renewed and 2 allowed to expire. The remaining four all had medication allowed to expire without renewal- [Inmate] [Inmate] [Inmate] and [Inmate] CIBOLA- Reviewed the following ten inmates with medication expiring in the month of August [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate] Of these ten, eight were renewed prior to their expiration- [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate] The remaining two did not meet performance measure and allowed medication to expire without renewal- [Inmate] and [Inmate] DAKOTA- Reviewed the following ten inmates with medication expiring in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate] Of these ten, seven were renewed prior to expiration date- [Inmate] x2 on time, x1 5days late and x1 allowed to expire, [Inmate] [Inmate] x1 on time and x1 one day late, [Inmate] [Inmate] [Inmate] and [Inmate] The remaining three all had medication that were allowed to expire or renewed past the renewal date- [Inmate] [Inmate] and [Inmate] COCOPAH- Reviewed the following ten inmates with medication expiring in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate] Of these ten, 7 were in compliance and had all their	2

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					<p>medication renewed prior to expiration- Inmate Inmate Inmate Inmate and Inmate the remaining five all had medication that were either allowed to expire or renewed late-Inmate Inmate Inmate Inmate and Inmate</p> <p>CHEYENNE- Reviewed the following ten inmates with medication expiring in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate AND Inmate Of these ten, four were in compliance with the performance measure-Inmate Inmate Inmate and Inmate The remaining six were either allowed to expire without renewal or renewed late- Inmate Inmate Inmate Inmate Inmate and Inmate</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X			<p>8/30/2013 2:59 PM Entered By: Brenda McMullen</p> <p>8/29/2013 9:11 AM Entered By: Brenda McMullen No Cibola #Inmate Gabapentin NFR faxed 7/31/13. No response by 8/27/13</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X			<p>8/30/2013 2:59 PM Entered By: Brenda McMullen</p> <p>8/29/2013 9:14 AM Entered By: Brenda McMullen Nursing supervisor's receive email notification of medications being denied. Nursing supervisors advice staff of decision and chart is to be reviewed by provider.</p>	2
11	Are medication error reports being completed and medication errors documented?	X			<p>8/15/2013 2:46 PM Entered By: Yvonne Maese Medication error reports completed by site DON.</p>	2

Corrective Action Plans for Performance Measure: Medication Administration

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

Level 1 Red User: Vanessa Headstream Date: 8/30/2013 2:41:49 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).

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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.

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: Yvonne Maese Date: 8/21/2013 8:54:14 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.

August 2013 YUMA COMPLEX

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			8/1/2013 11:14 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmiry care. 8/5/2013 10:49 AM Entered By: Yvonne Maese N/A, No infirmiry setting located at Yuma complex.	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			8/1/2013 11:15 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmiry care. 8/5/2013 10:49 AM Entered By: Yvonne Maese N/A, No infirmiry setting located at Yuma complex.	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			8/1/2013 11:15 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmiry care. 8/5/2013 10:49 AM Entered By: Yvonne Maese N/A, No infirmiry setting located at Yuma complex.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			8/1/2013 11:15 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmiry care. 8/5/2013 10:49 AM Entered By: Yvonne Maese N/A, No infirmiry setting located at Yuma complex.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			8/1/2013 11:15 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmiry care. 8/5/2013 10:49 AM Entered By: Yvonne Maese N/A, No infirmiry setting located at Yuma complex.	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			8/1/2013 11:16 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmiry care.	1

August 2013 YUMA COMPLEX

		X			8/5/2013 10:49 AM Entered By: Yvonne Maese N/A, No infirmary setting located at Yuma complex.	
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			8/1/2013 11:16 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmary care.	1
					8/5/2013 10:49 AM Entered By: Yvonne Maese N/A, No infirmary setting located at Yuma complex.	
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			8/1/2013 11:16 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmary care.	1
					8/5/2013 10:50 AM Entered By: Yvonne Maese N/A, No infirmary setting located at Yuma complex.	
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			8/1/2013 11:17 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmary care.	1
					8/5/2013 10:50 AM Entered By: Yvonne Maese N/A, No infirmary setting located at Yuma complex.	
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			8/1/2013 11:17 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmary care.	1
					8/5/2013 10:50 AM Entered By: Yvonne Maese N/A, No infirmary setting located at Yuma complex.	
11	Are vital signs done daily when required?	X			8/1/2013 11:18 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmary care.	1
					8/5/2013 10:50 AM Entered By: Yvonne Maese N/A, No infirmary setting located at Yuma complex.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			8/1/2013 11:18 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmary care.	1

