## June 2013 PERRYVILLE 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 | | | 6/13/2013 1:03 PM Entered By: Mark Haldane<br>I reviewed 22 intake charts from June and in each case the medical exam was conpleted within the required timeframes. | 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 | | | 6/13/2013 1:07 PM Entered By: Mark Haldane<br>I reviewed 22 intake charts from June and in 20 cases, the required timeframes were met. In two cases, inmate and inmate, the intake form was not signed by a mental health practitioner. I brought those to charts to the attention of Dr. Leonard and the error was corrected. Still, 91% of the charts reviewed were in compliance with this standard. | 2 |

# June 2013 PERRYVILLE COMPLEX

| Sick Call (Q) | | | | | | |
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| | **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 | | | 6/28/2013 1:29 PM Entered By: Mark Haldane<br>Sick call is being conducted 5 days per week on each unit. Nurse line was cancelled on Lumley on 6/24 due to unforseeable circumstances. | 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 | | 6/28/2013 2:11 PM Entered By: Mark Haldane<br>At Lumley Unit 6 of 10 charts met this standard. The following inmates were not seen within 24 hours of triage: inmate , inmate , inmate , inmate .<br><br>At San Carlos 3 of 10 met this standard. The following inmates were not seen within 24 hours of triage: inmate , inmate , inmate inmate inmate inmate .<br><br>At San Pedro 13 of 15 met the standard. #inmate and inmate did not.<br><br>At Santa Cruz 9 of 10 met the standard. #inmate did not. However, it appears that triage was not timely throughout the month, as HNRs were not received on 5 separate weekdays in June (4, 5, 12, 13, and 24).<br><br>At Santa Maria, 14 of 14 appointments met this standard.<br><br>Complex-wide, 45 of 59 appointments met the timeframe required in this standard. The compliance rate is slightly over 76 percent. | 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 12:14 PM Entered By: Mark Haldane<br>On Lumley, 10 charts were reviewed and all had the required vitals. In the case of two additional appointments, charts were not available.<br><br>At San Pedro 11 charts were reviewed and only #inmate did not have vitals.<br><br>At Santa Maria 18 charts were reviewed, 2 were not found: 8 for Maria, 6 for Rosa and 6 for Piestewa. In one case (#inmate a refusal was signed. Vitals, including weight were used in the other cases.<br><br>At San Carlos, 12 charts were reviewed. #inmate did not have weight on nursing protocol #1 and #inmate did not have weight recorded on nursing protocol #12. #inmate and #inmate refused so 2 extra charts were pulled. 8 charts were compliant with this standard.<br><br>On Santa Cruz, 10 charts were reviewed. Vitals were not recorded on #inmate or #inmate 8 charts were compliant. | 1 |

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| 4 | Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3] | X | | | 6/27/2013 2:51 PM Entered By: Mark Haldane<br>The SOAPE format is being used. NETs are also being used, with approval. NETs do not have an assessment section. | 1 |
| 5 | Are referrals to providers from sick call being seen within seven (7) days? [P-E-07] | | X | | 6/28/2013 1:27 PM Entered By: Mark Haldane<br>Referrals from sick call are not being seen within 7 days. On Lumley Unit, a review of 32 appointments from HNRs or nurse orders, showed that #inmate #inmate #inmate #inmate and #inmate were not seen within 7 days.<br><br>At San Carlos, only 12 of 53 appointments were seen within 7 days.<br><br>At San Pedro 17 of 72 appointments from HNRs and nurse orders were seen within 7 days.<br><br>On Santa Cruz 0 of 85 were timely.<br><br>On Santa Maria of 76 appointments, 44 were within the required timeframe.<br><br>Complex-wide of 218 provider appointments generated from HNRs or nurse orders, 100 were timely. The compliance rate is just under 46 percent. | 1 |
| 6 | Are nursing protocols in place and utilized by the nurses for sick call? | X | | | 6/28/2013 12:16 PM Entered By: Mark Haldane<br>The Sick Call NET is in place and is used most of the time. SOAPE notes are still used in some circumstances. | 1 |

## Corrective Action Plans for PerformanceMeasure: Sick Call (Q)

**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: Mark Haldane Date: 6/28/2013 2:11:17 PM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Process to address, to include but not limited to:
a.Daily pick up.
b.Date stamp.
c.Triage within 24 hrs, immediate triage of patient if emergent.
d.Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
e.Nurse line sees patient, then to provider line when appropriate.
f. Submit final site process to RVP.
2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 ( (Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Sick Call Monitoring Tool)
a.Audit tools developed.
b.Weekly site results discussed with RVP.
c.Audit results discussed a monthly CQI meeting.
d.Minutes and audit reported monthly to Regional office for tracking and trending.

