

May 2013 FLORENCE 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>5/10/2013 9:30 AM Entered By: Troy Evans Globe-Green Sick call is being conducted five days a week.</p> <p>5/31/2013 6:40 PM Entered By: Jen fontaine CENTRAL on 5/9 unit was found to be running nurse line four days a week. Upon return 5/28 unit now provided evidence of nurse line monday thru friday. Unit is now in compliance with this performance measure.</p> <p>EAST. Sick call is not being conducted Monday thru Friday at East.</p> <p>KASSON no evidence of a nurse sick call for th month of May.</p> <p>NORTH Appointment lists were not available to indcate sick call is run every monday thru Friday excluding holidays and weekends.</p> <p>SOUTH unit in compliance with this performance measure.</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		<p>5/10/2013 9:31 AM Entered By: Troy Evans Globe- Green</p> <p>5/31/2013 6:52 PM Entered By: Jen fontaine CENTRAL reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, three were in compliance inmate , inmate , & inmate . The other seven were seen between 2 and 9 days after placing an HNR.</p> <p>EAST reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, three were in compliance inmate , inmate , & inmate . The other seven were seen between 2 and 7 days after submitting an HNR.</p> <p>KASSON no evidence of a sick call line was found on this unit however I did find 4 inmates with HNR's inmate . Had an HNR 5/15 not seen as of 5/22. inmate had an HNR dated 5/12 and was seen on 5/21 according to the HNR. inmate had multiple HNR's between 5/5 and 5/20 and the inmate was never seen. inmate had multiple HNR's written in April and was finally seen by a HCP on 5/20.</p> <p>NORTH reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, five were in</p>	1

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				<p>compliance. Inmate, inmate, inmate, inmate, & inmate. The other five were all seen between 2 and 6 days after placing an HNR</p> <p>SOUTH reviewed the following ten inmates who received care on a sick call line in May. Inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, three inmate, inmate, & inmate were in compliance. The other seven were seen between 2 and 5 days after placing an HNR.</p>	
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]		X	<p>5/10/2013 9:32 AM Entered By: Troy Evans Globe- Green</p> <p>5/31/2013 7:00 PM Entered By: Jen fontaine</p> <p>CENTRAL reviewed the following ten inmates who received care on a sick call line in May. Inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, all ten were in compliance with this performance measure having vital signs including weight recorded at their sick call appointment.</p> <p>EAST reviewed the following ten inmates who received care on a sick call line in May. Inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, one inmate was in compliance. Inmate had vitals without weight and respirations, inmate had vitals without weight and O2, and the other seven inmate, inmate, inmate, inmate, inmate, inmate, & inmate had vitals taken without weights.</p> <p>KASSON no evidence of a sick call line was found on this unit</p> <p>NORTH reviewed the following ten inmates who received care on a sick call line in May. Inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, six inmate, inmate, inmate, inmate, & inmate were in compliance. Three inmate, inmate, & inmate had vitals done without weights and inmate had no vital signs at all.</p> <p>SOUTH reviewed the following ten inmates who received care on a sick call line in May. Inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, six inmate, inmate, inmate, inmate, & inmate were in compliance. Inmate & inmate did not have a note at all. Inmate had no VS and inmate had vitals done but without the weight.</p>	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X	<p>5/10/2013 9:34 AM Entered By: Troy Evans Globe- Amber Inmate #inmat Provider is not using SOAPE Format. inmate Provider Note dated</p>	1

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				<p>04/26 was not in SOAPE Format.</p> <p>5/31/2013 7:06 PM Entered By: Jen fontaine CENTRAL reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, all were in compliance with this performance measure.</p> <p>EAST reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, five were in compliance inmate , inmate , inmate , inmate , & inmate . The other five inmate , inmate , inmate , inmate , & inmate did not have education documented at the time of their visit.</p> <p>KASSON no evidence of a sick call line was found on this unit</p> <p>NORTH reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, four inmate , inmate , inmate , & inmate were in compliance. The other six inmate , inmate , inmate , inmate , inmate , & inmate did not have education documented at the time of their appointment.</p> <p>SOUTH reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six inmate , inmate , inmate , inmate , inmate , & inmate were in compliance. The other four inmate , inmate , inmate , & inmate did not have education documented at the time of their appointment.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>5/10/2013 9:35 AM Entered By: Troy Evans Globe- Green inmate referred to provider Line on 04/17 and not seen until 04/26.</p> <p>5/31/2013 7:13 PM Entered By: Jen fontaine CENTRAL reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, two inmate & inmate were in compliance. The other eight had all been referred between 5/2 and 5/21 but as of 5/28 none of them had been seen.</p> <p>EAST reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, nine were in</p>	1

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				<p>compliance and only one inmate had a referral made on 5/10 that as of 5/20 had not yet been seen by the provider.</p> <p>KASSON no evidence of a sick call line was found on this unit.</p> <p>NORTH reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, five were in compliance inmate , inmate , inmate , inmate , & inmate . inmate was referred but not seen for 27 days, inmate was referred on 5/1 but never seen, inmate was referred on 5/3 but not seen until 5/25, inmate was referred on 5/3 but not seen until 5/23. and inmate was referred on 5/2 but not seen until 5/17.</p> <p>SOUTH reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, all were in compliance with this performance measure.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>5/10/2013 9:38 AM Entered By: Troy Evans Globe- Amber inmate 04/17 Nurses Note (Central Unit) Abd. Pain without Protocol Sheet. inmate 04/30/13 No Protocol for Back Pain, but great SOAP Note.</p> <p>5/31/2013 7:19 PM Entered By: Jen fontaine CENTRAL reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, all had nursing protocols used for their sick call appointment. Unit in compliance with this performance measure.</p> <p>EAST reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, four were in compliance. Two inmate & inmate had the protocol form used but the back side was not completed. Four inmate , inmate , inmate , & inmate did not have a protocol used at all.</p> <p>KASSON no evidence of a sick call line was found on this unit.</p> <p>NORTH reviewed the following ten inmates who received care on a sick call line in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, seven were in compliance. The other three inmate , inmate , & inmate did not have nursing protocols used during their sick call appointment.</p>	1

