

April 2013 WINSLOW COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			4/8/2013 11:32 AM Entered By: John Mitchell Winslow is not an intake facility.	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			4/8/2013 11:33 AM Entered By: John Mitchell Winslow is not an intake facility.	2

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			4/16/2013 12:15 PM Entered By: John Mitchell Sick call is being conducted five days a week excluding holidays.	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]	X			4/22/2013 12:52 PM Entered By: John Mitchell	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		4/23/2013 3:50 PM Entered By: John Mitchell Reference: Contract#ADOC12-00001105 section 2.20.2.2 and NCCHC standard PE-04. The following charts were noted to not be in compliance with this performance measure: inmate [redacted] 4/2/13 note without vital signs; inmate [redacted] (Apache) 3/7/13 note without a weight, inmate [redacted] (Apache)3/22/13 note without a weight; inmate [redacted] 4/2/13 note without vital signs, and inmate [redacted] 4/5/13 note without vital signs. Please submit a corrective action plan to remedy this deficiency.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		4/22/2013 12:58 PM Entered By: John Mitchell None of the charts seen by Dr. Moyse on April 17-19 included all of the SOAPE components. All were lacking an E and most only had an S and an O. Examples include inmate [redacted], inmate [redacted], inmate [redacted], and inmate [redacted]. 4/18/2013 11:30 AM Entered By: John Mitchell At the apache unit the following charts were found that were not in compliance with this performance measure: inmate [redacted] no E on the 3/18/13 note, inmate [redacted] 4/2/13 note had only an S, and inmate [redacted] the 3/27/13 note had only an S. At the Kaibab medical unit the following charts were found that were not in compliance: inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], and inmate [redacted] all were missing an E. Most of these were from one mid-level provider who is no longer working in Winslow. Please submit a corrective action plan to remedy this deficiency. Include in the plan training that will be provided for new providers to insure that this issue is not repeated by the next provider.	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		4/16/2013 2:58 PM Entered By: John Mitchell Reference: Contract No. ACOC12-00001105 section 2.20.2.2, and NCCHC standard PE-07. 4/16/2013 12:13 PM Entered By: John	1

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					<p>Mitchell Referrals to providers from sick call have not been seen within 7 days because Winslow has not had a provider this month. A registry Doctor was due to be on-site starting today but has not arrived yet due to weather related complications. Please submit a corrective action plan to remedy this deficiency to include actions being undertaken by your corporate office to recruit providers for this complex.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			<p>4/23/2013 3:36 PM Entered By: John Mitchell A review of 25 charts revealed that nursing is using the old Nursing Assessment Protocols. The new Corizon Nursing Evaluation Tools are not being used yet. There have been some instances where newer nurses could have used the protocols and instead opted to call the on call provider. Care was still completed but the on call provider was called instead of using the protocols. I believe that this will be remedied as the new nurses learn their new roles and become comfortable with the protocols. The goal of inmates receiving timely and appropriate care was still accomplished.</p>	1

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

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: John Mitchell Date: 4/23/2013 3:50:40 PM

Corrective Plan: Completion of vital signs to include weight has been a focus of the monthly nursing meetings in April and May that included in depth discussions of this issue. Charts are monitored by compliance daily by the nursing supervisor and the director of nursing after the inmate is seen in the clinic. Nursing will continue to work on improving this area. [redacted] note dated 4/2/13 did contain all vitals as did [redacted] from 3/7/13. [redacted] note of 3/22/13 was missing the weight nurse was counseled. [redacted] and [redacted] did not have vital signs nurse was made aware of the errors. Due to many noncompliant issues this nurse is no longer employed with us.

Corrective Actions: Approved per John Mitchell.

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: 4/22/2013 12:58:38 PM

Corrective Plan: As of this writing Corizon has sent to each facility a practioner (provider) orientation binder. This standard falls under the Documentation and medical records section. Per contractual agreement this standard has been added to this training for implementation by this facilities FHA.

Corrective Actions: See above.

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

Level 1 Amber User: John Mitchell Date: 4/16/2013 2:58:57 PM

Corrective Plan: This is a duplicate and has been answered on the previousCAP.

Corrective Actions: See above.

