

September 2013 EYMAN COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/27/2013 8:01 AM Entered By: Yvonne Maese Currently no new arrivals at the death row facility.	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/27/2013 8:01 AM Entered By: Yvonne Maese Currently no new arrivals at the death row facility.	2

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			<p>9/27/2013 10:15 AM Entered By: Yvonne Maese Sick call review on different dates conducted revealed the following:</p> <p>Browning- Sick call conducted 5 days a week. SMUI- Sick call conducted 5 days a week. Cook- Sick call conducted 5 days a week. Meadows- Sick call conducted 5 days a week. Rynning- sick call conducted 5 days a week.</p> <p>100% compliance with performance measure.</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>9/27/2013 11:09 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 2/10 compliant equates 20% compliant Compliant Inmate and Inmate Non-compliant Inmate no HNR in chart for indicated non emergent sick call Inmate HNR triaged 9/3 inmate seen 9/6 Inmate HNR triaged 9/3 inmate seen 9/6 Inmate HNR triaged 9/2 inmate seen 9/6 Inmate no HNR in chart for indicated non emergent sick call Inmate no HNR in chart for indicated non emergent sick call Inmate HNR triaged 9/2 inmate seen 9/5 Inmate HNR triaged 9/4 inmate seen 9/6</p> <p>SMUI Unit 10 charts reviewed. 4/10 compliant equates 40% compliant Compliant Inmate Inmate Inmate and Inmate Noncompliant Inmate HNR triaged 9/6 inmate seen 9/10 Inmate HNR triaged 9/6 inmate seen 9/10 Inmate HNR triaged 9/6 inmate seen 9/9 Inmate HNR triaged 9/6 inmate seen 9/9 Inmate HNR triaged 9/7 inmate seen 9/9 Inmate no HNR in chart for indicated non emergent sick call</p> <p>COOK Unit 10 charts reviewed. 4/10 compliant equates 40% compliant Compliant Inmate Inmate, Inmate and Inmate Non-compliant Inmate no HNR in chart for indicated non emergent sick call Inmate HNR triaged 9/23 inmate seen 9/25 Inmate HNR triaged 9/21 inmate seen 9/24 Inmate HNR triaged 9/15 inmate seen 9/17 Inmate HNR triaged 9/10 inmate seen 9/12 Inmate HNR triaged 9/9 inmate seen 9/11</p> <p>RYNNING Unit 10 charts reviewed. 6/10 compliant equates 60% compliant Compliant Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant</p>	1

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				<p>Inmate no HNR in chart for indicated non emergent sick call Inmate no triage date indicated seen 9/11 Inmate no triage date indicated seen 9/19 Inmate HNR triaged 9/6 inmate seen 9/10</p> <p>BROWNING Unit 10 charts reviewed. 4/10 compliant equates 40% compliant Compliant Inmate Inmate Inmate and 201305 Non-compliant Inmate no triage date indicated seen 9/4 Inmate no triage date indicated seen 9/4 Inmate HNR triaged 9/18 inmate seen 9/20 Inmate HNR triaged 9/12 inmate seen 9/17 Inmate HNR triaged 9/14 inmate seen 9/17 Inmate HNR triaged 9/14 inmate seen 9/17</p> <p>Eyman Complex 20/50 equates to 40% compliant</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>9/27/2013 11:31 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 5/10 compliant equates 50% compliant Compliant Inmate Inmate, Inmate Inmate and Inmate Non-compliant Inmate no documented vital signs Inmate no documented vital signs Inmate no documented vital signs Inmate incomplete vital signs Inmate no NET used for nursing encounter</p> <p>SMUI Unit 10 charts reviewed. 10/10 compliant equates 100% compliant Compliant Inmate Inmate Inmate Inmate, Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>COOK Unit 10 charts reviewed. 9/10 compliant equates 90% compliant Compliant Inmate Inmate, Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate no progress note in chart for nursing encounter</p> <p>RYNNING Unit 10 charts reviewed. 10/10 compliant equates 100% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate, Inmate Inmate Inmate and Inmate</p> <p>BROWNING Unit 10 charts reviewed. 10/10 compliant equates 100% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>Eyman Complex 44/50 equates to 88% compliant Last month MGAR for this performance measure is 80% with an 8% increase in compliance this month.</p>	1

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4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X	<p>9/27/2013 11:42 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 1/10 compliant equates 10% compliant Compliant Inmate Non-compliant Inmate no documented education Inmate no documented education Inmate no documented education Inmate no documented education Inmate no documented education Inmate no documented education Inmate no documented education Inmate no documented education Inmate no documented education</p> <p>SMUI Unit 10 charts reviewed. 10/10 compliant equates 100% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>COOK Unit 10 charts reviewed. 9/10 compliant equates 90% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate no documented education</p> <p>RYNNING Unit 10 charts reviewed. 7/10 compliant equates 70% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate no documented education Inmate no documented education Inmate no documented education</p> <p>BROWNING Unit 10 charts reviewed. 10/10 compliant equates 100% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>Eyman Complex 37/50 equates to 74% compliant Last month MGAR for this performance measure is 68% with an 6% increase in compliance this month.</p>	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>9/27/2013 12:25 PM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. Of these ten, six had referrals 1/6 equates to 16% compliant Compliant Inmate Inmate no referral indicated, Inmate no referral indicated, Inmate no referral indicated Non-compliant Inmate referred 9/6 seen 9/17</p>	1

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				<p>Inmate referred 9/6 not seen as of 9/25 Inmate referred 9/5 not seen as of 9/25 Inmate referred 9/2 not seen as of 9/25 Inmate referred 9/6 not seen as of 9/25</p> <p>SMUI Unit 10 charts reviewed. Of these ten, five had referrals 1/5 equates to 20% compliant Compliant Inmate Inmate no referral indicated Inmate no referral indicated Inmate no referral indicated, Inmate no referral indicated, Inmate no referral indicated Non-compliant Inmate referred 9/10 not seen as of 9/16 Inmate referred 9/10 not seen as of 9/16 Inmate referred 9/9 not seen as of 9/16 Inmate referred 9/2 not seen as of 9/16</p> <p>COOK Unit 10 charts reviewed. Of these ten, six had referrals 3/6 equates to 50% compliant Compliant Inmate Inmate Inmate Inmate no referral indicated Inmate no referral indicated, Inmate no referral indicated, Inmate no referral indicated Non-compliant Inmate no documented progress note Inmate referred 9/17 not seen as of 9/26 Inmate referred 9/13 not seen as of 9/26</p> <p>RYNNING Unit 10 charts reviewed. Of these ten, eight had referrals 6/8 equates to 75% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate no referral indicated, Inmate no referral indicated Non-compliant Inmate referred 9/4 not seen as of 9/24 Inmate referred 9/9 not seen as of 9/17</p> <p>BROWNING Unit 10 charts reviewed. Of these ten, eight had referrals 7/8 equates to 87% Compliant Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate referred 9/17 not seen as of 9/23</p> <p>Eyman Complex 18/33 equates to 54% compliant Last month MGAR for this performance measure is 94% with a 40% decrease in compliance this month.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>9/27/2013 12:43 PM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 1/10 compliant which equates to 10% compliant Compliant Inmate Non-compliant Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter</p>	1

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					<p>Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter</p> <p>SMUI Unit 10 charts reviewed. 10/10 compliant which equates to 100% compliant Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate, and Inmate</p> <p>COOK Unit 10 charts reviewed. 8/10 compliant which equates to 80% compliant Compliant</p> <p>Inmate Inmate, Inmate Inmate Inmate Inmate Inmate Inmate Non-compliant Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter</p> <p>RYNNING Unit 10 charts reviewed. 7/10 compliant which equates to 70% compliant Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter Inmate NET not used for nursing encounter</p> <p>BROWNING Unit 10 charts reviewed. 10/10 compliant which equates to 100% compliant Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>Eyman Complex 36/50 equates to 72% compliant Last month MGAR for this performance measure is 56% with a 16% increase in compliance this month.</p>	
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Corrective Action Plans for Performance Measure: Sick Call (Q)

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

Level 1 Red User: Yvonne Maese Date: 9/27/2013 11:09:11 AM

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

Corrective Actions: See above.