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					<p>SOUTH reviewed the following ten inmates who received care on a sick call line in May [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] & [redacted]. Of these ten, zero were in compliance with this performance measure.</p>
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<p>Corrective Action Plans for Performance Measure: Sick Call (Q)</p>	
<p>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]</p>	<p>Level 1 Amber User: Jen fontaine Date: 5/31/2013 6:40:17 PM</p>
<p>Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week.</p>	
<p>Corrective Actions: See above.</p>	
<p>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]</p>	<p>Level 1 Amber User: Jen fontaine Date: 5/31/2013 6:52:45 PM</p>
<p>Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week. Obvious emergent HNR's will be seen by nursing even if after hours or weekends.</p>	
<p>Corrective Actions: See above.</p>	
<p>3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]</p>	<p>Level 1 Amber User: Jen fontaine Date: 5/31/2013 7:00:20 PM</p>
<p>Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week.</p>	
<p>Corrective Actions: See above.</p>	
<p>4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>	<p>Level 1 Amber User: Jen fontaine Date: 5/31/2013 7:06:24 PM</p>
<p>Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week.</p>	
<p>Corrective Actions: See above.</p>	
<p>5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]</p>	<p>Level 1 Amber User: Jen fontaine Date: 5/31/2013 7:13:03 PM</p>
<p>Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education). HNR's are collected daily and triaged accordingly and Nurse line is being done five days a week. With the onboarding of a new Physician Assistant in Central Unit and two Locum Physicians to be shared throughout the complex, any urgent referrals should be seen within 7 days.</p>	
<p>Corrective Actions: See above.</p>	
<p>6 Are nursing protocols in place and utilized by the nurses for sick call?</p>	

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Level 1 Amber User: Jen fontaine Date: 5/31/2013 7:19:07 PM

Corrective Plan: Nursing Encounter Tools (NETS) have been approved by ADC and implemented on all units. These are considered nursing protocols and list complaint (subjective) , VS, including weight when indicated (objective), (plan) treatment and or referral, (education).

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>5/10/2013 9:29 AM Entered By: Kathy Campbell GLOBE- Green.</p> <p>5/31/2013 5:01 PM Entered By: Jen fontaine CENTRAL IM [inmate] had one week follow up ordered on 4/26 not done until 5/9</p> <p>EAST no urgent consults in the past 30 days</p> <p>KASSON no urgent consults in the past 30 days</p> <p>NORTH [inmate] had urgent consult written on 5/3 that was completed on 5/8. IM [inmate] had urgent recommendation made for embeded pin removal written on 4/24 that as of 5/28 had not been completed.</p> <p>SOUTH zero urgent consults written in the past 30 days.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>5/31/2013 5:13 PM Entered By: Jen fontaine CENTRAL reviewed the following seven inmate medical records who received care offsite in May. [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate]. Of these seven, two were in compliance. [inmate] had an ENT note from 5/2 that was reviewed on 5/4 however chart was without the CT result from the 5/24 scan also IM [inmate] had hospital notes from 5/24 reviewed the same day. Four inmates, [inmate], [inmate], [inmate], & [inmate] were all without notes from recent ofisite medical appointments. IM [inmate] had report dated 5/17 not reviewed until 5/28.</p> <p>EAST reviewed the following six inmate medical records who received care offsite in May. [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. All records were in compliance with this performance measure.</p> <p>KASSON no inmates received outside medical services in MAY</p> <p>EAST reviewed the following five inmate medical records who received care offsite in May. [inmate], [inmate], [inmate], [inmate], & [inmate]. Zero were in compliance, eaiter did not have note from recent appointment on file or was reviewed greater than 7 days after receipt.</p> <p>SOUTH reviewed the following six inmate medical records who received care offsite in May. [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these six zero were in compliance. Two had no record of appointment. [inmate] & [inmate] and the other four were reviewed outside of the seven day timeframe.</p>	2

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3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]		X		<p>5/31/2013 5:20 PM Entered By: Jen fontaine</p> <p>CENTRAL reviewed the following seven inmate medical records who received care offsite in May. inmate , inmate , inmate , inmate , inmate , inmate , inmate . Of these seven, four were in compliance inmate , inmate , & inmate . IM inmate did not have recommended post op follow up. inmate had 1 week follow up a week late, and IM inmate did not have recommended urgent ortho appointment requested on 4/23.</p> <p>EAST reviewed the following six inmate medical records who received care offsite in May. inmate , inmate , inmate , inmate , inmate , & inmate . All records were in compliance with this performance measure.</p> <p>KASSON no inmates received outside medical services in MAY</p> <p>NORTH reviewed the following five inmate medical records who received care offsite in May. inmate , inmate , inmate , inmate , & inmate . three were in compliance inmate , inmate , & inmate . IM inmate did not have the labs drawn as requested by the Oncologist and IM inmate had urgent recommendation for embeded pin removal written on 4/24/13 that was not completed.</p> <p>SOUTH reviewed the following six inmate medical records who received care offsite in May. inmate , inmate , inmate , inmate , inmate , & inmate . Of these six, four were in compliance inmate , inmate , inmate , & inmate . IM inmate had a delayed post op follow up and IM inmate did not have a 10-14 day follow up as recommended on 4/15.</p>	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			5/31/2013 5:23 PM Entered By: Jen fontaine	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			5/31/2013 5:23 PM Entered By: Jen fontaine	2

