

September 2013 FLORENCE 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			<p>9/26/2013 2:57 PM Entered By: Troy Evans Globe-N/A not an intake Facility</p> <p>9/27/2013 12:38 PM Entered By: Jen fontaine Florence in not an intake facility.</p>	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			<p>9/26/2013 2:57 PM Entered By: Troy Evans Globe-N/A not an intake Facility</p> <p>9/27/2013 12:39 PM Entered By: Jen fontaine Florence is not an intake facility.</p>	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>9/26/2013 2:59 PM Entered By: Troy Evans Globe- Green Review of the Nursing Line Book, shows Nursing line 5 days a week.</p> <p>9/27/2013 3:04 PM Entered By: Jen fontaine CENTRAL As of 9/24/13 evidence of a sick call line was only found for dates 9/10, 9/17, 9/18, 9/19, & 9/20. Unit is not in compliance.</p> <p>EAST As of 9/26/13 evidence of a sick call line was only found for dates 9/12, 9/19, & 9/20. Unit is not in compliance.</p> <p>KASSON As of 9/23/13 there were no sick call appointment lists found for the month of September. Unit is not in compliance.</p> <p>NORTH As of 9/24/13 evidence of a sick call line was found for 9/5, 9/9, 9/10, 9/11, 9/12, 9/13, 9/16, 9/17, & 9/20. unit was not in compliance.</p> <p>SOUTH As of 9/25/13 evidence of a sick call line was found for every day this month including weekends. SOUTH UNIT IS IN COMPLIANCE.</p> <p>1 of 5 units (or 20%) at Florence complex is compliant with this 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>9/26/2013 3:02 PM Entered By: Troy Evans Globe- Green 10 Charts reviewed. All were seen within the time frame.</p> <p>9/30/2013 8:06 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 10 are non-compliant and 0 compliant. [Inmate] seen 9/10 for HNR 8/20 [Inmate] seen 9/10 for HNR 8/30 [Inmate] seen 9/10 for HNR 8/26 [Inmate] seen 9/10 for HNR 8/25 [Inmate] seen 9/19 for HNR 8/30 [Inmate] seen 9/19 for HNR 9/4 [Inmate] seen 9/19 for HNR 9/10 [Inmate] seen 9/19 for HNR 9/9 [Inmate] seen 9/18 for HNR not on file [Inmate] seen 9/17 for HNR 9/8 Central is 0% compliant with this performance measure</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 8 are non-compliant and 2 compliant. [Inmate] & [Inmate] were in compliance. [Inmate] seen 9/12 for HNR not on file [Inmate] seen 9/13 for HNR 9/6 [Inmate] seen 9/12 for HNR 9/5</p>	1

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					<p>Inmate seen 9/19 for HNR 9/16 Inmate seen 9/20 for HNR 9/14 Inmate seen 9/20 for HNR 9/18 Inmate seen 9/20 for HNR 9/17 Inmate seen 9/20 for HNR 9/18 East unit is 20% compliant with this performance measure.</p> <p>KASSON as of 9/23 there was no record of inmates being seen on a sick call line for this month. Unit is not in compliance.</p> <p>NORTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10 charts 10 are non-compliant and 0 compliant.</p> <p>Inmate seen 9/5 for HNR 8/30 Inmate seen 9/5 for HNR 9/2 Inmate seen 9/10 for HNR 7/14 Inmate seen 9/10 for HNR 8/10 Inmate seen 9/10 for HNR 9/13 Inmate seen 9/10 for HNR 8/30 Inmate seen 9/11 for HNR 8/1 Inmate seen 9/12 for HNR 8/28 Inmate seen 9/18 for HNR not on file. Inmate seen 9/17 for HNR 9/6 North Unit is 0% compliant with this performance measure.</p> <p>SOUTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10 charts 3 are non-compliant and 8 compliant. Inmate Inmate Inmate Inmate Inmate & Inmate were in compliance. Inmate seen 9/11 for HNR 9/9 Inmate seen 9/9 according to sick call appt list however chart indicates inmate was seen 9/3 for HNR 8/20. Inmate seen 9/5 for HNR 9/3 South unit is 70% compliant with this performance measure.</p> <p>Florence complex is 18% compliant with this performance measure which is a 6% decrease from last months 24% compliant amber finding therefore this performance measure is red this month.</p>	
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]		X		<p>9/26/2013 3:11 PM Entered By: Troy Evans Globe- Discussed with Charge Nurse. Charts without vital sign taken during encounter #Inmate #Inmate #Inmate #Inmate. Of 10 Charts reviewed 4 had no Vital Signs taken during sick call, 4 signed a refusal at time of sick call, 1 NET was used, and one encounter included vital signs.</p> <p>9/30/2013 8:23 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10 charts 6 are non-compliant and 4 compliant. Inmate Inmate Inmate & Inmate are in compliance. Inmate VS without temp. Inmate only VS were B/P and respirations</p>	1

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				<p>Inmate VS without wt. Inmate VS without oxygen saturation Inmate VS without oxygen saturation Inmate no VS at all Central is 40% compliant with this performance measure</p> <p>EAST review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10 charts 8 are non-compliant and 2 compliant. Inmate & Inmate were in compliance. Inmate No temp, no wt., no respiration Inmate No VS at all Inmate VS without wt. Inmate VS without wt and oxygen saturation Inmate No VS at all Inmate VS without oxygen saturation Inmate VS without wt. Inmate only wt was recorded East unit is 20% compliant with this performance measure.</p> <p>KASSON as of 9/23 there was no record of inmates being seen on a sick call line for this month. Unit is not in compliance.</p> <p>NORTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10 charts 5 are non-compliant and 5 compliant. Inmate Inmate Inmate & Inmate were in compliance. Inmate VS without oxygen saturation Inmate VS without wt. Inmate VS without wt. Inmate No VS at all Inmate No VS at all North Unit is 50% compliant with this performance measure.</p> <p>SOUTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10 charts 3 are non-compliant and 7 compliant. Inmate Inmate Inmate Inmate Inmate & Inmate were in compliance. Inmate No VS at all Inmate No VS at all Inmate No VS at all South unit is 70% compliant with this performance measure.</p> <p>Florence complex is 36% compliant with this performance measure which is a 16% improvement over last months 20% therefore performance measure remains amber.</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>9/26/2013 3:27 PM Entered By: Troy Evans Globe- 10 charts reviewed. 2 used the SOAPE Format 4 signed refusals at the time of encounter, 3 did not Use SOAPE, 1 encounter utilized a NET.</p> <p>9/30/2013 8:37 AM Entered By: Jen</p>	1

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				<p>fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 3 are non-compliant and 7 compliant. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] are in compliance. [Inmate] [Inmate] & [Inmate] did not have SOAPE format used. Central is 70% compliant with this performance measure</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 4 are non-compliant and 6 compliant. [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] note without "E" [Inmate] note was incomplete [Inmate] No note at all [Inmate] note was incomplete East unit is 60% compliant with this performance measure.</p> <p>KASSON as of 9/23 there was no record of inmates being seen on a sick call line for this month. Unit is not in compliance.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 8 are non-compliant and 2 compliant. [Inmate] & [Inmate] were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were all missing documented "E" even though several of these records had NETs used for encounter. North Unit is 20% compliant with this performance measure.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 3 are non-compliant and 7 compliant. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] No "E" [Inmate] No note at all [Inmate] No "E" South unit is 70% compliant with this performance measure.</p> <p>Florence complex is 44% compliant with this performance measure which is a 6% improvement over last months 38% therefore performance measure remains amber.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>9/26/2013 3:36 PM Entered By: Troy Evans Globe- Amber There is a provider once a month at Globe. He was last there on 09/20. Any referrals from 09/13 or prior, would not be compliant. # [Inmate] Referred 09/03 seen 09/20 # [Inmate] Referred 09/12 seen 09/20 # [Inmate] Referred 09/09 scheduled 10/11 # [Inmate] Referred 09/12 seen 09/20</p>	1

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					<p>#Inmate Referred 09/25 scheduled 10/11 #Inmate Referred 08/05 seen 08/30 #Inmate Referred 08/20 seen 08/30</p> <p>9/30/2013 8:54 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts only 4 were referred to the provider. [Inmate] [Inmate] [Inmate] & [Inmate] were all referred and zero of these were in compliance. Central is 0% compliant with this performance measure</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 4 were referred to the provider [Inmate] [Inmate] [Inmate] & [Inmate]. All 4 of these were in compliance. East unit is 100% compliant with this performance measure.</p> <p>KASSON as of 9/23 there was no record of inmates being seen on a sick call line for this month. Unit is not in compliance.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 5 were referred to the provider [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were all referred. Of these 5, 2 [Inmate] & [Inmate] were in compliance. [Inmate] was referred on 9/10 and not seen as of 9/24 [Inmate] was referred to MH on 9/10 and not seen as of 9/24 [Inmate] was referred on 9/11 and not seen as of 9/24 North Unit is 40% compliant with this performance measure.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 3 were referred to the HCP and all 3 were in compliance. they were [Inmate] [Inmate] & [Inmate] South unit is 100% compliant with this performance measure.</p> <p>Florence complex had 16 inmates referred to the HCP from sick call Of these 16, 9 were in compliance or 56%.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X		<p>9/26/2013 3:41 PM Entered By: Troy Evans Globe- 10 charts reviewed from sick call. The following charts used no NET # [Inmate] # [Inmate] # [Inmate] # [Inmate] 4 signed a refusal, 1 utilized a protocol.</p> <p>9/30/2013 9:04 AM Entered By: Jen fontaine</p>	1

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CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 3 are non-compliant and 7 compliant. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] are in compliance. [Inmate] [Inmate] & [Inmate] did not have a Nursing protocol used for their encounter. Central is 70% compliant with this performance measure.

EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 7 are non-compliant and 3 compliant. [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] did not have a Nursing protocol used for their encounter. East unit is 30% compliant with this performance measure.

KASSON as of 9/23 there was no record of inmates being seen on a sick call line for this month. Unit is not in compliance.

NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 3 are non-compliant and 7 compliant. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] [Inmate] & [Inmate] did not have a Nursing protocol used for their encounter. North Unit is 70% compliant with this performance measure.

SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10 charts 6 are non-compliant and 4 compliant. [Inmate] [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] did not have a Nursing protocol used for their encounter. South unit is 40% compliant with this performance measure.

Florence complex is 42% compliant with this performance measure which is an 8% improvement over last months 36% therefore performance measure remains amber.

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

1 Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]

Level 1 Red User: Jen fontaine Date: 9/27/2013 3:04:52 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1.Process to address access to care, to include but not limited to:

- a.Scheduling patients
- b.Staffing

2.In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1

Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all inmates (Sick Call Attachment); and site specific process

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

3.Monitoring (Sick Call Audit Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

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

Level 1 Red User: Jen fontaine Date: 9/30/2013 8:06:54 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1.Process to address, to include but not limited to:

- a.Daily pick up.
- b.Date stamp.
- c.Triage within 24 hrs, immediate triage of patient if emergent.
- d.Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
- e.Nurse line sees patient, then to provider line when appropriate.
- f. Submit final site process to RVP.

2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 (Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);

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

3.Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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: Troy Evans Date: 9/26/2013 3:11:13 PM

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

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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.

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: Jen fontaine Date: 9/30/2013 8:23:58 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.

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: Jen fontaine Date: 9/30/2013 8:37:11 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)", Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance outcome 4 (Sick Call Attachment); use of Corizon NETs

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

10/11/13 Update –NETs to be used for all Nursing sick call.

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

Level 1 Amber User: Troy Evans Date: 9/26/2013 3:36:02 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

- a. Audit tools developed

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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.

5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07] Level 1 Amber User: Jen fontaine Date: 9/30/2013 8:54:08 AM

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

Corrective Actions: October Action plan submitted by Corizon-

- In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5 (Sick Call Attachment); Seen by Physician or Midlevel within 7 days
 - Agenda/sign off sheet to verify
- Monitoring (Sick Call Monitoring Tool)
 - Audit tools developed
 - Weekly site results discussed with RVP
 - Audit results discussed a monthly CQI meeting
 - 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.

6 Are nursing protocols in place and utilized by the nurses for sick call? Level 1 Amber User: Jen fontaine Date: 9/30/2013 9:04:32 AM

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

Corrective Actions: October Action plan submitted by Corizon-

- In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)", Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance outcome 4 (Sick Call Attachment); use of Corizon NETs
 - Agenda/sign off sheet to verify
- Monitoring (Sick Call Monitoring Tool)
 - Audit tools developed
 - Weekly site results discussed with RVP
 - Audit results discussed a monthly CQI meeting
 - 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 –NETs to be used for all Nursing sick call.

6 Are nursing protocols in place and utilized by the nurses for sick call? Level 1 Amber User: Troy Evans Date: 9/26/2013 3:41:46 PM

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

Corrective Actions: October Action plan submitted by Corizon-

- In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)", Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance outcome 4 (Sick Call Attachment); use of Corizon NETs
 - Agenda/sign off sheet to verify
- Monitoring (Sick Call Monitoring Tool)
 - Audit tools developed
 - Weekly site results discussed with RVP
 - Audit results discussed a monthly CQI meeting
 - 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

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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 –NETs to be used for all Nursing sick call.

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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 9:40 AM Entered By: Troy Evans Globe- Amber: Urgent Consultation for Inmate #Inmate Rectal Bleeding and weight Loss dated 08/02/13. Still pending approval.</p> <p>9/30/2013 12:36 PM Entered By: Jen fontaine CENTRAL review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Only one of these had an urgent consult, IM Inmate had urgent consult for Oncology written on 7/9 and was not seen until 9/10. 0/1 or 0% compliant.</p> <p>EAST review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10, 2 had urgent consults and neither were seen within 30 days. Inmate had urgent gallbladder, liver, spleen US written on 6/27 not seen until 9/13. IM Inmate had urgent general surgery consult written on 6/26 not seen until 9/24. 0/2 or 0% compliant</p> <p>KASSON review of 2 medical records indicates 1 did not have an urgent consult and 1, IM Inmate was in compliance having an urgen PT consult written on 9/3 seen on 9/26. 1/1 or 100% in compliance. Unit did not have 10 patient with outside medical consults to review.</p> <p>NORTH review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10, 3 had urgent consults, all 3 were not in compliance. Inmate urgent ortho 7/31 not seen 9/24. Inmate urgent urology 7/16 not seen 9/24. Inmate urgent gen surgery 8/7 not seen until 9/9. 0/3 or 0% compliant</p> <p>SOUTH review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10, 3 had urgen consults. Inmate was in compliance. Inmate ahd urgent hernia surgery request made 7/23 not yet seen (scheduled for 10/17) and Inmate had urgent general surgery written 7/22 not seen until 9/5. South unit is 33% compliant.</p> <p>Florence complex had 10 urgent consults written, 2 were in compliance and 8 were not. Complex was 20% compliant with this performance measure</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 9:47 AM Entered By: Troy Evans Globe- Amber: 09/12/13 Off Site X- Rays Inmates #Inmate and #Inmate no report in chart. Provider not scheduled to be back until 10/11/13. #Inmate X-Ray on 08/21/13</p>	2

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Report signed on 09/20/13 by Dr Anikwue.
#Inmate X-Ray on 08/21/13 rept signed by
Dr. Anikwue on 09/20/13.

9/30/2013 1:03 PM Entered By: Jen
fontaine
CENTRAL review of the following 10
medical records Inmate Inmate Inmate
Inmate Inmate Inmate Inmate Inmate
Inmate & Inmate Of these 10, 2 were
non-compliant and 8 were in compliance.
Inmate Inmate Inmate Inmate Inmate
Inmate Inmate & Inmate were in
compliance.
Inmate seen on 9/5 did not have specialists
appointment on file for review on 9/24
Inmate seen on 9/11, report not reviewed
until 9/20
Central unit is 80% compliant.

EAST review of the following 10 medical
records Inmate Inmate Inmate Inmate
Inmate Inmate Inmate Inmate Inmate
& Inmate Of these 10,
3 were non-compliant and 7 were in
compliance. Inmate Inmate Inmate
Inmate Inmate Inmate & Inmate were in
compliance.
Inmate had hospital paperwork from 6/27
not signed until 8/20
Inmate seen on 8/14 by neuro but no notes
on file yet to review on 9/16
Inmate seen urgently on 9/24 by general
surgery. note not on file 9/26.
East unit 70% compliant.

KASSON review of 2 medical records
indicates 0/2 in compliance. neither Inmate
or Inmate had notes from recent
appointments available in the medical
records for review. Unit did not have 10
patient with outside medical consults to
review. Kasson is 0% compliant

NORTH review of 10 medical records
Inmate Inmate Inmate Inmate Inmate
Inmate Inmate Inmate Inmate &
Inmate Of these 10, 3 were non-compliant
and 7 were in compliance. Inmate Inmate
Inmate Inmate Inmate Inmate
were in compliance.
Inmate seen 9/12 note reviewed 9/23
Inmate seen 9/17, no note to review 9/24
Inmate hospital note 9/15 not reviewed
until 9/26
North unit is 70% compliant

SOUTH review of 10 medical records
Inmate Inmate Inmate Inmate Inmate
Inmate Inmate Inmate Inmate &
Inmate Of these 10, 3 were non-compliant
and 7 were in compliance. Inmate Inmate
Inmate Inmate Inmate &
Inmate were in compliance.
Inmate note dates 8/1 not sigeed as of 9/25
Inmate seen 9/10, no note on file for review
as of 9/25
Inmate seen 9/4, no note on file for review
as of 9/25
South unit is 70% compliant.

Florence complex had 42 records reviewed.
29 were in compliance and 13 were not.

