

September 2013 WINSLOW COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/3/2013 9:13 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/3/2013 9:14 AM Entered By: John Mitchell N/A Winslow is not an intake facility.	2

September 2013 WINSLOW COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			9/25/2013 1:48 PM Entered By: John Mitchell Sick call has been conducted five days a week excluding holidays.	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		9/17/2013 2:47 PM Entered By: John Mitchell Apache: Ten random charts were reviewed and they all were in compliance with this performance measure. 100% compliance. Kaibab: Ten random charts were reviewed and 6 were not in complianc. Inmate HNR was triaged 9/13/13 and not scheduled until 9/19/13, Inmate HNR was triaged 8/22/13 and not seen until 8/26/13, Inmate HNR was triaged 9/13/13 and not scheduled until 9/19/13 (2 HNR's), Inmate HNR was triaged 9/13/13 and was not scheduled until 9/19/13, Inmate HNR was triaged on 8/31/13 and was not seen until 9/5/13 and Inmate HNR was triaged 9/13/13 and was not scheduled until 9/19/13. This represents a 40% compliance rate. Overall the complex had a 70% compliance rate for this performance measure. Please submit a corrective action plan for this performance measure. Reference: Contract ADOC 12-00001105 section 2.20.2.2, HSTM Chapter 5 section 3.1 and NCCHC standard PE-07	1
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]	X			9/17/2013 2:52 PM Entered By: John Mitchell Apache: ten random charts were reviewed for this performance measure and all ten were in compliance. 100% compliance. Kaibab: ten random charts were reviewed and two were not in compliance. Inmate did not have vital signs for the 9/17/13 note and Inmate did not have a weight for the 8/15/13 note. 80% compliance. Complex overall compliance was 90%.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		9/20/2013 3:01 PM Entered By: John Mitchell See below. 9/20/2013 3:01 PM Entered By: John Mitchell Apache: Ten random charts were reviewed for this performance measure. 5 were not in compliance: Inmate Inmate Inmate Inmate and Inmate did not contain an "E". This represents a 50% compliance rate. Kaibab: Ten random charts were reviewed for this performance measure. 4 were not in compliance. Inmate Inmate Inmate and Inmate did not contain an "E". This	1

September 2013 WINSLOW COMPLEX

				<p>represents 60% compliance rate.</p> <p>Overall complex compliance 55%. Please submit a corrective action plan for this performance measure. Most of the non-compliant charts were for the Medical Director.</p> <p>Reference: Contract ADOC 12-00001105 section 2.20.2.2 and HSTM chapter 5 section 1.3.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>9/17/2013 3:01 PM Entered By: John Mitchell</p> <p>Apache: Ten random charts were reviewed for this performanc measure. All ten charts were in compliance. 100% compliance.</p> <p>Kaibab: Ten random charts were reviewed for this performance measure. Three were not in compliance. Inmate seen by nursing 9/5/13 not scheduled with the provider until 9/17/13, Inmate seen by nursing 9/5/13 and scheduled with the provider on 9/17/13, and Inmate seen by nursing on 9/5/13 and scheduled with the provider on 9/17/13. This represents 70% compliance.</p> <p>Overall complex compliance was 85%. Please address this with staff so that the compliance percentage does not decrease.</p>	1
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		<p>9/12/2013 4:08 PM Entered By: John Mitchell</p> <p>Nursing protocols are in place and are utilized by nursing for sick call.</p>	1

Corrective Action Plans for PerformanceMeasure: Sick Call (Q)

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

Level 1 Amber User: John Mitchell Date: 9/17/2013 2:47:09 PM

Corrective Plan: This will be taken up with the night nurse that schedules the HNR's. This continues to happen even after much discussion and has been told she will be counicled which could lead to termination.

Much of what is requested here was written into the disciplinary that was received by the staff member and is not available to the monitor. She is fully aware of what needs to take place and under stands that termination is the next step if compliance is not met.

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.

September 2013 WINSLOW COMPLEX

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.

