

October 2013 DOUGLAS COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			<p>10/30/2013 3:45 PM Entered By: Troy Evans Complex-100% compliance Sick call is available 5 days a week on all units. It is scheduled 3 days a week on Eggers, however it is available the other two days as well.</p> <p>10/30/2013 10:26 AM Entered By: Troy Evans Mohave- Sick Call is 5 days a week. Papago- Sick Call is 5 days a week. Eggers- Sick Call is 3 days a week with ER's available as needed.</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>10/30/2013 2:18 PM Entered By: Troy Evans Complex total 230/4= 58% Compliance</p> <p>10/30/2013 11:48 AM Entered By: Troy Evans Gila- 10 charts reviewed 6/10 compliant 60%</p> <p>#Inmate Rec. HNR 10/14/2013 Seen 10/16/2013 #Inmate Rec. HNR 10/16/2013 Seen 10/18/2013 #Inmate Rec. HNR 10/11/2013 Seen 10/15/2013 #Inmate Rec. HNR 10/13/2013 Seen 10/15/2013</p> <p>10/30/2013 11:32 AM Entered By: Troy Evans Eggers- 10 Charts reviewed 6/10 Compliant 60%</p> <p>#Inmate Rec HNR 10/01/2013 seen 10/06/2013 #Inmate Rec. HNR on 10/09/2013 seen 10/11/2013 #Inmate Rec. HNR on 10/01/2013 seen on 10/09/2013 #Inmate Rec. HNR on 10/08/2013 seen on 10/11/2013</p> <p>10/30/2013 11:03 AM Entered By: Troy Evans Papago- 10 Charts reviewed 3/10 Compliant 30%</p> <p>#Inmate Rec. HNR on 09/29 Seen: 10/03/2013 by Provider #Inmate Rec. HNR on 10/08/2013 Seen: 10/10/2013 Nurse line #Inmate Rec. HNR on 10/01/2013 refusal signed 10/08/2013 #Inmate Rec. HNR on 10/03/2013 Seen 10/11/2013 by Provider #Inmate Rec. HNR on 10/07/2013 Seen 10/11/2013 #Inmate Rec. HNR on 10/05/2013 Seen 10/08/2013 #Inmate Rec. HNR on 10/12/2013 Seen 10/14/2013</p> <p>10/30/2013 10:46 AM Entered By: Troy Evans Mohave- 10 Charts reviewed 80% compliant #Inmate Rec. HNR on 10/08/2013 Seen:</p>	1

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				<p>10/10/2013 #Inmate Rec. HNR on 10/07/2013 Seen 10/09/2013</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>10/30/2013 3:36 PM Entered By: Troy Evans 300/7= 75% complex Level 1 3rd quarter Threshold is 80%</p> <p>10/30/2013 12:13 PM Entered By: Troy Evans ***** Error Mojave-8/10 for 80% compliance</p> <p>10/30/2013 12:11 PM Entered By: Troy Evans Mojave- 10 Charts reviewed 10/10 Compliant 100% #Inmate No Vital Signs on 10/04/2013 NET #Inmate No BP on 10/05 NET</p> <p>10/30/2013 12:08 PM Entered By: Troy Evans Papago- 7 Charts reviewed 7/7 Compliant 100%</p> <p>10/30/2013 12:05 PM Entered By: Troy Evans Eggers- 10 Charts reviewed 2/10 had a complete set of Vitals. 20% all of the following charts had NET's that were not complete with a temperature: #Inmate NL 10/06, #Inmate NL 10/06, #Inmate NL 09/30, #Inmate NL and PL 10/09, #Inmate NL 10/09, #Inmate NL 09/30, #Inmate NL 09/21. #Inmate NL 10/11 had no Vital Signs on the NET.</p> <p>10/30/2013 11:56 AM Entered By: Troy Evans Gila- 10 Charts reviewed 9/10 Charts Compliant 90% #Inmate No Vital Signs were taken on 10/12/2013 Visit</p>	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X	<p>10/30/2013 3:39 PM Entered By: Troy Evans Complex- 40/4= 10% Level 1 3rd Quarter is 80%</p> <p>10/30/2013 12:45 PM Entered By: Troy Evans Papago- 10 Charts reviewed 2/10 compliant 20% I discussed the "E" with Provider Christine Carey while reviewing charts at the Gila Unit. She had never been informed of the need to utilize the "E" in her SOAPE Notes. It should be noted that two of her charts were compliant at the Papago Unit, and both of these visits were after our discussion. #Inmate 10/11, #Inmate 10/11, #Inmate 10/03, #Inmate 10/03, #Inmate 10/11, #Inmate 10/11, #Inmate no P or E from 10/11/2013 visit, #Inmate 10/18,</p>	1