August 2013 YUMA COMPLEX

					<p>8/5/2013 10:50 AM Entered By: Yvonne Maese N/A, No infirmary setting located at Yuma complex.</p>	
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			<p>8/1/2013 11:18 AM Entered By: Anthony Medel N/A-Yuma does not provide infirmary care.</p> <p>8/5/2013 10:50 AM Entered By: Yvonne Maese N/A, No infirmary setting located at Yuma complex.</p>	1

August 2013 YUMA COMPLEX

Return to Custody						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a medical provider as part of the RTC intake process??	X			<p>8/29/2013 11:39 AM Entered By: Anthony Medel Reviewed 35 charts (June-August) complex wide and all thirty-five (35) were in compliance (100%).</p> <p>Health Services Technical Manual Chapter 5-Section 2.0</p> <p>Authority-NCCHC P-E-04</p> <p>8/26/2013 4:41 PM Entered By: Anthony Medel Is a physical examination completed by a medical provider as part of the RTC intake process?</p> <p>Reviewed 35 charts (June-August) complex wide and all thirty-five (35) were in compliance (100%).</p> <p>La Paz: Reviewed (17) seventeen charts and all 17 were in compliance (100%). Cibola: Reviewed (4) four charts and all 4 were in compliance (100%). Cocopah: Reviewed (3) three charts and all 3 were in compliance (100%). Dakota: Reviewed (6) six chart and all 6 were in compliance (100%). Cheyenne: Reviewed (5) five charts and all 5 were in compliance (100%).</p>	1
2	Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?	X			<p>8/29/2013 11:46 AM Entered By: Anthony Medel Reviewed 35 charts (June-August) complex wide and all thirty-five (35) were in compliance (100%).</p> <p>Health Services Technical Manual Chapter 5-Section 2.0</p> <p>Authority-NCCHC P-E-05</p> <p>8/26/2013 4:44 PM Entered By: Anthony Medel Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?</p> <p>Reviewed 35 charts (June-August) complex wide and all thirty-five (35) were in compliance (100%).</p> <p>La Paz: Reviewed (17) seventeen charts and all 17 were in compliance (100%). Cibola: Reviewed (4) four charts and all 4 were in compliance (100%). Cocopah: Reviewed (3) three charts and all 3 were in compliance (100%). Dakota: Reviewed (6) six chart and all 6 were in compliance (100%). Cheyenne: Reviewed (5) five charts and all 5 were in compliance (100%).</p>	1

August 2013 YUMA COMPLEX

3	Have Base Line labs been drawn?		X		<p>8/29/2013 11:48 AM Entered By: Anthony Medel Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (8) eight were not in compliance (77%).</p> <p>Health Services Technical Manual Chapter 5-Section 2.0</p> <p>Authority-NCCHC P-E-04</p> <p>8/27/2013 8:03 AM Entered By: Anthony Medel Have Base Line labs been drawn?</p> <p>Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (8) eight were not in compliance (77%).</p> <p>La Paz: Reviewed (17) seventeen charts and (6) six charts were not in compliance of having base line labs drawn (65%).</p> <p>#Inmate- Referred to the next yard, practitioner ordered labs on 8/12. #Inmate- No base line labs in this file. #Inmate- Labs ordered on 7/21, arrived on 7/10. #Inmate- Requestion to Lab tech on 8/17, arrived on 8/13. #Inmate- Referred to the next yard on 8/12, arrived on 8/15. #Inmate- Referred to the next yard on 7/15, arrived on 7/18.</p> <p>Cibola: Reviewed (4) four charts and all 4 were in compliance (100%).</p> <p>Cocopah: Reviewed (3) three charts and (1) one chart was not in compliance (67%). #Inmate- No Labs in chart.</p> <p>Dakota: Reviewed (6) six chart and (1) one chart was not in compliance (83%). #Inmate- No labs in chart, labs were ordered on 6/14.</p> <p>Cheyenne: Reviewed (5) five charts and all 5 were in compliance (100%).</p>	1
4	Has a PPD been planted and read?	X			<p>8/29/2013 11:49 AM Entered By: Anthony Medel Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (1) one was not in compliance (97%) , and (1) one chart was Not Applicable (N/A) of having PPD's being planted and read.</p> <p>Health Services Technical Manual Chapter 5-Section 2.0</p> <p>Authority-NCCHC</p>	1