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

Level 1 Amber User: John Mitchell Date: 9/20/2013 3:01:46 PM

Corrective Plan: Charts continue to be written with out full SOAPE. I have discussed this with staff at the last nurses meeting and they have been instructed to bring any chart back to the provider to correct if it is not in the proper format.

Corrective Actions: See above.

September 2013 WINSLOW COMPLEX

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			9/26/2013 3:05 PM Entered By: John Mitchell There were not ten urgent consults identified. All of the urgent consults identified were scheduled and seen within 30 days.	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]	X			9/26/2013 3:09 PM Entered By: John Mitchell Ten random consults were reviewed and all ten of them were reviewed by the provider within 7 days. Winslow has a clinical coordinator who processes the consults for both the Apache and Kaibab medical units and so only ten total charts were reviewed. 100% compliance. Keep up the positive work.	2
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			9/26/2013 3:09 PM Entered By: John Mitchell	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			9/25/2013 4:01 PM Entered By: John Mitchell	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			9/25/2013 4:14 PM Entered By: John Mitchell	2

September 2013 WINSLOW COMPLEX

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>9/17/2013 3:06 PM Entered By: John Mitchell Apache: Ten random charts were reviewed for this performance measure and all ten were in compliance. 100% compliance.</p> <p>Kaibab: Ten random charts were reviewed for this performance measure and all ten were in compliance. 100% compliance.</p> <p>Complex compliance was 100%. Continue the good work.</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>9/17/2013 3:12 PM Entered By: John Mitchell Apache: Ten random charts were reviewed for this performance measure and all ten were in compliance. 100% compliance.</p> <p>Kaibab: Ten random charts were reviewed for this performance measure and two were not in compliance. Inmate was seen on 8/22/13 but had not previously been seen for chronic care since 4/1/11, and Inmate was scheduled for 9/10/13 and was not seen or rescheduled. The chart for Inmate was handed to nursing to reschedule the appointment. This represents a 80% compliance.</p> <p>Overall complex compliance was 90%.</p>	2
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]	X			<p>9/17/2013 3:16 PM Entered By: John Mitchell Apache: Ten random charts were reviewed for this performance measure and all ten were in compliance.</p> <p>Kaibab: Ten random charts were reviewed for this performance measure and only one was not in compliance. Inmate did not have evidence of education for the 9/10/13 chronic care appt. This represents a 90% compliance rate.</p> <p>Overall complex compliance was 95%. Continue the good work.</p>	1
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	X			<p>9/12/2013 11:42 AM Entered By: John Mitchell Yes.</p>	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			<p>9/17/2013 3:17 PM Entered By: John Mitchell N/A this report is not due until next month.</p>	2

September 2013 WINSLOW COMPLEX

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>9/12/2013 10:13 AM Entered By: John Mitchell</p> <p>Ten random charts from the Kaibab and ten random charts from the Apache medical units were reviewed for this performance measure: Kaibab: Charts <u>Inmate</u> <u>Inmate</u> <u>Inmate</u> <u>Inmate</u> <u>Inmate</u> were found to be in compliance. <u>Inmate</u> had a PPD slip filed between the labs, <u>Inmate</u> had a refusal filed in with the SOAP notes, <u>Inmate</u> had PFT results filed in with the SOAP notes, <u>Inmate</u> had a refusal filed in the SOAP section and <u>Inmate</u> had PPD slips mixed in with the labs.</p> <p>Apache: All ten random charts were in compliance with this performance measure. For the complex this represents a 70% compliance rating. Please submit a corrective action plan for this performance measure.</p> <p>Reference: Contract ADOC 12-00001105 section 2.20.2.5, and the HSTM Chapter 5 section 1.3 and 5.3.</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>9/12/2013 10:28 AM Entered By: John Mitchell</p> <p>See below.</p> <p>9/12/2013 10:28 AM Entered By: John Mitchell</p> <p>Apache: Ten random charts reviewed for this performance measure revealed 100% compliance.</p> <p>Kaibab: Ten random charts reviewed for this performance measure. <u>Inmate</u> <u>Inmate</u> <u>Inmate</u> <u>Inmate</u> and <u>Inmate</u> were in compliance. <u>Inmate</u> the provider order of 8/20/13 was not noted until 8/21/13, <u>Inmate</u> the 8/22/13 provider order was not noted until 8/23/13, <u>Inmate</u> 8/29/13 order was not noted until 8/30/13 and the 8/22/13 order was not noted until 8/23/13, and <u>Inmate</u> 9/3/13 order not noted until 9/4/13 and 8/28/13 order was not noted until 9/4/13.</p> <p>For the complex there were 16 of 22 orders in compliance with this performance measure in the 20 charts reviewed. This represents a 73% compliance rate. Please provide a corrective action plan for this performance measure.</p>	1
3	Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]	X			<p>9/12/2013 10:31 AM Entered By: John Mitchell</p> <p>Kaibab: ten random MAR's revealed 100% compliance.</p> <p>Apache: ten random MAR's revealed 100% compliance.</p> <p>Complex: 100% compliance based on random sampling.</p>	1

