

### June 2013 LEWIS 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			6/21/2013 9:24 AM Entered By: Terry Allred ASPC-Lewis is not an intake facility.	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			6/21/2013 9:25 AM Entered By: Terry Allred ASPC-Lewis is not an intake facility.	2

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<b>Sick Call (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notification</b>	<b>Level</b>
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		6/26/2013 1:23 PM Entered By: Terry Allred Performance measure is not being met. A true sick call is not occurring as defined in contract 5 days a week, Monday through Friday on all Lewis units.	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		6/26/2013 1:28 PM Entered By: Terry Allred Performance measure is not met. An audit of approximately 35 inmate medical charts indicated that the average wait time between the triage of an HNR and the inmate actually being noted as seen or "scheduled" was 23.2 days. Within that same audit, there were three HNR's that were emergent in nature with an average wait time of 12.6 days between submission and clinical treatment intervention.	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		6/28/2013 12:30 PM Entered By: Terry Allred Performance measure is not met. In collecting over 100 inmate/patient appointment times, then auditing over 30% of these medical record entries by nursing and providers alike, the following issues were noted: Of those approximately 30 charts that were reviewed, only 7 included the weights. Further, this omission could be seen in 2 "NETS" entries. It should be noted that this finding extended across the entire complex and was not unit specific.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		6/28/2013 12:33 PM Entered By: Terry Allred Performance measure is not met. In auditing over 30 patient medical record entries, there were no completed "SOAPE" entries. Further, I found no examples of education in the "P" planning section. In the case of this performance measure, there are specific nurses and providers who regularly bypass this contractual process.	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		6/28/2013 12:36 PM Entered By: Terry Allred Performance measure is not met. Of those randomly audited charts, wherein referrals to providers were made, excluding emergencies that were sent to the Complex medical HUB for immediate evaluation, the average wait time for those I reviewed exceeded 10 days.	1
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			6/28/2013 12:39 PM Entered By: Terry Allred Performance measure is met. Stated protocols and "NETS" are in place, but they are not always utilized by staff for a variety of reasons. They also combine on occasion the use of the SOAP and the NET to	1



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**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: Terry Allred Date: 6/28/2013 12:30:33 PM**

Corrective Plan: Each staff nurse will be instructed to include weights at each sick call and provider line encounter on the SOAP note and the NETS forms. They will be re educated by the Nursing supervisors by September 1,2013. A training roster will be signed and kept on file according to training policy.

Corrective Actions: Approved by Terry Allred. 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: Terry Allred Date: 6/28/2013 12:33:45 PM**

Corrective Plan: Each staff nurse will be educated on SOAPE documentation and a return demonstration will be checked off by the Nursing Supervisors by September 1,2013. A training roster will be signed and kept on file according to training policy.

Corrective Actions: Approved by Terry Allred. See above.

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

**Level 1 Amber User: Terry Allred Date: 6/28/2013 12:36:15 PM**

Corrective Plan: Each staff nurse will be re- educated on the policy for sick call referrals to the providers. They will be re-educated by the Nursing supervisors within the next 45 days. A training roster will be signed and keep om file according to training policy by September 1, 2013.

Corrective Actions: Approved by Terry Allred. 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			6/21/2013 2:19 PM Entered By: Vanessa Headstream One urgent consult found and noted to be compliant with appt. date.  6/17/2013 2:26 PM Entered By: Vanessa Headstream None noted	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		6/21/2013 2:16 PM Entered By: Vanessa Headstream #inmate - xray report received 05/16/13, not signed by Provider #inmate - neuro report received 06/05/13, not signed by Provider #inmate - cardiology report received 04/18/13, not signed by Provider inmate - cardiology report received 05/09/13, not signed by Provider  6/17/2013 2:27 PM Entered By: Vanessa Headstream #inmate - xray report 04/09/13, not signed off by provider 04/16/13	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			6/17/2013 2:27 PM Entered By: Vanessa Headstream	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			6/17/2013 2:27 PM Entered By: Vanessa Headstream	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			6/17/2013 2:27 PM Entered By: Vanessa Headstream	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: Vanessa Headstream Date: 6/21/2013 2:16:05 PM**

Corrective Plan: The Clinical Coordinator and XRay tech will provide the weekly consultant reports to be reviewed by the units HCP on Wednesday at the weekly provider meeting. This will be effective immediately.

