

May 2013 TUCSON 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		5/31/2013 11:01 AM Entered By: Marlena Bedoya There are (8) yards, with Medical Units at ASP-Tucson. While performing this audit, patient appointment sheets were copied and analyzed which aid to account for sick call days (MON-FRI), for each week in May. These appointment sheets are retained within each medical unit, with a copy being sent to the Complex Business Office daily for IM banking transactions. It has been requested through previous audits, that if the yard is locked down, or unforeseen circumstances transpire prohibiting a Nurse sickcall line from being done, that an IR be written to account for that day, with a copy of the IR being placed in the Appointment sheet binder to account for that date. No IRs were found throughout any of the Medical Units, account for missed sickcall days in May. Per the appointment sheets on each unit, the following was discovered. SANTA RITA: On May 08, there was no appointment sheet reflecting a Nurse sick call line had been conducted on that date. WINCHESTER: On May 06, there was no appointment sheet reflecting a Nurse sick call line had been conducted on that date. A fasting lab line was done on May 06, but no Nursing sick call line. CIMARRON: This yard is split into two yards, North and South, with a separate Nurse sick call line needing to be performed per yard, each day. May 01 - No Nurse sickcall line for either yard was performed. May 06 - No Nurse sick call line was performed for North yard. May 09 - No Nurse sickcall line for either yard was performed. May 10 - No Nurse sickcall line for either yard was performed. May 16 - No Nurse sickcall line for either yard was performed. May 17 - No Nurse sickcall line for either yard was performed. May 22 - No Nurse sickcall line for either yard was performed. May 27 - No Nurse sick call line was performed for North yard. May 28 - No Nurse sick call line was performed for South yard. It should also be noted that when a line is done for the North yard, Nursing is seeing on average 2 to 5 patients only, and South yard averages 5 to 9 patients only. MINORS: For the entire month of May, there were only patient appointment sheets that could be found for May 06, and May 20 whereby reflecting a Nurse sickcall line was done. If IMs are being seen, documentation is not being done. No documentation could be located that a Provider line was held on this yard during May. RINCON: No documentation could be found that a Nurse sickcall line was performed on May 01, May 03, May 06, May 10, May 13, May 14, May 17, and May 20. It should be noted that documentation did show (72) Emergency ICSs were seen by Nursing at the time of the audit. It has been recommended that an additional Nurse be considered for both shifts on this yard each day, due to the high volume of emergencies seen there. This would assist staff in performing all duties, as required. WHETSTONE: A Nurse sickcall line was	1

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					<p>conducted five days a week, all month on this yard. CATALINA: Per documentation, a Nurse sick call line was not conducted on May 01, and May 08 at the time the audit was done. Nursing was asked and back logs were checked. Nursing does not routinely schedule a Nurse line on the day that Dr. Catsaros is there doing Provider line, as he usually needs assistance. Backlog for Nurse line was with 1-2 days of an IM being seen upon submission of an HNR. MANZANITA: A Nurse sickcall line was conducted five days a week, all month on this yard.</p>	
2	<p>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>			X	<p>5/31/2013 2:01 PM Entered By: Marlena Bedoya            Ten IM charts were pulled randomly on each yard, from documentation retrieved from Patient Appointment sheets. The following are the findings:</p> <p>SANTA RITA: Within the 10 charts pulled (1) did not meet criteria. inmate submitted an HNR on 4/20, IM seen 5/01.</p> <p>WINCHESTER: Within the 10 charts pulled (6) did not meet criteria. inmate submitted an HNR on 5/01, IM seen on 5/14. inmate submitted an HNR on 5/03, IM seen 5/10, inmate submitted HNRs on 3/29 &amp; 4/02, IM seen 4/22. inmate submitted an HNR on 4/22, IM seen 5/01. He submitted another HNR on 5/02, and was seen 5/14. inmate submitted an HNR on 4/26, IM seen on 5/01. inmate submitted HNRs for the same issue on 4/24 &amp; 5/03, IM seen on 5/15.</p> <p>CIMARRON: Within the 10 charts pulled (9) did not meet criteria. inmate submitted an HNR on 5/07. To date he has not been seen. inmate submitted an HNR on 4/17, IM signed a refusal on 5/27. inmate submitted an HNR regard prescriptions on 5/09, IM seen on 5/18. He submitted another for the same reason on 5/28 and has not been seen yet. inmate submitted an HNR on 5/06, IM seen on 5/24. inmate submitted an HNR on 4/19. He was seen on 4/24 &amp; 4/29. inmate submitted an HNR on 5/14 regarding medications. He was never seen, but an order was written. inmate submitted an HNR on 5/08, IM seen on 5/23. inmate submitted an HNR on 5/01, IM seen on 5/23. inmate submitted an HNR on 4/18, IM seen 5/14. This yard averages 4 to 5 weeks for IMs to be seen after submitting HNRs. Per a previous finding within the month of May, there were numerous days where no Nurse sickcall line was conducted. If there was one, an average of 2 to 9 IMs were seen.</p> <p>MINORS: Within the 10 charts pulled (5) did not meet criteria. inmate submitted an HNR on 5/19, IM signed a refusal on 5/22. inmate submitted an HNR on 4/17, IM seen 5/06. inmate submitted an HNR on 4/18, IM seen 5/20.</p>	1

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				<p>inmate [REDACTED] submitted an HNR on 5/06, IM seen 5/20. inmate [REDACTED] submitted HNRs on 5/13 &amp; 5/15, IM seen on 5/20.</p> <p>RINCON: Within the 10 charts pulled (6) did not meet criteria. inmate [REDACTED] submitted an HNR on 5/14, IM seen 5/16. inmate [REDACTED] submitted an HNR on 4/04, IM seen on 5/15. inmate [REDACTED] submitted an HNR on 4/01, IM seen on 5/15. inmate [REDACTED] submitted an HNR on 5/03, IM seen on 5/15. inmate [REDACTED] submitted HNRs for the same thing on 2/11, 2/14, &amp; 4/05, to date IM still has not been seen. inmate [REDACTED] submitted HNRs for the same thing on 11/02/2012, 1/09, 1/22, &amp; 2/07. He was seen once on 2/11. The Physician ordered labs that were drawn 1/18. They came back abnormal, and have still not been reviewed by the Provider. This chart was found on the back-logged Provider review shelf, along with 97 others needing to be reviewed and cleared out. All of these issues were brought to the attention of the Nursing Supervisor on the unit.</p> <p>WHETSTONE: Within the 10 charts pulled (5) did not meet criteria. inmate [REDACTED] submitted HNRs for the same thing 4/07 &amp; 4/11, IM seen 5/15. He submitted another HNR for a different issue on 4/27, to date the issue has not been addressed. inmate [REDACTED] submitted an HNR on 5/07 requesting to be seen by MH. He was seen on 5/13. He submitted another HNR on 4/09 for a different issue, IM seen on 4/19. He submitted another HNR on 5/13, that was referred to the Provider, IM seen on 5/21. inmate [REDACTED] submitted an HNR on 5/10 requesting his CPAP machine, to date IM has not been seen for this issue. inmate [REDACTED] was seen on 3/02 for Chronic Care. The Physician wrote a consult to Podiatry regarding the IMs feet. To date the appointment has not been scheduled. inmate [REDACTED] submitted an HNR on 4/23, IM seen on 5/01.</p> <p>CATALINA: Within the 10 charts pulled (2) did not meet criteria. inmate [REDACTED] submitted an HNR on 4/15, he had not been seen yet but was called to medical on 5/08 on the day of the audit. inmate [REDACTED] submitted an HNR on 5/01, IM seen on 5/06</p> <p>MANZANITA: Within the 10 charts pulled (2) did not meet criteria. inmate [REDACTED] submitted an HNR on 4/27, IM seen 5/02. inmate [REDACTED] submitted an HNR on 4/28, IM seen 5/15. He submitted another HNR on 5/02, IM seen for that issue on 5/20.</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		5/31/2013 2:33 PM Entered By: Marlana Bedoya Ten IM charts were pulled randomly on each yard, from documentation retrieved from Patient Appointment sheets. The following are the findings:	1

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				<p>SANTA RITA: Within the 10 charts pulled (10) met criteria.</p> <p>WINCHESTER: Within the 10 charts pulled (07) did not meet criteria. inmate [REDACTED], encounter dtd 5/14 - no weight obtained. inmate [REDACTED], encounter dtd 5/13 - no weight obtained. inmate [REDACTED], encounter dtd 5/10 - no weight obtained. inmate [REDACTED], encounter dtd 4/22 - no weight obtained. inmate [REDACTED], encounters dtd 5/02 &amp; 5/14 - both, no weight obtained. inmate [REDACTED], encounter dtd 5/01 - no vitals at all. inmate [REDACTED], encounter dtd 5/15 - no weight obtained.</p> <p>CIMARRON: Within the 10 charts pulled (02) did not meet criteria. inmate [REDACTED], encounter dtd 5/29 - no weight obtained. inmate [REDACTED], encounter dtd 5/23 - no weight obtained.</p> <p>MINORS: Within the 10 charts pulled (10) met criteria.</p> <p>RINCON: Within the 10 charts pulled (10) met criteria.</p> <p>WHETSTONE: Within the 10 charts pulled (02) did not meet criteria. inmate [REDACTED], the encounter is not dtd, no pulse, respirations, weight, or pulse ox was taken. inmate [REDACTED], encounter dtd 5/21, a complete set of vitals was not obtained.</p> <p>CATALINA: Within the 10 charts pulled (03) did not meet criteria. inmate [REDACTED], encounter dtd 4/09 - no BP taken. inmate [REDACTED], encounter dtd 5/03 - no BP taken. inmate [REDACTED], encounter dtd 4/02 - no weight obtained.</p> <p>MANZANITA: Within the 10 charts pulled (10) met criteria.</p> <p>Within the 80 charts looked at (14) did not meet criteria. These are isolated to individual yards and need to be addressed with staff. Overall the finding for this performance measure is green.</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X		<p>5/31/2013 2:43 PM Entered By: Marlana Bedoya Ten IM charts were pulled randomly on each yard, from documentation retrieved from Patient Appointment sheets. The following are the findings:</p> <p>SANTA RITA: Within the 10 charts pulled (10) met criteria.</p> <p>WINCHESTER: Within the 10 charts pulled (10) met criteria.</p> <p>CIMARRON: Within the 10 charts pulled (10) met criteria.</p> <p>MINORS: Within the 10 charts pulled (1) did not meet criteria. inmate [REDACTED], encounter dtd 5/06 - SOAPE format was not used.</p>	1

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				<p>RINCON: Within the 10 charts pulled (10) met criteria.</p> <p>WHETSTONE: Within the 10 charts pulled (01) did not meet criteria. <b>inmate</b>, encounter dtd 5/01 - SOAPE format was not used.</p> <p>CATALINA: Within the 10 charts pulled (10) met criteria.</p> <p>MANZANITA: Within the 10 charts pulled (02) did not meet criteria. <b>inmate</b>, encounter dtd 5/20 - SOAPE format was not used. <b>inmate</b>, encounter dtd 5/14 - SOAPE format was not used.</p> <p>Within the 80 charts looked at (04) did not meet criteria. These are isolated to individual yards and need to be addressed with staff. Overall the finding for this performance measure is green.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>5/31/2013 3:26 PM Entered By: Marlena Bedoya Ten IM charts were pulled randomly on each yard, from documentation retrieved from Patient Appointment sheets. The following are the findings:</p> <p>SANTA RITA: Within the 10 charts pulled, where a referral to a Provider was indicated all met criteria.</p> <p>WINCHESTER: Within the 10 charts pulled, where a referral to a Provider was indicated (3) did not meet criteria. <b>inmate</b>, was referred from Alhambra to see a Provider on next yard dtd 4/24, IM was seen 5/15. <b>inmate</b>, IM referred on 5/10, IM seen 5/24. <b>inmate</b>, IM referred on 4/02, IM seen 5/02.</p> <p>CIMARRON: Within the 10 charts pulled, where a referral to a Provider was indicated all met criteria.</p> <p>MINORS: Within the 10 charts pulled, where a referral to a Provider was indicated (1) did not meet criteria. <b>inmate</b>, referred on 5/06. As of 5/22 IM still had not been seen by a Provider.</p> <p>RINCON: Within the 10 charts pulled, where a referral to a Provider was indicated (3) did not meet criteria. <b>inmate</b>, referred on 5/15, as of 5/22 the IM had still not been seen. <b>inmate</b>, abnormal labs in chart dtd 4/05 had still not been reviewed by the Provider as of 5/22. <b>inmate</b>, abnormal labs dtd 1/18 had still not been reviewed by the Provider as of 5/22. There are 97 charts on the Provider review shelf pending reviews.</p> <p>WHETSTONE: Within the 10 charts pulled, where a referral to a Provider was indicated (6) did not meet criteria. <b>inmate</b>, abnormal labs dtd 4/26 were still not reviewed by a Provider. Referral was made on 5/05. <b>inmate</b>, referred on 4/12, as of 5/20 IM had still not been seen. <b>inmate</b>, HNR dtd 5/10, comments state</p>	1

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				<p>referred to Provider. As of 5/28 IM had still not been seen by anyone. [inmate] - Note in chart dtd 3/04/13 is a referral for the Provider to discuss Nitro medications due to IM having chest pains. As of 5/28 IM still has not been seen. [inmate] - As of 3/02 the Provider wrote a consult to Podiatry for the IM. To date the appointment has not been scheduled. [inmate] - IM referred on 5/01, as of 5/28 IM still has not been seen.</p> <p>CATALINA: Within the 10 charts pulled, where a referral to a Provider was indicated all met criteria.</p> <p>MANZANITA: Within the 10 charts pulled, where a referral to a Provider was indicated (2) did not meet criteria. [inmate] referred on 5/02, as of 5/28 IM had not been seen yet. [inmate] submitted an emergency HNR for Dental on 5/03. IM was not seen until 5/09.</p> <p>Within the charts requiring a referral to a Provider, most all referral did not meet criteria therefore; the overall finding for this performance measure is Amber.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		<p>5/31/2013 2:45 PM Entered By: Marlana Bedoya                  YES. Within every Medical unit throughout the complex.</p>	1

**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: Marlana Bedoya Date: 5/31/2013 11:01:09 AM**

Corrective Plan: yes, and if lines are cancelled staff have been advised to complete an Information Report and keep a copy in the appointment binder. no lines are to be cancelled without notifying the the FHA.

