

May 2013 WINSLOW 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			5/14/2013 12:57 PM Entered By: John Mitchell Sick call is conducted Mon.-Fri. excluding holidays.	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]	X			5/22/2013 12:35 PM Entered By: John Mitchell 5/22/2013 12:35 PM Entered By: John Mitchell Reference: Contract ADOC12-00001105 section 2.20.2.2, HSTM ch. 5 section 3.1, and NCCHC standard PE-07. The following charts were found that evidenced that this performance measure is not being met. Inmate HNR triaged 5/3/13 not seen until 5/14/13, inmate HNT triaged 4/19/13 seen on nurse line 4/25/13, inmate HNR triaged 5/5/13 seen in medical 5/8/13, inmate HNR triaged 5/8/13 seen on nurse line 5/16/13, inmate (Apache inmate) HNR triaged 4/10/13 seen on nurse line on 4/12/13, inmate HNR triaged 5/16/13 not seen as of 5/21/13, and inmate HNR triaged 4/29/13 seen 5/21/13. These finding represent a great improvement over previous months, but still demonstrate inconsistent compliance with this performance measure. Please submit a corrective action plan for this performance measure.	1
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]	X			5/22/2013 12:50 PM Entered By: John Mitchell Reference: Contract ADOC 12-00001105 section 2.20.2.2, and NCCHC standard PE-04. The chart reviews indicate a great improvement in compliance with this performance measure over previous months. The following charts were the only ones noted to not comply with this performance measure out of several hundred charts reviewed: inmate 4/5/13 note without vital signs, inmate 3/7/13 note without vital signs, inmate 3/28/13 note without vital signs, inmate 4/18/13 note without a weight, inmate 4/24/13 note without a blood pressure, and inmate 3/20/13 note without vital signs. Previous corrective action plans for this performance measure appear to be working. All of the above discrepancies were from previous months. A corrective action plan will not be required for this performance measure, but please remind staff to continue to obtain a full set of vital signs.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		5/20/2013 3:36 PM Entered By: John Mitchell On 5/20/13 the following charts from the	1

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				<p>Apache unit were found that were not in compliance with this performance measure: inmate [redacted] and inmate [redacted] both of which had notes that included assessment by the nurse that were not completed in a SOAPE format.</p> <p>5/14/2013 1:14 PM Entered By: John Mitchell Reference: Contract ADOC12-00001105 section 2.20.2.2 and HSTM chapter 5 section 1.3. The SOAPE format is not consistently used in the medical record to record encounters. The registry providers are the most frequent offenders. The following charts are a small sampling of charts found to not be in compliance with this performance measure: inmate [redacted] no E for the 3/26/13 note, inmate [redacted] only an S for the 3/6/13 note, inmate [redacted] no E for the 3/14/13 note, inmate [redacted] 4/19/13 not a SOAPE note at all, inmate [redacted] S only for 5/8/13 note, inmate [redacted] S only for 5/6/13 and 5/8/13 notes, inmate [redacted] no E for 5/8/13 note, inmate [redacted] no E for 5/8/13 note, inmate [redacted] S only for 5/8/13 note and inmate [redacted] S only for 5/8/13 note. These examples are all from the Kaibab unit. Please submit a corrective action plan for this deficiency.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>5/21/2013 10:44 AM Entered By: John Mitchell Additional charts found to be out of compliance with this performance measure include: inmate [redacted] referred by nursing on 4/9/13 and not seen by a provider until 5/14/13, inmate [redacted] referred by nursing on 4/19/13 and not seen by a provider until 5/14/13, and inmate [redacted] referred by nursing on 5/7/13 and seen by a provider on 5/16/13.</p> <p>5/14/2013 9:18 AM Entered By: John Mitchell Reference: NCCHC standard PE-07 and Contract ADOC12-00001105 section 2.20.2.2. This performance measure has not been met at the Apache or Kaibab medical units. The Apache unit has not had a provider for several weeks. The Kaibab unit has has a registry provider off and on. New Registry providers have been contracted and are working hard trying to catch up on the backlog while learning correctional healthcare. Examples of charts that were reviewed that demonstrated that this performance measure was not being met include: inmate [redacted] seen by nursing 4/4/13 and not seen by the provider until 4/18/13, inmate [redacted] seen by nursing 4/12/13 and not seen by the provider as of 5/6/13, inmate [redacted] seen by nursing 4/16/13 and not seen by a provider as of 5/6/13, inmate [redacted] seen by nursing 5/15/13 and not seen by a provider until 5/8/13, inmate [redacted] seen by nursing 4/26/13 and not seen by a provider until 5/8/13 and inmate [redacted] seen by nursing 4/22/13 and not seen by a provider until 5/6/13. These are just several examples of numerous charts reviewed that</p>	1