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				<p>10/30/2013 12:34 PM Entered By: Troy Evans Gila- 10 Charts reviewed 0/10 compliant 0% All of the following charts did not use the "E" in the notes. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate</p> <p>10/30/2013 12:31 PM Entered By: Troy Evans Eggers- 10 charts reviewed 2/10 compliant 20% #Inmate 10/11/13 visit, #Inmate 10/11/13 visit, #Inmate 10/18/13 visit, #Inmate 10/11/13 visit, #Inmate 10/11/13 visit, #Inmate 10/09/13 visit, #Inmate 10/04/13 visit, #Inmate 10/04/13 visit. It should be noted that all the visits except two, were before I discussed the "E" with provider Finke. The other two charts, #Inmate #Inmate were both compliant and occurred after our discussion.</p> <p>10/30/2013 12:23 PM Entered By: Troy Evans Mojave- 10 Charts reviewed 0/10 compliant 0% #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate All 10 were missing an E. I discussed this with Provider Finke, and explained the "E" to her. I later reviewed some of her charts at Eggers Unit, and made note that provider Finke had utilized the "E" in her notes. I think she is to be commended for such quick implementation.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>10/30/2013 1:00 PM Entered By: Troy Evans Complex % 386/4= 96.5%</p> <p>10/30/2013 12:59 PM Entered By: Troy Evans Gila- 10 charts reviewed 10/10 compliant 100%</p> <p>10/30/2013 12:55 PM Entered By: Troy Evans Mojave- 10 Charts reviewed 10/10 compliant 100%</p> <p>10/30/2013 12:52 PM Entered By: Troy Evans Eggers- 10 Charts reviewed 10/10 compliant 100%</p> <p>10/30/2013 12:50 PM Entered By: Troy Evans Papago- 7 charts reviewed no other referrals found. 6/7 Compliant 86% #Inmate Nurses line visit on 10/22/2013. Chart was to be sent to provider for orders. No documentation that chart was ever given to provider, no lab consent signed in chart.</p>	1

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

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

Level 1 Red User: Troy Evans Date: 10/30/2013 2:18:20 PM

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: 10/30/2013 3:36:23 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

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 Red User: Troy Evans Date: 10/30/2013 3:39:05 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 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)

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

Responsible Parties = FHA/DON/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.

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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		10/30/2013 4:58 PM Entered By: Brenda McMullen Consults from Mohave Unit 10/30/2013 9:12 AM Entered By: Brenda McMullen Douglas 2 urgent consults reviewed 1 out of compliance 50%compliance #inmate consult written 9/12/13 pending	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]	X			10/30/2013 9:13 AM Entered By: Brenda McMullen 11 consults reviewed 1 consult out of compliance 90 % compliance #inmate no date when reviewed	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			10/30/2013 9:13 AM Entered By: Brenda McMullen	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			10/30/2013 9:13 AM Entered By: Brenda McMullen	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			10/30/2013 9:14 AM Entered By: Brenda McMullen	2

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 Amber User: Brenda McMullen Date: 10/30/2013 4:58:16 PM

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

Corrective Actions: October 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

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:

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- a. Approved consults scheduled/documentated 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

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

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			10/30/2013 12:22 PM 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		10/30/2013 12:24 PM Entered By: Martin Winland 14 prescriptions reviewed 8 not renewed 2 renewed prior to expiration 4 renewed after expiration	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			10/30/2013 12:24 PM 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			10/30/2013 12:26 PM 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			10/30/2013 12:26 PM Entered By: Martin Winland	1

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

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

Level 2 Amber User: Martin Winland Date: 10/30/2013 12:24:17 PM

Corrective Plan: See October action plan as submitted by Corizon. We are pulling the expired med report weekly and are working to lower those numbers to 0

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

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- 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.

