

July 2013 LEWIS COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		7/30/2013 3:02 PM Entered By: Terry Allred Performance measure is not met. There is no dedicated nursing sick call line being offered on any unit. Those current sick call lines include provider lines, follow up on provider orders, (dressing changes and BP checks) and necessary ICS involvement.	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		7/30/2013 2:52 PM Entered By: Terry Allred Performance measure is not met. Of the 30 inmate medical charts audited (complex wide), only 3 of those noted patient encounters occurred within the required 24 hour period. Of those same 30 inmate medical records which included 7 "911" or emergent requests, 1, was seen on the same day of submission, while the other 6 were seen on average 6.2 days later.	1
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]		X		7/30/2013 2:54 PM Entered By: Terry Allred Performance measure is not met. Of 30 inmate medical records that were reviewed, approximately 8 or 34% did not have inmate patient weight entries.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		7/30/2013 2:55 PM Entered By: Terry Allred Performance measure is not met. Of the 30 inmate medical records that were reviewed, a complete SOAPE was utilized only 4 times, or 12% of the time.	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		7/30/2013 2:58 PM Entered By: Terry Allred Performance measure is not met. Of those 30 audited inmate medical records, the average wait time between referral and provider visit was approximately 12 days. This did not include those inmates that were sent to the medical HUB for emergent care. Those numbers were not factored in as they were not considered on-unit referrals.	1
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			7/30/2013 2:59 PM Entered By: Terry Allred Performance measure is met.	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: Terry Allred Date: 7/30/2013 3:01:55 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1.Process to address access to care, to include but not limited to:

- a.Scheduling patients
- b.Staffing

2.In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1

Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all inmates (Sick Call Attachment); and site specific process

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

3.Monitoring (Sick Call 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 = 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.

10/11/13 Update – All HNR s to be triaged by nursing, inclusive of MH.

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

Level 1 Amber User: Terry Allred Date: 7/30/2013 2:51:24 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1.Process to address, to include but not limited to:

- a.Daily pick up.
- b.Date stamp.
- c.Triage within 24 hrs, immediate triage of patient if emergent.
- d.Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
- e.Nurse line sees patient, then to provider line when appropriate.
- f. Submit final site process to RVP.

2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 (Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);

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

3.Monitoring (Sick Call Monitoring Tool)

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

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: Terry Allred Date: 7/30/2013 2:53:37 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1.In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call Attachment);

a.Agenda/sign off sheet to verify

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2. 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.

10/11/13 Update – VS will include weight when appropriate.

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

Level 1 Amber User: Terry Allred Date: 7/30/2013 2:55:07 PM

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

Corrective Actions: October Action plan submitted by Corizon-

- 1. In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)", Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance outcome 4 (Sick Call Attachment); use of Corizon NETs

- a. Agenda/sign off sheet to verify

2. 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/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 –NETs to be used for all Nursing sick call.

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

Level 1 Amber User: Terry Allred Date: 7/30/2013 2:57:57 PM

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

Corrective Actions: October Action plan submitted by Corizon-

- 1. In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5 (Sick Call Attachment); Seen by Physician or Midlevel within 7 days

- a. Agenda/sign off sheet to verify

2. 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/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.