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				were not in compliance with this performance measure. Please submit a corrective action plan to remedy this deficiency.	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		<p>5/20/2013 3:41 PM Entered By: John Mitchell On 5/20/13 The chart for inmate [REDACTED] was noted to have a NET in it that was not completed correctly. Several boxes were left blank. This was brought to the nurses attention who completed the form.</p> <p>5/15/2013 3:56 PM Entered By: John Mitchell Corizon has nursing protocols in place that are closely related to the old DOC protocols. The Apache staff have been using the new Corizon NET's. The Ka bab nursing staff have been using the old DOC protocols. They were instructed today in their nursing meeting to begin using the Corizon NET's.</p>	1

Corrective Action Plans for PerformanceMeasure: Sick Call (Q)

4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]

Level 1 Amber User: John Mitchell Date: 5/20/2013 3:36:51 PM

Corrective Plan: The providers have been notified that the SOAPE format is a contract requirement that must be adhered to if they want to continue to work here.

Corrective Actions: See above.

4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]

Level 1 Amber User: John Mitchell Date: 5/20/2013 3:36:51 PM

Corrective Plan: This issue has been addressed with the registry provider and she has since started to use this format. We have also received a new binder for provider orientation and the facility health administrator has added this standard to that for implementation.

Corrective Actions: See above.

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

Level 1 Amber User: John Mitchell Date: 5/21/2013 10:44:57 AM

Corrective Plan: Winslow did not have a provider to see inmates until May 6th 2013 when a registry Nurse Practitioner was hired on to help catch up the backlog. As soon as this medical provider was on staff, inmates were triaged and scheduled to the next available appointments. All of the inmates on the list have now been seen and as long as the provider is here we will be able to maintain the standard.

inmate [REDACTED] seen on 5/14/13

inmate [REDACTED] seen 5/14/13

inmate [REDACTED] seen 5/18/13

inmate [REDACTED] seen 5/24/13

inmate [REDACTED] seen 5/14/13

inmate [REDACTED] see 5/8/13

inmate [REDACTED] seen 5/8/13

inmate [REDACTED] seen 5/6/13

Corrective Actions: See above.

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

Level 1 Amber User: John Mitchell Date: 5/21/2013 10:44:57 AM

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Corrective Plan: All of these inmates have been seen as of this writing. Winslow did not have a Provider until the first week in May. All inmates were prioritized and seen as soon as possible. Inmate are now being seen within the 7 day time frame.

Corrective Actions: See above.

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]	X			5/15/2013 10:40 AM Entered By: John Mitchell There have only been three urgent consult requests at the Winslow complex and they have been made in the last week. The clinical coordinator has Recieved approvals for them and is working on getting them scheduled.	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		5/15/2013 11:00 AM Entered By: John Mitchell The following charts were reviewed and revealed that consults were not being reviewed by the provider within 7 days as required by this performance measure: inmate [REDACTED] 4/9/13 X-ray had not been reviewed as of 5/3/13, inmate [REDACTED] 4/22/13 ER consult had not been reviewed as of 5/3/13, inmate [REDACTED] X-ray had not been reviewed as of 5/3/13, inmate [REDACTED] 4/22/13 X-ray had not been reviewed as of 5/3/13, inmate [REDACTED] 4/24/13 X-ray had not been reviewed as of 5/3/13, inmate [REDACTED] ER consult had not been reviewed as of 5/3/13, inmate [REDACTED] 3/25/13 ER consult had not been reviewed as of 5/3/13, inmate [REDACTED] 4/18/13 ER consult had not been reviewed as of 5/3/13, inmate [REDACTED] 4/15/13 ER consult had not been reviewed as of 5/3/13, inmate [REDACTED] 4/10/13 consult had not been reviewed as of 5/3/13, inmate [REDACTED] 4/16/13 PT consult had not been reviewed as of 5/3/13, inmate [REDACTED] 4/8/13 Liver Biopsy had not been reviewed as of 5/3/13, inmate [REDACTED] 4/12/13 ER consult had not been reviewed as of 5/3/13, inmate [REDACTED] 3/28/13 Hand Surgeon consult not reviewed as of 5/3/13, inmate [REDACTED] 4/25/13 ER consult not reviewed as of 5/3/13, and inmate [REDACTED] 4/11/13 consult not reviewed as of 5/6/13. Please submit a corrective action plan for this deficiency.	2
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			5/17/2013 2:13 PM Entered By: John Mitchell	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			5/26/2013 6:29 PM Entered By: Kathy Campbell	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			5/26/2013 6:29 PM Entered By: Kathy Campbell	2