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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: 5/31/2013 5:01:43 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: 5/31/2013 5:13:23 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: 5/31/2013 5:20:57 PM

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			5/31/2013 2:45 PM Entered By: Jen fontaine	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>5/31/2013 3:01 PM Entered By: Jen fontaine</p> <p>CENTRAL reviewed the following 10 medical records of inmates with chronic conditions [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, one [inmate] was in compliance. The other nine are extremely (some over a year) overdue for their chronic care follow up.</p> <p>EAST reviewed the following 10 medical records of inmates with chronic conditions [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, one was in compliance [inmate]. The other nine were all overdue for their chronic care follow ups.</p> <p>KASSON reviewed the following 10 medical records of inmates with chronic conditions [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, two were in compliance [inmate] & [inmate]. The other eight were all between a month to a year overdue for chronic care follow up.</p> <p>NORTH reviewed the following 10 medical records of inmates with chronic conditions [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, six were in compliance [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. The other four [inmate], [inmate], [inmate], & [inmate] were all overdue.</p> <p>SOUTH reviewed the following 10 medical records of inmates with chronic conditions [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, three were in compliance [inmate], [inmate], & [inmate]. The other seven were all overdue for follow up.</p>	2
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>5/31/2013 3:35 PM Entered By: Jen fontaine</p> <p>CENTRAL reviewed the following 10 medical records of inmates with chronic conditions [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. Of these ten, six were in compliance and four [inmate], [inmate], [inmate], & [inmate] did not receive education at the time of their last chronic care visit.</p> <p>EAST reviewed the following 10 medical records of inmates with chronic conditions [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate].</p>	1

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				<p>inmate , inmate , inmate , inmate , & inmate . Of these ten, eight were in compliance and two, inmate & inmate did not receive education at the time of their last chronic care visit.</p> <p>KASSON reviewed the following 10 medical records of inmates with chronic conditions inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six were in compliance with this performance measure and four inmate , inmate , inmate , & inmate did not receive education at the time of their last chronic care visit.</p> <p>NORTH reviewed the following 10 medical records of inmates with chronic conditions inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, only one inmate did not receive education at the time of the last chronic care visit. The other nine were in compliance.</p> <p>SOUTH reviewed the following 10 medical records of inmates with chronic conditions inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, Of these ten, two inmate & inmate did not have education during their last chronic care visit. The other eight did have education at the time of their last chronic care visit however the chronic care follow ups are overdue.</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>5/31/2013 3:49 PM Entered By: Jen fontaine</p> <p>CENTRAL reviewed the following 10 medical records of inmates with chronic conditions inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, one was in compliance inmate . The other nine all did not have regular follow up or labs as required by disease management guidelines.</p> <p>EAST reviewed the following 10 medical records of inmates with chronic conditions inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, Of these ten, one was in compliance inmate . The other nine all did not have regular follow up or labs as required by disease management guidelines.</p> <p>KASSON reviewed the following 10 medical records of inmates with chronic conditions inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, Of these ten, one was in compliance inmate . The other nine all did not have regular follow up or labs as required by disease management guidelines.</p> <p>NORTH reviewed the following 10 medical records of inmates with chronic conditions inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , &</p>	2

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					<p>inmate . Of these ten, Of these ten, six were in compliance inmate , inmate , inmate , inmate , & inmate . The other four inmate , inmate , inmate , & inmate all did not have regular follow up or labs as required by disease management guidelines.</p> <p>SOUTH reviewed the following 10 medical records of inmates with chronic conditions inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were in compliance. None of the regular follow up or labs as required by disease management guidelines were evident in these ten records.</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			5/31/2013 3:50 PM 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: 5/31/2013 3:01:12 PM

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: 5/31/2013 3:35:45 PM

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: 5/31/2013 3:49:55 PM**

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 8:01 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 8:10 AM Entered By: Leslie Boothby</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests & 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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					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 8:10 AM Entered By: Leslie Boothby 5/31/2013 8:02 AM Entered By: Leslie Boothby	1

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

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

Level 2 Amber User: Leslie Boothby Date: 5/31/2013 8:10:33 AM

Corrective Plan: We have conducted a series of pharmacy/renewal audits and prepared a status report for AZ Regional Pharmacist indicating percentages of med renewals that were ordered/faxed, verified, reviewed, to include formulary vs approved non-formulary. In most circumstances, the results yielded 100%. We did uncover some areas of improvement and are in the process of additional staff training.

