

May 2013 EYMAN 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>5/30/2013 3:00 PM Entered By: Mathew Musson</p> <p>A review of the health unit appointment lists for each unit evidenced that sick call was not routinely conducted Monday through Friday during May, 2013. **Sick call refers to a nursing line (NL) run in response to HNRs, and does not include ERs, intakes, dressing changes, or other nursing activities. Days not accounted for on the May, 2013 appointment lists include:</p> <p>Meadows: 16th, 33nd, and 28th; Cook: 2nd (marked cancelled on the appt list), 3rd, 10th, 16th, and 24th; SMU I: 3rd, 4th, 8th, 15th, and 22nd; Browning: 4th, 10th, 11th, 18th, and 25th; Rynning: 1st, 2nd, 3rd, 15th, 16th, 21st through 24. For Rynning, four days (1st, 3rd, 15th, and 16th) indicate NLs were not run due to a lack of nursing staff.</p> <p>***To increase compliance, I would suggest a review of NL process (i.e., efficiency) and/or staffing levels at each unit. Also, note that, even when lines are not run, I would expect an appt list for each day noting the reason(s) the line was not run (i.e., lock down, lengthy ICS, etc).</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.7.2.6) sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.</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>5/30/2013 3:08 PM Entered By: Mathew Musson</p> <p>**Please disregard the 5/16 sick call entry, as it was reflective only for SMU I and entered for training purposes...</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a May, 2013 Nurses Line (NL), 31 (62%) IMs were not seen on NL within 24 hours following the triage of their HNR.</p> <p>Please address 24 hour triage/follow up time frames, to include writing the date/time of the triage on the HNR. This will help increase compliance with this measure.</p> <p>AUTHORITY: Per NCCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p> <p>5/16/2013 11:24 AM Entered By: Mathew Musson</p> <p>Of ten charts reviewed for IMs seen on a May, 2013 Nurses Line (NL), seven IMs [inmate , inmate , inmate , inmate , inmate , inmate , and inmate ] were not seen with 24 hours following the triage of their HNR. Of these seven, three [inmate , inmate ,</p>	1

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				<p>inmate ) had no triage date on the HNR.</p> <p>Please address 24 hour triage time frames, to include writing the date/time of the triage on the HNR. This will help increase compliance with this measure. In one case inmate ) the IMs HNR was triaged 3/16/13, but he was not seen until 5/1/13.</p> <p>AUTHORITY: Per NCCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p>	
3	<p>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]</p>		X	<p>5/30/2013 3:13 PM Entered By: Mathew Musson Of fifty charts reviewed (10 on each yard), the nursing line (NL) documentation for 15 (30%) NL entries did not contain all of the required vital signs.</p> <p>Please reinforce with all nursing staff that required vital signs for all NL appointments include BP, T, RR, SP02%, WT, and P.</p> <p>AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCHC P-E-04, vitals signs are include the patient's weight.</p>	1
4	<p>Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>		X	<p>5/30/2013 3:40 PM Entered By: Mathew Musson ***Please refer to the below policy reference in this update. The previous policy reference was made in error. Of fifty charts reviewed (10 on each yard) for IMs seen on a May, 2013 nursing line (NL), 28 (56%) of all NL entries were not completed in the SOAPE format. Most were missing the "e"ducation portion.</p> <p>This compliance measure can be improved greatly via use of the Corizon Nursing Evaluation Tools (NETS), which include a specific section for education provided to the IM during sick call. However, the NETs are not being routine used on any yard (see competency #6 for more information).</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) all sick call entries are documented in the medical record utilizing the "Subjective- Objective- Assessment- Plan -Education" (SOAPE) format.</p> <p>5/30/2013 3:20 PM Entered By: Mathew Musson Of fifty charts reviewed (10 on each yard) for IMs seen on a May, 2013 nursing line (NL), 28 (56%) of all NL entries were not completed in the SOAPE format. Most were missing the "e"ducation portion.</p> <p>This compliance measure can be improved greatly via use of the Corizon Nursing</p>	1

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					<p>Evaluation Tools (NETS), which include a specific section for education provided to the IM during sick call. However, the NETs are not being routine used on any yard (see competency #6 for more information).</p> <p>AUTHORITY: As identified in HSTM Ch. 5; Sec. 1.5 and HSTM Appendix E (Nursing Protocols) it is the responsibility of the CRNSII [DON] to ensure that all licensed nurses are trained in providing emergency nursing care, health maintenance, and prevention to the patient who are in need of these services. This includes use of the established nursing protocols</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		<p>5/30/2013 3:29 PM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a May, 2013 nursing line (NL), 34 were subsequently referred to a Medical Provider for further review. Of these 24, 10 charts (20% of 50) were not reviewed by the Medical Provider within the seven day time frame.</p> <p>I would suggest a review of Provider staffing levels on each unit as well as a review of the provider cart and appointment list processes, as there may be ways to increase efficiencies in these areas that will reduce time between NL referral and Provider review.</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days</p>	1
6	Are nursing protocols in place and utilized by the nurses for sick call?		X		<p>5/30/2013 3:37 PM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a May, 2013 NL, the Corizon Nursing Evaluation Tools (NETs; i.e., nursing protocols) were not used in the documentation for 40 (80%) chart entries.</p> <p>Please address with all nursing staff on each unit. Rynning and Browning were the only two units who had any NETs in the clinical record.</p> <p>AUTHORITY: As identified in HSTM Ch. 5; Sec. 1.5 and HSTM Appendix E (Nursing Protocols) it is the responsibility of the CRNSII [DON] to ensure that all licensed nurses are trained in providing emergency nursing care, health maintenance and prevention to the patient who is in need of these services.</p>	1

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

**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]**

**Level 1 Amber User: Mathew Musson Date: 5/30/2013 3:00:17 PM**

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

Corrective Actions: See above.

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

**Level 1 Amber User: Mathew Musson Date: 5/30/2013 3:08:02 PM**

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

Corrective Actions: See above.

