

June 2013 TUCSON 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		<p>6/25/2013 12:17 PM Entered By: Marlena Bedoya The following minor's charts were looked at for this audit:</p> <p>inmate [redacted] (Arrived 5/15), inmate [redacted] (Arrived 5/22), inmate [redacted] (Arr ved 6/05), inmate [redacted] (Arrived 6/05), inmate [redacted] (Arrived 6/12), & inmate [redacted] (Arrived 6/20).</p> <p>None of the Minors named, as of 6/24/2013 have had any type of Dental intake exam or bitewing Xrays performed.</p> <p>Regarding a physical exam by a medical Provider, as of 6/24/2013 inmate [redacted] who arrived 6/12 has not had been examined by a medical Provider to date.</p>	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			<p>6/25/2013 12:08 PM Entered By: Marlena Bedoya The following minor's charts were looked at for this audit:</p> <p>inmate [redacted] (Arrived 5/15), inmate [redacted] (Arrived 5/22), inmate [redacted] (Arr ved 6/05), inmate [redacted] (Arrived 6/05) inmate [redacted] (Arrived 6/12), & inmate [redacted] (Arrived 6/20). All had MH assessments done within standards.</p>	2

Corrective Action Plans for Performance Measure: Intake (Q)

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]

Level 2 Amber User: Marlena Bedoya Date: 6/25/2013 12:17:59 PM

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

Corrective Actions: Reinforce the need for physical examinations to be completed by a Medical Provider by day two of arrival to ADC.

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	█	█ X	█	<p>6/26/2013 1:06 PM Entered By: Marlena Bedoya</p> <p>There are (8) yards with Medical Units on each at ASP-Tucson. While performing this audit, patient appointment sheets were analyzed which account for sick call days (MON-FRI) for each week in June. These appointment sheets are retained within each medical unit, with a copy being sent to the Complex Business Office daily for IM banking transactions. It has been requested through previous audits, that if the yard is locked down, or unforeseen circumstances transpire prohibiting Nursing from conducting daily sick call lines, that an IR be written to account for that day, with a copy of the IR being placed in the Appointment sheet binder, which will account for that missed date. This was a finding in May on the MGAR. The following was discovered totaling (33) missed sickcall lines for June;</p> <p>SANTA RITA: On June 05 and June 07, there was no appointment sheet reflecting that Nurse sick call lines had been conducted. There was also no copy of an IR in place within the binder reflecting such.</p> <p>WINCHESTER: On June 05, no Nurse sick call line was conducted due to the yard being in hard lock down that day. An IR was in place stating such.</p> <p>CIMARRON: This yard is split into two yards, North and South with a separate Nurse sick call line needing to be performed per yard, each day due to custody levels. Per logs, no Nurse line was performed for either yard on June 11. No Nurse line was performed for North yard on June 05, June 07, June 12, and June 14. No Nurse line was performed on South yard on June 04, June 06, June 10, June 13, June 17, June 18, June 20, and June 21. No copies of IRs were found in the binder reflecting any reason why a line could not be performed on all of these days.</p> <p>MINORS: Per logs, no Nurse line was performed on this yard on June 03, June 04, June 05, June 07, June 13, June 14, June 17, and June 21. No copies of IRs were found in the binder reflecting any reason why a line could not be performed on these days. Documentation also reflected that a Provider line had been conducted on June 06. The audit was performed on June 24, 2013. The Nurse scheduled to work on June 24, was called away to work at Cimarron leaving the yard with no Nurse that day due to staffing issues. A Nurse showed up to do AM pill pass at 1030.</p> <p>RINCON WEST MEDICAL: Per logs, no Nurse line was performed on this yard on June 03, June 04, June 05, June 07, June 11, and June 12. No copies of IRs were found in the binder reflecting any reason why a line could not be performed on these days. There were also a total of (127)</p>	1

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				<p>unprocessed HNRs on the unit. It has been recommended that an additional Nurse be considered and scheduled for both shifts on this yard each day, due to the high volume of emergencies seen there during and after normal working hours. This would assist staff in performing all duties as required.</p> <p>WHETSTONE: Per logs, no Nurse line was performed on this yard on June 10, and June 11. No copies of IRs were found in the binder reflecting any reason why a line could not be performed on these days.</p> <p>CATALINA: Per logs, no Nurse line is ever scheduled on Wednesday, as that is the day of the week that Dr. Catsaros is there to do Provider line, and he usually needs assistance. The back log was checked for Nurse sick call line and it is within 1-2 days.</p> <p>MANZANITA: A Nurse sickcall line was conducted five days a week.</p>	
2	<p>Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]</p>		X	<p>6/28/2013 7:03 AM Entered By: Marlena Bedoya Ten IM charts were pulled randomly on each yard from documentation retrieved from the daily Patient Appointment sheets. Of the (80) charts reviewed, (51) did not meet criteria. The following are the findings:</p> <p>SANTA RITA: Within the 10 charts pulled, (4) did not meet criteria. Inmate [redacted] submitted an HNR on 5/21. He was not seen until 6/19, and only after he spoke with his DW regarding his issue and she became involved in getting his issues addressed. Inmate [redacted] submitted an HNR on 4/17. He was seen 4/25. Inmate [redacted] submitted an HNR on 5/07. He was seen 5/22. Inmate [redacted] submitted an HNR on 5/29. He was seen 5/29.</p> <p>WINCHESTER: Within the 10 charts pulled, (6) did not meet criteria. Inmate [redacted] submitted an HNR 6/03. He was seen 6/06. Inmate [redacted] submitted an HNR on 5/26. He was seen 6/04. Inmate [redacted] submitted an HNR on 1/09 stating he has been waiting for a pair of medical shoes (Diabetic) for 14 months. I could find no documentation where they had ever been issued. There was also a note dtd 6/03 stating the IM needed to be NPO for an abdominal US the following morning, and no results were in the chart yet. Both issues were brought to the attention of the Nursing Supv. Inmate [redacted] submitted an HNR on 5/28. He was seen 6/06. Inmate [redacted] submitted an HNR on 5/03. He was seen 5/15. Inmate [redacted] submitted an HNR on 5/23. He was seen 6/07.</p> <p>CIMARRON: Within the 10 charts pulled, (7) did not meet criteria. Inmate [redacted] submitted HNRs on 6/06, 6/10, 6/17, & 6/18. He was not seen as of 6/24. This was brought to the attention of the Nursing Supv. Inmate [redacted] submitted an HNR on</p>	1

5/19. He was seen 6/17. Inmate [REDACTED] submitted an HNR on 5/31. He was seen 6/07. Inmate [REDACTED] submitted an HNR on 4/21. He was seen on 6/04 by a NP. Nurseline never saw this IM. Inmate [REDACTED] submitted an HNR on 4/19. He was seen on 6/04. Inmate [REDACTED] submitted an HNR on 4/18. He was seen 5/13. Inmate [REDACTED] submitted an HNR on 5/07. He was seen on 6/11 by a NP. Nurseline never saw this IM.

MINORS: Within the 10 charts pulled, (6) did not meet criteria. Inmate [REDACTED] There was no HNRs in this chart however, a note dtd 5/15 requested swabs for Chlamydia & GC. No lab results could be located in the chart. Inmate [REDACTED] submitted an HNR on 6/13. He was seen 6/18. Inmate [REDACTED] submitted an HNR on 4/17. He was seen 5/06. Inmate [REDACTED] submitted an HNR on 5/28. He was seen 5/31. Inmate [REDACTED] submitted an HNR on 5/21. He was seen on 6/12. He submitted another HNR on 6/13. He was seen on 6/20. Inmate [REDACTED] #5/29 submitted an HNR on 5/29. He was seen 6/20.

RINCON WEST MEDICAL: Within the 10 charts pulled, (8) did not meet criteria. Inmate [REDACTED] submitted HNRs on 6/11 & 6/13 for Nausea & Diarrhea. His issue was never addressed. Inmate [REDACTED] submitted HNRs on 4/10, 5/10 & 6/07. He was finally seen on 6/07. Inmate [REDACTED] submitted an HNR on 5/21. He had not been seen as of 6/17. There were also abnormal labs found in his chart, not reviewed by a Provider. This was brought to the attention of the Nursing Supv. Inmate [REDACTED] submitted an HNR on 6/01. IM had not been seen as of 6/17. Inmate [REDACTED] submitted an HNR on 5/02. He was seen 5/12. Inmate [REDACTED] was seen 5/29 for CC. The Provider ordered BP checks X 3wks. As of 6/17, they had not been done. This was brought to the attention of the Nursing Supv. Inmate [REDACTED] was new to yard 2/22 whereby he was scheduled to be seen for s/sx of + PPD. As of 6/17, this had not been done. This was brought to the attention of the Nursing Supv. Inmate [REDACTED] submitted an HNR on 5/29. He was seen 6/10. He submitted another HNR for a different issue on 6/03. This was addressed with the other issue on 6/10.

WHETSTONE: Within the 10 charts pulled, (7) did not meet criteria. Inmate [REDACTED] submitted an HNR on 5/22. He was seen 6/06. Inmate [REDACTED] submitted an HNR on 5/09. He was seen 5/23. Inmate [REDACTED] submitted an HNR on 5/27. He was seen 6/06. Inmate [REDACTED] submitted an HNR on 5/27. He was seen 6/07. Inmate [REDACTED] submitted an HNR on 5/26. He was seen 6/07. Inmate [REDACTED] submitted an HNR on 5/06. He was seen 5/10. He submitted another HNR on 6/01. He was seen for that issue on 6/07. Inmate [REDACTED] submitted an HNR on 4/01. He was seen 4/05.

CATALINA: Within the 10 charts pulled, (5) did not meet criteria. Inmate [REDACTED]

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				<p>submitted an HNR on 5/29. He was seen 6/03 inmate submitted an HNR on 5/23. He was seen 5/30. inmate submitted an HNR on 4/14. He was seen 4/16. He submitted another HNR on 5/12. He was seen on 5/14. inmate submitted an HNR on 5/25. He was seen on 6/09. An Xray was ordered on this IM on 6/05. The results were not in the chart. This was brought to the attention of the Unit Nursing Supv. inmate submitted an HNR on 6/07. He was seen on 6/10.</p> <p>MANZANITA: Within the 10 charts pulled, (8) did not meet criteria. inmate submitted an HNR on 5/30. Two ICSS were called on this IM on 6/02 because he fainted twice therefore; he was seen that day. inmate submitted HNRs for the same issue on 3/11 & 3/26. He was finally seen on 5/10. inmate submitted an HNR on 5/29. He was seen 5/31. He submitted another HNR for a different issue on 5/30. He was seen on 6/03. inmate submitted an HNR on 5/31. He was seen 6/03. inmate submitted an HNR on 5/30. He was seen on 6/04. inmate submitted an HNR on 5/29. He was seen on 5/31. inmate submitted an HNR on 5/20. He was never seen by a Nurse however; a Provider saw him on 6/04. inmate submitted two HNRs for the same issue on 5/24 & 5/28. He was seen on 5/30.</p>	
3	<p>Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]</p>		X	<p>6/28/2013 7:57 AM Entered By: Marlana Bedoya</p> <p>Ten IM charts were pulled randomly on each yard from documentation retrieved from the daily Patient Appointment sheets. Of the (80) charts reviewed, (26) did not meet the criteria of taking a complete set of vitals to include the IMs weight, at each encounter. The following are the findings:</p> <p>SANTA RITA: Within the 10 charts pulled, all 10 met criteria.</p> <p>WINCHESTER: Within the 10 charts pulled, (3) did not meet criteria. inmate, encounter dtd 5/21 had not weight obtained. inmate, encounter dtd 6/06 had not weight obtained. inmate, encounters x2 (Nursing and Provider) had no vitals at all taken.</p> <p>CIMARRON: Within the 10 charts pulled, (2) did not meet criteria. inmate encounter dtd 6/04 had no weight obtained. inmate encounter dtd 6/04 had no weight obtained.</p> <p>MINORS: Within the 10 charts pulled, (6) did not meet criteria. inmate encounter dtd 6/10 states IM refused treatment however; no refusal form could be found in chart. inmate encounter dtd 6/13 had not weight obtained. inmate encounter dtd 5/06</p>	1