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| Responsible Parties = FHA/DON/RDCQI/RVP<br>Target Date-11/30/13<br>Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. |
| **5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]**<br>**Level 1 Amber User: Mark Haldane Date: 6/28/2013 1:27:52 PM** |
| Corrective Plan: See October action plan as submitted by Corizon. |
| Corrective Actions: October Action plan submitted by Corizon-<br>1.In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5<br>(Sick Call Attachment); Seen by Physician or Midlevel within 7 days<br>a.Agenda/sign off sheet to verify<br>2.Monitoring (Sick Call Monitoring Tool)<br>a.Audit tools developed<br>b.Weekly site results discussed with RVP<br>c.Audit results discussed a monthly CQI meeting<br>d.Minutes and audit reported monthly to Regional office for tracking and trending<br>Responsible Parties = FHA/DON/Medical Director/RDCQI/RVP<br>Target Date- 11/30/13<br>Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. |

## 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 | | 6/24/2013 1:38 PM Entered By: Vanessa Headstream<br>No response to request for information received<br><br>6/14/2013 2:21 PM Entered By: Vanessa Headstream<br>#[redacted] - Optometrist requested urgent c/s for MRI/Cat scan, ORC database does not indicate priority as "Urgent", consult approved 04/05/13 shown as "pending" in ORC database. Requested status update from Clinical Coordinator. | 2 |
| 2 | Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3] | | X | | 6/27/2013 11:00 AM Entered By: Vanessa Headstream<br>PU/SM/SR - review of repors indicates non compliance:<br>#[redacted] - lab results 05/18/13, signed off 06/12/13<br>#[redacted] - lab results 04/19/13, signed off 06/26/13<br>#[redacted] - lab results 04/22/13, signed off 06/26/13<br>#[redacted] - lab results 05/31/13, signed off 06/26/13<br>#[redacted] - lab results 05/17/13, signed off 06/24/13<br>#[redacted] - lab results 05/17/13, signed off 06/26/13<br>#[redacted] - lab results 05/07/13, not signed off<br><br>6/24/2013 1:08 PM Entered By: Vanessa Headstream<br>#[redacted] - c/s report rcv'd 04/12/13, signed by provider 06/11/13<br>- c/s report dated 06/07/13 not signed by provider<br>#[redacted] - hosp reports rcv'd 06/12/13 not signed by provider<br>#[redacted] & #[redacted] - med records rcv'd 05/06/13 not signed by provider<br>#[redacted] & #[redacted] - med records rcv'd 03/2013 not signed by provider<br>#[redacted] - med records rcv'd 05/15/13 not signed by provider<br>San Carlos - 59 provider review charts with lab & consult reports dating back to Jan 2013 are not signed by a provider as reviewed<br><br>6/18/2013 12:16 PM Entered By: Vanessa Headstream<br>#[redacted] - xray report received 05/31/13 not signed by provider | 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 | | | 6/24/2013 1:08 PM Entered By: Vanessa Headstream | 3 |
| 4 | Are the emergent medical needs of the inmates appropriate and emergent transports ordered in | X | | | 6/11/2013 1:48 PM Entered By: Vanessa Headstream | 2 |

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|---|---|---|---|---|---|---|
| | a timely manner? [P-E-08, CC 2.20.2.3] | | | | | |
| 5 | Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3] | X | | | 6/11/2013 1:48 PM Entered By: Vanessa Headstream | 2 |

## Corrective Action Plans for PerformanceMeasure: Medical Specialty Consultations (Q)

**1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]**
**Level 2 Amber User: Vanessa Headstream Date: 6/24/2013 1:38:54 PM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized monitoring process
2.Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3.Monitoring (UM Audit Tool)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = ARMD/RDON/RVP/RCQI/FHA/DON
Target Date -11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
1. Standardized process to address, to include but not limited to:
a. Approved consults scheduled/documented within 5 days by clinical coordinator
2. Schedule and conduct training for all clinical coordinators
a.Agenda/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
Responsibile Parties = DON/Clinical Systems Business Analyst II/FHA/DON/RDCQI/RVP
Target Date - 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**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: 6/27/2013 11:00:32 AM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized monitoring process
2.Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3.Monitoring (UM Audit Tool)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties =ARMD/RDON/RVP/RDCQI/DON/
Target Date-11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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| **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: 6/27/2013 11:00:32 AM** |
| Corrective Plan: See October action plan as submitted by Corizon. |
| Corrective Actions: October Action plan submitted by Corizon-<br>1.Standardized monitoring process<br>2.Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify<br>3.Monitoring (UM Audit Tool)<br>a.Audit tools developed<br>b.Weekly site results discussed with RVP<br>c.Audit results discussed a monthly CQI meeting<br>d.Minutes and audit reported monthly to Regional office for tracking and trending<br>Responsible Parties =ARMD/RDON/RVP/RDCQI/DON/<br>Target Date-11/30/13<br>Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. |