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

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]
Level 2 Amber User: John Mitchell Date: 5/15/2013 11:00:28 AM**

Corrective Plan: Winslow has not had a full time doctor or midlevel in quite some time. We recently got a locum midlevel who has been here for one week. Since she is new to correction she takes longer to see the inmates on line and there fore time is spent seeing line instead of charts. Another problem with the unfamiliarity is she doesn't know readily why she is getting the chart. Our plan at this time is the DON is grouping the charts that need the same thing done ie signing off xray, labs etc. and giving them to the provider in small groups during the corse of the day. The Provider doens't feel so over whelmed and since the stacks are marked doesn't have to search to figure out why she has it. The charts are also being ordered as to priority of need. At present this is working.

Corrective Actions: See above.

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Chronic Condition and Disease Management (Q)									
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level			
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			5/26/2013 6:30 PM Entered By: Kathy Campbell	1			
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		5/26/2013 6:34 PM Entered By: Kathy Campbell Apache- inmate [REDACTED] - cc HTN, last seen 1/30/13 with 90 day follow up. Not seen as of 5/20/13. inmate [REDACTED] - cc Asthma, last seen 1/30/13 with 90 day follow up. Not seen as of 5/20/13. inmate [REDACTED] - cc Asthma, last seen 1/30/13 with 90 day follow up. Not seen as of 5/20/13. inmate [REDACTED] - cc HTN, last seen 1/30/13 with 90 day follow up. Not seen as of 5/20/13. inmate [REDACTED] - cc HTN, last seen 1/30/13 with 90 day follow up. Not seen as of 5/20/13. Kaibab inmate [REDACTED] - cc Asthma, last seen 1/14/13 with 90 day follow up. Not seen as of 5/20/13. inmate [REDACTED] - cc HTN, last seen 1/20/13 with 90 day follow up. Not seen until 5/15/13. inmate [REDACTED] - cc HTN, last seen 11/17/12 with 180 day follow up. Not seen as of 5/20/13.				2
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]		X		5/26/2013 6:35 PM Entered By: Kathy Campbell Kaibab inmate [REDACTED] - 5/7/13 cc form without education inmate [REDACTED] -Last cc form without education.	1			
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		5/26/2013 6:39 PM Entered By: Kathy Campbell Guidelines developed, but not being followed as outlined by not being seen within timeframe as listed in #2. Also cc forms not fully completed- Kaibab inmate [REDACTED] - 5/7/13 cc form without # of days for follow up, without degree of control and clinical status not completed. inmate [REDACTED] -No follow up noted for next visit, special needs box is blank. inmate [REDACTED] = cc without degree of control and clinical status not completed.	2			
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			5/26/2013 6:39 PM Entered By: Kathy Campbell	2			

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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: Kathy Campbell Date: 5/26/2013 6:34:32 PM

Corrective Plan: Apache has been with out a provider for about two months so they are still behind. A doctor has been interviewed and is going through the hiring process presently. Inmates are being transported to Winslow at present to see the locum here.

Corrective Actions: Approved.

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: Kathy Campbell Date: 5/26/2013 6:35:39 PM

Corrective Plan: The provider being used at Winslow at present is a Locum. She has been given direction as of this writting that the education portion of the chronic care form needs to be filled out in order to meet our standard. She has verbalized understanding of this direction and I will monitor to make sure the standard is met.

Corrective Actions: Approved.