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					<p>had no vitals at all taken. Inmate [REDACTED] encounter dtd 5/31 had no weight obtained. Inmate [REDACTED] encounter dtd 6/04 had no weight obtained, encounter dtd 6/11 had not weight obtained, and encounter dtd 6/14 had no weight obtained. Inmate [REDACTED] encounter dtd 6/04 had no weight obtained.</p> <p>RINCON WEST MEDICAL: Within the 10 charts pulled, (3) did not meet criteria. Inmate [REDACTED] both encounters dtd 6/10 & 6/11 had no vitals at all obtained. Inmate [REDACTED] encounter dtd 5/29 had no weight obtained. Inmate [REDACTED] encounter dtd 6/10 had no weight obtained.</p> <p>WHETSTONE: Within the 10 charts pulled, (7) did not meet criteria. Inmate [REDACTED] encounter dtd 6/06 had no vitals at all taken. Inmate [REDACTED] encounter dtd 5/23 had no weight obtained. Inmate [REDACTED] encounter dtd 6/06 had no respirations recorded. Inmate [REDACTED] encounter dtd 6/07 had no vitals at all taken. Inmate [REDACTED] encounter dtd 6/07 had no vitals at all taken. Inmate [REDACTED] encounter dtd 6/07 had no vitals at all taken. Inmate [REDACTED] encounter dtd 4/05 had no BP, Heart rate or weight obtained.</p> <p>CATALINA: Within the 10 charts pulled, all 10 met criteria.</p> <p>MANZANITA: Within the 10 charts pulled, (5) did not meet criteria. Inmate [REDACTED] encounter dtd 6/02 no weight was obtained. Inmate [REDACTED] encounter dtd 6/03 no vitals at all were obtained. Inmate [REDACTED] encounter dtd 6/04 no weight was obtained. Inmate [REDACTED] encounter dtd 6/04 no weight was obtained. Inmate [REDACTED] encounter dtd 5/30 no weight was obtained.</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X			<p>6/28/2013 8:32 AM Entered By: Marlena Bedoya Ten IM charts were pulled randomly on each yard from documentation retrieved from the daily Patient Appointment sheets. Of the (80) charts reviewed, (12) did not meet the criteria of writing encounters in the appropriate format. The following are the findings:</p> <p>SANTA RITA: Within the 10 charts pulled, all 10 met criteria.</p> <p>WINCHESTER: Within the 10 charts pulled, (2) did not meet criteria. Inmate [REDACTED], Nursing encounter dtd 5/29 was not in SOAP format. Inmate [REDACTED] encounter dtd 5/17 was not in SOAP format.</p> <p>CIMARRON: Within the 10 charts pulled, (1) did not meet criteria. Inmate [REDACTED] encounter dtd 6/17, the note wasn't finished.</p> <p>MINORS: Within the 10 charts pulled, (3) did not meet criteria. Inmate [REDACTED] encounter dtd 6/10 states IM refused</p>	1

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					<p>treatment however, no refusal form could be found in chart. inmate encounter dtd 5/06 was not in SOAP format. inmate encounter dtd 6/20 was not in SOAP format.</p> <p>RINCON WEST MEDICAL: Within the 10 charts pulled, (1) did not meet criteria. inmate encounter dtd 6/10 was not in SOAP format.</p> <p>WHETSTONE: Within the 10 charts pulled, (3) did not meet criteria. inmate encounter dtd 6/06 was not in SOAP format. inmate encounter dtd 6/07 was not in SOAP format. inmate encounter dtd 4/05 was not in SOAP format.</p> <p>CATALINA: Within the 10 charts pulled, all 10 met criteria.</p> <p>MANZANITA: Within the 10 charts pulled, (2) did not meet criteria. inmate encounter dtd 6/03 was not in SOAP format. inmate encounter dtd 6/04 was not in SOAP format.</p> <p>Although there were findings, this compliance auditor is giving this competency an overall rating of green. Findings will be discussed with the Site Manager.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		<p>6/28/2013 10:00 AM Entered By: Marlana Bedoya</p> <p>Ten IM charts were pulled randomly on each yard from documentation retrieved from the daily Patient Appointment sheets. Of the (80) charts reviewed, not all required referral to a Provider. There were (23) IMs within the 80 charts screened, requiring referral to a Provider, and (11) did not meet the criteria of the Provider seeing them within seven days of referral. The following are the findings:</p> <p>SANTA RITA: Within the 10 charts pulled, (2) required referral, and both did not meet criteria. inmate submitted an HNR on 5/21. IM was seen on 6/20 by the Provider. inmate was referred by Nursing on 5/22. IM was seen by the Provider on 6/19.</p> <p>WINCHESTER: Within the 10 charts pulled, (3) required referral, and (3) did not meet criteria. inmate was referred by Nursing on 5/17. IM was seen by the Provider on 5/29. inmate while at Dialysis on 5/04 was seen for a Staph infection. These orders were not taken off by Nursing until 5/07. By 5/10, the IM still had not received his medications and was seen by the Provider that date again and medications were re-ordered. The second Rx for meds was not taken off by Nursing until 5/12. inmate submitted HNRs on 5/07 & 5/24 for Mental Health stating an urgency to be put back onto his MH meds ASAP. IM was seen by Dr. Karumanchi on 6/14. inmate was</p>	1

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					<p>referred to a Provider on 6/07. He had not been seen yet. This was brought to the Nursing Supv attention as the follow up was for bilateral wrist fractures.</p> <p>CIMARRON: Within the 10 charts pulled, (3) required referral, and all met criteria.</p> <p>MINORS: Within the 10 charts pulled, (1) required referral, and it met criteria.</p> <p>RINCON WEST MEDICAL: Within the 10 charts pulled, (2) required referral, and both met criteria.</p> <p>WHETSTONE: Within the 10 charts pulled, (2) required referral, (2) did not meet criteria. inmate ██████ was referred by Nursing on 5/10. He was seen 5/21. inmate ██████ was referred by Nursing on 4/05. He was seen 5/21.</p> <p>CATALINA: Within the 10 charts pulled, (7) required referral, (3) did not meet criteria. inmate ██████ was referred on 5/27 by Nursing. He was seen on 6/05. inmate ██████ was referred by Nursing on 4/16, and was seen on 4/29. inmate ██████, an Xray was ordered on 6/05 by the Provider. By 6/13 when audit was done, the results were not in chart and there was no documentation the order was requested yet. This was pointed out to the Nursing Supv the day of the audit.</p> <p>MANZANITA: Within the 10 charts pulled, (3) required referral, (1) did not meet criteria. inmate ██████ submitted an HNR on 5/20. He was seen by the Provider on 6/04.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			<p>6/25/2013 1:21 PM Entered By: Marlena Bedoya YES. Within every Medical unit throughout the complex.</p>	1

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

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

Level 1 Amber User: Marlana Bedoya Date: 6/26/2013 1:06:20 PM

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

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

Corrective Actions: Approved per Marlana.

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

Level 1 Red User: Marlana Bedoya Date: 6/28/2013 7:03:46 AM

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.

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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: Marlana Bedoya Date: 6/28/2013 7:57:38 AM

Corrective Plan: Corrective action plan is to provide education to the staff. Staff are required to take a complete set of vital signs including weights.

Corrective Actions: Approved per Marlana.

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

Level 1 Amber User: Marlana Bedoya Date: 6/28/2013 10:00:33 AM

Corrective Plan: Our plan is to continue to recruit and fill the vacant positions. There are 1.5 FTE's remaining to fill. Once filled then we should be able to see the inmate requests withing 7 days.

Our secondary CAP is to do telemedicine on the some of the yards. We are unable to do telemedicine at this time due to the abatement going on in the HUB. As soon as ADC completes this project and we move back in we can begin telemedicine again.

Corrective Actions: Approved per Marlana.

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]		X		<p>6/27/2013 2:23 PM Entered By: Trudy Dumkrieger No.</p> <p>6/25/2013 9:51 AM Entered By: Trudy Dumkrieger inmate Nephrolithiasis Consult submitted 5/7/13 denied with ATP.</p> <p>6/21/2013 3:06 PM Entered By: Trudy Dumkrieger inmate Urgent consult written by Dr.McQueen on 4/23/13. Approved 5/8/13. Has not scheduled as of 6/21/13.</p> <p>6/13/2013 3:31 PM Entered By: Trudy Dumkrieger IM inmate Cardiology written 4/26/13 still pending. IM inmate Testicular ultrasound written 3/26/13 still pending. IM inmate Urology written 4/25/13 still pending. inmate GI written 4/19/13 still pending. inmate Cardiology written 4/29/13 still pending. inmate Neurology SP assault needs FU written 5/9/13 still pending. inmate Testicula ultrasound written 5/9/13 still pending. inmate Urology PSA 11/7 written 5/10/13 still pending. inmate Oral Surgery Max upper rt Fracture lines sp assault. written 5/24/13. inmate PET/CT of neck submand bular bilateral mass.Written 5/24/13.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>6/26/2013 2:26 PM Entered By: Trudy Dumkrieger</p> <p>Rincon Provider Review 32 charts for provider review. inmate Labs drawn 2/5/13 not reviewed as of 6/6/13. inmate Gabapentin order 4/7/13 No Non-formulary request, no providers signature was a telephone order. inmate Lab results 4/17/13 not reviewed by 6/6/13. inmate Testicular cancer with Hepatic mets. CT chest/abd /pelvis with contrast done 11/30/12 faxed 4/22/13 not reviewed by 6/6/13. CT done 4/31/12 faxed 4/30/13 not reviewed by 6/6/13. Labs drawn 1/24/13 not reviewed by 6/6/13. inmate Consult rom Dr.Gunsberger original surgery done by Dr.Esplin please send patient back to that surgeon. Appointment was 6/13/13 not reviewed by 6/26/13. inmate Diet order for IDDM "renal/dialysis". Diet returned with the question why the renal diet. Order written</p>	2

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4/16/13 no response by 6/26/13.
inmate [REDACTED] Seen on NL on 6/19/13 for several issues then referred to providers review. Not reviewed by 6/26/13.
inmate [REDACTED] Non-formulary written 6/20/13 approved 6/24/13 not reviewed by 6/26/13. Also note regarding lumbar x-ray and PL appt. not noted as of 6/26/13. Given to nurse to note off.
inmate [REDACTED] Consult needing to be written for diabetic eye exam.
inmate [REDACTED] Consult from Hem/Onc dated 5/17/13 not reviewed by 6/26/13.

6/24/2013 12:44 PM Entered By: Trudy Dumkrieger
Sanat Rita
inmate [REDACTED] Labs 5/20/13 not reviewed by 6/24/13.
inmate [REDACTED] Labs 5/7/13 not reviewed by 6/24/13.
inmate [REDACTED] Intake labs 4/23/13 and lithium level 6/11/13 not reviewed by 6/24/13.
inmate [REDACTED] Peak flow results not reviewed by 6/24/13.

6/24/2013 11:39 AM Entered By: Trudy Dumkrieger
Santam Rita Has 165 charts pending provider review.

inmate [REDACTED] Pulmonology consult 6/6/13 not reviewed by 6/24/13. HNR 5/21/13 regarding pain med expiring not reviewed 6/24/13.
inmate [REDACTED] Order written for levothyroxine 6/17/13. PharmaCorr responded on 6/19/13 asking for clarification of order, not responded to as of 6/24/13.
inmate [REDACTED] Non-Formulary clarification pending from 6/14/13.
inmate [REDACTED] HNR on 6/22/13 regarding refusing NL since he was suppose to be seen on PL.

6/21/2013 10:13 AM Entered By: Trudy Dumkrieger
Winchester 80 charts for provider review.
inmate [REDACTED] Seen on NL 5/8 not reviewed by provider 6/20/13.
inmate [REDACTED] Labs 5/8/13 and 6/3/13 not reviewed 6/19/13.
inmate [REDACTED] NL visit requesting pain meds 4/24/13 not reviewed by 6/20/13.
inmate [REDACTED] HNR for eye surgery seen prior by optometry who noted two mature cataracts and recommended removal. Neither reviewed by provider by 6/20/13.
inmate [REDACTED] Derm report 3/26/13 not reviewed by 6/20/13.
inmate [REDACTED] Labs 6/11/13, CXR 6/3/12, Positive PPD 5/15/13. Not reviewed by 6/20/13.
inmate [REDACTED] Labs 5/21/13 not reviewed by 6/20/13.
inmate [REDACTED] Labs 5/8/13 not reviewed by 6/20/13.
inmate [REDACTED] Hep Panel done 5/23/13 not reviewed by 6/20/13.
inmate [REDACTED] Labs 5/8/13 EKG done 5/26/13 not reviewed by 6/20/13.