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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>7/31/2013 7:03 AM Entered By: Yvonne Maese</p> <p>July reviewed the following samples of Urgent consults per ORC.</p> <p>inmate request written 5/9 no consult/off-site return recommendations in chart</p> <p>inmate oncology request 5/15 per provider order, no consult/of-site return recommendations in chart</p> <p>inmate request written 6/6, no consult/off-site recommendations in chart</p> <p>inmate request written 5/31, no consult/off-site recommendations in chart</p> <p>inmate request written 6/17, no consult/off-site recommendations in chart</p> <p>inmate 5/29 request written, no consult/off-site recommendations in chart</p> <p>inmate routine request written 5/3 appt, 6/17 no off-site recommendations in chart</p> <p>inmate request written 6/11, appt date 7/15 no off-site recommendations in chart</p> <p>inmate request written 6/11, no consult/off-site return recommendations in chart</p> <p>inmate request written 6/11, no consult/off-site return recommendations in chart</p> <p>inmate request written 6/12, no consult/off-site return recommendations in chart</p> <p>inmate request written 6/6, no consult/off-site return recommendations in chart</p> <p>inmate request written 6/4, actual off-site appt 6/12, provider review 6/12</p> <p>inmate request written 5/22, actual appt 6/13, no provider review</p> <p>inmate request written 6/17, no off-site return recommendations in chart</p> <p>inmate request written 5/23, actual appt 6/5, provider review 6/21</p> <p>inmate request written 6/6, no off-site return recommendations in chart however nurse notes i/m return 7/10</p> <p>inmate request written 6/12, no consult/off-site return recommendations in chart</p> <p>inmate request written 5/16, actual appt 6/3, provider review 6/12</p> <p>inmate request written 6/12, no consult copy in chart, off-site return recommendations 6/26 no review</p> <p>inmate request written 6/6, no consult/off-site return recommendations in chart</p> <p>inmate request written 6/11, no consult/off-site return recommendations in chart</p> <p>Many of the current urgent consult charts I was unable to locate for review. Medical records notified and stated staff are not doing out guide for location of chart.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>7/31/2013 7:09 AM Entered By: Yvonne Maese</p> <p>Performance measure not met. Of the charts reviewed, one consult met performance measure.</p> <p>July reviewed the following samples of Urgent consults for provider review per ORC.</p> <p>inmate request written 5/9 no consult/off-site return recommendations in chart</p> <p>inmate oncology request 5/15 per provider order, no consult/of-site return</p>	2

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				<p>recommendations in chart inmate request written 6/6, no consult/off-site recommendations in chart inmate request written 5/31, no consult/off-site recommendations in chart inmate request written 6/17, no consult/off-site recommendations in chart inmate 5/29 request written, no consult/off-site recommendations in chart inmate routine request written 5/3 appt, 6/17 no off-site recommendations in chart inmate request written 6/11, appt date 7/15 no off-site recommendations in chart inmate request written 6/11, no consult/off-site return recommendations in chart inmate request written 6/11, no consult/off-site return recommendations in chart inmate request written 6/12, no consult/off-site return recommendations in chart inmate request written 6/6, no consult/off-site return recommendations in chart inmate request written 6/4, actual off-site appt 6/12, provider review 6/12 inmate request written 5/22, actual appt 6/13, no provider review inmate request written 6/17, no off-site return recommendations in chart inmate request written 5/23, actual appt 6/5, provider review 6/21 inmate request written 6/6, no off-site return recommendations in chart however nurse notes i/m return 7/10 inmate request written 6/12, no consult/off-site return recommendations in chart inmate request written 5/16, actual appt 6/3, provider review 6/12 inmate request written 6/12, no consult copy in chart, 6/26 off-site return recommendations , no provider review inmate request written 6/6, no consult/off-site return recommendations in chart inmate request written 6/11, no consult/off-site return recommendations in chart</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>7/31/2013 7:04 AM Entered By: Yvonne Maese Awaiting on finalization of dermatologist contract per clinic coordinator. All consults as of this date are being sent to appropriate specialty.</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>7/26/2013 11:58 AM Entered By: Yvonne Maese</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>7/26/2013 11:58 AM Entered By: Yvonne Maese</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: Yvonne Maese Date: 7/31/2013 7:03:10 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

Responsible Parties = ARMD/RDON/RVP/RCQI/FHA/DON

Target Date -11/30/13

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

1. Standardized process to address, to include but not limited to:
 - a. Approved consults scheduled/documented within 5 days by clinical coordinator
2. Schedule and conduct training for all clinical coordinators
 - a. Agenda/sign off sheet to verify
3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = DON/Clinical Systems Business Analyst II/FHA/DON/RDCQI/RVP

Target Date - 11/30/13

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

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

Level 2 Amber User: Yvonne Maese Date: 7/31/2013 7:09:01 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