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

## **June 2013 LEWIS COMPLEX**

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

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<b>Chronic Condition and Disease Management (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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			6/17/2013 2:27 PM Entered By: Vanessa Headstream	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		6/17/2013 2:36 PM Entered By: Vanessa Headstream Review of 14 CC files demonstrates 9 non compliant: #inmate - CC 04/23/10, f/u due 10/2010, not completed #inmate - CC 01/24/12, f/u due 04/17/12, not completed #inmate - CC 10/16/12, f/u due 01/02/13, not completed #inmate - CC 03/27/13, f/u due 05/2013, not completed #inmate - CC 10/17/12 (no CC form), f/u due 01/2013, not completed #inmate - CC 11/20/12, f/u due 02/2013, not completed #inmate - CC due 12/2009 from intake, no CC since intake exam #inmate - CC 01/16/13, f/u due 04/2013, not completed #inmate - CC 05/31/12, f/u 08/01/12, not completed	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		6/17/2013 2:39 PM Entered By: Vanessa Headstream Review of 14 CC files demonstrates 4 non compliant: #inmate inmate inmate inmate	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			6/17/2013 2:40 PM Entered By: Vanessa Headstream under review	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			6/17/2013 2:40 PM Entered By: Vanessa Headstream	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: Vanessa Headstream Date: 6/17/2013 2:36:41 PM**

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

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

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 2 (I.- IV.Chronic Care Attachment).
2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.)

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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: Vanessa Headstream Date: 6/17/2013 2:39:46 PM**

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

Corrective Actions: October 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.
- 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.



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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 12:52 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		6/26/2013 12:53 PM Entered By: Martin Winland 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. June 2013 Non-Formulary Drug Requests – Non-Formulary Reports indicate: 1363 Non-formulary drugs expiring for 1171 patients  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. June 2013 Expired Medications - Stop Date Report indicates: 13,754 Expired Medications for 6,627 patients.	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 12:53 PM Entered By: Martin Winland	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: Martin Winland Date: 6/26/2013 12:53:12 PM**

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

Corrective Actions: October Action plan submitted by Corizon-  
 1. Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):  
 a. Expired Medications (Appendix I.1.a.)

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- b.Re-order medications
  - c.Invalid chart orders (Appendix I.1.c.)
    - i.Therapeutic dose ranges
    - ii.Dose changes must have supporting documentation
  - d.Non-formulary process (Appendix I.1.d.)
    - i.Reviewed for approval within 24-48 hrs
    - ii.Providers notified decision within 24-48 hrs
  - e.Manifest Reconciliation
  - f.Inventory control
  - g.Stock Medications
  - h.Practitioner Cards (Appendix I.1.h.)
  - i.Controlled Medications (Appendix I.1.i.)
- 2.In-service staff
- a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
  - b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
- 3.Monitoring (Appendix I. - IV Monitoring Tools)
- a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/IC/RDCQI/RVP  
Target Date-11/30/13
- Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
- 10/11/13 Update – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

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<b>Grievances (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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	6/4/2013 2:03 PM Entered By: Terry Allred Performance measure is not met. A grievance database audit was conducted which included those outstanding grievances from February, 2013. The following findings were noted: February, 2013; 23 grievances received. As of this date, 1 grievance Westover, inmate ██████████ submitted 2/21/2013 has not been responded to. March, 2013; 11 grievances received. As of this date, 3 grievances have not been responded to. April, 2013; 23 grievances received. As of this date, 11 grievances have not been responded to. May, 2013; 21 grievances received. As of this date, 9 of 21 have been responded to and of those remaining, the 15 day response measure is near lapse in many cases. Overall, the 15 day response time is regularly in violation with regards to medical grievance responses.	2

**Corrective Action Plans for Performance Measure: Grievances (Q)**

**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]**

**Level 2 Red User: Terry Allred Date: 6/4/2013 2:03:10 PM**

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

Corrective Actions: Reinforce with staff grievance time frames and maintain a database to assist with response follow-up. Reinforce need to respond within the fifteen working days.