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

Level 1 Amber User: Yvonne Maese Date: 9/27/2013 11:42:07 AM

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

Corrective Actions: See above.

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

Level 1 Red User: Yvonne Maese Date: 9/27/2013 12:25:00 PM

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

Corrective Actions: See above.

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

Level 1 Amber User: Yvonne Maese Date: 9/27/2013 12:43:26 PM

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

Corrective Actions: See above.

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]			X	<p>9/30/2013 5:27 PM Entered By: Yvonne Maese Meadows Unit 6 Urgent consults request reviewed, 0/6 compliant which equates to 0% compliant Compliant None Non-compliant Inmate consult request 8/8, appt set for 9/18 Inmate consult request 8/6, no appt set as of 9/24 Inmate consult request 8/20, no appt as of 09/24 Inmate consult request 8/15, no appt as of 9/24</p> <p>SMUI Unit 1 urgent consult request reviewed. 0/1 compliant which equates to 0% compliant Compliant None Non-compliant Inmate consult request 8/6, appt 9/11</p> <p>COOK Unit 1 urgent consult request reviewed. 1/1 compliant which equates to 100% compliant Compliant Inmate Non-compliant None</p> <p>RYNNING Unit 2 urgent consult request reviewed. 0/2 compliant which equates to 0% compliant Compliant none Non-compliant Inmate consult request 8/6, appt set 10/30 Inmate consult request 8/1, sent out 9/24</p> <p>BROWNING Unit 2 urgent consult request reviewed. 0/2 compliant which equates to 0% compliant Compliant None Non-compliant 8/5 consult request 8/5, no appt as of 9/23 Inmate consult request 8/19, appt set 11/26</p> <p>Eyman Complex 1/12 equates to 8% compliant</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>9/30/2013 5:32 PM Entered By: Yvonne Maese Meadows Unit 6 Urgent consults request reviewed, 0/6 compliant which equates to 0% compliant Compliant None Non-compliant Inmate consult request 8/8, appt set for 9/18- no notes in chart as of 9/25 Inmate consult request 8/6, no appt set as of 9/24</p>	2

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				<p>Inmate consult request 8/20, no appt as of 09/24</p> <p>Inmate consult request 8/15, no appt as of 9/24</p> <p>SMUI Unit 1 urgent consult request reviewed. 0/1 compliant which equates to 0% compliant Compliant None Non-compliant</p> <p>Inmate consult request 8/6, appt 9/11 no offsite notes in chart</p> <p>COOK Unit 1 urgent consult request reviewed. 1/1 compliant which equates to 100% compliant Compliant Inmate Non-compliant None</p> <p>RYNNING Unit 2 urgent consult request reviewed. 0/2 compliant which equates to 0% compliant Compliant none Non-compliant</p> <p>Inmate consult request 8/6, appt set 10/30 Inmate consult request 8/1, sent out 9/24</p> <p>BROWNING Unit 2 urgent consult request reviewed. 0/2 compliant which equates to 0% compliant Compliant None Non-compliant 8/5 consult request 8/5, no appt as of 9/23 Inmate consult request 8/19, appt set 11/26</p> <p>Eyman Complex 1/12 equates to 8% compliant</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]		X	<p>9/30/2013 5:39 PM Entered By: Yvonne Maese</p> <p>two consult appts sent out and where returned without being seen due to no appt set at offsite provider office.</p>	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X		<p>9/30/2013 4:52 PM Entered By: Yvonne Maese</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		<p>9/30/2013 5:39 PM Entered By: Yvonne Maese</p>	2

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Corrective Action Plans for Performance Measure: Medical Specialty Consultations (Q)

1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]

Level 2 Red User: Yvonne Maese Date: 9/30/2013 5:27:40 PM

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

Corrective Actions: See above.

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]

Level 2 Amber User: Yvonne Maese Date: 9/30/2013 5:32:43 PM

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

Corrective Actions: See above.

3 Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]

Level 3 Amber User: Yvonne Maese Date: 9/30/2013 5:39:15 PM

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

Corrective Actions: See above.

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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>9/30/2013 10:17 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 10/10 compliant which equates to 100% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>SMU1 Unit 10 charts reviewed. 10/10 compliant which equates to 100% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Cook Unit 10 charts reviewed. 10/10 compliant which equates to 100% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Browning Unit 10 Charts reviewed. 10/10 compliant which equates to 100% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Rynning Unit 10 charts reviewed 10/10 compliant which equates to 100% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Eyman complex 100% compliant</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>9/30/2013 11:32 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 5/10 compliant which equates to 50% compliant.</p> <p>Compliant</p>	2

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Inmate Inmate Inmate Inmate Inmate

Non-compliant

Inmate previous appt 3/15/12 with 180D f/u, seen 7/22/13

Inmate previous appt 3/1/13 with 90D f/u, seen 7/10/30 with 120D f/u

Inmate previous appt 2/2/12, last seen 9/24/13 with 90D f/u

Inmate previous appt 5/21/13 with 90D f/u, not seen as of 9/16

Inmate previous appt 5/29/13 with 90D f/u, not seen as of 9/16

SMU1 Unit 10 charts reviewed. 3/10 compliant which equates to 30% compliant.

Compliant

Inmate Inmate, Inmate

Non-compliant

Inmate previous appt 1/31/13 with 6MO f/u, seen 8/14/13 with 30D f/u. Seen 9/9/13

Inmate previous appt 2/27/13 with 6MO f/u, sched 8/20 appt but not seen as of 9/16/13.

Inmate previous appt 5/1/13 with 60D f/u, no appt as of 9/16/13

Inmate previous appt 5/9/12 with 90D f/u., no appt as of 9/16/13

Inmate previous appt 4/3/13 with 90D f/u., no appt as of 9/16/13

Inmate previous appt 6/11/12 with 90D f/u., no appt as of 9/16/13

Inmate previous appt 12/11/12 with 6MO f/u., no appt as of 9/16/13

Cook Unit 10 charts reviewed. 4/10 compliant which equates to 40% compliant.

Compliant

Inmate Inmate Inmate Inmate

Non-compliant

Inmate previous appt 1/16/13 with 90D f/u, no appt as of 9/26/13

Inmate previous appt 2/21/13 with 90D f/u, seen 9/19/13 with 180 day f/u

Inmate previous appt 2/16/13 with no f/u date indicated

Inmate previous appt 1/17/13 with 90D f/u, not seen as of 9/26/13

Inmate previous appt 1/14/12 with 180D f/u, seen 9/10/13 with 180D f/u

Inmate previous appt 3/29/13 with 90D f/u, not seen as of 9/26/13.

Browning Unit 10 Charts reviewed. 9/10 compliant which equates to 90% compliant.