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				Complex was 69% compliant with this performance measure	
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 9:48 AM Entered By: Troy Evans Globe- Green</p> <p>9/30/2013 1:32 PM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, 2 were non-compliant and 8 were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] had a delay in follow up care. Central unit is 90% compliant.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, 4 were non-compliant and 6 were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] needs reconstruction of failed hardware. [Inmate] infected hard ware delay in removal [Inmate] delay in scheduling urgent US [Inmate] delay in urgent appointment. East unit 60% compliant.</p> <p>KASSON review of 2 medical records indicates 2/2 in compliance. [Inmate] & [Inmate] were in compliance. Unit did not have 10 patient with outside medical consults to review. Kasson is 100% compliant</p> <p>NORTH review of 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, 2 were non-compliant and 8 were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] had a delay in urgent ortho appt. [Inmate] had delay in urgent Urology appt. North unit is 80% compliant</p> <p>SOUTH review of 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, 5 were non-compliant and 5 were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] were in compliance. [Inmate] needs knee replacement, overdue, [Inmate] overdue for procedure. [Inmate] no urology for over a year. [Inmate] seen bygen surgery 9/5 for urgent consult written 7/22, note reviewed same day as appointment but consult for requested procedure not written until 9/17. [Inmate] routine neuro consult written 5/10 not seen until 9/4. South unit is 50% compliant.</p> <p>Florence complex had 42 records reviewed.</p>	3

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				30 were in compliance and 12 were not. Complex was 71% compliant with this performance measure	
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 9:48 AM Entered By: Troy Evans Globe- Green</p> <p>9/30/2013 1:36 PM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, all were in compliance.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, all were in compliance.</p> <p>KASSON review of 2 medical records indicates 2/2 in compliance. [Inmate] & [Inmate] were in compliance. Unit did not have 10 patient with outside medical consults to review. Kasson is 100% compliant</p> <p>NORTH review of 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, all were in compliance.</p> <p>SOUTH review of 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, all were in compliance.</p> <p>Florence complex had 42 records reviewed. 42 were in compliance and 0 were not. Complex was 100% compliant with this performance measure</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 9:49 AM Entered By: Troy Evans Globe- Green: No inpatient Admissions.</p> <p>9/30/2013 1:36 PM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, all were in compliance.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, all were in compliance.</p> <p>KASSON review of 2 medical records indicates 2/2 in compliance. [Inmate] & [Inmate] were in compliance. Unit did not have 10 patient with outside medical consults to review. Kasson is 100% compliant</p>	2

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				<p>NORTH review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, all were in compliance.</p> <p>SOUTH review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, all were in compliance.</p> <p>Florence complex had 42 records reviewed. 42 were in compliance and 0 were not. Complex was 100% compliant with this performance measure</p>			

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: Jen fontaine Date: 9/30/2013 12:36:06 PM

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

Corrective Actions: Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = ARMD/RDON/RVP/RCQI/FHA/DON

Target Date -11/30/13

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

1. Standardized process to address, to include but not limited to:
 - a. Approved consults scheduled/documented within 5 days by clinical coordinator
2. Schedule and conduct training for all clinical coordinators
 - a. Agenda/sign off sheet to verify
3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = DON/Clinical Systems Business Analyst II/FHA/DON/RDCQI/RVP

Target Date - 11/30/13

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

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

Level 2 Amber User: Jen fontaine Date: 9/30/2013 1:03:27 PM

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

Corrective Actions: Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit Tool)
 - a. Audit tools developed

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

Responsible Parties = ARMD/RDON/RVP/RDCQI/DON/

Target Date-11/30/13

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

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

Level 3 Amber User: Jen fontaine Date: 9/30/2013 1:32:55 PM

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

Corrective Actions: Action plan submitted by Corizon-

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

Responsible Parties = VPO/ARMD/RDON/RVP/FHA/DON/MD/RDCQI

Target Date- 11/30/13

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

10/11/13 Update – ED log sent to Regional office daily.

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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>9/27/2013 9:38 AM Entered By: Jen fontaine CENTRAL review of 10 medical records indicate all 10 in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Unit is 100% compliant with this performance measure.</p> <p>EAST review of 10 medical records indicate all 10 in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Unit is 100% compliant with this performance measure.</p> <p>KASSON review of 10 medical records indicate all 10 in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Unit is 100% compliant with this performance measure.</p> <p>NORTH review of 10 medical records indicate all 10 in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Unit is 100% compliant with this performance measure.</p> <p>SOUTH review of 10 medical records indicate all 10 in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Unit is 100% compliant with this performance measure.</p> <p>Florence complex is 100% compliant with this performance measure.</p> <p>9/30/2013 9:50 AM Entered By: Troy Evans Globe- Green</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>9/27/2013 10:52 AM Entered By: Jen fontaine CENTRAL review of 10 medical records indicate 7 non-compliant & 3 in compliance. Inmate Inmate & Inmate were in compliance. Inmate - no appointment on file. Inmate - last seen 7/18/13 due 9/18/13 and of 9/16/13 appointment had not occurred. Inmate - last seen 7/10/12, due 12/2012, not seen. Inmate - no appointment or follow up request on file. Inmate - last seen 3/1/12, due 9/2012, not seen. Inmate - last seen 3/6/12 due 9/2012, not seen. Inmate - last seen 6/13/13, due 8/10/13, not seen. Central Unit is 30% compliant with this</p>	2

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performance measure.

EAST review of 10 medical records indicate 6 non-compliant & 4 in compliance.

Inmate **Inmate** **Inmate** & **Inmate** were in compliance.

Inmate - last seen 4/4/12, due 7/5/12, not seen.

Inmate - last seen 1/10/13, due 4/10/13, not seen.

Inmate - last seen 1/24/13, due 4/1/13, not seen.

Inmate - last seen 1/24/13, no follow up ordered.

Inmate - no appointment on file.

Inmate - last seen 5/17/13, due 8/2013, not seen.

East Unit is 40% compliant with this performance measure.

KASSON review of 10 medical records indicate 7 non-compliant & 3 in compliance.

Inmate **Inmate** & **Inmate** in compliance.

Inmate - no appointment on file.

Inmate - last appt 8/3/13, no follow up ordered.

Inmate - last appointment 7/17/12, F/U due 1/2013, no complete.

Inmate - no appointment on file.

Inmate - last appt 5/17/13, no F/U ordered.

Inmate - last seen 8/9/12, F/U due 2/2013, not seen.

Inmate - last seen 9/8/2011

Kasson Unit is 30% compliant with this performance measure.

NORTH review of 10 medical records indicate 7 non-compliant & 3 in compliance.

Inmate **Inmate** & **Inmate** in compliance.

Inmate - seen 3/12/13, due June 2013, not seen.

Inmate - last chronic care form not dated but states F/U 90 days.

Inmate - last seen 1/7/13, F/U due 4/2013, not seen.

Inmate - last seen 3/12/13, F/U due 4/12/13, not seen.

Inmate - last seen 12/6/12, F/U due 3/2013, not seen.

Inmate - last seen 11/8/13, F/U due 2/2013, not seen.

Inmate - last seen 6/21/13, F/U due 7/21/13, not seen.

North Unit is 30% compliant with this performance measure.

SOUTH review of 10 medical records indicate all 10 are not in compliance.

Inmate - last seen 4/12/13, F/U due 5/12/13, not seen.

Inmate - last seen 2/25/13, F/U due 5/2013, not seen.

Inmate - last seen 6/12/13, no F/U requested.

Inmate - last seen 1/11/13, F/U due 4/2013, not seen.

Inmate - last seen 5/17/12, F/U due 9/2016, not seen

Inmate - last seen 1/29/13, F/U due 5/2013, not seen.

Inmate - last seen 11/2012, F/U due 3/2013, not seen.

Inmate - last seen 3/30/12, F/U due 6/2012, not seen.

Inmate - last seen 2/4/13, F/U due 5/2013,

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				<p>not seen. #Inmate - last seen 6/12/13, F/U due 8/2013, not seen. Unit is 0% compliant with this performance measure.</p> <p>Florence complex is 26% compliant with this performance measure.</p> <p>9/30/2013 9:59 AM Entered By: Troy Evans Globe- 10 CC Charts were reviewed all but #Inmate were on their respective CC Schedules. #Inmate last CC 04/26/13 #Inmate Seen 08/02/13 CC dc'd #Inmate last seen 06/11/12 Due for CC #Inmate Seen 08/02/13 CC dc'd #Inmate Seen 08/02/13 #Inmate Seen 09/20/13 #Inmate Seen 09/20/13 #Inmate Seen 08/02/13 #Inmate Seen 09/20/13 New CC HTN. First CC Visit #Inmate Seen 06/13</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>9/27/2013 11:25 AM Entered By: Jen fontaine CENTRAL review of 10 medical records indicate 5 non-compliant & 5 in compliance. #Inmate #Inmate #Inmate #Inmate & #Inmate were in compliance. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. Central Unit is 50% compliant with this performance measure.</p> <p>EAST review of 10 medical records indicate 4 non-compliant & 6 in compliance. #Inmate #Inmate #Inmate #Inmate #Inmate & #Inmate were in compliance. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. East Unit is 60% compliant with this performance measure.</p> <p>KASSON review of 10 medical records indicate 6 non-compliant & 4 in compliance. #Inmate #Inmate #Inmate & #Inmate in compliance. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt. #Inmate - no edu documented during last C/C appt.</p>	1

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C/C appt.
Inmate - no edu documented during last C/C appt.
Inmate - no edu documented during last C/C appt.
Kasson Unit is 40% compliant with this performance measure.

NORTH review of 10 medical records indicate 1 non-compliant & 9 in compliance.
Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate were in compliance.
Inmate - no edu documented during last C/C appt.
North Unit is 90% compliant with this performance measure.

SOUTH review of 10 medical records indicate all 10 are in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate were reviewed. While all ten of these inmates are overdue for chronic care follow up, all ten did receive education at the time of their last visit therefore South Unit is 100% compliant with this performance measure.

Florence complex is 68% compliant with this performance measure which is 2% improvement over last months 66% therefore performance measure remains amber.