Corrective Actions: CAP: Nursing staff have been provided with instruction to complete an IR every time a line is cancelled and they are to notify the FHA. A copy of the IR is to be kept in the appointment book for the contract monitor to locate when she is doing her audits.

This is something that we will have to re-visit periodically due to all the new hires happening at this complex. This will be included during NEO\_-I.

**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 Red User: Marlana Bedoya Date: 5/31/2013 2:01:46 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.Process to address, to include but not limited to:
  - a.Daily pick up.
  - b.Date stamp.
  - c.Triage within 24 hrs, immediate triage of patient if emergent.
  - d.Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
  - e.Nurse line sees patient, then to provider line when appropriate.
  - f. Submit final site process to RVP.

2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 (

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(Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);

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

### 3. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed.

b. Weekly site results discussed with RVP.

c. Audit results discussed a monthly CQI meeting.

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

### **5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07] Level 1 Amber User: Marlena Bedoya Date: 5/31/2013 3:26:39 PM**

Corrective Plan: Are referrals to providers from sick call being seen within seven (7) days?  
Compliance

Each unit is given two full days with a provider Monday through Friday.

The provider will see a regular scheduled medical line, and in addition will treat any necessary critical chronic care, and injuries that apply for the unit.

If a provider is needed at a unit on his non-scheduled day the provider will make provisions to visit that unit to meet the need of the inmate that requires immediate medical attention. Sick is provided within the (7) days of request by the providers.

Corrective Actions: Approved per Marlena.

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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>5/31/2013 4:26 PM Entered By: Trudy Dumkrieger                      inmate [redacted] Date of Consult 4/10/13 approved 4/15/13 appt. completed 5/16/13.                      inmate [redacted] Date of Consult 4/10/13 approved 4/10/13 appointment completed 4/16/13                      inmate [redacted] Date of Consult 4/19/13 approved 4/22/13 appointment completed 4/18/13.</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 4:00 PM Entered By: Trudy Dumkrieger                      Amber finding</p> <p>5/31/2013 12:16 PM Entered By: Trudy Dumkrieger                      Whetstone                      inmate [redacted] HNR dated 5/21/13 not reviewed by 5/31/13                      inmate [redacted] Consult from podiatrist dated 4/17/13 not reviewed by 5/31/13                      inmate [redacted] Cardiology consult for routine f/u 5/1/13 denied proposed ATP. Not reviewed by 5/31/13                      inmate [redacted] PT/INR report 5/14/13 not reviewed by 5/31/13.                      inmate [redacted] Opthomology consult 5/7/13 not reviewed by 5/31/13 recommendation for eye gtt's for increased intraocular pressure. Not reviewed by 5/31/13.                      inmate [redacted] CT scan of the lung recieved 5/6/13 not noted by 5/31/13.                      inmate [redacted] XRAY taken 4/29/13 not reviewed by 5/31/13.                      inmate [redacted] Opthomology consult recieved 5/1/13 not reviewed by 5/31/13.                      inmate [redacted] Dr.Cohen ENT consult 4/18/13 not reviewed by 5/31/13. TSLH report of needle biopsy surgical report done 5/16/13 not reviewed by 5/31/13.                      inmate [redacted] UPH inpatient records from 5/17-5/19 Not reviewed by 5/31/13. IM had I+D of tonsil and was to have a f/u with DOC in one week.</p> <p>5/30/2013 1:03 PM Entered By: Trudy Dumkrieger                      Manzanita                      inmate [redacted] Consult report 5/20/13 not reviewed as of 5/29/13.                      inmate [redacted] Opthomology consult dated 5/16/13 not reviewed 5/29/13.                      inmate [redacted] Dermatology consult dated 5/21/13 not reviewed as of 5/29/13.                      inmate [redacted] Opthamology consult dated 5/20/13 not reviewed by 5/29/13.                      inmate [redacted] Hanger orthotics consult dated 5/16/13 not reviewed as of 5/29/13.                      inmate [redacted] Medication order to be signed.                      inmate [redacted] HNR for bedwedge dated 5/20/13 not ssigned 5/29/13.                      inmate [redacted] HNR for med renewal dated 5/19/13 not reviewed as of 5/29/13.                      inmate [redacted] Dr. Faibisoff visit 5/21/13 not noted by 5/29/13.</p> <p>5/30/2013 11:54 AM Entered By: Trudy</p>	2



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Dumkrieger  
Catalina  
inmate [redacted] Labs collected 4/29/13  
not reviewed by 5/29/13.  
inmate [redacted] Medication renewal  
Simvastatin and Tansulosin expired 5/22/13  
not renewed by 5/29/13.  
inmate [redacted] Med renewal albuterol  
and Beclomethasone expired 5/20/13 not  
renewed by 5/29/13.

5/23/2013 12:01 PM Entered By: Trudy  
Dumkrieger  
Rincon  
inmate [redacted] Hospital surgical report of  
3/20/13 not reviewed as of 5/22/13 (ORIF  
4th MC). Was to have an eight week FU.  
#/27/13 I+D hematoma Dorsom R hand.  
Consult 3/29/13 FU in one week.  
inmate [redacted] HNR to review spot on  
scalp.  
inmate [redacted] X-Ray taken 5/15/13 t b/fib  
Left leg ulceration R/O osteo, not reviewed  
by 5/23/12.  
inmate [redacted] Consult report not  
reviewed from 5/1/13. Labs Labs 5/9/13 not  
reviewed as of 5/22/13.  
inmate [redacted] @ HNRS for review.  
3/12/13 not answered. 5/13/13 answered  
not sent back to IM. Also Pharmacorr  
communique.  
inmate [redacted] Pharmacorr comunique.

5/21/2013 2:46 PM Entered By: Trudy  
Dumkrieger  
Minors/CDU  
inmate [redacted] labs drawn 4/30/13 not  
reviewed by 5/21/13.  
inmate [redacted] UPH discharge  
instructions f/u with podiatrist. Seen in ER  
2/27/13 Cnsult written same day never  
approved, re-written 3/13/13.  
inmate [redacted] new orders, continue  
treatment not addressed.  
inmate [redacted] Lab results from 5/4/13 not  
reviewed by 5/21/13. Abnormal labs.  
inmate [redacted] IM reg.HIV and HCV screen  
"Sharing needles". Not reviewed yet.  
inmate [redacted] Labs done 3/19/13 not  
reviewed by 5/21/13.

5/20/2013 1:41 PM Entered By: Trudy  
Dumkrieger  
Santa Rita  
There are 48 charts for provider review.  
inmate [redacted] NL 4/29/13 for med renewal.  
Not reviewed by 5/20/13.  
inmate [redacted] Dilantin level done 2/21/13  
9.9. Not reviewed by 5/20/13.  
inmate [redacted] UPH ER visit of 5/14/13 no  
FU visit, was to Dr.Kettelle.  
Paper work not reviewed.  
inmate [redacted] 2 NL visits 3/13/ and 3/15  
re hypoglycemia and weight loss. IM is 5'11"  
weighed 158 lbs.in 10/12. On 3/13/13 IM  
weighed 129 lbs.  
inmate [redacted] Labs drawn 5/7/13 not  
reviewed as of 5/20/13.  
inmate [redacted] Labs drawn 5/7/13 not  
reviewed as of 5/20/13.  
inmate [redacted] Labs drawb=n 1/22/13 not  
reviewed by 5/20/13. Was to be on PL  
2/7/13 for blood in stools and rectal pain.  
Has not been seen.  
inmate [redacted] Peak flow meter results

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				<p>done 5/15/13 not reviewed by 5/20/13.</p> <p>5/16/2013 1:49 PM Entered By: Trudy Dumkrieger</p> <p>inmate ██████████ Consult for Pulmonology submitted by MS Clayton 3/18/13. Denied but no signature or date. Not reviewed by provider by 5/16/13.</p> <p>inmate ██████████ X-Ray done 5/13/13 Not reviewed.</p> <p>inmate ██████████ Consult for Cardiology submitted 4/25/13. Alternative Plan requesting more info. 5/1/13. Not reviewed by provider 5/16/13.</p> <p>inmate ██████████ Labs drawn 5/3/13 Not reviewed by 5/16/13. Seriously elevated labs.</p> <p>inmate ██████████ Consult for Pulmonology submitted 4/25/13. ATP written 5/1/13 not reviewed by 5/16/13.</p>	
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 2:43 PM Entered By: Trudy Dumkrieger</p> <p>Speech therapy and Occupational therapy still taking a long time to schedule.</p>	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X		<p>5/21/2013 2:47 PM Entered By: Trudy Dumkrieger</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		<p>5/31/2013 2:43 PM Entered By: Trudy Dumkrieger</p>	2

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

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]**  
**Level 2 Amber User: Trudy Dumkrieger Date: 5/31/2013 4:00:05 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit Tool)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = ARMD/RDON/RVP/RDCQI/DON/

Target Date-11/30/13

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

**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: Trudy Dumkrieger Date: 5/31/2013 2:43:41 PM**

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

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Corrective Actions: October Action plan submitted by Corizon-

1. Retrain FHA/DONs on ED management and expectations
  - a. Agenda/sign off sheet to verify
2. Develop a site level process to assure, but not limited to:
  - a. ED log completed and submitted daily to Regional office
  - b. Access to custody transport logs
  - c. Access to AIMS
3. Train site staff on ED management and expectations
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
4. Review ED activity daily (in AM) with FHA/DON/MD (lead provider in absence of MD) to determine patient status and appropriate treatment plan
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
5. Regional staff conduct weekly review of compliance to daily submission and appropriate patient disposition
6. Monitoring tool developed for self-monitoring and submission to site management and regional CQI
7. Initiation of monitoring tools at sites
8. Monitoring (UM Audit Tool)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = VPO/ARMD/RDON/RVP/FHA/DON/MD/RDCQI

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 – ED log sent to Regional office daily.

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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]				<p>5/31/2013 2:05 PM Entered By: Trudy Dumkrieger Whetstone                      inmate Plan yes                      inmate Plan yes                      inmate Plan yes                      inmate Plan yes                      inmate Plan yes                      inmate Plan yes                      inmate Plan yes                      inmate Plan yes                      inmate Plan yes                      inmate Plan yes.</p> <p>5/30/2013 1:11 PM Entered By: Trudy Dumkrieger Manzanita                      inmate HTN, Cardiac, Asthma no plan.                      inmate COPD, Cardiac, HCV plan yes.                      inmate HTN, HCV, Cardiac, Asthma plan yes.                      inmate HCV, IDDM, HTN plan yes.                      inmate IDDM plan yes.                      inmate HTN, Cardiac, Asthma plan yes.                      inmate SZS, Asthma plan no.                      inmate Asthma, HCV plan yes.                      inmate Asthma, HTN, SZS, HCV. plan yes.                      inmate Copd, HTN, plan yes.</p> <p>5/30/2013 12:00 PM Entered By: Trudy Dumkrieger Catalina                      inmate Asthma. Plan yes.                      inmate HTN, Asthma Plan yes.                      inmate HCV, Asthma, SZS. Plan yes.                      inmate SZS Plan no.                      inmate Asthma, HTN. Plan yes.                      inmate Asthma, HTN. Plan yes.                      inmate SZS, IDDM, HTN. No plan.                      inmate Cardiac, NIDDM. Plan yes.                      inmate Cardiac. Plan yes.                      inmate . HTN. Plan yes.</p> <p>5/23/2013 10:52 AM Entered By: Trudy Dumkrieger Rincon                      inmate CC HIV, HCV, IDDM, CA, +PPD, asthma. No plan.                      inmate CC HTN, SZS, Asthma. Plan yes                      inmate HCV Plan yes                      inmate CC HTN, NIDDM, Hx of Skin CA. No plan.                      inmate IDDM Plan yes.                      inmate CC HCV, SMI, HIV, Cardiac No plan                      inmate HCV, CA Plan yes                      inmate HCV, asthma, cardiac, NIDDM, HTN, Plan yes.                      inmate HTN, Prostate CA, cardiology Plan no.</p>	1

