

**July 2013 YUMA COMPLEX**

<b>Sick Call (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	<b>X</b>			<p>7/22/2013 11:35 AM Entered By: Anthony Medel Dakota Unit (Green) Reviewed sick call process and found that this unit is in compliance with sick call processes (7/1 to 7/5 and 7/8 to 7/12).</p> <p>Cheyenne Unit (Green) Reviewed sick call process and found that this unit is in compliance with sick call processes (7/1 to 7/5)</p> <p>La Paz Unit (Green) Reviewed sick call process and found that this unit is in compliance with sick call processes (7/1 to 7/5)</p> <p>Cibola Unit (Green) Reviewed sick call process and found that this unit is in compliance with sick call processes (7/1 to 7/5 and 7/8 to 7/12).</p> <p>Cocopah Unit (Green) Reviewed sick call process and found that this unit is in compliance with sick call processes (7/1 to 7/5).</p>	<b>1</b>
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]		<b>X</b>		<p>7/23/2013 10:11 AM Entered By: Anthony Medel Complex 75 charts reviewed: forty-one charts (41) (55%) were in compliance of being seen within 24 hours of HNR being triaged. (Amber)</p> <p>7/22/2013 1:59 PM Entered By: Anthony Medel Dakota Unit: Reviewed 15 charts on this unit and three (3) (20%) chart were in compliance of being seen within 24 hours of HNR being triaged.</p> <p>#inmate [redacted]: HNR 7/7-Triaged 7/12, seen on 7/16 (Lumps on lower back). #inmate [redacted]: HNR 6/14-Triaged 6/16, seen on 7/15 (Cysts on face). #inmate [redacted]: HNR 7/10-Triaged 7/12, seen on 7/12 (CC HTN-No note written). #inmate [redacted]: HNR 6/24-Triaged 6/24, seen on 7/9 (Pain in right wrist x 15 days). #inmate [redacted]: HNR 7/1-Triaged 7/1, seen on 7/4 (Knee pain) #inmate [redacted]: HNR 6/29-Triaged 6/29, seen on 7/2 (Right testicle pain). #inmate [redacted]: HNR 6/26-Triaged 6/27, refusal signed on 7/1 (stomach issues). #inmate [redacted]: HNR 7/7-Triaged 7/7, seen by optometry on 7/16. #inmate [redacted]: HNR 7/8-Triaged 7/8, seen on 7/10 (Chronic Lower back pain). #inmate [redacted]: HNR 6/30-Triaged 6/30, seen on 7/3 (Knee problems). #inmate [redacted]: HNR 6/29-Triaged 6/30, seen on 7/2 (Thumb</p>	<b>1</b>

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dislocation/possible fx).

#inmate [REDACTED]: HNR 7/1-Triaged 7/1, seen on 7/4 (Medication renewal).

## Cheyenne Unit:

Reviewed 15 charts on this unit and nine (9) (60%) of the charts were in compliance of being seen within 24 hours of HNR being triaged.

#inmate [REDACTED]: HNR 6/23-Triaged 6/29, seen on 7/1 (ht/wt check).

#inmate [REDACTED]: HNR 6/28-Triaged 6/28, seen on 7/3 (Upper/lower back pain).

#inmate [REDACTED]: HNR 6/30-Triaged 7/2, seen on 7/3 (Pre-counsel HIV testing and toe nail issues).

#inmate [REDACTED]: HNR 6/27-Triaged 6/28, seen on 7/3 (Prostate swollen).

#inmate [REDACTED]: HNR 6/30-Triaged 7/2, seen on 7/3 (possible bloody stool).

#inmate [REDACTED]: HNR 7/3-Triaged 7/5, seen on 7/8 (Increase blood pressure/chest pain).

## La Paz Unit:

Reviewed 15 charts on this unit and six (6) (40%) chart were in compliance of being seen within 24 hours of HNR being triaged.

#inmate [REDACTED]: HNR 6/29-Triaged 7/2, seen on 7/2 (bilateral ear discomfort).

#inmate [REDACTED]: HNR 6/29-Triaged 7/2, seen on 7/2 (AIDS/STD testing).

#inmate [REDACTED]: HNR 6/26-Triaged 6/26, referred to Telemed on 7/2 Dx:

Anxiety/Depression).

#inmate [REDACTED]: HNR 6/29-Triaged 6/30, seen on 7/3 (Left ear discharge).