9/30/2013 10:08 AM Entered By: Troy Evans
Globe- Green:
#Inmate CC Education given. No Education Tab or log.
#Inmate CC Education given no Education tab or log.
#Inmate CC Education Provided no education tab or log.
#Inmate Education tab, no log. CC Education given.
#Inmate Education tab, no log. CC Education provided.
#Inmate Education tab, no log. CC Education provided.
#Inmate CC Dc'd
#Inmate Education tab empty. CC Education provided.
#Inmate CC Education info provided.
#Inmate CC Education provided. No log or tab.

9/30/2013 10:08 AM Entered By: Troy Evans
Globe- Green:
#Inmate CC Education given. No Education Tab or log.
#Inmate CC Education given no Education tab or log.
#Inmate CC Education Provided no education tab or log.
#Inmate Education tab, no log. CC Education given.
#Inmate Education tab, no log. CC Education provided.
#Inmate Education tab, no log. CC Education provided.
#Inmate CC Dc'd
#Inmate Education tab empty. CC

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				<p>Education provided. #Inmate CC Education info provided. #Inmate CC Education provided. No log or tab.</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>9/27/2013 12:11 PM Entered By: Jen fontaine CENTRAL review of 10 medical records indicate 6 non-compliant & 4 in compliance. Inmate Inmate Inmate & Inmate were in compliance. Inmate - no follow up as ordered or random blood glucose readings. Inmate - no follow up as ordered. Inmate - C/C DM & HTN, was on hungar strike in July 2013 and has had no follow up since. no record of last chronic care appt found in file. Inmate - No follow up. Inmate - No F/U as ordered & no lab since 3/2012. Inmate - No F/U as ordered. Central Unit is 40% compliant with this performance measure.</p> <p>EAST review of 10 medical records indicate 6 non-compliant & 4 in compliance. Inmate Inmate Inmate & Inmate were in compliance. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. East Unit is 40% compliant with this performance measure.</p> <p>KASSON review of 10 medical records indicate 7 non-compliant & 3 in compliance. Inmate Inmate & Inmate were in compliance. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U ordered for this inmate. Inmate - No F/U as ordered. Inmate - No F/U as ordered. No labs since 10/2011 Kasson Unit is 30% compliant with this performance measure.</p> <p>NORTH review of 10 medical records indicate 8 non-compliant & 2 in compliance. Inmate & Inmate were in compliance. Inmate - No F/U as ordered. Inmate - No current labs on record. Inmate - Not clear ehN F/U is due, most recent chronic care note not dated. Inmate - No F/U as ordered. Inmate - No F/U as ordered. No current labs on file. Inmate - No F/U as ordered. Inmate - No F/U as ordered. No current labs on file. Inmate - No F/U as ordered. North Unit is 20% compliant with this performance measure.</p> <p>SOUTH review of 10 medical records indicate all 10 are out of compliance. Inmate - No F/U as ordered.</p>	2

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					<p>Inmate - No F/U as ordered. Inmate - No F/U as ordered. Abnormal lab result A1C = 8.4 dated 3/16/13 without follow up since. Inmate - No F/U as ordered. Abnormal labs dated 4/20/13 without follow up. Inmate - No F/U as ordered. Last labs recorded were dated 5/2012. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. Inmate - No F/U as ordered. South Unit is 0% compliant with this performance measure.</p> <p>Florence complex is 26% compliant with this performance measure which is 16% improvement over last months 10% therefore performance measure remains amber.</p> <p>9/30/2013 10:15 AM Entered By: Troy Evans Globe- Green</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>9/27/2013 12:14 PM Entered By: Jen fontaine Report not due until October.</p> <p>9/30/2013 10:15 AM Entered By: Troy Evans Globe- Green: Not due until October</p>	2

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 Red User: Jen fontaine Date: 9/27/2013 10:52:50 AM

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

Corrective Actions: 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.

3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it

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documented in the medical record? [P-G-01, CC 2.20.2.4]
Level 1 Amber User: Jen fontaine Date: 9/27/2013 11:25:32 AM

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

Corrective Actions: Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.
2. In-service staff on:
 - a. Documentation of chronic condition education at each visit.
 - b. 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

Plan weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. 10/11/13 Update – Documentation on education sheet located in front of chart, medical records responsible for making sure in chart.

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: Jen fontaine Date: 9/27/2013 12:11:34 PM

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

Corrective Actions: 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>9/26/2013 3:44 PM Entered By: Troy Evans Globe- Green 9 of 10 charts reviewed were compliant. 1 chart # [Inmate] was a mess. Loose MARS in front, Dental Notes in wrong spot. Chart given to charge nurse</p> <p>9/30/2013 9:23 AM Entered By: Jen fontaine</p>	1
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>9/26/2013 3:45 PM Entered By: Troy Evans Globe- 10 charts reviewed all were compliant.</p> <p>9/30/2013 10:53 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, 1 is not compliant and 9 are compliant. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] are in compliance. [Inmate] had an order noted the day after it was written. Central is 90% in compliance.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, 5 are not compliant and 5 are compliant. [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] are in compliance. [Inmate] order noted one day late [Inmate] order noted 2 days late [Inmate] order not noted [Inmate] order noted one day late [Inmate] order noted one day late East unit is 40% compliant with this performance measure</p> <p>KASSON review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, 2 were not compliant and 8 were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] were in compliance. [Inmate] order noted 4 days late [Inmate] order noted 3 days late. Kasson is 80% compliant with this performance measure.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]. Of these 10, 3 are not compliance and 7 are compliant. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] are in compliance. [Inmate] had an order not noted at all. [Inmate] had an order noted one day late.</p>	1

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				<p>Inmate had an order noted one day late. North unit is 70% in compliance with this performance measure.</p> <p>SOUTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, 4 were not compliant and 6 were in compliance. Inmate Inmate Inmate Inmate Inmate & Inmate were in compliance.</p> <p>Inmate had an order that was not noted. Inmate order noted one day late. Inmate order not noted at all. Inmate order noted 2 days late. South unit is 60% compliant with this performance measure.</p> <p>Florence complex is 68% compliant with this performance measure</p>	
3	<p>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]</p>		X	<p>9/26/2013 3:51 PM Entered By: Troy Evans Globe- Green Discussed initialing the MAR to verify correct order with Charge Nurse. Will review October MARS to verify all have been initiated.</p> <p>9/30/2013 11:26 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, 2 of had MARS in the record Inmate and Inmate Neither of these MARS were signed on the back. Central unit 0/2 or 0% in compliance</p> <p>EAST review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, 6 had MARS Inmate Inmate Inmate Inmate Inmate & Inmate Of the 6 with MARS, 1 Inmate was in compliance. Inmate had many dates not initialed. Inmate not signed on the back Inmate not signed on the back and many dates not initialed Inmate not signed on the back and many dates not initialed Inmate not signed on the back and many dates not initialed Inmate not signed on the back and many dates not initialed East unit 1/6 or 17% in compliance</p> <p>KASSON review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, 8 had MARS Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of the 8 with MARS 8 were not compliant and 0 were in compliance. Inmate not signed on the back Inmate many dates not initialed. Inmate not signed on the back Inmate not signed on the back & multiple dates not initialed Inmate not signed on the back and date not initialed on 8/17</p>	1

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				<p>Inmate not signed on the back Inmate not signed on the back and date not initialed on 8/17 Inmate not signed on the back. Kasson is 0/8 or 0% compliant with this performance measure.</p> <p>NORTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10,8 had MARS Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of the eight with MARS 8 are not compliance and 0 are compliant.</p> <p>Inmate not signed on the back Inmate not signed on the back & multiple dates not initialed Inmate not signed on the back & multiple dates not initialed Inmate not signed on the back. Inmate not signed on the back. Inmate not signed on the back. 276206 not signed on the back & multiple dates not initialed Inmate not signed on the back North unit is 0/8 or 0% in compliance with this performance measure.</p> <p>SOUTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, all 10 had MARS, 10 were not compliant and 0 were in compliance.</p> <p>Inmate not signed on the back & multiple dates not initialed Inmate not signed on the back Inmate not signed on the back Inmate not signed on the back Inmate not signed on the back Inmate not signed on the back Inmate not signed on the back & multiple dates not initialed Inmate not signed on the back & multiple dates not initialed Inmate not signed on the back & multiple dates not initialed South unit is 0/10 or 0% compliant with this performance measure.</p> <p>Florence complex is 1/34 or 3% compliant with this performance measure</p>	
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]		X	<p>9/26/2013 3:51 PM Entered By: Troy Evans Globe- Green</p> <p>9/30/2013 11:58 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, 4 were not in compliance and 6 were in compliance. Inmate Inmate Inmate Inmate Inmate & Inmate were in compliance. Inmate had NET without date or stamp. Inmate no stamp at time of last entry Inmate 8/13/13 entry without time or stamp</p>	1

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Inmate 8/19/13 entry without time or stamp.
Central is 60% compliant

EAST review of the following 10 medical records
Inmate Inmate Inmate Inmate
Inmate Inmate Inmate Inmate Inmate
& Inmate Of these 10, 6 were not in compliance and 4 were in compliance.
Inmate Inmate Inmate & Inmate were in compliance.

Inmate no stamp, no time
Inmate no stamp, no time
Inmate no stamp
Inmate no stamp
Inmate no date, no stamp
Inmate no stamp, no time
East 40% in compliance

KASSON review of the following 10 medical records
Inmate Inmate Inmate Inmate
Inmate Inmate Inmate Inmate Inmate
& Inmate Of these 10, 8 were not compliant and 2 were in compliance.