June 2013 TUCSON COMPLEX

6/19/2013 12:05 PM Entered By: Trudy Dumkrieger
Catalina NO providers review charts GOOD JOB,

6/19/2013 12:04 PM Entered By: Trudy Dumkrieger
Whetstone 93 Charts for provider review.
inmate [REDACTED] Consult report from Dr. Isai re: glaucoma recommended lumigan gtts. and visual fields. Was seen 5/7/13 report not reviewed by 6/18/13.
inmate [REDACTED] Path report needle aspiration biopsy done 5/20/13 faxed 5/23/13 not reviewed by 6/18/13.
inmate [REDACTED] Labs reported 6/3/13 not reviewed 6/18/13.
inmate [REDACTED] Dilantin level of 25.8 result 6/6/13 not reviewed by 6/18/13.
inmate [REDACTED] HNR asking for lab results dated 5/28/13 not answered 6/18/13.
inmate [REDACTED] Report from Sonoran Heart from 5/10/13 not reviewed by 6/18/13.
inmate [REDACTED] UAMC Neuro Clinic 5/14/13 not reviewed 6/18/13.
inmate [REDACTED] Labs reported 5/5/13 not reviewed by 6/18/13
inmate [REDACTED] Labs reported 5/3/13 not reviewed 6/18/13.
inmate [REDACTED] UPH ER visit 6/11/13 not reviewed as of 6/18/13

6/19/2013 11:35 AM Entered By: Trudy Dumkrieger
Manzanita
inmate [REDACTED] CT ABD, 6/7/13, PSA 6/7/13, Bone scan 6/7/13 and urology consult 5/29/13 Not reviewed by provider by 6/18/13.
inmate [REDACTED] Non-Formulary written 5/20/13 for gabapentin response wean over 2-4 weeks Dr. Williams 6/12/13 not reviewed yet by provider.
inmate [REDACTED] Report from Dr. Faibisoff IM has a nevus sebaceous cyst R groin. Report dated 3/26/13. Not reviewed as of 6/18/13.
inmate [REDACTED] Dilantin level 6/5/13 NF, XRay L hand 6/6/13 Not reviewed as of 6/18/13.
inmate [REDACTED] Order for greseiofulvin written 5/18/13. Per PharmaCorr need non-formulary 6/6/13. Not reviewed as of 6/18/13.
inmate [REDACTED] XRAY of ankle 6/6/13 not reviewed as of 6/18/13.
inmate [REDACTED] Consult from Hanger Orthotics from 5/23/13 not reviewed as of 6/18/13.
inmate [REDACTED] XRAY report of 6/6/13 not reviewed as of 6/18/13.
inmate [REDACTED] Labs 6/5/13 not reviewed as of 6/18/13.

6/17/2013 12:15 PM Entered By: Trudy Dumkrieger
Cimarron
inmate [REDACTED] labs reported 5/10/12 (intake labs) not reviewed as of 6/13/13.
inmate [REDACTED] X-Ray results 5/16/13 not

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				<p>reviewed by 6/13/13. inmate [REDACTED] Infectious Disease Consult for HIV+ inmate who has been off his meds. Seen 4/17/13 consult appears to have not been reviewed. No signature on it.</p> <p>Minors/CDU inmate [REDACTED] had two X-Ray results in chart for two other Inmates. One Inmate has moved to Safford, the other is in CDU. inmate [REDACTED] X-Ray report from 5/31/13 not reviewed yet.</p> <p>Only 14 charts for provider review Good Job.</p> <p>IPC inmate [REDACTED] UA collected on 4/6/13 results 4/9/13 not reviewed by 6/8/13. Also PT/INR collected 6/3/13 not reviewed by 6/8/13.</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]		X	<p>6/27/2013 1:16 PM Entered By: Trudy Dumkrieger Have issues getting inmates out to urology in an expeditious manner. So could use at least one more urology provider.</p>	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X		<p>6/13/2013 1:34 PM Entered By: Trudy Dumkrieger</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		<p>6/27/2013 1:16 PM Entered By: Trudy Dumkrieger</p> <p>6/19/2013 11:36 AM Entered By: Trudy Dumkrieger</p> <p>6/13/2013 1:35 PM Entered By: Trudy Dumkrieger</p>	2

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Corrective Action Plans for Performance Measure: 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: Trudy Dumkrieger Date: 6/27/2013 2:23:44 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

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

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]

Level 2 Amber User: Trudy Dumkrieger Date: 6/26/2013 2:27:00 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

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

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]

Level 2 Amber User: Trudy Dumkrieger Date: 6/26/2013 2:27:00 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

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

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]

Level 2 Amber User: Trudy Dumkrieger Date: 6/26/2013 2:27:00 PM

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

Corrective Actions: October Action plan submitted by Corizon-

June 2013 TUCSON COMPLEX

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

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

Target Date-11/30/13

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

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

Level 3 Amber User: Trudy Dumkrieger Date: 6/27/2013 1:16:06 PM

Corrective Plan: We had two providers for Urology and one of the providers said he did not want to see anymore inmates. We now have only one; Dr. Banti, and we are in the process of getting another. This is being handled in our regional office.

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

10/11/13 Update – ED log sent to Regional office daily.

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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			<p>6/26/2013 2:35 PM Entered By: Trudy Dumkrieger Riakon inmate HTN,NIDDM,BCC on scalp, BCC on check. Plan yes. inmate HVC,SZS. Plan yes. inmate HCV. Plan yes. inmate IDDM, HCV. Plan yes. inmate Asthma. Plan yes. inmate HCV, Asthma. NO CC or plan in current volume. Goes back to 12/26/12. inmate Asthma. Plan yes. inmate IDDM, HCV. No CC in chart. inmate HTN, Asthma, NIDDM. Plan yes. inmate HCV, SCC neck. Plan yes.</p> <p>6/25/2013 2:19 PM Entered By: Trudy Dumkrieger</p> <p>6/24/2013 11:47 AM Entered By: Trudy Dumkrieger Santa Rita inmate HCV, Cardiac. Plan yes. inmate Asthma, HCV. Plan yes. inmate SZS, HCV Plan yes. inmate HTN, NIDDM Plan yes. inmate dHTN Plan yes inmate HTN, IDDM Plan yes. inmate HTN, HCV. Plan yes. inmate HCV, Asthma. Plan yes. inmate COPD, HTN, HCV. No plan. inmate SZS. Plan yes.</p> <p>6/21/2013 10:21 AM Entered By: Trudy Dumkrieger Winchester inmate SZS, HCV. Plan yes. inmate Cardiac, HTN, NIDDM. Plan yes. inmate Cardiac, Asthma, HTN. Plan yes. inmate Asthma. Plan yes. inmate SZS, HTN, CA. Plan yes. inmate NIDDM Plan yes. inmate HCV. Plan no. inmate HCV, Cardiac, HTN, Asthma. Plan yes. inmate Skin CA. Plan yes. inmate HCV, HTN. Plan yes.</p> <p>6/19/2013 2:11 PM Entered By: Trudy Dumkrieger Catalina inmate HTN Plan yes. inmate NIDDM, HTN. Plan yes. inmate NIDDM, HCV, HTN. Plan yes. inmate HTN, Cardiac. Plan yes. inmate Asthma, HTN, CA, HCV. Plan yes. inmate Plan yes. inmate HTN,CA,SZS,Copd.Plan yes. inmate SZS, HCV, Not tagged. Plan yes.</p>	1

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					<p>inmate [redacted] Asthma. Plan yes. inmate [redacted] HTN, COPD, Plan yes.</p> <p>6/19/2013 1:06 PM Entered By: Trudy Dumkrieger Manzanita inmate [redacted] CA, HCV, Cardiac, HTN, IDDM. Plan no. inmate [redacted] Asthma, SZS. Plan yes. Inmate [redacted] HTN. Plan yes. inmate [redacted] HTN, Cardiac, HTN. Plan no. Inmate [redacted] SZS, CA. Plan yes. inmate [redacted] Asthma. Plan yes. inmate [redacted] HTN, Cardiac, asthma. Plan yes. inmate [redacted] CA, HCV, HTN. Plan yes. inmate [redacted] HCV. Plan no. inmate [redacted] HTN Plan no.</p> <p>6/19/2013 12:18 PM Entered By: Trudy Dumkrieger Whetstone inmate [redacted] HCV, IDDM. Plan yes. inmate [redacted] IDDM, HCV Plan yes. inmate [redacted] Cardiac, Iddm, HTN. No CC in chart. inmate [redacted] NIDDM, HCV, HTN, Asthma. Plan yes. inmate [redacted] SZS, ?thyroid Ca, Plan yes. inmate [redacted] CA, HCV, HTN, IDDM. No CC visit in current volume. inmate [redacted] SZS, Plan yes. inmate [redacted] IDDM Plan no. inmate [redacted] HTN, IDDM. Plan yes. inmate [redacted] HTN. Plan no.</p> <p>6/17/2013 12:24 PM Entered By: Trudy Dumkrieger Minors/CDU inmate [redacted] HCV. No plan. inmate [redacted] NIDDM, HCV. Plan yes. inmate [redacted] Asthma. Plan yes. inmate [redacted] Asthma, HCV. Plan yes. inmate [redacted] SZS, HTN. Plan no. inmate [redacted] HTN, HCV. Plan yes. inmate [redacted] HTN. Plan yes. Minors inmate [redacted] Asthma Plan yes.</p> <p>6/10/2013 2:01 PM Entered By: Trudy Dumkrieger Cimmaron inmate [redacted] CC IDDM, HCV. Plan yes. inmate [redacted] CC HTN Plan yes. inmate [redacted] HCV, asthma. Refused last CC aoot. inmate [redacted] HCV, HTN, NIDDM. Plan yes. inmate [redacted] Asthma, HTN. No plan. inmate [redacted] HIV+ Plan yes. inmate [redacted] HTN, CAD. Plan yes. inmate [redacted] IDDM, HCV. Plan yes. inmate [redacted] Asthma. Plan yes. Good job for this unit.</p>	
2	Are CC inmates being seen by the provider		X		6/27/2013 2:24 PM Entered By: Trudy	2

June 2013 TUCSON COMPLEX

(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]

Dumkrieger
Not consistently

6/26/2013 2:58 PM Entered By: Trudy Dumkrieger
Riacon
inmate [REDACTED] HTN,NIDDM,BCC on scalp, BCC on check. Last CC visit 6/24/13, next 9/30/13.
inmate [REDACTED] HVC,SZS. Last CC visit 6/18/13, next 12/18/13.
inmate [REDACTED] HCV. last visit 3/13, next not scheduled.
inmate [REDACTED] IDDM, HCV. Last CC visit 4/17/13, RTC 7/15/13.
inmate [REDACTED] Asthma. Last CC visit 4/4/12, next 6/12/12 this did not happen. Was scheduled 2/26/13 and it did not happen.Needs a CC visit.
inmate [REDACTED] HCV, Asthma. NO CC in chart, needs a CC visit. Goes back to 12/26/12.
inmate [REDACTED] Asthma. Last CC visit 3/29/13 next 7/5/13.
inmate [REDACTED] IDDM, HCV. No CC in chart. Needs CC visit.
inmate [REDACTED] HTN, Asthma, NIDDM. Last CC visit 6/25/13, next 12/13.
inmate [REDACTED] HCV, SCC neck. Last CC 6/19/13 next not ordered or scheduled.

6/24/2013 11:58 AM Entered By: Trudy Dumkrieger
Santa Rita
inmate [REDACTED] HCV, Cardiac. Last CC visit 6/20/13. FU 180 days.
inmate [REDACTED] Asthma, HCV. Last CC visit 6/17/13, RTC 180 days.
inmate [REDACTED] SZS, HCV Last CC visit 3/19/13 next 6/20/13 this did not happen.
inmate [REDACTED] HTN, NIDDM Last CC visit 5/18/13 FU 6/18/13 this did not happen.
inmate [REDACTED] HTN Last CC visit 11/29/12. FU 180 days this did not happen.
inmate [REDACTED] HTN, IDDM Last CC visit 4/29/13 next CC visit not ordered.
inmate [REDACTED] HTN, HCV. Last CC visit 6/14/13 RTC 90 days. These orders were not noted.
inmate [REDACTED] HCV, Asthma. Last CC visit 4/25/13 RTC 7/13.
inmate [REDACTED] COPD, HTN, HCV. Last CC visit 3/16/12. Was seen on 4/29/12 for back pain not CC. Providers note not signed off. HCV not addressed.
inmate [REDACTED] SZS. Last CC visit 10/19/12 next 4/13 this did not occur.

