

October 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			<p>10/17/2013 2:12 PM Entered By: John Mitchell Apache: 100% compliance with this performance measure.</p> <p>Kaibab: 100% compliance with this performance measure.</p> <p>Complex: 100% compliance with this performance measure.</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]	X			<p>10/15/2013 2:57 PM Entered By: John Mitchell Apache: Ten random charts were reviewed for this performance measure. Nine of those charts were in compliance. The one that was not was inmate. The HNR was triaged 10/7/13 and was not seen by nursing until 10/9/13). This is a 90% compliance rate.</p> <p>Kaibab: Ten random charts were reviewed for this performance measure. Eight were in compliance. Two charts were noncompliant: inmate the HNR was triaged on 10/6/13 and was not seen by nursing until 10/10/13. inmate the HNR was triaged on 10/2/13 and was not seen by nursing until 10/15/13. This is an 80% compliance rate.</p> <p>Complex: 85% compliance.</p>	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			<p>10/15/2013 12:39 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: 100% compliance. I believe this is the first time that both units were 100% in compliance for this performance measure. Continue the good work.</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>10/15/2013 3:23 PM Entered By: John Mitchell Apache: Ten random charts were reviewed for this performance measure. Four were not in compliance: inmate 9/12/13 note did not have an "E". inmate 9/5/13 note did not have an "E". inmate 9/27/13 note was in narrative format. inmate 9/9/13 note was in narrative format and did not have a signature. This represents a 60% compliance rate.</p> <p>Kaibab: Ten random charts were reviewed for this performance measure. Three were not in compliance: inmate 9/24/13 note did not contain an "E".</p>	1

October 2013 WINSLOW COMPLEX

				<p>Inmate 10/3/13 note did not contain an "E". Inmate 9/10/13 note did not contain an "E".</p> <p>Complex: 65% compliance. Reference: the contract ADOC12-00001105 section 2.20.2.2, DO 1104, and HSTM ch.5 section 1.3. This performance measure requires that the SOAPE format is utilized in the inmate medical record for encounters. All of the above noncompliant charts were written by providers. It should be noted that the providers are completing some charts in the correct format and that most of the noncompliant charts are only missing the "E" portion. There has been some improvement with compliance for this performance measure. Please submit a corrective action plan for this performance measure.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>10/15/2013 3:04 PM Entered By: John Mitchell</p> <p>Apache: Ten random charts were reviewed for this performance measure. All ten were in compliance. 100% compliance.</p> <p>Kaibab: Ten random charts were reviewed for this performance measure. Nine were in compliance.</p> <p>Inmate was seen by nursing on 10/4/13 and not seen by the provider until 10/15/13. This represent 90% compliance.</p> <p>Complex: 95% compliance.</p>	1

Corrective Action Plans for PerformanceMeasure: Sick Call (Q)

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: 10/15/2013 3:23:07 PM

Corrective Plan: This was addressed not only in the nurses meeting that the medical director attended but it was addressed at the CQI meeting 10/23/13. Nursing staff continue to return charts to the providers for correction same day. If the issue continues then the FHA will elevate to the regional director for reeducation.

Corrective Actions: See above.

October 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		<p>10/16/2013 12:33 PM Entered By: Kathy Campbell Apache-50% compliant.</p> <p>10/16/2013 12:06 PM Entered By: Kathy Campbell Apache-3/6 Urgent consults not in compliance. Inmate #Inmate Urgent Consult with date of request 8/29/13, has not been seen as of 10/7/13. Inmate #Inmate Date of request for urgent consult was 9/5/13, has not been seen as of 10/7/13. Inmate #Inmate Date of request for urgent consult was 9/12/13, has not been seen as of 10/7/13.</p> <p>10/23/2013 2:38 PM Entered By: John Mitchell Kaibab: Ten random urgent consults reviewed. 8 were in compliance. 2 were not in compliance. Inmate urgent consult initiated 9/12/13 and ATP not sent until 10/14/13. Inmate urgent consult initiated 9/12/13 and not approved until 10/9/13 and not scheduled until 10/23/13.</p> <p>Complex: 11 of 16 in compliance(68%). Per the contract ADOC12-00001105 section 2.20.2.3 all urgent consults must be scheduled to be seen within 30 day of the consultation being initiated. This would include the implementation of any alternative treatment plans. Please submit a corrective action plan for this performance measure. The corrective action plan should include a description of a process that would have the approval or denial of the consult occurring in a timely manner so that time would still be sufficient to schedule the appointment or implement the alternative plan within 30 days.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]	X			<p>10/16/2013 12:08 PM Entered By: Kathy Campbell Apache-3/4 reports reviewed by Provider within 7 days. Inmate #Inmate 9/30/13 report not signed off by Provider as of 10/7/13.</p> <p>10/22/2013 8:08 AM Entered By: John Mitchell Kaibab: Ten random consults were reviewed for this performance measure. All ten were in compliance. 100% compliance.</p> <p>Complex: 92% compliance. This has been a performance measure that has been non compliant in the past. Keep up the positive</p>	2