Inmate & Inmate were in compliance.
Inmate 9/18 note without stamp
Inmate 9/12 note without time or stamp
Inmate 9/20 note without stamp
Inmate 8/26 note without time or stamp.
Inmate 9/23 note without stamp
Inmate 9/20 note without stamp
Inmate 8/20 note not signed and is without stamp
Inmate 9/21 note without stamp
Kasson 20% compliant with this performance measure.

NORTH review of the following 10 medical records
Inmate Inmate Inmate Inmate
Inmate Inmate Inmate Inmate Inmate
& Inmate Of these 10, 6 are not compliant and 4 are compliant. Inmate Inmate

Inmate & Inmate were in compliance.
Inmate 9/12 note without stamp
Inmate note without stamp or time
Inmate 8/7 note without stamp
Inmate 9/5 note without stamp
Inmate 8/13 note without stamp or time
Inmate 8/7 note incomplete.
North unit is 40% in compliance with this performance measure.

SOUTH review of the following 10 medical records
Inmate Inmate Inmate Inmate
Inmate Inmate Inmate Inmate Inmate
& Inmate Of these 10, 8 were not compliant and 2 were in compliance.

Inmate & Inmate were in compliance.
Inmate note without stamp or time
Inmate note without stamp
Inmate note without stamp
Inmate no time on order written 8/13
Inmate note without stamp, sig, or time
Inmate no time or signature
Inmate note without stamp
Inmate note without stamp or time
South unit is 20% compliant with this performance measure.

Florence complex is 36% compliant with this performance measure

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5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X			9/26/2013 3:51 PM Entered By: Troy Evans Globe- Green	1
					9/30/2013 11:58 AM Entered By: Jen fontaine	
6	Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?	X			9/26/2013 3:51 PM Entered By: Troy Evans Globe- Green	1
					9/30/2013 12:00 PM Entered By: Jen fontaine	
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			9/26/2013 3:52 PM Entered By: Troy Evans Globe- Green	1
					9/30/2013 12:00 PM Entered By: Jen fontaine	
8	Are medical records for released inmates pulled from the active file area?	X			9/26/2013 3:52 PM Entered By: Troy Evans Globe Green	1
					9/30/2013 12:01 PM Entered By: Jen fontaine	
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			9/26/2013 3:53 PM Entered By: Troy Evans Globe- Green No Violator Charts	1
					9/30/2013 12:01 PM Entered By: Jen fontaine	
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			9/26/2013 3:53 PM Entered By: Troy Evans Globe- Green	1
					9/30/2013 12:01 PM Entered By: Jen fontaine	

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Corrective Action Plans for Performance Measure: Medical Records (Q)

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: Jen fontaine Date: 9/30/2013 10:53:37 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: Jen fontaine Date: 9/30/2013 11:26:03 AM

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 Amber User: Jen fontaine Date: 9/30/2013 11:58:40 AM

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

Corrective Actions: Reinforce with nursing staff the importance of using name stamps. Continue to monitor

Responsible Parties = RN/LPN

Target Date= 11/30/13

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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 7:52 AM Entered By: Martin Winland	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			X	<p>9/30/2013 7:53 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests & HSTM 4.1.1 Pharmaceutical Dispensing Procedures –RED- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity, mortality, and maintain continuity of care.</p> <p>A) HSTM 4.1.6 Non –Formulary Drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Florence continues to work on Corizon policy and procedure. A recent "blitz" by Corizon staff should prove beneficial to correct internal issues. I continue to alert the facility to issues/concerns relating to Continuity of Care. (9-25-2012) Formulary 370, Non Formulary 64.</p>	2
3	Are all medications being prescribed in the	X			9/30/2013 7:54 AM Entered By: Martin	1

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	therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?			Winland	
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]		X	9/30/2013 3:24 PM Entered By: Martin Winland See question #11 on Medication Administration (MGAR)	2
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 7:54 AM Entered By: Martin Winland	1

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

2 Are pharmacy policies, 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 7:53:53 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 - 21/13 Regional office mandatory in-service and PharmaCorr policy
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

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

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

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

Target Date-11/30/13

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

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

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]

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Level 2 Amber User: Martin Winland Date: 9/30/2013 3:24:26 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

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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>9/30/2013 10:19 AM Entered By: Troy Evans Globe- Green: No MH HNR's for September. Any Mental Health HNR's are addressed upon receipt of HNR by Nursing.</p> <p>9/30/2013 1:02 PM Entered By: Nicole Taylor</p> <p>9/30/2013 1:02 PM Entered By: Nicole Taylor</p> <p>9/30/2013 1:01 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 59 were in compliance = 98% North: (10 out of 10 charts pulled were in compliance) No findings. East: (9 out of 10 charts pulled were in compliance) Inmate HNR dated 8/29/13 and not triaged until 9/2/13 (+4 days). South: (10 out of 10 charts pulled were in compliance) No findings. Kasson: (10 out of 10 charts pulled were in compliance) No findings. Central: (20 out of 20 charts pulled were in compliance) No findings.</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>9/30/2013 10:22 AM Entered By: Troy Evans Globe- Green: If an inmate requests to see a Psychiatrist, they are referred to Mental Health Provider in Florence.</p> <p>9/30/2013 1:04 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 57 were in compliance = 95% The following inmates have been referred to psychiatry and have not been seen in 7 days since referral date: North: (10 out of 10 charts pulled were in compliance) No findings. East: (7 out of 10 charts pulled were in compliance) – This standing alone would have been a red finding. Inmate SMI): Referred 9/13/13 and still not seen. Inmate SMI): Referred 9/13/13 and still not seen. Inmate SMI): Referred 9/18/13 and inmate wasn't scheduled to be seen until 9/26/13. South: (10 out of 10 charts pulled were in compliance) No findings. Kasson: (10 out of 10 charts pulled were in</p>	2

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				<p>compliance) No findings. Central: (20 out of 20 charts pulled were in compliance) No findings.</p>		
3	<p>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]</p>	X		<p>9/30/2013 10:23 AM Entered By: Troy Evans Globe- Green: No SMI Inmates at this facility.</p> <p>9/30/2013 1:06 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 54 charts in compliance = 90% North: (7 out of 10 charts pulled were in compliance) – This standing alone would have been a red finding. Inmate SMI: Treatment plan needs update. Inmate SMI: Treatment plan needs update. Inmate SMI: Treatment plan needs update. East: (8 out of 10 charts pulled were in compliance) Inmate SMI: Treatment plan needs update. Inmate SMI: Treatment plan was barely filled out. South: (9 out of 10 charts pulled were in compliance) Inmate SMI: Treatment plan was incomplete and inaccurate. Kasson: (10 out of 10 charts pulled were in compliance) No findings. Central: (20 out of 20 charts pulled were in compliance) No findings.</p>	1	
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>9/30/2013 10:24 AM Entered By: Troy Evans Globe- There are no MH-3 or above inmates on Globe Yard.</p> <p>9/30/2013 1:10 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 42 charts were in compliance = 70%. This performance measure is receiving a Red finding due to the low compliance rate and a majority of the inmates are designated SMI. The following inmates are out of timeframes for their psychology visit. North: (5 out of 10 charts pulled were in compliance) – This standing alone would have been a red finding. Inmate SMI: Last psychology visit was 6/3/13. Inmate SMI: Last psychology visit was 2/12/13. Inmate SMI: Last psychology visit was 3/6/13. Inmate SMI: Last psychology visit was</p>	2

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				<p>8/13/13. Inmate(SMI): Last psychology visit was 8/13/13. East: (9 out of 10 charts pulled were in compliance) Inmate(SMI): Last psychology visit was 7/15/13. South: (7 out of 10 charts pulled were in compliance) – This standing alone would have been a red finding. Inmate(SMI): Last psychology visit was 8/20/13. Inmate(SMI): Last psychology visit was 7/16/13. Inmate Last psychology visit was 5/8/13. Kasson: (9 out of 10 charts pulled were in compliance) Inmate Last psychology visit was 8/1/13. Central: (12 out of 20 charts pulled were in compliance) - 20 charts were pulled due to the high number of MH inmates and max custody Inmate(SMI): Last psychology visit was 5/30/13. Inmate(SMI): Last psychology visit was 7/22/13. Inmate Past due for psychology visit- Last visit was 6/20/13. Inmate Past due for psychology visit- Last visit was 7/2/13. Inmate Past due for psychology visit- Last visit was 6/13/13. Inmate Past due for psychology visit- Last visit was 7/2/13. Inmate Past due for psychology visit- Inmate has had no mental health contact since his 6/2013 arrival to Florence Complex. Inmate Past due for psychology visit- Last visit was 8/5/13.</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 10:25 AM Entered By: Troy Evans Globe- Green: There are no Psychotropic Medications on Globe Yard.</p> <p>9/30/2013 1:13 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 45 charts were in compliance = 75%. This performance measure is receiving a Red finding due to the number of findings for SMI inmates and the low compliance rate at the max unit. North: (10 out of 10 charts pulled were in compliance) No findings. East: (9 out of 10 charts pulled were in compliance) Inmate(SMI): Past due for psychiatry visit- RTC date was 9/17/13. South: (8 out of 10 charts pulled were in compliance) Inmate(SMI): Past due for psychiatry visit- RTC date was 8/28/13. Inmate Past due for psychiatry visit- RTC date for med DC follow-up was 5/23/13. Kasson: (7 out of 10 charts pulled were in compliance) – This standing alone would have been a red finding. Inmate(SMI): Past due for psychiatry visit-</p>	2