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>5/10/2013 9:39 AM Entered By: Troy Evans Globe- Green</p> <p>5/31/2013 4:56 PM Entered By: Jen fontaine CENTRAL one no show in May according to appointment lists. On 5/10/13 inmate was a "no show" for sick call. refusal was signed and placed in the chart.</p> <p>EAST review of seven record of inmates who, according to appointment lists were a "no show" for sick call. inmate , inmate , inmate , inmate , inmate , inmate , inmate were all no shows on various days throughout May and none of them had documented refusals signed on the date of the appointment.</p> <p>KASSON zero "no show" to report.</p> <p>NORTH had four "no shows" according to the appointment lists. inmate , inmate , inmate , & inmate were all no shows for a sick call appointment and none of them had a signed refusal on file.</p> <p>SOUTH zero "no shows" to report.</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: Jen fontaine Date: 5/31/2013 4:56:02 PM

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

Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor.
 Responsible Parties= RN/LPN
 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		<p>5/22/2013 9:14 AM Entered By: Troy Evans Globe (Green) No MH Hnr's.</p> <p>5/31/2013 11:13 AM Entered By: Nicole Taylor See below</p> <p>5/30/2013 2:40 PM Entered By: Nicole Taylor North - good East - good Central - good South - 3 out of 10 charts had a lag time of 7-13 days before they were triaged inmate , inmate , inmate) Kasson - 2 out of 10 charts had a lag time of 8-9 days before they were triaged inmate , inmate)</p>	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		<p>5/22/2013 9:16 AM Entered By: Troy Evans Globe (Green) N/A</p> <p>5/31/2013 11:14 AM Entered By: Nicole Taylor If this does not improve, then will I kely result in a red finding next month due to the severe backlogs.</p> <p>5/30/2013 2:47 PM Entered By: Nicole Taylor Central - good North - HNR on 4/26 (#inmate) had not been seen by 5/14 (+18 days) South - HNR on 4/30 (#inmate) had not been seen by 5/14 (+15 days), #inmate - took 13 days to be seen from HNR request East - HNR on 4/23 (#inmat) had not been seen by 5/14 (+23 days), HNR 4/25 (#inmate) had not been seen by 5/14 (+19 days), HNR 4/9 (#inmat) might have been seen on 4/25 but not corresponding psychiatry note to validate Kasson - #inmate - took 9 days to be seen from HNR request, HNR 4/2 (#inmate) had not been seen by 5/14 (+42 days)</p>	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		<p>5/22/2013 9:16 AM Entered By: Troy Evans Globe (Green) N/A</p> <p>5/31/2013 11:15 AM Entered By: Nicole Taylor See Below</p> <p>5/30/2013 2:57 PM Entered By: Nicole Taylor East - good Kasson - good North - #inmate - last update was 1/16/13, #inmat - last update was 1/16/13, and #inmate - had an SMI sticker but not on problem list, but last update was 11/6/12.</p>	1

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				<p>Central - #inmate - last update 11/21/12, #inmate - last update was 12/17/12, #inmate - last update was 1/30/13 South - #inmate - last update was 12/4/12, #inmate - last update was 12/4/12</p>	
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		<p>5/22/2013 9:19 AM Entered By: Troy Evans Globe (Green) No Psychotropic Meds on site.</p> <p>5/31/2013 11:16 AM Entered By: Nicole Taylor See Below</p> <p>5/30/2013 3:02 PM Entered By: Nicole Taylor Clarification - inmates need to be seen either every 30 days by MH staff in lockdown, or every 90 days by MH staff in on an open yard. South - good Kasson - good East - #inmate was last seen on 2/8 (out of time frames on 5/14 of 6 days) North - many notes still needing a counter signature by a licensed Psychologist, but inmates were seen within time frames Central - #inmate was last seen 3/19, #inmate was last seen on 4/16 while on watch, #inmat was last seen on 3/21</p>	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		<p>5/22/2013 9:19 AM Entered By: Troy Evans Globe (Green) N/A</p> <p>5/30/2013 3:03 PM Entered By: Nicole Taylor All units were good on this indicator.</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>5/22/2013 9:20 AM Entered By: Troy Evans Globe (Green) N/A</p> <p>5/31/2013 11:17 AM Entered By: Nicole Taylor If there is no improvement in this performance measure, then it will likely result in a red finding next month.</p> <p>5/30/2013 3:12 PM Entered By: Nicole Taylor Central - #inmate was last seen on 1/31, #inmat was last seen on 1/24, #inmat had an RTC date of 5/2/13 South - #inmate had an RTC date of 4/19, #inmate was last seen on 12/4/12 and had an RTC date of 3/8, #inmate had an RTC date of 4/25, #inmate had an RTC date of 4/11, #inmate was last seen 12/14/12 and had an RTC date of 3/8 East - #inmate was last seen 1/24, #inmate was last seen 1/24, #inmate was last seen 2/8, #inmate had an RTC date of 4/4</p>	2

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Grievances						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			5/30/2013 9:32 PM Entered By: Jen fontaine Log maintained in Corizon administration office	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			5/30/2013 9:41 PM Entered By: Jen fontaine	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		5/10/2013 9:41 AM Entered By: Troy Evans Globe- Green		1
				<p>5/31/2013 11:11 AM Entered By: Jen fontaine CENTRAL review of the following ten inmate medical records who arrived on Central Unit in May, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate . Of these ten, six were in compliance, inmate , inmate , inmate , inmate , inmate , inmate . The remaining four inmate , inmate , inmate , & inmate were all reviewed 4 days after arrival on the unit.</p> <p>EAST review of the following ten inmate medical records who arrived on East Unit in May, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were in compliance with this performance measure. All charts were reviewed between one and eight days after arrival onto the unit.</p> <p>KASSON review of the following ten inmate medical records who arrived on Kasson Unit in May, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were in compliance with this performance measure. The charts I reviewed arrived between the dates of 5/8 & 5/21 and as of 5/22 none of them had been reviewed by nursing.</p> <p>NORTH review of the following ten inmate medical records who arrived on North Unit in May, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six were in compliance, inmate , inmate , inmate , inmate , inmate , & inmate . The other four were reviewed between 1 and 8 days after arrival.</p> <p>SOUTH review of the following ten inmate medical records who arrived on South Unit in May, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six were in compliance, inmate , inmate , inmate , inmate , inmate , & inmate . The other four, inmate , inmate , inmate , & inmate were all reviewed between 1 and 7 days after arrival on the unit.</p>		
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			5/10/2013 9:41 AM Entered By: Troy Evans Globe- Green		1
				<p>5/31/2013 11:16 AM Entered By: Jen fontaine Complex wide there is a delay in chart review by nursing once an inmate arrives on a unit however even though a complete</p>		