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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		10/30/2013 2:50 PM Entered By: Troy Evans Complex-HNR's are triaged effectively by the medical staff at Douglas. There is currently no Mental Health Provider to see the inmate once the HNR is triaged.	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		10/30/2013 2:53 PM Entered By: Troy Evans Complex- If inmates have a true necessity to see a Psychiatrist, they will be moved to another yard. There is no Mental Health Provider at Douglas, therefore this need must be evaluated by a medical provider and Mental Health consulted.	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			10/30/2013 2:54 PM Entered By: Troy Evans Complex- There are no MH-3 and above inmates at Douglas Complex.	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		10/30/2013 2:58 PM Entered By: Troy Evans Complex- By policy, there should be no MH-3 inmates at the Douglas Complex. However sometimes inmates come in with Medication prescribed by a Mental Health Provider. By policy this makes them an MH-3. The medication would be taken from the inmate, made a DOT Medication, and an appointment set up with the site Mental Health Provider. There is no on site Mental Health Provider.	2
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]	X			10/30/2013 3:03 PM Entered By: Troy Evans Complex- Psychotropic Medication report showed as of 10/17/2013 there were 4 inmate on Psychotropic Medications. As of now there are none.	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			10/30/2013 3:04 PM Entered By: Troy Evans N/A there are no MH-3 inmates that release from this complex.	2

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

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]

Level 2 Amber User: Troy Evans Date: 10/30/2013 2:50:18 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. Weekly site results discussed with RVP/MH Director
- c. Audit results discussed at monthly CQI meeting
- d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = RDCQI/RVP/MH Director/FHA/DON/MH Lead

Target Date - 11/30/13

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

10/11/13 Update – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman nearly completed.

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: Troy Evans Date: 10/30/2013 2:53:11 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 2 (Mental Health Attachment) related to psychiatric providers seeing HNR or sick call referrals within 7 days

- a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers within 7 days, when appropriate
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff
- c. Have MH staff increase their contacts if appointment cannot be made in 7 days

2. Monitoring (Mental Health Monitoring Tool)

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

Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead

Target Date -11/30/13

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

10/11/13 Update – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman completed.

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: Troy Evans Date: 10/30/2013 2:58:15 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

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Quality and PEER Review (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			<p>10/30/2013 1:06 PM Entered By: Troy Evans Dr Coons traveled with me to Douglas on 10/24/2013. He reviewed 10 of PA Christines Charts, and assisted her with some of her cases. We are going to schedule another trip to Douglas in November.</p> <p>10/7/2013 1:47 PM Entered By: Troy Evans Discussed with the FHA at the Douglas Facility. Currently there is not a Physician at the Douglas Unit. The Physician Assistant is currently being supervised by the Physician at the Safford Complex, Dr. Coons. He has been reviewing charts on a weekly basis, however recently it was decided that they would have him come to the Unit once a month to have a face to face meeting with Christine, as well as do his chart reviews at that time.</p>	1
2	Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			<p>10/30/2013 1:08 PM Entered By: Troy Evans I attended a CQI Meeting at the Douglas Unit on 10/24/2013. The CQI Process is ongoing at this unit.</p> <p>10/7/2013 2:31 PM Entered By: Troy Evans The CQI Process is expanding and will continue to flourish in the Douglas Complex. Staff are excited about studies, outcomes, and growing their program. With many key Staff Vacancies it is tough for the committee to be "multidisciplinary" as required by P-A-06. However as these vacancies are filled, I am certain the committee will become more diverse. Great Job Douglas CQI Committee, keep up the good work.</p> <p>10/7/2013 2:25 PM Entered By: Troy Evans There are several current CQI Studies going on in the Douglas Complex. 1)A Red Book Study was implemented on 08/29/2013 2)A Providers Documentation and Nurse Noting Study was implemented on 09/11/2013 3)An Improvement of Hypertension Thru Education was implemented on 09/23/2013. 4)A MAR Documentation Study was implemented on 10/01/2013</p> <p>10/7/2013 2:16 PM Entered By: Troy Evans Per NCCHC Standard P-A-06. Facilities with a daily population of greater than 500 inmates, are to have a "comprehensive CQI program". The Quality Improvement Committee is to be multidisciplinary. In reviewing the notes from the September 26th meeting, it appears that all of the current committee members are from the health unit. This list is to include the former Dental Director who is no longer serving the Douglas Complex. The standard also states that "The responsible physician is involved in the CQI Program". Currently there is a vacancy for a Medical Director at Douglas</p>	1