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

**Level 1 Amber User: Mathew Musson Date: 5/30/2013 3:08:02 PM**

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

Corrective Actions: See above.

**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: Mathew Musson Date: 5/30/2013 3:13:56 PM**

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

Corrective Actions: See above.

**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: Mathew Musson Date: 5/30/2013 3:40:04 PM**

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

Corrective Actions: See above.

**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: Mathew Musson Date: 5/30/2013 3:40:04 PM**

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

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: Mathew Musson Date: 5/30/2013 3:29:46 PM**

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

Corrective Actions: See above.

**6 Are nursing protocols in place and utilized by the nurses for sick call?**

**Level 1 Amber User: Mathew Musson Date: 5/30/2013 3:37:28 PM**

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

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		<p>5/30/2013 12:27 PM Entered By: Jen fontaine                      BROWNING on May 17th 2013 I reviewed the medical records of the following 6 inmates who received outside medical services in May, inmate, inmate, inmate, inmate, inmate &amp; inmate. Of these six, zero had urgent consultations written therefore this unit is in compliance with performance measure.</p> <p>COOK on May 14th 2013 I reviewed the medical records of the following 10 inmates who received outside medical services in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, &amp; inmate. Of these ten, two had urgent needs inmate had urgent consult for surgery written on 4/5 and as of 5/14 the procedure had not occurred. IM inmate had urgent surgery requested and completed within the 30 day timeframe.</p> <p>MEADOWS on May 20th 2013 I reviewed the medical records of the following 11 inmates who received outside medical services in May, inmate, &amp; inmate. Of these eleven, one had an urgent request. IM inmate had an urgent surgical consult written on 3/27/13 not seen until 5/16.</p> <p>RYNNING on May 16th 2013 I reviewed the medical records of the following 10 inmates who received outside medical services in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, &amp; inmate. Of these ten, only two had urgent needs IM inmate has urgent pacer check requested 3/20/13 not completed as of 5/16. IM inmate had consult for evaluation of 4th metacarpal fx written on 3/28 not completed as of 5/16</p> <p>SMU I on May 16th 2013 I reviewed the medical records of the following 10 inmates who received outside medical services in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, &amp; inmate. None of these ten inmates had urgent consults written.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>5/30/2013 12:54 PM Entered By: Jen fontaine                      BROWNING on May 17th 2013 I reviewed the medical records of the following 6 inmates who received outside medical services in May, inmate, inmate, inmate, inmate, inmate &amp; inmate. Of these six, four were in compliance inmate, inmate, inmate, &amp; inmate. IM inmate was seen for a C1 scan however report from this scan was not on file. IM inmate had hospital paperwork from 5/9 not reviewed.</p> <p>COOK on May 14th 2013 I reviewed the medical records of the following 10 inmates</p>	2



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				<p>inmate , inmate , inmate , inmate , inmate , &amp; inmate . Of these ten, seven were in compliance inmate , inmate , inmate , inmate , inmate , inmate , &amp; inmate . IM inmate had an urgent consult not completed in 30 days. IM inmate did not have a one week follow up as recommended. IM inmate did not have follow up as recommended.</p> <p>MEADOWS on May 20th 2013 I reviewed the medical records of the following 11 inmates who received outside medical services in May. inmate , &amp; inmate . Of these eleven, eight were in compliance inmate , inmate , inmate , inmate , inmate , inmate , &amp; inmate . Three inmates, inmate , inmate , &amp; inmate all did not have follow up appointments as requested.</p> <p>RYNNING on May 16th 2013 I reviewed the medical records of the following 10 inmates who received outside medical services in May. inmate , &amp; inmate . Of these ten, five were in compliance inmate , inmate , inmate , inmate , &amp; inmate . IM inmate was to have a two week follow up after pacemaker replacement which was performed on 3/20/13. Follow up did not occur. IM inmate had oncology follow up delayed. IM has a consult for surgery written on 3/27 but is without reord of the procedure on file. IM inmate was denied a podiatry consult for large caluses however a alternative plan was not provided. IM inmate has a consult to ortho for fx 4th metacarpal confirmed by xray written on 3/28 and as of 5/16 inmate had not been seen by ortho.</p> <p>SMU I on May 16th 2013 I reviewed the medical records of the following 10 inmates who received outside medical services in May. inmate , &amp; inmate . Of these ten, six were in compliance inmate , inmate , inmate , inmate , inmate , &amp; inmate . IM inmate had consult to surgery written in August 2012, re-written in March 2013 and still not seen. IM inmate had US consult written in Jan 2013, re-written in April and as of May 16th had still not been completed. IM inmate was to follow up one week after hospitalization 4/25 and as of 5/16 follow up had not occurred. IM inmate was to follow up with psych after hospitalization for poss ble OD attempt. Follow up did not occur.</p>	
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		5/30/2013 1:22 PM Entered By: Jen fontaine All record reviewed were in compliance with this performance measure	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of	X		5/30/2013 1:31 PM Entered By: Jen fontaine BROWNING on May 17th 2013 I reviewed	2

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<p>discharge planning? [CC 2.20.2.3]</p>				<p>the medical records of the following 6 inmates who received outside medical services in May. [redacted], [redacted], [redacted], [redacted], [redacted] &amp; [redacted]. Of these six, four were recently hospitalized [redacted], [redacted], [redacted], &amp; [redacted] and all four had evidence of discharge planning on file.</p> <p>COOK on May 14th 2013 I reviewed the medical records of the following 10 inmates who received outside medical services in May. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], &amp; [redacted]. Of these ten, six were recently hospitalized [redacted], [redacted], [redacted], [redacted], [redacted], &amp; [redacted] and all had evidence of recent discharge planning on file.</p> <p>MEADOWS on May 20th 2013 I reviewed the medical records of the following 11 inmates who received outside medical services in May. [redacted], &amp; [redacted]. Of these eleven, six were recently hospitalized [redacted], [redacted], [redacted], [redacted], [redacted], &amp; [redacted] and all six had evidence of discharge planning on file.</p> <p>RYNNING on May 16th 2013 I reviewed the medical records of the following 10 inmates who received outside medical services in May. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], &amp; [redacted]. Of these ten, three were recently hospitalized [redacted], [redacted] &amp; [redacted] and all three had evidence of discharge planning on file.</p> <p>SMU I on May 16th 2013 I reviewed the medical records of the following 10 inmates who received outside medical services in May. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], &amp; [redacted]. Of these ten, five were recently hospitalized, [redacted], [redacted], [redacted], [redacted], &amp; [redacted] and all five of these had evidence of discharge planning on file.</p>	
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**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: Jen fontaine Date: 5/30/2013 12:27:05 PM

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

Corrective Actions: See above.