| 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 | | | 6/13/2013 11:16 AM 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 | | 6/27/2013 12:31 PM Entered By: Vanessa Headstream<br>PU/SM/SR - review of 7 CC inmte files indicates 6 in compliance, 1 non compliant (#inmate last cc visit 11/25/11 with f/u ordered for 90 days & no further visits documented)<br><br>6/24/2013 1:12 PM Entered By: Vanessa Headstream<br>San Carlos - review of 7 CC inmate files indicates 2 in compliance, 5 non compliant (#inmate cc due 12/05/12, no f/u appt. documented; #inmate cc due 05/08/13, no f/u appt. documented; #inmate cc due 04/04/13, no f/u documented; #inmate cc due 01/24/13, no f/u documented; #inmate cc due 06/19/13, no f/u appt. documented)<br><br>6/18/2013 12:22 PM Entered By: Vanessa Headstream<br>San Pedro - review of 6 CC inmate files indicates 4 in compliance, 2 non compliant (#inmate DM, scheduled for cc 06/12/13, no f/u appt. documented; #inmate DM, scheduled for cc 04/17/13, no f/u appt. documented<br><br>6/14/2013 2:41 PM Entered By: Vanessa Headstream<br>Santa Cruz - review of 10 CC inmate files indicates 7 in compliance, 3 non compliant (#inmate HTN/SZ, scheduled for cc 03/28/13, was not seen by provider & was to be r/s for 2 wks, no f/u appt. documented; #inmate HTN, scheduled for cc 11/15/11, no f/u appt. documented; #inmate HTN, scheduled for cc 05/24/13, no f/u appt. documented)<br><br>6/13/2013 11:19 AM Entered By: Vanessa Headstream<br>Brent Lumley - review of 6 CC inmate files indicates 5 in compliance, 1 non compliant (#inmate HTN) last appt. 04/04/11, i/m noncompliant with meds, no f/u ordered, no further CC visits documented | 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 | | 6/27/2013 12:31 PM Entered By: Vanessa Headstream<br>PU/SM/SR - review of 7 files indicates 6 in compliance, 1 non compliant<br><br>6/24/2013 1:15 PM Entered By: Vanessa Headstream<br>San Carlos - review of 7 files indicates indicates compliance<br><br>6/18/2013 12:24 PM Entered By: Vanessa Headstream<br>San Pedro - review of 6 CC files indicates 5 charts in compliance, 1 non compliant | 1 |

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|---|---|---|---|---|---|---|
| | | | | | Santa Cruz - review of 10 CC files indicates 8 charts in compliance, 2 non compliant<br><br>6/13/2013 11:20 AM Entered By: Vanessa Headstream<br>Brent Lumley - review of 6 CC files indicates compliance | |
| 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 | | | 6/3/2013 8:24 AM Entered By: Vanessa Headstream<br>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 | | | 6/13/2013 11:20 AM Entered By: Vanessa Headstream<br>due July 2013 | 2 |

## Corrective Action Plans for PerformanceMeasure: 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: 6/27/2013 12:31:15 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.) and outcome measure .
   a. Agenda/sign off sheet to verify, inclusive of all pertinent staff .
3. Monitoring
   a. Audit tools developed.
   b. Weekly site results discussed with RVP.
   c. Audit results discussed a monthly CQI meeting.
   d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

**2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]**
**Level 2 Amber User: Vanessa Headstream Date: 6/27/2013 12:31:15 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.) and outcome measure .
   a. Agenda/sign off sheet to verify, inclusive of all pertinent staff .
3. Monitoring

a. Audit tools developed.
b. Weekly site results discussed with RVP.
c. Audit results discussed a monthly CQI meeting.
d. Minutes and audit reported monthly to Regional office for tracking and trending.
Responsible Parties = FHA/DON//Medical Director/RDCQI/RVP
Target Date - 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]**
**Level 2 Amber User: Vanessa Headstream Date: 6/27/2013 12:31:15 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.) 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: 6/27/2013 12:31:55 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.

**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: 6/27/2013 12:31:55 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

## June 2013 PERRYVILLE COMPLEX

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.

| 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 12:53 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<br>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 processesd. 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<br><br>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 12:54 PM Entered By: Martin Winland | 1 |

| **Corrective Action Plans for PerformanceMeasure: 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]**<br>**Level 2 Amber User: Martin Winland Date: 6/26/2013 12:53:59 PM** |
| Corrective Plan: See October action plan as submitted by Corizon. |
| Corrective Actions: October Action plan submitted by Corizon-<br>1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):<br>a.Expired Medications (Appendix I.1.a.) |

b.Re-order medications
c.Invalid chart orders (Appendix I.1.c.)
i.Therapeutic dose ranges
ii.Dose changes must have supporting documentation
d.Non-formulary process (Appendix I.1.d.)
i.Reviewed for approval within 24-48 hrs
ii.Providers notified decision within 24-48 hrs
e.Manifest Reconciliation
f.Inventory control
g.Stock Medications
h.Practitioner Cards (Appendis 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.