October 2013 WINSLOW COMPLEX

				work.	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X		<p>10/16/2013 12:08 PM Entered By: Kathy Campbell Apache- Green</p> <p>10/22/2013 11:54 AM Entered By: John Mitchell Kaibab: compliant</p> <p>Complex: 100% compliant</p>	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X		<p>10/16/2013 12:09 PM Entered By: Kathy Campbell Apache- Green</p> <p>10/21/2013 3:26 PM Entered By: John Mitchell Apache: Compliant</p> <p>Kaibab: Compliant</p> <p>Complex: 100% compliance</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		<p>10/16/2013 12:09 PM Entered By: Kathy Campbell Apache- Green. N/A</p> <p>10/22/2013 8:11 AM Entered By: John Mitchell Kaibab: Compliant</p> <p>Complex: 100% compliance.</p>	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: John Mitchell Date: 10/23/2013 2:38:03 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

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

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

October 2013 WINSLOW COMPLEX

a. Approved consults scheduled/documented within 5 days by clinical coordinator

2. Schedule and conduct training for all clinical coordinators

a. Agenda/sign off sheet to verify

3. Monitoring (UM Audit Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date - 11/30/13

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

October 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			10/30/2013 1:13 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 1:13 PM 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			10/30/2013 1:14 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 1:14 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 1:15 PM Entered By: Martin Winland	1

October 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		<p>10/22/2013 12:43 PM Entered By: John Mitchell Apache: There were no HNR's for Mental Health services identified at the Apache unit.</p> <p>Kaibab: There were only 5 HNR's for Mental Health services identified at the Kaibab unit. 2 were not in compliance. Inmate 10/12/13 HNR not dated as to when it was triaged. Inmate 9/30/13 HNR not dated as to when it was triaged.</p> <p>Complex: This represents a 60% compliance rate. Per the contract ADOC12-00001105 section 2.20.2.10 HNR's for Mental Health services are to be triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff. If the HNR's are not time date stamped when they are picked up and the nurse does not date and time when the HNR is triaged it is not possible to verify that this performance measure is met. Please submit a corrective action plan for this performance measure.</p>	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		<p>10/24/2013 8:49 AM Entered By: John Mitchell Apache: There were no inmates identified at the Apache unit who were referred to Psychiatry.</p> <p>Kaibab: All of the referrals to Psychiatry by the Psyche Assoc. were reviewed. Most were transferred to corridor facilities prior to the seven day time limit as Winslow does not have Psychiatry. It was then not possible to follow up on their appt. with Psychiatry. Of the four that did not transfer prior to the 7th day none had any evidence in the chart that they had been seen by Psychiatry in person or via telepsychiatry.</p> <p>Inmate submitted an HNR 10/10/13 was seen by the Psyche Assoc. 10/17/13 and was not seen by Psychiatry within 7 days.</p> <p>Inmate submitted an HNR 10/4/13 was seen by the Psyche Assoc. 10/10/13 and referred to Psychiatry and had not been seen as of his transfer on 10/21/13.</p> <p>Inmate was seen by the Psyche Assoc. 9/6/13 and referred to the Psychologist for counseling and there is no evidence in the chart that this has occurred as of 10/23/13.</p> <p>Inmate was seen by the Psyche Assoc. 10/4/13 and referred to Psychiatry and was not seen prior to his transfer on 10/11/13.</p> <p>Complex: 0% compliance. Per the contract ADOC12-00001105 section 2.20.2.10 inmates referred for Psychiatric evaluation are to be seen by a Psychiatrist or Psychiatric Mid-Level Provider within 7 days</p>	2

October 2013 WINSLOW COMPLEX

		X			<p>of the referral. The inmates who were transferred a day or two prior to the 7th day most likely did not get seen at the receiving facility in addition to the inmates noted above. Please submit a corrective action plan that includes verification that a process to utilize telepsychiatry has been established that will provide Mental Health services in compliance with this performance measure. Please provide details of who has been established to provide the telepsychiatry services, any back ups established, and any training that may need to be provided to the Psyche Assoc. to facilitate the process. Please also provide an expected date to have the corrective action plan implemented by.</p>	
3	<p>Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]</p>	X			<p>10/10/2013 3:14 PM Entered By: John Mitchell N/A SMI inmates and MH-3 inmates are transferred from Winslow to a corridor facility that can provide the appropriate MH services. There have not been any MH-3 or SMI inmates at Winslow long enough to have required updated treatment plans.</p>	1
4	<p>Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</p>	X			<p>10/24/2013 8:54 AM Entered By: John Mitchell Apache: MH-3 and above inmates are transferred to a corridor facility. Kaibab: MH-3 and above inmates are transferred to a corridor facility. Complex: 100% compliant</p>	2
5	<p>Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]</p>	X			<p>10/18/2013 12:02 PM Entered By: John Mitchell Kaibab: There have not been any inmates prescribed psychotropic medications who have remained at Winslow for a long enough time to have had to be seen per this performance measure. MH-3 inmates are transferred from the Winslow complex to a corridor facility. 100% compliance. Apache: No inmates noted who were prescribed psychotropic medications. 100% compliance. Complex: 100% compliance.</p>	2
6	<p>Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]</p>	X			<p>10/18/2013 12:06 PM Entered By: John Mitchell Complex: N/A MH-3 and above inmates are transferred to a corridor facility. There have not been any MH-3 or above inmates released from the Winslow complex. 100% compliance.</p>	2

October 2013 WINSLOW COMPLEX

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: John Mitchell Date: 10/22/2013 12:43:16 PM

Corrective Plan: The night nurses have been counseled about making sure the HNR are time stamped and dated. The time stamp machines no longer work so this is done by hand until the new ones that have been ordered come in. Staff have been made aware that this is imperative in order for the compliance dates to be met. Since this is the first notification made to staff and action moving away from this policy will encounter written discipline.