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				<p>5/22/2013 10:28 AM Entered By: Trudy Dumkrieger Minors/CDU inmate [redacted] HIV, SZS. Plan yes. inmate [redacted] Asthma Plan yes inmate [redacted] HCV, HTN. HTN DC'D as CC tag not pulled. No plan. inmate [redacted] HCV, SZS Plan yes</p> <p>5/20/2013 12:58 PM Entered By: Trudy Dumkrieger Santa Rita inmate [redacted] Cardiac, HCV. Plan yes inmate [redacted] SZS Plan yes. inmate [redacted] HCV Plan no. inmate [redacted] SZS. Plan yes. inmate [redacted] HTN Plan yes. inmate [redacted] HTN, asthma, cardiac Olan yes. inmate [redacted] SZS, HTN Plan yes. inmate [redacted] HTN, HCV, asthma. Plan yes. inmate [redacted] HCV, NIDDM Plan yes. inmate [redacted] IDDM, HTN, HCV. Plan yes.</p> <p>5/16/2013 1:57 PM Entered By: Trudy Dumkrieger Cimmaron inmate [redacted] CC Seizures, HTN, HCV+. Plan yes. inmate [redacted] +PPD, NIDDM, HTN, HCV+ Plan yes. inmate [redacted] HCV+ Plan yes. inmate [redacted] SZS, IDDM, . Plan yes. inmate [redacted] HTN, +PPD, HCV+ Plan yes. inmate [redacted] NIDDM Plan yes. inmate [redacted] IDDM, HTN, HCV+. Plan yes. inmate [redacted] HTN, NIDDM, Cardiac. Plan yes. inmate [redacted] +PPD, HCV+, NIDDM. inmate [redacted] IM is a parole violator no PE or CC in chart. inmate [redacted] Asthma. Plan no.</p> <p>5/13/2013 8:56 AM Entered By: Trudy Dumkrieger Winchester inmate [redacted] yes inmate [redacted] yes inmate [redacted] yes inmate [redacted] yes inmate [redacted] yes inmate [redacted] yes inmate [redacted] no inmate [redacted] yes inmate [redacted] yes inmate [redacted] no.</p>	
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 2:46 PM Entered By: Trudy Dumkrieger Chronic condition appts. are not being done in a timely fashion.</p> <p>5/31/2013 2:16 PM Entered By: Trudy Dumkrieger inmate [redacted] NIDDM, Asthma, Cystic Frosis Last CC visit 10/12/12 needs another CC appt. inmate [redacted] IDDM, HTN, CAD, Asthma, HCV. Last visit 3/23/13 next visit not</p>	2

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ordered.  
inmate [REDACTED] Last CC visit 5/6/13, RTC  
in 90 days.  
inmate [REDACTED] Last visit 7/6/12 next visit  
not scheduled. Needs CC visit.  
inmate [REDACTED] HTN Last CC visit 4/30/13  
FU 90 days is scheduled.  
inmate [REDACTED] NIDDM, aortic valve  
replacement, Parkinsons. Last CC visit  
4/4/13 FU in 60 days.  
inmate [REDACTED] HCV, NIDDM Last CC visit  
1/22/13  
FU 30 days. Arrived at Whetstone 2/17/13  
no FU done.  
inmate [REDACTED] Last CC visit 2/5/12 FU 90  
days.  
inmate [REDACTED] SZS, HTN. Asthma Last CC  
appat. 2/14/13 RTC 8/13.

5/30/2013 1:41 PM Entered By: Trudy  
Dumkrieger  
Manzanita  
inmate [REDACTED] HTN, Cardiac, Asthma Last  
CC visit 3/26/13, next visit 6/20/13.  
inmate [REDACTED] COPD, Cardiac, HCV Last  
visit 4/30/13, next 180 days.  
inmate [REDACTED] HTN, HCV, Cardiac,  
Asthma Last visit 11/8/12 RTC 90 days  
(2/4/13) did not happen.  
inmate [REDACTED] HCV, IDDM, HTN Lst visit  
5/14/13 next 180 days.  
inmate [REDACTED] IDDM Last visit 8/9/11 next  
90 days not noted.  
inmate [REDACTED] HTN, Cardiac, Asthma Last  
visit 5/28/13 FU 180 days.  
inmate [REDACTED] SZS, Asthma Last CC visit  
12/13/12 next 3/6/13 did not happen.  
inmate [REDACTED] Asthma, HCV Last CC visit  
3/12/13 next 6/4/13.  
inmate [REDACTED] Asthma, HTN, SZS, HCV.  
Last CC visit 5/7/13 not scheduled for FU.  
inmate [REDACTED] Copd, HTN, Last CC visit  
5/28/13 RTC 180 days.

5/30/2013 12:08 PM Entered By: Trudy  
Dumkrieger  
Catalina  
inmate [REDACTED] Asthma. Last CC visit 5/22/13  
next 9/20/13. FU 90 days. inmate [REDACTED]  
HTN, Asthma Last CC visit 4/24/13, next  
180 days.  
inmate [REDACTED] HCV, Asthma, SZS. Last  
CC visit 12/5/12 next visit 60 days did not  
happen.  
inmate [REDACTED] SZS Last CC visit 12/27/12  
next visit not ordered. inmate [REDACTED]  
Asthma, HTN. Last CC visit 4/3/13 next visit  
10/20/13.  
inmate [REDACTED] Asthma, HTN. Last CC  
visit 4/30/13 FU 7/13.  
inmate [REDACTED] SZS, IDDM, HTN. Last CC  
visit 4/10/13. Refusing TX for diabetes.  
inmate [REDACTED] Cardiac, NIDDM. Last CC  
visit 5/8/13 next 11/13/13.  
inmate [REDACTED] Cardiac. Last CC visit  
3/27/13 next visit 90 days.  
inmate [REDACTED] . HTN. Last CC visit 4/10/13  
next 6/19/13.

5/23/2013 11:37 AM Entered By: Trudy  
Dumkrieger  
Rincon  
inmate [REDACTED] CC HIV, HCV, IDDM, CA,  
asthma, +PPD. Last S+S check 11/15/12.  
Last CC appt. 12/11/12. FU 3/13. Did not

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get followed up. Visit addressed HIV, HCV only.  
inmate [REDACTED] CC HTN, SZS, asthma. Last CC appt. 4/22/13 (intake PE). Next visit 180 days.  
inmate [REDACTED] CC HCV. Last CC 11/26/12. FU 90 days did not happen. Previously treated for HCV.  
inmate [REDACTED] CC HTN, DM, HX of skin CA. No CC appt in chart.  
inmate [REDACTED] CC IDDM. Last CC appt. 4/17/13 RTC in 90 days.  
inmate [REDACTED] CC HCV, SMI, HIV, Cardiac. No CC visit in chart.  
inmate [REDACTED] CC HCV, SSSA tonsil. Last CC visit 11/6/12 no FU scheduled.  
inmate [REDACTED] HBV, HCV, asthma, cardiac NIDDM, HTN, +PPD. Last CC visit 4/25/13. FU 8/9/13. Needs a signs and symptoms check.  
inmate [REDACTED] HTN, prostate CA, cardiac. No chronic condition visit in chart.

5/22/2013 10:35 AM Entered By: Trudy Dumkrieger  
CDU/Minors

inmate [REDACTED] SZS, HIV Last CC visit 5/15/13. FU 180 days.  
inmate [REDACTED] Asthma Last CC visit 3/20/13. FU 90 days  
inmate [REDACTED] HCV No CC visit in chart.  
inmate [REDACTED] HCV, SZS. Last CC 9/25/12 next was suppose to be 3/13 did not happen.

5/20/2013 12:46 PM Entered By: Trudy Dumkrieger  
Santa Rita

inmate [REDACTED] Cardiac, HCV. Last CC visit 2/19/13. FU 5/13/13 did not happen.  
inmate [REDACTED] SZS Last CC visit 2/23/13. FU 30 days did not happen. Sims 071773 HCV No visit.  
inmate [REDACTED] SZS. Last CC visit 10/19/12. FU 4/13 did not happen.  
inmate [REDACTED] HTN Last CC visit 2/19/13 FU 5/16/13 did not occur.  
inmate [REDACTED] HTN, asthma, cardiac Last CC visit 4/23/13. Was to have a FU 30 days did not happen.  
inmate [REDACTED] SZS, HTN Last CC visit 5/9/13 FU in 90 days. Good job.  
inmate [REDACTED] HTN, HCV, asthma. last CC visit 3/16/12. Next was to be 6/12 did not happen. Was to have a PL visit 3/12/13 which did not happen.  
inmate [REDACTED] HCV, NIDDM Last CC visit 10/9/12. RTC 11/12 did not happen.  
inmate [REDACTED] IDDM, HTN, HCV. Last CC visit 2/26/13 next visit is scheduled 5/23/13. Good job.

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				<p>inmate [REDACTED] HCV, NIDDM Plan yes  inmate [REDACTED] IDDM, HTN, HCV. Plan yes.</p> <p>5/16/2013 2:33 PM Entered By: Trudy Dumkrieger  Cimmaron  inmate [REDACTED] CC Seizures, HTN, HCV+. Last CC visit 4/25/12. Return to clinic 6 weeks. this did not happen.  inmate [REDACTED] +PPD, NIDDM, HTN, HCV+. Last CC visit 11/16/12. Follow up PL 5/13.  inmate [REDACTED] HCV+. Was to haave a HCV visit and labs done 2/13. This did not happen.  inmate [REDACTED] SZS, IDDM. Last CC visit 5/8/5/8/13. FU in 2 weeks.  inmate [REDACTED] HTN, +PPD, HCV+. Last CC visit 1/3/13. FU 90 days did not happen. PPD signs and sytoms check 1/3/13.  inmate [REDACTED] NIDDM. Last CC visit 6/4/12. Return to clinic 180 days, Did not happen.  inmate [REDACTED] IDDM, HTN, HCV+. Last CC visit 3/8/13.  inmate [REDACTED] HTN, NIDDM, Cardiac. Not tagged for cardiac.  inmate [REDACTED] +PPD, HCV+, NIDDM. IM is a parole violator no PE or CC in chart.  inmate [REDACTED] Asthma. Last CC visit 3/27/13. Follow up 9/13.</p> <p>5/13/2013 9:05 AM Entered By: Trudy Dumkrieger  Winchester  inmate [REDACTED] last CC visit 11/9/12, F/U 30 days did not happen, has not been seen.  inmate [REDACTED] last CC visit 4/13/12 next visit 4/9/13 did not happen.  inmate [REDACTED] last CC visit 8/2/12 next 10/30/12. None since.  inmate [REDACTED] last CC visit 6/9/12, next in 90 days. Did not happen.  inmate [REDACTED] Last CC visit 5/3/13. Next 6/7/13. Good.  inmate [REDACTED] last CC visit 4/23/13. Next in 90 days. Good.  inmate [REDACTED] Needs a visit for HCV.  inmate [REDACTED] last CC visit 5/1/12. F/U in 90 days. Did not happen.  inmate [REDACTED] Last CC visit 11/7/12. F/U in 90 days. Did not happen.  inmate [REDACTED] No CC visit documented in current volume.</p>	
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]		X	<p>5/31/2013 8:22 PM Entered By: Kathy Campbell  See Trudy's notes entered earlier.</p> <p>5/31/2013 2:20 PM Entered By: Trudy Dumkrieger  inmate [REDACTED] NIDDM, Asthma, Cystic Fibrosis No education.</p>	1



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Torres 238551 IDDM, HTN, CAD, Asthma, HCV. Education done.  
inmate [redacted] No education.  
inmate [redacted] Education done.  
inmate [redacted] HTN Education done.  
inmate [redacted] NIDDM, aortic valve replacement, Parkinsons. Education yes.  
inmate [redacted] HCV, NIDDM Education yes.  
inmate [redacted] Education yes.  
inmate [redacted] SZS, HTN. Asthma Education yes.

5/30/2013 1:45 PM Entered By: Trudy Dumkrieger  
Manzanita  
inmate [redacted] HTN, Cardiac, Asthma Education yes  
inmate [redacted] COPD, Cardiac, HCV Education yes  
inmate [redacted] HTN, HCV, Cardiac, Asthma Education yes  
inmate [redacted] HCV, IDDM, HTN Education yes  
inmate [redacted] IDDM Education yes.  
inmate [redacted] HTN, Cardiac, Asthma Education yes.  
inmate [redacted] SZS, Asthma Education no.  
inmate [redacted] Asthma, HCV Education yes  
inmate [redacted] Asthma, HTN, SZS, HCV. Education yes  
inmate [redacted] Copd, HTN, Education yes.

5/30/2013 12:11 PM Entered By: Trudy Dumkrieger  
Catalina  
inmate [redacted] Asthma. Education done.  
inmate [redacted] HTN, Asthma Education done.  
inmate [redacted] HCV, Asthma, SZS. Education done.  
inmate [redacted] SZS Education done.  
inmate [redacted] Asthma, HTN. Education done.  
inmate [redacted] Asthma, HTN. Education done.  
inmate [redacted] SZS, IDDM, HTN. No education.  
inmate [redacted] Cardiac, NIDDM. Education done.  
inmate [redacted] Cardiac. Education done.  
inmate [redacted] . HTN. Education done.

5/23/2013 11:41 AM Entered By: Trudy Dumkrieger  
Rincon  
inmate [redacted] CC HIV, HCV, IDDM, CA, +PPD, asthma. Education yes.  
inmate [redacted] CC HTN, SZS, Asthma. Education yes  
inmate [redacted] HCV Education yes.  
inmate [redacted] CC HTN, NIDDM, Hx of Skin CA. No education.  
inmate [redacted] IDDM Education yes.  
inmate [redacted] CC HCV, SMI, HIV, Cardiac No education.  
inmate [redacted] HCV, CA Education no.  
inmate [redacted] HCV, asthma, cardiac, NIDDM, HTN, Education no.  
inmate [redacted] HTN, Prostate CA, cardiology Education no.