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				chart review is not being completed in 12 hours, the nurses report they are spot checking the charts to see if the inmate is to be on medication and ensuring the medication has arrived with the medical record if the Rx is to be given watch swallow.	
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>5/10/2013 9:46 AM Entered By: Troy Evans Globe- Red, Reviewed 10 out of 10 charts that had no Mental Health Reviews. Examples: #inmate, #inmate, #inmate, #inmate, #inmate, #inmate, #inmate, #inmate, #inmate, #inmate.</p> <p>5/31/2013 11:29 AM Entered By: Jen fontaine CENTRAL review of the following ten inmate medical records who arrived on Central Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate. All ten were in compliance with this performance measure.</p> <p>EAST review of the following ten inmate medical records who arrived on East Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate. Of these ten, two inmate, & inmate were in compliance with this performance measure. the remaining eight inmate, inmate, inmate, inmate, inmate, inmate, & inmate were all reviewed between 4 and 5 days after arrival.</p> <p>KASSON review of the following ten inmate medical records who arrived on Kasson Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate. Of these ten, five were in compliance inmate, inmate, inmate, inmate, & inmate. The other five inmate, inmate, inmate, inmate, & inmate were reviewed between 2 and 6 days after arrival.</p> <p>NORTH review of the following ten inmate medical records who arrived on North Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate. Of these ten, five were in compliance inmate, inmate, inmate, inmate, & inmate. The other five inmate, inmate, inmate, inmate, & inmate arriving between 5/10 & 5/20 had the incoming record sheet filed in their record but the mental health section was not signed off as being complete.</p> <p>SOUTH review of the following ten inmate medical records who arrived on South Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate. Of these ten, zero were in compliance. Six of the records were reviewed between 2 and 5 days after arrival inmate, inmate, inmate, inmate, inmate, & inmate. The other four inmate, inmate, inmate, & inmate had arrived 5/8, 5/16, 5/17, and 5/21 and as of 5/21 had not yet been reviewed.</p>	1
4	Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?		X	<p>5/10/2013 9:53 AM Entered By: Troy Evans Globe- Green Dental is Reviewing Charts in a timely manner, per policy Inmate Charts are to be reviewed within 24 Hours of arrival. Inmate #inmate Arrived on 01/06/13, Chart Reviewed by Dental on 01/22/13.</p> <p>5/31/2013 11:42 AM Entered By: Jen fontaine CENTRAL review of the following ten inmate medical records who arrived on</p>	1

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Central Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate. Of these ten, four were in compliance inmate, inmate, inmate, & inmate. The other six, inmate, inmate, inmate, inmate, & inmate were all reviewed between 2 and 5 days after arrival.

EAST review of the following ten inmate medical records who arrived on East Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, four were in compliance inmate, inmate, inmate, & inmate. The other six inmate, inmate, inmate, & inmate were all reviewed between 5 and 6 days after arrival.

KASSON review of the following ten inmate medical records who arrived on Kasson Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, six were in compliance inmate, inmate, inmate, inmate, & inmate, the other four inmate, inmate, inmate, & inmate were all reviewed between 2 and 7 days after arrival.

NORTH review of the following ten inmate medical records who arrived on North Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, seven were in compliance inmate, inmate, inmate, inmate, inmate, & inmate. The other three inmate, inmate, & inmate were all reviewed 2 or three days after arrival.

SOUTH review of the following ten inmate medical records who arrived on South Unit in May, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, three were in compliance inmate, inmate, & inmate. Four inmate, inmate, inmate, & inmate were reviewed between 5 and 7 days after arrival and three inmate, inmate, inmate that had arrived on 5/16, 5/17, and 5/21 had not yet been reviewed on 5/21 at the time of my audit.

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: Jen fontaine Date: 5/31/2013 11:11:54 AM

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. Continue to monitor

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: Jen fontaine Date: 5/31/2013 11:29:38 AM

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

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Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 24 hours of an Inmate's arrival to the unit by mental health staff. Continue to monitor

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

Level 1 Amber User: Jen fontaine Date: 5/31/2013 11:42:27 AM

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 24 hours of an Inmate's arrival to the unit by dental staff. Continue to monitor

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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			5/31/2013 4:56 PM Entered By: Jen fontaine	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			5/31/2013 5:27 PM Entered By: Jen fontaine	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			5/31/2013 5:28 PM Entered By: Jen fontaine Every unit on Florence complex is tracking KOP medications on MARs	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		<p>5/31/2013 5:55 PM Entered By: Jen fontaine CENTRAL On May 22nd 2013 the MAR books were reviewed and a small sample was taken. This sample included inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . All ten of these MARS are in compliance. this sample is an accurate representation of the entire book.</p> <p>On May 20th 2013 the MAR books were reviewed and a small sample was taken. This sample included inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were in compliance. All of them were without signature for PM dose on 5/19 and four inmate , inmate , inmate , & inmate had the medication doses circled for the entire month indicating the inmates are not coming to the window to retrieve their meds.</p> <p>KASSON on 5/22/13 the MAR books were reviewed and a small sample was taken. This sample included inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were in compliance. When I reviewed the MARS only the first few were signed throughout the am of the 22nd when I visited. The majority of the MARS had not been signed at all since 5/19 at the time of my review on the 22nd.</p> <p>NORTH on 5/28/13 the MAR books were reviewed and a small sample was taken. This sample included inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . All ten of these MARS were out of compliance and all ten of these MARS are for inmates who receive Narcotic medication. All ten of these MARS have dates left blank indicating the medication was not given to the inmate.</p> <p>SOUTH on 5/21/13 the MAR books were reviewed and a small sample was taken. This sample included inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate .</p>	1