Corrective Actions: See above.

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: 10/24/2013 8:49:39 AM

Corrective Plan: Please see MGAR response of 9/26/13. Addendum to this note is that when inmate is moved within the 7 days an email is being sent to the receiving facility to inform them of the need for immediate appointment with Psychiatrist.

Corrective Actions: See above.

October 2013 WINSLOW COMPLEX

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>10/11/2013 2:57 PM Entered By: John Mitchell Apache: The contractor Physician is not conducting monthly and quarterly chart reviews. Noncompliant.</p> <p>Kaibab: The contractor Physician is not conducting monthly and quarterly chart reviews. Noncompliant.</p> <p>Complex: Per NCCHC standard PA-06, the HSTM chapter 1 section 5.0, and the contract section 2.20.2.12 the contractor Physician is to conduct monthly and quarterly chart reviews as part of the quality and peer review process. This is not being completed. Please submit a corrective action plan for this performance measure to include the process, when the process is to be started, and when compliance is expected.</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>10/15/2013 10:55 AM Entered By: John Mitchell Apache: Nursing Supervisor attends via teleconference. Compliant.</p> <p>Kaibab: Monthly CQI meetings are held monthly and comply with NCCHC standards. Compliant.</p> <p>Complex: 100% compliance. Continue the good work.</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			<p>10/15/2013 11:00 AM Entered By: John Mitchell Apache: Apache staff act on recommendations and report progress back to the committee during the monthly meetings.</p> <p>Kaibab: Kaibab staff act on recommendations and report progress back to the committee during the monthly meetings.</p> <p>Complex: 100% compliance.</p>	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			<p>10/17/2013 2:15 PM Entered By: John Mitchell N/A This is an annual requirement and the contract year is not complete. The contractor has not yet started to comply with this performance measure. The FHA has been reminded of this requirement.</p>	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		<p>10/18/2013 10:06 AM Entered By: John Mitchell Complex: This performance measure is being rated only on a complex wide basis due to the fact that the CQI process includes all the units working as one. Per</p>	1

October 2013 WINSLOW COMPLEX

				<p>NCCHC standard PA-06 and the contract ADOC12-00001105 section 2.20.2.12 a quarterly review of the CQI program is required. There is no evidence that the contractor conducted a quarterly on-site review of the CQI program. 0% compliance. Please submit a corrective action plan for this performance measure to include an expected time frame for compliance and who will be responsible for conducting the on-site review.</p>	
--	--	--	--	--	--

Corrective Action Plans for Performance Measure: Quality and PEER Review (Q)

1 Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]

Level 1 Amber User: John Mitchell Date: 10/11/2013 2:57:51 PM

Corrective Plan: The unit has just recently aquired the forms for the provider to do quarterly reviews of records and will be given the forms to begin the review Nov 1st. The reviews will be maintained in the FHA office until the Regional medical director requests them.

The review forms were given to Dr Arebalo today 11/1/13 and explanation on how they are to be filled out. He was directed to give the final forms to the FHA.

Corrective Actions: See above.

5 Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]

Level 1 Amber User: John Mitchell Date: 10/18/2013 10:06:54 AM

Corrective Plan: The contractor has hired a new staff member to manage CQI. At present all facilities have been directed to send their meeting minutes to the manager and also send calendar with date ,times and place of their meeting so visits can begin.

Corrective Actions: See above.

October 2013 WINSLOW COMPLEX

Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			10/3/2013 11:23 AM Entered By: John Mitchell N/A Winslow is not a reception center.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			10/3/2013 11:23 AM Entered By: John Mitchell N/A Winslow is not a reception center.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/3/2013 11:24 AM Entered By: John Mitchell N/A Winslow is not a reception center.	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			10/3/2013 11:25 AM Entered By: John Mitchell N/A Winslow is not a reception center.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/3/2013 11:26 AM Entered By: John Mitchell N/A Winslow is not a reception center.	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			10/3/2013 11:26 AM Entered By: John Mitchell N/A Winslow is not a reception center.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/3/2013 11:27 AM Entered By: John Mitchell N/A Winslow is not a reception center.	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			10/3/2013 11:27 AM Entered By: John Mitchell N/A Winslow is not a reception center.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]	X			10/3/2013 11:28 AM Entered By: John Mitchell N/A Winslow is not a reception center.	1