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

Level 2 Amber User: Kathy Campbell Date: 5/26/2013 6:39:05 PM

Corrective Plan: The provider at Winslow is a locum provider and is not familiar with the standard of care. This standard has since been explained to the provider and the above examples were pulled and given to the her to complete. She does understand the necessity of the forms being complete and has since been filling them out correctly. I will continue to monitor these forms for completion and compliance with the standards.

Corrective Actions: Approved.

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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 8:05 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 & 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 8:05:35 AM

Corrective Plan: Our report was submitted and was 100%. Winslows CAP is as follows. Inventory tech runs stop date report weekly and daily on new intakes. CNA responsible for Chronic Care inmates double checks chronic care meds. This has been working and we continue to be caught up.

Corrective Actions: See above.

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No Shows (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical, dental and mental health line "no-shows" being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]		X		5/22/2013 10:11 AM Entered By: John Mitchell Reference: DO 1101 and HSTM Ch. 5 section 7.1. No shows are not being reported per DO1101. At the one on one with the Warden today the FHA reported that there were several inmates that did not report for medication call yesterday and that she was frustrated because staff has not been writing IR's. The FHA has been provided a copy of DO 1101 and has shared it with her staff. The warden expressed a willingness to help remedy the problem of no shows but needs the IR's for documentation prior to being able to address the issue with her staff. Please submit a corrective action plan addressing how medical staff will be encouraged to write the necessary IR's. If you believe that I could be of assistance in that process please allow me to speak at a staffing meeting on this subject.	1

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

1 Are medical, dental and mental health line "no-shows" being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]
Level 1 Amber User: John Mitchell Date: 5/22/2013 10:11:04 AM

Corrective Plan: The policy for no shows has been given to the nursing staff and once more direction given to follow the policy and the need for IRs. It was also discussed that having preprinted IRs already filled out so all nursing has to do is write the inmate names on the IR would help.

Corrective Actions: See above.

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notification	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			5/21/2013 3:44 PM Entered By: John Mitchell The Psyche Associate is triaging all mental health HNR's the day that he receives them. Nursing refers the mental health HNR's to the Psyche Associate the next working day unless the HNR indicates that an emergency may exist and then they would call the on call mental health provider after seeing the inmate.	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			5/21/2013 3:40 PM Entered By: John Mitchell I did not find any referrals to a psychiatric provider for routine services that did not occur within seven days of referral as required by this performance measure. The Psyche Associate did comment that it had occurred a few times as it has been difficult to locate a provider that was available for telemedicine at times. The Psyche Associate requests movement of any inmates started on psychotropic medications to a corridor facility as there is no Psychiatrist at the Winslow complex.	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			5/14/2013 9:25 AM Entered By: John Mitchell There are no SMI inmates housed at Winslow.	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		5/17/2013 2:10 PM Entered By: John Mitchell Reference: Contract ADOC12-00001105 section 2.20.2.10. Of the two inmates currently at Winslow that were identified as being currently on psychotropic medications neither one has met this performance measure. Inmate [REDACTED] had a prescription written 11/29/12 for Prozac and inmate [REDACTED] had a prescription written 3/20/13 for Prozac and neither has been seen by a nurse or any mental health staff since in regards to their mental health issues. Please submit a corrective action plan to address this deficiency.	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			5/17/2013 2:12 PM Entered By: John Mitchell No inmates were seen by a psychiatric nurse. See the previous performance measure.	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		5/16/2013 1:29 PM Entered By: John Mitchell Reference: Contract ADOC12-00001105 section 2.20.2.10 and NCCHC standard MH-G-01. This performance measure requires that all inmates prescribed	2

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					<p>psychotropic medication be seen by a Psychiatrist or psychiatry certified Nurse Practitioner every three months. Inmate inmate [redacted] was prescribed Prozac on 11/29/12 for 180 days and there is no evidence in his chart that he has been seen by any mental health provider since then. While I would not normally issue a deficiency for only one finding within a performance measure this measure is receiving an amber finding because the one finding represents a large percentage of the inmates who are on psychotropic medications at the Winslow complex. Another inmate inmate [redacted] has also been prescribed prozac and is nearing his three month timeframe. This inmate is not yet in violation, but is mentioned so that his appointment can be scheduled prior to being out of timeframe. Please submit a corrective action plan for this performance measure.</p>
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Corrective Action Plans for Performance Measure: Mental Health (Q)

