

June 2013 EYMAN COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			6/24/2013 11:00 AM Entered By: Mathew Musson Per OIU reporting (\\co-file\os\OSBADM\OIU), there have been no D/R or violator direct admits to ASPC-Eyman during June, 2013 to date.	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			6/24/2013 11:01 AM Entered By: Mathew Musson Per OIU reporting (\\co-file03\osb\OSBADM\OIU), there have been no D/R or violator direct admits to ASPC-Eyman during June, 2013.	2

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		<p>6/25/2013 2:21 PM Entered By: Mathew Musson</p> <p>A review of the health unit appointment lists for each unit evidenced that sick call was not routinely conducted Monday through Friday during May, 2013. **Sick call refers to a nursing line (NL) run in response to HNRs, and does not include ERs, intakes, dressing changes, or other nursing activities. Days not accounted for on the June, 2013 appointment lists include:</p> <p>Meadows: 4th through the 7th Cook: 4th, 7th, 10th, 11th, and 19th SMU I: 5th, 6th, 7th, 19th, 20th Browning: 14th Rynning: 3rd, 4th, 12th, 21st</p> <p>***To increase compliance, I would suggest a review of NL process to include reiterating that the official documentation for all appointments is the appointment list (Form 1101-13) , and that these forms be entered daily into the appointment list log book. Also, when lines are not run, please have staff complete an appointment list for each day, noting the reason(s) the line was not run (i.e., lock down, lengthy ICS, etc).</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.7.2.6) sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		<p>6/25/2013 6:52 AM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a June, 2013 Nurses Line (NL), 16 (32%) IMs were not seen on NL within 24 hours following the triage of their HNR.</p> <p>SMU I: inmate [redacted], inmate [redacted], inmate [redacted] Meadows: inmate [redacted], inmate [redacted] Rynning: inmate [redacted], inmate [redacted], inmate [redacted] Browning: inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted], inmate [redacted] Cook: inmate [redacted], inmate [redacted]</p> <p>My recommendation is unchanged from last month's MGAR. Please address the 24 hour HNR triage/follow up issue at each unit. Staff need to include the date/time of the triage on the HNR. This will help increase compliance with this measure.</p> <p>AUTHORITY: Per NCCHC P-E-07, nonemergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p>	1

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	<p>3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]</p>		X		<p>6/25/2013 7 08 AM Entered By Mathew Musson Of fifty charts reviewed (10 on each yard), the June, 2013 documentation in 32 (64%) nursing line (NL) chart entries did not contain all of the required vital signs.</p> <p>SMUI: inmate , inmate inmate , inmate , inmate inmate , inmate , inmate inmate , inmate Meadows: inmate , inmate inmate , inmate , inmate inmate , inmate , inmate inmate Rynning: inmate , inmate inmate , inmate Browning: inmate , inmate inmate Cook: inmate , inmate inmate , inmate , inmate inmate , inmate , inmate inmate , inmate</p> <p>My recommendation is unchanged from last month's MGAR. Please reinforce with all nursing staff that required vital signs for all NL appointments include BP, T, RR, SP02%, WT, and P.</p> <p>AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCCHC P-E-04, vitals signs are include the patient's weight.</p>	1
	<p>4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>		X		<p>6/25/2013 7:27 AM Entered By: Mathew Musson Of fifty charts reviewed (10 on each yard) for IMs seen on a June, 2013 nursing line (NL), 36 (72%) of all NL entries were not completed in the SOAPE format. Most were missing the "e"ducation portion.</p> <p>Cook: inmate , inmate inmate , inmate , inmate inmate , inmate , inmate inmate SMU: inmate , inmate inmate , inmate , inmate inmate , inmate , inmate inmate , inmate Browning: inmate , inmate inmate Rynning: inmate , inmate inmate , inmate Meadows: inmate , inmate inmate , inmate , inmate inmate , inmate , inmate inmate</p> <p>My recommendation is unchanged from last month's MGAR. This compliance measure can be improved greatly via use of the Corizon Nursing Evaluation Tools (NETS), which include a specific section for education provided to the IM during sick call. However, the NETs are not being</p>	1