## June 2013 PERRYVILLE COMPLEX

| 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 | | | 6/28/2013 3:41 PM Entered By: Mark Haldane<br>26 of 29 informal complaints and 4 of 5 formal grievances were addressed in the proper timeframes. #inmate inmate and inmate did not meet timeframes. | 2 |

| 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 | | | 6/27/2013 10:55 AM Entered By: Steve Bender<br>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 | | 6/27/2013 11:05 AM Entered By: Steve Bender<br>Interviews with several clinicians revealed the referrals were not being seen within the designated (7) day time period. At San Carlos a refferal to see the psychiatric provider can take up to (2) months. On Lumley unit I found (10) menatl health HNR's which had not been seen by a provider within the designated time frame. On Santa Cruz I observed the PRN conducting a line responding to HNR's. This unit was in compliance with this performance factor. | 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 | | 6/27/2013 11:24 AM Entered By: Steve Bender<br>A review of (75) medical records revealed (9) which were not in compliance with this performance factor. San Carlos SMI inmate - 2/11/13, inmate - 2/4/13, inmate - 1220/12 and inmate - 11/28/12. San Carlos non SMI inmate - 4/9/12. This is a significant improvement over last months findings. There is currently (1) PAII assigned to this unit with around (500) MH3 inmates. Lumley SMI inmate - 2/21/13, inmate - 1/24/13, inmate - 11/18/12 and inmate - 11/18/12. The majority of these treatment plans were being updated by the PRN's during the inmates scheduled psych line. These updates only documet changes in medication. Mental health staff need to also be updating the treatment plans to reflect their clinical observations. | 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 | | | 6/27/2013 12:41 PM Entered By: Steve Bender<br>A review of (75) medical records revealed this performance factor was being met. A lot of these contacts are being made by the PRN's. The PRN on Santa Cruz sees over (200) inmates every month. She also gives them a lot of homework assignments. | 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 | | 6/27/2013 12:47 PM Entered By: Steve Bender<br>A review of (75) medical records of inmates recieving psychotropic medication revealed (20) who had not been seen by the provider during the required (3) month time period. You may need to take a look at your current staffing pattern for your psychiatric providers. The highest number of these findings were at the San Carlos Unit. | 2 |

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|---|---|---|---|---|---|
| 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 | | | 6/27/2013 12:50 PM Entered By: Steve Bender<br>Discharge plans were being established through a joint effort between the regional release planner and mental health staff assigned to the complex. There needs to more communication between these parties to ensure there is no duplication of work. This information was briefed to the complex Mental Health Program Coordinator. | 2 |

## Corrective Action Plans for PerformanceMeasure: 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: 6/27/2013 11:05:27 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: 6/27/2013 11:24:49 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

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| Target Date- 11/30/13<br>Continue to monitor daily, then monthly until meet compliance, then ongoing monthly monitoring.<br>10/11/13 Update: Staff in-serviced on how to use SMI monthly report tool; review of audit tool data to begin in November. |
| **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]**<br>**Level 2 Amber User: Steve Bender Date: 6/27/2013 12:47:45 PM** |
| Corrective Plan: See October action plan as submitted by Corizon. |
| Corrective Actions: October Action plan submitted by Corizon-<br>1.Monitoring (Mental Health Monitoring Tool)<br>a.Audit tools developed<br>b.Monthly site results discussed with RVP/MH Director<br>c.Audit results discussed at monthly CQI meeting<br>d.Minutes and audit reported monthly to Regional office for tracking and trending<br>Responsible Parties = RDCQI/RVP/MH Director/FHA/DON/MH Lead<br>Target Date- 11/30/13<br>Continue to monitor monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. |

| 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 | | | 6/12/2013 11:07 AM Entered By: Mark Haldane | 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 | | 6/12/2013 11:08 AM Entered By: Mark Haldane<br>The Medical Advisory Committee has not met. | 1 |
| 3 | Are monthly staff meetings being conducted and documented? [NCCHC Standard P-A-04] | X | | | 6/12/2013 11:09 AM Entered By: Mark Haldane<br>Monthly staff meetings are generally the 3rd Thursday of the month. | 1 |
| 4 | Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract? | | X | | 6/27/2013 2:02 PM Entered By: Mark Haldane<br>The Perryville HNR Report was not submitted. The Medical Records Complex Report is not a separate report by complex as required by contract. The Inmate Wait Times Report is not complete or accurate in all cases. The Intake Report does not include processing times. The staffing report is not accurate for Perryville, as reported in the staffing section of this MGAR. | 2 |

## Corrective Action Plans for PerformanceMeasure: 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: Mark Haldane Date: 6/12/2013 11:08:57 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 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.