Compliant

Inmate Inmate Inmate Inmate Inmate
Inmate Inmate Inmate Inmate

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				<p>Non-compliant Inmate previous appt 1/31/13, with no f/u date indicated, not seen as of 9/26/13</p> <p>Rynning Unit 10 charts reviewed 5/10 compliant which equates to 50% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate</p> <p>Non-compliant Inmate previous appt 4/2/13 with 90D f/u, not seen as of 9/24/13 Inmate previous appt 12/4/12. not seen as of 9/24/13 Inmate previous appt 8/29/12, not seen as of 9/24/13 Inmate previous visit 4/3/12, not seen as of 9/24/13 Inmate previous visit 5/18/12. not seen as of 9/24/13</p> <p>Eyman complex 26/50 equates to 52% compliant</p> <p>Last month MGAR for this performance is 26% with a 26% increase in compliance this month.</p>	
3	<p>Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]</p>	X		<p>9/30/2013 11:53 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 10/10 compliant which equates to 100% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>SMU1 Unit 10 charts reviewed. 9/10 compliant which equates to 90% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Non-compliant Inmate No documentation of coaching or education regarding condition</p> <p>Cook Unit 10 charts reviewed. 9/10 compliant which equates to 90% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Non-compliant</p>	1

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				<p>Inmate No documentation of coaching or education regarding condition on last visit</p> <p>Browning Unit 10 Charts reviewed. 9/10 compliant which equates to 90% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Non-compliant</p> <p>Inmate No documentation of coaching or education regarding condition on last</p> <p>Rynning Unit 10 charts reviewed 9/10 compliant which equates to 90% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Non-compliant</p> <p>Inmate No documentation of coaching or education regarding condition on last</p> <p>Eyman complex 46/50 equates to 92% compliant</p> <p>Last month MGAR for this performance is 70% with a 22% increase in compliance this month.</p>	
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X	<p>9/30/2013 12:34 PM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 6/10 compliant which equates to 60% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Non-compliant</p> <p>Inmate last set of labs drawn 5/13 Inmate last set of labs 7/13, no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs</p> <p>SMU1 Unit 10 charts reviewed. 3/10 compliant which equates to 30% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate</p> <p>Non-compliant</p> <p>Inmate no current f/u or labs</p>	2

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				<p>Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs</p> <p>Cook Unit 10 charts reviewed. 4/10 compliant which equates to 40% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate</p> <p>Non-compliant</p> <p>Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs</p> <p>Browning Unit 10 Charts reviewed. 7/10 compliant which equates to 70% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Non-compliant</p> <p>Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs</p> <p>Rynning Unit 10 charts reviewed 6/10 compliant which equates to 60% compliant.</p> <p>Compliant</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Non-compliant</p> <p>Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs Inmate no current f/u or labs</p> <p>Eyman complex 26/50 equates to 52% compliant</p> <p>Last month MGAR for this performance is 23% with a 29% increase in compliance this month.</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		9/30/2013 1:15 PM Entered By: Yvonne Maese Due October '13	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: Yvonne Maese Date: 9/30/2013 11:32:06 AM

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

Corrective Actions: See 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: Yvonne Maese Date: 9/30/2013 12:34:51 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.

10/11/13 Update – Make sure guidelines available at sites; need to prep chart for clinic visit so everything the provider needs is available.

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Medical Records (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]			X	<p>9/30/2013 11:43 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed, 3/10 compliant which equates to 30% compliant Compliant Inmate Inmate Inmate Non-compliant Inmate loose filing in chart Inmate no current MAR in chart Inmate loose filing in chart Inmate loose filing in chart Inmate no current MAR in chart Inmate no current MAR in chart Inmate loose filing in chart</p> <p>SMUI Unit 10 charts reviewed, 0/10 compliant which equates to 0% compliant Compliant none Non-compliant Inmate loose filing in chart Inmate documents placed in wrong section Inmate No current MAR Inmate documents placed in wrong section Inmate documents placed in wrong section Inmate loose filing in chart Inmate documents placed in wrong section Inmate documents placed in wrong section Inmate loose filing in chart Inmate loose filing in chart</p> <p>COOK Unit 10 charts reviewed. 4/10 compliant which equates to 40% compliant Compliant Inmate Inmate Inmate and Inmate Non-compliant Inmate current documentation not in chart Inmate loose filing in chart Inmate no Aug MAR in chart Inmate no Aug MAR in chart Inmate no Aug MAR in chart Inmate no Aug MAR in chart</p> <p>BROWNING Unit 10 charts reviewed. 7/10 compliant which equates to 70% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate no Aug MAR in chart Inmate no Aug MAR in chart Inmate no Aug MAR in chart</p> <p>RYNNING Unit 10 charts reviewed, 4/10 compliant which equates to 40% compliant Compliant Inmate Inmate Inmate, and Inmate Non-compliant Inmate current HNR documentation not in chart Inmate no Aug MAR in chart Inmate loose filing in chart Inmate loose filing in chart Inmate tabs missing in chart Inmate loose filing in chart</p> <p>Eyman Complex 18/50 equates to 36%</p>	1

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				compliant	
2	Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]		X	<p>9/30/2013 11:03 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 6/10 compliant which equates to 60% compliant Compliant Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate 9/9 orders noted on 9/10 Inmate 7/10 orders not dated Inmate 9/3 orders noted on 9/4 Inmate 9/5 orders noted on 9/6</p> <p>SMUI Unit 10 charts reviewed. 6/10 compliant which equates to 60% compliant Compliant Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate 9/3 orders noted on 9/4 Inmate 9/12 orders noted on 9/15 Inmate 9/4 orders noted on 9/5 Inmate 9/10 orders noted on 9/13</p> <p>COOK Unit 10 charts reviewed. 6/10 compliant which equates to 60% compliant Compliant Inmate Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate 9/13 orders noted on 9/14 Inmate did not get verbal orders from 9/4 signed off on by provider Inmate 9/13 orders noted on 9/14 Inmate no date on providers order</p> <p>BROWNING Unit 10 charts reviewed. 9/10 compliant which equates to 90% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate 254697, Inmate and Inmate Non-compliant Inmate 8/16 orders noted on 8/18</p> <p>RYNNING Unit 10 charts reviewed. 9/10 compliant which equates to 90% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Inmate no orders tab, noted on progress note) Non-compliant Inmate 9/24/13 orders not noted</p> <p>Eyman Complex 36/50 equates to 72% compliant</p>	1
3	Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X	<p>9/30/2013 12:25 PM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed, 1/10 compliant which equates to 10% compliant Compliant Inmate Non-compliant</p>	1

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Inmate Aug MAR not in chart
Inmate missing start date, initials missing on 5th, 22nd, and 28th of month
Inmate Current Aug MAR not in chart
Inmate missing initials on 1-6th, 10th, and 24th of month
Inmate Aug MAR not in chart
Inmate Aug MAR not in chart
Inmate Aug MAR not in chart
Inmate no start date, missing initials on 28th
Inmate Aug MAR not in chart

SMUI Unit 10 charts reviewed, 0/10 compliant which equates to 0% compliant
Compliant
none

Non-compliant
Inmate Aug MAR not in chart
Inmate no route
Inmate Aug MAR not in chart
Inmate no end date
Inmate Aug Mar not in chart
Inmate Aug MAR not in chart
Inmate no start date
Inmate Aug MAR not in chart
Inmate Aug MAR not in chart
Inmate Aug MAR not in chart

COOK Unit 10 charts reviewed, 3/10 compliant which equates to 30% compliant
Compliant

Inmate Inmate and Inmate
Non-compliant
Inmate Aug MAR not in chart
Inmate Aug MAR not in chart
Inmate Aug MAR not in chart
Inmate no Aug MAR in chart
Inmate no Aug MAR in chart
Inmate no Aug MAR in chart
Inmate no start date

BROWNING Unit 10 charts reviewed, 3/10 compliant which equates to 30% compliant
Compliant




Inmate Inmate Inmate Inmate and Inmate
Non-compliant
Inmate no Aug MAR in chart
Inmate no Aug MAR in chart
Inmate no Aug MAR in chart
Inmate no start date, missing initials on 17th and 18th
Inmate no start date