**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: John Mitchell Date: 5/17/2013 2:10:27 PM**

Corrective Plan: Winslow does not have a psychiatrist therefore we are not suppose to have MH3 inmates on this yard. On Occasion this does happen and they get sent here. Inmates at intake do not always disclose the fact that they are on meds and are not caught until the psych associate runs the MH roster. To insure meds are not missed direction has gone to the Pharmacy tech to run med profiles on all intake inmates. This way inmates who should be receiving meds will be picked up as soon as they arrive for meds to be ordered is needed. The psych ass then makes sure the AIMS score is correct and requests movement of the inmate back to a corridor facility. The above inmates have since been moved off the yard.

Corrective Actions: See above.

**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: John Mitchell Date: 5/16/2013 1:29:21 PM**

Corrective Plan: This has been discussed with the Mental Health psych associate. All inmates new to our facility will be run on aims to make sure MH scores are entered correctly. Charts are already reviewed when inmates enter facility but med sheets will also be run to make sure thee are no out standing meds.

The psych associate when reviewing charts will note any inmates that are MH3 and on meds. He will at that time interview the inmate and determine if meds are needed or if meds came with inmate. He will have inmate transfered to Corridor facility if either apply. If it is not possible for inmate to move in a timely manner then psych associate will schedule inmate on telemed with psychiatrist to have meds ordered.

Corrective Actions: See above.

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Grievances						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			5/2/2013 10:58 AM Entered By: John Mitchell A grievance tracking system is in place and is being utilized.	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			5/2/2013 11:05 AM Entered By: John Mitchell Winslow does not have enough formal grievances to establish any trends. The grievances that are submitted are tracked and any trends would be addressed. The only trend noted in informal grievances has been requests to refund money to their inmate accounts for charges that should have been no charges. This trend has been addressed with nursing thru education for appropriate charging and is being corrected.	1

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Transfer Screening						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]		X		5/6/2013 12:59 PM Entered By: John Mitchell Reference NCCHC standard PE03 and HSTM Chapter 5 sections 2.0 and 5.0. The following charts were found to have not met the requirements of this performance measure. All of these inmates arrived at Winslow on 5/2/13 at approximately 1530. The Nursing chart reviews were not completed within 12 hours as required by this performance measure. Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], and Inmate [REDACTED] all were completed on 5/3/13 at approximately 1500 nearly 24 hours after intake. Inmate [REDACTED], Inmate [REDACTED], and Inmate [REDACTED] were not completed until 5/5/13. Inmate [REDACTED] was not completed as of 5/6/13 and needs to have a Physical scheduled as he is a parole Violator. Inmate [REDACTED] was also a parole violator that did not meet the requirements of this performance measure.	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			5/6/2013 11:00 AM Entered By: John Mitchell Nursing staff ask the inmate at the intake assessment if he has any current medication orders and if he has his KOP medications on him. If the intake assessment indicates that the inmate has DOT medications they review his chart and verify that the medications are available for the next scheduled dose.	1
3	Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]	X			5/21/2013 10:36 AM Entered By: John Mitchell The Psyche Associate has kept up on the chart reviews. There was one day that the chart reviews were about one hour overdue, but besides that they have been completed within the time frames required.	1
4	Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?		X		5/15/2013 10:35 AM Entered By: John Mitchell Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], Inmate [REDACTED], and Inmate [REDACTED] arrived at Winslow on Thursday 5/2/13 at approximately 1500 and still had not had a chart review by dental staff as of 5/6/13. Please submit a corrective action plan for this deficiency.	1

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Corrective Action Plans for Performance Measure: Transfer Screening

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

Level 1 Amber User: John Mitchell Date: 5/6/2013 12:59:51 PM

Corrective Plan: The 12 hour review is a night nurse function and has been an issue. The nurse has been counseled about the importance of meeting this standard and will receive a disciplinary corrective action plan which could lead to termination if not followed. She has been doing slightly better but still not up to standard. Supervisors are continuing to work with her.

Corrective Actions: At present Winslow is completely caught up with intake and as of last week they have been seen with in the 12 hour window. Supervisors continue to monitor the night nurse and continue to reinforce that this takes priority.

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

Level 1 Amber User: John Mitchell Date: 5/15/2013 10:35:16 AM

Corrective Plan: This issue has been taken to the regional manager to discuss with staff as they are under a different contract, that this standard needs to be met. He assured me he will make sure staff understand the necessity of meeting this standard.