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

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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			7/24/2013 7:23 AM Entered By: Martin Winland	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			X	<p>7/24/2013 7:25 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests & HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Red- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity and mortality and maintain continuity of care.</p> <p>A) HSTM 4.1.6 Non-Formulary drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. July 2013 Non formulary Drug Requests – Non-Formulary Reports indicate: 1223 Non-Formulary medications expiring for 1038 patients.</p> <p>B) HSTM4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to the morbidity or mortality and so that the inmate population receives continuity of care. Medication should be renewed prior to the expiration date to provide continuity of care. July Formulary Report indicates: 8072 formulary medications for 4598 patients expiring in July.</p> <p>C) Total expiring medications for July: 9295 medication for 5636 patients.</p> <p>Lewis Multiple emails to the site D.O.N. and the Facility Health Administrator have gone unanswered concerning medication issues for the inmate population. To date, July 17, 2013, I have had 2 responses from the D.O.N. The medication concerns were scanned and faxed using information retrieved from the Corizon/Pharmacorr online Patient Profile. There have been a few inquiries into missing non formularies. Upon researching this issue, I requested that Pharmacorr email me the rejection/approval notice that is emailed to the sites. Both copies have a confirmation of receipt from the facility fax. I am concerned that continuity of care at this facility may be an issue. Lewis was also maintaining patient specific blister packs and using existing medication for other inmates if medication did not arrive on time. Christy Somner, Statewide D.O.N. for</p>	2

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					Corizon, has been alerted to these issues. I am concerned for continuity of care for our inmate population.	
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			7/24/2013 7:25 AM 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 Red User: Martin Winland Date: 7/24/2013 7:25:15 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Expired Medications (Appendix I.1.a.)
- b. Re-order medications
- c. Invalid chart orders (Appendix I.1.c.)
 - i. Therapeutic dose ranges
 - ii. Dose changes must have supporting documentation
- d. Non-formulary process (Appendix I.1.d.)
 - i. Reviewed for approval within 24-48 hrs
 - ii. Providers notified decision within 24-48 hrs
- e. Manifest Reconciliation
- f. Inventory control
- g. Stock Medications
- h. Practitioner Cards (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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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			7/31/2013 5:40 PM Entered By: Nicole Taylor No major issues found with HNR Triaging	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		7/31/2013 5:43 PM Entered By: Nicole Taylor This is an AMBER finding because of the length of time from referral, and these inmates still have not been seen Bachman: inmate put in HNR on 6/4 - still not seen; 277406 referred 1/29 - never seen Rast: inmate not seen within time frames Morey: No issues Barchey: No issues Buckley: No issues Stiner: No issues	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		7/31/2013 5:43 PM Entered By: Nicole Taylor Bachman: No issues Rast: inmate did not have a treatment plan; inmate has not been updated since 6/28/12 Morey: inmate has not been updated since 2011...he might be MH-2, but not indication in the chart Barchey: inmate did not have a treatment plan Buckley: inmate has not been updated since 9/22/11; inmate has not been updated since 1/30/12; inmate has not been updated since 1/29/12 Stiner: inmate has not been updated since 11/10/11	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		7/31/2013 5:44 PM Entered By: Nicole Taylor Bachman: inmate and inmate were not seen within time frames; inmate was lowered to MH-2 but meds expired without follow up (also the database and the treatment plan still reflect MH-3); inmate not seen since 2011...likely can be lowered to MH-2 Rast: inmate not seen within time frames; inmate did not show for appt and not followed up with; inmate not seen within time frames Morey: inmate refused May appt and no follow up since; numerous inmates are refusing appts and yet still not seen inmate inmate I recommend that staff require inmates to sign a refusal. Barchey: inmate not seen within time frames Buckley: inmate not seen within time frames; inmate not seen within time frames Stiner: inmate not seen within time frames	2

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5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]			X	7/31/2013 5:44 PM Entered By: Nicole Taylor Bachman: inmate had a med renewal of 4/16 for 30 days...meds expired?; inmate not seen within time frames; inmate seen at ARTC on 12/28/12 with 60 day supply and not seen since Rast: The following inmates were not seen within time frames inmate inmate inmate inmate inmate inmate inmate inmate Morey: inmate references KOP meds, but may have DC'd 8/2011; the following were not seen within time frames inmate inmate inmate inmate Barchey: The following were not seen within time frames inmate inmate inmate inmate inmate inmate inmate refused meds on 4/8/11 and not seen since then Buckley: The following were not seen within time frames inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate Stiner: The following were not seen within time frames inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate	2
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]	X			7/31/2013 5:45 PM Entered By: Nicole Taylor After a random sampling, all reentry plans met criteria	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: Nicole Taylor Date: 7/31/2013 5:42:13 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 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: Nicole Taylor Date: 7/31/2013 5:42:46 PM

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

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Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 3 (Mental Health Attachment) related to treatment plan updates every 90 days and use of SMI monthly report tool

a. SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track and trend (III.1.a. SMI Monthly Report)

b. Review AIMS and update when changes in MH status

c. Inmates with mental health score of three or above are seen by MH staff per policy titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

**4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]
Level 2 Amber User: Nicole Taylor Date: 7/31/2013 5:43:17 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.