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					<p>RTC date was 9/18/13. Inmate (SMI): Past due for psychiatry visit- RTC date was 9/16/13. Inmate Past due for psychiatry visit- RTC date was 9/20/13. Central: (11 out of 20 charts pulled were in compliance) 20 charts were pulled because high number of MH inmates and max custody – This standing alone would have been a red finding. Inmate (SMI): Past due for psychiatry visit- RTC date was 9/4/13. Inmate (SMI): Past due for psychiatry visit- RTC date was 7/17/13. Inmate (SMI): Past due for psychiatry visit- RTC date was 8/14/13. Inmate (SMI): Past due for psychiatry visit- RTC date was 9/11/13. Inmate (SMI): Medication Expiration date was 9/5/13- needs psychiatry visit asap. Inmate Past due for psychiatry visit- RTC date was 9/13/13. Inmate Past due for psychiatry visit- RTC date was 7/2/13. Inmate Past due for psychiatry visit- RTC date was 8/13/13. Inmate Past due for psychiatry visit- RTC date was 9/11/13.</p>	
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 10:26 AM Entered By: Troy Evans Globe- Green: There are no MH-3 or above inmates on Globe Yard.</p> <p>9/30/2013 1:13 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 60 were in compliance = 100% North: (10 out of 10 charts pulled were in compliance) No findings. East: (10 out of 10 charts pulled were in compliance) No findings. South: (10 out of 10 charts pulled were in compliance) No findings. Kasson: (10 out of 10 charts pulled were in compliance) No findings. Central: (20 out of 20 charts pulled were in compliance) No findings.</p>	2

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Corrective Action Plans for Performance Measure: Mental Health (Q)

**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 1:10:32 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: 9/30/2013 1:13:27 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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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 9:20 AM Entered By: Troy Evans Globe- Green: Inmates are brought in off the yard if they have an appointment and do not show up. If they are scheduled for an appointment and go off site on a work crew, the crews arrive back at the Prison by 1500. The inmate will be seen upon arrival, and scheduled for next day if further evaluation is necessary.</p> <p>9/30/2013 3:51 PM Entered By: Jen fontaine CENTRAL unit is lock down and inmate no show does not apply</p> <p>EAST unit reviewed the medical record of the following 10 inmates identified as not showing up for Rx line. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Zero of these 10 inmates were brought to the health unit to sign a refusal.</p> <p>KASSON unit is lock down and inmate no show does not apply</p> <p>NORTH unit reviewed the medical record of the following 10 inmates identified as not showing up for either sick call or Rx line. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Zero of these 10 inmates were brought to the health unit to sign a refusal.</p> <p>SOUTH unit reviewed the medical record of the following 7 inmates identified as not showing up for sick call line. Inmate Inmate Inmate Inmate Inmate & Inmate Zero of these 7 inmates were brought to the health unit to sign a refusal.</p> <p>Florence complex was 0% compliant with this performance measure.</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 9:21 AM Entered By: Troy Evans Globe- Green: there are no unresolved no shows.</p> <p>9/30/2013 3:54 PM Entered By: Jen fontaine CENTRAL unit is lock down and inmate no show does not apply</p> <p>EAST unit reviewed the medical record of the following 10 inmates identified as not showing up for Rx line. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Zero of these 10 no shows were reported to the unit Deputy Warden.</p>	1

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				<p>KASSON unit is lock down and inmate no show does not apply</p> <p>NORTH unit reviewed the medical record of the following 10 inmates identified as not showing up for either sick call or Rx line. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Zero of these 10 no shows were reported to the unit Deputy Warden.</p> <p>SOUTH unit reviewed the medical record of the following 7 inmates identified as not showing up for sick call line. Inmate Inmate Inmate Inmate Inmate & Inmate Zero of these 7 no shows were reported to the unit Deputy Warden.</p> <p>Florence complex was 0% compliant with this performance measure.</p>	
3	<p>Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]</p>		X	<p>9/30/2013 9:23 AM Entered By: Troy Evans Globe- Green: The only medication line in Globe currently is an Enbrel Injection. There is an INH that will be starting 09/30/13. Compliant.</p> <p>9/30/2013 3:57 PM Entered By: Jen fontaine CENTRAL unit is lock down and inmate no show does not apply</p> <p>EAST unit reviewed the medical record of the following 10 inmates identified as not showing up for Rx line. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Zero of these 10 no shows were reported to the Provider.</p> <p>KASSON unit is lock down and inmate no show does not apply</p> <p>NORTH unit reviewed the medical record of the following 3 inmates identified as not showing up for Rx line. Inmate Inmate & Inmate Zero of these 3 Rx no shows were reported to the Provider.</p> <p>SOUTH unit had no medication line no shows to report.</p>	1
4	<p>Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]</p>		X	<p>9/30/2013 9:23 AM Entered By: Troy Evans Globe- Green</p> <p>9/30/2013 4:02 PM Entered By: Jen fontaine CENTRAL unit is lock down and inmate no show does not apply</p> <p>EAST unit reviewed the medical record of the following 10 inmates identified as not showing up for Rx line. Inmate Inmate Inmate Inmate Inmate</p>	1

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					<p>Inmate Inmate & Inmate All of these 10 no shows were scheduled to come to the health unit the next day for medication pick up.</p> <p>KASSON unit is lock down and inmate no show does not apply</p> <p>NORTH unit reviewed the medical record of the following 10 inmates identified as not showing up for either sick call or Rx line.</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate 7 of these 10 no shows were not rescheduled Inmate Inmate Inmate Inmate Inmate Inmate 3 were rescheduled Inmate Inmate & Inmate</p> <p>SOUTH unit reviewed the medical record of the following 7 inmates identified as not showing up for sick call line. Inmate Inmate Inmate Inmate Inmate Inmate & Inmate 3 of these 7 no shows were not rescheduled. they were Inmate Inmate & Inmate The other 4, Inmate Inmate Inmate & Inmate were all rescheduled.</p>
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Corrective Action Plans for Performance Measure: No Shows	
1 Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1] Level 1 Red User: Jen fontaine Date: 9/30/2013 3:51:02 PM	Corrective Plan: See October action plan as submitted by Corizon.
	Corrective Actions: Reinforce with staff to note on back of MAR any refused doses and complete a refusal form to be signed by inmate. Continue to monitor.
2 Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101] Level 1 Red User: Jen fontaine Date: 9/30/2013 3:54:47 PM	Corrective Plan: See October action plan as submitted by Corizon.
	Corrective Actions:
3 Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1] Level 1 Amber User: Jen fontaine Date: 9/30/2013 3:57:54 PM	Corrective Plan: See October action plan as submitted by Corizon.
	Corrective Actions: Reinforce that providers are being notified of medication line No-Shows.
4 Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1] Level 1 Amber User: Jen fontaine Date: 9/30/2013 4:02:40 PM	Corrective Plan: See October action plan as submitted by Corizon.
	Corrective Actions: Reinforce that No-Shows are being rescheduled if medically indicated.

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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 9:16 AM Entered By: Jen fontaine	1
					9/30/2013 10:26 AM Entered By: Troy Evans Globe- Green	
2	Is the health unit in compliance with NCCHC Standard P-B-01 compliance indicators?	X			9/30/2013 9:16 AM Entered By: Jen fontaine	1
					9/30/2013 10:32 AM Entered By: Troy Evans Globe- Amber: The only written exposure plan I could find was in a Wexford Manual. Per NCCHC Standard P-B-01 the plan is to be reviewed and updated annually by the responsible physician. I could not find any additional Infection Control Information in Globe.	
3	Are standard precautions used by health care practitioners? [NCCHC Standard P-B-01]	X			9/30/2013 9:16 AM Entered By: Jen fontaine	1
					9/30/2013 10:32 AM Entered By: Troy Evans Globe- Green	
4	Are precautionary instructions given to security when necessary (to include transportation staff)? [NCCHC Standard P-B-01]	X			9/30/2013 9:16 AM Entered By: Jen fontaine	1
					9/30/2013 10:33 AM Entered By: Troy Evans Globe- Green	
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 9:18 AM Entered By: Jen fontaine	1
					9/30/2013 10:33 AM Entered By: Troy Evans Globe- Green	

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6	Are active TB patients transported to hospitals with negative pressure rooms? [NCCHC Standard P-B-01]	X			9/30/2013 9:18 AM Entered By: Jen fontaine	2
					9/30/2013 10:34 AM Entered By: Troy Evans Globe- Green: N/A there are no active TB Patients in Globe.	
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 9:18 AM Entered By: Jen fontaine	1
					9/30/2013 10:34 AM Entered By: Troy Evans Globe- Green	
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 9:18 AM Entered By: Jen fontaine	1
					9/30/2013 10:35 AM Entered By: Troy Evans Globe- Green	
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 9:18 AM Entered By: Jen fontaine	1
					9/30/2013 10:36 AM Entered By: Troy Evans Globe- Green	
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 9:19 AM Entered By: Jen fontaine	1
					9/30/2013 10:36 AM Entered By: Troy Evans Globe- Green	
11	Does the facility follow a TB plan consistent with CDC guidelines and conduct PPD tests and chest x-rays per policy with annual PPD check-up? [NCCHC Standard P-B-01]	X			9/30/2013 9:19 AM Entered By: Jen fontaine	1
					9/30/2013 10:37 AM Entered By: Troy Evans Globe- Green	