August 2013 YUMA COMPLEX

					<p>P-E-04</p> <p>8/27/2013 8:17 AM Entered By: Anthony Medel Have PPD's been planted and read</p> <p>Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (1) one was not in compliance (97%) , and (1) one chart was Not Applicable (N/A) of having PPD's being planted and read.</p> <p>La Paz: Reviewed (17) seventeen charts and (16) sixteen charts were in compliance (100%). (1) one chart was N/A.</p> <p>Cibola: Reviewed (4) four charts and all (4) were in compliance (100%).</p> <p>Cocopah: Reviewed (3) three charts and all (3) were in compliance (100%).</p> <p>Dakota: Reviewed (6) six charts and all (6) charts were in compliance (100%).</p> <p>Cheyenne: Reviewed (5) five charts and (1) one chart was not in compliance (80%). #Inmate-Not filled out.</p>	
5	Has a PAP been completed (Female)?	X			<p>8/22/2013 10:34 AM Entered By: Anthony Medel N/A-There are no female inmates at the Yuma Complex.</p>	1
6	Is a continuity of care completed prior to transfer to permanent unit?	X			<p>8/29/2013 11:54 AM Entered By: Anthony Medel Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (1) one was not in compliance (97%) of having the continuity of care form completed prior to care.</p> <p>Health Services Technical Manual Chapter 5-Section 2.0</p> <p>8/27/2013 8:26 AM Entered By: Anthony Medel Have the continuity of care forms been completed prior to care?</p> <p>Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (1) one was not in compliance (97%) of having the continuity of care form completed prior to care.</p> <p>La Paz: Reviewed (17) seventeen charts and (1) chart was not in compliance (97%). #Inmate-Not filled out completely.</p> <p>Cibola: Reviewed (4) four charts and all (4) were in compliance (100%).</p> <p>Cocopah: Reviewed (3) three charts and all (3) were in compliance (100%).</p> <p>Dakota: Reviewed (6) six charts and all (6)</p>	1

August 2013 YUMA COMPLEX

					<p>charts were in compliance (100%).</p> <p>Cheyenne: Reviewed (5) five charts and all (5) charts were in compliance (100%).</p>	
7	Are dental emergencies being addressed at the reception center?	X			<p>8/29/2013 11:56 AM Entered By: Anthony Medel Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed only (1) had a dental emergency addressed at reception.</p> <p>Health Services Technical Manual Chapter 5-Section 2.0</p> <p>Authority-NCCHC P-E-06</p> <p>8/27/2013 8:31 AM Entered By: Anthony Medel Are dental emergencies being addressed at reception?</p> <p>Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed only (1) had a dental emergency addressed at reception.</p> <p>Cheyenne: Had one dental emergency and it was addressed at reception and followed-up. (100%)</p>	1
8	Are inmates seen the day of arrival?		X		<p>8/29/2013 11:58 AM Entered By: Anthony Medel Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (19) nineteen were not in compliance (46%) of inmates being seen on the day of arrival.</p> <p>Health Services Technical Manual Chapter 5-Section 2.0</p> <p>8/28/2013 10:54 AM Entered By: Anthony Medel Are inmates being seen the day of arrival?</p> <p>Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (19) nineteen were not in compliance (46%) of inmates being seen on the day of arrival.</p> <p>La Paz: Reviewed (17) seventeen charts and (14) charts were not in compliance (18%).</p> <p>#Inmate-Arrived on 8/9, seen on 8/13 #Inmate-Arrived on 8/15, seen on 8/17 #Inmate-Arrived on 8/15, seen on 8/17 #Inmate-Arrived on 7/24, seen on 7/26 #Inmate-Arrived on 7/30, seen on 8/3 #Inmate-Arrived on 7/10, seen on 7/12 #Inmate-Arrived on 6/20, seen on 6/22 #Inmate-Arrived on 6/20, seen on 6/22 #Inmate-Arrived on 6/20, seen on 6/22 #Inmate-Arrived on 8/15, seen on 8/17</p>	1