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]**

Level 2 Amber User: Jen fontaine Date: 5/30/2013 12:54:43 PM

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

Corrective Actions: See above.

**3 Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]**

Level 3 Amber User: Jen fontaine Date: 5/30/2013 1:20:42 PM

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

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>5/30/2013 9:48 AM Entered By: Jen fontaine</p> <p>BROWNING: On May 17, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these 10, all were in compliance with this performance measure.</p> <p>COOK: On May 14, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these 10 all were in compliance with this performance measure.</p> <p>MEADOWS: On May 20, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these 10 all were in compliance with this performance measure.</p> <p>RYNNING: On May 16th, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these 10 all were in compliance with this performance measure.</p> <p>SMU I: On May 16th, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these 10 all were in compliance with this performance measure.</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>5/30/2013 10:54 AM Entered By: Jen fontaine</p> <p>BROWNING: On May 17, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these 10, four were in compliance with this performance measure, inmate , inmate , inmate , &amp; inmate . IM inmate with CC HCV and DM was last seen January 2013 with 90 day follow up requested, due in April but not completed. IM inmate with CC DM and HCV ws last seen in Nov 2012. A 30 day follow up was requested at that time but at time of my review no follow up had occurred. IM inmate with CC Asthma, DM, HTN, &amp; HCV was last seen october 2012 with 90 day follow up requested, due in January but not completed. IM inmate with CC DM was last seen for CC in January 2013. There was no follow up ordered or scheduled at the time of his last chronic care visit. IM inmate with CC Asthma and Seizures was last seen December 17, 2012 with 6 month follow up requested. IM was due in May but t the time of my review, follow up had not occurred.</p> <p>COOK: On May 14, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate .</p>	2

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inmate , inmate , inmate , inmate , & inmate . Of these 10, five were in compliance with this performance measure, inmate , inmate , inmate , inmate , & inmate . IM inmate with CC HTN, DM, and Cardiac Care was last seen 4/6/13 and a 30 day follow up was requested. At the time of my review, this follow up had not occurred. IM inmate with CC HTN, DM and Cardiac care was last seen in Jan 2013, 60 day follow up was requested and was due in March but did not occur. IM inmate with CC DM & HTN was last seen Feb 2013 with 90 day follow up requested, due MAY 13th but at the time of my review follow up had not occurred. IM inmate with CC DM was last seen 2/7/13 with follow up due 5/7/13. At the time of my review, follow up had not occurred.

MEADOWS: On May 20, 2013 I reviewed the following 10 inmate medical records: inmate , & inmate . Of these ten, seven were in compliance with this performance measure, inmate , inmate , inmate , inmate , inmate , inmate , & inmate . IM inmate with CC HTN, Asthma, and DM was last seen 5/22/12. A 90 day follow up was requested at that time however no follow up had been completed at the time of my review. IM inmate with CC DM, Cardiac care, Asthma and Seizures has a current colume dating back to november 2012 but it is not clear when the last chronic care visit took place. There is no documentation of last visit in the chart. IM inmate with CC DM was last seen 2/9/2013. A 90 day follow up was requested and was due 5/9/13. At the time of my review on 5/10 this appointment had not occurred.

RYNNING: On May 16th, 2013 I reviewed the following 10 inmate medical records: inmate , & inmate . Of these 10, zero were in compliance with this performance measure. IM inmate with CC SZ, DM, HCV, and Asthma was last seen 6/20/12. A 60 day follow up was requested, due in September 2012 but has not been completed. IM inmate with CC HTn was alst seen 2/5/13 but did not have any future follow up ordered at that time. IM inmate with CC Asthma, HTN and DM was last seen 4/17/12 with a 90 day follow up requested at that time but never completed. IM inmate with CC HTN, CA, and Cardiac care has last documented CC appt on 10/11/2011 with 90 day follow up request made at that time. IM inmate with CC SZ, last seen 6/26/12 was due 6 month follow up in Dec 2012 that was not done. IM inmate with CC SZ and DM was last seen Jan 2012, was due a follow up in April 2012 however that follow up has yet to occur. IM inmate with CC HCV, and SZ was last seen 11/8/12 at which time a 2 week follow up request was made but appointment never occurred. IM inmate with CC DM, last seen 6/22/12 was due follow up in September 2012 but appointment did not occur. IM inmate with CC DM and HTN