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

Level 1 Amber User: John Mitchell Date: 4/16/2013 2:58:57 PM

Corrective Plan: The Provider did finally make it and began seeing inmates. Winslow also hired a registry NP who has been seeing inmates. Apache inmates are brought over via bus or van to be seen. A medical director has

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cleared the DOC process and it waiting clearence from the credintialing dept at Corizon. Once this has been done he can be bagded and printed.

Corrective Actions: See above.

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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			4/7/2013 5:57 PM Entered By: Kathy Campbell No Urgent Consultations found on Kaibab or Apache.	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		4/7/2013 6:11 PM Entered By: Kathy Campbell 6 charts at Kaibab found out of compliance in this area and 4 charts at Apache. These include the following- Apache: inmate ██████████ - MRI result received 3/12/13, not reviewed as of 3/30/13. inmate ██████████ - Abnormal labs from 3/23/13, not noted until 4/3/13. inmate ██████████ - Facial x-ary result received 3/5/13, not reviewed until 3/13/13. inmate ██████████ - F/U hand surgery report received 3/13/13, reviewed 3/30/13. Also 1/7/13 report was signed off on 3/30/13. Kaibab: inmate ██████████ - 2/28/13 Ortho note- signed off by NP Gallegos, but no date. Appears to be signed off 3/11/13. inmate ██████████ - Abnormal labs of 2/16/13 not signed off until 3/14/13. inmate ██████████ - Renal Consult received 2/26/13, not reviewed by Provider until 3/19/13. inmate ██████████ - Cardiology ultrasound report received 2/27/13, not reviewed until 3/21/13. inmate ██████████ - EKG done 2/25/13, not reviewed by Provider until 4/4/13. 4/23/2013 3:55 PM Entered By: John Mitchell Two additional charts were found that did not comply with this performance measure. inmate ██████████ a consult from 3/28/13 and inmate ██████████ with a consult from 3/28/13 both were not reviewed by a provider as of 4/10/13.	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			4/7/2013 6:12 PM Entered By: Kathy Campbell	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			4/7/2013 6:12 PM Entered By: Kathy Campbell	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			4/14/2013 5:00 PM Entered By: Kathy Campbell 4/7/2013 6:12 PM Entered By: Kathy Campbell	2

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Corrective Action Plans for Performance Measure: Medical Specialty Consultations (Q)

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]
Level 2 Amber User: Kathy Campbell Date: 4/7/2013 6:11:40 PM**

Corrective Plan: Winslow has not had a medical provider until recently. All the above inmates have been reviewed. Once the registry NP came on board all consults and abnormal labs are now tagged RED on the review cart to alert the medical provider that these charts are to be reviewed first.

Corrective Actions: See above.

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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]		X		<p>4/14/2013 5:09 PM Entered By: Kathy Campbell 4/7/2013 7:04 PM Entered By: Kathy Campbell</p> <p>Two (2) charts at Ka bab and one (1) chart at Apache found with no chronic care visit/treatment plan developed in medical record by Provider within 30 days of identified that inmate has a cc. inmate [REDACTED] - Hep C. Arrived 2/7/13 with Hep C diagnosis noted on 2/8/13 by intake note by nurse. Not seen for chronic care as of 4/4/13. inmate [REDACTED] - CC HTN diagnosis, noted on 1/31/13 with no chronic care visit done as of 4/4/13. Also Hx of Hep C. Arrived 3/27/13. inmate [REDACTED] - CC Hep C. Arrived Apache 2/5/13. No cc form in chart at all. Was identified on nurse intake form on 2/5/13.</p> <p>4/7/2013 7:04 PM Entered By: Kathy Campbell Two (2) charts at Ka bab and one (1) chart at Apache found with no chronic care visit/treatment plan developed in medical record by Provider within 30 days of identified that inmate has a cc. inmate [REDACTED] - Hep C. Arrived 2/7/13 with Hep C diagnosis noted on 2/8/13 by intake note by nurse. Not seen for chronic care as of 4/4/13. inmate [REDACTED] - CC HTN diagnosis, noted on 1/31/13 with no chronic care visit done as of 4/4/13. Also Hx of Hep C. Arrived 3/27/13. inmate [REDACTED] - CC Hep C. Arrived Apache 2/5/13. No cc form in chart at all. Was identified on nurse intake form on 2/5/13.</p>	1
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		<p>4/19/2013 3:43 PM Entered By: Kathy Campbell See below.</p> <p>4/7/2013 7:09 PM Entered By: Kathy Campbell Multiple charts noted out of compliance in being seen by Provider (every three (3) to six (6) months) as specified in the inmate's treatment plan. Five (5) at Kaibab and two (2) at Apache. These include: Apache-- inmate [REDACTED] - CC HTN- last visit 6/13/12, was due 12/12/12, but not seen as of 4/4/13. inmate [REDACTED] - CC Hep C- Arrived Apache 4/19/12- No Chronic Care Form in chart at all. Kaibab-- inmate [REDACTED] - CC HTN last seen 11/28/12 with 90 day follow up. Not seen for cc as of 4/4/13. inmate [REDACTED] - CC HTN/Asthma last seen 12/6/12 with 90 day follow up. Not seen as of 4/4/13.</p>	2