**4 Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?**
**Level 2 Amber User: Mark Haldane Date: 6/27/2013 2:02:44 PM**

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

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| Corrective Actions: Reinforce that the need for  monthly reports identified in Exhibit 2 of the health services contract are being submitted in accordance with the contract. |

## Medication Administration

| | Performance Measure (Description) | Grn | Amb | Red | Notifications | Level |
|---|---|---|---|---|---|---|
| 1 | Is there a formal medication administration program? [NCCHC Standard P-C-05] | X | | | 6/3/2013 8:23 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 | | 6/28/2013 11:03 AM Entered By: Vanessa Headstream<br>Documentation requested has not been provided for review<br><br>6/27/2013 11:09 AM Entered By: Vanessa Headstream<br>Documentation has been requested from DON/ADON | 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 | | | 6/24/2013 1:39 PM Entered By: Vanessa Headstream<br><br>6/18/2013 12:57 PM Entered By: Vanessa Headstream<br>Inmates may sign a MAR indicating receipt of KOP medications, documentation is inconsistent for all units. | 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 | | 6/18/2013 12:47 PM Entered By: Vanessa Headstream<br>San Pedro - #inmate & #inmate medications stop dates crossed out and different dates written on MAR<br><br>6/18/2013 12:36 PM Entered By: Vanessa Headstream<br>San Pedro - #inmate medications documented 06/07/13, "NS" 06/08-12/13, i/m released 06/06/13<br>Multiple MARs have missing doses, meds given 2-3 hours late not documented with actual time of delivery, "NS" documented for several days (#inmate inmate inmate inmate<br><br>6/13/2013 8:38 AM Entered By: Vanessa Headstream<br>Brent Lumley - review of MARs indicates non compliance; DOT meds do not appear to have been delivered on 06/10/13 @ 1700 - #inmate inmate inmate inmate inmate inmate are referenced<br><br>6/11/2013 1:46 PM Entered By: Vanessa Headstream<br>IPC - #inmate 06/04/13 - Folic Acid 1mg ordered, MAR documents start date of 06/26/13; review of provider order sheet does not indicate a delayed start date<br>#inmate - MAR documentation indicates Levemir insulin was not administered 06/03/13 & 06/04/13; 05/31/13 Nitrofurantoin 100mg was changed from qd to bid x 14 days, doses circled as not given 06/01/13 to 06/03/13 on a MAR, comments state "medication not available"<br>#inmate - Buspirone 15mg & Vistaril 50mg 1000 am doses not documented | 1 |

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| | | | | | 06/01/13 & 06/02/13, Lamictil 200mg, Lisinopril 10mg, Effexor 75mg & Levothyroxine 0.1mg 06/01/13 1000 am doses not documented,<br><br>6/11/2013 8:59 AM Entered By: Vanessa Headstream<br>Santa Cruz - 1700 med pass documented as administered @ 1145 am on 06/07/13, unit supervisor notified of findings | |
| 5 | Are medication errors forwarded to the FHA to review corrective action plan? | | X | | 6/27/2013 11:10 AM Entered By: Vanessa Headstream<br>Medication error reports have been requested, two noted from Pharmacorr, one from San Pedro. MARs indicate med errors have occurred on all units.<br><br>6/11/2013 8:13 AM Entered By: Vanessa Headstream<br>No medication error reports available for review | 2 |
| 6 | Are there any unreasonable delays in inmate receiving prescribed medications? | | X | | 6/18/2013 12:44 PM Entered By: Vanessa Headstream<br>San Pedro - mulitple MARs indicate missing doses of medications, no shows, med orders expired & not reordered/placed on MAR (#inmate inmate inmate<br><br>6/13/2013 11:11 AM Entered By: Vanessa Headstream<br>Brent Lumley - #inmate provider orders written 06/06/13 for medications, records, and f/u have not been noted as of 06/13/13<br><br>6/13/2013 8:49 AM Entered By: Vanessa Headstream<br>Santa Maria - 05/30/13 i/m #inmate was transferred from Lumley, meds were delivered to Lumley 06/11/13, returned to pharmacy 06/12/13, and taken to Santa Maria 06/13/13<br><br>6/11/2013 8:57 AM Entered By: Vanessa Headstream<br>Santa Cruz - #inmate - Amoxicillin 500mg 1 po TID x 10 days ordered 06/03/13, administration began 06/06/13 per MAR<br>Lumley - #inmate - Venlafaxine 75mg 1 po q am x 14 days (#14)filled 05/20/13, meds returned to pharmacy @ stop date 06/03/13 with 12 tabs remaining<br><br>6/11/2013 8:51 AM Entered By: Vanessa Headstream<br>Santa Cruz - #inmate Robaxin 500mg documented "NA" 06/05/13 to 06/07/13<br>Inmate - Remeron 15mg po qhs x 14 days ordered 05/29/13 not documented as administered<br>IPC - #inmate - Bactrim, Rifampin, Clindamycin, Lisinopril not documented as administered 06/03/13 to 06/04/13<br><br>6/11/2013 8:12 AM Entered By: Vanessa Headstream<br>Lumley - #inmate - Ziprasidone 40mg documented "NA" on MAR 06/01/13 to 06/07/13<br>#inmate - Prednisone 50mg arrived @ | 2 |