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				inmate , inmate , & inmate . Of these ten, nine were in compliance. Only one inmate had a date blank for pm dose on 5/8	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		5/31/2013 5:28 PM Entered By: Jen fontaine	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X		5/31/2013 5:56 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		5/31/2013 5:28 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	5/31/2013 6:33 PM Entered By: Jen fontaine CENTRAL reviewed the following ten inmates with medication due to expire in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate . Of these ten seven were in compliance inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Two inmates had meds that were allowed to expire without renewal inmate & inmate . IM inmate had his meds renewed but 5 days late. EAST reviewed the following ten inmates with medication due to expire in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, four inmate , inmate , inmate , & inmate were in compliance. Two inmate & inmate had meds renewed after they were expired. Four inmates inmate , inmate , inmate , & inmate all had meds that expired without renewal. KASSON reviewed the following ten inmates with medication due to expire in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, seven were in compliance inmate , inmate , inmate , inmate , inmate , inmate , & inmate . The other 3 inmate , inmate , & inmate) all had meds that were allowed to expire without being renewed. NORTH reviewed the following ten inmates with medication due to expire in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten seven were in compliance inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Three inmates inmate , inmate , & inmate all had there meds renewed but after they had been expired for between 1 and 21 days.	2

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					SOUTH reviewed the following ten inmates with medication due to expire in May inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . All ten were in compliance, having their medication renewed prior to expiration date.	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		5/31/2013 6:00 PM Entered By: Jen fontaine EAST was the only unit I was able to find a specific example of a nonformalry med. IM inmate had a nonformulary med written on 5/14 that was not reviewed for approval or denial until 5/20.	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		5/31/2013 6:00 PM Entered By: Jen fontaine EAST was the only unit I was able to find a specific example of a nonformalry med. IM inmate had a nonformulary med written on 5/14 that was not reviewed for approval or denial until 5/20 and was never reviewed by the HCP.	2
11	Are medication error reports being completed and medication errors documented?	X			5/31/2013 5:28 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: 5/31/2013 5:55:35 PM

Corrective Plan: NEO II training was completed in MAY and all staff were required to attend. We covered Medication ordering, administration, storage, integrity and documentation. We are also going unit by unit to educate all employees on how to access Pharmacor patient profiles online. This will be a useful tool for staff moving forward to compare with MARS and ensure integrity/accuracy of orders and adherence.

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 6:33:00 PM

Corrective Plan: We have recently instituted and begun training staff in process of identifying expired prescriptions. Each week Nursing staff will pull a STOP DATE REPORT which they will then review and highlight medications for renewal, then a chart review and /or visit with provider will be done to assess need for renewals. Renewals are then faxed to Pharmacorr for next day shipment. If urgent meds are needed, a paper Rx will be written and a local pharmacy will be used.

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: 5/31/2013 6:00:17 PM

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

Corrective Actions: See above.

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10 Are providers being notified of non-formulary decisions within 24 to 48 hours?
Level 2 Amber User: Jen fontaine Date: 5/31/2013 6:00:30 PM

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

Corrective Actions: See above.

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Infirmary 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 infirmary setting?	X			5/30/2013 9:41 PM Entered By: Jen fontaine	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		5/31/2013 3:54 PM Entered By: Jen fontaine 5/2/13 three isolation cells are without a way to reach medical staff. Call bell system was "misplaced" 5/28/13 still no call bells in the isolation cells and nursing reports "We have submitted a work order."	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?			X	5/31/2013 4:30 PM Entered By: Jen fontaine Review of 5 charts on 5/2 [inmate], [inmate], [inmate], [inmate], & [inmate]. All six of these inmates had not been see by a HCP for at least two weeks and three of the six [inmate], [inmate], [inmate] did not have a nursing care plan. IM [inmate] had an order written to hold APAP but the medication was given anyway according to the MAR on 5/2/13. IM also had daily dressing change orders written on 4/29/13 while the inmate was at the hospital however no documentation of daily dressing changes was found on 5/2. Review of 8 charts on 5/28 [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. These eight inmates had not been seen by the HCP since 5/16 and one inmate [inmate] was admitted on 4/24/13 did not have a HCP note at all. IM [inmate] had an order for weekly lab draws on 5/2/13 but as of 5/22 the labs had not been drawn. Per HSTM Chapter 7 Section 4.0.3.0 Clinical responsibilities 3.2 No more than 72 hours will elapse between medical provider visits to the IPC units. In the absence of the assigned medical provider, another provider will be assigned the responsibilty of the visits. On weekends/holidays after normal duty hours, the medical provider designated on the urgent notification roster will be called for orders when needed. Medical orders from the hospital for medications and treatments may be continued. The medical provider will rewrite the orders on the next normal work day. 3.3 Inmates admitted to the IPC will have a history and physical completed within the forst 72 hours by the medical provider. 3.5 Nursing will observe the assigned inmates/patients frequently during each shift. SOAP notes will be done daily and nursing assessments completed weekly. Inmates in IPC's will be visited by nursing on a daily basis. Daily health assessments,	1