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				<p>inmate [redacted] - CC HTN last seen 7/19/12 with no follow up as of 4/4/13. inmate [redacted] - CC HTN and Hep C last seen 1/28/13 with 90 day follow up- not seen as of 4/4/13.</p>	
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]	X		<p>4/14/2013 5:02 PM Entered By: Kathy Campbell Apache- Green. Ka bab- Green.</p>	1
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X	<p>4/19/2013 3:39 PM Entered By: Kathy Campbell See below.</p> <p>4/7/2013 7:14 PM Entered By: Kathy Campbell Three (3) Inmates at Ka bab and two (2) Inmates at Apache without disease management guidelines developed/implemented for chronic disease. Apache-- inmate [redacted] - cc form dated 3/13/13 for DM and HTN. Special Needs Box was blank. inmate [redacted] - cc HTN completed 2/17/13- PE not complete and Special Needs Box was blank. Kaibab-- inmate [redacted] - cc Asthma- Special Needs Box was blank. inmate [redacted] - cc HTN (3/25/13)- Special Needs Box was blank. inmate [redacted] - CC Asthma- seen 3/12/13- Special Needs Box was blank. No respirations on cc form of 3/12/13.</p>	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X		<p>4/14/2013 5:02 PM Entered By: Kathy Campbell</p> <p>4/7/2013 7:10 PM Entered By: Kathy Campbell N/A.</p>	2

Corrective Action Plans for Performance Measure: Chronic Condition and Disease Management (Q)

1 Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]

Level 1 Amber User: Kathy Campbell Date: 4/14/2013 5:09:35 PM

Corrective Plan: Winslow did not have a provider until May 6 2013. Once registry was hired inmates were taken care of. inmate [redacted] has updated Hep C labs and was seen by the provider 5/7/13 to have medical check up and review the labs. At this appointment inmate denies any complaints related to Hep C and advised to follow up as needed. inmate [redacted] is no longer at winslow

inmate [redacted] is on the list to see the provider to discuss Hep C at Apache.

Additional clarification is needed as to whether all Hep C inmates will be considered chronic or if That will apply to those inmates that are symptomatic of Hep C.

Corrective Actions: See above.

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2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]

Level 2 Amber User: Kathy Campbell Date: 4/19/2013 3:43:48 PM

Corrective Plan: Winslow and Apache currently share one mid level provider. Inmates with chronic care have been a priority for provider appointments and continue to be so. inmate [REDACTED] is scheduled for 6/7/13, inmate [REDACTED] is also scheduled for 6/7/13. inmate [REDACTED] is on the list to be seen for Hep C at Apache and inmate [REDACTED] was seen on 5/17/13 for his chronic. A medical director has been hired for Winslow and has passed DOC backgrounds and is waiting to be cleared by credentiaing at Corizon. When this has been completed he will be badged and printed. I anticipate to be caught up at both facilities in less that 2 weeks once he is on board.

Corrective Actions: See above.