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5/21/2013 3:06 PM Entered By: Trudy Dumkrieger  
Minors/CDU  
CDU  
inmate [REDACTED] SZS and HIV+. Education done.  
inmate [REDACTED] Asthma Education done.  
inmate [REDACTED] HCV, No visit in chart.  
inmate [REDACTED] HCV and SZS.  
Education done.  
inmate [REDACTED] HCV, HTN. Education done.  
No CC at Minors.

5/20/2013 1:03 PM Entered By: Trudy Dumkrieger  
Santa Rita  
inmate [REDACTED] Cardiac, HCV.Education yes  
inmate [REDACTED] SZS Education yes.  
inmate [REDACTED] HCV Education no.  
inmate [REDACTED] SZS. Education yes.  
inmate [REDACTED] HTN Education yes.  
inmate [REDACTED] HTN, asthma, cardiac Education yes.  
inmate [REDACTED] SZS, HTN Education yes.  
inmate [REDACTED] HTN, HCV, asthma Education yes.  
inmate [REDACTED] HCV, NIDDM Education no.  
inmate [REDACTED] IDDM, HTN, HCV.Education yes.

5/16/2013 2:37 PM Entered By: Trudy Dumkrieger  
Cimmaron  
inmate [REDACTED] CC Seizures, HTN, HCV+. Education no.  
inmate [REDACTED] +PPD, NIDDM, HTN, HCV+ Education yes.  
inmate [REDACTED] HCV+ Education no.  
inmate [REDACTED] SZS, IDDM,.Education yes.  
inmate [REDACTED] HTN, +PPD, HCV+ Education yes.  
inmate [REDACTED] NIDDM Education yes.  
inmate [REDACTED] IDDM, HTN, HCV+. Education yes.  
inmate [REDACTED] HTN, NIDDM, Cardiac.Education yes.  
inmate [REDACTED] +PPD, HCV+, NIDDM. IM is a parole violator no PE or CC in chart.  
Education no.  
inmate [REDACTED] Asthma. Education yes.

5/13/2013 9:07 AM Entered By: Trudy Dumkrieger  
Winchester  
inmate [REDACTED] NO  
inmate [REDACTED] NO  
inmate [REDACTED] YES  
inmate [REDACTED] YES  
inmate [REDACTED] YES  
inmate [REDACTED] YES  
inmate [REDACTED] NO  
inmate [REDACTED] YES  
inmate [REDACTED] YES  
inmate [REDACTED] NO.

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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 2:28 PM Entered By: Trudy Dumkrieger                  inmate [REDACTED] NIDDM, Asthma, Cystic Fibrosis Last labs abnormal, needs new labs and CC appt.                  inmate [REDACTED] IDDM, HTN, CAD, Asthma, HCV. Last labs 4/12/13. GGPT elevated, HgA1c 7.8. Next visit not ordered.                  inmate [REDACTED] Needs labs.                  inmate [REDACTED] Last labs 9/11 HgA1c 6.5. Needs CC appt and labs.                  inmate [REDACTED] HTN Current good job.                  inmate [REDACTED] NIDDM, aortic valve replacement, Parkinsons. Needs CC labs, HgA1c.                  inmate [REDACTED] HCV, NIDDM Needs CC appt. Last labs 1/23/13.                  inmate [REDACTED] Releasing this month.                  inmate [REDACTED] SZS, HTN. Asthma Last labs 5/12 needs labs.</p> <p>5/30/2013 2:04 PM Entered By: Trudy Dumkrieger                  inmate [REDACTED] HTN, Cardiac, Asthma Last labs 11/7/12. Is due for new labs.                  inmate [REDACTED] COPD, Cardiac, HCV Last labs 5/15/13 current.                  inmate [REDACTED] HTN, HCV, Cardiac, Asthma Last labs were missing one page. Had lab tech pull up complete set for provider review. LFTs were elevated.                  inmate [REDACTED] HCV, IDDM, HTN Last labs 6/12. Needs new labs done.                  inmate [REDACTED] IDDM Last labs 4/24/13 HgA1c 7.3.                  inmate [REDACTED] HTN, Cardiac, Asthma Last labs 12/14/12, will need new labs.                  inmate [REDACTED] SZS, Asthma Last CC labs 3/27/12, needs new labs.                  inmate [REDACTED] Asthma, HCV Last labs 9/5/12. ALT, AST, GGT all elevated.                  inmate [REDACTED] Asthma, HTN, SZS, HCV. Last labs 6/13/12 ALT, AST elevated will need new labs.                  inmate [REDACTED] Copd, HTN, Last labs 11/7/12.</p> <p>5/30/2013 12:17 PM Entered By: Trudy Dumkrieger                  Catalina                  inmate [REDACTED] Asthma. Last labs done 10/19/12. Labs ordered again on 5/22/13.                  inmate [REDACTED] HTN, Asthma Last labs 6/23/11. Labs ordered on 4/24/13.                  inmate [REDACTED] HCV, Asthma, SZS. Last labs 8/12. Needs new labs ordered.                  inmate [REDACTED] SZS Needs labs ordered.                  inmate [REDACTED] Asthma, HTN. Last labs 10/3/12. Needs labs ordered.                  inmate [REDACTED] Asthma, HTN. Needs labs.                  inmate [REDACTED] SZS, IDDM, HTN. Last labs 6/12 HgA1c 10.3. Needs labs ordered.                  inmate [REDACTED] Cardiac, NIDDM. Last labs 12/13/12 Needs labs ordered.                  inmate [REDACTED] Cardiac. Needs labs done.                  inmate [REDACTED] . HTN. Last labs 4/17/13 Current.</p> <p>5/23/2013 11:50 AM Entered By: Trudy Dumkrieger                  Rincon                  inmate [REDACTED] CC HIV, HCV, IDDM, CA,</p>	2
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+PPD, asthma. Last visit addressed HIV and HCV only. Still has a porta cath in. No current labs.

inmate [redacted] CC HTN, SZS, Asthma. Labs done 4/17/13. HgA1c 5.8.

inmate [redacted] HCV Undetected viral load 8/16/11 <48. Last viral load 1/3/13 207310. PSA 0.2, ALT 126, AST 176.

inmate [redacted] CC HTN, NIDDM, Hx of Skin CA. No CC labs in chart.

inmate [redacted] IDDM Last labs 11/12 HgA1c 7.4, SGPT elevated.

inmate [redacted] CC HCV, SMI, HIV, Cardiac Last labs 1/10/13 abnormal.

inmate [redacted] HCV, CA Labs current 5/9/13.

inmate [redacted] HCV, asthma, cardiac, NIDDM, HTN, Last labs 5/3/12 HgA1c 5.3, AST elevated.

inmate [redacted] HTN, Prostate CA, cardiology No labs in current volume.

5/22/2013 10:40 AM Entered By: Trudy Dumkrieger

inmate [redacted] HIV, SZS. Last labs for HIV done 2/25/13. Pt/inr 5/10/13 critical high, repeated again on 5/20/13. Results pending.

inmate [redacted] Peak flow done 3/20/13. Labs ordered for next visit.

inmate [redacted] HCV Last labs 2/5/13.

inmate [redacted] Last labs 10/12 ALT and AST elevated.

5/20/2013 1:31 PM Entered By: Trudy Dumkrieger  
Santa Rita

inmate [redacted] Cardiac, HCV. Cardiology consult submitted 4/15/13 for R posterior shoulder pain, and DOE. Last ALT and AST 7/16/11 were WNL. Needs labs up dated.

inmate [redacted] SZS Labs pending.

inmate [redacted] HCV Last labs 2/9/12 ALT 58, AST 34. Needs visit and FU labs.

inmate [redacted] SZS. Tegretol level on 4/3/13 was 2.1 (low).

inmate [redacted] HTN Nothing.

inmate [redacted] HTN, asthma, cardiac Nothing.

inmate [redacted] SZS, HTN Last labs 5/7/13 Depakote 42.

inmate [redacted] Inmate HTN, HCV, asthma. Last CC labs 11/12 AST and ALT elevated.

inmate [redacted] HCV, NIDDM CC labs 12/11/12 AST 185, ALT 137, and GGT 70. No HgA1c.

inmate [redacted] IDDM, HTN, HCV. Last labs 3/15/13 AST and ALT elevated. HgA1c 12.9.

5/16/2013 2:51 PM Entered By: Trudy Dumkrieger  
Cimmaron

inmate [redacted] CC Seizures, HTN, HCV+. 1/11/13 CMP done. Results not in chart. Gabapentin level done 4/26/13 WNL.

inmate [redacted] +PPD, NIDDM, HTN, HCV+ Last CC labs 11/30/12. AST and ALT elevated. HgA1c 5.5.

inmate [redacted] HCV+ Last CC labs 2/12 were WNLs. Was to have labs drawn 2/13 did not happen.

inmate [redacted] SZS, IDDM, Diabetic

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					<p>foot screen done 5/8/13 GOOD job. HgA1c done 3/23/13 10.2  inmate [REDACTED] HTN, +PPD, HCV+. chart not tagged for HCV. Last CC labs 3/29/13. ALT and AST elevated.  inmate [REDACTED] NIDDM. Last CC labs 11/13/12 HgA1c was 6/9.  inmate [REDACTED] IDDM, HTN, HCV+. Diabetic foot screening 3/8/13 Good job. Last CC labs 2/22/13 AST, ALT, LDH, GGT, All elevated. HgA1c 7.4 Repeat labs in April 13. No results in chart.  inmate [REDACTED] HTN, NIDDM, Cardiac. Last labs 12/7/12 AST and ALT elevated. HgA1c 8.0  inmate [REDACTED] +PPD, HCV+, NIDDM. IM is a parole violator no PE or CC in chart. Needs new intake labs, and CC labs.  inmate [REDACTED] Asthma. Last labs 9/12 were WNL.</p> <p>5/13/2013 9:19 AM Entered By: Trudy Dumkrieger  Have not seen any yet. Per Site Manager they are currently using DOCs.  Winchester  inmate [REDACTED] CC NIDDM Last A1c 6.6 in 11/12. Labs were to be repeated this did not happen.  inmate [REDACTED] CC IDDM, HTN. Last labs 4/16/12. A1c 11.1 No follow up. inmate [REDACTED]  inmate [REDACTED] CC HTN, Cardiac, NIDDM. Last labs 8/13/12 A1c 5.8.  inmate [REDACTED] Labs ordered at last CC visit did not get done.  inmate [REDACTED] CC IDDM, HTN. Labs ordered 5/3/12. Last labs in chart 8/6/12 A1c 8.1.  inmate [REDACTED] CC COPD. No labs, no PFTs.  inmate [REDACTED] CC HCV and +PPD. Last labs done 2/4/13. AST and ALT WNL. S+S check done 2/2/13.  inmate [REDACTED] Asthma, HTN. Last labs 5/12 AST and ALT elevated. No HX of HCV.  inmate [REDACTED] CC asthma, HTN, NIDDM. Last labs 12/19/12 A1c 5.8.  inmate [REDACTED] CC HTN. No current labs in chart.</p>	
5	<p>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]</p>	X			<p>5/30/2013 12:17 PM Entered By: Trudy Dumkrieger</p> <p>5/15/2013 11:23 AM Entered By: Trudy Dumkrieger</p> <p>5/13/2013 9:19 AM Entered By: Trudy Dumkrieger  No due at this time.</p>	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: Trudy Dumkrieger Date: 5/31/2013 2:46:20 PM**

Corrective Plan: Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan?  
 Clinical:

Weekly provider back logs are being counted on each unit to help maintain a more current Chronic care log. CNA's and nursing staff schedule all chronic cares during the providers days scheduled on the units.  
 All patients that are seen by the provider for specific chronic conditions and most are up to date, those on the back log list of CC's are scheduled within 30 days of set specified treatment plan.  
 HIV positive are seen every 3 months and all other chronic care conditions are seen every 6 months. Chronic care inmates that need additional monitoring will be scheduled per providers treatment plan.  
 All chronic care inmate charts are noted by both the provider and the nursing staff for monitoring, medications and treatment plans.  
 Nursing staff follows the treatment plan orders set up by the provider and notes the chart accordingly. Charts are noted within thirty days that inmate was seen by the provider for his chronic care. See below.

Corrective Actions: October 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.

**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: Trudy Dumkrieger Date: 5/31/2013 2:46:20 PM**

Corrective Plan: 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?

Chronic care patients are seen by the provider for specific chronic conditions noted -  
 HIV positive are seen every 3-months and all other chronic care conditions are seen every 6 to 9 months depending on tier condition.  
 Chronic care inmates that need additional monitoring will be scheduled per providers treatment plan.  
 All chronic care inmate charts are noted by both the provider and the nursing staff for monitoring, medications, and ongoing treatment plans. Providers are working to ensure all charts are up to date and inmates are seen in a timely fashion.

Nursing staff follows the treatment plan orders set up by the provider and notes the chart accordingly - if an inmate is in need of his appointment the nurse will schedule the inmate accordingly. See below.

Corrective Actions: October 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).

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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.

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

**Level 2 Amber User: Kathy Campbell Date: 5/31/2013 8:22:45 PM**

Corrective Plan: Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan?