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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			6/25/2013 11:37 AM Entered By: Steve Bender All HNR's were being triaged within the designated (24) hour time frame.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		6/25/2013 11:42 AM Entered By: Steve Bender Inmates referred to the psychiatic prvider were not being seen within the designated (7) day time frame. There is currently only (1) psychiatric provider assigned to this complex. The main focus of the psych lines are to make sure the inmates psychotropic medication doesn't expire.	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		6/25/2013 11:58 AM Entered By: Steve Bender A review of (30) medical records of inmates designated as being SMI found (12) did not have an updated treatment plan: inmate - 9/6/11, inmate - 2/27/11, inmate - no treatment plan, inmate - 10/24/11, inmate - no treatment plan - inmate - 12/18/12, inmate - 1/15/13, inmate - 2/13/07, inmate - 10/5/12, inmate - 12/17/12, inmate - 2/26/13, inmate - 1/30/12 and inmate - 4/23/09 A review of (30) medical records of MH3 inmates revealed (7) did not have an updated or required treatment plan: inmate - 10/31/11, inmate - 1/9/12, inmate - 3/5/12, inmate - 12/14/11, inmate - no treatment plan, inmate - no treatment plan and inmate - 5/10/10 These results were briefed to the complex mental health coordinator.	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			6/25/2013 12:00 PM Entered By: Steve Bender A review of (30) medical records found (7) had not been seen by mental health staff during the required (3) month time period. However some of these inmates had been seen by the PRN during their scheduled psych line visit.	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		6/25/2013 12:03 PM Entered By: Steve Bender A review of (60) meedical records of inmates on psychotropic medication found (32) had not been seen within the designated (3) month time period.	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			6/25/2013 12:39 PM Entered By: Steve Bender Release plans were being established within the designated time frame. There was some question about inmate #inmate who was referred to CPR for an SMI assessment on 5/21/13. As of 6/25/13 there was no documentation in his chart	2

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indicating this had been completed. The inmate is scheduled to be released on 6/30/13. This finding was briefed to the complex mental health coordinator.

### 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: Steve Bender Date: 6/25/2013 11:42:03 AM

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 2 (Mental Health Attachment) related to psychiatric providers seeing HNR or sick call referrals within 7 days

a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers within 7 days, when appropriate

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

c. Have MH staff increase their contacts if appointment cannot be made in 7 days

2. 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 = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead

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 – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman 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: Steve Bender Date: 6/25/2013 11:58:11 AM

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 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/MH Lead

Target Date- 11/30/13

Continue to monitor daily, then monthly until meet compliance, then ongoing monthly monitoring.

10/11/13 Update: Staff in-service on how to use SMI monthly report tool; review of audit tool data to begin in November.

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**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: Steve Bender Date: 6/25/2013 12:03:17 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.

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<b>Administrative Meetings and Reports</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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			6/4/2013 1:43 PM Entered By: Terry Allred Performance measure is met. It is not uncommon for both the HSA and the Assistant HSA to be in attendance at the weekly Warden's executive staff meeting.	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			6/4/2013 1:44 PM Entered By: Terry Allred Performance measure is met. Presently, this group is meeting weekly. the content of the meetings does not always equal that stated within the performance measure, but suggestions were accepted relative to maintaining an agenda and meeting minutes.	1
3	Are monthly staff meetings being conducted and documented? [NCCHC Standard P-A-04]	X			6/4/2013 1:46 PM Entered By: Terry Allred Performance measure was met for the month of May. General staff meetings and regular nursing meetings are occurring. There were no minutes to these meetings posted for general view, but this will be requested of all future meetings.	1
4	Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?		X		6/11/2013 8:30 AM Entered By: Terry Allred Performance measure is not met. In speaking with the Executive Consultant II over reporting for the ADC Monitoring Bureau, he conveyed that all reports identified in Exhibit 2 of the health services contract are NOT being submitted on a monthly basis as required, to include the Lewis Complex.	2