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				<p>was last seen 4/11/12 was due follow up in July 2012 however follow up did not occur. IM [redacted] with CC SZ, DM, &amp; HCV was last seen 1/10/12 was due follow up in July 2012 however follow up has not occurred.</p> <p>SMU I: On May 16th, 2013 I reviewed the following 10 inmate medical records: [redacted] &amp; [redacted]. Of these 10, two were in compliance with this performance measure, [redacted] &amp; [redacted]. IM [redacted] with CC DM and HCV was last seen in JAN 2013 was due follow up in April however appt did not occur. IM [redacted] with CC DM was last seen 8/24/12 as due 30 day follow up that was never completed. IM [redacted] with CC DM was last seen 5/10/12 was due 90 day follow up that was not completed. IM [redacted] with CC SZ, &amp; HTN was last seen 1/17/13 was due a 90 day follow up in April 2013 that did not occur. IM [redacted] with CC Asthma and HTN was last seen 4/23/13 was ordered a 2 week follow up that had not occur at the time of my review. IM [redacted] with CC HTN and Asthma was last seen 4/19/12 was due a 6 month follow up in October that did not occur. IM [redacted] with CC SZ had last CC appt 11/30/12 with 60 day follow up ordered, due in JAN 2013 but never completed.</p>	
3	<p>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]</p>		X	<p>5/30/2013 11:23 AM Entered By: Jen fontaine</p> <p>BROWNING: On May 17, 2013 I reviewed the following 10 inmate medical records: [redacted] &amp; [redacted]. Of these 10, six had CC DM, [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] &amp; [redacted]. Of these six, one was totally in compliance, [redacted]. of the other five, two inmates, [redacted] &amp; [redacted] ) did receive education at the time of their last chronic care visit but the chronic care follow ups were now overdue. The remaining three inmates, [redacted] [redacted] &amp; [redacted] ) did not have documented education at their last chronic care visit.</p> <p>COOK: On May 14, 2013 I reviewed the following 10 inmate medical records: [redacted] &amp; [redacted]. Of these ten, six had CC DM, [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] and [redacted]. Of these six, four were in compliance [redacted] [redacted] [redacted] &amp; [redacted] ) Two inmates [redacted] &amp; [redacted] have DM but did not receive education during their last CC visit.</p> <p>MEADOWS: On May 20, 2013 I reviewed the following 10 inmate medical records: [redacted] &amp; [redacted]. Of these ten, nine have CC DM, [redacted] ) Or these nine, six received education at their last CC visit [redacted] [redacted] [redacted] ,</p>	1

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				<p>inmate , inmate , &amp; inmate . The other three, inmate , inmate &amp; inmate did not receive education during their last CC visit.</p> <p>RYNNING: On May 16th, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these ten, six have CC DM, inmate , inmate , inmate , inmate , inmate , &amp; inmate . Of these six, all had received education at the time of their last CC visit though all chronic care visits are now overdue.</p> <p>SMU I: On May 16th, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these ten, five have DM, inmate , inmate , inmate , inmate , &amp; inmate . All five of these inmates received education during their last chronic care visit however three of these were over due for their chronic care follow ups, inmate , inmate , &amp; inmate</p>	
4	<p>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]</p>		X	<p>5/30/2013 11:45 AM Entered By: Jen fontaine</p> <p>BROWNING: On May 17, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these ten, three are in compliance, inmate , inmate , and inmate . The other seven, inmate , inmate , inmate , inmate , inmate , inmate , &amp; inmate all did not have regular follow up appointments and labs as required by disease management guidelines.</p> <p>COOK: On May 14, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these ten, five were in compliance, inmate , inmate , inmate , inmate , &amp; inmate . In inmate was seen following a recent hospitalization however the ordered daily dressing changes were not recorded in the chart. IM's inmate , inmate , inmate , &amp; inmate all did not have regular follow up appointments and labs as required by disease management guidelines.</p> <p>MEADOWS: On May 20, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these ten, seven were in compliance, inmate , inmate , inmate , inmate , inmate , inmate , &amp; inmate . The other three, inmate , inmate , &amp; inmate did not have regular follow up appointments and labs as required by disease management guidelines.</p> <p>RYNNING: On May 16th, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these ten, zero were in</p>	2

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				<p>compliance all inmates were without regular follow up appointments and labs as required by disease management guidelines.</p> <p>SMU I: On May 16th, 2013 I reviewed the following 10 inmate medical records: inmate , &amp; inmate . Of these ten, two were in compliance, inmate &amp; inmate . The other eight inmate , &amp; inmate were missing regular follow up appointments and labs as required by disease management guidelines.</p>	
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		5/30/2013 11:46 AM Entered By: Jen fontaine quarterly guideline audit results not due until June	2

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

**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: Jen fontaine Date: 5/30/2013 10:54:16 AM**

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

Corrective Actions: Action plan submitted by Corizon-  
 Process statewide to include, but not limited to :

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 2 (I.- IV.Chronic Care Attachment).
2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.) and outcome measure .
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff .
3. Monitoring
  - a. Audit tools developed.
  - b. Weekly site results discussed with RVP.
  - c. Audit results discussed a monthly CQI meeting.
  - d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties = FHA/DON//Medical Director/RDCQI/RVP

Target Date - 11/30/13

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

**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]**

**Level 1 Amber User: Jen fontaine Date: 5/30/2013 11:23:26 AM**

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

Corrective Actions: Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.
2. In-service staff on:
  - a. Documentation of chronic condition education at each visit.
  - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff.

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### 3. Monitoring

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

Responsible Parties = FHA/DON//Medical Director/RDCQI/RVP

Target Date - 11/30/13

Plan weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. 10/11/13 Update – Documentation on education sheet located in front of chart, medical records responsible for making sure in chart.

**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: Jen fontaine Date: 5/30/2013 11:45:28 AM**

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

Corrective Actions: Action plan submitted by Corizon-

1. In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)

- a. Agenda/sign off sheet to verify, inclusive of all pertinent staff

2. Monitoring

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

Responsible Parties = FHA/DON/Medical Director/RDCQI/RVP

Target Date- 11/30/13

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

10/11/13 Update – Make sure guidelines available at sites; need to prep chart for clinic visit so everything the provider needs is available.