Clinical:

Each unit is working hard to address the ongoing back log of both provider and nursing lines. The units are concentrating on addressing all chronic care inmates within the set treatment plan time frame. Weekly provider back logs are being counted on each unit to help maintain a more current Chronic care log. CNA's and nursing staff schedule all chronic cares during the providers days scheduled on the units. All patients that are seen by the provider for specific chronic conditions and most are up to date, those on the back log list of CC's are scheduled within 30 days of set specified treatment plan. HIV positive are seen every 3 months and all other chronic care conditions are seen every 6 months. Chronic care inmates that need additional monitoring will be scheduled per providers treatment plan. All chronic care inmate charts are noted by both the provider and the nursing staff for monitoring, medications and treatment plans. Nursing staff follows the treatment plan orders set up by the provider and notes the chart accordingly. Charts are noted within thirty days that inmate was seen by the provider for his chronic care. See below.

Corrective Actions: October 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: Trudy Dumkrieger Date: 5/31/2013 2:20:21 PM**

Corrective Plan: Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record?

The health care providers were sent to training in phoenix and education was provided to them. I have done a follow up with the providers and asked them to include the documentation in their plan of care in the progress note. I have informed the DON to instruct her nursing supervisors and nursing staff to use the chronic care educational

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literature and document in the progress note whenever they provide educational teachings.

Corrective Actions: Approved per Trudy

**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: Trudy Dumkrieger Date: 5/31/2013 2:28:36 PM**

Corrective Plan: Our plan is to mirror the ADC policies and Department orders. We are to follow the ADC technical health manual. There are some new procedures through Corizon that have been approved by ADC such as the Warfarin protocol and some that are still in the process with ADC and soon to be rolled out which includes the Hepatitis C treatment protocol.

Corrective Actions: approved per Trudy.



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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 8:04 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 8:05 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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					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 8:05 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 8:05:02 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):

- a. Expired Medications (Appendix I.1.a.)
- b. Re-order medications
- c. Invalid chart orders (Appendix I.1.c.)
  - i. Therapeutic dose ranges
  - ii. Dose changes must have supporting documentation
- d. Non-formulary process (Appendix I.1.d.)
  - i. Reviewed for approval within 24-48 hrs
  - ii. Providers notified decision within 24-48 hrs

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

h. Practitioner Cards (Appendix I.1.h.)

i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy

b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

3. Monitoring (Appendix I. - IV Monitoring Tools)

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/IC/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 – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

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<b>No Shows (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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			5/31/2013 10:18 AM Entered By: Marlana Bedoya As reported by the posted Medical Officers on each yard, there are no “no shows” for medical appointments. If an IM does not show, the yard is shut down if necessary to find the whereabouts of the IM. He is brought to medical so he can be seen, or he signs a refusal.	1

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<b>Mental Health (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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			5/23/2013 7:18 AM Entered By: Steve Bender All HNR's were triaged within the required 24 hour time frame.	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			5/23/2013 7:19 AM Entered By: Steve Bender All referrals were occurring within the designated 7 day time frame.	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		5/23/2013 7:31 AM Entered By: Steve Bender A review of (70) medical records for inmates who were either SMI or MH3 revealed the following information:  (33)records were for SMI inmates. (11) of these records did not have an updated mental health treatment plan. Winchester and Whetstone had a ninety percent compliance rate. (37) records were for MH3 inmates with a qualifying mental health condition. (14)of these records did not have a treatment plan as required.	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		5/23/2013 7:35 AM Entered By: Steve Bender A review of (70) medical records revealed (14) inmates on psychotropic medication had not been seen within the designated time frame. These findings were centered at Manzanita and Cimarron.	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			5/23/2013 7:36 AM Entered By: Steve Bender Inmates assessed as being unstable were being referred for evaluation by a psychiatric provider.	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		5/23/2013 7:39 AM Entered By: Steve Bender The only unit not in compliance was Cimarron. A review of (10) medical records on this unit revealed (5) had not been seen within the designated time frame	2

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### Corrective Action Plans for Performance Measure: Mental Health (Q)

**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]**

**Level 1 Amber User: Steve Bender Date: 5/23/2013 7:31:00 AM**

Corrective Plan: yes per regional psychiatry policy is being carried out accordingly.

There will be a comprehensive review of treatment plans on each yard. This is part of a Corizon initiative involving improvements of inmate treatment plans with focus on inmate participation, identifying strengths and weaknesses and examining behavioral objectives. This will also be brought up at a psychology team meeting.

Corrective Actions: 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?

MH Treatment plans are updated every 30 to 90 days for SMI inmates. These updates are done by the psych associate and/or the psychologist on each yard. Each inmates chart is given an individual treatment plan and must be noted accordingly within the 90 days allotted policy time frame.

MH treatment plans for MH-3's are not up to dated on yearly treatment plans. Staffing issues have posed this problem with getting all MH-3 charts updated in a timely manner.

Mental health is working to correct the lack of staff needed to maintain updated charts for the inmates with MH-3 scores, and will continue to work on making these 12 month deadlines.

Morning chart reviews are being done Monday through Friday by MH staff to ensure that a set amount of charts are being updated. This will help to ensure that all MH inmate treatment plans are being carried out accordingly.

**4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]**

**Level 2 Amber User: Steve Bender Date: 5/23/2013 7:35:26 AM**

Corrective Plan: Corrective action includes training new staff. There has been only one psychiatric nurse working PRN and two have recently been hired. One currently remains in orientation. With the new nurses working we anticipate improvement in this area. Some innovative methods will be explored to meet the challenges.

Corrective Actions: I will contact the FHA in Perryville and see how this is being addressed.

**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]**

**Level 2 Amber User: Steve Bender Date: 5/23/2013 7:39:31 AM**

Corrective Plan: Duplicate question. Answered twice already

Corrective Actions: See previous response. Duplicate.



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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? [NCCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]	X			5/31/2013 7:58 AM Entered By: Marlana Bedoya Per the logs kept at HUB 8 medical records, roughly 400 IMs arrived at ASP-Tucson during May 2013. A random sampling of 10 charts per yard were pulled and checked. Audit finding per yard, are as follows. Santa Rita: (2) charts of the ten pulled being inmate [redacted], and inmate [redacted] did not receive an appropriate review within 12 hours of arrival. Winchester: All ten charts pulled received an appropriate review within 12 hours of arrival. Cimarron: (1) chart of the ten reviewed, being inmate [redacted] had still not had a review done. The IM arrived on 5/10/2013. Audit was performed on 5/30/2013. This chart was brought to the attention of the Nursing Supv. Rincon West Medical: All ten charts pulled received an appropriate review within 12 hours of arrival. Rincon Minors: There were (2) new arrivals during the month of May to Minors. Both received an appropriate review within 12 hours of arrival, and had their medical Physical Exam performed by a Physician the next day. The audit on this yard was performed on 5/22/2013, and no Dental exam had been done or bite wing xrays performed as of that date. Both Minors had arrived on 5/14/2013. Whetstone: All ten charts pulled received an appropriate review within 12 hours of arrival. Catalina: (1) chart of the ten reviewed, being inmate [redacted] had not had the review within 12 hours. The IM arrived on 5/03/2013, and the review was done on 5/06/2013. Manzanita: All ten charts pulled received an appropriate review within 12 hours of arrival. Of the 80 charts pulled, there were 4 findings therefore; the finding for this audit will be having met compliance.	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			5/31/2013 8:10 AM Entered By: Marlana Bedoya Per the logs kept at HUB 8 medical records, roughly 400 IMs arrived at ASP-Tucson during May 2013. A random sampling of 10 charts per yard were pulled and checked. Audit finding per yard, are as follows. Santa Rita: (2) charts of the ten pulled being inmate [redacted], and inmate [redacted] did not receive an appropriate review within 12 hours of arrival and their medications were not verified as well. Winchester: All ten charts pulled received an appropriate review within 12 hours of arrival, and their medications were verified as well. Cimarron: (1) chart of the ten reviewed, being inmate [redacted] had still not had a review done. The IM arrived on 5/10/2013. Audit was performed on 5/30/2013 therefore; his medications has not been verified. This chart was brought to the attention of the Nursing Supv. Rincon West Medical: All ten charts pulled received an appropriate review within 12 hours of arrival with medications verified. Rincon Minors: There were (2) new arrivals during the month of May to Minors. Both received an	1

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				<p>appropriate review within 12 hours of arrival, neither of the IMs were on any medications per the chart. Whetstone: All ten charts pulled received an appropriate review within 12 hours of arrival, with medications verified. Catalina: (1) chart of the ten reviewed, being inmate had not had the review within 12 hours. The IM arrived on 5/03/2013, and the review was done on 5/06/2013. When the chart was opened, the IMs card of Prozac medications were still inside, and it was also found that there was no active order for his Hypertention medications in the system. Both issues were brought to the attention the unit Supervisor. Manzanita: All ten charts pulled received an appropriate review within 12 hours of arrival however, inmate did not have the medications checked block done. inmate showed that his Psych meds expired on 4/26/2013 in the system, and inmate Psych meds were due to expire on 5/01. No referral was seen within documentation to have these issues seen to. All were brought to the attention of the Unit Supv. Of the 80 charts pulled, there were 7 findings overall, therefore; the finding for this audit will be having met compliance.</p>	
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>5/31/2013 8:39 AM Entered By: Marlena Bedoya Per the logs kept at HUB 8 medical records, roughly 400 IMs arrived at ASP-Tucson during May 2013. A random sampling of 10 charts per yard were pulled and checked. Audit finding per yard, are as follows. Santa Rita: All ten charts pulled received an appropriate review within 24 hours of arrival. Winchester: All ten charts pulled received an appropriate review within 12 hours of arrival. Cimarron: (1) chart, being inmate who arrived on 5/13/2013 had not had a review performed however, the IM was clinically seen by Mental Health on 5/23/2013. Rincon West Medical: All ten charts pulled received an appropriate review within 24 hours of arrival. Rincon Minors: There were (2) new arrivals during the month of May to Minors. Both received an appropriate review within 24 hours of arrival. Whetstone: All ten charts pulled received an appropriate review within 24 hours of arrival. Catalina: (1) chart of the ten reviewed, being inmate had not had a review. The IM was an MH3 + meds, so the IM was brought to the attention of Mental Health at HUB 7. Manzanita: (3) charts of the the ten pulled being inmate, inmate, and inmate had not had an appropriate chart review within 24 hours of arrival. All three were brought to the attention of Mental Health at HUB 7. Overall, (6) of the 80 charts pulled had findings. The finding for this audit is having met compliance.</p>	1
4	Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday /		X	<p>5/31/2013 8:51 AM Entered By: Marlena Bedoya</p>	1



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Weekend)?				<p>Per the logs kept at HUB 8 medical records, roughly 400 IMs arrived at ASP-Tucson during May 2013. A random sampling of 10 charts per yard were pulled and checked. Audit finding per yard, are as follows. Santa Rita: (1) chart, being inmate [REDACTED] did not meet the 24 hour review. He arrived on 5/09, the chart was reviewed on 5/13. Winchester: All ten charts pulled received an appropriate review within 24 hours of arrival. Cimarron: All ten charts pulled received an appropriate review within 24 hours of arrival. Rincon West Medical: All ten charts pulled received an appropriate review within 24 hours of arrival. Rincon Minors: There were (2) new arrivals during the month of May to Minors, being inmate [REDACTED], and inmate [REDACTED]. Neither had received their intake Dental exams or Xrays at the time of the audit. The audit was performed on 5/22 with both IMs having arrived on 5/14. Both were brought to the attention of the Nursing Supv to notify HUB 7 Dental. Whetstone: All ten charts pulled received an appropriate review within 24 hours of arrival. Catalina: (1) chart of the ten reviewed, being inmate [REDACTED] did not meet the 24 hour review criteria. The IM arrived on 5/03, his chart was not reviewed until 5/06. Manzanita: All ten charts pulled received an appropriate review within 24 hours of arrival. Overall, (4) of the 80 charts pulled had findings. Since it is crucial that Minor Inmates be seen within strict guidelines because they are considered "Intakes" The finding for this audit is having not met compliance. A process must be designed to ensure Minors are seen expeditiously as Complex intakes.</p>	
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### Corrective Action Plans for Performance Measure: Transfer Screening

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

**Level 1 Amber User: Marlena Bedoya Date: 5/31/2013 8:51:28 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 dental staff.

Responsible Parties = dental

Target Date – 11/30/13

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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			5/13/2013 8:28 AM Entered By: Trudy Dumkrieger	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			5/13/2013 8:28 AM Entered By: Trudy Dumkrieger	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		5/13/2013 8:30 AM Entered By: Trudy Dumkrieger Some yards are using sign in sheets and on some yards the urses are ssigning off on the KOP MARS. All yards need to be on the same system.  5/31/2013 8:23 PM Entered By: Kathy Campbell See Trudy's note from earlier.	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		5/31/2013 2:49 PM Entered By: Trudy Dumkrieger MARS getting a little better but still need work  5/31/2013 1:55 PM Entered By: Trudy Dumkrieger Whetstone inmate [redacted] Nortriptyline circled 5/17-5/25 marke NS, absent, or just circled. 5/20 blank, 5/26-5/28 blank, 5/29 NS in AM and NA in PM, signed off on the 30th. Machado No DOC number, no DOB, no allergies, no start/stop date, no providers name , no transcribers initials. inmate [redacted] Lithium and cogentin no providers name, most of the MAR circled, marked NS, or blank. inmate [redacted] Risperidone no start/stop date. Order date 5/24/13 not started until 5/30/13. inmate [redacted] Methotrexate order not clearly written. Reads on MAR Methotrexate 2.5mg 6 Q weekly Q Tues. No providers name, no allergies, no diagnosis. No transcribers initials , no meds signed off the entire month. inmate [redacted] Vistaril No order date, no stop date, no start date, no allergies, no date of birth, no providers name, no transcribers initials. Also meds signd off on 5/30/13 for PM which is after inmate was admitted to hospital. inmate [redacted] Bactrim no providers name, no transcribers initials, no month, no diagnosis, no nurses signatures. inmate [redacted] Prolixin po stop date 5/12/13 nothing signed off, Prolixin IM nothing signed off, ventolin inhaler nothing signed off. Entire May MAR is blank. inmate [redacted] Celexa, Depakote, Risperidone no providers names, no order date, no start or stop date, no DOB. 5/27	1

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and 28 blank.  
inmate [redacted] Meds on MAR not marked KOP and not signed off except for risperidone from 5/1 -5/17. Cogentin on MAR marked PRN as the original order. That was changed 4/19/13.  
inmate [redacted] HIV meds go back and forth between KOP and DOT a lot of days not given out of stock. One out of four appears to have been given to IM.