October 2013 WINSLOW 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			<p>10/8/2013 12:35 PM Entered By: John Mitchell Apache: Ten random charts were reviewed and all ten revealed compliance with this performance measure. 100% compliance.</p> <p>Kaibab: Ten random charts were reviewed and all ten revealed compliance with this performance measure. 100% compliance.</p> <p>Complex: 100 % compliance.</p>	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			<p>10/9/2013 8:02 AM Entered By: John Mitchell Complex: Ten random charts were reviewed at each unit. Charts were selected for inmates that have recently been admitted so as to not be looking at results that would have been the responsibility of the previous contractor. 100% compliant.</p> <p>Apache: 100% compliant.</p> <p>Kaibab: 100% compliant.</p>	1
3	Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]	X			<p>10/8/2013 12:29 PM Entered By: John Mitchell Apache: Ten random dental charts were reviewed that had requested routine dental care and all ten had been seen in less than 90 days. The dental wait time log also indicates compliance with this performance measure. 100% compliance.</p> <p>Kaibab: Ten random charts were reviewed that had requested routine dental care and all ten were in compliance for this performance measure. The dental wait time log also indicates compliance. 100% compliance.</p> <p>Complex: 100% compliance, Keep up the good work.</p>	1
4	Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]		X		<p>10/10/2013 4:01 PM Entered By: John Mitchell Kaibab: Ten random charts were reviewed of those identified by dental staff as being emergencies. 6 were not compliant with this performance measure which requires that emergent dental HNR's are seen within 24 hours of the HNR being submitted per NCCHC standard PE-06.</p> <p>Inmate HNR was triaged 9/15/13 and not seen by dental until 9/18/13.</p> <p>Inmate HNR was triaged by nursing 9/5/13 and not seen by dental until 9/13/13.</p> <p>Inmate HNR was triaged by nursing 9/10/13 and not seen by dental until 9/19/13.</p> <p>Inmate HNR was triaged by nursing 9/13/13 and not seen by dental until 9/18/13.</p> <p>Inmate HNR was triaged by nursing 9/20/13 and not seen by dental until 9/27/13.</p> <p>Inmate HNR was triaged by nursing 9/17/13</p>	1

October 2013 WINSLOW COMPLEX

				<p>and not seen by dental until 9/25/13.</p> <p>This represents only 40% compliance.</p> <p>Apache: Only 7 emergency dental HNR's were identified. All seven were in compliance with this performance measure. 100% compliance</p> <p>Complex: 65% compliance. Please submit a corrective action plan to address the noncompliance with this performance measure. Suggested components of this corrective action plan would include that nursing call the inmate to medical when dental is not going to be on-site the next day, and that dental plan an hour of their day to see any emergency HNR's that need to be added to the call for list. If security is not getting the inmates on the call for medical then IR's need to be completed.</p>	
5	Are treatment plans developed and documented in the medical record? [NCCHC Standard P-E-06]	X		<p>10/21/2013 8:51 AM Entered By: John Mitchell</p> <p>Apache: Ten random charts reviewed for this performance measure. All ten had a treatment plan developed and documented. 100% compliance.</p> <p>Kaibab: Ten random charts reviewed for this performance measure. All ten had a treatment plan developed and documented. 100% compliance.</p> <p>Complex: 100% compliance.</p>	1
6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X		<p>10/16/2013 7:27 AM Entered By: John Mitchell</p> <p>Apache: A check of the count logs indicates compliance with this performance measure.</p> <p>Kaibab: A check of the count logs indicates compliance with this performance measure.</p> <p>Complex: 100% compliance.</p>	2
7	Are all supplies that have an expiration date checked monthly?	X		<p>10/17/2013 1:55 PM Entered By: John Mitchell</p> <p>10/17/2013 1:55 PM Entered By: John Mitchell</p> <p>Apache: 100% compliant.</p> <p>Kaibab: 100% compliant.</p> <p>Complex: 100% compliant.</p>	2
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X		<p>10/21/2013 9:06 AM Entered By: John Mitchell</p> <p>Apache: A list is maintained of any items due to expire in the next month. 100% compliance.</p> <p>Kaibab: A list is maintained of any items</p>	2

October 2013 WINSLOW COMPLEX

				<p>due to expire in the next month. 100% compliance.</p> <p>Complex: 100% compliance.</p>	
9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X		<p>10/11/2013 2:37 PM Entered By: John Mitchell</p> <p>Apache: Ten random dental emergencies were reviewed. All ten had X-rays completed of the teeth addressed during the emergency visit. 100% compliant.</p> <p>Kaibab: Ten random dental emergencies were reviewed. All ten had X-rays completed of the teeth addressed during the emergency visit. 100% compliant.</p> <p>Complex: 100% compliance for this performance measure.</p>	2
10	Is the dental wait time log/report being maintained?	X		<p>10/17/2013 1:52 PM Entered By: John Mitchell</p> <p>Apache: 100% compliance.</p> <p>Kaibab: 100% compliance.</p> <p>Complex: 100% compliance.</p>	1
11	Is the MSDS binder being maintained?	X		<p>10/11/2013 2:38 PM Entered By: John Mitchell</p> <p>Apache: Compliant</p> <p>Kaibab: Compliant</p> <p>Complex: 100% compliance with this performance measure.</p>	1
12	Are patients provided with the medications that are precribed by the dentist?	X		<p>10/21/2013 8:54 AM Entered By: John Mitchell</p> <p>Apache: Ten random charts reviewed for this performance measure. All ten were in compliance. 100% compliance.</p> <p>Kaibab: Ten random charts reviewed for this performance measure. All ten were in compliance. 100% compliance.</p> <p>Complex: 100% compliance.</p>	2
13	Are equipment repairs being addressed in a timely manner?	X		<p>10/3/2013 2:26 PM Entered By: John Mitchell</p> <p>Per the Dental Supervisor all repairs that were done previously are all working well and there are no outstanding repair requests at the Kaibab or Apache units.</p>	1
14	Are all orders for materials/supplies being fulfilled in a timely manner?	X		<p>10/3/2013 2:30 PM Entered By: John Mitchell</p> <p>Per the Dentist orders for supplies and materials are all filled in a timely manner.</p>	1