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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			5/31/2013 8:00 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>5/31/2013 8:01 AM Entered By: Leslie Boothby</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp; HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Amber – will remain amber until a completed written action plan is received and implemented with weekly follow up documentation of results to ADC from each Complex Site by Corizon Health.</p> <p>A) HSTM 4.1.6 Non-Formulary Drug Requests: A written Action Plan is required from Julie Carter, Regional Pharmacist, 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 medications, if needed, to provide continuity of care while the NFD is being processed. This Action Plan requires documented weekly follow-up from Corizon staff that identifies that medications have been approved or denied and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. May 2013 Non Formulary Drug Requests - Stop Date Reports indicate: 1363 Non-formulary drugs expiring for 1171 patients</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: A written Action Plan is required from Julie Carter, Regional Pharmacist, 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 weekly documented follow-up from Corizon staff. Medications should be renewed before the expiration date to provide continuity of care. May 2013 Expired Medications - Stop Date Report indicates: 10,117 Expired Medications for 5,168 Patients. Snapshot of April 1, 2013 – May 16,2013 for Psychotropic medications (not including amitriptyline, nortriptyline and gabapentin for medical use). Stop Date Report indicates: 1051 Expired Psychotropic Medications for 694 patients. Note: not same parameter as May 2013 reporting. Some information will be duplicated in the Expired Medication reporting for May 2013.</p> <p>C) Julie Carter, Corizon Regional Pharmacist, implemented the Pharmacy Corrective Action Plan on May 13th, 2013. She followed up on May 20th, 2013 with a conference call to DONs/FHAs to identify problems and resolutions and discuss progress of renewals. A Status Report was submitted 05/30/13. Most, but not all findings were reported at that time. We are</p>	2

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		X			hoping to receive a report with all findings and a significant improvement in Continuity of Care for Non-Formulary and Expired Medications next month.	
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			5/31/2013 8:01 AM Entered By: Leslie Boothby	1

#### 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: 5/31/2013 8:01:13 AM**

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

Corrective Actions: See above.

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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>5/30/2013 6:07 PM Entered By: Mathew Musson</p> <p>In a review of the appointment lists on the three ASPC-Eyman open yards, a total of six no-shows were noted therein. Of these six, there were no (0%) refusals documented in the chart for any of these scheduled appointments. Follow-up with OPS and Corizon staff on unit suggest that most 'no-shows' are simply moved to the next NL appointment, rather than being called to the Health Unit as indicated in policy.</p> <p>***Note: the appointment lists on all yards are very poorly maintained, and are either missing or contain incorrect information on appointments (i.e., charging). There are a number of blank spaces throughout the appointment list, and I would submit that there are likely more no-shows than what are documented.</p> <p>To increase compliance, I would strongly suggest that the nursing supervisors address appointment list completion issues on each yard. In addition, the health unit office should be notified for each no-show so the IM can be brought to the health unit to sign a refusal.</p> <p>AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.9) when an inmate “no shows” for appointments, clinic visits, misses a medication dose or other medical, dental or mental health service, nursing staff must document per policy, Department Order 1101, and notify the Health Facility Administrator and Shift Commander.</p> <p>AUTHORITY: Per DO 1101; 1.7.2, If the inmate refuses to keep the on-site appointment and refuses treatment, security staff shall bring the inmate, if compliant, to the Health Unit and health staff shall counsel the inmate on risks of refusing the appointment. If he/she still refuses the appointment, ask the inmate to sign the Refusal to Submit to Treatment, Form 1101-4 (Negativa de Someterse a Tratamiento, Form 1101-4S).</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: Mathew Musson Date: 5/30/2013 6:07:28 PM**

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

Corrective Actions: Error in above CAP. See below Action Plan.  
 A complete copy of the ADOC nursing tech manual has been provided to nursing staff. Staff will be educated to see Chapter 5.7.1 missed appointments. Nursing Staff have been reinstructed to complete med pass, noting on back of MARs any refused doses and complete refusal forms, as directed, to be signed by inmate. This will be reinforced by training by the DON and nursing supervisors. An audit will be held at least quarterly to review compliance.

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Responsibility Parties = ADON/DON/Nursing Supervisor/RN/LPN/RCQI  
Target Date= 11/30/13

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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			5/30/2013 4:56 PM Entered By: Mathew Musson In a review of fifty charts (10 at each yard) for mental health inmates, May, 2013 HNRs for MH services were found in six health records. Of these 6 HNRs, three (6%) were not triaged by MH staff within 24 hours of receipt. However, all six had been triaged by nursing staff upon receipt.	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		5/30/2013 5:20 PM Entered By: Mathew Musson In a review of fifty charts (10 on each yard) for MH inmates, referrals made to the MH provider in May, 2013 were found in 5 records. Of these, 4 (8% of 50) had not been reviewed by the MH provider within the 7 day time frame.  ***Note: this performance measure does not assess compliance for appointment scheduled as regular follow-up (i.e., every three or six months), only referrals made to the psychiatric provider.  To increase compliance, I would suggest an efficiency review to include a review of psychiatric staffing patterns (for providers and nurses) to ensure process/staffing levels are commensurate with the established need.	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		5/30/2013 5:33 PM Entered By: Mathew Musson ***Update: There is also a great deal of inconsistency between brown tag charts, SMI+ in AIMS, and SMI determination in the most recent treatment plan. As part of the efficiency review, I would suggest emphasis on these issues, which, once corrected, should subsequently increase compliance in this and other MH performance measures.  5/30/2013 5:30 PM Entered By: Mathew Musson In a review of fifty charts (10 on each yard), for SMI IMs, 10 (20% of 50) did not have a treatment plan update within the last 90 days.  Again, to increase compliance, I would suggest an efficiency review to include a review of psychology staffing patterns (psychologist, psychology associates, and psychology technicians) to ensure process/staffing levels are commensurate with the established need.	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		5/30/2013 7:09 PM Entered By: Mathew Musson ***This competency is currently being revised. Findings provided herein are in response to the revised question (below):	2