4 Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]

Level 2 Amber User: Kathy Campbell Date: 4/19/2013 3:39:25 PM

Corrective Plan: The providers being used at Winslow at this time are Locum and registry. Once this was brought to our attention both provider were instructed to fill all areas of the Chronic Care form. Corizon has since issued an orientation binder for providers and this standard has been added to that training for implementation.

Corrective Actions: See above.

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Medical Records (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]	X			4/23/2013 10:43 AM Entered By: John Mitchell Reference the contract #ADOC12-00001105 section 2.20.2.5 and HSTM ch.5 section 1.3 and 5/3. The Apache unit has done a good job of remaining in compliance with this performance measure. The Kaibab unit has made a huge improvement on this performance measure. There were a few findings for the Kaibab unit which follow: inmate [redacted] HNR was filed on top of the problem list, inmate [redacted] a SOAP note was filed prior to the intake done on 3/30/13, MARS and SNO's were mixed and a prescription was filed on top of the appointment schedule list, inmate [redacted] Positive PPD was filed on top of the problem list, and inmate [redacted] insulin and vital sign flow sheets were filed on top of the problem list. This was a great improvement from previous months. Please continue to make improvements in this performance measure.	1
2	Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]		X		4/22/2013 1:17 PM Entered By: John Mitchell Reference: Contract# ADOC12-00001105 section 2.20.2.5 and NCCHC standard PH-01. On 4/22/13 the following charts with orders written by the registry Dr. on 4/17-4/19 were found to still not have been noted by nursing: inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], and inmate [redacted]. This type of deficiency is obviously concerning as it could lead to a delay in care for these inmates. Of further concern is the fact that an entire weekend passed without these charts being noted when the weekend is a relatively slow time that would normally allow plenty of time to catch up on backlogged work. Please submit a corrective action plan to remedy this deficiency.	1
3	Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]	X			4/22/2013 1:24 PM Entered By: John Mitchell	1
4	Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]		X		4/24/2013 10:04 AM Entered By: John Mitchell Reference: The contract # ADOC12-00001105 section 2.20.2.5, HSTM ch.5 section 1.3, DO1104, and NCCHC standard PH-01. Medical records entries are to be legible, complete with time, name stamp, and signature present. The following are examples of deficiencies in this performance measure: inmate [redacted] the 4/4/13 refusal is not stamped, inmate [redacted]	1

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					<p>inmate the 4/29/13 note is not stamped, inmate the nurse's name is printed but there is not a signature, inmate 4/21/13 note the nurse's name is printed but there is not a signature, inmate 3/21/13 note is not stamped, inmate inmate the 4/8/13 note is not stamped, and inmate the 3/19/13 note is not stamped. In addition most of the notes made by Dr. Moyse on 4/17/13-4/19/13 were not name stamped. There has been discussion that a printed name would be sufficient in place of a name stamp, but none of these examples contain a name stamp or a printed name. Please submit a corrective action plan for this performance measure.</p>	
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X			<p>4/5/2013 1:30 PM Entered By: John Mitchell Arrival logs are maintained and kept current per this performance measure at both the Kaibab and Apache medical units.</p>	1
6	Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?	X			<p>4/5/2013 1:34 PM Entered By: John Mitchell Departure logs are maintained and kept current per this performance measure at both the Ka bab and Apache medical units.</p>	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			<p>4/4/2013 9:27 AM Entered By: John Mitchell Both the Kaibab and Apache medical units maintain their old volumes in a separate and accessible location.</p>	1
8	Are medical records for released inmates pulled from the active file area?	X			<p>4/5/2013 1:36 PM Entered By: John Mitchell Medical records for released inmates are pulled from the active file area at both the Kaibab and Apache medical units.</p>	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			<p>4/5/2013 1:39 PM Entered By: John Mitchell The medical records received from archives upon an inmates return to ADC are being properly merged with the newly established medical records at both the Kaibab and Apache medical units.</p>	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			<p>4/5/2013 1:43 PM Entered By: John Mitchell The Winslow complex Medical Records Librarian maintains a Release of Information log that reflects the Medical Records Requests from 3rd parties for both the Kaibab and Apache units. This log is up to date as are the replies to the requests.</p>	1

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

2 Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]

Level 1 Amber User: John Mitchell Date: 4/22/2013 1:17:48 PM

Corrective Plan: The majority of the above mentioned charts were noted on the same day as the writing 4/22/13. One was noted on 4/23/13 and 3 on 4/24/13. Currently chart noting is caught up. Nursing staff have been advised to complete the noting of charts daily. Weekend nurses have also been included in this instruction. The nursing supervisor and the director of nursing check on the noting of charts daily.