October 2013 WINSLOW COMPLEX

15	Are dental entries complete with military time and signature over name stamp?	X			<p>10/11/2013 2:43 PM Entered By: John Mitchell</p> <p>Apache: Ten random dental charts were reviewed for this performance measure. All ten were in compliance. 100% compliance.</p> <p>Kaibab: Ten random dental charts were reviewed for this performance measure. All ten were in compliance. 100% compliance.</p> <p>Complex: 100% compliance.</p>	1
16	Is treatment plan section C and priority section D of the dental chart completed?		X		<p>10/22/2013 8:01 AM Entered By: John Mitchell</p> <p>Apache: Ten random dental charts were reviewed for this performance measure. 3 were in compliance. 7 were not: Inmate Inmate Inmate Inmate Inmate Inmate Inmate all had not had section C and/or section D updated. This represents 30% compliance.</p> <p>Kaibab: Ten random dental charts were reviewed for this performance measure. 7 were in compliance. 3 were not: Inmate Inmate Inmate all did not have section C and/or section D updated.</p> <p>Complex: 50% compliance. This performance measure requires that the treatment section C and the priority section D of the dental chart is completed. In many of the charts reviewed there had been a previous entry made but the last entry had been many dental visits ago and the priorities and treatments had not been updated. Please submit a corrective action plan for this performance measure.</p>	2
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X			<p>10/8/2013 12:38 PM Entered By: John Mitchell</p> <p>Apache: Compliant</p> <p>Kaibab: Compliant</p> <p>Complex: 100% compliant</p>	1
18	Are weekly SPORE testing logs available for the Autoclaves?	X			<p>10/23/2013 12:58 PM Entered By: John Mitchell</p>	2
19	Is there a mechanism in place for immediate notification of a positive SPORE count?	X			<p>10/21/2013 12:19 PM Entered By: John Mitchell</p> <p>Apache: Compliant</p> <p>Kaibab: Compliant</p> <p>Complex: 100% compliance.</p>	2

October 2013 WINSLOW COMPLEX

Corrective Action Plans for Performance Measure: Oral Care (Dental)

4 Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]

Level 1 Amber User: John Mitchell Date: 10/10/2013 4:01:56 PM

Corrective Plan: This was given to dental. As of October they now have dental coverage Mon thru Fri. They will make sure that HNRs are picked up daily and they have discussed with dental staff what constitutes a true dental emergency. IR's will be completed if dental emergencies called for are not brought up.

Corrective Actions: See above.

16 Is treatment plan section C and priority section D of the dental chart completed?

Level 2 Amber User: John Mitchell Date: 10/22/2013 8:01:51 AM

Corrective Plan: This was given to the dentist and he said he discussed this with staff. They will update section C annually or if treatment changes and will continue to write in dates of service in section D.

Corrective Actions: See above.

October 2013 WINSLOW COMPLEX

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			<p>10/10/2013 2:29 PM Entered By: John Mitchell</p> <p>Apache: Inmates from the Apache unit who are placed in administrative segregation are immediately moved to the Kaibab unit. Any segregation documentation would be reflected by entries made by the Ka bab staff.</p> <p>Kaibab: Ten random segregation charts reviewed. All ten revealed compliance with this performance measure. 100%.</p> <p>Complex: 100% compliance.</p>	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			<p>10/10/2013 2:33 PM Entered By: John Mitchell</p> <p>Apache: Inmates from the Apache unit who enter segregation are immediately moved to the Kaibab unit.</p> <p>Kaibab: Ten random segregated inmates were reviewed and all ten had been monitored per NCCHC standards.</p> <p>Complex: 100% compliance.</p>	2
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X			<p>10/16/2013 3:54 PM Entered By: John Mitchell</p> <p>Apache: The Apache unit does not house inmates in segregation.</p> <p>Kaibab: The security staff was able to explain the process of providing inmates in segregation the opportunity to submit HNR's in a manner that is consistent with policy. Locked mobile HNR boxes were observed. Compliant.</p> <p>Complex: 100% compliance.</p>	1
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]	X			<p>10/15/2013 11:03 AM Entered By: John Mitchell</p> <p>Apache: There are no segregated inmates at the Apache unit. They are immediately transferred to Kaibab. 100% compliance.</p> <p>Kaibab: Vital signs are offered to all segregated inmates monthly. Some inmates refuse and the refusals are documented. 100% compliance.</p> <p>Complex: 100% compliance.</p>	1