6/21/2013 10:34 AM Entered By: Trudy Dumkrieger
Winchester
inmate [REDACTED] SZS, HCV. Last CC visit 10/23/12 RTC 180 days did not happen. Needs appt.
inmate [REDACTED] Cardiac, HTN, NIDDM. Last CC visit 8/2/12 next was suppose to be 10/30/12 did not happen. Needs appt.
inmate [REDACTED] Cardiac, Asthma, HTN. Last CC visit 5/16/12 next scheduled 11/16/12 which did not happen. Needs appt.
inmate [REDACTED] Asthma. Last CC visit 6/11/12 next was to be 180 days this did not happen.Needs appt.

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inmate [REDACTED] SZS, HTN, CA. Last CC visit 6/13/12 next was to be 12/11/12 this did not happen. Needs appt.
 inmate [REDACTED] NIDDM Last CC visit 9/18/12. RTC 60 days this did not happen. Needs CC appt.
 inmate [REDACTED] HCV. Last CC visit 5/10/13. Good job.
 inmate [REDACTED] HCV, Cardiac, HTN, Asthma. Last CC visit 11/14/12 next 90 days did not happen. Needs an appt.
 inmate [REDACTED] Skin CA. dLast CC visit 11/6/12. No providers signature. Needs CC appt.
 inmate [REDACTED] HCV, HTN. Last CC visit 2/5/13 RTC 30 days this did not happen, needs appt.

6/19/2013 2:27 PM Entered By: Trudy Dumkrieger
 Catalina

inmate [REDACTED] HTN Last CC visit 4/24/13 next 9/25/13.
 inmate [REDACTED] NIDDM, HTN. Last CC visit 4/3/13. Next 90 days.
 inmate [REDACTED] NIDDM, HCV, HTN. Last CC visit 4/24/13 next 180 days. inmate [REDACTED] HTN, Cardiac. Last CC visit 5/12/13. Provider ordered him to RTC in 90 days. Nurse scheduled him for 1/14. Needs to be rescheduled.
 inmate [REDACTED] Asthma, HTN, CA, HCV. Last CC visit 5/1/13. RTC in 90 days 8/7/13.
 inmate [REDACTED] Last CC visit 3/13/13. Next 9/13.
 inmate [REDACTED] HTN, CA, SZS, Copd. Last CC visit 4/3/13 RTC 60 days.
 inmate [REDACTED] SZS, HCV, Last CC visit 5/21/13, RTC 180 days.
 inmate [REDACTED] Asthma. Last CC visit 5/22/13, RTC 180 days.
 inmate [REDACTED] HTN, COPD, Last CC visit 5/11/13 RTC 90 days.

6/19/2013 1:14 PM Entered By: Trudy Dumkrieger
 Manzanita

inmate [REDACTED] CA, HCV, Cardiac, HTN, IDDM. Last CC visit 5/3/13. FU 90 days.
 inmate [REDACTED] Asthma, SZS. dLast CC visit 5/30/13 next 9/19/13. inmate [REDACTED] HTN. Last CC visit 5/14/13. Next 8/13.
 inmate [REDACTED] HTN, Cardiac, HTN. Last CC visit 5/28/13. RTC 60 days.
 inmate [REDACTED] SZS, CA. Last CC visit 4/23/13, Next visit not scheduled.
 inmate [REDACTED] Asthma. Last visit 5/4/23 next 11/13.
 inmate [REDACTED] HTN, Cardiac, asthma. Last CC visit 5/28/13 next not ordered.
 inmate [REDACTED] CA, HCV, HTN. Last CC visit 4/23/13 next 7/23/13.
 inmate [REDACTED] HCV. No CC visit in chart. Needs appt.
 inmate [REDACTED] HTN Last CC visit 5/31/13 next 10/4/13.

6/19/2013 12:30 PM Entered By: Trudy Dumkrieger
 Whetstone

inmate [REDACTED] HCV, IDDM. Last CC visit

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5/29/13 next 8/13.
inmate [REDACTED] IDDM, HCV Last CC visit 1/22/13 RTC 30 days did not happen. Needs FU appt.
inmate [REDACTED] Cardiac, Iddm, HTN. No CC in chart. Needs CC appt.
inmate [REDACTED] NIDDM, HCV, HTN, Asthma. Last CC visit 11/7/12 RTC 90 days, did not happen. Needs CC appt.
inmate [REDACTED] SZS, ?thyroid Ca, Last CC visit 2/13 did not happen. Needs CC visit.
inmate [REDACTED] CA, HCV, HTN, IDDM. No CC visit in current volume. Needs CC appt.
inmate [REDACTED] SZS, Last CC visit 11/27/12, next 5/13 did not happen. Needs CC appt.
inmate [REDACTED] IDDM Last CC visit 11/14/12, next was to be 90 days (2/13) did not happen. Needs CC appt.
inmate [REDACTED] HTN, IDDM. Last CC visit 12/31/12 dRTC 3/13 did not happen. Needs CC appt.
inmate [REDACTED] HTN. Last CC visit 5/3/12. Needs CC appt.

6/17/2013 12:29 PM Entered By: Trudy Dumkrieger
Minors/CDU
inmate [REDACTED] HCV. No visit addressing HCV. Needs CC re: HCV.
inmate [REDACTED] NIDDM, HCV. Last CC visit 4/12/13, next 7/13.
inmate [REDACTED] Asthma. Last CC visit 4/2/12, next 7/2/12. This did not happen. Needs CC visit.
inmate [REDACTED] Asthma, HCV. Last CC visit 6/6/13, RTC 180 days.
inmate [REDACTED] SZS, HTN. Last CC visit 11/15/12, next was to be 5/13. This did not happen. Needs CC visit.
inmate [REDACTED] HTN, HCV. Last CC visit 3/26/13, next 9/13.
inmate [REDACTED] HTN. Last CC visit 3/20/12, next 8/13.
Minors
inmate [REDACTED] Asthma Last CC visit 5/2/13, next 8/13.

6/10/2013 2:19 PM Entered By: Trudy Dumkrieger
Cimmaron
inmate [REDACTED] CC IDDM, HCV. Last CC appt. 11/16/12. FU 2/1/13 did not happen. Chart reviewed 2/7/13, meds reordered, labs ordered, PL in 6-8 weeks for CC appt. (3/28/13) did not happen.
inmate [REDACTED] CC HTN Last CC appt. 6/22/11. Has not had a CC since. 6/1/13 chart reviewed, meds renewed, labs ordered.
inmate [REDACTED] HCV, asthma. Refused last CC appt. Last actual visit 5/1/12.
inmate [REDACTED] HCV, HTN, NIDDM, +PPD. Last S/S check 2/13/13. Last CC appt visit 11/16/12. Labs ordered.
inmate [REDACTED] Asthma, HTN. Last CC appt. 9/27/12. FU 90 days-did not happen.
inmate [REDACTED] HIV+. Last CC appt. 11/16/12. RTC 180 days (5/16/13). Seen 5/15/13 orders not taken off.
inmate [REDACTED] HTN, CAD. Last CC appt. 11/2/11. Labs ordered. RTC 2/12 did not happen.

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				<p>inmate [redacted] IDDM, HCV. Last CC appt 12/7/12. PL 2/13 did not happen. Last CC labs ordered.</p> <p>inmate [redacted] Asthma. Last CC appt. 2/27/12. Next appt. 8/12 did not happen.</p>	
3	<p>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]</p>		X	<p>6/27/2013 2:24 PM Entered By: Trudy Dumkrieger Not consistently.</p> <p>6/26/2013 2:41 PM Entered By: Trudy Dumkrieger Rincon</p> <p>inmate [redacted] HTN,NIDDM,BCC on scalp,BCC on check.Education yes.</p> <p>inmate [redacted] HVC,SZS. Education yes.</p> <p>inmate [redacted] HCV. Education yes.</p> <p>inmate [redacted] IDDM, HCV. Education no.</p> <p>inmate [redacted] Asthma. Education yes.</p> <p>inmate [redacted] HCV, Asthma. NO CC or education in current volume. Goes back to 12/26/12.</p> <p>inmate [redacted] Asthma. Education no.</p> <p>inmate [redacted] IDDM, HCV. No CC in chart.</p> <p>inmate [redacted] HTN, Asthma, NIDDM. Education yes.</p> <p>inmate [redacted] HCV, SCC neck. Education yes.</p> <p>6/24/2013 12:32 PM Entered By: Trudy Dumkrieger Santa Rita</p> <p>inmate [redacted] HCV, Cardiac. Education no.</p> <p>inmate [redacted] Asthma, HCV. Education yes.</p> <p>inmate [redacted] SZS, HCV Education yes.</p> <p>inmate [redacted] HTN, NIDDM Education yes.</p> <p>inmate [redacted] HTN Education yes</p> <p>inmate [redacted] HTN, IDDM Education yes.</p> <p>inmate [redacted] HTN, HCV. Education yes.</p> <p>inmate [redacted] HCV, Asthma. Education yes.</p> <p>inmate [redacted] COPD, HTN, HCV. Education no.</p> <p>inmate [redacted] SZS. Education yes.</p> <p>6/21/2013 10:37 AM Entered By: Trudy Dumkrieger Winchester</p> <p>inmate [redacted] SZS, HCV. Education yes.</p> <p>inmate [redacted] Cardiac, HTN, NIDDM. Education yes.</p> <p>inmate [redacted] Cardiac, Asthma, HTN. Education yes.</p> <p>inmate [redacted] Asthma. Education yes.</p> <p>inmate [redacted] SZS, HTN, CA. Education yes.</p> <p>inmate [redacted] NIDDM Education yes.</p> <p>inmate [redacted] HCV. Education no.</p> <p>inmate [redacted] HCV, Cardiac, HTN, Asthma. Education yes.</p> <p>inmate [redacted] Skin CA. Education no.</p> <p>inmate [redacted] HCV, HTN. Education yes.</p>	1

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6/19/2013 2:15 PM Entered By: Trudy Dumkrieger
Catalina
inmate HTN Education yes.
inmate NIDDM, HTN. Education yes.
inmate NIDDM, HCV, HTN.
Education yes.
inmate HTN, Cardiac. Education yes.
inmate Asthma, HTN, CA, HCV. Education yes.
inmate Education yes.
inmate HTN,CA,SZS,Copd.
Education yes.
inmate SZS, HCV, Not tagged.
Education yes.
inmate Asthma. Education yes.
inmate HTN, COPD, Education yes.

6/19/2013 1:26 PM Entered By: Trudy Dumkrieger
Manzanita
inmate CA, HCV, Cardiac, HTN, IDDM. Education yes.
inmate Asthma, SZS. Education yes.
inmate HTN. Education yes.
inmate HTN, Cardiac, HTN. Education no.
inmate SZS, CA. Education yes.
inmate Asthma. Education yes.
inmate HTN, Cardiac, asthma. Education yes.
inmate CA, HCV, HTN. Education yes.
inmate HCV. Education no.
inmate HTN Education yes.

6/19/2013 12:33 PM Entered By: Trudy Dumkrieger
Whetstone
inmate HCV, IDDM. Education yes.
inmate IDDM, HCV Education yes.
inmate Cardiac,Iddm,HTN. No CC in chart.
inmate NIDDM, HCV, HTN, Asthma. Education yes.
inmate SZS, ?thyroid Ca, Education no.
inmate CA, HCV, HTN, IDDM. No CC visit in current volume.
inmate SZS, Education yes.
inmate IDDM Education no.
inmate HTN, IDDM. Education no.
inmate HTN. Education no.

6/17/2013 12:32 PM Entered By: Trudy Dumkrieger
Minors/CDU
inmate HCV. No education.
inmate NIDDM, HCV. Education no.
inmate Asthma. Education no.
inmate Asthma, HCV. Education no.
inmate SZS, HTN. Education no.
inmate HTN, HCV. Education yes.