Corrective Actions: See above.

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notification	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			5/15/2013 3:43 PM Entered By: John Mitchell There is a formal medication administration program in place. The plan appears to be a good plan if it is followed.	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			5/17/2013 12:26 PM Entered By: John Mitchell	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			5/15/2013 3:41 PM Entered By: John Mitchell There is a tracking system in place. Staff is a little behind in following through with the tracking, but a plan is in place that should work if it is completed.	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		5/26/2013 6:41 PM Entered By: Kathy Campbell Apache-Only one MAR found without Provider name. Given to nurse and filled in Provider. Kaibab- 2 MARs with blanks- Inmate inmate - MS ER blank on PMS 5/17/13-5/8/13 and 5/13/13-5/20/13. inmate -Amitriptyline HS blank on 5/13/13.	1
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			5/15/2013 11:02 AM Entered By: John Mitchell Medication error reports are forwarded to and reviewed by the FHA.	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		5/24/2013 8:26 AM Entered By: John Mitchell Please refer to the below listed examples for performance measure #8. 5/24/2013 8:23 AM Entered By: John Mitchell This performance measure has not been met. On the Ka bab and Coronado units the following inmates did not have their chronic medications renewed prior to expiration: Inmate Amlodipine and Metoprolol, Inmate Carbamazepine, Inmate ASA, Inmate Inmate Lisinopril, Inmate Beclomethasone, Inmate Lisinopril, Inmate Lisinopril and Triam/HCTZ, Inmate Gemfibrozil HCTZ and Lisinopril, Inmate Albuterol, Inmate HCTZ Lisinopril and Potassium, Inmate Albuterol, Inmate Nortriptyline, and Inmate Albuterol. On the Apache unit the following inmates did not have their medication renewed prior to expiration: Inmate Albuterol and Beclomethasone, Inmate Amlodipine and ASA, Inmate	2

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				<p>Metformin Pravastatin and Enalapril, inmate inmate Lisinopril and ASA, inmate Albuterol, inmate HCTZ, inmate inmate Albuterol ASA and Lisinopril and in inmate Beclomethasone. In addition there are still several prescriptions on each unit that will expire this month that have still not been renewed. These have been brought to the attention of the nursing supervisors at the respective units. Please submit a corrective action plan to address this performance measure.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>5/15/2013 3:45 PM Entered By: John Mitchell Inmates are required to show ID prior to being administered their medications. I have witnessed several nurses requiring an inmate to show their ID prior to receiving medications.</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>5/24/2013 8:29 AM Entered By: John Mitchell Please see examples in performance measure #6.</p> <p>5/24/2013 8:28 AM Entered By: John Mitchell This performance measure has not been met. Please refer to the examples of medications not renewed prior to expiration on performance measure #6 for evidence of this. Please submit a corrective action plan.</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X		<p>5/29/2013 8:44 PM Entered By: Kathy Campbell</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X		<p>5/29/2013 8:44 PM Entered By: Kathy Campbell</p>	2
11	Are medication error reports being completed and medication errors documented?	X		<p>5/14/2013 9:23 AM Entered By: John Mitchell Medication error reports are completed and forwarded to the FHA.</p>	2

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Corrective Action Plans for Performance Measure: Medication Administration

4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]

Level 1 Amber User: Kathy Campbell Date: 5/26/2013 6:41:30 PM

Corrective Plan: The new narcotic books have recently been utilized and there has been some misunderstanding over what needs to be signed. Nursing has been directed to sign both the narcotic book and the MAR. The MAR sheet has gone back to the nursing staff on duty who gave the above mentioned meds for signature. Staff have been given direction that both need to be signed or disciplinary will take place. At present staff have verbalized understanding of this directive. This will continue to be monitored by the DON.

Corrective Actions: Approved.

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

Level 2 Amber User: John Mitchell Date: 5/24/2013 8:26:13 AM

Corrective Plan: Stop date reports will be run more frequently. Nursing is finding that the reports sent to us by Pharmcor are not accurate. At this time all renewals for May are taken care of and the Tech is beginning to work on June.

Corrective Actions: See above.