October 2013 WINSLOW 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			10/10/2013 9:35 AM Entered By: John Mitchell There is a written Emergency Response plan in place for the Winslow Complex to include the Apache unit. 100% compliance.	1
2	Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]	X			10/10/2013 9:37 AM Entered By: John Mitchell The FHA has approved the health aspects of the complex Emergency Response plan for both the Apache and Kaibab units.	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			10/16/2013 10:55 AM Entered By: John Mitchell N/A This performance measure is an annual requirement. The contract year has not been completed. There has not been any medical participation in disaster drills as yet. Please insure that medical becomes involved and participates in the up-coming mass disaster drill next month so that this performance measure can be met.	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			10/16/2013 10:58 AM Entered By: John Mitchell N/A the year is not yet completed. Please insure that medical staff become involved in scheduled man down drills and document their involvement in the drills and debriefing so that this performance measure can be met.	1
5	Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]	X			10/16/2013 11:01 AM Entered By: John Mitchell N/A this performance measure has not been completed yet, but it is a yearly requirement so there is still time to become compliant. Please insure that medical staff is participating in mass disaster and man down drills and that the critiques are being shared with all health staff.	1
6	Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]	X			10/21/2013 12:16 PM Entered By: John Mitchell Apache: Compliant Kaibab: Compliant, Ka bab just delivered their emergency supplies to the command center this month. Please insure that somebody is assigned to check the supplies monthly. Complex: 100% compliant.	1

October 2013 WINSLOW 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			10/17/2013 1:47 PM Entered By: John Mitchell Complex: N/A This performance measure is a yearly requirement and the contract year is not completed yet. Please be aware of this performance measure and be prepared to verify compliance at the end of the year.	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			10/17/2013 1:49 PM Entered By: John Mitchell N/A This is a yearly requirement and the year is not yet completed. Please be aware of this performance measure and be prepared to verify compliance at the end of the year.	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		10/22/2013 8:22 AM Entered By: John Mitchell See below. 10/22/2013 8:22 AM Entered By: John Mitchell Apache: The FHA does not have a system in place to track the progress of the providers towards their C.E. Licensure requirements. Kaibab: The FHA doen not have a system in place to track the progrsss of the providers towards their C.E. Licensure requirements. Complex: Noncompliant. Please submit a corrective action plan for this performance measure which requires that health staff demonstrate compliance with C. E. Licensure requirements. The staff should be able to provide documentation to the FHA that they have completed C. E. units needed to maintain their licensure. Please also be aware that the Board of Nursing is also going to begin to require nursing to compete C. E. units and that tracking of nursing units will also soon be necessary.	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		10/10/2013 3:05 PM Entered By: John Mitchell Apache: Per Corion records Kariah Stewart(PCT) and Shonde Burgess(PRN RN) are not current for CPR. Noncompliant. Kaibab: Per Corizon records the CPR certification for Geraldine Mitchell(RN) expired on 9/22/13. Noncompliant. Complex: Per NCCHC standard PC-03 and HSTM Chapter 3 section 4.0 all healthcare professionals who have patient contact must have current certification in CPR. This performance measure has not been met. 0% compliance. Please submit a corrective action plan for this performance measure to	1

October 2013 WINSLOW COMPLEX

					include an expected compliance date and consequences for any staff that do not comply.	
--	--	--	--	--	--	--

Corrective Action Plans for Performance Measure: Professional Development

3 Do health staff demonstrate compliance with C.E. Licensure requirements? [HSTM Chapter 3, Section 4.0 and NCCHC Standard P-C-03]

Level 1 Amber User: John Mitchell Date: 10/22/2013 8:22:48 AM

Corrective Plan: A training binder is being put together for the ancillary staff who need to maintain licensure with CEUs. I have requested each staff member with licensure to let me know how many CEUs they need yearly in order to maintain their license. I have also requested that they give me a copy of all traing they have done to keep as records in the training binder. This binder will be maintained by the FHA and kept in the Admin office.

Corrective Actions: See above.

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]

Level 1 Amber User: John Mitchell Date: 10/10/2013 3:05:59 PM

Corrective Plan: Per Corizon, staff were allowed to extend time until they received CPR or had a scheduled appointment by the dead line date of 10/23/13 as we have no certified staff member to teach. Shonde Burgess PRN has since obtained her CPR card as has Gerri Mitchell and Kariah is scheduled to complete hers on Wednesday 10/30/13. All supervisors were directed to monitor due dates, as from this time going forward CPR renewal must be completed before expiration or staff will be suspended until that time that CPR is completed.

Corrective Actions: See above.