Corrective Actions: See above.

4 Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]

Level 1 Amber User: John Mitchell Date: 4/24/2013 10:04:06 AM

Corrective Plan: Name stamps were purchased by the FHA for all nursing staff and instructions given to use them. Locum providers have been instructed to print their name after signatures.

Corrective Actions: See above.

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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			4/26/2013 10:22 AM Entered By: Leslie Boothby	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		<p>4/26/2013 10:23 AM Entered By: Leslie Boothby HSTM 4.1.6</p> <p>1. Amber – will remain amber until a written corrective action plan is received and implemented at each Complex Site by Corizon Health.</p> <p>A) HSTM 4.1.6 Non-Formulary Drug Requests: A written Action Plan is required from Christy Somner, Regional Director of Nursing, Corizon, to ensure that requests for necessary non-formulary medications at each Complex Site, are received by inmate patients in a timely manner. Providers will need to provide formulary medication, if needed, to provide continuity of care while the NFDR is being processed. This Action Plan requires documented follow-up from Corizon staff that identified medications have been approved or denied and if denied, an appropriate therapy is instituted so that patient will not go without medication during the approval/denial process.</p> <p>a. April 2013 NFDR Stop Date Reports indicates:</p> <p>i. 1583 Non-formulary drugs expiring for 1270 patients</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: A written Action Plan is required from Christy Somner, Regional Director of Nursing, Corizon, to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receive continuity of care. This Action Plan requires documented follow-up from Corizon staff assuring expiring medications at each Complex Site are renewed before expiration date.</p> <p>a. April 2013 Discontinued (Expired) Medication Report indicates:</p> <p>i. 2766 Expired medications expiring for 1721 patients</p>	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			4/26/2013 10:23 AM Entered By: Leslie Boothby	1

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

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

Level 2 Amber User: Leslie Boothby Date: 4/26/2013 10:23:04 AM

Corrective Plan: Winslow has hired an inventory tech. She has been and is running stop date reports weekly. Inmate med profiles on each new intake and has started a note book for all nonformularys to track them. Winslow at present delivers meds next day after delivery. May was at 100% renewal and at present we are at 99% for June renewal. We have also found that Pharmcor stopdate reports are not accurate, hence the weekly printouts. This is the CAP that Winslow has taken on their own.

Corrective Actions: See above.

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Reporting (AIMS) (Medical Records)(Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical AIMS entries being made timely, completely, accurately and no greater than 3 work days from the entry in the medical record? [CC 2.20.2.7, HSTM Chpt. 7, Sec. 8.0]	X			4/22/2013 12:50 PM Entered By: John Mitchell	1

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Grievances (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802? [P-A-11, DO 802, HSTM Chpt. 1, Sec. 8.0, CC 2.20.2.8]	X			4/30/2013 6:06 AM Entered By: John Mitchell	2

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No Shows (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical, dental and mental health line “no-shows” being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]		X		<p>4/22/2013 3:38 PM Entered By: John Mitchell The Apache medical unit did not have any no shows.</p> <p>4/22/2013 3:37 PM Entered By: John Mitchell Reference: Contract #ADOC12-00001105 section 2.20.2.9, DO 1101, and HSTM Ch. 5 section 7.1. The following inmates were no shows for their appointments at medical for the ka bab medical unit and there is no evidence of notification to security and no documentation of a refusal in the chart: inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted] and inmate [redacted]. Please submit a corrective action plan for this performance measure.</p>	1

Corrective Action Plans for Performance Measure: No Shows (Q)

1 Are medical, dental and mental health line “no-shows” being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]
Level 1 Amber User: John Mitchell Date: 4/22/2013 3:38:17 PM

Corrective Plan: As of this writing inmate [redacted] has been released, inmate [redacted] is no longer present at Winslow, inmate [redacted] has documentation for a refusal 4/18/13 for an HNR scheduled 4/15/13 so this inmate was not a no show. inmate [redacted] medical file contains documentation that the medical appt failed on 4/18/13 and was rescheduled to the next available date on 4/23/13. Inmate was seen and that issue is now resolved. inmate [redacted] medical file has documentation that the medical appt was failed on 3/1/13 and was rescheduled to the next available date on 3/7/13. The inmate was seen on this date and the issue is now resolved. This issue has been discussed with security many times and they are aware of the procedure to call to get inmates over and if the issue continues IRs are to be written.