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|---|---|---|---|---|---|---|
| | | | | | unit 06/05/13, found in KOP bin 06/07/13, not delivered to i/m<br>#inmate - Nitrofurantoin 100mg, Ferrous Sulfate 325mg, & Bicillin 2.4 million units arrived @ unit 06/05/13, i/m released 06/06/13 without receiving meds<br>#inmate - Gabapentin 300mg documented "NA" 06/06/13 to 06/11/13<br>#inmate - Sertraline 100mg documented "NA" 06/07/13 to 06/11/13<br>#inmate - Paxil 40mg, Vistaril 25mg, Vistaril 50mg documented "NA" 06/10/11 to 06/11/13<br>#inmate - Cogentin 0.5mg & Risperidone 0.5mg documented "NA" 06/10/13 to 06/11/13<br>#inmate - Mobic 7.5mg, Coumadin 9.5mg, & Amlodipine 5mg documented "NA" 06/07/13 to 06/11/13; Zantac 300mg & Colace 100mg documented "NA" 06/07/13 & 06/11/13<br>#inmate - Benztropine 2mg, Buspirone 15mg, Citalopram 10mg, Famotidine 20mg, & Resperidone 3mg not documented as administered 06/09/13 to 06/11/13; i/m placed on MH watch 06/09/13<br># | |
| 7 | Are inmates being required to show ID prior to being administered their medications? | X | | | 6/11/2013 1:47 PM Entered By: Vanessa Headstream | 2 |
| 8 | Are chronic condition medication e piration dates being reviewed prior to expiration to ensure continuity of care?<br>[NCCHC Standard P-D-01] | | X | | 6/19/2013 3:35 PM Entered By: Vanessa Headstream<br>Review of stop date report for 06/05/13 to 06/18/13 indicates non compliance: 64 i/m reviewed, 128 prescriptions; 67 expired prior to reorder, 61 reordered on or prior to stop date<br><br>6/11/2013 3:29 PM Entered By: Vanessa Headstream<br>Review of stop date report for 05/29/13 to 06/04/13 indicates non compliance: 89 i/m reviewed, 103 prescriptions; 56 expired prior to reorder, 47 reordered on or prior to stop date | 2 |
| 9 | Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours? | | X | | 6/27/2013 11:11 AM Entered By: Vanessa Headstream<br>PU/SM/SR - #inmate submitted 05/21/13, response received 05/29/13<br><br>6/24/2013 1:19 PM Entered By: Vanessa Headstream<br>NFDRs do not appear to be compliant with response times<br><br>6/14/2013 1:46 PM Entered By: Vanessa Headstream<br>Santa Cruz - #inmate NFDR submitted 06/06/13, no response documented; #inmate NFDR submitted 06/11/13, no response documented | 2 |
| 10 | Are providers being notified of non-formulary | | X | | 6/24/2013 1:19 PM Entered By: Vanessa | 2 |

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| | decisions within 24 to 48 hours? | | | | Headstream<br>see prior entry, performance measure #9<br><br>6/14/2013 1:47 PM Entered By: Vanessa Headstream<br>see prior entry, performance measure #9 | |
| 11 | Are medication error reports being completed and medication errors documented? | | X | | 6/27/2013 11:13 AM Entered By: Vanessa Headstream<br>Medication errors do not appear to be documented by medical staff, two reports viewed were from Pharmacorr, one by nursing @ San Pedro. MARs indicate med errors occurred throughtout the facility<br><br>6/11/2013 8:13 AM Entered By: Vanessa Headstream<br>No medication error reports available for review | 2 |

## Corrective Action Plans for PerformanceMeasure: Medication Administration

**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]**
**Level 1 Amber User: Vanessa Headstream Date: 6/28/2013 11:03:42 AM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
a.Refusals/No Show - Policy titled “Appointment or Treatment Refusals” Chapter 5, Section 7.2 (Appendix VI.1.a.).
b.MAR documentation.
c.Administration of DOT/KOP.
d.Printing MARs (Pharmacy Appendix).
e.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed.
b.Weekly site results discussed with RVP.
c.Audit results discussed a monthly CQI meeting.
d.Minutes and audit reported monthly to Regional office for tracking and trending.
Responsible Parties =FHA/DON/RDCQI/RVP/FHA
Target Date- 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**
**Level 1 Amber User: Vanessa Headstream Date: 6/18/2013 12:47:02 PM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
a.Refusals/No Show - Policy titled “Appointment or Treatment Refusals” Chapter 5, Section 7.2 (Appendix VI.1.a.).
b.MAR documentation.
c.Administration of DOT/KOP.
d.Printing MARs (Pharmacy Appendix).
e.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed.
b.Weekly site results discussed with RVP.
c.Audit results discussed a monthly CQI meeting.
d.Minutes and audit reported monthly to Regional office for tracking and trending.
Responsible Parties =FHA/DON/RDCQI/RVP/FHA
Target Date- 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**
**Level 1 Amber User: Vanessa Headstream Date: 6/18/2013 12:47:02 PM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
a.Refusals/No Show - Policy titled “Appointment or Treatment Refusals” Chapter 5, Section 7.2 (Appendix VI.1.a.).
b.MAR documentation.