5/30/2013 2:18 PM Entered By: Trudy Dumkrieger  
Manzanita  
inmate [redacted] Resperidone no provider name, no order date, start date, or stop date. No transcribers initials. Benzotropine the same.  
Lithium no transcribers initials, no month on MAR.  
inmate [redacted] Elavil no transcribers initials, no order date, start or stop date. No diagnosis, allergies or DOB.  
inmate [redacted] Nortriptyline no start or stop date, no transcribers initials, blank on the 22nd and 23th.  
inmate [redacted] Tylenol with coedine. dNo order date, no start or stop date, no transcribers initials, no allergies, no diagnosis.  
inmate [redacted] Good job except for 5/15 blank for PM and no allergies.  
inmate [redacted] multiple dates marked A or R or T or NS plus 8 days blank.  
inmate [redacted] HIV RXs KOP not initialed off. No stop date, no diagnosis, no date on MAR, no allergies, no DOB.  
inmate [redacted] No start date, stop date, no DOB, no allergies, no diagnosis.  
inmate [redacted] No DOC#, no DOB, no diagnosis. No allergies, no providers name, no start or stop dates, no transcribers initials.  
inmate [redacted] Good job.

5/30/2013 12:23 PM Entered By: Trudy Dumkrieger  
Catalina  
inmate [redacted] KOP not initialed off other wise good.  
inmate [redacted] KOP not initialed off other wise good.  
inmate [redacted] KOP not initialed off other wise good.  
inmate [redacted] Good job.  
inmate [redacted] Good job.  
inmate [redacted] Good.  
inmate [redacted] KOP not initialed off other wise good.  
inmate [redacted] KOP not initialed off other wise good.  
inmate [redacted] KOP not initialed off other wise good.  
inmate [redacted] KOP not initialed off other wise good.  
inmate [redacted] KOP not initialed off other wise good.

5/22/2013 10:20 AM Entered By: Trudy Dumkrieger  
Minors/CDU  
inmate [redacted] Blank on 5/7, no DOB, no allergies.  
inmate [redacted] No DOB, or transcribers

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initials, other wise good job.  
inmate [REDACTED] No allergies otherwise good job.  
inmate [REDACTED] Baclofen blank on 5/12 PM and KOP needs initialing off.  
inmate [REDACTED] flucanazole circled then refused. Then note that IM states he is allergic to it.  
inmate [REDACTED] good  
inmate [REDACTED] No allergies and no DOB.  
inmate [REDACTED] Good  
inmate [REDACTED] Good.

5/20/2013 3:03 PM Entered By: Trudy Dumkrieger Santa Rita  
inmate [REDACTED] KOPs not initialed off other wise good job.  
inmate [REDACTED] KOP meds not signed off other wise good job.  
inmate [REDACTED] Good job.  
inmate [REDACTED] Good job.  
inmate [REDACTED] no allergies, no DOB, no start or stop date. No transcribers initials.  
inmate [REDACTED] No start or stop date, no DOB, no allergies and no transcribers initials.  
inmate [REDACTED] nortryptiline not signed off thru 5/20. Risperidone and cogentin no stop/start date, no DOB, no allergies, and no transcribers initials.  
inmate [REDACTED] fluoxetine and risperidone marked NA, circled, or NS all the way thru 5/19/13. Six refusals in book to match refused meds good job Ms. Williams.  
inmate [REDACTED] Note on the MAR that IM must put in HNR to get psche meds renewed.  
inmate [REDACTED] KOPs not initialed off.

5/16/2013 3:10 PM Entered By: Trudy Dumkrieger Cimmaron  
inmate [REDACTED] All meds expired, respendone, cogentin, zoloft.  
inmate [REDACTED] Good job.  
inmate [REDACTED] No DOB, no allergies, no diagnosis, no providers name. 5/8 blank, 5/10 circled, 5/11 and 5/12 blank, 5/13 circled, 5/14 blank, and 5/15 circled.  
inmate [REDACTED] Good job except no stop date.  
inmate [REDACTED] Benzotropine and tegretol marked not available 5/10-5/15.  
inmate [REDACTED] In Detention. Citalopram marked not available 5/1-5/6, then marked not in cell 5/9-5/12, then blank 5/13 and 14.  
inmate [REDACTED] Good job.  
inmate [REDACTED] No allergies, no DOB, other wise good job.  
inmate [REDACTED] good job. KOPs must be initialed off.  
inmate [REDACTED] Good job except KOP must be initialed off.

5/13/2013 8:50 AM Entered By: Trudy Dumkrieger Winchester  
There are a lot of no shows being marked on the MARS.  
Big issue IM inmate [REDACTED] Dr. Winsky ordered Benzotropine and risperidone as DOT. Risperidone was given

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				<p>KOP. When I brought this to the attention of the nurse she asked how they are suppose to know with out pulling each chart and checking each medication. The MAR well not clearly marked DOT did show a time for the IM to come get it. This is a problem I'm sure on every yard.</p> <p>inmate [redacted] Tegretol order has no order date, no providers name , and no transcribers initials.</p> <p>inmate [redacted] see issue above, also KOP's not signed off.</p> <p>inmate [redacted] 5/1 and 5/2 blank, 5/3-5/9 marked no show.</p> <p>inmate [redacted] Benzotropine circled 5/1-5/8. One refusal signed 5/8.</p> <p>inmate [redacted] Carbamazipine 5/1 blank, 5/2-5/5 marked NS, signed off on the 6th, 5/7-5/9 marked NS.</p> <p>inmate [redacted] Divalproex and ziprazidone no order daye, start date 4/25/13 MAR not signed off 5/1-5/5.</p> <p>inmate [redacted] INH marked NS for 5/2, Vit B6 blank on the 1st, NS on the 2nd, and NS for the 6th and 9th.</p> <p>inmate [redacted] Mesalamine order date 5/3, no start date, blank 5/1-5/3, NS 5/4, signed off AM 5/5, marked NA 5/5 PM. 5/6 NS AM and signed off in the PM, 5/7 NS in the AM, signed off PM. 5/8 NA am or pm, 5/9 NS in the AM.</p> <p>inmate [redacted] Divalproex no order date, no providers name, not signed off 5/1-5/7. No diagnosis, no allergies, no DOB.</p> <p>inmate [redacted] Fluoxetine 5/1 nothing, 5/2-5/9 marked NS.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>5/31/2013 3:09 PM Entered By: Trudy Dumkrieger</p> <p>Medication errors are being forwarded to the FHA but I see no corrective action plans for them.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>5/31/2013 4:02 PM Entered By: Trudy Dumkrieger amber finding</p> <p>5/30/2013 12:26 PM Entered By: Trudy Dumkrieger</p> <p>inmate [redacted] Abacavir origination date 4/9/13 not filled until 5/28/13. Prior to that last fill 3/7/13.</p> <p>5/22/2013 10:43 AM Entered By: Trudy Dumkrieger Miors/CDU</p> <p>inmate [redacted] Prozac and Buspar marked as ot available 5/14-5/30.</p> <p>inmate [redacted] Celexa marked as not available 5/2-5/9.</p> <p>5/20/2013 3:06 PM Entered By: Trudy Dumkrieger Santa Rita</p> <p>inmate [redacted] tegretol ordered 5/7/13 did not start until 5/11/13</p> <p>inmate [redacted] Risperidone and cogentin ordered 5/14/13 not started until 5/18/13.</p>	2

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				<p>5/16/2013 3:13 PM Entered By: Trudy Dumkrieger Cimmaron inmate ██████████ Benzotropine and tegretol marked not available 5/10 thru 5/15. inmate ██████████ Citalopram marked not available 5/1 thru 5/6.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>5/31/2013 1:56 PM Entered By: Trudy Dumkrieger</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	<p>5/31/2013 4:09 PM Entered By: Trudy Dumkrieger Not all are getting renewed in a timely manner</p> <p>5/30/2013 12:30 PM Entered By: Trudy Dumkrieger Catalina inmate ██████████ Abacavir expired 4/1/13 not renewed until 4/9/13 not filled until 5/28/13. inmate ██████████ Simvastatin expired 5/22/13 not renewed by 5/29/13. inmate ██████████ albuterol and beclomethasone expired 5/20/13 not renewed as of 5/29/13.</p> <p>5/16/2013 3:16 PM Entered By: Trudy Dumkrieger Cimmaron inmate ██████████ HIV meds expired 5/16/13.</p> <p>5/15/2013 11:13 AM Entered By: Trudy Dumkrieger Whetstone inmate ██████████ HCTZ, lisinopril, simvastatin, terazosin, atenolol, all expire 5/16/13. inmate ██████████ Insulin needs to be renewed. inmate ██████████ Amlodipine and lisinopril expired 5/9/13. inmate ██████████ enalapril, gemfibrozil, metformin all expired on 5/12/13. inmate ██████████ Albuterol expired 5/8/13. inmate ██████████ albuterol, allo[urinol, and beclomethasone expired 5/11/13. inmate ██████████ all meds expired. inmate ██████████ All CC meds expired.</p> <p>5/15/2013 11:05 AM Entered By: Trudy Dumkrieger Catalina inmate ██████████ Ribavirin and peginterferon expired 5/12/13. Sivori Insulin needs renewal. inmate ██████████ Abacav, Darunavir, Ritonavir, and a buterol all expired 5/5/13.</p> <p>5/15/2013 11:00 AM Entered By: Trudy Dumkrieger Rincon inmate ██████████ Phenytoin expired 5/7/13.</p> <p>5/15/2013 10:59 AM Entered By: Trudy Dumkrieger Manzanita inmate ██████████ HCTZ, and lisinopril expired 5/1/13. inmate ██████████ Insulin expired 5/6/13</p>	2

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inmate [redacted] Prasugrel, pravastatin,  
expired  
inmate [redacted] lisinopril, metoprolol,  
omeprazole, triamterine/HCTZ expired  
5/4/13.  
inmate [redacted] Albuterol and  
beclomethasone expired 5/6/13.

5/15/2013 10:52 AM Entered By: Trudy  
Dumkrieger  
IPC

inmate [redacted] Pregabalin expired 5/1/13  
inmate [redacted] Calcium acetate expired  
5/1/13 also needs ferrous  
sulfate, pravastatin, and sevelamer  
renewed.

inmate [redacted] Insulin expired 5/13/13.  
inmate [redacted] Insulin expired.  
inmate [redacted] APAP-ASA-Caffien,  
chloroxazone, expired

5/15/2013 10:42 AM Entered By: Trudy  
Dumkrieger  
Winchester

inmate [redacted] Insulin expired 5/4/13.  
inmate [redacted] Insulin expired 5/9/13  
inmate [redacted] Albuterol and  
beclomethasone expired 5/9/13  
inmate [redacted] Depakote expired 5/6/13.  
inmate [redacted] HCTZ, Potassium expired  
5/13/13.

inmate [redacted] Allopurinol, ASA,  
lovastatin, metformin, and niacin all expired  
5/11/13.

inmate [redacted] HCTZ and verapamil  
expired 5/9/13.

5/15/2013 10:23 AM Entered By: Trudy  
Dumkrieger  
Santa Rita

inmate [redacted] Insulin, metformin,  
propranolol, simvastatin, and spironolactone  
all expired 5/1/13.

inmate [redacted] lisinopril, spironolactone,  
expired 5/17/13.

inmate [redacted] ASA, EC 81mg., digoxin, enalapril,  
rosuvastatin all expired 5/14/13.

inmate [redacted] isosorbide expired 5/7/13  
inmate [redacted] pravastatin expired  
5/12/13.

inmate [redacted] Has nine chronic  
meds that expired on 5/4/13.

5/15/2013 10:14 AM Entered By: Trudy  
Dumkrieger  
CDU

inmate [redacted] Albuterol expired 5/15/13.

5/15/2013 10:11 AM Entered By: Trudy  
Dumkrieger  
Cimmaron

inmate [redacted] Albuterol and  
beclomethasone expired 5/6/13.

inmate [redacted] glipizide and metformin  
expired 5/17/13.

inmate [redacted] Amlodipine, Aspirin EC  
81mg., and atenolol all expired 5/9/13.

inmate [redacted] clopidogrel and simvastatin  
expired 5/14/13.

Assyd Insulin expired 5/13/13

inmate [redacted] Enalapril and lovastatin  
expired 5/13/13.