August 2013 YUMA COMPLEX

					<p>#Inmate-Arrived on 8/15, seen on 8/17 #Inmate-Arrived on 6/20, seen on 6/22 #Inmate-Arrived on 7/18, seen on 7/21 #Inmate-Arrived on 7/12, seen on 7/16</p> <p>Cibola: Reviewed (4) four charts and (1) chart was not in compliance (75%). #Inmate-Arrival 8/15, seen on 8/17</p> <p>Cocopah: Reviewed (3) three charts and (1) chart was not in compliance (67%). #Inmate-Arrived on 8/15, seen on 8/17</p> <p>Dakota: Reviewed (6) six charts and (2) charts were not in compliance (67%). #Inmate-Arrived on 7/10, seen on 7/13 #Inmate-Arrived on 7/10, seen on 7/13</p> <p>Cheyenne: Reviewed (5) five charts and (1) chart was not in compliance (80%). #Inmate-Arrived on 6/13, seen on 6/15</p>	
9	<p>Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute?</p>	X			<p>8/29/2013 12:03 PM Entered By: Anthony Medel Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (1) one chart was not in compliance (94%) of inmates on medications prior to being placed under ADC custody continued on their medication or therapeutic substitute? (19) Nineteen charts were N/A-due to not being placed on a medication regime or therapeutic substitute.</p> <p>Health Services Technical Manual Chapter 5-Section 2.0</p> <p>Authority-NCCHC P-E-02</p> <p>8/28/2013 11:20 AM Entered By: Anthony Medel Are inmates on medications prior to being placed under ADC custody continued on their medication or a therapeutic substitute?</p> <p>Reviewed 35 charts (June-August) complex wide and out of the thirty-five (35) charts reviewed (1) one chart was not in compliance (94%) of inmates on medications prior to being placed under ADC custody continued on their medication or therapeutic substitute? (19) Nineteen charts were N/A-due to not being placed on a medication regime or therapeutic substitute.</p> <p>La Paz: Reviewed (17) seventeen charts and (1) chart was not in compliance (89%). (8) Charts were N/A as no medications were dispensed. #Inmate-Phenobarbital not dispensed diagnosis of seizures.</p> <p>Cibola: Reviewed (4) four charts and all (4) charts were N/A as no medications were dispensed.</p>	1

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					<p>Cocopah: Reviewed (3) three charts and (2) charts were in compliance (100%). (1) One chart N/A due to no medications being dispensed.</p> <p>Dakota: Reviewed (6) six charts and (3) charts were in compliance (100%). (3) Three charts were N/A due to no medications being dispensed.</p> <p>Cheyenne: Reviewed (5) five charts and (2) charts were in compliance (100%). (3) Three charts were N/A due to no medications being dispensed.</p>	
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Corrective Action Plans for Performance Measure: Return to Custody

3 Have Base Line labs been drawn?

Level 1 Amber User: Anthony Medel Date: 8/29/2013 11:47:12 AM

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

Corrective Actions: Reinforce to staff the need to have base line labs drawn on those inmates that are returned to our custody.

Responsible Parties = RN/LPN

Target Date – 11/30/13

8 Are inmates seen the day of arrival?

Level 1 Amber User: Anthony Medel Date: 8/29/2013 11:57:25 AM

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

Corrective Actions: Reinforce to staff the necessity that the inmates need to be seen upon arrival by nursing staff.

Responsible Parties = RN/LPN

Target Date – 11/30/13