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				<p>routine used on any yard (see competency #6 for more information).</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) all sick call entries are documented in the medical record utilizing the "Subjective- Objective- Assessment- Plan -Education" (SOAPE) format.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>6/25/2013 7:34 AM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a June, 2013 nursing line (NL), 19 charts were subsequently referred to a Medical Provider for further review. Of these 19, 5 charts (10% of 50) were not reviewed by the Medical Provider within the seven day time frame.</p> <p>Cook: inmate, inmate, inmate SMU: inmate Rynning: inmate</p> <p>The addition of two LT Medical Providers during June, 2013 has helped greatly to improve compliance in this performance measure. I would still suggest a review the provider cart and appointment list processes, as there may be ways to increase efficiencies in these areas that will reduce time between NL referral and Provider review.</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days</p>	1
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>6/25/2013 7:55 AM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a June, 2013 NL, the Corizon Nursing Evaluation Tools (NETs; i.e., nursing protocols) were not used in the documentation for 41 (82%) chart entries. There was no evidence that the NETs were used at all on Cook, Meadows, or SMU I.</p> <p>Please address with all nursing staff on each unit. Rynning and Browning were the only two units who had any NETs in the clinical record.</p> <p>AUTHORITY: As identified in HSTM Ch. 5; Sec. 1.5 and HSTM Appendix E (Nursing Protocols) it is the responsibility of the CRNSII [DON] to ensure that all licensed nurses are trained in providing emergency nursing care, health maintenance and prevention to the patient who is in need of these services.</p>	1

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

1 Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]

Level 1 Amber User: Mathew Musson Date: 6/25/2013 2:21:23 PM

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

Corrective Actions: See above.

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

Level 1 Amber User: Mathew Musson Date: 6/25/2013 6:52:51 AM

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

Corrective Actions: See above.

3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]

Level 1 Amber User: Mathew Musson Date: 6/25/2013 7:08:28 AM

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

Corrective Actions: See above.

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

Level 1 Amber User: Mathew Musson Date: 6/25/2013 7:27:32 AM

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

Corrective Actions: See above.

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

Level 1 Amber User: Mathew Musson Date: 6/25/2013 7:34:26 AM

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

Corrective Actions: See above.

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

Level 1 Amber User: Mathew Musson Date: 6/25/2013 7:55:31 AM

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

Corrective Actions: See above.

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Medical Specialty Consultations (Q)						
Performance Measure (Description)	Grn	Amb	Red	Notifications		Level
1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]	X			<p>6/26/2013 11:03 AM Entered By: Yvonne Maese COOK no urgent consults in the past 30 days</p> <p>Meadows no urgent consults in the past 30 days</p> <p>Rynning no urgent consults in the past 30 days</p> <p>Browning no urgent consults in the past 30 days</p> <p>SMUI no urgent consults in the past 30 days</p>		2
2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>6/26/2013 11:19 AM Entered By: Yvonne Maese COOK reviewed the following 9 medical records of inmates with outside consultations: [inmat], [inmat], [inmate], [inmat], [inmat], [inmate], [inmate], [inmate], and [inmate]. Of these 9 consults reviewed 2 [inmate] and [inmate] were in compliance with performance measure and the remaining 7 had no report available after consult.</p> <p>BROWNING reviewed the following 9 medical records with outside consultations [inmat], [inmate], [inmate], [inmate], [inmate], [inmat], [inmat], [inmat], and [inmat]. Of these 9 consults reviewed 2 [inmate] and [inmat] were noncompliant and did not have reports available after consult, the remaining 7 were in compliance with performance measure.</p> <p>RYNNING reviewed the following 7 medical records with outside consultations [inmate], [inmate], [inmate], [inmate], [inmat], [inmate], and [inmate]. Of the Seven consults reviewed two [inmate] and [inmate] were in compliance with performance measure, the remaining 5 had no report available after consult.</p> <p>MEADOWS reviewed the following 10 medical records with outside consultations [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmate], [inmat], and [inmate]. Of these ten consults reviewed three [inmate], [inmate], and [inmate] were in compliance with performance measure. The remaining seven did not have reports available to review after consult.</p> <p>SMUI reviewed the following 7 medical records with outside consultations [inmat], [inmate], [inmate], [inmate], [inmate], [inmate], and [inmat]. Of the seven consults reviewed four [inmate], [inmate], [inmate], and [inmate] met performance measures. The remaining three did not have reports available after consult to review.</p>		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		<p>6/26/2013 11:31 AM Entered By: Yvonne Maese COOK reviewed the following 9 medical records of inmates with outside consultations: [inmat], [inmat], [inmate], [inmat], [inmat], [inmate], [inmate], [inmate], and [inmate]. Of these 9 consults reviewed 2 [inmate] and [inmate] were in compliance with performance measure and the remaining 7 had no report available after consult to determine if f/u and or recommended procedures were needed.</p> <p>BROWNING reviewed the following 9 medical records with outside consultations [inmat], [inmate], [inmate], [inmate], [inmate], [inmat], [inmat], [inmat], and [inmat]. Of these 9 consults reviewed 2 [inmat] and [inmat] were noncompliant and did not have reports available after consult to determine if f/u or recommended procedures were needed, the remaining 7 were in compliance with performance measure.</p> <p>RYNNING reviewed the following 7 medical records with outside consultations [inmate], [inmate], [inmate], [inmate], [inmat], [inmate], and [inmate]. Of the Seven consults reviewed two [inmate] and [inmate] were in compliance with performance measure, the remaining 5 had no report available after consult to determine if f/u or recommended procedures were needed.</p>		3