2. Reinforce this in monthly staff meetings.

3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.

4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.

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

Target Date-11/30/13

**5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]
Level 2 Red User: Nicole Taylor Date: 7/31/2013 5:43:52 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date- 11/30/13

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

July 2013 LEWIS COMPLEX

Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			7/8/2013 2:48 PM Entered By: Terry Allred 7/8/2013 2:47 PM Entered By: Terry Allred This is not a Lewis Complex performance measure.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			7/8/2013 2:48 PM Entered By: Terry Allred This is not a Lewis Complex performance measure.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			7/8/2013 2:49 PM Entered By: Terry Allred This is not a Lewis Complex performane measure.	1
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X			7/8/2013 2:49 PM Entered By: Terry Allred This is not a Lewis Complex performance measure.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			7/8/2013 2:50 PM Entered By: Terry Allred N/A	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X			7/8/2013 2:50 PM Entered By: Terry Allred This is not a Lewis Complex performance measure.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			7/8/2013 2:51 PM Entered By: Terry Allred This is not a Lewis Complex performance measure.	1
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]	X			7/8/2013 2:51 PM Entered By: Terry Allred This is not a Lewis Complex performance measure.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]	X			7/8/2013 2:52 PM Entered By: Terry Allred This is not a Lewis Complex performance measure.	1

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No Shows						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]	X			7/31/2013 2:36 PM Entered By: Terry Allred Performance measure is met. Complex HUB ensures that all inmates intent on refusing care come to the HUB to do so per performance measure.	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]		X		7/22/2013 1:10 PM Entered By: Terry Allred Performance measure is not met. There is no documentation located to support that this is occurring.	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]	X			7/31/2013 2:37 PM Entered By: Terry Allred Performance measure is met.	1
4	Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]	X			7/31/2013 2:37 PM Entered By: Terry Allred Performance measure is met.	1

Corrective Action Plans for Performance Measure: No Shows

**2 Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]
Level 1 Amber User: Terry Allred Date: 7/22/2013 1:10:38 PM**

Corrective Plan: All staff will be trained on DO 1101 Section 1.9 for missed appointments. A training roster will be signed and filed according to Corizon policy. This will be completed by September 1, 2013.

Corrective Actions: Approved. See above.







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Communications of Patients Health Needs						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are security staff (Wardens & Shift Commanders) being notified of an inmate's special needs that may affect housing, work, program assignments, disciplinary measures, transfers-communication is documented (Special Needs Form)? [NCCHC Standard P-A-08]	X			7/29/2013 2:04 PM Entered By: Yvonne Maese Currently this measure is met by the issuance of a special needs order. The transporting officer also relays the information to the appropriate department.	1
2	Is security given brief written instructions regarding appropriate interventions for medical emergencies that may arise from a chronic condition? [NCCHC Standard P-A-08]	X			7/29/2013 2:05 PM Entered By: Yvonne Maese	1

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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			7/26/2013 11:03 AM Entered By: Yvonne Maese	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			7/26/2013 11:05 AM Entered By: Yvonne Maese	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			7/26/2013 11:06 AM Entered By: Yvonne Maese Currently KOP meds written on MAR. When inmate receives medication a signature on date with number of pills disbursed is placed on MAR.	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		7/30/2013 9:56 AM Entered By: Yvonne Maese On 6/27 the MAR book was reviewed and a small sample was taken. This sample included the following: inmate and inmate Of this sample taken the following were in compliance with this performance measure: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate and inmate The following MARs did not have allergies or stop date noted. inmate and inmate The following MARs did not meet the performance measure. Several dates did not have initials on them, including the day the samples were taken, indicating the medications were not offered. inmate and inmate	1
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		7/26/2013 12:27 PM Entered By: Yvonne Maese DON states that med errors are verbally discussed with FHA but no written action plan in place/disseminated to ensure medication error does not occur again.	2