October 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			<p>10/9/2013 7:55 AM Entered By: John Mitchell Apache: There is a formal medication administration program. 100%compliance.</p> <p>Ka bab: There is a formal medication administration program. 100% compliance.</p> <p>Complex: 100% compliance.</p>	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			<p>10/16/2013 12:57 PM Entered By: John Mitchell Apache: Compliant</p> <p>Ka bab: Compliant</p> <p>Complex 100% compliance</p>	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			<p>10/16/2013 12:15 PM Entered By: Kathy Campbell Apache- Green.</p> <p>10/17/2013 1:32 PM Entered By: John Mitchell Ka bab: There is a tracking system in place to determine that KOP medications are received by the inmates. 100% compliance.</p>	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		<p>10/16/2013 12:16 PM Entered By: Kathy Campbell Apache-90% in compliance 1/10 MARs reviewed not being completed in accordance with standard nursing practices. Inmate #Inmate No allergies/diagnosis.</p> <p>10/18/2013 9:52 AM Entered By: John Mitchell Ka bab: The MARS for KOP medications were reviewed and almost none of them included a diagnosis. The MARS were otherwise in compliance.</p> <p>Complex: Less than 20% compliance. Per the HSTM and standard nursing practices MARS are to include the diagnosis or diagnoses. Please provide a corrective action plan for this performance measure.</p>	1
5	Are medication error forwarded to the FHA to review corrective action plan?	X			<p>10/16/2013 12:17 PM Entered By: Kathy Campbell Apache- No medication errors reported for the past month.</p>	2

October 2013 WINSLOW COMPLEX

				<p>10/18/2013 11:49 AM Entered By: John Mitchell Ka bab: There were no medication errors noted for this month.</p> <p>Complex: There were no medication errors noted for this month. 100% compliance.</p>	
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X		<p>10/16/2013 12:17 PM Entered By: Kathy Campbell Apache-Green. No unreasonable delays noted.</p> <p>10/18/2013 9:57 AM Entered By: John Mitchell Ka bab: The only unreasonable delays noted in inmates receiving prescribed medications is the delay in obtaining approval or denial for non-formulary medication requests which is addressed under that performance measure.</p> <p>Complex: Greater than 95% compliance.</p>	2
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>10/16/2013 12:17 PM Entered By: Kathy Campbell Apache- Green. 100% compliant.</p> <p>10/16/2013 1:01 PM Entered By: John Mitchell Ka bab: Compliant</p> <p>Apache: Compliant</p> <p>Complex: 100% compliance</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]	X		<p>10/16/2013 12:18 PM Entered By: Kathy Campbell Apache- Green. 100% compliant.</p> <p>10/17/2013 1:37 PM Entered By: John Mitchell Ka bab: A review of the stop date reports indicate that chronic condition medications are being reviewed and reordered prior to expiring. 100% compliance.</p> <p>Complex: 100% compliance, continue the good work.</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>10/18/2013 9:02 AM Entered By: John Mitchell See remarks below.</p> <p>10/18/2013 9:01 AM Entered By: John Mitchell Error: This performance measure should have been marked an amber. The complex is not in compliance.</p>	2

October 2013 WINSLOW COMPLEX

				<p>10/16/2013 10:49 AM Entered By: John Mitchell Apache: There have not been any non-formulary requests identified from the Apache unit.</p> <p>Ka bab: Ten random non-formulary requests were reviewed. Five were not compliant with this performance measure: Inmate was submitted 10/2/13 and had not been responded to as of 10/15/13. Inmate was submitted 10/2/13 and had not been responded to as of 10/15/13. Inmate was submitted 10/2/13 and had not been responded to as of 10/15/13. Inmate was submitted 10/10/13 and had not been responded to as of 10/15/13. 10/9/13 was submitted 9/10/13 and had not been responded to as of 10/15/13.</p> <p>Complex: This is a 50% compliance rate.</p> <p>Reference: Per the contract ADOC12-00001105 section 2.12.29 non-formulary requests are to be reviewed for approval or disapproval within 24 to 48 hours. As evidenced above the approving Provider is not answering these requests within the timeframes required. I understand that there had been a new system initiated to make this process more effective. It had been working. Since Dr. Bynum has left the system does not appear to working again. Please review the process and submit a corrective action plan explaining how this process will be fixed.</p>	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X		<p>10/16/2013 12:18 PM Entered By: Kathy Campbell Apache- Green. 100% compliant.</p> <hr/> <p>10/16/2013 12:18 PM Entered By: Kathy Campbell Apache-Green.</p> <hr/> <p>10/17/2013 2:05 PM Entered By: John Mitchell Ka bab: 100% compliance with this performance measure. The problem has not been the providers being notified of non-formulary decisions. Once the decisions have been made the providers are notified. The issue of non-formulary decisions not being completed in 24-48 hours will be addressed under a seperate performance measure.</p> <p>Complex: 100% compliance.</p>	2
11	Are medication error reports being completed and medication errors documented?	X		<p>10/16/2013 12:19 PM Entered By: Kathy Campbell Apache- Green. No medication errors reported this past month.</p>	2

October 2013 WINSLOW COMPLEX

					<p>10/18/2013 11:51 AM Entered By: John Mitchell Kaibab: There were no medication errors noted this month.</p> <p>Complex: There were no medication errors noted this month. 100% compliance.</p>	
12	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented? [NCCHC Standard P-0-3]	X			<p>10/4/2013 11:48 AM Entered By: John Mitchell A quarterly audit was performed and documented last month of both the Apache and Kaibab medication rooms by a Pharmacist.</p>	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: John Mitchell Date: 10/18/2013 9:52:12 AM

Corrective Plan: This is a problem that has been elevated to the level of Pharmacor. There has been a problem with this from the start and they continue to rework their computer program so the diagnosis prints on the Profile and the MAR.