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					<p>MEADOWS reviewed the following 10 medical records with outside consultations [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] and [inmate]. Of these ten consults reviewed three [inmate] [inmate] and [inmate] were in compliance with performance measure. The remaining seven did not have reports available to review after consult to determine if f/u or recommended procedures were needed.</p> <p>SMUI reviewed the following 7 medical records with outside consultations [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] and [inmate]. Of the seven consults reviewed four [inmate] [inmate] [inmate] and [inmate] met performance measures. The remaining three did not have reports available after consult to review to determine if f/u or recommended procedures were needed.</p>	
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			6/26/2013 11:59 AM Entered By: Yvonne Maese	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			6/26/2013 12:00 PM Entered By: Yvonne Maese	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: Yvonne Maese Date: 6/26/2013 11:19:49 AM

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

Corrective Actions: See above.

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

Level 3 Amber User: Yvonne Maese Date: 6/26/2013 11:31:39 AM

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

Corrective Actions: See above.

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Chronic Condition and Disease Management (Q)						
Performance Measure (Description)	Grn	Amb	Red	Notifications		Level
1 Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			6/26/2013 9:21 AM Entered By: Yvonne Maese		1
2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		<p>6/26/2013 9:52 AM Entered By: Yvonne Maese</p> <p>SMU I reviewed the following 10 medical records of inmates with chronic conditions: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted]. Of these ten, [redacted] and [redacted] were in compliance, the remaining 8 inmates range from 1 month to 1 year overdue for their chronic care f/u appts.</p> <p>COOK reviewed the following 10 medical records: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted]. Of these 10 charts [redacted] and [redacted] were in compliance, the remaining 8 range from 1 month to 11 months overdue for their chronic care appts.</p> <p>BROWNING reviewed 10 medical records: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted]. Of these 10 charts [redacted], [redacted], [redacted], and [redacted] were in compliance and the remaining 5 range from 1 month to 7 months overdue for their chronic care appts.</p> <p>RYNNING reviewed 10 medical records: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted]. Of the 10 reviewed [redacted] and [redacted] were in compliance and the remaining 8 range from 1 month to 1.5 years overdue for their chronic care appts.</p> <p>MEADOWS reviewed the following 10 medical records: [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted]. Of the 10 records reviewed [redacted], [redacted], [redacted], [redacted], and [redacted] were in compliance. The remaining 5 inmates range from 1 month to 17 months past due for their chronic care appts.</p>		2
3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC		X		<p>6/26/2013 10:24 AM Entered By: Yvonne Maese</p> <p>COOK reviewed the following medical records with chronic conditions [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted]. Of the ten records reviewed [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted] were in compliance, however 7 of these CC appts were past due. The remaining inmate did not receive education at the time of the last CC visit.</p> <p>BROWNING reviewed 10 medical records of inmates with chronic conditions [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted]. Of these ten 6 had education at their last CC appt and four [redacted], [redacted], [redacted], and [redacted] did not receive education at their last CC f/u appt. However 3 of the appts in compliance were overdue for their CC appts.</p> <p>RYNNING reviewed the following 10 medical records with chronic conditions [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted]. Of these 10 medical records reviewed 5 inmates received education at their last visit</p>		1

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2.20.2.4]				<p>however 1 of the 5 CC appt was overdue. The remaining 5 [inmate inmate inmate inmate] , and [inmate] did not receive education at their last CC appt.</p> <p>MEADOWS reviewed the following 10 medical records with chronic conditions [inmate inmate inmate inmate inmate inmate inmate inmate inmate] , and [inmate] . 2 inmates [inmate] and [inmate] , received education at their last CC visit however 1 of the CC appts is past due. Of these 10, 8 inmates did not receive education at their last CC visit.</p> <p>SMUI reviewed the following 10 medical records containing chronic conditions [inmate inmate inmate inmate inmate inmate inmate inmate inmate] , and [inmate] . Seven inmates, [inmate inmate inmate inmate inmate inmate inmate] , and [inmate] , received education at their last CC visit however of the 7 cc appts 1 cc appt is past due. The remaining 3 inmates did not receive education at their last CC visit.</p>	
4 Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		<p>6/26/2013 10:44 AM Entered By: Yvonne Maese COOK reviewed the following 10 medical records with chronic conditions: [inmate inmate inmate inmate inmate inmate inmate inmate inmate] , of these ten, three were in compliance [inmate inmate] , and [inmate] . The other seven did not have regular follow-ups or labs as required by disease management guidelines.</p> <p>BROWNING reviewed the following 10 medical records with chronic conditions: [inmate inmate inmate inmate inmate inmate inmate inmate inmate] , and [inmate] . Of these 10 five, [inmate inmate inmate inmate] , and [inmate] were in compliance. The other five did not have regular follow-ups or labs as required by disease management guidelines.</p> <p>RYNNING reviewed the following 10 medical records with chronic conditions [inmate inmate inmate inmate inmate inmate inmate inmate inmate] , and [inmate] . Of the ten [inmate] was in compliance. The remaining 9 did not have regular follow-ups or labs as required by disease management guidelines.</p> <p>MEADOWS reviewed the following 10 medical records with chronic conditions: [inmate inmate inmate inmate inmate inmate inmate inmate inmate] , and [inmate] . Four [inmate inmate inmate] , and [inmate] were in compliance with performance measure. The remaining 6 did not have regular follow-ups or labs as required by disease management guidelines.</p> <p>SMUI reviewed the following 10 medical records with chronic conditions [inmate inmate inmate inmate inmate inmate inmate inmate inmate] , and [inmate] . Of the ten, [inmate] and [inmate] , were compliant with performance measure. The remaining 8 did not have regular follow-ups or labs as required by disease management guidelines.</p>	2