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		X			<p>Complex, so it is difficult to have one involved.</p> <p>10/7/2013 2:06 PM Entered By: Troy Evans I reviewed notes from CQI Meetings from the following Dates: May 23, 2013 June 27, 2013 July 25, 2013 August 29, 2013 September 26, 2013. And there is a meeting scheduled for October 24, 2013 at 13:45.</p>	1
3	Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			10/30/2013 1:08 PM Entered By: Troy Evans	1
4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12]	X			10/30/2013 1:09 PM Entered By: Troy Evans NA The contract is not 1 year old yet.	1
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]	X			10/30/2013 1:19 PM Entered By: Troy Evans Donna James came down and conducted a review.	1

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Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notification	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			10/28/2013 12:13 PM Entered By: Troy Evans 10/28/2013 12:12 PM Entered By: Troy Evans N/A. Douglas is not an intake facility.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			10/28/2013 12:13 PM Entered By: Troy Evans Error. Douglas is N/A. Not an intake facility. 10/28/2013 12:13 PM Entered By: Troy Evans Contract started in March 2013, annual PEER reviews are not due until March 2014.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/28/2013 12:13 PM Entered By: Troy Evans N/A. Douglas is not an intake facility.	1
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X			10/28/2013 12:14 PM Entered By: Troy Evans N/A. Douglas is not an intake facility.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/28/2013 12:14 PM Entered By: Troy Evans N/A. Douglas is not an intake facility.	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X			10/28/2013 12:14 PM Entered By: Troy Evans N/A. Douglas is not an intake facility.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/28/2013 12:14 PM Entered By: Troy Evans N/A. Douglas is not an intake facility.	1
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]	X			10/28/2013 12:14 PM Entered By: Troy Evans N/A. Douglas is not an intake facility.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute?	X			10/28/2013 12:14 PM Entered By: Troy Evans N/A. Douglas is not an intake facility.	1

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	Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]					
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October 2013 DOUGLAS COMPLEX

Oral Care (Dental)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is an oral examination performed by a dentist within 30 days of admission to ADC? [NCCHC Standard P-E-06]	X			10/30/2013 1:24 PM Entered By: Troy Evans Complex- 10 Charts reviewed 10/10 compliant 100%	1
2	Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC? [NCCHC Standard P-E-06]	X			10/30/2013 1 26 PM Entered By Troy Evans Complex-10/10 charts reviewed compliant 100% It should also be noted that all charts reviewed had the Education tab in place as well as the Oral Education in that spot. Awesome job by the Dental Staff at Douglas.	1
3	Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]	X			10/30/2013 1:28 PM Entered By: Troy Evans Complex- My Dental Audit was conducted on 10/16/2013. At that time the oldest HNR for routine care was submitted 08/15/2013.	1
4	Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]	X			10/30/2013 1:32 PM Entered By: Troy Evans 10/10 compliant 100% 10/30/2013 1:30 PM Entered By: Troy Evans Complex-10 charts were reviewed. All Dental Emergencies reviewed were seen within 24 hrs.	1
5	Are treatment plans developed and documented in the medical record? [NCCHC Standard P-E-06]	X			10/30/2013 1:31 PM Entered By: Troy Evans Complex- 10/10 charts reviewed compliant. 100%	1
6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X			10/30/2013 1:33 PM Entered By: Troy Evans Complex- Counts are conducted at the beginning and end of shift with an officer.	2
7	Are all supplies that have an expiration date checked monthly?	X			10/30/2013 1:35 PM Entered By: Troy Evans Complex-Highlighted in book when coming up on expiration.	2
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X			10/30/2013 1:36 PM Entered By: Troy Evans Highlighted in inventory book.	2
9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X			10/30/2013 1:40 PM Entered By: Troy Evans Complex- 10 charts reviewed. 9/10 charts	2