RYNNING Unit 10 charts reviewed, 4/10 compliant which equates to 40% compliant
Compliant

Inmate Inmate Inmate Inmate Inmate
Inmate and Inmate
Non-compliant
Inmate no Aug MAR in chart
Inmate no start date
Inmate no start date

Eyman Complex 11/50 equates to 22% compliant

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4	<p>Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]</p>	  	X	<p>9/30/2013 10:33 AM Entered By: Yvonne Maese Meadows Unit 10 charts reviewed. 0/10 compliant which equates to 0% compliant Compliant none Non-compliant Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart SMUI Unit 10 charts reviewed. 0/10 compliant which equates to 0% compliant Compliant None Non-compliant Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart COOK Unit 10 charts reviewed. 5/10 compliant which equates to 50% compliant Compliant Inmate Inmate Inmate Inmate and Inmate Non-compliant Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart BROWNING Unit 10 charts reviewed. 0/10</p>	1
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				<p>compliant which equates to 0% compliant Compliant None Non-compliant Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart</p> <p>RYNNING Unit 10 charts reviewed. 1/10 compliant which equates to 10% compliant Compliant Inmate Non-compliant Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart Inmate not legible initials, no time or name stamp used upon receipt of chart</p> <p>Eyman Complex 5/50 equates to 10% compliant</p>	
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X		<p>9/30/2013 10:03 AM Entered By: Yvonne Maese Meadows Unit arrival logs reviewed. Meets performance measure, 100% compliant</p> <p>SMUI Unit arrival logs reviewed. Meets performance measure, 100% compliant</p> <p>COOK Unit arrival logs reviewed. Meets performance measure, 100% compliant</p> <p>RYNNING Unit arrival logs reviewed. Meets performance measure, 100% compliant</p> <p>BROWNING Unit arrival logs reviewed. Meets performance measure, 100% compliant</p>	1

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		X			Eyman Complex 100% compliant	1
6	Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?	X			<p>9/30/2013 10:01 AM Entered By: Yvonne Maese Meadows Unit departure logs reviewed. Meets performance measure, 100% compliant</p> <p>SMUI Unit departure logs reviewed. Meets performance measure, 100% compliant</p> <p>COOK Unit 10 departure logs reviewed. Meets performance measure, 100% compliant</p> <p>RYNNING Unit departure logs reviewed. Meets performance measure, 100% compliant</p> <p>BROWNING Unit departure logs reviewed. Meets performance measure, 100% compliant</p> <p>Eyman Complex 100% compliant</p>	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			9/27/2013 8:10 AM Entered By: Yvonne Maese	1
8	Are medical records for released inmates pulled from the active file area?	X			<p>9/27/2013 8:04 AM Entered By: Yvonne Maese A review of all five facilities at Eyman complex (Browning, SMUI, Meadows, Cook, Rynning) revealed medical records for released inmates are pulled from active file area.</p>	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			<p>9/27/2013 8:05 AM Entered By: Yvonne Maese RTC records are merged once inmate is readmitted per medical records clerk at each facility in Eyman.</p>	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			<p>9/27/2013 8:08 AM Entered By: Yvonne Maese Browning-3rd party log maintained SMUI- 3rd party log maintained Rynning- 3rd party log maintained Meadows-3rd party log maintained Cook-3rd party log maintained</p>	1

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Corrective Action Plans for Performance Measure: Medical Records (Q)
1 Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01] Level 1 Red User: Yvonne Maese Date: 9/30/2013 11:43:15 AM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions:
2 Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0] Level 1 Amber User: Yvonne Maese Date: 9/30/2013 11:03:06 AM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with nursing staff to note charts regularly. Continue to monitor. Responsible Parties = RN/LPN Target Date= 11/30/13
3 Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4] Level 1 Amber User: Yvonne Maese Date: 9/30/2013 12:25:58 PM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with nursing staff the importance of a complete MAR. Continue to monitor. Responsible Parties = RN/LPN Target Date= 11/30/13
4 Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5] Level 1 Red User: Yvonne Maese Date: 9/30/2013 10:33:43 AM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions:

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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			9/30/2013 7:49 AM Entered By: Martin Winland	2

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2	<p>Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]</p>	X	X	X	<p>9/30/2013 7:51 AM Entered By: Martin Winland HSTM 4.1.6 Non-Formulary Drug Requests &HSTM 4.1.1 Pharmaceutical Dispensing Procedures –RED- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity, mortality, and maintain continuity of care. A) HSTM 4.1.6 Non –Formulary Drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. September 2013 Non –Formulary Drug Requests – Non Formulary Medication Reports indicate 911 expiring medications (9/03/2013). As of (9-25-2013), the total number of Non-Formulary medications is 578. B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receives continuity of care. September Formulary Report indicates: 6753 formulary medications expiring (9/03/2013). As of (9/25/2013), the total number of Formulary medication needing addressed is 3,569. C) Corizon has initiated a state wide “blitz” in an effort to correct site issues/concerns. Coupled with recent training at the Corizon Regional office, this should positively impact the sites. D) The September 25, 2013 Expiring Medication Report (Formulary and Non Formulary) was sent to Christy Somner(State D.O.N. ,Corizon) for follow up with the facilities. Eyman continues to struggle with policy and procedure. A recent “blitz” by Corizon at the facilities should prove beneficial to correct internal issues. I continue to send alerts to the facility on a daily basis. As of date an ongoing investigation on syringes continues. (9-25-2013) Formulary 505, Non Formulary 132.</p>	2
3	<p>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?</p>	X	X	X	<p>9/30/2013 7:51 AM Entered By: Martin Winland</p>	1
4	<p>When a medication error occurs, is nursing staff completing a medication error report,</p>	X	X	X	<p>9/30/2013 3:22 PM Entered By: Martin Winland See question #11 on Medciation</p>	2

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	documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]				Administration (MGAR)	
5	Are the dosages of medication being changed, increased or decreased contrary to time frames stated in appropriate clinical compendia, such as Drug Facts and Comparisons and/or the package insert, unless the need is clinically documented in the chart and a non-formulary request is approved?	X			9/30/2013 7:52 AM Entered By: Martin Winland	1

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

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

Level 2 Red User: Martin Winland Date: 9/30/2013 7:51:43 AM

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

Corrective Actions: See above.

4 When a medication error occurs, is nursing staff completing a medication error report, documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]

Level 2 Amber User: Martin Winland Date: 9/30/2013 3:22:26 PM

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

Corrective Actions: See above.