5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X		6/26/2013 10:47 AM Entered By: Yvonne Maese	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: Yvonne Maese Date: 6/26/2013 9:52:32 AM

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

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

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

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

Target Date - 11/30/13

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

3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]
Level 1 Amber User: Yvonne Maese Date: 6/26/2013 10:24:58 AM

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

Corrective Actions: Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.
2. In-service staff on:
 - a. Documentation of chronic condition education at each visit.
 - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Yvonne Maese Date: 6/26/2013 10:44:00 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

2. Monitoring

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			6/26/2013 12:46 PM Entered By: Martin Winland	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>6/26/2013 12:46 PM Entered By: Martin Winland</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 NFDR 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 – Non-Formulary 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: 13,754 Expired Medications for 6,627 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>	2
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			6/26/2013 12:46 PM Entered By: Martin Winland	1

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

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

Level 2 Amber User: Martin Winland Date: 6/26/2013 12:46:44 PM

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

Corrective Actions: See above.

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Grievances (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802? [P-A-11, DO 802, HSTM Chpt. 1, Sec. 8.0, CC 2.20.2.8]	X			6/25/2013 2:12 PM Entered By: Mathew Musson Yes. There are six grievances that are due to expire today. However, Corizon is completing extensions at the present time. All other grievances were completed with time frames, or are pending responses are still within time frames.	2

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			6/18/2013 12:01 PM Entered By: Mathew Musson In a review of fifty charts (10 at each yard) for mental health inmates, June, 2013 HNRs for MH services were found in three health records. Of these three HNRs, each was triaged by MH staff within 24 hours of receipt.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		6/18/2013 12:07 PM Entered By: Mathew Musson In a review of sixty charts (10 on each yard; 20 on east) for MH inmates, referrals made to the MH provider in June, 2013 were found in fourteen (14) records. Of these, 13(22% of 60) had not been reviewed by the Psychiatric Provider within the seven day time frame. ***Note: this performance measure does not assess compliance for appointment scheduled as regular follow-up (i.e., every three or six months), only referrals made to the psychiatric provider. To increase compliance, I would suggest an efficiency review to include a review of psychiatric staffing patterns (for providers and nurses) to ensure process/staffing levels are commensurate with the established need. 6/28/2013 11:51 AM Entered By: Steve Bender A review of (50) charts found (11) referrals for psychiatric services. These findings revealed (8) of them had not been seen within the required (7) day time frame. To increase compliance I would recommend a review of the current staffing pattern for the psychiatric providers assigned to this complex. There should also be a process where these referrals are added to the weekly psych line conducted at the unit where the inmate who submitted the HNR is assigned.	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		6/18/2013 12:12 PM Entered By: Mathew Musson In a review of sixty charts (10 on each yard; 20 on East), 16 (27% of 60) either did not have a treatment plan, or were in need of an updated treatment plan. Again, to increase compliance, I would suggest an efficiency review to include a review of psychology staffing patterns (Psychologist, psychology associates, and psychology technicians) to ensure process/staffing levels are commensurate with the established need.	1