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		X			compliant 90% #Inmate did not have X-rays taken during his Emergency Visit on 10/16/2013.	1
10	Is the dental wait time log/report being maintained?	X			10/30/2013 1:41 PM Entered By: Troy Evans Complex- Green	1
11	Is the MSDS binder being maintained?	X			10/30/2013 1:41 PM Entered By: Troy Evans Complex-Green	1
12	Are patients provided with the medications that are prescribed by the dentist?	X			10/30/2013 1:44 PM Entered By: Troy Evans Complex-10 dental charts were reviewed 10/10 compliant 100% 8 had medication ordered during their visit and were given the medication. 2 had no medication ordered in their visit.	2
13	Are equipment repairs being addressed in a timely manner?	X			10/30/2013 1:45 PM Entered By: Troy Evans Complex-Green	1
14	Are all orders for materials/supplies being fulfilled in a timely manner?	X			10/30/2013 1:45 PM Entered By: Troy Evans Complex-Green	1
15	Are dental entries complete with military time and signature over name stamp?	X			10/30/2013 1:47 PM Entered By: Troy Evans Complex-10 charts reviewed. 9/10 compliant 90% #Inmate had no date or time from 10/16 visit.	1
16	Is treatment plan section C and priority section D of the dental chart completed?	X			10/30/2013 1:50 PM Entered By: Troy Evans Complex- 10 Charts reviewed. 10/10 compliant. 100%	2
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X			10/30/2013 1:51 PM Entered By: Troy Evans Complex-Green	1
18	Are weekly SPORE testing logs available for the Autoclaves?	X			10/30/2013 1:52 PM Entered By: Troy Evans Complex- Log reviewed shows weekly test results.	2
19	Is there a mechanism in place for immediate notification of a positive SPORE count?	X			10/30/2013 1:53 PM Entered By: Troy Evans Complex-Dental staff notified immediately and another specimen is sent.	2

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Segregated Inmates						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart? [NCCHC Standard P-E-09; DO 1101; HSTM Chapter 7, Section 6.0]	X			10/30/2013 1:58 PM Entered By: Troy Evans 90% 10/30/2013 1:58 PM Entered By: Troy Evans Complex- 10 CDU charts reviewed. 9/10 had documentation showing they had been reviewed when notified that inmate was going into segregation. #Inmate Not checked.	1
2	Are inmates in segregation being monitored by medical staff or Mental Health staff in accordance with NCCHC standard for the level of segregation the inmate has been placed? [NCCHC Standard P-E-09; DO 1101; DO 804; HSTM Chapter 7, Section 6.0]	X			10/30/2013 1:59 PM Entered By: Troy Evans Complex-CDU Inmates are seen three times a week by the nurse.	2
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X			10/30/2013 2:01 PM Entered By: Troy Evans Complex- There is an HNR box that security takes around when Medical Staff is not there. The HNR's can be placed directly into the box.	1
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]		X		10/30/2013 2:07 PM Entered By: Troy Evans Complex- When reviewing the existing CDU Book, the Post Order was from 2002. The updated Post Order HS-875 which became effective 06/15/2008, was pulled and reviewed with staff. The Vital Signs Book was set up in 90 day intervals per the old Post Order. It was established that November 1st, the book would be changed to a 30 day interval for vital signs.	1

Corrective Action Plans for PerformanceMeasure: Segregated Inmates

5 Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]

Level 1 Amber User: Troy Evans Date: 10/30/2013 2:07:35 PM

Corrective Plan: See October action plan as submitted by Corizon. The plan is in place to do monthly and the new post order will be placed

Corrective Actions: See above, accepting, "The plan is in place to do monthly and the new post order will be placed."