#inmate [REDACTED]: HNR 6/28-Triaged 7/1, seen on 7/3 (Abscess on face).

#inmate [REDACTED]: HNR 7/2-Triaged 7/2, seen on 7/4 (Vision testing).

#inmate [REDACTED]: HNR 7/4-Triaged 7/4, seen on 7/9 (Dental pain)

#inmate [REDACTED]: HNR 6/19-Triaged 7/7, seen on 7/8 (Back pain)

#inmate [REDACTED]: HNR 7/4-Triaged 7/6, seen on 7/9 (Wheelchair training).

## Cibola Unit:

Reviewed 15 charts on this unit and thirteen (13) (87%) chart were in compliance of being seen within 24 hours of HNR being triaged.

#inmate [REDACTED]: HNR 7/5-Triaged 7/5, seen on 7/14 (Neck/Shoulder pain)

#inmate [REDACTED]: HNR 7/5-Triaged 7/5, seen on 7/9 (Cysts on leg and buttocks).

## Cocopah Unit:

Reviewed 15 charts on this unit and ten (10) (67%) chart were in compliance of being seen within 24 hours of HNR being triaged

#inmate [REDACTED]: HNR 6/19-Triaged 6/21, seen on 6/21 (Left calf abscess).

#inmate [REDACTED]: HNR 6/30-Triaged 6/30, seen on 7/3 (Abscess on L/R buttocks).

#inmate [REDACTED]: HNR 7/2-Triaged 7/4, seen on 7/5 (Retina detachment).

#inmate [REDACTED]: HNR 7/8-Triaged

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				<p>7/9, signed refusal on 7/10 (Migraine). #inmate [redacted] : HNR 7/5-Triaged 7/10, signed refusal on 7/10.</p> <p>Complex 75 charts reviewed: forty-one charts (41) (55%) were in compliance of being seen within 24 hours of HNR being triaged.</p> <p>Per RFP (Contract) Performance Outcome 2: All sick call inmates shall be triaged within 24 hours with emergent health need requests triaged immediately Measure: Inmates identified from HNR Appointment Report show that triage is performed within 24 hours (or immediately for emergent needs) of request form date and time.</p> <p>Health Services Technical Manual Chapter 5 Section 3.1</p> <p>AUTHORITY: Per NCCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p>	
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>7/23/2013 10:13 AM Entered By: Anthony Medel Complex 73 charts reviewed (2 N/A): thirty-nine (39) (53%) were in compliance of Vital signed checked at documented during sick call. (Amber)</p> <p>7/22/2013 3:16 PM Entered By: Anthony Medel Dakota Unit: Reviewed 14 charts (1 N/A) on this unit and six (6) (43%) chart were in compliance of Vital signed checked at documented during sick call.</p> <p># inmate [redacted] : No Wt and Temp # inmate [redacted] : No note written # inmate [redacted] : No Wt. # inmate [redacted] : No Wt. # inmate [redacted] : No note written # inmate [redacted] : No Wt. and No O-2 Sat. # inmate [redacted] : Pulse listed and documented at 5. # inmate [redacted] : No O-2 Sat</p> <p>Cheyenne Unit: Reviewed 15 charts on this unit and nine (9) (60%) of the charts were in compliance of Vital signed checked at documented during sick call.</p> <p># inmate [redacted] : No Temp, B/P, R/R, O-Sat, and Pulse</p>	1

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#inmate [redacted] : No R/R and O-2 Sat.  
#inmate [redacted] : No R/R  
#inmate [redacted] : No R/R  
#inmate [redacted] : No Wt.  
#inmate [redacted] : No Wt.

La Paz Unit:  
Reviewed 15 charts on this unit and six (7) (33%) chart were in compliance of Vital signed checked at documented during sick call.

#inmate [redacted] : No Wt., O-2 Sat.  
#inmate [redacted] : No note written  
#inmate [redacted] : No Temp, Pulse, R/R, B/P, Wt. and O-2 Sat  
#inmate [redacted] : No B/P, and Wt.  
#inmate [redacted] : No Temp, Pulse, R/R, B/P, Wt. and O-2 Sat  
#inmate [redacted] : No Wt.  
#inmate [redacted] : No R/R  
#inmate [redacted] : No R/R

Cibola Unit:  
Reviewed 14 charts (1 N/A) on this unit and eleven (11) (79%) chart were in compliance of Vital signed checked at documented during sick call.