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12	Has the facility developed a needle-stick prevention program? [NCCHC Standard P-B-01]	X			<p>9/30/2013 9:19 AM Entered By: Jen fontaine</p> <hr/> <p>9/30/2013 10:38 AM Entered By: Troy Evans Globe- Green: Needle Stick Prevention in Exposure Control Plan Book.(Wexford Manual)</p>	1
13	Is there a designated Infection Control liaison ? [NCCHC Standard P-B-01]	X			<p>9/30/2013 9:19 AM Entered By: Jen fontaine</p> <hr/> <p>9/30/2013 10:38 AM Entered By: Troy Evans Globe- Green</p>	1
14	Are red bags being handled and stored appropriately? [NCCHC Standard P-B-01]	X			<p>9/30/2013 9:19 AM Entered By: Jen fontaine</p> <hr/> <p>9/30/2013 10:38 AM Entered By: Troy Evans Globe- Green</p>	1
15	Are dirty sharps maintained in a double locked area? [NCCHC Standard P-B-01]	X			<p>9/30/2013 9:19 AM Entered By: Jen fontaine</p> <hr/> <p>9/30/2013 10:39 AM Entered By: Troy Evans Globe- Green: Top and Bottom Lock to Med Room door.</p>	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>9/30/2013 10:40 AM Entered By: Troy Evans Globe- Green</p> <p>9/30/2013 1:40 PM Entered By: Jen fontaine</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>9/30/2013 10:41 AM Entered By: Troy Evans Globe- Green: Staff Files are kept in Florence at the FHA's Office.</p> <p>9/30/2013 1:41 PM Entered By: Jen fontaine</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>9/30/2013 10:41 AM Entered By: Troy Evans Globe- Green</p> <p>9/30/2013 1:43 PM Entered By: Jen fontaine Every unit on Florence complex is tracking delivery of KOP medication on MARS</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>9/30/2013 10:56 AM Entered By: Troy Evans Globe- Amber: Per HSTM CH. 5 Sec 6.4/3.7 states "Prior to medication being administered to the inmate, the nursing staff member must verify the medication against the MAR to ensure the appropriate person, dosage, time, route." MARS are not initialed in verification of orders, few allergies, and few diagnosis on MARS.</p> <p>9/30/2013 3:00 PM Entered By: Jen fontaine CENTRAL on 9/16 the MAR books were reviewed an a small sample was taken. This sample included Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate None of these MARS had been signed for the past 2 days. Notification of this finding was made to the DON and site Manager that day.</p> <p>EAST on 9/16 the MAR book was reviewed and a small sample was taken. This sample included Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate (2 pgs), & Inmate Of these 10, zero were in compliance. Inmate Prescr bing provider name not on MAR date blank on 9/3. No diagnosis.</p>	1

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				<p>Inmate doses circled whole month, no refusals on chart, No diagnosis. Inmate doses circled whole month, no refusals on chart, No diagnosis. Inmate dates not initialed indicating medication not offered to inmate, No diagnosis. Inmate doses circled most of the month, no refusals on chart, No diagnosis. Inmate doses circled whole month, no refusals on chart, No diagnosis. Inmate no diagnosis Inmate doses circled most of the month, no refusals on chart, No diagnosis. Inmate dates not initialed indicating medication not offered to inmate, No diagnosis. Inmate dates not initialed indicating medication not offered to inmate and multiple doses circled but no refusals found in chart, No diagnosis.</p> <p>KASSON on 9/23 the MAR book was reviewed and a small sample was taken. This sample included Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, zero were in compliance. All ten were not signed on 9/18 pm dose and none of them had diagnosis.</p> <p>NORTH EAST on 9/18 the MAR books were reviewed and a small sample was taken. This sample included Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, zero were in compliance. All ten did not have diagnosis on them and pm doses not initialed on 9/13 & 9/14.</p> <p>SOUTH on 9/25 the MAR book was reviewed an a small sample was taken. This sample included Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Of these 10, zero were in compliance. All ten had multiple doses not signed for and none of them had diagnosis.</p> <p>Florence complex is 0% compliant with this performance measure.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>9/30/2013 10:56 AM Entered By: Troy Evans Globe- Green: No medication errors</p> <p>9/30/2013 3:05 PM Entered By: Jen fontaine The failure to administer the correct drug is part of the definition of a med error therefore all missed doses of medication would be technically defined as a medication error to include dates left blank on MARs indicating medication was not offered to the inmate. These med errors are not documented or forwarded to the FHA.</p>	2

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6	Are there any unreasonable delays in inmate receiving prescribed medications?	X			9/30/2013 10:57 AM Entered By: Troy Evans Globe- Green	2
					9/30/2013 3:06 PM Entered By: Jen fontaine No unreasonable delays found	
7	Are inmates being required to show ID prior to being administered their medications?	X			9/30/2013 10:57 AM Entered By: Troy Evans Globe- Green	2
					9/30/2013 3:07 PM Entered By: Jen fontaine	
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 10:57 AM Entered By: Troy Evans Globe- Green	2
					9/30/2013 3:38 PM Entered By: Jen fontaine I reviewed all chronic care and psych meds expiring between 9/1 and 9/13 with results for Florence Complex as follows: total # of prescriptions reviewed, 223 # of prescriptions reordered on or prior to expiration date, 64 # of prescriptions reordered after expiration date , 47 # of prescriptions not reordered, 112	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		9/30/2013 10:58 AM Entered By: Troy Evans Globe- Amber: She is unable to log into the web site to check the status of a non-formulary medication.	2
					9/30/2013 3:08 PM Entered By: Jen fontaine Unable to verify. None of the units on Florence complex are tracking non-formulary medication.	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		9/30/2013 10:59 AM Entered By: Troy Evans Globe- Amber: No	2
					9/30/2013 3:08 PM Entered By: Jen fontaine Unable to verify. None of the units on Florence complex are tracking non-formulary medication.	

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11	Are medication error reports being completed and medication errors documented?	Green	X	Red	9/30/2013 10:59 AM Entered By: Troy Evans Globe- Green: No medication errors.	2
					9/30/2013 3:07 PM Entered By: Jen fontaine The failure to administer the correct drug is part of the definition of a med error therefore all missed doses of medication would be technically defined as a medication error to include dates left blank on MARs indicating medication was not offered to the inmate. These med errors are not documented or forwarded to the FHA.	

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: Jen fontaine Date: 9/30/2013 3:00:27 PM

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

Corrective Actions: Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :
 - a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
 - b. MAR documentation.
 - c. Administration of DOT/KOP.
 - d. Printing MARs (Pharmacy Appendix).
 - e. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

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

Level 2 Amber User: Jen fontaine Date: 9/30/2013 3:05:44 PM

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

Corrective Actions: Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

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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: Jen fontaine Date: 9/30/2013 3:38:28 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
2. In-service staff on process per PharmaCorr policy,
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

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

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

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

Level 2 Amber User: Jen fontaine Date: 9/30/2013 3:08:45 PM

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

Corrective Actions: Action plan submitted by Corizon-
Intakes-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
 - a. Intake Orders
 - b. Private Prisons
2. In-service staff on process per PharmaCorr policy,
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

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

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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.

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

Level 2 Amber User: Jen fontaine Date: 9/30/2013 3:08:54 PM

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

Corrective Actions: Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

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

Level 2 Amber User: Jen fontaine Date: 9/30/2013 3:07:47 PM

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

Corrective Actions: Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

September 2013 FLORENCE COMPLEX

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			<p>9/30/2013 9:25 AM Entered By: Troy Evans Globe- Green: Globe falls under the Staffing Pattern of Florence.</p> <p>9/30/2013 3:14 PM Entered By: Jen fontaine</p>	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]		X		<p>9/30/2013 9:26 AM Entered By: Troy Evans Globe- Green: There is now a scheduled Staff to assist with scheduled labs.</p> <p>9/30/2013 3:27 PM Entered By: Jen fontaine Sick call is not being conducted 5 days a week at any unit on Florence complex.</p> <p>MARs are not being completed correctly at any unit on Florence complex.</p> <p>Chronic condition back log of appointments is growing. Many inmates are not seen as ordered or required by disease management guidelines.</p> <p>Medications are not being ordered prior to expiration on any unit on Florence complex.</p>	3
3	Are all positions filled per contractor staffing pattern?		X		<p>9/30/2013 3:20 PM Entered By: Jen fontaine Florence complex reports 20.75 openings. Complex is 92.42% staffed.</p>	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			<p>9/30/2013 9:27 AM Entered By: Troy Evans Globe- Green: There are no vacancies in Globe.</p> <p>9/30/2013 3:20 PM Entered By: Jen fontaine</p>	2
5	Do Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance, Professional license, NEO, CEUs)?	X			<p>9/30/2013 9:28 AM Entered By: Troy Evans Globe- Green Staff records are kept in the FHA's Office in Florence.</p> <p>9/30/2013 3:13 PM Entered By: Jen fontaine</p>	1

September 2013 FLORENCE COMPLEX

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: Jen fontaine Date: 9/30/2013 3:27:20 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.

