

ARIZONA DEPARTMENT OF CORRECTIONS
HEALTH SERVICES CONTRACT MONITORING BUREAU
ASPC-YUMA
MEMORANDUM

TO: Cindy Hale, Corizon FHA

THROUGH: Richard Pratt, ADC HSCMB Program Evaluation Administrator/ Kathy Campbell, RN, ADC HSCNM Health Services Coordinator

FROM: Patricia Arroyo, RN, Nursing Monitor

DATE: April 5, 2013

SUBJECT: **Compliance Monitoring Activities/Findings for the month of March, 2013.**

This memorandum is for the purpose of providing you a recap of the activities and observations I have encountered during my monitoring visits to the health areas this month.

As March 4, 2013 was the inception of the Corizon / ADC Health Service Contract, and as this required a very short transition from the previous contract vendor, a formal Monitor findings / corrective action plan was deemed not practical for this month. Beginning April, 2013, I will once again commence utilizing the M-GAR, and you and your team will be responsible for providing timely corrective action plans to any negative findings which may be encountered. Please be assured that while the M-GAR is utilized for the purpose of documenting negative findings, which in turn require timely written corrective action plans, my commitment to assisting you and your staff to attain and maintain compliance with ADC policy, the Health Services Contract, and NCCHC standards remains strong.

CONTRACT INCEPTION: in my opinion, was strong and displayed a real commitment by the corporate structure of Corizon to partner with ADC in this large and important undertaking. It was very good to see Corizon Corporate staff at the facility since the middle of February working to ensure as smooth a turnaround as possible and training the local staff in their duties and responsibilities. While there was a great deal of understandable anxiety by you and your staff, it was good to see the professional manner in which ALL reacted to this change.

CHRONIC CARE CLINICS: as you are well aware, chronic care appointments had been pushed to the back burner. While this was a difficult issue to contend with, with only one provider providing all the patient care at this facility, I am looking forward to great progress being made once additional providers are acquired. This issue will be closely monitored by me and the clinical monitor and if notable steady progress is not forthcoming, we will be requesting a formal action plan that addresses these needs.

The following charts were reviewed, and these issues need attention promptly: Cibloa Unit

inmate - Inmate has Asthma, Seizures, Cancer, Inmate seen for Asthma, Seizures. Not seen for Cancer. Seen 10/13, due 4/13. Cancer CC past due.

Consult:

inmate - Opt referral for Dilated exam ordered 1/13. Inmate reports two years of visual problems. He was scheduled today for next Opt line.

Consults were not reviewed within time frame:

inmate [REDACTED], seen on 2/5/13 for progressive cervical myelopathy secondary to cervical spinal stenosis. Dictated note received on 2/7/13. Reviewed by provider on 2/22/13. .

inmate [REDACTED], seen on 2/6/13 for Colonoscopy, dictated note received 2/11/13. Reviewed by provider on 2/22/13.

inmate [REDACTED], seen on 2/14/13 for Oral Surgery, SOAPE note does not indicate date paperwork received. Provider has not reviewed SOAPE note as of to date.

inmate [REDACTED], seen on 3/7/13 for Right groin mass. Dicated note received on 3/15/13. Reviewed by provider on 3/27/13.

Sick Call Vital Signs:

inmate [REDACTED], VS were not done

inmate [REDACTED], VS were not done

inmate [REDACTED], Wt is not documented

SOAPE Documented:

inmate [REDACTED] SOAPE is not documented

inmate [REDACTED] Amber, The Evaluation was not documented

inmate [REDACTED] SOAPE is not documented

inmate [REDACTED] SOAPE is not documented

inmate [REDACTED] SOAPE not documented

inmate [REDACTED] SOAPE is not documented

Nursing Protocols being used for Sick call:

inmate [REDACTED] Not utilized

inmate [REDACTED] Not utilized

inmate [REDACTED] Not Utilized

Medical Records:

inmate [REDACTED], CC form not noted by Nurse.

inmate [REDACTED] - **10/21/12-Provider requested medical records from hospital for lung surgery. Records have not been retrieved as of to date. Not requested at this complex.**

Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature:

inmate [REDACTED], Metoprolol order does not have a start/end date for medication. MD name not transcribed.

Cabmazepine does not have MD name transcribed. Name stamp/name printed not documented x six nurses.

inmate [REDACTED], Diflucan-MD name not transcribed on MAR. Benadryl MD name not transcribed on MAR. Name Stamp/Name print not documented on MAR. Diagnosis not documented.

inmate [REDACTED] - MAR reflects inmate refused three medications x 4 days. There are no refusals to support inmate refused his medication.

inmate [REDACTED] - Tegretol, MD name is not transcribed on MAR. There are six doses documented with the number 6 (medication out of stock for the following dates: 3/1, 3/2, 3/3. There is no name stamp/name print x 6 Nurses.

inmate [REDACTED] - there are a total of four medications on the MAR. there is only one with the start date/end date. The remaining medications have an arrow down them.

inmate [REDACTED] - There are a total of six doses with the Nursees initials and circle with the number one under. There is a post it that states "Claims he has them KOP". There are no refusals for the medications to verify inmate refused medication.

inmate [REDACTED] - MD name is not transcribed on the MAR. There are three doses that reflect the number 6(Medication not in stock).