#inmate [redacted] : No Wt.  
#inmate [redacted] : No Wt.  
#inmate [redacted] : No Wt.

Cocopah Unit:  
Reviewed 15 charts on this unit and five (6) (33%) chart were in compliance of Vital signed checked at documented during sick call.

#inmate [redacted] : No Wt., Temp, O-2 Sat.  
#inmate [redacted] : No O-2 Sat.  
#inmate [redacted] : No Pulse, R/R, Wt., O-2 Sat  
#inmate [redacted] : No Wt., O-2 Sat.  
#inmate [redacted] : No Temp., Pulse, R/R, B/P, Wt., and O-2 Sat  
#inmate [redacted] : No Temp., Pulse, R/R, B/P, Wt., and O-2 Sat  
#inmate [redacted] : No Temp., Pulse, R/R, B/P, Wt., and O-2 Sat  
#inmate [redacted] : No note written  
#inmate [redacted] : No O-2 Sat.

Complex 73 charts reviewed (2 N/A): thirty-nine (39) (53%) were in compliance of Vital signed checked at documented during sick call.

Per RFP (Contract)  
Performance Outcome 3: Every inmate's vital signs shall be checked and documented each time they attend sick call on the appropriate assessment form.  
Measure: Medical record reflects vital signs for each sick call inmate. The percentage of inmates in HNR Appointment Report sample with documented vital signs on the assessment form/record.

Authority (NCCHC)  
AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and

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				<p>documented on the appropriate assessment form each time they attend sick call. Per NCCHC P-E-04, vital signs are include the patient's weight</p>	
4	<p>Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>	X		<p>7/23/2013 10:15 AM Entered By: Anthony Medel Complex 74 charts reviewed (1 N/A): sixty-four (64) (86%) were in compliance of SOAPE format used in medical records. (Green)</p> <p>7/23/2013 10:14 AM Entered By: Anthony Medel Complex 74 charts reviewed (1 N/A): sixty-four (64) (86%) were in compliance of SOAPE format used in medical records. (Green)</p> <p>7/22/2013 3:41 PM Entered By: Anthony Medel Dakota Unit: Reviewed 14 charts (1 N/A) on this unit and twelve (12) (86%) chart were in compliance of SOAPE format used in medical records.</p> <p>#inmate [redacted]: No note written #inmate [redacted]: No note written</p> <p>Cheyenne Unit: Reviewed 15 charts on this unit and fourteen (14) (93%) of the charts were in compliance of SOAPE format used in medical records.</p> <p>#inmate [redacted]: No note written (Ht./Wt. check)</p> <p>La Paz Unit: Reviewed 15 charts on this unit and twelve (12) (80%) chart were in compliance of SOAPE format used in medical records.</p> <p>#inmate [redacted]: No Note- Referred to Telemed on 7/2. #inmate [redacted]: No "E" #inmate [redacted]: No "E"</p> <p>Cibola Unit: Reviewed 15 charts on this unit and fifteen (15) (100%) chart were in compliance of SOAPE format used in medical records.</p> <p>Cocopah Unit: Reviewed 15 charts on this unit and eleven (11) (73%) chart were in compliance of SOAPE format used in medical records.</p> <p>#inmate [redacted]: No "E" #inmate [redacted]: Unable to read note-not legible #inmate [redacted]: No note-refusal signed (Migraine) #inmate [redacted]: No note-refusal signed (Shaving wa ver)</p> <p>Complex 74 charts reviewed (1 N/A): sixty-four (64) (86%) were in compliance of SOAPE format used in medical records.</p>	1