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				<p>"Are inmates with a MH score of 3 and above being seen by MH staff according to current policy?"</p> <p>In a review of 50 charts (10 on each yard) for MH IMs, one IM (inmate ) had a current MH score of MH-3A (p/ his treatment plan), but had not been seen within the last 30 days, as per the current service delivery requirement. In addition, of these fifty IMs, the current MH scoring system (i.e., MH-3 A/B/C) was not reflected in the current treatment plan for 32 (64%) IMs.</p> <p>To increase compliance with this competency, I would suggest that the MH staff complete a review of all treatment plans; ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.</p>	
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		<p>5/30/2013 7:19 PM Entered By: Mathew Musson</p> <p>***This competency is currently being revised. Findings provided herein are in response to the revised question (below):</p> <p>"Are inmates who are deemed unstable on their current psychiatric medications evaluated by psychiatry staff?"</p> <p>In a review of 50 charts (10 on each yard) for MH IMs, one IM (inmate ) required emergent psychiatry review intervention for suspected instability on medications. This intervention was completed within 24 hours.</p>	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		<p>5/30/2013 5:41 PM Entered By: Mathew Musson</p> <p>In a review of 50 (10 on each yard) MH charts, 41 of these records reflected current psychiatric medication orders. Of these 41, all (100%) had been seen by either the psychiatrist or Psychiatric nurse within the last 90 days. Of the nine IMs whom were not on medications, prescriptions had been discontinued by the Psychiatrist at the patient request or due to their refusal to continue with treatment.</p>	2

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<b>Corrective Action Plans for Performance Measure: Mental Health (Q)</b>
<b>2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]</b> <b>Level 2 Amber User: Mathew Musson Date: 5/30/2013 5:20:19 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>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]</b> <b>Level 1 Amber User: Mathew Musson Date: 5/30/2013 5:33:03 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>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]</b> <b>Level 1 Amber User: Mathew Musson Date: 5/30/2013 5:33:03 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</b> <b>Level 2 Amber User: Mathew Musson Date: 5/30/2013 7:09:25 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>7 ***Deleted</b> <b>Level 2 Amber User: Mathew Musson Date: 5/30/2013 5:53:56 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.

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<b>Grievances</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			5/30/2013 6:24 PM Entered By: Mathew Musson I have reviewed with the AA II, and confirm that an electronic grievance tracking system is on place at ASPC-Eyman.	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			5/30/2013 6:24 PM Entered By: Mathew Musson Per the .XLS spreadsheet used to track medical grievances, trends in the data, to include name of the IM (to identify repeat writers), type of grievance (i.e., medication, consultation, etc) as well as the dates written, received, and responded are all tracked therein.	1

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Transfer Screening						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]		X		<p>5/30/2013 4:03 PM Entered By: Mathew Musson</p> <p>A review of 50 charts (10 at each unit) for new-to-the-unit intakes during May, 2013 evidenced that 26 (52%) had not been reviewed by nursing staff within 12 hours of arrival on the unit.</p> <p>To increase compliance I would suggest that this issue be address with all nursing staff, but especially the staff designated to complete these reviews (i.e., CNAs, graves RN, etc). Setting up backups for designated staff might also serve as a good fail safe to prevent delayed reviews.</p> <p>AUTHORITY: Under NCCHC standard P-E-03, qualified health care professionals shall review each transferred inmate's health record or summary within 12 hours of arrival to ensure continuity of care.</p>	1
2	Is nursing staff ensuring inmate medication was transferred with inmate? [HSTM Chpt. 5, Sec. 6.1, 5.0, CC 2.7.2.3]		X		<p>5/30/2013 4:14 PM Entered By: Mathew Musson</p> <p>In a review of 50 charts (10 at each unit) for new-to-the-unit intakes, 26 (52%) of the chart reviews completed by nursing staff did not document whether the IM was currently prescribed, or had been transferred with, medications.</p> <p>The records in compliance with this performance measure were those in which it was noted on the receiving facility transfer screening form that meds had been checked by nursing staff or identified as having no current Rx. I suggest this process be adopted on all units.</p> <p>Per NCCHC standard P-E-03, Comprehensive health summaries for transferred inmates are documented containing relevant health information including medical, dental, and mental health diagnoses, medications, significant chronic conditions, and pending health referrals.</p>	1
3	Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]		X		<p>5/30/2013 4:35 PM Entered By: Mathew Musson</p> <p>A review of fifty charts (10 at each yard) for new-to-the-unit intakes evidenced that 35 (70%) of charts had not been reviewed by mental health staff within 24 hours of arrival.</p> <p>In the past, these reviews have been completed by the psychiatric nurse on each unit, of which there is currently one for the complex, with the potential for another to be added in the future. I would strongly recommend a review of the MH intakes review process and poss bly designating unit MH staff to this function.</p>	1

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4	Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?	X	<p>5/30/2013 4:37 PM Entered By: Mathew Musson</p> <p>A review of fifty charts (10 at each yard) for new-to-the-unit intakes evidenced that 35 (70%) of charts had not been reviewed by dental staff within 24 hours of arrival.</p> <p>Again, I would strongly recommend a review of the dental intakes review process and possibly designating additional staff to this function.</p>	1
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### Corrective Action Plans for Performance Measure: Transfer Screening

**1 Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]**

**Level 1 Amber User: Mathew Musson Date: 5/30/2013 4:03:02 PM**

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by nursing staff.

Responsible Parties = RN/LPN

Target Date – 11/30/13

**2 Is nursing staff ensuring inmate medication was transferred with inmate? [HSTM Chpt. 5, Sec. 6.1, 5.0, CC 2.7.2.3]**

**Level 1 Amber User: Mathew Musson Date: 5/30/2013 4:14:18 PM**

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

Corrective Actions: Nursing staff needs to ensure they receive the list of inmates being transferred and that there medication (DOT) are ready to be transferred when inmate is transferred.

Responsible Parties = RN/LPN

Target Date – 11/30/13

**3 Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]**

**Level 1 Amber User: Mathew Musson Date: 5/30/2013 4:35:33 PM**

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by mental health staff.

Responsible Parties = MH Staff

Target Date – 11/30/13

**4 Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?**

**Level 1 Amber User: Mathew Musson Date: 5/30/2013 4:37:20 PM**

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by dental staff.