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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			9/30/2013 11:27 AM Entered By: Nicole Taylor *Out of 60 charts pulled, 57 were in compliance = 95% Rynning: (10 out of 10 charts were in compliance) No findings. Browning: (9 out of 10 charts were in compliance) Inmate HNR dated 8/22/13 was not triaged until 8/25/13. (+3 days). SMU: (19 out of 20 charts were in compliance) Inmate HNR dated 8/1/13 was not triaged until 8/15/13. (+14 days). Cook: (9 out of 10 charts were in compliance) Inmate (SMI): HNR dated 8/26/13 was not triaged until 8/29/13. (+3 days). Meadows: (10 out of 10 charts were in compliance) No findings.	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	9/30/2013 11:49 AM Entered By: Nicole Taylor *Out of 60 charts pulled, 48 were in compliance = 80%. This performance measure is receiving a Red finding, even though the Complex-wide percentage is 2% above the MGAR standard for this month. Most of the referrals were not simply just past 7 days, but had still not yet been seen. Some of the referrals were from June and July and had yet to be seen. Rynning: (8 out of 10 charts were in compliance) Inmate Referred 7/31/13 and seen 8/14/13. Inmate Referred in SOAP note dated 7/31/13 and seen 8/14/13. Browning: (9 out of 10 charts were in compliance) Inmate Referred 8/26/13 and still not seen. SMU: (16 out of 20 charts were in compliance) - 20 charts pulled due to high number of MH inmates and max custody Inmate Referred 8/07/13 via HNR and still not seen. Inmate Referred 8/02/13 via HNR and still not seen. Inmate (SMI): Referred 6/05/13 and still not seen. Inmate (SMI): Referred 7/30/13 via HNR and still not seen. Cook: (6 out of 10 charts were in compliance) – This alone would have been a red finding. Inmate (SMI): Referred 8/30/13 in chart review and still not seen. Inmate (SMI): Referred 8/14/13 in HNR and 8/16/13 in chart review and still not seen. Inmate (SMI): Referred 8/19/13 in SOAP note and still not seen. Inmate Referred 6/15/13 and seen 7/25/13. Meadows: (9 out of 10 charts were in compliance) Inmate (SMI): Referred 8/7/13 in HNR and	2

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				8/29/13 in SOAP note and inmate still has not been seen.	
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 9/30/2013 11:52 AM Entered By: Nicole Taylor *Out of 60 charts pulled, 42 were in compliance = 70%. This is a Red finding because most of the charts out of compliance were for SMI inmates. Rynning: (8 out of 10 charts were in compliance) Inmate(SMI) & Inmate(SMI): Both need tx plan updates. Browning: (6 out of 10 charts were in compliance) – This alone would have been a red finding. The following inmates are in need of a treatment plan update: Inmate(SMI), Inmate(SMI), Inmate(SMI), Inmate(SMI) Inmate No treatment plan found in chart. SMU: (14 out of 20 charts were in compliance) – 20 charts were pulled due to the high number of MH inmates and being max custody. This alone would have been a red finding. Inmate(SMI): Inmate needs treatment plan update.. Inmate(SMI): Inmate needs treatment plan update.. Inmate(SMI): Inmate needs treatment plan update.. Inmate(SMI): Inmate needs treatment plan update.. Inmate(SMI): Inmate needs treatment plan update.. Inmate Inmate needs treatment plan update.. Cook: (9 out of 10 charts were in compliance) Inmate No treatment plan found in chart. Meadows: (5 out of 10 charts were in compliance) – This alone would have been a red finding. Inmate No treatment plan found in chart. Inmate No treatment plan found in chart. Inmate(SMI): Inmate needs treatment plan update.. Inmate(SMI): Inmate needs treatment plan update.. Inmate(SMI): Inmate needs treatment plan update.. Inmate(SMI): Inmate needs treatment plan update.	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 9/30/2013 11:57 AM Entered By: Nicole Taylor *Out of 60 charts pulled, 36 were in compliance = 60% This performance measure is receiving a Red finding due to the low compliance rate and risk of harm to the inmate. The following inmates are past due for their psychology visit: Rynning: (6 out of 10 charts were in compliance) – This alone would have been a red finding. Inmate Last seen 4/12/13. Inmate Last seen 9/7/12. Inmate(SMI): Last seen 7/31/13. Inmate(SMI): Last seen 7/8/13. Browning: (6 out of 10 charts were in	2

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					<p>compliance) – This alone would have been a red finding.</p> <p>Inmate Past due for psychology visit, IM arrived to Eyman 5/14/13 and has had no mental health contacts yet.</p> <p>Inmate Past due for psychology visit, last psychology visit was 9/21/12.</p> <p>Inmate Past due for psychology visit, last psychology visit was 4/19/13.</p> <p>Inmate Past due for psychology visit, IM arrived at Eyman 8/6/13 and has not yet been seen by psychology.</p> <p>SMU: (12 out of 20 charts were in compliance) – 20 charts were pulled because of the high number of MH inmates and this is max custody. This alone would have been a red finding.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 7/10/13 when IM was DC'd from watch.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 8/1/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 7/10/13.</p> <p>Inmate Past due for psychology visit, last visit was 6/14/13.</p> <p>Inmate Past due for psychology visit, last visit was 6/25/13.</p> <p>Inmate Past due for psychology visit, last visit was 5/14/13.</p> <p>Inmate Past due for psychology visit, last visit was 5/22/13 when placed on watch.</p> <p>Inmate Past due for psychology visit, last visit was 7/24/13.</p> <p>Cook: (7 out of 10 charts were in compliance) – This alone would have been a red finding.</p> <p>Inmate Past due for psychology visit, last visit was 3/21/13.</p> <p>Inmate Past due for psychology visit, last visit was 12/26/12.</p> <p>Inmate Past due for psychology visit, last visit was 4/11/13.</p> <p>Meadows: (5 out of 10 charts were in compliance) – This alone would have been a red finding.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 8/24/2011.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 3/13/13.</p> <p>Inmate Past due for psychology visit, last visit was 7/23/13.</p> <p>Inmate Past due for psychology visit, last visit was 6/14/13.</p> <p>Inmate Past due for psychology visit, no psychology notes found in chart.</p>	
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	<p>9/30/2013 11:59 AM Entered By: Nicole Taylor</p> <p>*Out of 60 charts pulled, 33 were in compliance = 55%. This performance factor is receiving a Red finding due to the low compliance rate and the risk of harm to the inmate.</p> <p>Rynning: (7 out of 10 charts were in compliance) – This alone would have been a red finding.</p> <p>Inmate Past due for psychiatry visit- RTC date was 9/10/13.</p> <p>Inmate(SMI): Past due for psychiatry visit- RTC date was 8/20/13.</p> <p>Inmate(SMI): Past due for psychiatry visit-</p>	2

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RTC date was 7/6/13.
Browning: (7 out of 10 charts were in compliance) – This alone would have been a red finding.
Inmate (SMI): Past due for psychiatry visit- RTC date was 7/25/13.
Inmate Past due for psychiatry visit- RTC date was 8/15/13.
Inmate Inmate arrived 8/6/13 and has not seen psychiatry. He is a MH-3 +meds. It appears as though inmate is not receiving his meds.
SMU: (6 out of 20 charts were in compliance) – 20 charts were pulled because of the high number of MH inmates and max custody. This alone would have been a red finding.
Inmate (SMI): Past due for psychiatry visit- RTC date was 9/11/13.
Inmate (SMI): Past due for psychiatry visit- RTC date was 8/15/13.
Inmate (SMI): Past due for psychiatry visit- RTC date was 8/12/13. PMRB expired 8/6/13 without follow-up.
Inmate (SMI): Inmate hasn't been seen since 3/19/13 when PMRB was recommended by psychiatrist.
Inmate (SMI): Reportedly in psych meds (Hardol, Tegretol and Effexor) but no psychiatry notes found in chart.
Inmate (SMI): Past due for psychiatry visit- RTC date was 8/20/13.
Inmate Past due for psychiatry visit-RTC date was 7/24/13.
Inmate Past due for psychiatry visit- RTC date was 8/15/13.
Inmate Past due for psychiatry visit-RTC date was 7/31/13.
Inmate Past due for psychiatry visit- Return to clinic date was 12/25/12 for follow-up on recently DC'd psych meds.
Inmate Past due for psychiatry visit- RTC date was 9/5/13.
Inmate Past due for psychiatry visit- RTC date was 5/8/13. On 9/5/13 a medication bridge order was done to respond to the 8/3/13 medication expiration date. Inmate's medications were expired for 1 month.
Inmate Past due for psychiatry visit- RTC date was 9/4/13.
Cook: (8 out of 10 charts were in compliance)
Inmate (SMI): Past due for psychiatry visit- RTC date was 8/28/13.
Inmate Past due for psychiatry visit- RTC date was 2/16/13. Medication expiration date was 5/9/13, inmate's medications were allowed to expire without follow-up.
Meadows: (5 out of 10 charts were in compliance) – This alone would have been a red finding.
Inmate (SMI): Past due for psychiatry visit- RTC date was 7/19/13.
Inmate (SMI): Past due for psychiatry visit- RTC date was 8/7/13.
Inmate (SMI): Past due for psychiatry visit- RTC date was 8/3/13.
Inmate (SMI): Past due for psychiatry visit- RTC date was 6/29/13.
Inmate (SMI): Past due for psychiatry visit- RTC date was 8/3/13.