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				<p>Per RFP (Contract) Performance Outcome 4: All Sick call entries are documented in the medical record utilizing the "Subjective – Objective – Assessment – Plan - Education" (SOAPE) format.</p> <p>Health Services Technical Manual Chapter 5-Section 1.3</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>7/23/2013 10:17 AM Entered By: Anthony Medel Complex 46 charts reviewed (29 N/A); twenty-six (26) (57%) were in compliance of Providers see inmate within 7 days of referral. (Amber)</p> <p>7/22/2013 5:01 PM Entered By: Anthony Medel Dakota Unit: Reviewed 10 charts (5 N/A) on this unit and five (5) (50%) charts were in compliance of Providers see inmate within 7 days of referral.</p> <p>#inmate [REDACTED]: Referred on N/L on 7/9 (Pain in right wrist for 15 days) #inmate [REDACTED]: Seen on 7/2 on N/L, seen by Dr. Barclay on 7/18 (Pain in right testicle) #inmate [REDACTED]: Seen on 7/9 on N/L, seen by Dr. Barclay 7/18 (Medication renewal) #inmate [REDACTED]: Seen on 7/3 via N/L, seen by Dr. Barclay on 7/11 (Knee problems) #inmate [REDACTED]: Seen on 7/2 on N/L and referral made, not seen as of 7/19 (Thumb dislocation/fx)</p> <p>Cheyenne Unit: Reviewed 9 charts (6 N/A) on this unit and five (5) (56%) of the charts were in compliance of Providers see inmate within 7 days of referral.</p> <p>#inmate [REDACTED]: Referred for practitioner review on 7/1, not seen as of 7/18. (Medication increase) #inmate [REDACTED]: Seen on N/L on 7/5 and referred to provider on 7/5, not seen as of 7/18 (Sore on right shoulder). #inmate [REDACTED]: Provider referral on 7/3, X-ray date in chart dated 6/10/13) #inmate [REDACTED]: No referral made on N/L on 7/1, not seen as of 7/18 (STD check)</p> <p>La Paz Unit: Reviewed 8 charts (7 N/A) on this unit and 2 (2) (22%) charts were in compliance of Providers see inmate within 7 days of referral.</p> <p>#inmate [REDACTED]: Seen on N/L on 7/2, referred to provider but not seen as of 7/15 (Heartburn/Indigestion).</p>	1

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					<p>#inmate [REDACTED]: Referred to Telemed on 7/2, not seen as of 7/15 (Anxiety/Depression)</p> <p>#inmate [REDACTED]: Referred to Provider line on 7/3, not seen as of 7/15 (c/o tonsil enlargement)</p> <p>#inmate [REDACTED]: Referred to provider on 7/9, reviewed by provider on 7/17 (chronic lower back pain/medication renewal).</p> <p>#inmate [REDACTED]: Referred on 7/8, seen by provider on 7/16 (Dr. Jordan) (Renewal of ACE wrap to right forearm).</p> <p>#inmate [REDACTED]: Referred by N/L on 7/8, not seen as of 7/15 (Back pain).</p> <p>Cibola Unit: Reviewed 12 charts (3 N/A) on this unit and ten (10) (83%) charts were in compliance of Providers see inmate within 7 days of referral.</p> <p>#inmate [REDACTED]: Referred to Optometry on 6/28 on N/L, not seen as of 7/15 (Vision issues/renew Rx).</p> <p>#inmate [REDACTED]: Referred to Optometry on 7/2 on N/L, not seen as of 7/15 (Poor vision-glasses needed).</p> <p>Cocopah Unit: Reviewed 7 charts (8 N/A) on this unit and four (4) (57%) charts were in compliance of Providers see inmate within 7 days of referral.</p> <p>#inmate [REDACTED]: Seen on 6/30 on N/L, not seen by provider as of 7/15 (Vision problems-double vision).</p> <p>#inmate [REDACTED]: Referred to provider and provider gave TO, not signed as of 7/15 (Left calf abscess).</p> <p>#inmate [REDACTED]: Referred to provider and provider gave TO, not signed as of 7/15 (Abscess to right and left buttocks).</p> <p>Complex 46 charts reviewed (29 N/A); twenty-six (26) (57%) were in compliance of Providers see inmate within 7 days of referral.</p> <p>Per RFP (Contract) Performance Outcome 5: Referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days. Measure: Date of referral to physician or Midlevel provider compared to date of sick call</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			7/23/2013 10:19 AM Entered By: Anthony Medel Complex 71 charts reviewed (4 N/A); fifty-eight (58)(82%) were in compliance of Nursing protocols (NETS) in place and used.	1



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(Green)

7/22/2013 5:43 PM Entered By: Anthony Medel

Dakota Unit:

Reviewed 14 charts (1 N/A) on this unit and eleven (11) (79%) charts were in compliance of Nursing protocols (NETS) in place and used.

#inmate [redacted] : No NET used (Cyst on Face)

#inmate [redacted] : No NET used (Vision problems)

#inmate [redacted] : No NET used (CC HTN)

Cheyenne Unit:

Reviewed 15 charts on this unit and thirteen (13) (87%) of the charts were in compliance of Nursing protocols (NETS) in place and used.