September 2013 WINSLOW COMPLEX

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			9/12/2013 10:34 AM Entered By: John Mitchell Ten random charts reviewed from the Apache and Kaibab medical units revealed 100% compliance with this performance measure.	1
5	Are arrival log maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X			9/5/2013 3:58 PM Entered By: John Mitchell Arrival logs are maintained and kept current at both the Kaibab and Apache medical units.	1
6	Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?	X			9/5/2013 4:00 PM Entered By: John Mitchell Departure logs at both the Apache and Kaibab medical units were observed to be in compliance with this performance measure.	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			9/12/2013 10:36 AM Entered By: John Mitchell Inspection of the medical records at the Apache and Kaibab medical units revealed that the old volumes were filed in a separate location from the active files and were easily accessible to the health staff.	1
8	Are medical records for released inmates pulled from the active file area?	X			9/12/2013 10:37 AM Entered By: John Mitchell Medical records for released inmates were pulled from the active file area.	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			9/12/2013 10:40 AM Entered By: John Mitchell Archived medical records are requested and merged with newly established medical records upon the inmates return to ADC at both the Apache and Kaibab medical units. 100 % compliance.	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			9/12/2013 10:42 AM Entered By: John Mitchell A Release of Information log is maintained for the Winslow complex by the Medical Records Librarian for all Medical Records requests from third parties.	1

September 2013 WINSLOW COMPLEX

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

1 Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]

Level 1 Amber User: John Mitchell Date: 9/12/2013 10:13:03 AM

Corrective Plan: This was discussed with the MRL and going forward all intakes that come in she will make sure they all the charts are in correct order. She will also continue to pull random charts to check for correct order. If documents are found in incorrect places she will try to verify who placed them there so she can retrain. The MRL will copy documents to see where we can improve. She will attend the next Nurse meeting to advise staff of the correct order of filing in charts and will make sure audit reference lists are available in the records room for all staff to refer to and will continue to assist as she is able.

Corrective Actions: See above.

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: John Mitchell Date: 9/12/2013 10:28:54 AM

Corrective Plan: This issue was brought up at the last nurses meeting and is being tracked by the DON. We have discussed splitting up the charts between staff to make sure the orders are being done same day. This will be done for a few days to see if it works.

Corrective Actions: See above.