October 2013 DOUGLAS COMPLEX

Emergency Response Plan						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are written policy and procedures in place? [NCCHC Standard P-A-05; P-A-07, HSTM Chapter 1, Section 6.0]	X			10/30/2013 3:47 PM Entered By: Troy Evans Complex-Green	1
2	Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]	X			10/30/2013 3:48 PM Entered By: Troy Evans Complex-Green	1
3	Are mass disaster drills being scheduled / conducted annually so that all shifts have participated over a three year period (Actual events may be used to meet this requirement)? [NCCHC Standards P-A-04; P-A-07]	X			10/30/2013 3:49 PM Entered By: Troy Evans Complex-Statewide Mass Disaster drill scheduled for November.	1
4	Are man down drills being scheduled / conducted once a year on all units for all shifts (Actual ICS may be used to meet requirement)? [NCCHC Standard P-A-07]	X			10/30/2013 2:13 PM Entered By: Troy Evans No man down drills scheduled. Actual ICS on Saturday, with Critique.	1
5	Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]	X			10/30/2013 2:14 PM Entered By: Troy Evans Complex- Green	1
6	Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]	X			10/30/2013 3:59 PM Entered By: Troy Evans Complex-Green	1

October 2013 DOUGLAS COMPLEX

Professional Development						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do the qualified health care professionals obtain 12 hours of continuing education per year that are appropriate for their position? [NCCHC Standard P-C-03]	X			10/30/2013 4:00 PM Entered By: Troy Evans Complex-Green	1
2	Do Part-time qualified health care professionals pro-rate their continuing education hours based on full-time equivalency? [NCCHC Standard P-C-03]	X			10/30/2013 4:00 PM Entered By: Troy Evans Complex- Green	1
3	Do health staff demonstrate compliance with C.E. Licensure requirements? [HSTM Chapter 3, Section 4.0 and NCCHC Standard P-C-03]	X			10/30/2013 4:01 PM Entered By: Troy Evans Complex-Green	1
4	Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique? [HSTM Chapter 3. Section 4.0, NCCHC Standard P-C-03]	X			10/30/2013 4:02 PM Entered By: Troy Evans Complex- All CPR Certifications were reviewed and current.	1

October 2013 DOUGLAS 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			10/23/2013 9:31 AM Entered By: Brenda McMullen	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			10/23/2013 9:31 AM Entered By: Brenda McMullen	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			10/23/2013 9:31 AM Entered By: Brenda McMullen	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		10/23/2013 10:19 AM Entered By: Brenda McMullen 40 Mars reviewed 18 Mars out of compliance 55% compliant #Inmate not checked by nursing, no dx #Inmate not checked by nursing, no dx #Inmate not checked by nursing, no dx, no allergy #Inmate no transcr ber #Inmate not checked by nursing,start date shown as 10/1/13. Medication not given until 10/4/13. #Inmate not checked by nursing #Inmate line drawn thru stop date and changed #Inmate no transcr ber #Inmate no dx,no start date, not checked by nursing #Inmate no dx,no start date, not checked by nursing #Inmate no dx,no start date, not checked by nursing #Inmate no dx,no start date, not checked by nursing #Inmate no dx,no start date, not checked by nursing #Inmate no dx,no start date, not checked by nursing #Inmate no dx,no start date, not checked by nursing #Inmate no dx,no start date, not checked by nursing, #Inmate no dx,no start date, not checked by nursing , no allergy	1
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			10/30/2013 9 08 AM Entered By Brenda McMullen	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		10/30/2013 9:09 AM Entered By: Brenda McMullen See performance Measure #4	2

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7	Are inmates being required to show ID prior to being administered their medications?	X			10/30/2013 9:09 AM Entered By: Brenda McMullen	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X		10/30/2013 9:10 AM Entered By: Brenda McMullen 12 medications reviewed and expired on or before 10/15/13 and not renewed	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X			10/23/2013 10:20 AM Entered By: Brenda McMullen	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X			10/30/2013 9:11 AM Entered By: Brenda McMullen	2
11	Are medication error reports being completed and medication errors documented?	X			10/23/2013 9:05 AM Entered By: Brenda McMullen	2
12	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented? [NCCHC Standard P-0-3]	X			10/29/2013 10:54 AM Entered By: Brenda McMullen	1

Corrective Action Plans for Performance Measure: Medication Administration

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

Level 1 Amber User: Brenda McMullen Date: 10/23/2013 10:19:18 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :

- 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

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

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

Level 2 Amber User: Brenda McMullen Date: 10/30/2013 9:09:27 AM

October 2013 DOUGLAS COMPLEX

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

Corrective Actions: October 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

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

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

8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?