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				<p>6/28/2013 12:04 PM Entered By: Steve Bender</p> <p>A review of (50) charts found (3) SMI charts which had not been updated within the required (90) day time period for inmates identified as being SMI. All (3) of these charts were at the Meadows Unit: inmate - 2/22/13, inmate - 12/18/12 and inmate - 12/10/12. There were (2) non SMI charts which did not have an updated treatment plan. They were both at Cook Unit: inmate - 3/29/12 and inmate needs a treatment plan.</p>	
4	<p>Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</p>		X	<p>6/18/2013 12:18 PM Entered By: Mathew Musson</p> <p>In a review of 60 charts (10 on each yard; 20 on East) for MH IMs, 18 (30% of 60) did not have a current MH score on the existing treatment plan, or did not have a treatment plan in their chart.</p> <p>To increase compliance with this competency, I would suggest that the MH staff complete a review of all treatment plans; ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.</p> <p>6/28/2013 12:19 PM Entered By: Steve Bender</p> <p>A review of (50) charts found (5) which had not been seen within the required time as identified in policy. Inmates identified as being SMI are required to be seen every (30) days. There were (4) SMI inmates assigned to the Meadows Unit who had not been seen within the past (30) days: inmate - 4/12/13, inmate - 4/16/13, inmate - 4/9/13 and inmate - 4/26/13. There was also (1) SMI inmate at the Browning Unit who had not been seen within the past(30) days: inmate - 4/11/13</p>	2
5	<p>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]</p>		X	<p>6/18/2013 12:26 PM Entered By: Mathew Musson</p> <p>In a review of 60 charts (10 on each yard; 20 on East) for MH IMs, 58 IMs were prescribed psychiatric medications at the time of monitor's review. Of these 58, 23 (40% of 58) had not been seen by the Psychiatric Provider within the specific time frame.</p> <p>To increase compliance, I would suggest a review of the Psychiatric Provider staffing levels at all Florence Units, to ensure that the required staffing level is commensurate with the patient need. I would also recommend a review of the psychiatric appointment list process to ensure that as many patients as possible are seen on the unit's Provider line.</p> <p>6/28/2013 12:21 PM Entered By: Steve Bender</p>	2

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				<p>A review of (50) charts of inmates receiving psychotropic medication revealed all of them had been seen within the required (3) month time period.</p>	
6	<p>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]</p>		X	<p>6/18/2013 12:57 PM Entered By: Mathew Musson In a review of 60 (10 on each yard; 20 on East) MH charts, four IMs are scheduled for release within the next 30 days. Of these 4 IMs, 2 inmates, and inmate had no documentation within their chart indicate that they had been seen by the MH release planner to date.</p> <p>To increase compliance, please have the MH release planner check upcoming MH releases each month, or more frequently as needed. This can be accomplished using the DA04 MH IIS screen in AIMS specific to MH IMs.</p> <p>6/28/2013 12:28 PM Entered By: Steve Bender Discharge plan are being established for MH3 inmates scheduled for release. The regional release planner needs to have an updated data base which identifies all MH3 inmates scheduled for release within the next (90) days. The planner should send out a monthly report to the complex mental health staff documenting which inmates have been seen.</p>	2

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

2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]

Level 2 Amber User: Mathew Musson Date: 6/18/2013 12:07:09 PM

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

Corrective Actions: See above.

2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]

Level 2 Amber User: Steve Bender Date: 6/28/2013 11:51:09 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Monitoring (Mental Health Monitoring Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP/MH Director
 - c. Audit results discussed at monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = RDCQI/RVP/MH Director/FHA/DON/MH Lead

Target Date - 11/30/13

weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results 10/11/13 Update – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman nearly completed.

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: Mathew Musson Date: 6/18/2013 12:12:13 PM

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

Corrective Actions: Action Plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 3(Mental Health Attachment) related to treatment plan updates every 90 days and use of SMI monthly report tool
 - a. SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track and trend (III.1.a. SMI Monthly Report)
 - b. Review AIMS and update when changes in MH status
 - c. Inmates with mental health score of three or above are seen by MH staff per policy titled “Levels of Mental Health Services Delivery” (Appendix III.1.c.)
 - d. Agenda/sign off sheet to verify, inclusive of all pertinent staff
2. Monitoring (Mental Health Monitoring Tool)
 - a. Audit tools developed
 - b. Monthly site results discussed with RVP/MH Director
 - c. Audit results discussed at monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/RVP/MH Director/MH Lead

Target Date- 11/30/13

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: Mathew Musson Date: 6/18/2013 12:18:07 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.
2. Reinforce this in monthly staff meetings.
3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.
4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.

Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI

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Target Date-11/30/13

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]

Level 2 Amber User: Mathew Musson Date: 6/18/2013 12:26:10 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

Responsible Parties = RDCQI/RVP/MH Director/FHA/DON/MH Lead

Target Date- 11/30/13

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

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: Mathew Musson Date: 6/18/2013 12:57:41 PM

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

Corrective Actions: October Action plan submitted by Corizon

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 7 (Mental Health Attachment) related to re-entry plan

a. SMI patients will be followed by discharge planners utilizing the data from the SMI monthly report tool; MH3 patients will be given community resources by MH Clinicians and documented in the chart; all patients receiving psychotropic medications will be seen by Psychiatrist/Psychiatry CNP