September 2013 WINSLOW COMPLEX

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 8:19 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			9/30/2013 8:20 AM Entered By: Martin Winland	2
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			9/30/2013 8:20 AM Entered By: Martin Winland	1
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 8:20 AM Entered By: Martin Winland	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 8:20 AM Entered By: Martin Winland	1

September 2013 WINSLOW COMPLEX

Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			9/26/2013 3:44 PM Entered By: John Mitchell There were only a total of six HNR's for mental health identified between the Ka bab and Apache medical units. All six were triaged by nursing within 24 hours.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		9/26/2013 3:59 PM Entered By: John Mitchell Apache: Only one inmate was noted to have been referred to Psychiatry. Inmate was referred to Psychiatry 8/22/13 and was not seen by psychiatry prior to being transferred 9/3/13. 0% compliance. Kaibab: Only one inmate was identified as having been referred to Psychiatry who was not moved prior to needing to be seen per this performance measure. Inmate was referred to Psychiatry on 8/14/13 and was not seen as of 9/13/13. He has since been transferred. 0% compliance. Complex: 0% compliance Please submit a corrective action plan for this performance measure. This corrective action plan should include the specifics of when and how telepsychiatry will be used if the inmate can't be transferred in time to still be seen within time if he will be transferred. Who will be responsible for scheduling the telepsychiatry appointment and who will provide the services should be included.	2
3	Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]	X			9/25/2013 4:04 PM Entered By: John Mitchell There have not been any SMI inmates at Winslow and MH-3 inmates have all been transferred to a corridor facility prior to needing an update of their MH treatment plan.	1
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]		X		9/26/2013 4:11 PM Entered By: John Mitchell Most MH-3 and above inmates are transferred from the Kaibab and Apache medical units prior to needing to be seen per policy. Apache: Inmate was changed to a MH-3 on 8/22/13 and was not seen by Psychiatry as of his transfer 9/3/13. 0% compliance. Kaibab: Inmate put in an HNR on 8/22/13 and was not seen by a HM provider until 8/27/13, Inmate put in an HNR on 8/5/13 and was not seen by a MH provider until 8/14/13. He was referred to Psychiatry on 8/14/13 and not seen as of 9/13/13. He has since transferred. 0% compliance. Complex: 0% compliance for the three inmates who were not transferred prior to needing to be seen per policy. Please	2

September 2013 WINSLOW COMPLEX

					submit a detailed corrective action plan to remedy this deficiency.	
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			9/26/2013 4:13 PM Entered By: John Mitchell There were no inmates prescribed psychotropic medications at Kaibab or Apache who were not transferred prior to needing to be seen for reordering of medications.	2
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]	X			9/25/2013 4:05 PM Entered By: John Mitchell There have not been any MH-3 inmates who were due for release from the Winslow complex.	2

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

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

Level 2 Amber User: John Mitchell Date: 9/26/2013 3:59:49 PM

Corrective Plan: The psych associate has been directed to email the regional office to fine out who the psychiatrist will be that will follow Winslow inmates. Dr Gogeck or Dr. Harrison are the contacts to be used for telepsych for psychiatric needs of the Winslow inmates. The psych associate will contact the Dr. and schedule an assessment for medication as soon as need is identified.

Corrective Actions: See above.

4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]

Level 2 Amber User: John Mitchell Date: 9/26/2013 4:11:06 PM

Corrective Plan: Tracking sheets are employed each week when HNR is received from nursing staff and time and date noted. Emergent requests will be assessed with in 24 hours of notification and non emergent requests will be assessed with in 5 working days as per policy. This form is tracked by the Psych associate and the FHA to assure compliance.

Corrective Actions: See below.

September 2013 WINSLOW COMPLEX

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>9/27/2013 9:42 AM Entered By: John Mitchell The no shows that did not have a documented refusal were [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate]</p> <p>9/27/2013 9:38 AM Entered By: John Mitchell Apache: There were not any no shows.</p> <p>Kaibab: Ten random no shows reviewed. 6 did not have a refusal documented in the chart. This represents a 40% compliance rate.</p> <p>Complex: 70% compliance rate. Please submit a corrective action plan for 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>9/27/2013 9:47 AM Entered By: John Mitchell Apache: There were not any no shows. 100% compliance</p> <p>Kaibab: Of the 10 random no shows reviewed there was no evidence of reporting to the Deputy Warden ([Inmate] [Inmate]). 80% compliance.</p> <p>Complex: 90 % compliance.</p>	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]	X			<p>9/26/2013 11:23 AM Entered By: John Mitchell</p>	1
4	Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]	X			<p>9/26/2013 4:14 PM Entered By: John Mitchell No shows are rescheduled if medically indicated.</p>	1