### **Corrective Action Plans for Performance Measure: Administrative Meetings and Reports**

**4 Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?**

**Level 2 Amber User: Terry Allred Date: 6/11/2013 8:30:55 AM**

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

Corrective Actions: Monthly reports identified in Exhibit 2 of the health services contract are being submitted in accordance with the contract.

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<b>Medication Administration</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notification</b>	<b>Level</b>
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			6/21/2013 9:43 AM Entered By: Vanessa Headstream	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			6/21/2013 2:00 PM Entered By: Vanessa Headstream	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			6/21/2013 9:44 AM Entered By: Vanessa Headstream KOP is officer delivery; signed delivery rosters are maintained at the Pharmacy Admin area.	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		6/17/2013 2:48 PM Entered By: Vanessa Headstream Review of multiple MARs demonstrates non compliance throughout the facility; no start/stop dates shown on medications, missing documentation of medications administered (including insulin), incomplete patient information, nursing initials do not have corresponding signature	1
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		6/27/2013 11:17 AM Entered By: Vanessa Headstream Medication report submitted insufficient to address the number of medication errors that occurred throughout the facility.  6/21/2013 2:12 PM Entered By: Vanessa Headstream One medication error report submitted to DON for the month of June, has not been sent to HSA for review at this time.	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		6/17/2013 3:02 PM Entered By: Vanessa Headstream #inmate - 06/07/13 Bactrim 800-160mg 1 PO BID x 10 days was ordered, no documentation that i/m received medication; sent out to hospital 06/15/13 dx UTI #inmate - 06/13/13 Depakote 500mg PO qhs x 7 days was ordered, no documentation that i/m received medication #inmate - 06/13/13 Trilafon 4mg & Artane 2mg PO qhs was ordered, no documentation that i/m received medications #inmate - Risperdol 2mg PO qhs x 3 days & Symmetrel 100mg PO qhs was ordered, no documentation that i/m received medications #inmate - Benztropine 2mg not documented 06/01/13 to 06/12/13, start date 04/03/13 #inmate - Metropolol 25mg, Venlafaxine 75mg, Naproxen 500mg, & ASA EC 81mg have several days of missing	2



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				<p>documentation                  #inmate - Tegretol 200mg missing/skipped doses                  #inmate - Cogentin 1mg &amp; Navane 10mg missing/skipped doses                  #inmate - Ziprasidone 20mg not documented 06/01/13 to 06/05/13, start date 05/29/13                  #inmate - Cogentin 1mg documented "refused" 06/08/13 to 06/16/13, no referral to MH noted                  #inmate - Tegretol 100mg documented "refused" 06/01/13 to 06/16/13, no referral to MH noted                  The above was discussed with the DON at the time of findings.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		6/17/2013 3:02 PM Entered By: Vanessa Headstream	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	6/21/2013 9:49 AM Entered By: Vanessa Headstream #inmate - cc seizure - Neurontin expired 05/21/13, i/m transferred to ASPC-Lewis 05/30/13. I/M told meds would not be reordered until seen by provider, sent out to hospital for seizure activity 06/20/13.	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	6/21/2013 2:08 PM Entered By: Vanessa Headstream #inmate - NFDR returned 04/18/13 has not been reviewed or resubmitted by the Provider #inmate - NFDR submitted 05/30/13 has no response documented #inmate - NFDR returned 06/05/13 has not been reviewed or resubmitted by the Provider #inmate - NFDR submitted 05/03/13 has no response documented  6/21/2013 9:45 AM Entered By: Vanessa Headstream #inmate - NFDR submitted for Gabapentin, no response documented in file  6/17/2013 3:04 PM Entered By: Vanessa Headstream #inmate - prescription written for Procar was returned 05/24/13 for NFDR, none noted to be submitted as of this date	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	6/21/2013 2:09 PM Entered By: Vanessa Headstream #inmate - NFDR was approved 06/20/13, non compliant with time frame  6/21/2013 2:08 PM Entered By: Vanessa Headstream #inmate - NFDR submitted 06/17/13 denied 06/20/13 #inmate - NFDR submitted 06/17/13 denied 06/20/13	2