#inmate [redacted] : No NET used (Ht/Wt check)

#inmate [redacted] : No NET used (Incomplete-Spider bite)

La Paz Unit:

Reviewed 14 charts (1 N/A) on this unit and eleven (11) (79%) charts were in compliance of Nursing protocols (NETS) in place and used.

#inmate [redacted] : No NET used (Anxiety/Depression)

#inmate [redacted] : No NET used (Vision testing)

#inmate [redacted] : No NET used (Dental pain)

Cibola Unit:

Reviewed 14 charts (1 N/A) on this unit and fourteen (14) (100%) charts were in compliance of Nursing protocols (NETS) in place and used.

Cocopah Unit:

Reviewed 14 charts (1 N/A) on this unit and nine (9) (64%) charts were in compliance of Nursing protocols (NETS) in place and used.

#inmate [redacted] : No NETS used. (Vision Problems)

#inmate [redacted] : No NETS used. (Diet refusal)

#inmate [redacted] : No NETS used. (Med renewal)

#inmate [redacted] : No NETS used. (Blurred vision)

#inmate [redacted] : No NETS used. (Refusal signed-Migraine)

Complex 71 charts reviewed (4 N/A): fifty-eight (58) (82%) were in compliance of Nursing protocols (NETS) in place and used.

Health Services Technical Manual Chapter 5-Section 1.5

AUTHORITY:

As identified in HSTM Ch. 5; Sec. 1.5 and



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					<p>HSTM Appendix E (Nursing Protocols) it is the responsibility of the CRNSII [DON] to ensure that all licensed nurses are trained in providing emergency nursing care, health maintenance and prevention to the patient who is in need of these services.</p>	
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### Corrective Action Plans for Performance Measure: Sick Call (Q)

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

**Level 1 Amber User: Anthony Medel Date: 7/23/2013 10:11:30 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: Anthony Medel Date: 7/23/2013 10:13:15 AM**

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

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

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audit tool per audit results.  
10/11/13 Update – VS will include weight when appropriate.

**5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]**  
**Level 1 Amber User: Anthony Medel Date: 7/23/2013 10:17:00 AM**

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>7/29/2013 1:12 PM Entered By: Yvonne Maese                      LAPAZ- reviewed the charts of the following nine inmates: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] and [redacted]. Of these nine four were in compliance with this performance measure, [redacted] [redacted] [redacted] and [redacted] [redacted] routine appt consult request for ENT 5/17 with actual appt on 7/24. [redacted] routine testicular US consult request 5/11 with actual appt on 7/16. [redacted] 5/9 routine prostate consult request with no appt as of yet. [redacted] 5/23/13 routine ortho eval request with no appt as of yet. [redacted] 5/17 routine neuro consult request with no appt as of yet. Performance measure not met.</p> <p>DAKOTA- reviewed the charts of the following inmates: [redacted] [redacted] [redacted] and [redacted]. Of these four urgent consult requests one was not in compliance with the performance measure. [redacted] 5/6/13 urgent ortho appt request 7/16 urgent appointment out of compliance, urgent consults to be scheduled/denied/or ATP within 30 days from date of request. Performance measure not met.</p> <p>CHEYENNE-reviewed the charts of the following inmates: [redacted] and [redacted]. Both meet performance measure. [redacted] 5/7 routine appt with actual appt on 6/18. [redacted] 7/10 urgent consult request with actual appt on 7/23/13. Performance measure met.</p> <p>COCOPAH-reviewed the following chart for this performance measure: [redacted] Appt 5/29/13 for glaucoma , no consult in 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>7/29/2013 1:23 PM Entered By: Yvonne Maese                      LAPAZ- reviewed the charts of the following nine inmates: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] and [redacted]. Of these nine, four were in compliance with the performance measure. The remaining five did not meet performance measure. [redacted] appt 7/16 no provider review, [redacted] 5/9 routine appt request, no appt as of yet. [redacted] 5/23 routine appt request, no appt as of yet. [redacted] appt 7/17 with no provider review. [redacted] 5/17 routine appt request, no appt as of yet.</p> <p>DAKOTA- reviewed the charts of the following inmates: [redacted] [redacted] [redacted] and [redacted]. Of these four urgent consult requests all were in compliance with this performance measure.</p> <p>CHEYENNE-reviewed the charts of the following inmates: [redacted] and [redacted]. Of these two urgent/routine appt requests both meet this performance measure.</p>	2

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				COCOPAH-reveiwed the following chart for this performance measure: <b>Inmate</b> Appt 5/29/13 for glaucoma , no consult in chart, unable to determine consult request date.	
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		7/26/2013 11:52 AM Entered By: Yvonne Maese	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		7/26/2013 12:02 PM Entered By: Yvonne Maese	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		7/26/2013 12:02 PM Entered By: Yvonne Maese	2

**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: 7/29/2013 1:11:41 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date - 11/30/13

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

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

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: 7/29/2013 1:22:51 PM**

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

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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.