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead

Target Date- 11/30/13

Will continue to monitor monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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Administrative Meetings and Reports						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the Site Manager (or designee in the absence of the Site Manager) attending weekly warden executive staff meetings? [NCCHC Standard P-A-04; DO 117]	X			6/24/2013 10:52 AM Entered By: Mathew Musson The FHA, or his designee, is attending the weekly 1:1 and executive staff meetings.	1
2	Is the Site Manager conducting monthly meetings with Warden and unit Deputy Wardens and include: -responsibilities of health staff -procedures for triage -predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system -procedures for evacuating patients -alternate back-ups for each plan element? [DO 117]		X		6/25/2013 10:15 AM Entered By: Mathew Musson The health services vendor at ASPC-Eyman did not conduct a MAC meeting in June, 2013. Per Department Order 117.03, The Contract Facility Health Administrator or designee shall conduct a monthly Medical Advisory Committee Meeting with the Warden, Deputy Warden and the Arizona Department of Corrections (ADC) Contract Monitor to review statistical information, problems with health care delivery, and recommended correction action plans.	1
3	Are monthly staff meetings being conducted and documented? [NCCHC Standard P-A-04]	X			6/25/2013 1:56 PM Entered By: Mathew Musson There has not been an all staff meeting since March, 2013; however, the Corizon management and nursing staff supervisors meet biweekly. In addition, the FHA does meet with the Warden 1:1 every Tuesday at 0830. In addition, the Warden quarterly medical meeting was complete last week.	1
4	Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?	X			6/24/2013 10:54 AM Entered By: Mathew Musson Monthly reporting is submitted by Corizon to the ADC HSCMB Central Office.	2

Corrective Action Plans for Performance Measure: Administrative Meetings and Reports

2 Is the Site Manager conducting monthly meetings with Warden and unit Deputy Wardens and include:

- responsibilities of health staff
- procedures for triage
- predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system
- procedures for evacuating patients
- alternate back-ups for each plan element? [DO 117]

Level 1 Amber User: Mathew Musson Date: 6/25/2013 10:15:40 AM

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

Corrective Actions: Reinforce that the Site Manager is conducting at least monthly meetings with Warden and unit Deputy Warden and include responsibilities of health staff procedure for triage predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system -procedures for evacuating patients -alternate back-ups for each plan element.

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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			6/27/2013 9:30 AM Entered By: Yvonne Maese	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			6/27/2013 9:30 AM Entered By: Yvonne Maese	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			6/27/2013 9:32 AM Entered By: Yvonne Maese KOP Medications at Eyman complex are tracked by using Paper MARS. 6/27/2013 9:31 AM Entered By: Yvonne Maese	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	X		6/27/2013 10:20 AM Entered By: Yvonne Maese SMUI on June 24th the MAR books were reviewed and a small sample was taken. This sample included inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate ,and inmate . Of these eleven, 7 were out of compliance. Dates without initials, new orders for renewed medication did not have seperate order, old order used and dates crossed out. Dates circled without explanation ie refused. RYNNING on 6/16 the MAR books were reviewed and a small sample was taken. This sample included inmate inmate inmate inmate inmate inmate inmate inmate inmate ,and inmate . Of these ten 4 were out of compliance. MAR books had not been signed for the AM pill pass, dates missing signatures, dates circled without explanation. BROWNING on 6/26/13 the MAR books were reviewed and a small sample was taken. This small sample included inmate inmate inmate inmat inmate inmate inmate inmate inmate ,and inmate . Of these ten 8 were out of compliance. Dates left blank, no allergy on order, MAR book not signed for day of visit as well as previous day. MEADOWS on 6/12/13 the MAR book was reviewed and a small sample was taken. This sample included inmate inmate inmate inmate inmate inmate inmate inmate inmate , and inmate . Of these ten 2 were out of compliance. Hand written order with no specified time, route, and duration. COOK on 6/26/13 the MAR book was reviewed and a small sample taken. This sample included inmate inmate inmate inmate inmate inmate inmate inmate inmate , and inmate . Of these ten samples 9 were out of compliance. Missing signatures throughout month, MARs for 9 samples had not been signed day of visit and previous day, hand written orders with no allergy listed on MAR sheet or route of administration, med circled indicated inmate did not get medication, no explanation ie out of stock, no show, refused.	1	

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5	Are medication errors forwarded to the FHA to review corrective action plan?		X		6/27/2013 10:22 AM Entered By: Yvonne Maese No medication errors have been written for missing doses as of this date.	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X			6/27/2013 10:23 AM Entered By: Yvonne Maese	2
7	Are inmates being required to show ID prior to being administered their medications?	X			6/27/2013 10:23 AM Entered By: Yvonne Maese	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X		6/27/2013 10:42 AM Entered By: Yvonne Maese COOK reviewed the following ten inmates with medication due to expire in June: [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate], and [inmate]. Of these ten reviewed 5 [inmate] [inmate] [inmate] [inmate] [inmate] were allowed to expire without being renewed. The remaining 5 had their meds renewed but after they had been expired for between 9-13 days. BROWNING reviewed the following ten inmates with medication due to expire in June [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate], and [inmate]. Of these ten 3 [inmate] [inmate] [inmate] were allowed to expire without being renewed. The remaining 7 were renewed or replaced and in compliance with performance measure. RYNNING the following ten inmates with medication due to expire in June: [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate], and [inmate]. Of these ten, 4 [inmate] [inmate] [inmate] [inmate] were allowed to expire without being renewed. The remaining 6 were renewed or replaced and are in compliance with the performance measure. MEADOWS the following ten inmates with medication due to expire in June: [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate], and [inmate]. Of these ten, 3 [inmate] [inmate] [inmate] were allowed to expire without being renewed. Three [inmate] [inmate] [inmate] were expired but renewed 16-21 days late. The remaining 4 were in compliance with the performance measure. SMUI the following ten inmates with medication due to expire in June: [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate], and [inmate]. Of these ten, one [inmate] was allowed to expire without renewal. The remaining 9 were in compliance with performance measure.	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		6/27/2013 10:59 AM Entered By: Yvonne Maese Currently there is no tracking system for the nonformulary medications at the 5 units visited. 2 of the 5 units keep some of the nonformulary forms but there is no update as to if/when the medication was approved, denied or new medication recommended. Several charts were reviewed with no approval notification in chart.	2