Responsible Parties = dental

Target Date – 11/30/13



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				<p>inmate , inmate , inmate , &amp; inmate . Of these ten, six were in compliance. IM inmate has dates blank on 5/1 and shows inmate was without meds from 5/10 until 5/16. IM inmate has dates blank on 5/1, 5/8, 5/11 and 5/15. IM inmate has the 2100 dose blank on 5/1, 5/2, 5/3, 5/4, 5/5, and 5/7. IM inmate has dates blank on 5/1, 5/8, 5/13, 5/14, and 5/15.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		5/30/2013 4:33 PM Entered By: Jen fontaine	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X		5/30/2013 10:25 PM Entered By: Jen fontaine Medication renewal was delayed however once prescribed, the medication was not found to be delayed in delivery to the inmate.	2
7	Are inmates being required to show ID prior to being administered their medications?	X		5/30/2013 4:44 PM Entered By: Jen fontaine	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>5/31/2013 10:44 AM Entered By: Jen fontaine BROWNING reviewed the following 10 inmate medical records with meds due to expire in May, inmate , inmate . Of these ten, five had their prescriptions renewed or replaced prior to expiration date, inmate , inmate , inmate , inmate , inmate . Two had their prescriptions renewed but renewal occurred after expiration date, inmate &amp; inmate . Three inmates inmate , inmate , inmate all had multiple prescriptions allowed to expire and were not renewed.</p> <p>COOK reviewed the following 10 inmate medical records with meds due to expire in May, inmate , &amp; inmate . Of these ten, two had their prescriptions renewed or replaced prior to expiration date, inmate &amp; inmate . The other eight inmate , &amp; inmate all had there prescriptions renewed however renewal occurred between 1 &amp; 16 days after expiration.</p> <p>MEADOWS reviewed the following 10 inmate medical records with meds due to expire in May, inmate , &amp; inmate . Of these ten, three had their prescriptions renewed or replaced prior to expiration date, inmate , inmate , &amp; inmate . The other seven inmate , inmate , inmate , inmate , inmate , inmate , &amp; inmate all had multiple prescriptions, some of the meds were renewed prior, each of those seven had at least one prescription</p>	2

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				<p>that was renewed between 1 and 21 days after the prescription expired.</p> <p>RYNNING reviewed the following 10 inmate medical records with meds due to expire in May, inmate , inmate . Of these ten, two had their prescriptions renewed or replaced prior to expiration date, inmate &amp; inmate . Three had their prescriptions renewed but renewal occurred after expiration date, inmate , inmate &amp; inmate . Five inmates, inmate , inmate , inmate , inmate , &amp; inmate all had multiple prescriptions allowed to expire and were not renewed.</p> <p>SMU I reviewed the following 10 inmate medical records with meds due to expire in May, inmate , inmate . Of these ten, nine had their prescriptions renewed or replaced prior to expiration date, inmate , &amp; inmate . Only one inmate had his prescriptions renewed but renewal occurred after the expiration date.</p>	
9	<p>Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</p>		X	<p>5/30/2013 10:01 PM Entered By: Jen fontaine BROWNING Inmate inmate had non-formulary written on 4/9 that was not approved or denied until 4/15</p> <p>COOK no specific inmate was found to list however nursing staff reported on 5/14 there had not been a HCP on the unit for 5 weeks and therefore when a nonformulary drug was ordered the NFR would need to first be faxed to a HCP for signature, then to Pharmacy with approval or denial returning in 24 to 48 hours.</p> <p>MEADOWS IM inmate had nonformulary written on 5/15, approved on 5/17 IM inmate had nonformulary written on 5/17 returned approval same day on 5/17</p> <p>RYNNING none to report</p> <p>SMU I IM inmate had Rx written on 5/9, was told on 5/10 medication was not on the formulary but as of 5/16 no nonformulary paperwork had been written. IM inmate written on 4/8 not returned until 4/15. IM inmate had nonformulary written on 4/4 not returned until 4/9.</p>	2
10	<p>Are providers being notified of non-formulary decisions within 24 to 48 hours?</p>		X	<p>5/30/2013 10:08 PM Entered By: Jen fontaine BROWNING Inmate inmate had non-formulary written on 4/9 that was not approved or denied until 4/15 and not reviewed by the Dr until 4/22</p> <p>COOK unit reports no HCP on unit for 5 weeks.</p> <p>MEADOWS IM inmate had nonformulary written on 5/15, approved on 5/17, not</p>	2

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					<p>reviewed until 5/20.  IM [redacted] had nonformulary written on 5/17 returned approval same day on 5/17 but not reviewed until 5/20.</p> <p>RYNNING none to report</p> <p>SMU I IM [redacted] had Rx written on 5/9, was told on 5/10 medication was not on the formulary but as of 5/16 no nonformulary paperwork had been written. IM [redacted] written on 4/8 not returned until 4/15, was not reviewed by HCP. IM [redacted] had nonformulary written on 4/4 not returned until 4/9 and was not reviewed by HCP.</p>	
11	Are medication error reports being completed and medication errors documented?	X			5/30/2013 4:47 PM Entered By: Jen fontaine	2

### 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: Jen fontaine Date: 5/30/2013 4:28:51 PM**

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

Corrective Actions: See above.

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

**[NCCHC Standard P-D-01]**

**Level 2 Amber User: Jen fontaine Date: 5/31/2013 10:44:23 AM**

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

Corrective Actions: See above.

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

**Level 2 Amber User: Jen fontaine Date: 5/30/2013 10:01:19 PM**

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

Corrective Actions: See above.

**10 Are providers being notified of non-formulary decisions within 24 to 48 hours?**

**Level 2 Amber User: Jen fontaine Date: 5/30/2013 10:08:10 PM**

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

Corrective Actions: See above.