Corrective Action Plans for Performance Measure: No Shows

1 Are No-Shows being brought to health unit to sign a refusal?
[DO 1101, HSTM Chapter 5, Section 7.1]
Level 1 Amber User: John Mitchell Date: 9/27/2013 9:42:57 AM

Corrective Plan: A no show log has been put in place and staff have been reminded that all no shows are to be documented here. Staff were also reminded that IR's need to be done for all no shows and refusals need to be signed. This was a security issue with looking for the inmates and getting them up here. This has been discussed with the Warden and DW's.

Corrective Actions: See above.

1 Are No-Shows being brought to health unit to sign a refusal?
[DO 1101, HSTM Chapter 5, Section 7.1]
Level 1 Amber User: John Mitchell Date: 9/27/2013 9:42:57 AM

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

September 2013 WINSLOW COMPLEX

Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor.
Responsible Parties= RN/LPN
Target Date = 11/30/13

September 2013 WINSLOW COMPLEX

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			9/20/2013 2:13 PM Entered By: John Mitchell There is a written exposure control plan in the Corizon Infection Control Manual.	1
2	Is the health unit in compliance with NCCHC Standard P-B-01 compliance indicators?	X			9/25/2013 4:00 PM Entered By: John Mitchell	1
3	Are standard precautions used by health care practitioners? [NCCHC Standard P-B-01]	X			9/13/2013 3:47 PM Entered By: John Mitchell Health care providers at both the Kaibab and Apache have been observed exercising standard precautions. There have not been any instances of observed non-compliance with this performance measure. 100% compliance.	1
4	Are precautionary instructions given to security when necessary (to include transportation staff)? [NCCHC Standard P-B-01]	X			9/16/2013 4:00 PM Entered By: John Mitchell There has not been a situation at the Apache or Kaibab medical units that would require precautionary instructions to security staff. Conversations with health staff at both units indicates that training has occurred concerning the circumstances and procedure for giving precautionary instructions should the need arise.	1
5	Are Sanitation workers trained in appropriate methods for handling and disposing of biohazard spills and materials? [NCCHC Standard P-B-01]	X			9/20/2013 2:16 PM Entered By: John Mitchell Conversations with health staff at both the Apache and Kaibab medical units confirms that inmate workers are not allowed to handle or dispose of biohazard materials.	1
6	Are active TB patients transported to hospitals with negative pressure rooms? [NCCHC Standard P-B-01]	X			9/20/2013 2:43 PM Entered By: John Mitchell There have not been any inmates with active or suspected active TB at the Apache or Kaibab medical units. Conversations with staff indicate that staff are aware that any suspected or confirmed case of active TB would need to be transported to a facility with a negative pressure room.	2
7	Does the facility assure that inmates released with infectious or communicable diseases are provided with community referrals and for transfer inmates, notify the receiving facility of the medical condition? [NCCHC Standard P-B-01]	X			9/26/2013 3:03 PM Entered By: John Mitchell	1
8	Are facilities using effective ectoparasite control procedures to treat infected inmates and to disinfect clothing and bedding? [NCCHC	X			9/25/2013 4:12 PM Entered By: John Mitchell	1