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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			<p>9/30/2013 12:00 PM Entered By: Nicole Taylor</p> <p>*Out of 60 charts pulled, 60 were in compliance = 100%</p> <p>Rynning: (10 out of 10 charts were in compliance) No findings.</p> <p>Browning: (10 out of 10 charts were in compliance) No findings.</p> <p>SMU: (20 out of 20 charts were in compliance) No findings.</p> <p>Cook: (10 out of 10 charts were in compliance) No findings.</p> <p>Meadows: (10 out of 10 charts were in compliance) No findings.</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 Red User: Nicole Taylor Date: 9/30/2013 11:49:16 AM

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

Corrective Actions: See above.

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: 9/30/2013 11:52:30 AM

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

Corrective Actions: See above.

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: 9/30/2013 11:57:34 AM

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

Corrective Actions: See above.

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: 9/30/2013 11:59:39 AM

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

Corrective Actions: See above.

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No Shows						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]		X		<p>9/30/2013 12:49 PM Entered By: Yvonne Maese Meadows Unit 4 no shows, 4 charts reviewed, 0/4 compliant which equates to 0% compliant Compliant none Non-compliant Inmate no refusal in chart Inmate no refusal in chart Inmate no refusal in chart Inmate no refusal in chart</p> <p>SMUI Unit 0 "no shows" unit is lockdown facility Compliant</p> <p>COOK Unit 9 no shows, 9 charts reviewed, 0/9 compliant which equates to 0% compliant Compliant none Non-compliant Inmate no refusal noted in chart Inmate no refusal in chart Inmate no refusal in chart Inmate no refusal in chart Inmate no refusal in chart Inmate no refusal in chart Inmate no refusal in chart Inmate no refusal in chart Inmate no refusal in chart</p> <p>BROWNING Unit 0 "no shows" unit is lockdown facility Compliant</p> <p>RYNNING Unit only 8 no shows indicated, 8 charts reviewed, 1/8 compliant which equates to 12% compliant Compliant Inmate for 9/5 Non-compliant Inmate 9/18 appt no refusal in chart Inmate 9/18 appt no refusal in chart Inmate 9/6 appt no refusal in chart Inmate 9/5 appt no refusal in chart Inmate 9/3 appt no refusal in chart Inmate 9/4 appt no refusal in chart</p> <p>Eyman Complex 1/21 equates to 4% compliant</p>	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]		X		<p>9/30/2013 12:27 PM Entered By: Yvonne Maese Currently health unit staff in cook,rynning, and meadows are not reporting "no shows" to the unit warden.</p>	1

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3	X		1
4	X		1

Are providers being notified of medication line No-Shows?
[DO 1101, HSTM Chapter 5, Section 7.1]

9/30/2013 12:30 PM Entered By: Yvonne Maese
Currently providers at cook, eyman, and meadows facilities are not being notified of med line "no shows". SMUI and Browning are lockdown units.

Are No-Shows being rescheduled if medically indicated?
[DO 1101, HSTM Chapter 5, Section 7.1]

9/30/2013 12:57 PM Entered By: Yvonne Maese
Meadows Unit 4 no shows, 4 charts reviewed, 4/4 compliant which equates to 100% compliant
Compliant
Inmate Inmate Inmate and Inmate
Non-compliant

SMUI Unit 0 "no shows" unit is lockdown facility
Compliant

COOK Unit 9 no shows, 9 charts reviewed, 0/9 compliant which equates to 0% compliant
Compliant
none
Non-compliant
Inmate no refusal in chart/ not rescheduled
Inmate no refusal in chart/ not rescheduled
Inmate no refusal in chart/not rescheduled
Inmate no refusal in chart/ not rescheduled
Inmate no refusal in chart/not rescheduled
Inmate no refusal in chart/not rescheduled
Inmate no refusal in chart/not rescheduled
Inmate no refusal in chart/not rescheduled

BROWNING Unit 0 "no shows" unit is lockdown facility
Compliant

RYNNING Unit only 8 no shows indicated, 8 charts reviewed, 4/7 compliant which equates to 57% compliant
Compliant
Inmate for 9/5,9/4,9/3, Inmate
Non-compliant
Inmate 9/18 appt no refusal in chart/not rescheduled
Inmate 9/6 appt no refusal in chart/not rescheduled
Inmate 9/5 appt no refusal in chart/not rescheduled

Eyman Complex 8/20 equates to 40% compliant

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Corrective Action Plans for Performance Measure: No Shows
1 Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1] Level 1 Amber User: Yvonne Maese Date: 9/30/2013 12:49:27 PM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor. Responsible Parties= RN/LPN Target Date = 11/30/13
2 Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101] Level 1 Amber User: Yvonne Maese Date: 9/30/2013 12:27:58 PM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce that unresolved No-Shows are being reported to the unit deputy warden for a written response. Continue to monitor.
3 Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1] Level 1 Amber User: Yvonne Maese Date: 9/30/2013 12:30:01 PM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce that providers are notified of medication line No-Shows. Continue to monitor.
4 Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1] Level 1 Amber User: Yvonne Maese Date: 9/30/2013 12:57:32 PM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce that No-Shows are being rescheduled if medically indicated. Continue to monitor.

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Infection Control						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does the facility have a written exposure control plan? [NCCHC Standard P-B-01]	X			9/30/2013 1:53 PM Entered By: Yvonne Maese	1
2	Is the health unit in compliance with NCCHC Standard P-B-01 compliance indicators?	X			9/30/2013 4:51 PM Entered By: Yvonne Maese	1
3	Are standard precautions used by health care practitioners? [NCCHC Standard P-B-01]	X			9/30/2013 1:19 PM Entered By: Yvonne Maese	1
4	Are precautionary instructions given to security when necessary (to include transportation staff)? [NCCHC Standard P-B-01]	X			9/30/2013 1:20 PM Entered By: Yvonne Maese	1
5	Are Sanitation workers trained in appropriate methods for handling and disposing of biohazard spills and materials? [NCCHC Standard P-B-01]	X			9/30/2013 1:20 PM Entered By: Yvonne Maese Health care staff trained in proper disposal of biohazard spills/materials.	1
6	Are active TB patients transported to hospitals with negative pressure rooms? [NCCHC Standard P-B-01]	X			9/30/2013 1:22 PM Entered By: Yvonne Maese Currently no active TB patients	2
7	Does the facility assure that inmates released with infectious or communicable diseases are provided with community referrals and for transfer inmates, notify the receiving facility of the medical condition? [NCCHC Standard P-B-01]	X			9/30/2013 1:24 PM Entered By: Yvonne Maese continuity of care indicating medical conditions done by transferring facility to notify receiving facility of medical conditions. Discharge planners assist inmates with infectious or communicable diseases have referrals to community resources.	1
8	Are facilities using effective ectoparasite control procedures to treat infected inmates and to disinfect clothing and bedding? [NCCHC Standard P-B-01]	X			9/30/2013 1:26 PM Entered By: Yvonne Maese	1
9	Does the prescribed treatment given to inmates consider conditions such as pregnancy, open sores, or rashes and is ordered only by a clinician? [NCCHC Standard P-B-01]	X			9/30/2013 1:35 PM Entered By: Yvonne Maese	1
10	Does the facility complete and file all reports as required by local, state, and federal laws and regulations and reports to local health departments? [NCCHC Standard P-B-01]	X			9/30/2013 1:38 PM Entered By: Yvonne Maese no reportable conditions for the month of september documented.	1
11	Does the facility follow a TB plan consistent with	X			9/30/2013 1:39 PM Entered By: Yvonne	1