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					<p>inmate Depakote, HCTZ, and Metiommin expired.</p> <p>5/15/2013 10:01 AM Entered By: Trudy Dumkrieger Rincon</p> <p>inmate NPH Insulin expired 5/7/13 not renewed by 5/14/13.</p> <p>inmate Diltiazem expired 5/2/13</p> <p>inmate Pancrealipase expired 5/3/14, lasix, and Potassium expired 5/14/13.</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		<p>5/31/2013 4:02 PM Entered By: Trudy Dumkrieger Amber finding</p> <p>5/31/2013 3:48 PM Entered By: Trudy Dumkrieger Unable to find responses from Pharmcorr.</p> <p>5/16/2013 3:20 PM Entered By: Trudy Dumkrieger Cimmaron</p> <p>inmate Non-formulary submitted 5/13/13 for Gabapentin. Unable to find a response 5/16/13.</p> <p>inmate Non-formulary submitted 1/25/13 for Atorvastatin. Unable to find a response 5/16/13.</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		<p>5/31/2013 1:58 PM Entered By: Trudy Dumkrieger</p> <p>Unable to find what system is being used to inform providers of decisions. Have asked the nurses, pharmacy techs, and providers and no one knows what the system is. This needs to be addressed.</p>	2
11	Are medication error reports being completed and medication errors documented?		X		<p>5/31/2013 3:00 PM Entered By: Trudy Dumkrieger</p> <p>Medication error from IPC on IM inmate NOT GETTING iv ANTIOTIOTICS FOR 24 post IPC admission due to recieving orders late and IV provider not able to get meds to IPC in a timely fashion. Good job with documentation.</p> <p>Medication error from IPC IM inmate wrong medication given. Good job with documentation.</p> <p>Medication error inmate no explanation, no documentation.</p> <p>inmate No documentation to explain error unable to tell what type of error.</p> <p>inmate dosage error. No other documentation.</p> <p>I did ask for a med error on a missing vicodin it did not happen.</p>	2



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

**3 Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]**

**Level 1 Amber User: Kathy Campbell Date: 5/31/2013 8:23:23 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.
- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

3. Monitoring (Appendix I. - IV Monitoring Tools)

- 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/RDCQI/RVP/FHA

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.

**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: Trudy Dumkrieger Date: 5/31/2013 2:49:10 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.
- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

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

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.

**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: Trudy Dumkrieger Date: 5/31/2013 2:49:10 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.

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- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

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

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

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.

### **5 Are medication errors forwarded to the FHA to review corrective action plan?**

**Level 2 Amber User: Trudy Dumkrieger Date: 5/31/2013 3:09:19 PM**

Corrective Plan: Are medication errors forwarded to the FHA to review corrective action plan?

Clinical

I receive them and sign off on them. The Corizon medication error form does not have an area for corrective action on it. We have a separate form for corrective action and I have instructed the Director of Nursing to provide me with an action plan for every medication error submitted.

Corrective Actions: Approved by Trudy.

### **6 Are there any unreasonable delays in inmate receiving prescribed medications?**

**Level 2 Amber User: Trudy Dumkrieger Date: 5/31/2013 4:02:08 PM**

Corrective Plan: Are there any unreasonable delays in inmate receiving prescribed medications?

The delay of medications are caused by the amount of transfers within the facility and to outside facilities.

When an inmate is transferred all KOP medications are moved with inmates by security and all DOT medications are moved within the facility by nursing staff.

Any re-issued medication are done by Pharmacorr for external moves.

Nursing and pharmacy staff work hard to ensure that inmates medications are not delayed during movement.

There is minimal delay in inmates receiving prescribed medications. See below.

Corrective Actions: October Action plan submitted by Corizon-

Intakes-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)

- a. Intake Orders
- b. Private Prisons

2. In-service staff on process per PharmaCorr policy,

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

3. Custody educated regarding contract requirements regarding inmate transfer with meds.

4. Monitoring (Appendix I. - IV Monitoring Tools)

- 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/Custody/RDCQI/RVP

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

1. Monitoring (Appendix I. - IV Monitoring Tools)

- 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

2. Standardized process statewide to include, but not limited to (Appendix III.1.):

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- a.Internal
- b.External

2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);

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

3.Custody educated regarding contract requirements regarding inmate transfer with meds

4.Monitoring (Appendix I. - IV Monitoring Tools)

- 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/Custody/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.

### **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: Trudy Dumkrieger Date: 5/31/2013 4:09:32 PM**

Corrective Plan: Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?

Chronic care medications are a priority and are monitored by both the provider and the nursing staff to ensure inmates are receiving all care plan medications for their condition.

Pharmacy sends each medical unit a weekly expiration list for the upcoming week of meds that are to be renewed. The supervisors on the units intercept the list and begin the process to renew, order or discontinued all medications accordingly. This ensures that the medication renewals are done prior to expiring.

Chronic care medications are listed on these weekly lists for assurance of renewal.

Corrective Actions: Approved. See above.

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

**Level 2 Amber User: Trudy Dumkrieger Date: 5/31/2013 4:02:46 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):

- a.Non-formulary process (Appendix I.1.d.)
  - i.Reviewed for approval within 24-48 hrs
  - ii.Providers notified decision within 24-48 hrs

e.Manifest Reconciliation

f.Inventory control

g.Stock Medications

h.Practitioner Cards (Appendix I.1.h.)

i.Controlled Medications (Appendix I.1.i.)

2.In-service staff

- a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy

- b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

3.Monitoring (Appendix I. - IV Monitoring Tools)

- 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/IC/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.

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10/11/13 Update – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

**9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?**  
**Level 2 Amber User: Trudy Dumkrieger Date: 5/31/2013 4:02:46 PM**

Corrective Plan: Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?  
Clinical:

non-formulary requests reviewed for approval at Pharmacorr. When they NFR is sent back to us we send it to the unit the same day. This is available for verification on the pharmacorr site. See below.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):

- a. Non-formulary process (Appendix I.1.d.)
  - i. Reviewed for approval within 24-48 hrs
  - ii. Providers notified decision within 24-48 hrs

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

h. Practitioner Cards (Appendix I.1.h.)

i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy

b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

3. Monitoring (Appendix I. - IV Monitoring Tools)

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/IC/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 – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

**10 Are providers being notified of non-formulary decisions within 24 to 48 hours?**  
**Level 2 Amber User: Trudy Dumkrieger Date: 5/31/2013 1:58:48 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

3. Monitoring (Appendix I. - IV Monitoring Tools)

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/RDCQI/RVP/FHA

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.

**11 Are medication error reports being completed and medication errors documented?**  
**Level 2 Amber User: Trudy Dumkrieger Date: 5/31/2013 3:00:21 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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a. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

3. Monitoring (Appendix I. - IV Monitoring Tools)

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/RDCQI/RVP/FHA

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.

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<b>Infirmiry Care</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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 3:18 PM Entered By: Trudy Dumkrieger Corizon does not have a dPolicy Book for the IPC that I have found. Plus the DOC Post Order no one can find.	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 3:19 PM Entered By: Trudy Dumkrieger No they are not with in sight or hearing of qualified health care professionals, nor do they have a way of calling for they nurse.	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 3:23 PM Entered By: Trudy Dumkrieger No. On Mothers Day there were only two staff members in the IPC. Often there is no CNA especially on weekends. Staffing does not seem to be based on acuity or number of patients.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?		X		5/30/2013 3:24 PM Entered By: Trudy Dumkrieger There is only the charge nurse no supervising RN.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?		X		5/30/2013 3:25 PM Entered By: Trudy Dumkrieger The current Manuel is about 10 years old. Have suggested they get a new one.	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 3:25 PM Entered By: Trudy Dumkrieger	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?		X		5/30/2013 3:27 PM Entered By: Trudy Dumkrieger Per Pst Order IPC patients are to be seen daily by the provider excluding weekends and holidays. Nursing rounds are to be done every hour.	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			5/31/2013 3:17 PM Entered By: Trudy Dumkrieger The complete record is put in the IMS current chart if the IPC has it or is sent to the unit.	1
9	If inpatient record is different than outpatient	X			5/30/2013 3:28 PM Entered By: Trudy	1

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	record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?				Dumkrieger	
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 3:28 PM Entered By: Trudy Dumkrieger	1
11	Are vital signs done daily when required?	X			5/30/2013 3:28 PM Entered By: Trudy Dumkrieger	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?		X		5/30/2013 3:29 PM Entered By: Trudy Dumkrieger Some charts have nursig care plans some do not. Not all are updated or reviewed weekly.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			5/31/2013 3:17 PM Entered By: Trudy Dumkrieger  5/30/2013 3:30 PM Entered By: Trudy Dumkrieger Medications are checked regularly by the medication nurse, and supplies are checked by the charge nurse.	1

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<b>Corrective Action Plans for Performance Measure: Infirmiry Care</b>
<b>1 Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?</b> <b>Level 1 Amber User: Trudy Dumkrieger Date: 5/30/2013 3:18:13 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Develop policies/POST Orders that define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting. Develop Infirmiry Manual to be approved for use. Responsible Parties= FHA/Medical Director/DON
<b>2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)</b> <b>Level 1 Amber User: Trudy Dumkrieger Date: 5/30/2013 3:19:29 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Ensure that inmates have a method available to contact nursing staff.
<b>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?</b> <b>Level 1 Amber User: Trudy Dumkrieger Date: 5/30/2013 3:23:31 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: An acuity tool will be developed to ensure appropriate staffing levels for infirmiry patient care.
<b>4 Is a supervising registered nurse in the IPC 24 hours a day?</b> <b>Level 1 Amber User: Trudy Dumkrieger Date: 5/30/2013 3:24:22 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: An RN is available for coverage in the IPC 24 hours per day. DON to review schedule to ensure Rn is staffed 24/7 in IPC.
<b>5 Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?</b> <b>Level 1 Amber User: Trudy Dumkrieger Date: 5/30/2013 3:25:18 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Updated Manual ordered and Infirmiry Manual in development for ADC approval.
<b>7 Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?</b> <b>Level 1 Amber User: Trudy Dumkrieger Date: 5/30/2013 3:27:44 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Once acuity tool is developed and implemented, frequency of physician/nursing rounds will be based on categories of care.
<b>12 Are there nursing care plans that are reviewed weekly and are signed and dated?</b> <b>Level 1 Amber User: Trudy Dumkrieger Date: 5/30/2013 3:29:53 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with staff to initiate a care plan upon admission and regularly update, making sure plan is signed and dated.



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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		<p>5/31/2013 8:22 PM Entered By: Marlena Bedoya</p> <p>A sharps &amp; tools audit was performed in May for the following areas; Santa Rita Medical, Winchester Medical &amp; Winchester Dental, Cimarron Medical, Complex HUB Medical Emergency Room, Complex HUB Supply, Complex HUB Pharmacy, Rincon Minors Medical, Rincon West Medical, Rincon IPC, Rincon Dialysis, Whetstone Medical &amp; Whetstone Dental, Catalina Medical, Manzanita Medical &amp; Manzanita Dental. Listed are the findings to this Performance measure:</p> <p>SANTA RITA: Master Tool Inventory</p> <ul style="list-style-type: none"> <li>- A copy of the Master Tool Inventory, was not posted inside the locker door. The originals in the binder for May already had the "Added", "Less Loss/Damaged", and "Ending Inventory" columns filled out. This is not to be done until the end of the month when reconciling. The sheet was just dated yesterday, as having just been completed for May.</li> <li>- Currently the Dremel Tools are listed on the Master Inventory as "Dremel 07300 9 piece set", and on another line "Dremel 408 sanding discs". On all other yards across our complex where a Dremel Tool exists, the Dremel tool is accounted for as (1) item with (how ever many pieces). It is recommended that these be combined and listed as "Dremel Tool (17 pieces)", as that is what is there.</li> <li>- Currently the Cast Cutter is listed on the Master Inventory as "Cast Cutter (Cutter, Spreader, Blade W)", then on another line there is "Cast Cutter Blades". The Cast cutter and it's blades are one item and should be listed as such. The Cast Spreader is one item. It is recommended that two items be listed on the Master Tool Inventory separately as:</li> </ul> <p>Cast Cutter and ( ) Blades. There are (7) of them. And Cast Spreader.</p> <ul style="list-style-type: none"> <li>- I recommended to RN Stolpe that his Masters reflect at the top of the form: Santa Rita / Tools, and Santa Rita / Sharps on each separate Master and that the items are listed down each Master in the order they are inventoried to correlate the order they are stored in the locker. Right now staff has to skip all over the page making it confusing. This change will make the day to day inventory for staff, and any future inspections go much smoother and lessen the chance for any errors.</li> <li>- A shadow shelf for all of the tools needs to be created within the locking cabinet, which will better display if an item is missing, plus ensure that they are counted with greater ease.</li> <li>- I did not locate a FORM 712-4 (Tool Check Out form) during the audit.</li> </ul>	1

Master Sharps Inventory

- A copy of the Master Sharp Inventory was not posted inside the locker door. The originals in the binder for May, already had the "Added", "Less Loss/Damaged", and "Ending Inventory" columns filled out. This is not to be done until the end of the month when reconciling. The sheet was just dated yesterday, as having just been completed for May.

- Again, I recommended to RN Stolpe that his Master reflect the order in which the items are inventoried to correlate with the order they are stored in the locker. Right now staff have to skip all over the page making it confusing. This change will make the day to day inventory for staff, and any future inspections go much smoother and lessen the chance for any errors.

- I pointed out to the Supv items that were at a zero balance, two being for an IM that is no longer at the Tucson complex. I recommended he remove the items at a zero balance from his Master that he does not intend to bring back into inventory.

- There are two lines reflecting 23 3/4" butterfly needles, when they could be combined on one line. The count for both was correct.