There is no diagnosis. inmate [REDACTED] - Inmate is on Paxil 20mg po q HS. There are 12 doses, with the Nurses initials and circle #6x 12 days. There is a post it stating, "Medication ordered 3/12/13.

inmate [REDACTED] - Post it note stating, "Refused them W/S, Inmate is on Risperidone, Fluoxetine, Divalprox, from 3/8 to present inmate has refused per the MAR. Nurses initial with circle and the number 1x 5 doses for each medication. There is no refusal to verify this.

Cheyenne Unit:

Medical Records:

inmate [REDACTED] PPD/Cocci slip is misfiled on top of Pink Medical work -up document

inmate [REDACTED] Loose filing on top of Progress note tab: Progress note, Patient profile report, restricted diet form Lab results, Special Need Order Cont of Care.

inmate [REDACTED] Influenza Vaccine Consent form on top of progress note tab

inmate [REDACTED] Cont. of Care, Functional Assessment, Vital Sign flow sheet on top of Progress note tab,

inmate [REDACTED] TB Symptomology Checklist on top of Problem List

inmate [REDACTED] Progress note x 2, HNR x 2 on top of progress tab.

inmate [REDACTED] Cont. of Care , MAR misfiled on top of Problem list

Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature:

inmate [REDACTED], Four Nurses do not have a name stamp/printed name on MAR. The number 6 is on the MAR since 3/21/13. When medication researched the medication was filled on 3/25/13. Awaiting medication today 3/27/13. Was not called from back up.

inmate [REDACTED], There is no Nurses signature/Name stamp/Name printed on the MAR. Three blister packs were administered to the inmate on 3/15/13. There is a Nurses initials on the MAR.

inmate [REDACTED], There is no initials for 3/21/13 on MAR for administration of Fluoxetine. There is no name printed/name stamp x 5 Nurses on the MAR. Second MAR has no Nurses signature on MAR. Initials medication was administered on 3/26/13.

inmate [REDACTED], There is name stamp/printed on the MAR x 2 Nurses.

inmate [REDACTED], No name stamp/printed for Nurse on the MAR.

inmate [REDACTED], There is no documentation that this inmate is receiving Cogentin for the entire month until 3/17/13. That's the only date documented inmate received medication. There is no Nurses signature/name stamp/printed on the MAR.

inmate [REDACTED], There is no allergies/Diagnosis, MD name documented on the MAR. No Nurses name stamp/printed on the MAR.

inmate [REDACTED], There is no md name/start/end date for medication Buspar, Venlafaxine medication does not having MD name on the order. There is one Nurses signature not documented on the MAR. No name stamp/name printed on the MAR. Allergies are not documented.

inmate [REDACTED], There are three days 3/11/13, 3/17, 18/13 note documented inmate received medication. There is no name stamp/name printed x two nurses on the MAR.

Are sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if inmate is identified with emergent medical needs)?

inmate [REDACTED] Submitted HNR on 2/25/13, Not seen until 3/4/13. Reviewed by provider 3/12/13.

inmate [REDACTED], Submitted HNR on 2/1/13, Not seen until 3/4/13 for flu vaccine.

inmate [REDACTED], No HNR submitted, laceration to chin on 3/9/13 f/u on 3/11/13 & 3/18/13.

inmate [REDACTED], Submitted HNR on 3/19/13, Not seen until 3/21/13, Placed for provider review has not been reviewed to date 3/26/13.

inmate [REDACTED], Submitted HNR on 2/24/13, Seen on 3/4/13. For shortness of breathe.

inmate [REDACTED], Submitted HNR 2/25/13 seen 2/28/13. Was on schedule for 3/4/13.

inmate [REDACTED], Submitted HNR 3/14/13, Seen 3/19/13 for knee pain.

inmate [REDACTED], Submitted HNR 3/14/13. Refused to be seen on 3/18/13.

Referrals to provider from sick call:

inmate [REDACTED] Referred to provider on 3/4/13, not reviewed until 3/12/13.

inmate [REDACTED], Submitted HNR on 3/19/13, Not seen until 3/21/13, Placed for provider review has not been reviewed to date 3/26/13.

Nursing protocols are not being utilized.

REFERRALS to PROVIDER FROM NURSE LINE: as with chronic cares, this group of inmate patients had been neglected. I expect your and the Providers commitment to correct this issue will be addressed and resolved without having to resort to a formal corrective action plan.

MEDICATION DISTRIBUTION and RENEWAL: The pharmacy staff working in the medication area at Complex Administration are doing a good job. However, the medication process needs more attention. They do provide quick and factual responses to questions ranging from and individual I/m patient's medication needs, to processes and procedures utilized to maintain appropriate stock, ensure delivery of timely KOP and DOT medications, along with tracking information to keep the patients medications current.

INMATE LETTERS and GRIEVANCES: there seems to be an uptick in the amount of I/m Letters and Grievances. This is a normal occurrence due to the issues described above, but I have no doubt that as the patients are seen and appropriately treated, these will lessen. Please ensure Letter and Grievance responses are provided appropriately and within policy driven time frames.

ADC POLICY, CONTRACT REQUIREMENTS and NCCHC STANDARDS: these three areas are required to be followed explicitly. If there is ever any question as to how something needs to be accomplished, please refer to these documents. I am available as a resource and it is my duty, responsibility and desire to help ensure the success of Corizon Health to provide Constitutionally Mandated Health Care to the Inmate population.

Sincerely,

Patricia

c.c Arthur Gross, AD, HSCMB