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6	<p>Are there any unreasonable delays in inmate receiving prescribed medications?</p>		<p>X</p>		<p>7/30/2013 10:10 AM Entered By: Yvonne Maese This performance measure not met as indicated below. inmate NFDR medication tramadol submitted twice for renewal starting 6/7/13 and again in July. No renewal as of yet. inmate atripla allowed to expire without renewal. inmate baclofen/tramadol expires 5/8 and 5/21 with most recent renewal of baclofen 7/29 Medication not offered per MAR: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate and inmate Renewal or late chronic care medication : 26 Rx Chronic Medication not renewed: 60 Rx</p>	<p>2</p>
7	<p>Are inmates being required to show ID prior to being administered their medications?</p>		<p>X</p>		<p>7/26/2013 11:07 AM Entered By: Yvonne Maese</p>	<p>2</p>
8	<p>Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]</p>		<p>X</p>		<p>7/30/2013 9:09 AM Entered By: Yvonne Maese BUCKLEY- reviewed the following ten inmates with medications expiring in July: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate and inmate Of these ten, five inmate inmate inmate inmate inmate) had their medication renewed prior to expiration. The remaining five inmate inmate inmate inmate inmate) all had medication allowed to expire without renewal. BACHMAN- reviewed the following ten inmates with medications expiring in July: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate and inmate Of these ten two inmate and inmate had their medication renewed prior to expiration. inmate inmate and inmate had their medication renewed between 3-10 days late. The remaining five inmate inmate inmate inmate inmate were allowed to expire without renewal. BARCHEY- reviewed the following ten inmates with medications expiring in July: inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate and inmate Of these ten two inmate and inmate had their medication renewed prior to expiration. inmate was renewed 8 days late. The remaining seven inmate inmate inmate inmate inmate inmate inmate) were allowed to expire without renewal. MOREY- reviewed the following ten inmates with medications expiring in July: inmate inmate inmate inmate inmate</p>	<p>2</p>

July 2013 LEWIS COMPLEX

					<p>inmate inmate inmate inmate and inmate Of these eleven, five inmate inmate inmate inmate had their medication renewed prior to expiration. The remaining six inmate inmate inmate inmate inmate inmate all had medication allowed to expire without renewal.</p> <p>SUNRISE- reviewed the following ten inmates with medications expiring in July: inmate inmate inmate inmate inmate and inmate Of these six inmate was renewed 1 day late. The remaining five inmate inmate inmate inmate inmate) all had medication allowed to expire without renewal.</p> <p>EAGLE POINT- reviewed the following ten inmates with medications expiring in July: inmate inmate inmate inmate inmate inmate inmate inmate and inmate Of these ten, four inmate inmate inmate inmate) had their medication renewed prior to expiration. inmate was renewed 5 days late. The remaining five (inmate inmate inmate inmate inmate) all had medication allowed to expire without renewal.</p> <p>RAST- reviewed the following ten inmates with medications expiring in July: inmate inmate inmate inmate inmate inmate inmate inmate and inmate Of these ten, one (inmate was renewed prior to expiration. The remaining nine (inmate inmate inmate inmate inmate inmate) all had medication allowed to expire prior to expiration.</p> <p>STINER- reviewed the following ten inmates with medications expiring in July: inmate inmate inmate inmate inmate inmate inmate inmate and inmate Of these ten, one inmate was renewed prior to expiration. inmate was renewed 8 days late. The remaining eight (inmate inmate inmate inmate inmate inmate) all had medication allowed to expire without renewal.</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		<p>7/26/2013 11:15 AM Entered By: Yvonne Maese Currently at L11 there is no tracking system in place to determine if medication has been approved or denied within 24 to 48 hours. Received 19 NFDR forms from DON 4 were a fax copy indicating it had been sent to pharmacorr the remaining 15 had no fax stamp or any indication that it had been sent for approval or denial.</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		<p>7/26/2013 11:20 AM Entered By: Yvonne Maese Currently no tracking system in place at L11. 179126 denied dosage increase on tramadol. Provider not notified inmate was recommended to remain on current dose or try TCA. Request send again for dosage</p>	2

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				increase. Inmate remains without either medication	
11	Are medication error reports being completed and medication errors documented?	X		7/26/2013 12:28 PM Entered By: Yvonne Maese	2