## May 2013 EYMAN 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			5/30/2013 11:48 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			5/30/2013 11:48 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			5/30/2013 11:49 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			5/30/2013 11:49 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			5/30/2013 11:49 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			5/30/2013 11:49 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			5/30/2013 11:49 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			5/30/2013 11:49 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			5/30/2013 11:50 AM Entered By: Jen fontaine No infirmiry care provided at Eyman Complex	1

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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			5/30/2013 11:50 AM Entered By: Jen fontaine No infirmary care provided at Eyman Complex	1
11	Are vital signs done daily when required?	X			5/30/2013 11:50 AM Entered By: Jen fontaine No infirmary care provided at Eyman Complex	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			5/30/2013 11:50 AM Entered By: Jen fontaine No infirmary care provided at Eyman Complex	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			5/30/2013 11:50 AM Entered By: Jen fontaine No infirmary care provided at Eyman Complex	1

**May 2013 EYMAN COMPLEX**

<b>Medical Tools</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notification</b>	<b>Level</b>
1	Do nursing staff inventory and account for tools assigned to medical areas? D.O 702	X			5/30/2013 6:34 PM Entered By: Mathew Musson Yes. The tool inventory forms are maintained in the health unit and account for all tools at the beginning of every shift as well as once a month (master tool list).  Per a review of IRs advanced to me, as well as interviews on all units, there have been no HS/Dental tool accountability issues in May, 2013.	1
2	Are missing / lost health tools or instruments reported immediately to the shift commander?	X			5/30/2013 6:35 PM Entered By: Mathew Musson Yes. When HS/Dental tools are unaccounted for, the shift commander, HS staff, and HS officer conduct a thorough search of the health unit and related areas.  Per a review of IRs advanced to me, as well as interviews on all units, there have been no HS/Dental tool accountability issues in May, 2013.	2
3	Does the Site Manager (FHA) maintain a Master Tool Inventory for all non-disposable surgical/dental tools, medical instruments/devices and hand-held medical/dental tools?	X			5/30/2013 6:36 PM Entered By: Mathew Musson Yes. Each month, the completed master tool inventories for each unit are sent to the AA II and compiled into one large report, which is archived electronically.	1
4	Are medical tools engraved, where practical, to identify the tools as health services items?	X			5/30/2013 6:39 PM Entered By: Mathew Musson Yes. Upon inspection, all dental and HS tools are engraved when possible.  ***Note: recent purchases of some dental equipment may require engraving. The Health Unit dental staff have been advised to seek out the tool officer when/if these items arrive on unit so engraving can be completed and accountability forms can be updated. I will revisit this standard next month to ensure compliance.	1
5	Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	X			5/30/2013 6:40 PM Entered By: Mathew Musson Yes. Small tools (i.e., eyeglass repair) are affixed a tool #, either in pen or on the tool board, which is then accounted for in the 3x daily and master tool inventory.	1
6	Are sharps being inventory at the beginning and end of each shift?	X			5/30/2013 6:47 PM Entered By: Mathew Musson Yes. A review of sharps and tool logs on each unit indicates that each are being checked at the beginning of each shift.  ***Note: the exception to this applies only to graves shift on units without a graves HS	2

## May 2013 EYMAN COMPLEX

				<p>staff member.</p> <p>Also, this standard does not account for unused sharps that have already been accounted for. For example, on 5/29, nurse had signed out 28 DM needles, but only used 24. D/T an ICS, the nurse neglected to return the unused sharps and change the official count. This left four DM syringes accounted for in the sharps book, but not physically accounted for. This incident was properly captured in an IR, and the HSA and Monitor were notified. Distractions occur, and I believe this is an isolated incident, but one that requires remediation specific only to the nurse involved. I would also emphasize that this should be used as a learning tool for other staff, to help them avoid the same outcome.</p> <p>Per notifications and IRs to me, this was the only noted sharps issue for May, 2013.</p>	
7	If sharps count is off is nursing notifying the shift commander?	X		<p>5/30/2013 6:50 PM Entered By: Mathew Musson</p> <p>Yes. Because of the volume of some sharps, staff report having to complete sharps counts twice on occasion.</p> <p>Per notification and IRs to me, there has only been one sharps accountability issue for May, 2013. For this information, please see competency #6 of this performance measure.</p>	2
8	Are officers present for sharps inventories with the nursing staff?	X		<p>5/30/2013 6:52 PM Entered By: Mathew Musson</p> <p>Yes. A review of the sharps and tools logs confirms that HS and OPS staff routinely complete counts together.</p> <p>***Note, on each yard there were several incidents when a name, set of initials, or date were not entered. Please reinforce with HS staff that the sharps counts have to be completely filled out in addition to 100% accurate.</p>	2

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			5/30/2013 10:12 PM Entered By: Jen fontaine	1
2	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?	X			5/30/2013 10:12 PM Entered By: Jen fontaine	2
2	Are open medication vials being marked with the date they were opened?		X		5/30/2013 10:21 PM Entered By: Jen fontaine BROWNING on 5/17 had 8 open vials, 7 with date and 1 without COOK on 5/14 had 4 open vial, 3 with date and 1 without. MEADOWS unit in compliance on 5/10 had 7 insulin vials and 1 TB. All vials had the date present. RYNNING unit in compliance, on 5/16 had 6 open vials all with dates present. SMU 1 on 5/16 had 12 open vials of insulin. all 12 had dates present however one HumR was opened on 3/12/13 and should have been discarded 30 days after opening however was still in use on 5/16. Also found was a vial of 70/30 opened on 3/30 that should have been discarded 30 days after opening but it too was still in use. several vials had dates that were smudged and not legible. 2 vials had more than one different date of opening written on the same vial. one vial of Nubain was open and without the date present.	1
3	Is nursing staff checking for outdated (expiring) medications?	X			5/30/2013 10:22 PM Entered By: Jen fontaine no expired medication found on any unit on Eyman complex	1

### Corrective Action Plans for Performance Measure: Medication Room

**2 Are open medication vials being marked with the date they were opened?**

**Level 1 Amber User: Jen fontaine Date: 5/30/2013 10:21:25 PM**

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

Corrective Actions: See above.