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				<p>vitals, and care will be documented in the medical record. PER THE HSTM care of inmates in the sheltered housing area. 4.2 Guidelines for management of chronic conditions will be maintained. Medical providers will provide ongoing visits weekly for inmate housed in this unit. Nursing staff will make visits to the unit at least every shift and more often as needed for the health and welfare of the assigned inmate. 4.3 A weekly documented nursing assessment shall be performed. All assessments shall include complete vital signs with weights when medically indicated with documentation.</p>	
4	Is a supervising registered nurse in the IPC 24 hours a day?	X		5/31/2013 3:55 PM Entered By: Jen fontaine	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X		5/31/2013 3:55 PM Entered By: Jen fontaine	1
6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X		5/31/2013 1:24 PM Entered By: Jen fontaine	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?			X 5/31/2013 4:35 PM Entered By: Jen fontaine Review of 5 charts on 5/2 [inmate], [inmate], [inmate], [inmate], & [inmate]. All six of these inmates had not been see by a HCP for at least two weeks and three of the six [inmate], [inmate], [inmate] did not have a nursing care plan. Review of 8 charts on 5/28 [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], & [inmate]. These eight inmates had not been seen by the HCP since 5/16 and one inmate [inmate] was admitted on 4/24/13 did not have a HCP note at all. Per HSTM Chapter 7 Section 4.0.3.0 Clinical responsibilities 3.2 No more than 72 hours will elapse between medical provider visits to the IPC units. In the absence of the assigned medical provider, another provider will be assigned the respons bility of the visits. On weekends/holidays after normal duty hours, the medical provider designated on the urgent notification roster will be called for orders when needed. Medical orders from the hospital for medications and treatments may be continued. The medical provider will rewrite the orders on the next normal work day. 3.3 Inmates admitted to the IPC will have a history and physical completed within the forst 72 hours by the medical provider. 3.5 Nursing will observe the assigned inmates/patients frequently during each shift. SOAP notes will be done daily and	1

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				<p>nursing assessments completed weekly. Inmates in IPC's will be visited by nursing on a daily basis. Daily health assessments, vitals, and care will be documented in the medical record.</p> <p>PER THE HSTM care of inmates in the sheltered housing area.</p> <p>4.2 Guidelines for management of chronic conditions will be maintained. Medical providers will provide ongoing visits weekly for inmate housed in this unit. Nursing staff will make visits to the unit at least every shift and more often as needed for the health and welfare of the assigned inmate.</p> <p>4.3 A weekly documented nursing assessment shall be performed. All assessments shall include complete vital signs with weights when medically indicated with documentation.</p>		
8	<p>Is a complete inmate health record kept and include:</p> <ul style="list-style-type: none"> -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		<p>5/31/2013 4:39 PM Entered By: Jen fontaine</p> <p>On 5/2 reviewed of records of inmates inmate , inmate , inmate , & inmate . inmate had daily dressing change orders nurses say are being followed however there is no documentation to prove complete. inmate , inmate , & inmate all did not have an admission note written by the HCP. inmate , inmate , & inmate did not have nursing care plans on this date.</p>	1
9	<p>If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?</p>	X			<p>5/31/2013 4:40 PM Entered By: Jen fontaine</p> <p>Same record is used for the inmates while they receive care in the infirmary.</p>	1
10	<p>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?</p>	X			<p>5/31/2013 4:44 PM Entered By: Jen fontaine</p>	1
11	<p>Are vital signs done daily when required?</p>	X			<p>5/31/2013 4:45 PM Entered By: Jen fontaine</p> <p>vital sign flow sheets are kept for each inmate.</p>	1
12	<p>Are there nursing care plans that are reviewed weekly and are signed and dated?</p>		X		<p>5/31/2013 4:48 PM Entered By: Jen fontaine</p> <p>of the five inmates inmate , inmate , inmate , inmate , & inmate) reviewed on 5/2/13, three of those five inmate , inmate , & inmate) did not have a care plan in the record. Upon return on 5/28 and review of eight inmates inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate all of those eight had care plans present showing a marked improvement in this performance measure.</p>	1

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13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			5/31/2013 4:48 PM Entered By: Jen fontaine	1
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Corrective Action Plans for Performance Measure: Infirmary Care

2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)

Level 1 Amber User: Jen fontaine Date: 5/31/2013 3:54:39 PM

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

Corrective Actions: See above.

3 Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?

Level 1 Red User: Jen fontaine Date: 5/31/2013 4:30:13 PM

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

Corrective Actions: See above.

7 Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?

Level 1 Red User: Jen fontaine Date: 5/31/2013 4:35:13 PM

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

Corrective Actions: See above.

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

Level 1 Amber User: Jen fontaine Date: 5/31/2013 4:39:55 PM

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

Corrective Actions: See above.

12 Are there nursing care plans that are reviewed weekly and are signed and dated?

Level 1 Amber User: Jen fontaine Date: 5/31/2013 4:48:49 PM

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

Corrective Actions: See above.