**July 2013 YUMA COMPLEX**

<b>Prescribing Practices and Pharmacy (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]		X		<p>7/25/2013 10:23 AM Entered By: Martin Winland</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>Yuma A more diligent approach to filling and refilling expired medications must be adopted. The necessity to maintain the continuity of care of our population is paramount.</p> <p>7/24/2013 7:42 AM Entered By: Martin Winland</p>	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>7/25/2013 10:27 AM Entered By: Martin Winland</p> <p>Yuma A more diligent approach to filling and refilling expired medications must be adopted. The necessity to maintain the continuity of care of our population is paramount.</p> <p>7/24/2013 7:43 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp; 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</p>	2



## July 2013 YUMA COMPLEX

					<p>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>	
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 7:43 AM Entered By: Martin Winland	1

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

**1 Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]**

**Level 2 Amber User: Martin Winland Date: 7/25/2013 10:23:16 AM**

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

Corrective Actions: This was an error. See ID #5450, Pharmacy question #2.

**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: 7/25/2013 10:27:07 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



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- 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		<p>7/30/2013 3:49 PM Entered By: Jessica Raak</p> <p>Cibola - Amber:  inmate Emergent HNR dated 6/24/13 not triaged within 24 hours.  inmate HNR dated 07/01/13 not triaged within 24 hours.  inmate HNR dated 6/10/13 not triaged within 24 hours.</p> <p>The amber findings are specific to C bola Unit. All other units had their HNR's triaged in 24 hours.</p>	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		<p>7/30/2013 4:39 PM Entered By: Jessica Raak</p> <p>The performance factor is broken down by unit:</p> <p>Cocopah (green):  inmate -Inmate was referred to psychiatry 5/8/13 &amp; 5/30/13 and not seen until 06/5/13.  inmate Inmate was referred to psychiatry on 01/18/13 and never seen. (This finding is being included in the July MGAR because the inmate was never seen and to make sure the inmate is followed up on asap).  inmate HNR dated 05/23/13 and not seen by psychiatry until 06/05/13.</p> <p>Cheyenne (red):  inmate Inmate was referred to psychiatry 03/20/13 and still not seen. (This finding is being included in the July MGAR because the inmate was never seen by psychiatry and to make sure the inmate is followed up on asap).  inmate Inmate placed an HNR dated 5/28/13 regarding his expired psych meds, inmate was not seen by psychiatry until 06/19/13. Inmate was presumably without psych meds for that period of time.  inmate HNR dated 06/04/13 and not seen by psychiatry until 06/19/13.  inmate HNR dated 06/10/13 asking to see psychiatry and never seen.</p> <p>Dakota (amber):  inmate Inmate placed HNR to see psychiatry on 04/24/13 and hasn't been seen to date.  inmate Inmate was referred to psychiatry 10/24/12 and never seen by psychiatry. (Note: These inmates are on the July MGAR due to the fact that they have not been seen to date).</p> <p>Cibola (amber):  inmate Inmate placed HNR to see psychiatry on 07/01/13 and has not been seen. (Please note: Inmate arrived to Yuma Complex 6/16/13 and has not seen a MH clinician).  inmate Inmate was not seen within 7 day time frame.</p> <p>LaPaz (amber):  inmate Inmate placed HNR on 6/8/13 regarding psych meds and has not been</p>	2

### July 2013 YUMA COMPLEX

					seen.	
3	<p>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]</p>			<b>X</b>	<p>7/30/2013 4:48 PM Entered By: Jessica Raak            The performance factor is broken down by unit as listed below:</p> <p>Charts in need of a treatment plan or treatment plan update:</p> <p>Cocopah:            inmate inmate inmate</p> <p>Cheyenne:            inmate inmate inmate inmate inmate            inmate</p> <p>Dakota:            inmate inmate inmate inmate inmate            inmate inmate inmate</p> <p>Cibola:            inmate inmate inmate inmate inmate            inmate inmate inmate</p> <p>LaPaz:            inmate inmate inmate inmate inmate</p>	<b>1</b>