September 2013 WINSLOW COMPLEX

	Standard P-B-01]					
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			9/25/2013 4:13 PM Entered By: John Mitchell	1
10	Does the facility complete and file all reports as required by local, state, and federal laws and regulations and reports to local health departments? [NCCHC Standard P-B-01]	X			9/26/2013 3:03 PM Entered By: John Mitchell The infection control liaison has a notebook with a copy of the reports that she has sent to the health department and a copy of the diagnostic lab work to substantiate the diagnosis.	1
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			9/26/2013 3:03 PM Entered By: John Mitchell	1
12	Has the facility developed a needle-stick prevention program? [NCCHC Standard P-B-01]	X			9/20/2013 2:46 PM Entered By: John Mitchell There is a needle-stick prevention plan in the Corizon infection control manual.	1
13	Is there a designated Infection Control liaison? [NCCHC Standard P-B-01]	X			9/5/2013 3:56 PM Entered By: John Mitchell There is an RN assigned as the Infection Control Liaison.	1
14	Are red bags being handled and stored appropriately? [NCCHC Standard P-B-01]	X			9/16/2013 12:48 PM Entered By: John Mitchell Both the Kaibab and Apache medical units were noted to be in compliance with this performance measure.	1
15	Are dirty sharps maintained in a double locked area? [NCCHC Standard P-B-01]	X			9/16/2013 12:49 PM Entered By: John Mitchell Both the Apache and Kaibab medical units are noted to be in compliance with this performance measure.	1

September 2013 WINSLOW COMPLEX

Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			9/11/2013 11:51 AM Entered By: John Mitchell There is a formal medication administration program.	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			9/11/2013 11:55 AM Entered By: John Mitchell Documentation of completed training and testing of staff who administer and deliver medications is kept by the DON in the staff members employee file.	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			9/11/2013 11:56 AM Entered By: John Mitchell There is a tracking system for tracking receipt of KOP medications.	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			9/25/2013 1:47 PM Entered By: John Mitchell	1
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			9/25/2013 4:14 PM Entered By: John Mitchell	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X			9/26/2013 11:20 AM Entered By: John Mitchell A random check of medications prescribed revealed that 100% of them were delivered without any unreasonable delays.	2
7	Are inmates being required to show ID prior to being administered their medications?	X			9/13/2013 3:52 PM Entered By: John Mitchell Health staff have been observed at both the Apache and Kaibab units requiring inmates to show their ID prior to being administered medications. 100% compliance.	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]	X			9/26/2013 11:22 AM Entered By: John Mitchell A review of the expiring medications for chronic care reveals great compliance with this performance measure.	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X			9/26/2013 3:27 PM Entered By: John Mitchell Ten non-formulary requests were reviewed and all ten were within compliance.	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X			9/26/2013 3:27 PM Entered By: John Mitchell	2

September 2013 WINSLOW COMPLEX

11	Are medication error reports being completed and medication errors documented?	X			9/26/2013 4:18 PM Entered By: John Mitchell	2

September 2013 WINSLOW 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			9/12/2013 4:09 PM Entered By: John Mitchell There is an approve staffing pattern available to the FHA.	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]	X			9/27/2013 9:47 AM Entered By: John Mitchell	3
3	Are all positions filled per contractor staffing pattern?		X		9/27/2013 9:55 AM Entered By: John Mitchell There is still a LPN position open at the Kaibab medical unit. There is a Mid-level Provider position open that is currently filled by a registry provider. There is still a Dental Tech position open per the monthly staffing report. I understand that ther is no intention to fill that position currently as dental is not behind. Please provide a corrective action plan for this performance measure to include eliminating the dental position from the monthly staffing report if it is not going to be filled.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			9/12/2013 4:10 PM Entered By: John Mitchell The FHA is kept informed of recruiting efforts being taken to fill vacant positions.	2
5	Do Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance, Professional license, NEO, CEUs)?	X			9/26/2013 4:17 PM Entered By: John Mitchell There are two health staff that are awaiting updated TB tests due to the nation wide shortage of PPD. Health staff are otherwise in compliance with this performance measure.	1

Corrective Action Plans for PerformanceMeasure: Staffing

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: John Mitchell Date: 9/27/2013 9:55:56 AM

Corrective Plan: We are preparing to interview two LPNs for the open position. I have discussed the Provider position with recruiting and I am being told there have been no applications come in for this position. Our Locum that is here at present has asked if she can extend if she doesn't find work when her contract is up. I will contact the RVP about removing the part time position in Apache for the dental tech.

Corrective Actions: See above.