Corrective Actions: See above.

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

Level 2 Amber User: John Mitchell Date: 10/18/2013 9:02:23 AM

Corrective Plan: Since Dr Bynum left moving forward Corizon has hired Dr Patrick Arnold in his place. For obvious reasons we are behind however it is getting back to where it should be. Our inventory tech has been diligent in resending any nonformularys that are not in time frame. The FHA continues to monitor this progress.

Corrective Actions: See above.

October 2013 WINSLOW 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			10/10/2013 3:18 PM Entered By: John Mitchell NET's have been developed and there is a signature page in the front of the NET book indicating that the FHA and responsible physician have reviewed and approved them.	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			10/21/2013 12:18 PM Entered By: John Mitchell Apache: compliant Kaibab: compliant Complex: 100% compliance	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			10/4/2013 11:52 AM Entered By: John Mitchell NET's exclude the use of prescription medications. Nursing must call an on-call provider for orders for any prescription medications, even in emergency situations.	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			10/16/2013 10:37 AM Entered By: John Mitchell Apache: Compliant Kaibab: Compliant Complex: Compliant	1

October 2013 WINSLOW 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			<p>10/10/2013 12:58 PM Entered By: John Mitchell Apache: There are currently only two inmates on medically ordered diets per a list provided by the Food Service Liaison. Both of the diets were in compliance with this performance measure. 100% compliance.</p> <p>Kaibab: Ten random diets were reviewed from the current diet roster of medical diets provided by the Food Service Liaison. All ten were Compliant with this performance measure. 100% compliance.</p> <p>Complex: 12 of 12 or 100% were in compliance. Continue the good work.</p>	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			<p>10/9/2013 8:45 AM Entered By: John Mitchell Per the Food Services Liaison the dietician has reviewed the medical diets for nutritional adequacy and the report is on file at Central Office.</p>	1
3	Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]	X			<p>10/10/2013 1:01 PM Entered By: John Mitchell Apache: There were no inmates identified who refused prescribed diets. 100% compliance.</p> <p>Kaibab: There were no inmates identified who refused prescribed diets. 100% compliance.</p> <p>Complex: 100% compliance.</p>	1
4	Are diet orders forwarded to food service liaison within 24 hours?	X			<p>10/10/2013 1:05 PM Entered By: John Mitchell Apache: 2 of 2 in compliance. There are only 2 inmates currently on medically prescribed diets per the diet roster provided by the Food Service Liaison. 100% compliance.</p> <p>Kaibab: 10 of 10 in compliance. 100% compliance.</p> <p>Complex: 100% compliance for this performance measure.</p>	1
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?	X			<p>10/16/2013 12:46 PM Entered By: John Mitchell Apache: There were no non-formulary diets ordered.</p> <p>Kaibab: There were no non-formulary diets ordered.</p> <p>Complex: 100% compliance</p>	1

October 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			10/3/2013 11:12 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			10/3/2013 11:13 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			10/3/2013 11:14 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			10/3/2013 11:15 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			10/3/2013 11:16 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			10/3/2013 11:17 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			10/3/2013 11:18 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			10/3/2013 11:18 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			10/3/2013 11:19 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			10/3/2013 11:20 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
11	Are vital signs done daily when required?	X			10/3/2013 11:21 AM Entered By: John Mitchell	1

October 2013 WINSLOW COMPLEX

					N/A Winslow does not have an infirmary.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			10/3/2013 11:21 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			10/3/2013 11:22 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1

October 2013 WINSLOW COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			<p>10/16/2013 12:20 PM Entered By: Kathy Campbell Apache- Green. 100% compliant.</p> <p>10/18/2013 9:22 AM Entered By: John Mitchell Error please ignore the entry below that was accidentally pasted in the wrong performance measure.</p> <p>Apache: 100% compliant with this performance measure.</p> <p>Ka bab: 100% compliant with this performance measure.</p> <p>Complex: 100% compliant.</p> <p>10/17/2013 1:11 PM Entered By: John Mitchell Apache: The Apache unit does not house inmates in segregation.</p> <p>Ka bab: The security staff was able to explain the process of providing inmates in segregation the opportunity to submit HNR's in a manner that is consistent with policy. Locked mobile HNR boxes were observed. Compliant.</p> <p>Complex: 100% compliance.</p>	1
2	Are open medication vials being marked with the date they were opened?	X			<p>10/16/2013 12:21 PM Entered By: Kathy Campbell Apache- Green. 100% compliant.</p> <p>10/17/2013 1:41 PM Entered By: John Mitchell Ka bab: A check of the open vials in the medication room at the Kaibab medical unit on two separate days revealed 100% compliance with this performance measure.</p> <p>Complex: 100% compliance.</p>	1
3	Is nursing staff checking for outdated (expiring) medications?	X			<p>10/16/2013 12:21 PM Entered By: Kathy Campbell Apache- Green. 100% compliant.</p> <p>10/17/2013 1:44 PM Entered By: John Mitchell Ka bab: The DON confirms that the night nurse checks monthly for expiring medications. A spot check of the medications revealed no expired medications. 100% compliance.</p> <p>Complex: 100% compliance.</p>	1