Corrective Action Plans for Performance Measure: Medication Administration

**4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]
Level 1 Amber User: Yvonne Maese Date: 7/30/2013 9:55:17 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

**5 Are medication errors forwarded to the FHA to review corrective action plan?
Level 2 Amber User: Yvonne Maese Date: 7/26/2013 12:27:37 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

**6 Are there any unreasonable delays in inmate receiving prescribed medications?
Level 2 Amber User: Yvonne Maese Date: 7/30/2013 10:09:37 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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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: Yvonne Maese Date: 7/30/2013 9:08:32 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

1. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting

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- 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: Yvonne Maese Date: 7/26/2013 11:15:53 AM

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
 - a.Non-formulary process (Appendix I.1.d.)
 - i.Reviewed for approval within 24-48 hrs
 - ii.Providers notified decision within 24-48 hrs
 - e.Manifest Reconciliation
 - f.Inventory control
 - g.Stock Medications
 - h.Practitioner Cards (Appendix I.1.h.)
 - i.Controlled Medications (Appendix I.1.i.)
- 2.In-service staff
 - a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
 - b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
- 3.Monitoring (Appendix I. - IV Monitoring Tools)
 - a.Audit tools developed
 - b.Weekly site results discussed with RVP
 - c.Audit results discussed a monthly CQI meeting
 - d.Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date-11/30/13

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

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

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

Level 2 Amber User: Yvonne Maese Date: 7/26/2013 11:20:26 AM

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
 - a.Non-formulary process (Appendix I.1.d.)
 - i.Reviewed for approval within 24-48 hrs
 - ii.Providers notified decision within 24-48 hrs
 - e.Manifest Reconciliation
 - f.Inventory control
 - g.Stock Medications
 - h.Practitioner Cards (Appendix I.1.h.)

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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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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			7/22/2013 1:11 PM Entered By: Terry Allred Performance measure is met. There is an approved staffing pattern available to the local Site Manager.	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		7/22/2013 1:24 PM Entered By: Terry Allred Performance measure is not met. Though efforts at increasing current staffing levels continue, the shortages in all areas to include, providers for medical and psychiatry and in areas of nursing clearly compromise the ability of current staff to manage the extensive medical needs of the population.	3
3	Are all positions filled per contractor staffing pattern?		X		7/22/2013 1:22 PM Entered By: Terry Allred Performance measure is not met. July 15, 2013 staffing report indicates that only 86.62% of all positions were filled at the Lewis complex.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			7/22/2013 1:22 PM Entered By: Terry Allred Performance measure is met.	2

Corrective Action Plans for Performance Measure: Staffing

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

Level 3 Amber User: Terry Allred Date: 7/22/2013 1:24:58 PM

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

Corrective Actions: Reinforce the need to evaluate the adequacy and effectiveness of the staffing as assessed by the facility to ensure there is sufficient staff to meet the needs of the inmate population.

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Terry Allred Date: 7/22/2013 1:22:14 PM

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

Corrective Actions: Positions are filled per contract staffing patterns

July 2013 LEWIS COMPLEX

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			7/26/2013 10:56 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			7/26/2013 10:56 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			7/26/2013 10:57 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			7/26/2013 10:57 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			7/26/2013 10:57 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			7/26/2013 10:57 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			7/26/2013 10:58 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			7/26/2013 10:58 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			7/26/2013 10:58 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmiry classification.	1

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10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			7/26/2013 10:58 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmary classification.	1
11	Are vital signs done daily when required?	X			7/26/2013 10:58 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmary classification.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			7/26/2013 10:59 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmary classification.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			7/26/2013 10:59 AM Entered By: Yvonne Maese N/A L11 does not meet guidelines for infirmary classification.	1

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			7/26/2013 11:23 AM Entered By: Yvonne Maese Random visits to L11 show medication room locked and in compliance.	1
2	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented?	X			7/29/2013 2:05 PM Entered By: Yvonne Maese	2
2	Are open medication vials being marked with the date they were opened?	X			7/26/2013 11:27 AM Entered By: Yvonne Maese 7/26/2013 11:26 AM Entered By: Yvonne Maese	1
3	Is nursing staff checking for outdated (expiring)medications?	X			7/26/2013 11:27 AM Entered By: Yvonne Maese	1