September 2013 WINSLOW COMPLEX

Discharge Planning						
	Performance Measure (Description)	Grn	Amb	Red	Notification	Level
1	Are diabetic inmates that were identified as IDDMs while in prison given training on self administration of insulin? {NCCHC Standard P-E-13}	X			9/13/2013 3:44 PM Entered By: John Mitchell There are no inmates that are identified as IDDM's due for release at this time.	1
2	Is the health staff receiving discharge list from complex OIU at a minimum of 30 days out and is a release plan in place prior to inmate's actual release date?	X			9/25/2013 4:11 PM Entered By: John Mitchell	1
3	Are release medications for chronic conditions and mental health medications being provided to the inmate the day of release from prison?	X			9/26/2013 3:24 PM Entered By: John Mitchell	1
4	Is there a procedure in place for inmates with communicable diseases to be referred to community based services? [NCCHC Standard P-E-13]	X			9/20/2013 2:11 PM Entered By: John Mitchell There is a procedure in place for inmates with communicable diseases to be referred to community based services. There has not been a need to test the effectiveness of the procedure at the Winslow complex.	1
5	When appropriately requested, are medical records being provided to inmate authorized medical providers upon release?	X			9/25/2013 4:12 PM Entered By: John Mitchell	1

September 2013 WINSLOW COMPLEX

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			9/3/2013 9:03 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			9/3/2013 9:04 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			9/3/2013 9:05 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			9/3/2013 9:06 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			9/3/2013 9:06 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			9/3/2013 9:07 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			9/3/2013 9:08 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			9/3/2013 9:08 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			9/3/2013 9:09 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			9/3/2013 9:10 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
11	Are vital signs done daily when required?	X			9/3/2013 9:11 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			9/3/2013 9:11 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1

September 2013 WINSLOW COMPLEX

13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			9/3/2013 9:12 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1
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September 2013 WINSLOW 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			9/5/2013 3:50 PM Entered By: John Mitchell Health records at both the Apache and Kaibab medical units were both observed as being stored separate from correction records and under secure conditions.	1
2	Is access to health records and health information controlled by the health authority?	X			9/5/2013 3:51 PM Entered By: John Mitchell Access to health records and health information is controlled by the FHA.	1
3	Is there evidence that health staff receive instruction in maintaining patient confidentiality?	X			9/5/2013 3:54 PM Entered By: John Mitchell Conversations with the health staff at both the Apache and Ka bab health units confirm that instruction in maintaining patient confidentiality has been completed.	1
4	Are the records transported by non-health staff sealed?	X			9/11/2013 12:39 PM Entered By: John Mitchell The records that have been observed arriving with non-health staff have all been sealed.	1
5	Are non-health staff who observe or overhear a clinical encounter instructed that they must maintain confidentiality?	X			9/11/2013 12:41 PM Entered By: John Mitchell Security staff at both the Apache and Kaibab health units report training related to maintaining confidentiality of any information overheard or observed during clinical encounters.	1
6	Prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information?	X			9/12/2013 11:47 AM Entered By: John Mitchell There have not been any requests for medical information from the Board of Executive Clemency. The Medical Records Librarian is aware that a release of medical information would need to be signed by the inmate prior to the release of any information.	1
7	Is medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary?	X			9/25/2013 1:45 PM Entered By: John Mitchell There is no evidence that medical information has not been given to the Warden, Deputy Warden, Deputy Director and Director when operationally necessary.	1

September 2013 WINSLOW COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			9/11/2013 11:59 AM Entered By: John Mitchell Each time that the medical room has been observed at both the Ka bab and Apache units the door has been locked when not occupied.	1
2	Are open medication vials being marked with the date they were opened?	X			9/12/2013 10:44 AM Entered By: John Mitchell Open vials of medications at both the Apache and Kaibab medical units were noted to be in compliance.	1
3	Is nursing staff checking for outdated (expiring)medications?	X			9/26/2013 3:29 PM Entered By: John Mitchell There were no outdated medications found in a random check at both the Apache and Ka bab medical units. Apache: 100% Ka bab: 100%	1