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	CDC guidelines and conduct PPD tests and chest x-rays per policy with annual PPD check-up? [NCCHC Standard P-B-01]				Maese	
12	Has the facility developed a needle-stick prevention program? [NCCHC Standard P-B-01]	X			9/30/2013 1:48 PM Entered By: Yvonne Maese	1
13	Is there a designated Infection Control liaison ? [NCCHC Standard P-B-01]	X			9/30/2013 1:49 PM Entered By: Yvonne Maese Christy Somner	1
14	Are red bags being handled and stored appropriately? [NCCHC Standard P-B-01]		X		9/30/2013 1:51 PM Entered By: Yvonne Maese improper storage of red back material left in old medical storage area.	1
15	Are dirty sharps maintained in a double locked area? [NCCHC Standard P-B-01]	X			9/30/2013 1:51 PM Entered By: Yvonne Maese	1

Corrective Action Plans for Performance Measure: Infection Control

14 Are red bags being handled and stored appropriately? [NCCHC Standard P-B-01]

Level 1 Amber User: Yvonne Maese Date: 9/30/2013 1:51:22 PM

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

Corrective Actions: Reinforce that red bags are being handled and stored appropriately. Continue to monitor.

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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			9/30/2013 1:53 PM Entered By: Yvonne Maese	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			9/30/2013 1:54 PM Entered By: Yvonne Maese NEO training on file for employees administering medication	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			9/27/2013 8:19 AM Entered By: Yvonne Maese Currently Browning, SMUI, Rynning, Cook, and Meadows use paper MARS for KOP medication that is distributed to inmates.	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>9/30/2013 6:29 PM Entered By: Yvonne Maese Meadows Unit 10 MAR sheets reviewed, 3/10 compliant which equates to 30% compliant</p> <p>Compliant Inmate Inmate and Inmate Non-compliant Inmate missing initials 4th, 14th, 18-20th, no start date Inmate missing initials 4th, 1th, no start date Inmate missing initials 14th, 18th and 19th, no start date Inmate no start or stop date, allergies Inmate no start date, missing initials 3-5th, 18th, 20th, 22nd Inmate no start date, no diagnosis Inmate no start date, no diagnosis</p> <p>SMUI Unit 10 MAR sheets reviewed. 0/10 compliant which equates to 0% compliant Compliant None Non-compliant Inmate missing initials on 13th, no start date Inmate missing initials on 13th, no start date Inmate no start date, no diagnosis Inmate missing initials on 13th, no start date Inmate missing initials on 13th, no start date Inmate no start or stop date Inmate missing initials on 13th, no start date Inmate no start date, no diagnosis Inmate no start date, no diagnosis Inmate no start date, no diagnosis</p> <p>COOK Unit 10 MAR sheets reviewed. 10/10 compliant which equates to 100% compliant Compliant Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Non-compliant None</p> <p>RYNNING Unit 10 MAR sheets reviewed, 0/10 compliant which equates to 0% compliant Compliant None Non-compliant Inmate no start date, no diagnosis Inmate no start date, no diagnosis</p>	1

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				<p>Inmate no start date, no diagnosis Inmate missing initials 5,6,11,12,19th Inmate no start date, no diagnosis Inmate no start date,route Inmate no start date, route Inmate no start date, no diagnosis Inmate missing initials 5,6, 11,12th Inmate no order, start, or stop date, route, allergy</p> <p>BROWNING Unit 10 MAR sheets reviewed. 0/10 compliant which equates to 0% compliant Compliant None Non-compliant Inmate no start date, no diagnosis Inmate no start date, no diagnosis Inmate no start date, no diagnosis Inmate no start date, missing initial on 21st Inmate no start date, no diagnosis Inmate no start date, missing initial 20th Inmate no start date, no diagnosis Inmate no start date, missing initial 21st no diagnosis Inmate no start date, route, missing initial 14th Inmate gemf brozil missing initial 7th</p> <p>Eyman Complex 13/50 equates to 26% compliant Last month MGAR 5/50 equates to 10% compliance with a 16% increase in compliance</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		9/30/2013 1:55 PM Entered By: Yvonne Maese	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	9/30/2013 2:01 PM Entered By: Yvonne Maese 037346 cymbalta ordered 7/29/13 inmate did not receive medication until 9/13/13	2
7	Are inmates being required to show ID prior to being administered their medications?	X		9/27/2013 8:24 AM 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 9/30/2013 7:21 PM Entered By: Yvonne Maese Browning Unit 10 Chronic care medications reviewed. 3/10 compliant which equates to 30% compliant Compliant Inmate Inmate Inmate Non-compliant Inmate Medication allowed to expire Inmate Medication allowed to expire Inmate Medication allowed to expire	2

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Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire

Meadows Unit 10 Chronic care medications reviewed. 0/10 compliant which equates to 0% compliant

Compliant
None
Non-compliant

Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication renewed 2 days late
Inmate Medication allowed to expire

Rynning Unit 10 Chronic care medications reviewed. 0/10 compliant which equates to 0% compliant

Compliant
None
Non-compliant

Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication renewed 2 days late
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire

SMUI Unit 10 Chronic care medications reviewed. 3/10 compliant which equates to 30% compliant

Compliant
Inmate Inmate Inmate
Non-compliant

Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication renewed 2 days late
Inmate Medication allowed to expire
Inmate Medication allowed to expire
Inmate Medication allowed to expire

Cook Unit 10 Chronic care medications reviewed. 3/10 compliant which equates to 30% compliant

Compliant
Inmate Inmate Inmate
Non-compliant

Inmate renewed 3 days late
Inmate renewed 3 days late
Inmate Medication allowed to expire
Inmate renewed 4 days late
Inmate Medication allowed to expire
Inmate renewed 2 days late
Inmate Medication allowed to expire

Eyman Complex 9/50 equates to 18% compliant
Last month MGAR for this performance

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				<p>measure is 62% with a 44% decrease in compliance this month.</p>	
9	<p>Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</p>		X	<p>9/30/2013 8:16 PM Entered By: Yvonne Maese Browning Unit 10 nonformulary medications reviewed. 6/10 compliant which equates to 60% compliant Compliant Inmate Inmate Inmate, Inmate Inmate, Inmate Non-compliant Inmate gabapentin NFDR request 9/9, approval 9/20 Inmate aquacel Ag NFDR request 9/9, no approval/denial Inmate toradol NFDR request 9/11, no approval/denial Inmate gabapentin NFDR request 8/13, no approval/denial</p> <p>Meadows Unit 10 NFDR medication requests reviewed. 6/10 compliant which equates to 60% compliant Compliant Inmate Inmate Inmate Inmate, Inmate Inmate Non-compliant Inmate NFDR neurontin 9/16 request, no approval/denial Inmate NFDR testosterone 9/16 request, no approval/denial Inmate NFDR gabapentin 9/12, approval 9/19 Inmate floxein 9/12, no approval/denial</p> <p>Rynning Unit 7 NFDR requests made and reviewed. 5/7 compliant which equates to 71% compliant Compliant Inmate Inmate Inmate Inmate Inmate Non-compliant Inmate tramadol NFDR 9/20, no approval/denial Inmate tramadol NFDR 9/29, no approval/denial</p> <p>SMUI Unit 10 NFDR requests made and reviewed. 5/10 compliant which equates to 50% compliant Compliant Inmate Inmate Inmate Inmate, Inmate Non-compliant Inmate gabapentin NFDR 9/5, no approval/denial Inmate desonide NFDR 9/5, no approval/denial Inmate tramadol NFDR 9/5, no approval/denial Inmate gabapentin NFDR 9/5, no approval/denial Inmate Lumigan NFDR 9/5, no approval/denial</p> <p>Cook Unit 9 NFDR requests made and reviewed. 4/9 compliant which equates to 44% compliant Compliant Inmate Inmate Inmate Inmate Non-compliant</p>	2