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10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	█	X	█	6/27/2013 11:03 AM Entered By: Yvonne Maese I was unable to find the approval notifications to determine if it had been reviewed by the HCP. I was able to look up a number in Pharmacorr from one of the non-formulary sheets and determine when the med was approved but not whether it was reviewed. inmate had non-formulary written for Gabapentin 6/5/13 and showed approved in Pharmacorr on 6/14/13.		2
11	Are medication error reports being completed and medication errors documented?	█	X	█	6/27/2013 11:20 AM Entered By: Yvonne Maese I/M inmate had contradicting Lithium orders in HCP notes. Lithium to be d/c'd in note however HCP wrote an order for Lithium Q hs watch swallow. The order was noted and the med ordered but the inmate did not receive the medication and no clarification obtained from HCP. No medication error reported.		2

Corrective Action Plans for Performance Measure: Medication Administration

4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]
Level 1 Amber User: Yvonne Maese Date: 6/27/2013 10:20:23 AM

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

Corrective Actions: See above.

5 Are medication errors forwarded to the FHA to review corrective action plan?
Level 2 Amber User: Yvonne Maese Date: 6/27/2013 10:22:45 AM

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

Corrective Actions: See above.

8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?
[NCCHC Standard P-D-01]
Level 2 Amber User: Yvonne Maese Date: 6/27/2013 10:42:11 AM

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

Corrective Actions: See above.

9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?
Level 2 Amber User: Yvonne Maese Date: 6/27/2013 10:59:41 AM

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

Corrective Actions: See above.

10 Are providers being notified of non-formulary decisions within 24 to 48 hours?
Level 2 Amber User: Yvonne Maese Date: 6/27/2013 11:03:18 AM

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

Corrective Actions: See above.

11 Are medication error reports being completed and medication errors documented?
Level 2 Amber User: Yvonne Maese Date: 6/27/2013 11:20:58 AM

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

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Corrective Actions: See above.

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Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]		X		<p>6/24/2013 12:00 PM Entered By: Mathew Musson</p> <p>According to the most recent Corizon staffing-to-plan report, 79% of Eyman positions are currently filled. In addition, several nursing and Provider positions are filled with Registry/OT/PRN or LT staff members. Interviews are being conducted for remaining vacancies. However, 100% staffing has not been achieved in Medical Records, MH, and administration. There are also vacancies in several key positions, including the Medical Director, Psychiatric Nurse, (2) Nursing Supervisor, and Assistant HSA.</p> <p>AUTHORITY: Per RFP (Solicitation agreement ADOC12-00001105); Sec 2.17.1: The Contractor must employ sufficient staffing and utilize appropriate resources to achieve contractual compliance. The Contractor's resources must be adequate to achieve outcomes in all functional areas within the organization. Adequacy shall be evaluated based on outcomes and compliance with contractual and Department policy requirements. If the Contractor does not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by the Department, up to and including action specified in Section 2.21 Monetary Sanctions, of this Request for Proposal.</p>	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]		X		<p>6/25/2013 10:10 AM Entered By: Mathew Musson</p> <p>Vacancies in nursing, mental health, and physician/mid-level staff continue to negatively impact the vendor's ability to provide timely access to care. Please see sick call and mental health performance measures which support this conclusion.</p>	3
3	Are all positions filled per contractor staffing pattern?		X		<p>6/25/2013 8:00 AM Entered By: Mathew Musson</p> <p>According to the most recent Corizon staffing-to-plan report, 79% of Eyman positions are currently filled. In addition, several nursing and Provider positions are filled with Registry/OT/PRN or LT staff members. Interviews are being conducted for remaining vacancies. However, 100% staffing has not been achieved in Medical Records, MH, and administration. There are also vacancies in several key positions, including the Medical Director, Psychiatric Nurse, (2) Nursing Supervisor, and Assistant HSA.</p> <p>AUTHORITY: Per RFP (Solicitation agreement ADOC12-00001105); Sec 2.17.1: The Contractor must employ sufficient staffing and utilize appropriate resources to achieve contractual</p>	2