At this writing I failed to state that this was brought to the Wardens attention and the issue of security staff not following through with the policy of notifying their supervisors. I was assured by the Warden that she would discuss this with her staff.

Corrective Actions: See above.

1 Are medical, dental and mental health line “no-shows” being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]
Level 1 Amber User: John Mitchell Date: 4/22/2013 3:38:17 PM

Corrective Plan: This corrective action plan was answered in May.

This is a dup and was updated in June.

Corrective Actions: See above.

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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			4/30/2013 7:07 PM Entered By: Kathy Campbell N/A	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			4/30/2013 7:07 PM Entered By: Kathy Campbell	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			4/30/2013 7:07 PM Entered By: Kathy Campbell	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			4/30/2013 7:07 PM Entered By: Kathy Campbell	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			4/30/2013 7:07 PM Entered By: Kathy Campbell	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			4/30/2013 7:07 PM Entered By: Kathy Campbell	2

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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>4/16/2013 2:54 PM Entered By: John Mitchell Reference: Contract NO.ADOC12-00001105,HSTM Chapter 1 Section 5.0, and NCCHC standard PA-06.</p> <p>4/16/2013 12:07 PM Entered By: John Mitchell There has not been a contractor physician at the Winslow or Apache medical units as of this date during the month of April with the exception of one day at each unit that a doctor did chart reviews and saw a total of three inmates. Chart reviews have not been conducted and likely wouldn't be even if a full time Physician started today as it would take the rest of the month to catch up on the backlog of inmates needing to be seen and the backlog of chart reviews.</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>4/25/2013 7:14 AM Entered By: John Mitchell Monthly CQI committee meeting are being conducted and are meeting NCCHC standards. They have continued their monthly meetings since privatization. Corizon has not provided details for their CQI process but staff have continued the Process and have completed some of the studies required by policy.</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>4/25/2013 7:17 AM Entered By: John Mitchell CQI committee meets monthly and has completed some of their required studies. Recommended improvements have been acted on with positive results. The results are reported on and discussed in the next meeting.</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>4/9/2013 9:30 AM Entered By: John Mitchell This contractor has only been in place for less than two months and is not expected to have completed annual PEER reviews at this time.</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>4/9/2013 9:20 AM Entered By: John Mitchell The contractor has not as yet conducted a quarterly on-site review of the CQI program. The contractor has not held the contract for even two months yet. They are aware of the requirement of this performance measure.</p>	1

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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: 4/16/2013 2:54:34 PM

Corrective Plan: Winslow does not have a medical director as of this date but does have a Locum Nurse Practitioner. At present charts are reviewed on a priority basis with most important needs first. A medical director has been cleared for Winslow by DOC however he is awaiting credentialing with Corizon. Once this has been done he can be badged and printed.

As part of the onboarding process the FHA will be training the new provider who starts on July 8th 2013, in the standard of doing chart reviews following DOC/Corizon guide lines. This process will be monitored by the FHA.

Corrective Actions: See above.

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: 4/16/2013 2:54:34 PM

Corrective Plan: Winslow has hired a medical director and a registry NP. The NP has been here since early May and the MD has just recently cleared the DOC background. Winslow is caught up on Chronic care visits however there is still a small backlog at the Apache unit. Once the MD is on board I anticipate 1 to 2 weeks to be completely caught up. At this time the provider can begin to do the chart audits but access to care has to take priority at present. As part of the on boarding process the FHA will be training the provider in the standard of chart reviews and the FHA will monitor.

Corrective Actions: Approved. See above.