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					<p>Inmate Gabapentin NFDR 9/19, approval 9/25</p> <p>Inmate Lovenox NFDR 9/4, no approval/denial</p> <p>Inmate tramadol NFDR 8/30, approved 9/26</p> <p>Inmate tramadol NFDR 8/27, approved 9/27</p> <p>Inmate Tramadol NFDR 8/16, approved 9/13</p> <p>Eyman Complex 26/46 equates to 56% compliant Last month no tracking system in place. 56% increase in compliance</p>	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		<p>9/30/2013 2:02 PM Entered By: Yvonne Maese</p> <p>Currently providers on all five Eyman units are not being notified of non-formulary decisions within 24 to 48 hours.</p>	2
11	Are medication error reports being completed and medication errors documented?		X		<p>9/30/2013 2:03 PM Entered By: Yvonne Maese</p> <p>According to MARs missing dates are not being reported or documented as med errors.</p>	2

Corrective Action Plans for Performance Measure: Medication Administration

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

Level 1 Amber User: Yvonne Maese Date: 9/30/2013 6:29:49 PM

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

Corrective Actions: See above.

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

Level 2 Amber User: Yvonne Maese Date: 9/30/2013 2:01:12 PM

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

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 Red User: Yvonne Maese Date: 9/30/2013 7:21:35 PM

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

Corrective Actions: See above.

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

Level 2 Amber User: Yvonne Maese Date: 9/30/2013 8:16:14 PM

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

Corrective Actions: See above.

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

Level 2 Amber User: Yvonne Maese Date: 9/30/2013 2:02:55 PM

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

Corrective Actions: See above.

**11 Are medication error reports being completed and medication errors documented?
Level 2 Amber User: Yvonne Maese Date: 9/30/2013 2:03:53 PM**

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

Corrective Actions: See above.

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Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			9/30/2013 1:14 PM Entered By: Yvonne Maese	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]		X		9/30/2013 1:05 PM Entered By: Yvonne Maese Based off the MGAR findings for the month of September adequacy and effectiveness is not sufficient to meet the needs of the inmate population.	3
3	Are all positions filled per contractor staffing pattern?	X			9/30/2013 1:06 PM Entered By: Yvonne Maese Currently Eyman complex is at 92.74% for staffing with a vacancy rate of 7.55%.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			9/30/2013 12:58 PM Entered By: Yvonne Maese	2
5	Do Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance, Professional license, NEO, CEUs)?	X			9/30/2013 4:43 PM Entered By: Yvonne Maese CEU are tracked by individual employees but are completed per AFHA	1

Corrective Action Plans for Performance Measure: Staffing

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

Level 3 Amber User: Yvonne Maese Date: 9/30/2013 1:05:20 PM

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

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

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Discharge Planning						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are diabetic inmates that were identified as IDDMs while in prison given training on self administration of insulin? {NCCHC Standard P-E-13}	X			9/30/2013 1:52 PM Entered By: Yvonne Maese Education material given to inmates regarding self administration of insulin.	1
2	Is the health staff receiving discharge list from complex OIU at a minimum of 30 days out and is a release plan in place prior to inmate's actual release date?	X			9/30/2013 1:18 PM Entered By: Yvonne Maese	1
3	Are release medications for chronic conditions and mental health medications being provided to the inmate the day of release from prison?	X			9/30/2013 1:18 PM Entered By: Yvonne Maese	1
4	Is there a procedure in place for inmates with communicable diseases to be referred to community based services? [NCCHC Standard P-E-13]	X			9/30/2013 1:18 PM Entered By: Yvonne Maese	1
5	When appropriately requested, are medical records being provided to inmate authorized medical providers upon release?	X			9/30/2013 1:19 PM Entered By: Yvonne Maese	1

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			9/18/2013 11:50 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman 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			9/18/2013 11:52 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman 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			9/18/2013 11:52 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman Complex.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			9/18/2013 11:53 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman Complex.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			9/18/2013 11:53 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman 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			9/18/2013 11:53 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman Complex.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			9/18/2013 11:53 AM Entered By: Yvonne Maese 9/18/2013 11:53 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman Complex.	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			9/18/2013 11:54 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman Complex.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's	X			9/18/2013 11:54 AM Entered By: Yvonne Maese N/A, No infirmiry setting at Eyman	1

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	outpatient chart?	X			Complex.	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			9/18/2013 11:54 AM Entered By: Yvonne Maese N/A, No infirmary setting at Eyman Complex.	1
11	Are vital signs done daily when required?	X			9/18/2013 11:54 AM Entered By: Yvonne Maese N/A, No infirmary setting at Eyman Complex.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			9/18/2013 11:54 AM Entered By: Yvonne Maese N/A, No infirmary setting at Eyman Complex.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			9/18/2013 11:54 AM Entered By: Yvonne Maese N/A, No infirmary setting at Eyman Complex.	1

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Confidentiality of Health Records						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are health records maintained under secure conditions separate from correctional records?	X			9/27/2013 7:46 AM Entered By: Yvonne Maese	1
2	Is access to health records and health information controlled by the health authority?	X			9/27/2013 7:46 AM Entered By: Yvonne Maese	1
3	Is there evidence that health staff receive instruction in maintaining patient confidentiality?	X			9/27/2013 7:53 AM Entered By: Yvonne Maese Currently HIPPA is covered in the NEO handbook given to employees.	1
4	Are the records transported by non-health staff sealed?	X			9/27/2013 7:54 AM Entered By: Yvonne Maese Records are sealed in manilla folder with tape.	1
5	Are non-health staff who observe or overhear a clinical encounter instructed that they must maintain confidentiality?	X			9/27/2013 7:56 AM Entered By: Yvonne Maese According to health administration confidentiality is maintained at all times.	1
6	Prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information?	X			9/27/2013 7:57 AM Entered By: Yvonne Maese Currently no BOEC inmates for this month, however a third part request for inmate information is maintained by the records clerk of each unit.	1
7	Is medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary?	X			9/27/2013 7:57 AM Entered By: Yvonne Maese	1

September 2013 EYMAN COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			9/27/2013 8:17 AM Entered By: Yvonne Maese Upon my random visits during the month of September to Browning, SMUI, Rynning, Cook, Meadows all medication rooms were locked when unoccupied	1
2	Are open medication vials being marked with the date they were opened?	X			9/30/2013 2:11 PM Entered By: Yvonne Maese Rynning 5/5 insulin bottles dated Browning 7/11 insulin bottles dated. 2 no dates, 2 expired Cook 5/5 insulin bottles dated SMUI 3/3 insulin bottles dated Meadows 6/9 insulin bottles date 26/33 equates to 78% compliant	1
3	Is nursing staff checking for outdated (expiring) medications?	X			9/30/2013 4:54 PM Entered By: Yvonne Maese Per DON all 5 facilities in Eyman Complex check for expiring medications. Random medication checks in all five facilities reveal no expired medication. 100% compliance	1