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					<p>6/21/2013 9:50 AM Entered By: Vanessa Headstream                  #inmate - NFDR submitted 06/11/13, no response in file</p> <p>6/17/2013 3:05 PM Entered By: Vanessa Headstream                  No NFDR found</p>	
11	Are medication error reports being completed and medication errors documented?		X		<p>6/21/2013 2:10 PM Entered By: Vanessa Headstream                  DON reports receipt of one medication error report for the month of June, review of MARs demonstrates multiple med errors throughout the facility as documented in other performance measures.</p>	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: Vanessa Headstream Date: 6/17/2013 2:48:58 PM**

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

- Corrective Actions: October Action plan submitted by Corizon-
1. Standardized process statewide to include, but not limited to :
    - a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
    - b. MAR documentation.
    - c. Administration of DOT/KOP.
    - d. Printing MARs (Pharmacy Appendix).
    - e. Medication error documentation/reporting (Pharmacy Appendix).
  2. In-service staff on process and PharmaCorr policy.
    - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
  3. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed.
    - b. Weekly site results discussed with RVP.
    - c. Audit results discussed a monthly CQI meeting.
    - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

**5 Are medication errors forwarded to the FHA to review corrective action plan?**  
**Level 2 Amber User: Vanessa Headstream Date: 6/27/2013 11:17:09 AM**

Corrective Plan: The DON will report any medication errors to the HSA within 24 hours after occurrence. This will be effective immediately.

- Corrective Actions: October Action plan submitted by Corizon-
1. Standardized process statewide to include, but not limited to :
    - a. Medication error documentation/reporting (Pharmacy Appendix).
  2. In-service staff on process and PharmaCorr policy.
    - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
  3. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed.
    - b. Weekly site results discussed with RVP.
    - c. Audit results discussed a monthly CQI meeting.
    - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

**6 Are there any unreasonable delays in inmate receiving prescribed medications?**  
**Level 2 Amber User: Vanessa Headstream Date: 6/17/2013 3:02:03 PM**

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

- Corrective Actions: October Action plan submitted by Corizon-
- Intakes-
1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
    - a. Intake Orders
    - b. Private Prisons
  2. In-service staff on process per PharmaCorr policy,
    - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
  3. Custody educated regarding contract requirements regarding inmate transfer with meds.
  4. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed
    - b. Weekly site results discussed with RVP

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c.Audit results discussed a monthly CQI meeting  
d.Minutes and audit reported monthly to Regional office for tracking and trending  
Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

- 1.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending
- 2.Standardized process statewide to include, but not limited to (Appendix III.1.):
  - a.Internal
  - b.External
- 2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 3.Custody educated regarding contract requirements regarding inmate transfer with meds
- 4.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Target Date - 11/30/13  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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

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

**Level 2 Amber User: Vanessa Headstream Date: 6/21/2013 9:49:12 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
- 2.In-service staff on process per PharmaCorr policy,
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 3.Custody educated regarding contract requirements regarding inmate transfer with meds.
- 4.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

- 1.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending
- 2.Standardized process statewide to include, but not limited to (Appendix III.1.):
  - a.Internal
  - b.External
- 2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 3.Custody educated regarding contract requirements regarding inmate transfer with meds
- 4.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed

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

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

Target Date - 11/30/13

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

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

**Level 2 Amber User: Vanessa Headstream Date: 6/21/2013 2:08:18 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

e.Manifest Reconciliation

f.Inventory control

g.Stock Medications

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

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

2.In-service staff

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

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

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

a.Audit tools developed

b.Weekly site results discussed with RVP

c.Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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

**Level 2 Amber User: Vanessa Headstream Date: 6/21/2013 2:08:18 PM**

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

Corrective Actions: See Previous Response.