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				<p>inmate [redacted] HTN. Education yes. Minors inmate [redacted] Asthma Education yes. 6/10/2013 2:24 PM Entered By: Trudy Dumkrieger Cimmaron inmate [redacted] CC IDDM, HCV. Education yes. inmate [redacted] CC HTN Education yes. inmate [redacted] HCV, asthma. Refused last CC appt. No education done. inmate [redacted] HCV, HTN, NIDDM. Education yes. inmate [redacted] Asthma, HTN. Education yes. inmate [redacted] HIV+ Education no. inmate [redacted] HTN, CAD. Education yes.. inmate [redacted] IDDM, HCV. Education no. inmate [redacted] Asthma. Education yes.</p>	
4	<p>Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]</p>		X	<p>6/26/2013 3:38 PM Entered By: Trudy Dumkrieger Rincon inmate [redacted] last labs 6/20/13, PT 12.2, INR 1/14. Needs HgA1c. inmate [redacted] Last dilantin level 12/12 8.7. Labs ordered 6/18/13. inmate [redacted] Last labs 1/16/13. Good. inmate [redacted] Last labs 1/16/13 needs HgA1c. inmate [redacted] Last labs 5/9/11 Needs labs and peak flow. inmate [redacted] Needs new labs. Abbink labs ordered 3/29/13 not in chart. inmate [redacted] Last labs 4/25/13 ALT and AST elevated. HgA1c 7.6, inmate [redacted] Last labs 9/24/10. Labs ordered with last chronic. inmate [redacted] Needs labs.</p> <p>6/24/2013 12:40 PM Entered By: Trudy Dumkrieger inmate [redacted] HCV, Cardiac. Last labs 1/8/13. Good. inmate [redacted] Asthma, HCV. Last labs 10/12 new orders for labs 6/17/13 orders not noted. Nurses alerted. No current LFTS in chart. inmate [redacted] SZS, HCV Needs HCV labs. inmate [redacted] HTN, NIDDM Last labs 5/20/13, last HgA1c 6.4. inmate [redacted] HTN Last labs 5/7/13 HgA1c 6.1. Good job. inmate [redacted] HTN, IDDM Last labs 5/7/13, HgA1c 10 has not been reviewed. inmate [redacted] HTN, HCV. Last labs 1/10/12 AST and AT elevated. Needs new labs. inmate [redacted] HCV, Asthma. Needs HCV labs. inmate [redacted] COPD, HTN, HCV. Last labs 5/7/13. Peak flow done 5/15/13. inmate [redacted] SZS. Last labs 6/4/13. Good job.</p> <p>6/21/2013 10:55 AM Entered By: Trudy Dumkrieger Winchester</p>	2

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inmate [REDACTED] SZS, HCV. Last labs 9/10/12. LFTs WNL. Needs new labs.
 inmate [REDACTED] Cardiac, HTN, NIDDM. Last labs 8/13/12 HgA1c 5.8. Needs new labs.
 inmate [REDACTED] Cardiac, Asthma, HTN. Last labs 6/11/12 needs new labs.
 inmate [REDACTED] Asthma. last labs 5/11 needs new labs and PFT.
 inmate [REDACTED] SZS, HTN, CA. Needs labs.
 inmate [REDACTED] NIDDM Last labs 3/14/13 HgA1c 5.7 Good job.
 inmate [REDACTED] HCV. Labs ordered 5/10/13 not done yet.
 inmate [REDACTED] HCV, Cardiac, HTN, Asthma. Needs PFT.
 inmate [REDACTED] Skin CA. Last labs 5/21/12 needs labs.
 inmate [REDACTED] HCV, HTN. Needs HCV labs.

6/19/2013 2:39 PM Entered By: Trudy Dumkrieger Catalina
 inmate [REDACTED] HTN Last labs 12/12/12. Due for labs.
 inmate [REDACTED] NIDDM, HTN. Last labs done 5/6/12 HgA1c 12.10. Needs new labs.
 inmate [REDACTED] NIDDM, HCV, HTN. Last labs done 12/23/12 no HgA1c or LFTs.
 inmate [REDACTED] HTN, Cardiac. Last labs 11/14/12. Needs labs.
 inmate [REDACTED] Asthma, HTN, CA, HCV. Labs are current. HgA1c 5.6.
 inmate [REDACTED] HTN, Asthma. Last labs 10/30/12 needs new labs. No PFTs.
 inmate [REDACTED] HTN, CA, SZS, Copd. Last labs 10/12 needs labs.
 inmate [REDACTED] SZS, HCV, Not tagged. Last labs 9/4/12 needs labs.
 inmate [REDACTED] Asthma. Last labs 12/12/12 needs new labs, PFTs.
 inmate [REDACTED] HTN, COPD, Labs current.

6/19/2013 1:44 PM Entered By: Trudy Dumkrieger Manzanita
 inmate [REDACTED] CA, HCV, Cardiac, HTN, IDDM. No labs in chart.
 inmate [REDACTED] Asthma, SZS. No PFTs noted.
 inmate [REDACTED] HTN. Labs 11/7/12 ALT and AST elevated. Have been WNL in past. ?HCV.
 inmate [REDACTED] HTN, Cardiac, HTN. Needs labs, EKG.
 inmate [REDACTED] SZS, CA. No serum levels checked.
 inmate [REDACTED] Asthma. No PFTS noted.
 inmate [REDACTED] HTN, Cardiac, asthma. Last labs 12/14/11. Needs new labs, PFTS. EKG.
 inmate [REDACTED] CA, HCV, HTN. Needs labs.
 inmate [REDACTED] HCV. Labs done 1/16/13 ALT mildly elevated.
 inmate [REDACTED] HTN OK.

6/19/2013 12:47 PM Entered By: Trudy Dumkrieger Whetstone
 inmate [REDACTED] HCV, IDDM. Last labs 3/17/13 HgA1c 5.6, ALT and AST alightly elevated.
 inmate [REDACTED] IDDM, HCV Last labs

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1/22/13 HgA1c 8.2, noLFTs.
inmate Cardiac, Iddm, HTN. No CC in chart. No labs in current volume.
inmate NIDDM, HCV, HTN, Asthma. Lst labs 12/12. HgA1c 5.8, no liver function tests.
inmate SZS, ?thyroid Ca, dLast labs 5/22/13. Thyroglobulin 74.
inmate CA, HCV, HTN, IDDM. No CC visit in current volume. Needs labs.
inmate SZS, Last Dilantin level 6/13 was 19.
inmate IDDM Last labs ordered 11/12 were not done. Last labs in chart are dated 11/11 HgA1c was 8.2.
inmate HTN, IDDM. Last labs dated 4/1/13. HgA1c 8.4.
inmate HTN. No current labs.

6/17/2013 12:37 PM Entered By: Trudy Dumkrieger
Minors/CDU
inmate HCV. Last labs 2/5/13. AST and ALT WNL.
inmate NIDDM, HCV. Last labs 7/26/11. ALT and AST elevated, no HgA1c. Needs labs.
inmate Asthma. Last labs 8/17/11 needs labs.
inmate Asthma, HCV. Last blood work in hospital. AST and ALT were elevated.
inmate SZS, HTN. No labs.
inmate HTN, HCV. last labs 5/21/12. Needs labs.
inmate HTN. last labs 3/22/12. Needs labs.
Minors
inmate Asthma Last labs 6/12 needs labs.

6/10/2013 2:50 PM Entered By: Trudy Dumkrieger
Cimmaron
inmate CC IDDM, HCV. IM was to have a FU 2/1/13 did not happen, chart was reviewed 2/7/13 and labs were ordered these did not get drawn as they are not in the chart, Providers line appt. 3/28/13 did not happen.
inmate CC HTN Has not had a CC FU since 6/11. Labs were ordered but are not in chart.
inmate HCV, asthma. Refused last CC appt. Has not been rescheduled for CC. Last labs for HCV 6/27/11 AST and ALT were elevated wiath no FU.
inmate HCV, HTN, NIDDM. Last CC 11/16/12 labs were ordered, and was to have a FU 5/13. Neither happened.
inmate Asthma, HTN. Last CC 9/27/12. FU 90 days did not happen. Last labs 3/22/13.
inmate HIV+ Labs ordered 5/15/13 not taken off so did not get done.
inmate HTN, CAD. Last CC 11/2/11 RTC 2/12 did not happen, labs ordered did not get done. Was in hospital had no follow up.
inmate IDDM, HCV. PL 2/13 did not happen. Last labs A1c 6.4 and ALT 55.
inmate Asthma. Last CC 2/27/12 next one 8/12 did not happen. Last labs 4/13 GGPT 228.

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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		6/10/2013 2:51 PM Entered By: Trudy Dumkrieger Have not been here full quarter yet.
					2

Corrective Action Plans for Performance Measure: Chronic Condition and Disease Management (Q)

2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]
Level 2 Amber User: Trudy Dumkrieger Date: 6/27/2013 2:24:26 PM

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

A provider is scheduled at each complet unit two days per week.
 All Chronic care patients are seen by the provider for specific chronic condition that has been scheduled.
 HIV positive are seen every 3 months and all other chronic care conditions are seen every 6 months. Chronic care inmates that need additional monitoring will be scheduled per providers treatment plan.
 All chronic care inmate charts are noted by both the provider and the nursing staff for monitoring, medications and treatment plans.
 Nursing staff follows the treatment plan orders set up by the provider and notes the chart accordingly. Charts are noted within thirty days that inmate was seen by the provider for his chronic care and scheduled for his follow-up chronic care visit.
 See below.

- Corrective Actions: October Action plan submitted by Corizon-
 Process statewide to include, but not limited to :
1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 2 (I.- IV.Chronic Care Attachment).
 2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.) and outcome measure .
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff .
 3. Monitoring
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date - 11/30/13

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

3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]
Level 1 Amber User: Trudy Dumkrieger Date: 6/27/2013 2:24:54 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

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- 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.

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

Level 2 Amber User: Trudy Dumkrieger Date: 6/26/2013 3:38:06 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

2. Monitoring

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

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

Target Date- 11/30/13

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

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

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]

Level 2 Amber User: Trudy Dumkrieger Date: 6/10/2013 2:51:09 PM

Corrective Plan: Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter?

have not been here a quarter yet.

Corrective Actions: Approved per Trudy.

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			6/26/2013 12:57 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 12:57 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 12:58 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 12:57:47 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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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		<p>6/25/2013 2:24 PM Entered By: Marlana Bedoya</p> <p>As of today 6/25/2013 the following IM Grievances are past due for the Tucson complex:</p> <p>ID 15378 - inmate ██████████, Due 5/02/13 (Whetstone)</p> <p>ID 15423 - inmate ██████████, Due 5/09/13 (Yard not stated on report)</p> <p>ID 15517 - inmate ██████████, Due 5/22/13 (Cimarron)</p> <p>ID 15527 - inmate ██████████, Due 5/22/13 (Manzanita)</p> <p>ID 15556 - inmate ██████████, Due 6/10/13 (IPC)</p> <p>ID 15554 - inmate ██████████, Due 6/10/13 (Winchester)</p> <p>ID 15667 - inmate ██████████, Due 6/17/13 (Cimarron)</p> <p>There are also (19) IM letters past their deadlines as well.</p>	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 Amber User: Marlana Bedoya Date: 6/25/2013 2:24:42 PM

Corrective Plan: Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802?

Compliance

There is an overwhelming amount of grievances that need to be answered in a short time frame. Grievances are to help an inmate receive his proper medical needs – the process in answering grievances can be cumbersome and those that use the process as harassment and not medical related delay in answering the grievances that are legitimate medical concerns.

The excessive amount of grievances that are allowed by the inmates causes a delay to the other grievances. We have asked for help with DOC to keep the inmates in compliance with the grievance policy to ensure fairness and complaints to all inmates.

Inmates need to address the grievance process correctly and not abuse the policy.

Grievances are answered within the specified time frame.

Corrective Actions: Approved per Marlana.