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Jen fontaine Date: 9/30/2013 3:20:09 PM

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

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

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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			<p>9/30/2013 9:12 AM Entered By: Jen fontaine</p> <p>9/30/2013 11:09 AM Entered By: Troy Evans Globe- Green: There are no IDDM on Globe Yard.</p>	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			<p>9/30/2013 9:12 AM Entered By: Jen fontaine</p> <p>9/30/2013 11:10 AM Entered By: Troy Evans Globe- Green</p>	1
3	Are release medications for chronic conditions and mental health medications being provided to the inmate the day of release from prison?	X			<p>9/30/2013 9:12 AM Entered By: Jen fontaine</p> <p>9/30/2013 11:10 AM Entered By: Troy Evans Globe- Green</p>	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			<p>9/30/2013 9:13 AM Entered By: Jen fontaine</p> <p>9/30/2013 11:18 AM Entered By: Troy Evans Globe- Inmates work in conjunction with Health Staff and counselors in preparation for discharge. There are no inmates discharged from Globe Yard with "Serious Health Needs" as described by Standard P-E-13.</p>	1
5	When appropriately requested, are medical records being provided to inmate authorized medical providers upon release?	X			<p>9/30/2013 9:13 AM Entered By: Jen fontaine</p> <p>9/30/2013 11:19 AM Entered By: Troy Evans Globe- Green</p>	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			<p>9/27/2013 1:22 PM Entered By: Jen fontaine Infirmiry and sheltered housing management is outlined in HSTM Chaper 7 section 4.0</p> <p>9/30/2013 11:40 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmiry.</p>	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	<p>9/27/2013 1:34 PM Entered By: Jen fontaine The three single man rooms remain without a method in place for the inmate to call medical staff and medical staff can not see or hear the inmates housed in these rooms 100% of the time.</p> <p>9/30/2013 11:40 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmiry.</p>	1
3	Is the number of appropriate and sufficient qualified health professional in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			<p>9/27/2013 2:30 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC/HU8 areas indicate all 10 are in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate were reviewed. All 10 were seen as required by both HCP and nursing according to medical record. Unit is 100% compliant with this performance measure?</p> <p>9/30/2013 11:40 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmiry.</p>	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			<p>9/27/2013 1:35 PM Entered By: Jen fontaine Nursing Supervisor or RN charge nurse on site 24 hours a day.</p> <p>9/30/2013 11:41 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmiry.</p>	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			<p>9/27/2013 1:40 PM Entered By: Jen fontaine</p>	1

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				9/30/2013 11:41 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmary.	
6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X		9/27/2013 1:49 PM Entered By: Jen fontaine Admission to or discharge from infirmary care occurs only on the order of the Health Care Provider. 9/30/2013 11:41 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmary.	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X		9/27/2013 2:05 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC/HU8 areas indicate all 10 are in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate were reviewed. 9/30/2013 11:41 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmary.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes		X	9/27/2013 2:11 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC/HU8 areas indicate all 9 were non-compliance, 1 Inmate was compliant. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate were all missing a complete admission note and/or discharge plan. Unit is 10% compliant with this performance measure. 9/30/2013 11:42 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmary.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X		9/27/2013 2:11 PM Entered By: Jen fontaine The same record is used for the inmates while they receive care in the infirmary and HU8. 9/30/2013 11:42 AM Entered By: Troy Evans	1

September 2013 FLORENCE COMPLEX

				Globe- Green N/A Globe does not have an infirmary.	
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		<p>9/27/2013 2:15 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC/HU8 areas indicate all 10 were compliant. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate were reviewed. Unit is 100% compliant with this performance measure.</p> <p>9/30/2013 11:42 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmary.</p>	1
11	Are vital signs done daily when required?	X		<p>9/27/2013 2:18 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC/HU8 areas indicate 1 non-compliant, 9 compliant. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate were compliant. Inmate may have had his vital signs taken daily however there was no record of this in his medical chart. Unit is 90% compliant with this performance measure.</p> <p>9/30/2013 11:42 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmary.</p>	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?		X	<p>9/27/2013 2:25 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC/HU8 areas indicate 8 non-compliant, 2 compliant. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate were reviewed. Inmate & Inmate had a weekly nursing assessment present in their chart. Inmate Inmate Inmate Inmate Inmate Inmate & Inmate had no weekly assessment or care plan found in the medical record. Unit is 20% compliant with this performance measure which is 20% better than the prior month's 0% compliance therefore this performance measure remains amber.</p> <p>9/30/2013 11:43 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmary.</p>	1

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13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			<p>9/27/2013 2:26 PM Entered By: Jen fontaine Nursing supervisor checks medications & supplies. I found no out dated or expired supplies or medication.</p> <p>9/30/2013 11:43 AM Entered By: Troy Evans Globe- Green N/A Globe does not have an infirmary.</p>	1
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Corrective Action Plans for Performance Measure: Infirmary Care

2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)

Level 1 Red User: Jen fontaine Date: 9/27/2013 1:34:36 PM

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

Corrective Actions: Ensure that inmates have a method available to contact nursing staff.

8 Is a complete inmate health record kept and include:

-Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up

-Complete document of care and treatment given

-Medication administration record

-Discharge plan and discharge notes

Level 1 Amber User: Jen fontaine Date: 9/27/2013 2:11:09 PM

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

Corrective Actions: Reinforce to staff that a complete inmate health record is kept and must include: -Admitting orders (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes.

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

Level 1 Amber User: Jen fontaine Date: 9/27/2013 2:25:25 PM

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

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

September 2013 FLORENCE COMPLEX

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			<p>9/27/2013 2:38 PM Entered By: Jen fontaine</p> <p>9/27/2013 12:48 PM Entered By: Jen fontaine Inspection of medical record areas on all five Florence Complex units revealed Health records are secured and separate from correctional records.</p> <p>Florence complex is 100% in compliance with this performance measure.</p> <p>9/30/2013 9:29 AM Entered By: Troy Evans Globe- Green:</p>	1
2	Is access to health records and health information controlled by the health authority?	X			<p>9/27/2013 2:38 PM Entered By: Jen fontaine</p> <p>9/27/2013 12:51 PM Entered By: Jen fontaine Inspection of medical record areas on all five Florence Complex units revealed access to health records and health information is controlled by the health authority.</p> <p>Florence complex is 100% in compliance with this performance measure.</p> <p>9/30/2013 9:29 AM Entered By: Troy Evans Globe- Green:</p>	1
3	Is there evidence that health staff receive instruction in maintaining patient confidentiality?	X			<p>9/27/2013 2:42 PM Entered By: Jen fontaine</p> <p>9/30/2013 9:34 AM Entered By: Troy Evans Health Staff have Confidentiality Training in NEO #1.</p> <p>9/30/2013 9:31 AM Entered By: Troy Evans Globe- Green: There is nothing signed by Officers. Per Health Staff they are verbally instructed in regard to Inmate/Patient confidentiality.</p>	1
4	Are the records transported by non-health staff sealed?	X			<p>9/27/2013 2:39 PM Entered By: Jen fontaine</p> <p>9/27/2013 12:54 PM Entered By: Jen fontaine Inspection of medical record areas on all five Florence Complex units revealed Health records are sealed prior to transportation by non-health staff.</p>	1

September 2013 FLORENCE COMPLEX

					<p>Florence complex is 100% in compliance with this performance measure.</p> <p>9/30/2013 9:31 AM Entered By: Troy Evans Globe- Green</p>	
5	Are non-health staff who observe or overhear a clinical encounter instructed that they must maintain confidentiality?	X			<p>9/27/2013 2:43 PM Entered By: Jen fontaine</p> <p>9/30/2013 9:36 AM Entered By: Troy Evans Globe- Green: Non- Health Staff are verbally instructed with regard to patient confidentiality.</p>	1
6	Prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information?	X			<p>9/27/2013 2:43 PM Entered By: Jen fontaine</p> <p>9/30/2013 9:37 AM Entered By: Troy Evans Globe- Green: Staff have never released information to the Board of Clemency.</p>	1
7	Is medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary?	X			<p>9/27/2013 2:39 PM Entered By: Jen fontaine</p> <p>9/27/2013 12:56 PM Entered By: Jen fontaine Inspection of medical records on all five Florence Complex units revealed medical information is given to operations when necessary.</p> <p>Florence complex is 100% in compliance with this performance measure.</p> <p>9/30/2013 9:37 AM Entered By: Troy Evans Globe- Green: Yes</p>	1

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			<p>9/30/2013 11:44 AM Entered By: Troy Evans Globe- Green</p> <p>9/30/2013 3:34 PM Entered By: Jen fontaine CENTRAL medical room locked on 9/16 EAST medical room locked on 9/16 KASSON medical room locked on 9/23 NORTH Medication room open without nurse inside but 2 nurses were in the nurses station. SOUTH medical room locked 9/25</p>	1
2	Are open medication vials being marked with the date they were opened?	X			<p>9/30/2013 11:44 AM Entered By: Troy Evans Globe- Green</p> <p>9/30/2013 3:36 PM Entered By: Jen fontaine CENTRAL 6 open vials all with dated marked EAST 5 open vials all with dates marked KASSON 4 vials all with dates marked NORTH 5 vials, 4 with date, 1 without SOUTH 6 vials, all with date</p>	1
3	Is nursing staff checking for outdated (expiring)medications?	X			<p>9/30/2013 11:45 AM Entered By: Troy Evans Globe- Green: 5 bottles of eye wash found expired. Pulled from inventory.</p> <p>9/30/2013 3:36 PM Entered By: Jen fontaine No expired medication was found on any unit on Florence complex</p>	1