[NCCHC Standard P-D-01]

Level 2 Amber User: Brenda McMullen Date: 10/30/2013 9:10:42 AM

Corrective Plan: See October action plan as submitted by Corizon. Medications that expire are not always renewable. They may have been DCd or were one time use. The expired medication list is not always accurate. Chart reviews are more appropriate

Corrective Actions: October 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

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

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

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

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

October 2013 DOUGLAS COMPLEX

Nursing Assessment Protocols						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are protocols/NETs developed and reviewed annually by the health administrator and responsible physician? [NCCHC Standard P-E-11]	X			10/8/2013 3:29 AM Entered By: Brenda McMullen	1
2	Is there documentation that nurses have been trained in the use of nursing protocols/NETs, demonstration of knowledge and skills, evidence of annual review of skills and evidence of retraining when new protocols/NETs are introduced or revised? [NCCHC Standard P-E-11]	X			10/8/2013 3:29 AM Entered By: Brenda McMullen	1
3	Do nursing assessment protocols/NETs exclude the use of prescription medications except for those covering emergency, life-threatening situations (Nitro, Epinephrine)? [NCCHC Standard P-E-11]	X			10/17/2013 4:12 PM Entered By: Brenda McMullen	1
4	Do protocols/NETs include acceptable first-aid procedures for identification and care of ailments that would ordinarily be treated by over-the-counter medications through self-care? [NCCHC Standard P-E-11]	X			10/8/2013 3:29 AM Entered By: Brenda McMullen	1

October 2013 DOUGLAS COMPLEX

Medical Diets						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions? [NCCHC Standard P-F-02]	X			10/30/2013 2:24 PM Entered By: Troy Evans Complex- 10 charts reviewed 9/10 compliant. 90% #Inmate #Inmate had no current diet order in his chart. A Ruiz was contacted and the inmates appropriate diet was faxed to Unit and placed in chart.	1
2	Does a registered or licensed dietician regularly review medical diets for nutritional adequacy at least every six months and whenever a substantial change in the menu is made? [NCCHC Standard P-F-02]	X			10/30/2013 2:25 PM Entered By: Troy Evans Complex- Laura Donnelly is staff Dietician for Trinity. She reviews any changes.	1
3	Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]	X			10/30/2013 2:28 PM Entered By: Troy Evans Complex- Medical is Notified of inmates who refuse diets. They are scheduled to see the provider and diet orders corrected as appropriate.	1
4	Are diet orders forwarded to food service liaison within 24 hours?	X			10/30/2013 2:29 PM Entered By: Troy Evans Complex- Green	1
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?	X			10/30/2013 4:07 PM Entered By: Troy Evans Non-Formulary diets are sent back to medical. The provider will come up with an alternative.	1

October 2013 DOUGLAS 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			10/17/2013 6:47 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			10/17/2013 6:48 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			10/17/2013 6:48 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			10/17/2013 6:48 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			10/17/2013 6:48 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			10/17/2013 6:48 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			10/17/2013 6:49 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			10/17/2013 6:49 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			10/17/2013 6:49 PM Entered By: Brenda McMullen No infirmiry at this complex.	1
10	If an observation patient is placed by a qualified	X			10/17/2013 6:49 PM Entered By: Brenda	1

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	health care professional for longer than 24 hours, is this order being done only by a physician?				Mcmullen No infirmary at this complex.	
11	Are vital signs done daily when required?	X			10/17/2013 6:49 PM Entered By: Brenda Mcmullen No infirmary at this complex.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			10/17/2013 6:50 PM Entered By: Brenda Mcmullen No infirmary at this complex.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			10/17/2013 6:50 PM Entered By: Brenda Mcmullen No infirmary at this complex.	1

October 2013 DOUGLAS COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			10/22/2013 9:19 AM Entered By: Brenda McMullen	1
2	Are open medication vials being marked with the date they were opened?	X			10/22/2013 9:19 AM Entered By: Brenda McMullen	1
3	Is nursing staff checking for outdated (expiring)medications?	X			10/22/2013 9:19 AM Entered By: Brenda McMullen	1