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			6/20/2013 8:29 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		6/20/2013 8:34 AM Entered By: Steve Bender Inmates referred for psychiatric services were still not being seen within the designated (7) day time period. The main focus right now is on the inmates being seen every (90) days as referenced in Q5. Their in the process of hiring some more psychiatric providers. This should begin to address this problem as their able to complete additional psychiatric lines to meet this requirement.	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		6/20/2013 8:46 AM Entered By: Steve Bender A review of (35) medical records of inmates designated as being SMI revealed (9) did not have an updated treatment plan as required by policy. A review of (55) medical records of MH3 inmates revealed (20) did not have a required treatment plan. The majority of these findings were on Catalina and Santa Rita. Manzanita, Whetsone and Winchester were the units with the fewest findings. The clinicians should get in the habit of checking for a treatment plan every time they make an entry into an inmates medical record. The mental health treatment plan needs to be on top of the mental health section. Having it here will provide the clinician with a visual clue to verify the status of the treatment plan.	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			6/20/2013 8:53 AM Entered By: Steve Bender A review of (55) medical records for an inmate with a MH3 score revealed (16) had not been seen within the designated time period as required by policy. Some of these inmates had been seen by psychiatry during this time period. The technical manual is currently being updated to address this designation. This finding will be green until this issue is resolved.	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			6/20/2013 8:57 AM Entered By: Steve Bender A review of (90) records for inmates receiving psychotropic medication revealed (12) had not been seen within the designated time frame. This is a significant improvement from last months finding. The current corrective plan appears to be addressing this problem. They have just hired another psychiatric provider. This performance measure will continue to be closely monitored to determine if this	2

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				current trend continues.	
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 10:29 AM Entered By: Steve Bender The regional release planner has completed release plans for inmates when she is made aware of their release. On the Whetstone Unit I found (16) HNR's requesting to see the release planner dating back to March. None of these had been completed. There is a strong probability there are other HNR's requesting the same service which also had not been referred. The release planner has difficulty providing coverage for the Tucson Complex in conjunction with her responsibility to provide coverage for her other assigned complexes. The Tucson Complex might need to explore the possibility of identifying one of their mental health staff to assist the regional release planner to ensure release planning is completed in a timely manner. Release planning is time sensitive related to the inmates scheduled release date.	2

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: 6/20/2013 8:34:14 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: 6/20/2013 8:46:38 AM

Corrective Plan: Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates?

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

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

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

Corrective Actions: See above.

6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]

Level 2 Amber User: Steve Bender Date: 6/25/2013 10:29:42 AM

Corrective Plan: Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above?

Once an inmate is scheduled for release, 180, 90 and 30 days prior to release he will submit an HNR to mental health for direction of his mental health needs. MH will advise the inmates MH needs while he is incarcerated.

Once the notification is submitted by the inmate to MH prior to his 30 day release - Mental health forwards the HNR's to Corizon release planner Jacqueline Miller for discharge instructions.

Once inmate is discharged from the facility MH no longer treats inmates outside the facility.
See below.

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

d. Minutes and audit reported monthly to Regional office for tracking and trending
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 monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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Administrative Meetings and Reports						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the Site Manager (or designee in the absence of the Site Manager) attending weekly warden executive staff meetings? [NCCHC Standard P-A-04; DO 117]	X			6/4/2013 12:24 PM Entered By: Marlana Bedoya YES.	1
2	Is the Site Manager conducting monthly meetings with Warden and unit Deputy Wardens and include: -responsibilities of health staff -procedures for triage -predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system -procedures for evacuating patients -alternate back-ups for each plan element? [DO 117]		X		6/25/2013 12:33 PM Entered By: Marlana Bedoya The Site Manager currently does not meet with the Warden and yard DWs to conduct monthly Medical Advisory Committee meetings however; weekly he does meet with the Complex Warden, Complex DW, and both Compliance Monitors to discuss health related issues and procedures. Monthly Corizon also provides updated contact telephone numbers to complex ADC leadership. To date an emergency response plan has not been submitted for the Tucson complex.	1
3	Are monthly staff meetings being conducted and documented? [NCCHC Standard P-A-04]		X		6/25/2013 12:38 PM Entered By: Marlana Bedoya Monthly staff meetings are not being conducted by the Site Manager. He stated that he meets with MH and Nursing managers. Those two disciplines hold their monthly staff meetings and share pertinent information.	1
4	Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?	X			6/25/2013 12:21 PM Entered By: Marlana Bedoya YES.	2

Corrective Action Plans for Performance Measure: Administrative Meetings and Reports

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

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

Level 1 Amber User: Marlana Bedoya Date: 6/25/2013 12:33:14 PM

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

Corrective Actions: Meet with Warden at least monthly and share information from Health Services as appropriate.

3 Are monthly staff meetings being conducted and documented?

[NCCHC Standard P-A-04]

Level 1 Amber User: Marlana Bedoya Date: 6/25/2013 12:38:24 PM

Corrective Plan: We are beginning CQI and key contact meetings this month and will have some one from each discipline attend. They can then take the information back to their department and disseminate information to their staff. We will continue with a weekly Nursing supervisor meeting and mental health department are having a monthly meetings.

Corrective Actions: Approved per Marlana.

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			6/14/2013 11:30 AM Entered By: Trudy Dumkrieger	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			6/13/2013 1:37 PM Entered By: Trudy Dumkrieger	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]		X		6/26/2013 3:42 PM Entered By: Trudy Dumkrieger They are in process of setting it up on all yards. It is beginning to show on more yards.	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		<p>6/27/2013 2:15 PM Entered By: Trudy Dumkrieger Improving</p> <p>6/27/2013 12:32 PM Entered By: Trudy Dumkrieger</p> <p>IPC inmate ██████ 1st page. Carbidopa/Levodopa 1300 dose signed off at 1000 hours. Other wise good. Page two is good. inmate ██████ page one No providers name for water bolus. Neither lorazepam orders have start dates. Page two Oxybutynin 1300 dose signed off at 1000 hours. No allergies. Page three Guaifensin no start or stop date, no transcribers initials, no allergies. 1300 dose signed out at 1000. Page four Not all meds signed out as having been given 6/24 one dose, 6/25 mostly blank, 6/26 mostly blank and 0400 meds on the 27th not signed out. inmate ██████ Page one good. Page two Lorazepam good thru 8/16/13 per order. Not signed off 6/14-6/27. Page three Orders for tube feedings no start or stop dates. Jevity not signed out 6/16-6/27. Page four no inmate number, no DOB.</p> <p>6/27/2013 11:52 AM Entered By: Trudy Dumkrieger Rincon inmate ██████ Good. inmate ██████ Good. inmate ██████ Good inmate ██████ No DOB, no allergies, no diagnosis, no transcribers initials. Order written 5/28/13 6/1-6/24 blank. inmate ██████ Tegretol no start or stop date. Order date 6/10/13 did not get until 6/12/13. No transcribers initials. Eddington KOP not signed off. inmate ██████ Good. inmate ██████ Good except no start or stop date. inmate ██████ Good. inmate ██████ Good.</p>	1

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6/24/2013 1:02 PM Entered By: Trudy Dumkrieger
Santa Rita

inmate [REDACTED] Resperidone: dNo providers name, no transcribers initials, no DOB, no allergies, no start or stop date.
inmate [REDACTED] Benzotropine not signed off 6/17 or 18. Risperidone Not signed off 6/1-6/8. Also not signed off 6/17-18.
inmate [REDACTED] Risperidone: no providers name, no start or stop date. No transcribers initials. No allergies, no DOB. Not signed off from 6/1-6/7. Also not signed off 6/11/13.
inmate [REDACTED] Citalopram KOP not initialed off. Risperidone Not signed off 6/1-6/7/13
inmate [REDACTED] Albuterol KOP signed off good job.
All psyche meds say D/C 6/10/13 see new order but no new order on MAR.
inmate [REDACTED] Psyche meds not signed off from 6/1/13-6/25/13.
inmate [REDACTED] Lisinopril no start or stop date. No allergies, no DOB.
inmate [REDACTED] KOP psych meds not initialed off.
inmate [REDACTED] Cogentin no stop date. Risperidol no stop date. Fluoxetine no transcribers initials and no start date.
inmate [REDACTED] KOPs not signed off.

6/21/2013 11:04 AM Entered By: Trudy Dumkrieger
Wichester

inmate [REDACTED] Potassium and lasix no providers name, no start or stop date.
inmate [REDACTED] KOPs not initialed off.
inmate [REDACTED] Depakote no start/stop date.
inmate [REDACTED] KOP not initialed off.
inmate [REDACTED] Citalpram marked NS, spots left blank, and refused.
inmate [REDACTED] Psyche meds 6/4 blank other wise good job.
inmate [REDACTED] Colace NS blank on three days.
inmate [REDACTED] Good job except needs a stop date.
inmate [REDACTED] Marked NS from 6/6-6/18 then noted OTC.
inmate [REDACTED] Marked NS, then refused X 3 then the rest NS thru the 19th. aCannot have no shows.
Multiple psych meds marked NS from 6/1-6/19. Discussed this with the nurses and reported to FHA and ADON.

6/19/2013 2:49 PM Entered By: Trudy Dumkrieger
Catalina

inmate [REDACTED] Good job.
inmate [REDACTED] Good except KOP not signed off.
inmate [REDACTED] Good except KOP not signed off.
inmate [REDACTED] Good job.
inmate [REDACTED] Good job.
inmate [REDACTED] Good except KOP not signed off.
inmate [REDACTED] Good except needs a stop date.
inmate [REDACTED] Good.
inmate [REDACTED] Good job RN Larson KOP

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signed off.
inmate [REDACTED] KOP not signed off.

6/19/2013 1:53 PM Entered By: Trudy Dumkrieger
Manzanita
inmate [REDACTED] 6/9/13 not initialed on PMS.
inmate [REDACTED] Resperidol not initialed off 5/6/8 and 6/11.
inmate [REDACTED] KOP inhaler not initialed off. Paroxetine not initiald off 6/1-6/9, no stop date.
inmate [REDACTED] good job.
inmate [REDACTED] Fluoxetine not initialed off.
inmate [REDACTED] Good job.
inmate [REDACTED] Good job.
inmate [REDACTED] Good job.
inmate [REDACTED] Good job.
inmate [REDACTED] Good job.

6/19/2013 12:57 PM Entered By: Trudy Dumkrieger
Whetstone
inmate [REDACTED] Good job.
inmate [REDACTED] Trovada, Ritonavir, Bactrim, not labled as DOT or KOP not signed off either way.
inmate [REDACTED] Resperidone marked NA 6/1-6/7.
inmate [REDACTED] Carbamazepine no start/stop date.
inmate [REDACTED] Meds not initialed as given on 6/11-6/13. No allergiers or DOB.
inmate [REDACTED] Warfarin, no transcribers initials, no allergies, no DOB, blank 6/1-6/8.
inmate [REDACTED] Meds not labled as KOP or DOT except gabapentin.
inmate [REDACTED] Elavil order no providers name, no order date, no transcribers initials, MARS blank 6/1-6/5.
inmate [REDACTED] Haldol and cogentin order no start/stop date.

6/17/2013 12:47 PM Entered By: Trudy Dumkrieger
Minors/CDU.
Minors
inmate [REDACTED] Sertraline not signed off 6/5-6/7.
inmat [REDACTED] No DOC number, No DOB, No start/stop date, no providers name, no allergies. Order written as " Amoxicillin Give ii pills BID until gone. No dosage.
inmate [REDACTED] Inhaler not signed off 6/7/13.
CDU
inmate [REDACTED] No KOPS signed off.
inmate [REDACTED] KOP not signed off.
inmate [REDACTED] 6/14 not initialed off. Some meds marked NA.
inmate [REDACTED] KOPS not signed off. The other two DOT good job.
inmate [REDACTED] Good job.
inmate [REDACTED] Divalproex marked 1 or refused entire month so far. KOPS not signed off.
inmate [REDACTED] Good job.

6/13/2013 1:28 PM Entered By: Trudy Dumkrieger
Cimmaron
inmate [REDACTED] Missing DOB and transcribers initials. Other wise looks good.
inmate [REDACTED] KOPS not initialed off. Paxil and I relaion have no start or stop date.