July 2013 YUMA COMPLEX

<p>4</p>	<p>Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</p>			<p>X</p>	<p>7/30/2013 5:04 PM Entered By: Jessica Raak The performance factor is broken down by unit.</p> <p>The following inmates have not been seen by Mental Health (Psychology) staff within time frames.</p> <p>Cocopah: inmate inmate inmate inmate</p> <p>Cheyenne: inmate inmate inmate inmate is taking psych meds, but has not had a mental health contact since 2012. inmate &amp; inmate Both inmates arrived to Yuma Complex on 06/28/13 with a bridge psych med supply, but have not been seen by mental health.</p> <p>Dakota: inmate inmate inmate inmate inmate inmate inmate</p> <p>Cibola: inmate inmate inmate</p> <p>LaPaz: inmate inmate inmate inmate inmate arrived to Yuma Complex 06/20/13 and has not seen mental health. inmate inmate arrived to Yuma Complex 05/27/13 and has not seen mental health. inmate inmate arrived to Yuma Complex 6/21/ and has not been seen by mental health. Also, no chart review was completed upon inmate's arrival.</p>	<p>2</p>
<p>5</p>	<p>Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]</p>			<p>X</p>	<p>7/30/2013 5:17 PM Entered By: Jessica Raak The performance factor is broken down by unit.</p> <p>The following inmates have not been seen by psychiatry within time frames:</p> <p>Cocopah: inmate inmate inmate inmate Psych meds expired 11/12/12 and inmate has not been seen since.</p> <p>Cheyenne: inmate inmate inmate inmate &amp; inmate Inmates arrived at Yuma Complex mid-to-late June with bridge med supply from ARTC and have not seen psychiatry for psych med evaluation. inmate inmate is taking psych meds, but hasn't been seen since 2012.</p> <p>Dakota: inmate inmate inmate inmate</p> <p>Cibola: inmate inmate inmate inmate inmate arrived to Yuma Complex with bridge psych med supply on 06/16/13 and has not seen psychiatry for evaluation.</p> <p>La Paz: inmate inmate inmate inmate inmate</p>	<p>2</p>

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				<p><b>inmate</b> Inmate arrived from ARTC at Yuma Complex on 06/20/13 with bridge med supply and hasn't seen psychiatry for evaluation.</p> <p><b>inmate</b> Inmate arrived from ARTC to Yuma Complex 05/27/13 with bridge med supply and has not seen psychiatry for evaluation.</p> <p><b>inmate</b> Inmate arrived from ARTC to Yuma Complex on 06/21/13 with bridge med supply and hasn't seen psychiatry for evaluation.</p>	
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		7/30/2013 5:18 PM Entered By: Jessica Raak The random charts pulled indicate reentry plans meet criteria.	2

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

**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]**

**Level 2 Amber User: Jessica Raak Date: 7/30/2013 3:48:46 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.

**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: Jessica Raak Date: 7/30/2013 4:38:15 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

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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 Red User: Jessica Raak Date: 7/30/2013 4:47:20 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 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 Red User: Jessica Raak Date: 7/30/2013 5:03:24 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: Jessica Raak Date: 7/30/2013 5:17:02 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