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			4/7/2013 6:54 PM Entered By: Kathy Campbell	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			4/19/2013 3:39 PM Entered By: Kathy Campbell	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			4/7/2013 6:54 PM Entered By: Kathy Campbell	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			4/19/2013 3:39 PM Entered By: Kathy Campbell 4/7/2013 6:56 PM Entered By: Kathy Campbell MARS at Apache and Ka bab are much improved from previous months. Only one chart of 15 at Ka bab found without route on April MAR inmate #inmate for Ibuprofen). Chart provided to Nurse.	1
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			4/19/2013 3:40 PM Entered By: Kathy Campbell	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X			4/19/2013 3:44 PM Entered By: Kathy Campbell See below. 4/7/2013 6:57 PM Entered By: Kathy Campbell One of 15 charts at Apache found with a delay of 6 days for chronic care medication (Amlodipine for inmate). He submitted HNR on 3/20/13, but did not receive his medication until 3/26/13.	2
7	Are inmates being required to show ID prior to being administered their medications?	X			4/7/2013 6:57 PM Entered By: Kathy Campbell	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]	X			4/19/2013 3:40 PM Entered By: Kathy Campbell 4/7/2013 6:57 PM Entered By: Kathy Campbell One of 15 charts at Apache found with a delay of 6 days for chronic care medication (Amlodipine for inmate). He submitted HNR on 3/20/13, but did not	2

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		X			receive his medication until 3/26/13.	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X			4/14/2013 5:03 PM Entered By: Kathy Campbell	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X			4/14/2013 5:03 PM Entered By: Kathy Campbell	2
11	Are medication error reports being completed and medication errors documented?	X			4/14/2013 5:03 PM Entered By: Kathy Campbell	2

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Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			4/9/2013 9:34 AM Entered By: John Mitchell There is an approved staffing pattern available to the Site Manager. Refer to the proposed staffing pattern for the contract.	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]	X			4/9/2013 9:41 AM Entered By: John Mitchell It is to early to judge if the staffing assessed by the facility is sufficient to meet the needs of the inmate population. This contractor has only held the contract for less than two months and has not filled all of the proposed positions. Winslow still needs a Medical Director, a Mid-level Provider, a LPN, a Med Tech, an X-ray, Tech, and a PCT. If all of these positions are filled with trained and competent staff the staffing may very well be sufficient to meet the needs of the inmate population.	3
3	Are all positions filled per contractor staffing pattern?		X		4/22/2013 3:52 PM Entered By: John Mitchell The Kaibab unit does not have a Medical Director (MD), or a Mid-level Provider. A Registry Dr. has been at Winslow for two full and one partial day so far this month. There was a Dr. from Corizon's management team here for one day to review charts and she saw two inmates. The Apache unit had the same Dr. there for a day to review charts and one inmate was seen. The Kaibab Unit had a Medication Tech start today. Kaibab is still short a CNA, an LPN, an X-ray Tech and an Administrative Assistant. Please submit a corrective action plan related to the efforts to fill these positions, especially the Mid-level and Medical Director positions.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			4/30/2013 6:06 AM Entered By: John Mitchell	2

Corrective Action Plans for Performance Measure: Staffing

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: John Mitchell Date: 4/22/2013 3:52:23 PM

Corrective Plan: At this time only three positions remain open. Medical Director which is in background at present, NP which is a locum at present and an LPN which an interview is being scheduled.

Corrective Actions: See above.

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			4/4/2013 8:05 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	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			4/4/2013 8:06 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	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			4/4/2013 8:06 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			4/4/2013 8:06 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			4/4/2013 8:06 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	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			4/4/2013 8:06 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			4/4/2013 8:06 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	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			4/4/2013 8:06 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	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			4/4/2013 8:07 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	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			4/4/2013 8:07 PM Entered By: Kathy Campbell N/A. No infirmiry at this location.	1
11	Are vital signs done daily when required?	X			4/4/2013 8:07 PM Entered By: Kathy Campbell	1

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					N/A. No infirmary at this location.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			4/4/2013 8:07 PM Entered By: Kathy Campbell N/A. No infirmary at this location.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			4/4/2013 8:07 PM Entered By: Kathy Campbell N/A. No infirmary at this location.	1