c.Administration of DOT/KOP.
d.Printing MARs (Pharmacy Appendix).
e.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed.
b.Weekly site results discussed with RVP.
c.Audit results discussed a monthly CQI meeting.
d.Minutes and audit reported monthly to Regional office for tracking and trending.
Responsible Parties =FHA/DON/RDCQI/RVP/FHA
Target Date- 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**
**Level 1 Amber User: Vanessa Headstream Date: 6/18/2013 12:47:02 PM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
a.Refusals/No Show - Policy titled “Appointment or Treatment Refusals” Chapter 5, Section 7.2 (Appendix VI.1.a.).
b.MAR documentation.
c.Administration of DOT/KOP.
d.Printing MARs (Pharmacy Appendix).
e.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed.
b.Weekly site results discussed with RVP.
c.Audit results discussed a monthly CQI meeting.
d.Minutes and audit reported monthly to Regional office for tracking and trending.
Responsible Parties =FHA/DON/RDCQI/RVP/FHA
Target Date- 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**
**Level 1 Amber User: Vanessa Headstream Date: 6/18/2013 12:47:02 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 11:10:59 AM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
  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: 6/18/2013 12:44:23 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
  c.Audit results discussed a monthly CQI meeting
  d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsibile 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.

**6 Are there any unreasonable delays in inmate receiving prescribed medications?**
**Level 2 Amber User: Vanessa Headstream Date: 6/18/2013 12:44:23 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
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsibile 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.

**6 Are there any unreasonable delays in inmate receiving prescribed medications?**
**Level 2 Amber User: Vanessa Headstream Date: 6/18/2013 12:44:23 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

c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsibile 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: 6/19/2013 3:35:17 PM**

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
Responsibile 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.

**9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?**
**Level 2 Amber User: Vanessa Headstream Date: 6/27/2013 11:11:56 AM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
a.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 (Appendis 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: 6/27/2013 11:11:56 AM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
a.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 (Appendis 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: 6/24/2013 1:19:36 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 (Appendis 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: 6/27/2013 11:13:18 AM**

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide to include, but not limited to :
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.

# June 2013 PERRYVILLE 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 | | | 6/12/2013 11:10 AM Entered By: Mark Haldane | 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 | | 6/27/2013 2:46 PM Entered By: Mark Haldane<br>Inmate population needs are generally being met. There are staffing issues that are affecting the delivery of medications, espcially, but I cannot determine if the issue is the adequacy (number) of staff, the effectiveness (competence) of staff, or the productivity of staff. There have been instances of KOPs not being delivered in a timely manner, insulin not being provided in a timely manner, pill call being delayed, provider and nurse lines being cancelled, and charge nurses covering weekend shifts for which there was no regular coverage. As of June 27, an invetory coordinator, 2 RNs and 1 LPN were cleared and ID'd, which should alleviate some of the staffing issues. There are provider shortages that have resulted in provider referrals from sick call not being seen within 7 days at multiple units. This is not to say that most inmates do not receive adequate care, but only to point out that in some cases, that care is delayed. | 3 |
| 3 | Are all positions filled per contractor staffing pattern? | | X | | 6/26/2013 7:43 AM Entered By: Mark Haldane<br>A Medical Records began work at Perryville on June 20. There are nursing shortages due to vacations, medical leave, and resignations. Nurse Supervisors have covered weekend shifts on the 15/16 and 22/23 weekends.<br><br>The Assistant HSA position has been filled effective 7/15/13.<br>One Dental Assistant position for 0.25 FTE is on the staffing report but that person (Elizabeth Escobeto) does not work at PV.<br>There are two dentist positions for a total of 0.38 FTE on the staffing report with names of dentists who do not work at PV.<br>One LPN has been on medical leave the entire month of June. An additional 3.6 LPN positions are unfilled.<br>1.25 FTE for NP/PA positions are unfilled.<br>1.2 FTE CNA positions are unfilled.<br>0.25 physician positions are unfilled. One PRN physician has retired as of 6/27/13.<br>One physician is OB/GYN only.<br>Two psych associate positions are unfilled,as Keith Triscari has resigned.<br>There are 4 vacant RN positions and 3 others where RNs are seeing patients with mental health issues, not medical needs.<br>Four hires, one inventory coordinator, one LPN and two RNs were cleared on 6/25/13, but have not yet started.<br><br>6/17/2013 10:15 AM Entered By: Mark | 2 |