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Medical Tools						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do nursing staff inventory and account for tools assigned to medical areas? D.O 702	X			5/10/2013 9:25 AM Entered By: Kathy Campbell GLOBE- Green. 5/31/2013 2:31 PM Entered By: Jen fontaine	1
2	Are missing / lost health tools or instruments reported immediately to the shift commander?	X			5/10/2013 9:26 AM Entered By: Kathy Campbell GLOBE- Green. 5/31/2013 2:32 PM Entered By: Jen fontaine	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		5/10/2013 9:26 AM Entered By: Kathy Campbell GLOBE-Green 5/31/2013 2:33 PM Entered By: Jen fontaine Acting site manager reports unable to locate Master Tool inventory.	1
4	Are medical tools engraved, where practical, to identify the tools as health services items?	X			5/10/2013 9:26 AM Entered By: Kathy Campbell GLOBE- Green 5/31/2013 2:33 PM Entered By: Jen fontaine	1
5	Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	X			5/10/2013 9:26 AM Entered By: Kathy Campbell GLOBE- Green 5/31/2013 2:37 PM Entered By: Jen fontaine Dental tools are either engraved, tracked by serial number or tool item code on each unit.	1
6	Are sharps being inventory at the beginning and end of each shift?		X		5/10/2013 9:27 AM Entered By: Kathy Campbell GLOBE-Green 5/31/2013 2:40 PM Entered By: Jen fontaine	2

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					All units Except KASSON are in compliance with this performance measure. There were several blanks by both security and or medical staff indicating the count was not completed. Records also indicate there was no count done at all on 5/20 at this unit.	
7	If sharps count is off is nursing notifying the shift commander?	X			5/10/2013 9:27 AM Entered By: Kathy Campbell GLOBE- Green	2
					5/31/2013 2:41 PM Entered By: Jen fontaine	
8	Are officers present for sharps inventories with the nursing staff?		X		5/10/2013 9:27 AM Entered By: Kathy Campbell GLOBE- Green	2
					5/31/2013 2:43 PM Entered By: Jen fontaine All units are in compliance with this performance measure EXCEPT for KASSON. Multiple days appear as though count was done without security presence.	

Corrective Action Plans for Performance Measure: Medical Tools

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?

Level 1 Amber User: Jen fontaine Date: 5/31/2013 2:33:02 PM

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

Corrective Actions: Make sure Master Tool Inventory for all necessary instruments are maintained.

Responsible Parties = FHA/AFHA

Target Date= 11/30/13

6 Are sharps being inventory at the beginning and end of each shift?

Level 2 Amber User: Jen fontaine Date: 5/31/2013 2:40:33 PM

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

Corrective Actions: Reinforce ADC Policy of sharps count be completed as directed

Responsible Parties= FHA/DON/ADON/RN/LPN

Target Date = 11/30/13.

8 Are officers present for sharps inventories with the nursing staff?

Level 2 Amber User: Jen fontaine Date: 5/31/2013 2:43:14 PM

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

Corrective Actions: Reinforce ADC Policy of sharps count be completed as directed.

Responsible Parties= FHA/DON/ADON/RN/LPN

Target Date = 11/30/13.

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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		<p>5/31/2013 2:12 PM Entered By: Jen fontaine CENTRAL 5/9 yes, 5/22 yes, 5/28 yes. Unit in compliance.</p> <p>EAST 5/20 Medication room propped open with a trash can. Nurses in and out of the area immediatly outside the doom but med room not occupied.</p> <p>KASSON 5/22 Yes. Unit is in compliance.</p> <p>NORTH 5/28 Medication room door open as were every lock on every cabinet including the narcotic cabinet. Nurses in the area directly outside of the med room but med room was not occupied.</p> <p>SOUTH 5/21 yes. Also once med room door was unlocked, all locks inside were found to be secure. Unit is in compliance.</p>	1
2	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented?	X			<p>5/31/2013 2:13 PM Entered By: Jen fontaine</p>	2
2	Are open medication vials being marked with the date they were opened?		X		<p>5/31/2013 2:26 PM Entered By: Jen fontaine CENTRAL 5/9/13: two open 2% lido 1 eith date and 1 without date. One open Xylocaine without date, 8 open vials of insulin, 1 with a the date and 7 without. 5/22/13: 11 open vials of insulin, 9 with a date and 2 without. Lido again without a date.</p> <p>EAST 5/20/13: 6 open insulin vials, 4 with the date and 2 without. 1 open vial of TB sol. with the date and 1 open lidocaine without the date.</p> <p>KASSON 5/22/13 4 open vials of insulin all without the date. 1 open lidocaine with the date and 1 open TB sol. with the date.</p> <p>NORTH 5/28/13 4 open vials of insulin, 2 with the date and 2 without. 1 open TB sol. with the date.</p> <p>SOUTH 5/21/13 5 open insulin vials 3 with the date and 2 without</p>	1
3	Is nursing staff checking for outdated (expiring)medications?		X		<p>5/31/2013 2:29 PM Entered By: Jen fontaine CENTRAL Unit is in compliance</p> <p>EAST Unit is in compliance</p> <p>KASSON 5/22/13 multiple expired meds found including 7 expired tetnus vaccines and sterile water.</p> <p>NORTH Unit is in compliance</p>	1

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					SOUTH 5/21/13 Expired glucagon and sterile water found on the unit.	
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Corrective Action Plans for Performance Measure: Medication Room

1 Is the medical room kept locked when not occupied?

Level 1 Amber User: Jen fontaine Date: 5/31/2013 2:12:58 PM

Corrective Plan: North Unit and East Unit will receive immediate directives to maintain security of med rooms/ med carts at all times.

Corrective Actions: See above.

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

Level 1 Amber User: Jen fontaine Date: 5/31/2013 2:26:49 PM

Corrective Plan: NEO II training was completed in MAY and all staff were required to attend. We covered Medication ordering, administration, storage, integrity and documentation.

Corrective Actions: See above.

3 Is nursing staff checking for outdated (expiring) medications?

Level 1 Amber User: Jen fontaine Date: 5/31/2013 2:29:03 PM

Corrective Plan: NEO II training was completed in MAY and all staff were required to attend. We covered Medication ordering, storage, integrity, administration and documentation. Nursing Supervisors will be asked to complete random checks on their respective units.

Corrective Actions: See above.