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					<p>compliance. The Contractor's resources must be adequate to achieve outcomes in all functional areas within the organization. Adequacy shall be evaluated based on outcomes and compliance with contractual and Department policy requirements. If the Contractor does not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by the Department, up to and including action specified in Section 2.21 Monetary Sanctions, of this Request for Proposal.</p>	
4	<p>Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?</p>	X			<p>6/25/2013 8:17 AM Entered By: Mathew Musson Yes. The Site Manger is routinely informed of changes in the staffing-to-plan report, to include potential candidates and scheduled interviews.</p>	2

Corrective Action Plans for Performance Measure: Staffing

1 Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]

Level 1 Amber User: Mathew Musson Date: 6/24/2013 12:00:57 PM

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

Corrective Actions: Approved staff pattern has since been submitted.

2 Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]

Level 3 Amber User: Mathew Musson Date: 6/25/2013 10:10:23 AM

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

Corrective Actions: Corizon continues to evaluate staffing patterns and assignments and make adjustments as needed.

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Mathew Musson Date: 6/25/2013 8:00:33 AM

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

Corrective Actions: Corizon's recruiting team is working tirelessly at recruiting for the open positions. Locums/Registry and over time being utilized to fill open positions.

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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			6/3/2013 4:09 PM Entered By: Jen fontaine No infirmiry care provided at Eyman complex. 6/6/2013 11:06 AM Entered By: Yvonne Maese N/A no infirmiry at this location	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			6/3/2013 4:09 PM Entered By: Jen fontaine No infirmiry care provided at Eyman complex. 6/6/2013 11:07 AM Entered By: Yvonne Maese N/A no infirmiry at this location	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			6/3/2013 4:09 PM Entered By: Jen fontaine No infirmiry care provided at Eyman complex. 6/6/2013 11:07 AM Entered By: Yvonne Maese N/A no infirmiry at this location	1
4	Is a supervising registered nurse in the IPC 24 hours a day?		X		6/3/2013 4:09 PM Entered By: Jen fontaine No infirmiry care provided at Eyman complex. 6/6/2013 11:08 AM Entered By: Yvonne Maese this should have been green. 6/6/2013 11:08 AM Entered By: Yvonne Maese N/A no infirmiry at this location	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			6/3/2013 4:09 PM Entered By: Jen fontaine No infirmiry care provided at Eyman complex. 6/6/2013 11:08 AM Entered By: Yvonne Maese N/A no infirmiry at this location	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			6/3/2013 4:09 PM Entered By: Jen fontaine No infirmiry care provided at Eyman complex.	1

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				6/6/2013 11:09 AM Entered By: Yvonne Maese N/A no infirmary at this location	
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X		6/3/2013 4:10 PM Entered By: Jen fontaine No infirmary care provided at Eyman complex. 6/6/2013 11:09 AM Entered By: Yvonne Maese N/A no infirmary at this location	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X		6/3/2013 4:10 PM Entered By: Jen fontaine No infirmary care provided at Eyman complex. 6/6/2013 11:09 AM Entered By: Yvonne Maese N/A no infirmary at this location	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X		6/3/2013 4:10 PM Entered By: Jen fontaine No infirmary care provided at Eyman complex. 6/6/2013 11:09 AM Entered By: Yvonne Maese N/A no infirmary at this location	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X		6/3/2013 4:10 PM Entered By: Jen fontaine No infirmary care provided at Eyman complex. 6/6/2013 11:10 AM Entered By: Yvonne Maese N/A no infirmary at this location	1
11	Are vital signs done daily when required?	X		6/3/2013 4:10 PM Entered By: Jen fontaine No infirmary care provided at Eyman complex. 6/6/2013 11:10 AM Entered By: Yvonne Maese N/A no infirmary at this location	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X		6/3/2013 4:10 PM Entered By: Jen fontaine No infirmary care provided at Eyman complex. 6/6/2013 11:10 AM Entered By: Yvonne Maese	1

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					N/A no infirmary at this location	
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			<p>6/3/2013 4:10 PM Entered By: Jen fontaine No infirmary care provided at Eyman complex.</p> <p>6/6/2013 11:10 AM Entered By: Yvonne Maese N/A no infirmary at this location</p>	1

Corrective Action Plans for Performance Measure: Infirmary Care

4 Is a supervising registered nurse in the IPC 24 hours a day?
Level 1 Amber User: Yvonne Maese Date: 6/6/2013 11:08:31 AM

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

Corrective Actions: See above.

4 Is a supervising registered nurse in the IPC 24 hours a day?
Level 1 Amber User: Yvonne Maese Date: 6/6/2013 11:08:31 AM

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

Corrective Actions: See above.