- Finally, in looking within cabinets in the exam room the following sharps were found that were currently not being locked up, or inventoried:

(4)- 4.0 Punch Biopsy, (4)- 2.0 Punch Biopsy, (15) - 3.0 Nylon sutures, (11) - 3.0 Prolene sutures, (3) - 4.0 Prolene sutures, (11) - 4.0 Chromic Gut sutures, (4) - 3.0 Chromic Gut sutures, and (1) - 5.0 Nylon suture = 53 items. Appropriate Inventory Control logs were made during the audit, the items were placed in the sharps locker however; this now does throw off the Master Sharps Inventory sheet. It needs to be re done by RN Stolpe.

- An Inventory Control log for the sharps containers could not be located during the audit, but they were reflected on the Master Sharps Inventory, so one was made during the inspection.

WINCHESTER: Medical

The Master tool Inventory in the book was dtd March 2013. This was corrected by the following day, when re-checked.

The Dremel tool stated on the Master Tool Inventory "Dremel tool with 10 attachments" During the audit, 13 pieces were counted. Medical was re-assessing this count. This should be rechecked.

The man-down bag was not properly sealed with a break away seal. The bag was also not being checked daily at the beginning and end of shift. The bag contains sharps. A daily count sheet, and tag was put into place during the inspection.

The man-down bag is to be inventoried monthly, checking for expiration dates of all items inside. There was no inventory sheet on hand, that had been completed for 2013. There was one in their binder dtd 4/23/2013, but it was blank. I spoke with RN Stolpe (Supv), and Mr. Harvey regarding this issue. This should be verified monthly

by medical  
Dental

On the Drawer 2 Master Inventory sheet, there is one item descr bed as "Crown & Bridge Remover #WD-13". The beginning inventory states (3). This item is one set with three pieces. It is recommended that it be reflected as such, as it throws the count off with the way it is currently descr bed and being counted.

On the Drawer 8 Master Inventory sheet, there is one item descr bed as "Auto mate set". In this set there are two pieces. It is recommended that it be reflected as "Auto mate set (2 pieces)".

CIMARRON: Medical

- While checking inside the refrigerator for expired products, an unaccounted needle was found. The Penicillin the IM was to receive, was ordered in January 2013, which means no staff medical member cited this as an unaccounted sharp since this date. The IM is no longer on this yard. The Medication & Sharp was destroyed during the audit by Nursing Supv.

- The Master Tool Inventory sheet found in the book for sharps was dtd October 2011. The Master Tool Inventory sheet (for sharps) posted in the locker was dtd March 2012.

- There were 23gauge 1" needles, 25 5/8" gauge needles, 22 gauge 1" needles, 20 gauge 1" needles, and 22 gauge 1" needles that were found in inventory, and were expired. All were destroyed and appropriately documented during the audit.

- The Master Tool Inventory sheet found in the book for tools was dtd March 2013. A Master Tool Inventory sheet (for tools) was NOT found posted in the locker.

- The Dremel Tool has (18 pieces), not 13 as currently reflected on the Master. When asking the Nurse and Officer present, who did the count this AM, where the battery and charger were that went to the Dremel, they stated they did not know. I asked them if they visually found it this AM while doing the daily count, they stated No. They also had never counted the pieces to the Dremel set as well. This auditor explained the importance of visually citing all items, each day, while doing all counts. We did locate all pieces.

- There were Inventory Control logs for both a Cast cutter/blades, and Cast Spreader. Both of these items are currently reported on the Master Tool Inventory. They even appear as far back as the Master Tool Inventory sheet dtd 2011. They were NOT in the inventory, and there was no Tool Disposition that could be found showing when they were removed. When questioning the Nurse and Officer present who did the AM count this morning, both stated they did not visually cite the items, and they have been gone for a long time. I asked the Officer if he used the current Master sheet each day to visually compare it to the Control Logs/pictures/& inventory and he stated no. I recommended that he start doing

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2	Are missing / lost health tools or instruments reported immediately to the shift commander?		X	5/31/2013 8:25 PM Entered By: Marlena Bedoya The only missing/lost health tools discovered were in Cimarron Medical. There were Inventory Control logs for both a Cast cutter/blades, and Cast Spreader. Both of these items are currently reported on the Master Tool Inventory. They even appear as far back as the Master Tool Inventory sheet dtd 2011. They were NOT in the inventory, and there was no Tool Disposition that could be found showing when they were removed. When questioning the Nurse and Officer present who did the AM count this morning, both stated they did not visually cite the items, and they have been gone for a long time. I asked the Officer if he used the current Master sheet each day to visually compare it to the Control Logs/pictures/& inventory and he stated no. I recommended that he start doing so. The Shift CDR was notified, and an IR was done regarding their disposition on the day of the audit.	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	5/31/2013 8:26 PM Entered By: Marlena Bedoya NO. Each discipline does not currently forward their monthly tool inventories to the FHA in HUB 7.	1
4	Are medical tools engraved, where practical, to identify the tools as health services items?		X	5/31/2013 9:12 PM Entered By: Marlena Bedoya The following items were found needing to be engraved during the May audit:  SANTA RITA: (1) pr Toe Nail Clippers #501, (1) pr iris scissors, (1) pr Adson Forceps, the Dremel Tool Motor, Dremel Tool Battery, and the Dremel tool charger , (1) wrench inside the Cast Cutter box, all (5) Tuning forks in one set, the small wrench with the Dremel tools, and all of the blades with the Cast Cutter. The black handled scissors in the man-down bag.  WINCHESTER: The scissors in the man down bag are not engraved. I rechecked this during my re-inspection. This issue was corrected. The scissors are now engraved with HSD-T.  CIMARRON: The Nail Extractor Scissors in inventory, need to be engraved with "HSD-T". The Dremel Wrench, Dremal Motor, Dremel Battery, and Dremel Charger all need to be engraved with HSD-T. The Man Down bag scissors need engraved with HSD-T.  HUB: There were numerous tools in the Hub Emergency inventory needing engraved with HSD-T.  RINCON: IPC - The scissors located in the man-down bag need to be engraved HSD-T. There are (3) pr wire cutters, (1) pr black handled scissors, (1) pr stainless bandage scissors,	1

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					<p>(1) pr iris scissors, (1) pr finger clippers, (1) small O2 wrench, (4) Hoyer lift bars, (2) Hoyer lift chains all needing to be engraved with HSD-T.</p> <p>Tools found, but not being accounted for: If any of these are added to an inventory, they will all need to be engraved with HSD-T.</p> <p>(2) - Metal bed cranks -one is in the cabinet, and one is between the refrigerator and cabinet, (1) Metal can opener, (2) O2 wrenches, (2) Dremmel chargers, (2) Dremmel tools, and the 10 pieces that go to the Dremmel tool. Please be advised that only about 7 pieces total could be found when each piece should have 10 pieces.</p> <p><b>MINORS:</b> The scissors in the man-down bag need to be engraved with HSD-T. The little mirror within the eyeglass repair kit, (1) pr iris scissors, (1) pr hemostats curved, (1) Dremel Tool Motor, (1) Dremel Tool Battery, (1) pr utility scissors, (1) oxygen tank wrench all need engraved with HSD-T.</p> <p><b>WHETSTONE:</b> The Nail Nippers and the PTINR Machine and Cord need engraved with HSD-T.</p> <p><b>CATALINA:</b> This auditor forgot to check the scissors in the Man Down Bag to ensure they were engraved with HSD-T. It was recommended to Complex Management that this be checked prior to the upcoming audit.</p> <p><b>MANZANITA:</b> Dental - The wrench needs engraved with HSD-T. Medical - The Dremel Wrench, Dremal Motor, Dremel Battery, and Dremel Charger all need to be engraved with HSD-T.</p>	
5	Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	X			5/31/2013 9:12 PM Entered By: Marlana Bedoya YES.	1
6	Are sharps being inventory at the beginning and end of each shift?	X			5/31/2013 9:13 PM Entered By: Marlana Bedoya YES.	2
7	If sharps count is off is nursing notifying the shift commander?	X			5/31/2013 9:14 PM Entered By: Marlana Bedoya During the May audit, there were no sharps counts found to be off when comparing documented numbers as compared to items in locked cabinets.	2
8	Are officers present for sharps inventories with the nursing staff?	X			5/31/2013 9:14 PM Entered By: Marlana Bedoya Yes. When available.	2

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### Corrective Action Plans for Performance Measure: Medical Tools

#### 1 Do nursing staff inventory and account for tools assigned to medical areas? D.O 702

Level 1 Amber User: Marlana Bedoya Date: 5/31/2013 8:22:05 PM

Corrective Plan: Do nursing staff inventory and account for tools assigned to medical areas? D.O 702  
Compliance

Yes – tools are accounted for on a daily bases by nursing staff and checked by unit supervisors. The inventory and account for tools is logged from the beginning of the month to the end of the month. A master monthly log book is kept in the FHA's office.

Corrective Actions: Approved per Marlana.

#### 2 Are missing / lost health tools or instruments reported immediately to the shift commander?

Level 2 Amber User: Marlana Bedoya Date: 5/31/2013 8:25:42 PM

Corrective Plan: Are missing / lost health tools or instruments reported immediately to the shift commander?  
Compliance

Plan of action is to ensure that staff are educated. The Director of Nursing will send out a signature memo with instructions on completing a tool disposition. By signing this form the nurse understands the instructions provided on how to complete the form and the importance of completing the tool disposition form. After signing, the forms will be added to the employees file. If they fail to follow instructions then corrective action will follow.

Corrective Actions: Approved by M. Bedoya. See above.

#### 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: Marlana Bedoya Date: 5/31/2013 8:26:44 PM

Corrective Plan: 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?  
Compliance

yes we do. We have documentation in the HUB.

Corrective Actions: Approved per Marlana.

#### 4 Are medical tools engraved, where practical, to identify the tools as health services items?

Level 1 Amber User: Marlana Bedoya Date: 5/31/2013 9:12:40 PM

Corrective Plan: Are medical tools engraved, where practical, to identify the tools as health services items?  
Compliance:



We are in the process of completing all of the above findings. We have assistance from operations in expediting engraving our tools to be in compliance with ADC. The director of nursing and the Assistant director of nursing are going to each unit to follow up with the corrections made.

Corrective Actions: Approved per Marlana.

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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 4:10 PM Entered By: Trudy Dumkrieger See below getting better.</p> <p>5/31/2013 2:29 PM Entered By: Trudy Dumkrieger Whetstone yes.</p> <p>5/30/2013 12:33 PM Entered By: Trudy Dumkrieger Santa Rita med room door was open the entire time I was there. Rincon door was closed. IPC door was closed. Minors door was closed. Manzanita door was closed. Catalina door was closed.</p> <p>5/16/2013 3:21 PM Entered By: Trudy Dumkrieger Cimmaron Yes consistently locked.</p> <p>5/9/2013 3:49 PM Entered By: Trudy Dumkrieger Winchester Walked in to the med room with both nurses standing out in the station X one. Second time it was locked.</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 4:03 PM Entered By: Trudy Dumkrieger Green finding.</p> <p>5/9/2013 3:49 PM Entered By: Trudy Dumkrieger For all med rooms Corizon has not been here for a quarter yet.</p>	2
2	Are open medication vials being marked with the date they were opened?		X		<p>5/31/2013 2:32 PM Entered By: Trudy Dumkrieger Whetstone Four vials of insulin opened undated. 2 vials of fluphenazine opened not dated 1 vial of Haldol Ducanoate opened undated.</p> <p>5/30/2013 12:35 PM Entered By: Trudy Dumkrieger Catalina No open undaated vials. Manzanita 11 opened undated vials. IPC 1 opened dated vial that was out of date.</p> <p>5/16/2013 3:22 PM Entered By: Trudy Dumkrieger Cimmaron Good.</p> <p>5/9/2013 3:51 PM Entered By: Trudy Dumkrieger Winchester one vial of flu vaccine, one vial of Levemir, and one vial of NPH in the fridge opened and undated.</p>	1

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3	Is nursing staff checking for outdated (expiring)medications?	X			<p>5/31/2013 3:10 PM Entered By: Trudy Dumkrieger</p> <p>5/30/2013 2:21 PM Entered By: Trudy Dumkrieger</p> <p>5/30/2013 12:37 PM Entered By: Trudy Dumkrieger Have not found out dated meds on the unit shelves. Per nurses the medication room technicians are checking the units for medication out dates.</p> <p>5/16/2013 3:22 PM Entered By: Trudy Dumkrieger Cimmaron no out dated medication found.</p> <p>5/9/2013 3:51 PM Entered By: Trudy Dumkrieger Winchester No out dated medication found.</p>	1
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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: Trudy Dumkrieger Date: 5/31/2013 4:10:15 PM**

Corrective Plan: Re-educate nursing staff and to include the medical officer. The med room should be secured at all times and all shall be held accountable.

Corrective Actions: See above.

#### 2 Are quarterly audits of the unit (Floor Stock/RDSA)medication by a pharmacist being conducted and documented?

**Level 2 Amber User: Trudy Dumkrieger Date: 5/31/2013 4:03:40 PM**

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

Corrective Actions: Reinforce to nursing staff to make sure vials are dated when they are opened.

Responsible Parties = RN/LPN

Target Date = 11/30/13

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

**Level 1 Amber User: Trudy Dumkrieger Date: 5/31/2013 2:32:17 PM**

Corrective Plan: See October action plan as submitted by Corizon. Staff will be re-educated on the importance of labeling open vials properly.

Corrective Actions: Reinforce to nursing staff to make sure vials are dated when they are opened.

Responsible Parties = RN/LPN

Target Date = 11/30/13