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				<p>inmate [redacted] No DOB, no allergies, no stop date.</p> <p>inmate [redacted] Phenytoin and a buterol no start or stop date. Buspirone and paroxetin no transcribers initials, no start or stop date, no DOB. None of the KOPs signed off.</p> <p>inmate [redacted] no DOB, no allergies, no transcribers initials, no oder date. Only one nurses signature and no meds signed off 6/1-6/3.</p> <p>inmate [redacted] no DOB, no allergies, no order date, no start or stop date. No providers name, no transcribers initials.</p> <p>inmate [redacted] No DOB, no allergies, no transcribers initials, no providers name.</p> <p>inmate [redacted] No DOB, no allergiesw, no providers name, no order date, or start /stop date.</p> <p>inmate [redacted] psych meds signed off DOT on the first and second, then nothing the 3rd - 6th. On the 7th KOP is written in.</p> <p>inmate [redacted] None of KOP signed off.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>6/19/2013 3:06 PM Entered By: Trudy Dumkrieger</p> <p>Meidcation errors are forwarded to the FHA but I have not seen any corrective action plans for any medication errors. The need for them has been brought to Corizons attention.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>6/28/2013 1:14 PM Entered By: Trudy Dumkrieger</p> <p>inmate [redacted] Page four Not all meds signed out as having been given 6/24 one dose, 6/25 mostly blank, 6/26 mostly blank and 0400 meds on the 27th not signed out.</p> <p>inmate [redacted] Order written 5/28/13 6/1-6/24 blank.</p>	2
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>6/13/2013 1:37 PM Entered By: Trudy Dumkrieger</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	<p>6/27/2013 2:15 PM Entered By: Trudy Dumkrieger</p> <p>Amber finding</p> <p>6/14/2013 3:13 PM Entered By: Trudy Dumkrieger</p> <p>Manzanita</p> <p>inmate [redacted] This IM has been on glipizide 10 mg. expired 5/29/13, HCTZ 25mg. expired 5/7/13 and lisinopril 20mg tabs. I just checked his profile and none of these have been renewed. DON, ADON notified.</p> <p>6/14/2013 9:27 AM Entered By: Trudy Dumkrieger</p> <p>inmate [redacted] Per Patient mMedication Profile printed 6/7/13 Inmates ASA 81 mg. was written 12/1/12 expired 6/1/13. His last fill was 4/26/13 with thirty tabs. He should</p>	2

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have had another fill app. 5/26/13. His gemfibrozil was written 12/1/12 expired 6/1/13. per the profile his last fill was 2/19/13. He should have received the thru 5/19/13.

6/12/2013 11:29 AM Entered By: Trudy Dumkrieger

Catalina:
inmate [REDACTED] Warfarin expired 6/1/13 not renewed yet.
inmate [REDACTED] Warfarin expired 6/1/13 not renewed yet.
inmate [REDACTED] Warfarin not renewed yet
inmate [REDACTED] Albuterol and Beclamethasone needs renewal.
inmate [REDACTED] Benzotropine and resperdone renew or DC.

Manzanita:
inmate [REDACTED] Clonidine, lisinopril, metiormin, dilantin, simvustatin need renewal. Other than metformin the rest were all last filled 4/24 or 4/29/13.
inmate [REDACTED] Atenolol expired 6/3/13 , HCTZ, and Lisinopril expired 6/4/13.
inmate [REDACTED] lisinopril expired.
inmate [REDACTED] Atenolol expired.
inmate [REDACTED] Citalopram, hydroxyzine, resperdone all expired.
inmate [REDACTED] ASA EC 81mg, carvedilol, lasix, all need renewal as of 6/4/13.
inmate [REDACTED] Insulin Reg, lactulose, metiormin all need renewal.

Whetstone:
inmate [REDACTED] ASA EC 81mg, HCTZ, Lisinopril need renewal.
inmate [REDACTED] Isosorbide needs renewal.
inmate [REDACTED] Insulin Hum Reg. needs renewal.
inmate [REDACTED] Atenolol, Simvustatin needs renewal.
inmate [REDACTED] ASA EC 81mg., glyburide needs renewal.
inmate [REDACTED] Diltiazem needs renewal
inmate [REDACTED] Lisinopril not renewed.
inmate [REDACTED] ASA EC 81 , Simvustatin needs renewal.
inmate [REDACTED] ASA, enalapril, gemfibrozil , metiormin, Niacin . Last fill 5/29/13, needs to be renewed as of 6/8/13.
inmate [REDACTED] ASA EC 81mg, metiormin, metoprolol, sismvustatin expired.
inmate [REDACTED] Hadol Dec. expires 6/8/13 not renewed as of 6/5/123.

Santa Rita
inmate [REDACTED] Gemfibrozil, ASA EC, Diltiazem. Expired 6/1/13 not renewed as of 6/7/13.
inmate [REDACTED] Phenytoin expired 6/2/13 not renewed as of 6/7/13.
inmate [REDACTED] ASA EC 81mg, Atenolol, Phenytoin, all expired 6/6/13, not renewed as of 6/7/13.
inmate [REDACTED] HCTZ, and lisinopril expired 6/7/13 not renewed as of 6/7/13.
inmate [REDACTED] Lisinopril expired 6/4/13 not renewed as of 6/7/13.
inmate [REDACTED] ASA EC 81mg, diltiazem expired 6/1/13 not renewed as of 6/7/13.
inmate [REDACTED] Efavirenz/emyricit/tenofovir expired 6/1/13 not renewed as of 6/7/13.

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inmate [REDACTED] HCTZ, lisinopril, niacin all expired 6/1/13 not renewed as of 6/7/13.

inmate [REDACTED] Nifedine expired 6/1/13 not renewed by 6/7/13.

inmate [REDACTED] Benzotropine Divalproex, loxapine all expired on 6/6/13 needs renewal.

inmate [REDACTED] ASA EC 81mg, Lisinopril both expire on 6/19/13. CDU

inmate [REDACTED] Carbamazepine, paroxetine EXP 6/12/13 not renewed as of 6/10/13.

inmate [REDACTED] Prazocin exp. 6/12/13 not renewed as of 6/10/13.

inmate [REDACTED] Divalproex and Haloperidol are inactive exp. 6/4/13.

inmate [REDACTED] Insulin Detemir and Regular expire 6/9/13 not renewed as of 6/8/13.

Cimmaron

inmate [REDACTED] Metformin Exp. 6/1/13 not renewed as of 6/10/13.

inmate [REDACTED] Atenolol, enalapril, HCTZ, terazosin all exp. 6/13/13, not renewed by 6/10/13.

inmate [REDACTED] metformin, niacin both inactive as of 6/10/11.

inmate [REDACTED] glyburide EXP. 6/10/13 is inactive as of 6/10/13.

inmate [REDACTED] ASAQ 81mg, HCTZ, lisinopril EXP. 6/8/13 all are inactive as of 6/10/13.

inmate [REDACTED] Carvedilol, Phytonadione spironolactone EXP 6/8/13 all inactive as of 6/10/13.

inmate [REDACTED] Niacin, Pravastatin, are inactive as of 6/10/13. Expired 6/8 and 6/6.

inmate [REDACTED] ASA 81mg., lisinopril EXP 6/8/13 inactive as of 6/10/13.

Winchester

inmate [REDACTED] Simvastatin EXP 6/11/13 is inactive as of 6/10/13

inmate [REDACTED] ASA 81mg, enalapril, levothyroxine are all inactive as of 6/10/13.

inmate [REDACTED] Spironolactone inactive as of 6/10/13.

inmate [REDACTED] Simvastatin inactive as of 6/10/13.

inmate [REDACTED] Potassium CL, Prazosin, inactive as of the 10th.

inmate [REDACTED] ASA 81mg, enalapril, Simvastatin all inactive as of 6/10/13.

inmate [REDACTED] Lisinopril EXP 6/12/13 not renewed as of 6/10/13.

inmate [REDACTED] ASA 81mg, glyburide inactive as of the 10th.

inmate [REDACTED] Metoprolol in active as of 6/10/13.

inmate [REDACTED] Metformin EXP. 6/5/13 inactive as of 6/10/13.

inmate [REDACTED] ASA 81mg, HCTZ, lisinopril, and simvastatin all EXP on 6/11/13 not renewed as of 6/10/13.

CDU

inmate [REDACTED] Carbamazepine, paroxetine EXP 6/12/13 not renewed as of 6/10/13.

inmate [REDACTED] Prazocin exp. 6/12/13 not renewed as of 6/10/13.

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					<p>inmate [REDACTED] Divalproex and Haloperidol are inactive exp. 6/4/13.</p> <p>6/12/2013 11:28 AM Entered By: Trudy Dumkrieger Minors inmate [REDACTED] Levalbuterol expired 6/11/13 not renewed 6/12/13. inmate [REDACTED] Ciclesonide expires 6/17/13.</p> <p>Rincon inmate [REDACTED] Enalapril and HCTZ inactive as of 6/12/13. inmate [REDACTED] A buterol inactive as of 6/12/13. inmate [REDACTED] Amlodipine inactive as of 6/12/13. inmate [REDACTED] Insulin Hum. Reg. expires 6/14/13 not renewed as of 6/12/13. inmate [REDACTED] Insulin Detemer and Regular inactive as of 6/12/13. inmate [REDACTED] Glucose 4 gram chew inactive 6/12/13. inmate [REDACTED] Atenolol and lisinopril inactive as of 6/12/13. inmate [REDACTED] HCTZ inactive 6/12/13. inmate [REDACTED] Lisinopril , nitroglycerin, pravastatin, terazosin all inactive as of 6/12/13. inmate [REDACTED] Phenytoin inactive as of 6/12/13. inmate [REDACTED] Lasix, glucose chew, glybunde, metformin, pentoxifylline, potassium, and propranolol all inactive as of 6/12/13. inmate [REDACTED] Potassium inactive as of 6/12/13. inmate [REDACTED] ASA 81mg., carvedilol, pravastatin all inactive as of 6/12/13.</p> <p>IPC inmate [REDACTED] All meds expire 6/13/13: Carvedilol, doxazosin, glypizide, potassium, simvastatin.</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		<p>6/19/2013 3:03 PM Entered By: Trudy Dumkrieger Non-Formulary submitted for IM inmate [REDACTED] for gabapentin. No date on formulary but was faxed 4/15/13, returned for more information 4/17/13 not addressed by provider. inmate [REDACTED] at Manz. order written for greserofulvin on 5/18/13, returned on 6/6/13 needing a non-formulary per PharmaCorr.</p> <p>6/14/2013 10:42 AM Entered By: Trudy Dumkrieger Unable to determine. There is no consistency in how non-formulaaries are being tracked. Per my call to Parmacorr there is to be a binder on every unit with an in and out section. A copy of the non-formulary goes in the binder and when approval or denial comes back it gets moved to the other side. If med is approved it is sent out and if it is denied it is noted on</p>	2

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					the manifest. But there seems to be no way of knowing when they are approved as far as the 24 to 48 hour time frame.	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		6/14/2013 10:44 AM Entered By: Trudy Dumkrieger Decisions are not going directly to providers per PharmaCorr. If approved the med is sent out if denied a note is put on the manifest.	2
11	Are medication error reports being completed and medication errors documented?		X		6/27/2013 12:50 PM Entered By: Trudy Dumkrieger Medication error reports are being completed on Rincon and IPC yards have not seen any for other yards. Medication errors have not been documented in charts.	2

Corrective Action Plans for Performance Measure: Medication Administration

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

Level 1 Amber User: Trudy Dumkrieger Date: 6/26/2013 3:42:26 PM

Corrective Plan: Is there a tracking system for KOP medications to determine if medications have been received by the inmate?

KOP's are delivered to the medical units and nursing staff distributes the KOP medications to the inmates.

Nurses run a daily KOP line and the inmates come to get their KOP meds at their medical unit. The nurses are required to sign off once they hand off the inmate cards. This signature log book is kept on each unit in the med room and checked by the unit supervisor.

Corrective Actions: Approved. See above.

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

Level 1 Amber User: Trudy Dumkrieger Date: 6/27/2013 2:15:39 PM

Corrective Plan: Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices?

Yes, MARS are logged daily by nursing staff and checked by unit nursing supervisor to ensure they are properly logged.

All inmate MARs are updated with new medication orders and with new inmates to the unit. See below.

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: Trudy Dumkrieger Date: 6/19/2013 3:06:10 PM

Corrective Plan: medication error reports are sent to the DON and ADON. The purpose of sending it to Nursing management team is because it is nursing related. The medication error form is used as a reporting tool. corrective action is handled with the employee on a different form. We do not provide corrective action on the reporting form.

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.

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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/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: Trudy Dumkrieger Date: 6/28/2013 1:14:05 PM

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

There are delays in medication passes due to ICS's, lock-downs, security and movements.

These things can help delay the distribution of medication during regularly scheduled med pass, Certain units will bag medications and distribute them throughout the yards if a security officer is available to assist in med pass.

Nursing will stay after working hours to ensure that med pass is completed. If a unit is having trouble in getting a med pass done - nursing staff from other units are required to assist in the med pass to ensure that all medications are passed.

See below.

Corrective Actions: October Action plan submitted by Corizon-
Intakes-

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

- a. Intake Orders
- b. Private Prisons

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

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

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

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

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

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

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

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

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

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

- a. Internal
- b. External

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

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

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

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

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

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

Target Date - 11/30/13

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

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

[NCCHC Standard P-D-01]

Level 2 Amber User: Trudy Dumkrieger Date: 6/27/2013 2:15:07 PM

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

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

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

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

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
 - 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: Trudy Dumkrieger Date: 6/19/2013 3:03:43 PM

Corrective Plan: Are providers being notified of non-formulary decisions within 24 to 48 hours?