## June 2013 PERRYVILLE COMPLEX

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | Haldane<br>The staffing pattern lists 4.5 inventory control technicians. There are currently 3, with one resigning at the end of June. One of these positions is filled with a lab technician.<br><br>There are 3 medical records clerks for 5 yards. Although Lumley and Santa Maria are, for the most part, well-maintained, the same cannot be said for the other 3 units where there is an abundance of loose filing, AIMS is not updated, and charts are not transferred in a timely manner. | |
| 4 | Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office? | X | | | 6/12/2013 11:11 AM Entered By: Mark Haldane<br>Recruiting is also done at the complex level. | 2 |

| Corrective Action Plans for PerformanceMeasure: 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]**<br>**Level 3 Amber User: Mark Haldane Date: 6/27/2013 2:46:42 PM** |
| Corrective Plan: See October action plan as submitted by Corizon. |
| Corrective Actions: Reinforce the need for Corizon to evaluate the adequacy and effectiveness of the staffing assessed by the facility is sufficient to meet the needs of the inmate population. |
| **3 Are all positions filled per contractor staffing pattern?**<br>**Level 2 Amber User: Mark Haldane Date: 6/26/2013 7:43:39 AM** |
| Corrective Plan: See October action plan as submitted by Corizon. |
| Corrective Actions: Corizon continues to utilize Locums/Registry and overtime for all open positions. |

# June 2013 PERRYVILLE COMPLEX

## Infirmary Care

| | Performance Measure (Description) | Grn | Amb | Red | Notifications | Level |
|---|---|---|---|---|---|---|
| 1 | Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmary setting? | X | | | 6/3/2013 8:22 AM Entered By: Vanessa Headstream | 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 | | 6/11/2013 11:16 AM Entered By: Vanessa Headstream<br>No call system in place, patients rely on officer or other staff person passing by rooms or loudly calling for a nurse when needing assistance. Patients housed in the isolation rooms may not have access to health care staff through visual or auditory signals. This performance measure has been addressed with the HSA on prior occasions. | 1 |
| 3 | Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required? | X | | | 6/11/2013 11:30 AM Entered By: Vanessa Headstream<br>The schedule posted in IPC appears to be sufficiently staffed with appropriately qualified personnel. There is a RN scheduled in 12 hour shifts, CNA coverage is scheduled in varying shifts. On 06/07/13 a gap in CNA coverage from 1730 to 2400, again on 06/14/13 & 06/21/13 there is a gap in CNA coverage from 1730 to 1800 | 1 |
| 4 | Is a supervising registered nurse in the IPC 24 hours a day? | X | | | 6/11/2013 11:31 AM Entered By: Vanessa Headstream<br>The schedule posted in IPC reflects a RN scheduled for 12 hour shifts with no gaps in coverage noted. | 1 |
| 5 | Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements? | X | | | 6/3/2013 8:22 AM Entered By: Vanessa Headstream | 1 |
| 6 | Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice? | X | | | 6/13/2013 10:52 AM Entered By: Vanessa Headstream | 1 |
| 7 | Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided? | X | | | 6/11/2013 11:31 AM Entered By: Vanessa Headstream | 1 |
| 8 | Is a complete inmate health record kept and include:<br>-Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up<br>-Complete document of care and treatment given<br>-Medication administration record | X | | | 6/24/2013 1:40 PM Entered By: Vanessa Headstream<br><br>6/13/2013 11:14 AM Entered By: Vanessa Headstream<br>#inmate - Discharge orders 06/07/13 not noted by nursing, unit f/u appt. "next week" requsted in d/c orders | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | -Discharge plan and discharge notes | | | | | |
| 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 | | | 6/11/2013 11:32 AM Entered By: Vanessa Headstream<br>Unit medical files are transferred to IPC upon admission for use/documentation and returned to the medical unit upon discharge from IPC | 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 | | | 6/13/2013 10:52 AM Entered By: Vanessa Headstream | 1 |
| 11 | Are vital signs done daily when required? | X | | | 6/13/2013 10:53 AM Entered By: Vanessa Headstream | 1 |
| 12 | Are there nursing care plans that are reviewed weekly and are signed and dated? | | X | | 6/11/2013 11:34 AM Entered By: Vanessa Headstream<br>Review of nursing care plans indicate non compliance, no signatures or dates of review by nursing are present | 1 |
| 13 | Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03] | X | | | 6/11/2013 11:34 AM Entered By: Vanessa Headstream<br>The assigned RN is respons ble for medications, the assigned CNA is respons ble for supplies. | 1 |

| **Corrective Action Plans for PerformanceMeasure: Infirmary Care** |
|---|
| **2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)**<br>**Level 1 Amber User: Vanessa Headstream Date: 6/11/2013 11:16:09 AM** |
| Corrective Plan: See October action plan as submitted by Corizon. |
| Corrective Actions: Ensure that inmates have a method available to contact nursing staff. |
| **12 Are there nursing care plans that are reviewed weekly and are signed and dated?**<br>**Level 1 Amber User: Vanessa Headstream Date: 6/11/2013 11:34:07 AM** |
| Corrective Plan: See October action plan as submitted by Corizon. |
| Corrective Actions: Reinforce with staff to initiate a care plan upon admission and regularly update, making sure plan is signed and dated. |