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

**Level 2 Amber User: Vanessa Headstream Date: 6/21/2013 2:08:18 PM**

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

Corrective Actions: See Previous Response.

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

**Level 2 Amber User: Vanessa Headstream Date: 6/21/2013 2:09:23 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

e.Manifest Reconciliation

f.Inventory control

g.Stock Medications

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- h. Practitioner Cards (Appendix I.1.h.)
- i. Controlled Medications (Appendix I.1.i.)

### 2. In-service staff

- a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

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

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

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

Target Date-11/30/13

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

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

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

**Level 2 Amber User: Vanessa Headstream Date: 6/21/2013 2:09:23 PM**

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

Corrective Actions: See Previous Response to # 10.

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

**Level 2 Amber User: Vanessa Headstream Date: 6/21/2013 2:09:23 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

#### e. Manifest Reconciliation

#### f. Inventory control

#### g. Stock Medications

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

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

### 2. In-service staff

- a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

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

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

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

Target Date-11/30/13

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

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

### **11 Are medication error reports being completed and medication errors documented?**

**Level 2 Amber User: Vanessa Headstream Date: 6/21/2013 2:10:55 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

## June 2013 LEWIS COMPLEX

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

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

a. Audit tools developed.

b. Weekly site results discussed with RVP.

c. Audit results discussed a monthly CQI meeting.

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

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

Target Date- 11/30/13

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

## June 2013 LEWIS COMPLEX

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			6/11/2013 3:15 PM Entered By: Terry Allred Performance measure is met. Approved staffing pattern is available for review by on-site FHA.	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		6/26/2013 1:22 PM Entered By: Terry Allred Performance measure is not met. It does not appear that the current staffing pattern that exists, adequately serves the needs of the Lewis complex. In examining the sick call performance measure, it should be noted that in auditing approximately 35 medical charts, the average time delay in days between triage and scheduling by nursing was approximately 23.2 days. This extensive delay does not satisfy the population needs and strongly suggests that an enhanced staffing pattern would be more suited to meet the current needs of the institutions patients.	3
3	Are all positions filled per contractor staffing pattern?		X		6/11/2013 3:27 PM Entered By: Terry Allred Performance measure is not met. Hiring of staff is ongoing, but vacancies in nursing and providers, (Medical Director, Psychiatrist and MH mid-level) continues to hinder the provisions of care.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			6/11/2013 3:28 PM Entered By: Terry Allred Performance measure is met. FHA receives regular notifications of recruiting and hiring status outcomes.	2

### Corrective Action Plans for Performance Measure: Staffing

**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]**

**Level 3 Amber User: Terry Allred Date: 6/26/2013 1:22:02 PM**

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

Corrective Actions: The adequacy and effectiveness of the staffing being sufficient to meet the needs of the inmate population is routinely monitored to achieve the contract level staffing, complemented PRN, Locum Tenens and agency staff as needed.

**3 Are all positions filled per contractor staffing pattern?**

**Level 2 Amber User: Terry Allred Date: 6/11/2013 3:26:25 PM**

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

Corrective Actions: Positions are filled per contract staffing patterns.



## June 2013 LEWIS COMPLEX

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			6/3/2013 8:20 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	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 8:20 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	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 8:20 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			6/3/2013 8:20 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			6/3/2013 8:20 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	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 8:21 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			6/3/2013 8:21 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	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 8:21 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	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			6/3/2013 8:21 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmiry classification.	1

### June 2013 LEWIS COMPLEX

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 8:21 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmary classification.	1
11	Are vital signs done daily when required?	X			6/3/2013 8:21 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmary classification.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			6/3/2013 8:21 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmary classification.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			6/3/2013 8:21 AM Entered By: Vanessa Headstream N/A; L11 does not meet guidelines for infirmary classification.	1