A non-formulary is a prescription that is not on the formulary list of drugs and is required explanation by the prescriber to indicate why the drug is needed.

Due to the amount of non-formulary requests throughout the State Dr. Williams and Dr. Bynum are aware that this decision is taking longer than 24 to 48 hours to notify.

They are working on hiring additional staff to help elevate the overwhelming requests.

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At this time Providers are encouraged to prescribe only from the formulary and create alternative treatment plans as much as possible.

See below.

Corrective Actions: October Action plan submitted by Corizon-

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

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

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

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

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

2. In-service staff

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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

Level 2 Amber User: Trudy Dumkrieger Date: 6/19/2013 3:03:43 PM

Corrective Plan: Are providers being notified of non-formulary decisions within 24 to 48 hours?

A non-formulary is a prescription that is not on the formulary list of drugs and is required explanation by the prescriber to indicate why the drug is needed.

Due to the amount of non-formulary requests throughout the State Dr. Williams and Dr. Bynum are aware that this decision is taking longer than 24 to 48 hours to notify. They are working on hiring additional staff to help elevate the overwhelming requests.

At this time Providers are encouraged to prescribe only from the formulary and create alternative treatment plans as much as possible.

See below.

Corrective Actions: October Action plan submitted by Corizon-

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

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

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

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

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

2. In-service staff

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

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

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

a. Audit tools developed

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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/IC/RDCQI/RVP

Target Date-11/30/13

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

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

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

Level 2 Amber User: Trudy Dumkrieger Date: 6/14/2013 10:44:11 AM

Corrective Plan: Are providers being notified of non-formulary decisions within 24 to 48 hours?

A non-formulary is a prescription that is not on the formulary list of drugs and is required explanation by the prescriber to indicate why the drug is needed.

Due to the amount of non-formulary requests throughout the State Dr. Williams and Dr. Bynum are aware that this decision is taking longer than 24 to 48 hours to notify. They are working on hiring additional staff to help elevate the overwhelming requests.

At this time Providers are encouraged to prescribe only from the formulary and create alternative treatment plans as much as possible.

See below.

Corrective Actions: October Action plan submitted by Corizon-

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

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

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

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

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

2. In-service staff

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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

Level 2 Amber User: Trudy Dumkrieger Date: 6/27/2013 12:50:16 PM

Corrective Plan: Are medication error reports being completed and medication errors documented?

Clinical

There is a med error document form that needs to be filled out by the nurse and submitted to both the DON and the unit supervisor for investigation.

The nurse will write an IR regarding the med error incident and submit to the FHA and the DON.

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There is a medication error form that is turned in to Pharmacorr by the DON when there is a medication error. See below.

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.

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Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			6/18/2013 3:17 PM Entered By: Marlana Bedoya YES.	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		6/14/2013 9:19 AM Entered By: Trudy Dumkrieger Santa Rita on 6/7/13 started medication pass at 0823 hours and concluded it at 0937 hours. This was due to only one nurse being on the unit from 0600 until a second nurse showed up at 0823. Santa Rita starts the second med pass at approximately 1400 hours which means Bid meds were given about 5 hours later. Bid generally indicates every 12 hours or as close to that as possible. 6/25/2013 1:14 PM Entered By: Marlana Bedoya NO. Vacancies for this complex as of 6/17/2013, and reviewed with the Tucson Complex interim Director of Nursing; (1)RN Supervisor, (2) Staff RNs, (1) Psychologist, (1) Physician, and (1) Regional Director. The staffing continues to be insufficient to meet the needs of the inmate population due to the sheer backlog of processes that need to be caught up. This is witnessed by back-logged charts needing Provider reviews, inmates continuing to wait to see a Provider after having been referred to one, Juveniles not being seen by Dental for half of May and all of June for intake Dental exams, and IMs continuing to wait 2-3 weeks past the date that they submit an HNR to see Nursing. Medications continue to be an issue with them not being ordered, filled/refilled on time, and Chronic Care inmates being far past due for their exams.	3
3	Are all positions filled per contractor staffing pattern?		X		6/25/2013 1:16 PM Entered By: Marlana Bedoya NO. Vacancies for this complex as of 6/17/2013, and reviewed with the Tucson Complex interim Director of Nursing; (1)RN Supervisor, (2) Staff RNs, (1) Psychologist, (1) Physician, and (1) Regional Director.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			6/25/2013 1:20 PM Entered By: Marlana Bedoya YES. The Complex Manager actually informs Corizon Corporate of the vacancies that he/she has, as they come open. Corizon then advertises. Per the Complex Manager,	2

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					<p>if an emergency staffing issues arises Corizon pursues a Locum company to fill the position. There are (3) types of recruiters at Corizon Corporate; (1) for Locums, (1) for Physicians, and (1) for Nursing/Ancillary.</p>	
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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: Marlana Bedoya Date: 6/25/2013 1:14:08 PM

Corrective Plan: Per the contractual agreement between ADC and Corizon I am able to fill for the positions that are allocated in the staffing control document. Thus far, we have filled most but not all positions. see list of positions filled.

Nurse Practitioners are all filled
 RN supervisors are all filled
 Staff RN's
 Nursing assistants are filled
 We still have a psychologist position vacant (no applications received for this position)
 MH RN's are filled
 Physician one was filled and is in the process now. She should begin on 07/15
 medical director position remains vacant.
 Regional Director is coming in for a second interview in one week.

Corrective Actions: Approved per Marlana.

3 Are all positions filled per contractor staffing pattern?
Level 2 Amber User: Marlana Bedoya Date: 6/25/2013 1:16:16 PM

Corrective Plan: Nurse Practitioners are all filled
 RN supervisors are all filled
 Staff RN's are filled
 Nursing assistants are filled
 We still have a psychologist position vacant (no applications received for this position)
 MH RN's are filled
 Physician one was filled and is in the process now. She should begin on 07/15
 medical director position remains vacant.
 Regional Director is coming in for a second interview in one week.

Corrective Actions: Approved per Marlana.

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?		X		6/27/2013 1:22 PM Entered By: Trudy Dumkrieger Corizon does not have a policy book addressing the infirmiry issues.	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			6/27/2013 12:00 PM Entered By: Trudy Dumkrieger Yes they now have a call light system in HU9.	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		6/27/2013 1:37 PM Entered By: Trudy Dumkrieger No. Corizon has generally two RNS an LPN and up to two NAs in on the night shift while the day shift has 1 RN from 6A-6P, one LPN 6A-6P, and an RN from 10A to 6P. and one NA. While night shift may be OK with that day shift has had a problem with call offs not being cover where they end up with an RN and LPN only, or where the night shift has had to stay an extra 3 1/2 hours or more because the call off doesn't get covered.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?		X		6/27/2013 12:02 PM Entered By: Trudy Dumkrieger No there is only the day shift supervisor who is covering Rincon yard as well as the IPC.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?		X		6/27/2013 12:03 PM Entered By: Trudy Dumkrieger Corizon doos not have a manual of nursing care procedures out yet,	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			6/25/2013 2:35 PM Entered By: Trudy Dumkrieger	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?		X		6/27/2013 2:18 PM Entered By: Trudy Dumkrieger inmate ██████ Admitted to the IPC 6/4/13. Seen by provider 6/5/13 no diagnostic testing, frequency of monitoring or FU ordered. Order received 6/7/13 for FU for chemotherapy. Since admission as an IPC patient there are only five notes of providers seeing IM. inmate ██████ chart reviewed is an IPC patient has been seen by the provider on 5/6, 5/8, 5/22, and 6/24. There is a note on 5/11/13 that is not signed so don't know if that is nurse or provider. inmate ██████ Admitted as IPC patient 6/5/13. Seen 6/6/13 by provider then not again until 6/20/13. Was seen 6/7/13 but the note is not signed so don't know who wrote it. Nursing is seeing IPC IMs and	1

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				charting atleast one a shift. No set protocol.		
8	<p>Is a complete inmate health record kept and include:</p> <ul style="list-style-type: none"> -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		6/27/2013 1:12 PM Entered By: Trudy Dumkrieger	1	
9	<p>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?</p>	X		6/25/2013 2:33 PM Entered By: Trudy Dumkrieger The entire infirmary record is put into the outpatient chart.	1	
10	<p>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?</p>	X		6/25/2013 2:34 PM Entered By: Trudy Dumkrieger Done by either a physician or mid-level.	1	
11	<p>Are vital signs done daily when required?</p>	X		6/27/2013 1:13 PM Entered By: Trudy Dumkrieger	1	
12	<p>Are there nursing care plans that are reviewed weekly and are signed and dated?</p>			X	6/27/2013 12:08 PM Entered By: Trudy Dumkrieger No. Care plans are not used consistently, are not kept in an access ble place and not kept updated. Out of five IPC charts I found one that I could find the care plan in. That care plan had been written on 6/5/13 with no indication that it had been reviewed or updated.	1
13	<p>Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]</p>	X		6/27/2013 12:09 PM Entered By: Trudy Dumkrieger Per the nursing supervisor RN Holder on night shift is assigned to these duties.	1	

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Corrective Action Plans for Performance Measure: Infirmiry Care

1 Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?

Level 1 Amber User: Trudy Dumkrieger Date: 6/27/2013 1:22:47 PM

Corrective Plan: Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?

IPC has DOC post orders that are currently being used on site.
Corizon has not provided a health service technical manual.

DOC IPC Post orders/health services technical manual will be implemented by July 31st, 2013 – per DOC policy. All Nursing and provider staff will be educated and trained on using manual.

Corrective Actions: Approved per Trudy.

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?

Level 1 Amber User: Trudy Dumkrieger Date: 6/27/2013 1:37:05 PM

Corrective Plan: Infirmiry Care

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?

The infirmiry has licensed staff trained to provider qualified health care to patients of all levels of illness. Inmates that are in need of care beyond the institution setting are sent to appropriate hospitals for individualized care. There are 35 beds available in the infirmiry.

The number of staff on day shift in the infirmiry is as follows:

1 - RN Supervisor 8a - 5p
1 - RN 6a - 6p
1 – RN (IV nurse) 10a - 5p
1- LPN med pass nurse 6a - 6p
2- CNA's 6a - 6p
1- Provider 7:30a - 5:30p

Night shift:

1 - RN night supervisor 8p - 5a
1 - RN 6p - 6a
1 – RN (IV nurse) 10p - 5a
1- LPN med pass nurse 6p - 6a
1- CNA 6p -6a
1- on call Provider 24 hours

See below.

Corrective Actions: An acuity tool will be developed to ensure appropriate staffing levels for infirmiry patient care.

4 Is a supervising registered nurse in the IPC 24 hours a day?

Level 1 Amber User: Trudy Dumkrieger Date: 6/27/2013 12:02:35 PM

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

Corrective Actions: An RN is available for coverage in the IPC 24 hours per day. DON to review schedule to ensure RN is staffed 24/7 in IPC.

5 Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?

Level 1 Amber User: Trudy Dumkrieger Date: 6/27/2013 12:03:42 PM

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

Corrective Actions: Updated Manual ordered and Infirmiry Manual in development for ADC approval.

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7 Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?

Level 1 Amber User: Trudy Dumkrieger Date: 6/27/2013 2:18:48 PM

Corrective Plan: Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?

Clinical: nursing care is continuous, patient rounds are done every hour by nursing staff, and medications are given as prescribed by provider.

All Providers meet with patients on a as needed bases, and critical cares are seen daily or as per condition.

Diagnostic testing is done twice a day for finger sticks, and labs are Mondays for PT-INR. Dialysis patients are taken to dialysis on scheduled daily times.

Weekly blood draws for medication and critical condition patients.

New intakes to infirmary are seen immediately upon arrival, and full assessments are done within 6 hours of intake. Charts are reviewed each shift, day and night. Orders are noted daily.

IPC Post orders/health services technical manual will be implemented by July 31st, 2013 – per DOC policy. All Nursing and provider staff will be educated and trained on using manual. See below.

Corrective Actions: Once acuity tool is developed and implemented, frequency of physician/nursing rounds will be based on categories of care.

12 Are there nursing care plans that are reviewed weekly and are signed and dated?

Level 1 Red User: Trudy Dumkrieger Date: 6/27/2013 12:08:48 PM

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.