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

[NCCHC Standard P-D-01]

Level 2 Amber User: John Mitchell Date: 5/24/2013 8:29:34 AM

Corrective Plan: Winslow has recently hired a pharmacy tech who is still in training. She has been trained on how to print the 10 day med expiration report. I have directed her to print this report weekly so charts can be directed to the provider in small lots rather than printing twice a month and loading the provider down with charts she won't be able to get to. The tech understands the importance of running the reports insuring that inmates medications don't expire or run out.

Corrective Actions: See above.

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			5/2/2013 11:14 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	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			5/2/2013 11:16 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	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			5/2/2013 11:17 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			5/2/2013 11:18 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			5/2/2013 11:20 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	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			5/2/2013 11:21 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			5/2/2013 11:21 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	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			5/2/2013 11:23 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			5/2/2013 11:24 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			5/2/2013 11:24 AM Entered By: John Mitchell N/A Winslow does not have an infirmiry.	1
11	Are vital signs done daily when required?	X			5/2/2013 11:25 AM Entered By: John Mitchell	1

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					N/A Winslow does not have an infirmary.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			5/2/2013 11:25 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			5/2/2013 11:26 AM Entered By: John Mitchell N/A Winslow does not have an infirmary.	1

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Medical Tools						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do nursing staff inventory and account for tools assigned to medical areas? D.O 702	X			5/6/2013 12:32 PM Entered By: John Mitchell Nursing inventories and account for tools at the beginning and end of each shift.	1
2	Are missing / lost health tools or instruments reported immediately to the shift commander?	X			5/6/2013 12:30 PM Entered By: John Mitchell There have not been any missing or lost tools since Corizon took over the contract. Conversations with staff indicate that they know to immediately notify the shift commander if any tools are lost or missing.	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			5/13/2013 10:28 AM Entered By: John Mitchell The FHA maintains a Master Tool Inventory and a copy is posted in the room where all the tools are stored and accounted for.	1
4	Are medical tools engraved, where practical, to identify the tools as health services items?	X			5/14/2013 9:02 AM Entered By: John Mitchell Medical tools are all engraved.	1
5	Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	X			5/6/2013 11:03 AM Entered By: John Mitchell All dental tools/hand pieces are engraved or identified using the serial number.	1
6	Are sharps being inventory at the beginning and end of each shift?	X			5/6/2013 11:13 AM Entered By: John Mitchell Sharps are being inventoried at the beginning and end of each shift.	2
7	If sharps count is off is nursing notifying the shift commander?	X			5/6/2013 12:27 PM Entered By: John Mitchell Sharps count has not been off since Corizon started the contract. Conversation with staff indicates that they know that notifying the shift commander if sharps counts are off is a requirement.	2
8	Are officers present for sharps inventories with the nursing staff?	X			5/6/2013 11:05 AM Entered By: John Mitchell Officers are present for sharps inventories and have signed the inventory sign off sheet and included their badge number.	2

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			5/6/2013 11:45 AM Entered By: John Mitchell The medication room has been kept locked when not occupied. The medication room has not been found with the door propped open since Corizon started the contract.	1
2	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?	X			5/2/2013 11:32 AM Entered By: John Mitchell The quarterly audit of the unit medication was completed and documented by a pharmacist on April 30. Winslow was in 100% compliance.	2
2	Are open medication vials being marked with the date they were opened?		X		5/6/2013 12:11 PM Entered By: John Mitchell On May 6 at approximately 0920 a check of open multi dose medication vials revealed two open vials of insulin that were not marked with the date that they had been opened. This was brought to the attention of the nursing supervisor who disposed of the vials and stated that he would be investigating to try to ascertain which nurse may have not labeled the vials. Please submit a corrective action plan for this performance measure.	1
3	Is nursing staff checking for outdated (expiring) medications?	X			5/6/2013 11:46 AM Entered By: John Mitchell Nursing staff regularly check for outdates. The recent pharmacy audit did not find any outdated stock.	1

Corrective Action Plans for Performance Measure: Medication Room

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

Level 1 Amber User: John Mitchell Date: 5/6/2013 12:11:31 PM

Corrective Plan: Stickers are already present in the med room to place on the open vials. Nursing staff will be redirected to use the stickers and have them placed where they can be seen. The Nursing super will check the bottles daily to insure the stickers are in place.

Corrective Actions: See above.