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

Target Date- 11/30/13

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



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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			7/1/2013 4:46 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			7/1/2013 4:47 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			7/1/2013 4:48 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	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			7/1/2013 4:48 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			7/1/2013 4:49 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility. Yuma does not house female inmates.	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			7/1/2013 4:53 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.  7/1/2013 4:50 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			7/1/2013 4:51 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.  7/1/2013 4:50 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	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			7/1/2013 4:52 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	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			7/1/2013 4:52 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	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		<p>7/15/2013 12:18 PM Entered By: Anthony Medel Total Number of charts reviewed (Complex) 64 and 59 out of the 64 charts did have a refusal signed and located in the charts.</p> <p>AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.9) when an inmate "no shows" for appointments, clinic visits, misses a medication dose or other medical, dental or mental health service, nursing staff must document per policy, Department Order 1101, and notify the Health Facility Administrator and Shift Commander.</p> <p>7/15/2013 10:05 AM Entered By: Anthony Medel Dakota: (Green) There were fifteen (15) charts reviewed and out of the 15 charts reviewed 14 did have "No Shows" brought to the health unit to sign refusals. However, on one (1) # inmate Cope, SOAPE note written on 6/24/13 and Refusal to Submit to Treatment form signed on 7/8/13. Overall, very good.</p> <p>La Paz Unit (Amber) There were thirteen (13)charts reviewed and out of the 13 charts reviewed 9 did have "No Shows brought to the health unit to sign refusals. #inmate : No refusal signed (Shaving wa ver) #inmate : No refusal signed (Diabetes II, COPD, and HTN) #inmate : No refusal signed (Vision issues) #inmate No refusal signed (I/M a no show on NL for eye exam)</p> <p>Cibola Unit (Green) There were fifteen (15) charts reviewed and out of the 15 chart reviewed all 15 charts did have "No Show" brought to the health unit to sign refusals. Overall, very good.</p> <p>Cocopah Unit (Green) There were ten (10) charts reviewed and out of the 10 charts reviewed all 10 charts did have "No Show" brought to the health unit to sign refusals. Overall, good.</p> <p>Cheyenne Unit (Green) There were eleven (11) charts reviewed on this unit and out of the 11 charts reviewed all 11 charts did have "No Shows" brought to the health unit to sign refusals.</p>	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]	X			<p>7/15/2013 12:19 PM Entered By: Anthony Medel</p> <p>7/15/2013 10:22 AM Entered By: Anthony Medel Dakota (Green)</p>	1

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					<p>There were fifteen (15) charts reviewed and out of the 15 charts reviewed all 15 of the situations were addressed internally within the health unit.</p> <p>La Paz (Green) There were thirteen (13) charts reviewed and out of the 13 chart reviewed all 13 of the medical issues with handled within the medical unit and resolved.</p> <p>Cibola (Green) There were fifteen (15) charts reviewed and out of the 15 charts reviewed all 15 of the medical charts did have resolution to the I/M requests.</p> <p>Cocopah (Green) There were ten (10) charts reviewed and out of the 10 charts reviewed all 10 of the medical charts were an outcome was achieved.</p> <p>Cheyenne (Green) There were eleven (11) charts reviewed and out of the 11 charts reviewed all 11 of the medical charts a solution to the I/M's medical needs was addressed.</p>	
3	<p>Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]</p>	X			<p>7/15/2013 12:20 PM Entered By: Anthony Medel</p> <p>7/15/2013 10:37 AM Entered By: Anthony Medel Dakota Unit (Green) Out of the fifteen (15) charts reviewed there was (1) chart in which the provider was not notified of a medication line "no show".  #inmate [redacted] : No notification of medication line "No Show" (Buspar, Tegretol, Benadryl, and Risperdal).</p> <p>La Paz Unit (Green) Out of the 13 thirteen chart reviewed all were identified as no findings of providers not being notified of medication line "no-shows".</p> <p>Cibola Unit (Green) Out of the 15 fifteen charts reviewed all were identified as no findings of providers not being notified of mediation line "no-shows".</p> <p>Cocopah Unit (Green) Out of the 10 ten charts reviewed all were identified as no findings of providers not being notified of medication line "no-shows".</p> <p>Cheyenne Unit (Green) Out of the 11 eleven charts reviewed all were identified as no findings of providers not being notified of medication line "no-shows".</p>	1

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4	<p>Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]</p>	X		<p>7/15/2013 12:21 PM Entered By: Anthony Medel</p> <p>7/15/2013 10:53 AM Entered By: Anthony Medel Dakota Unit (Green) Out of the 15 fifteen charts reviewed on this unit, one (1) chart was not rescheduled, if medically indicated. #inmate [redacted] -I/M taking psychotropic medications Buspar, Tegretol, Benadryl, and Risperdal. No mental health note written.</p> <p>La Paz Unit (Green) Out of the 13 thirteen charts reviewed on this unit, one (1) chart was identified as a "no show" not rescheduled, if medically indicated.</p> <p>#inmate [redacted] : Last 1101-12 Chronic Condition Follow-up Care completed last on 8/6/2012.</p> <p>Cibola Unit (Green) Out of the 15 fifteen charts reviewed on this unit, three (3)"no-shows" were rescheduled (2 with Dr. Barclay, and 1 with Dr. Jordan)</p> <p>Cocopah Unit (Green) Out of the 10 ten chart reviewed on this unit, there were none that required to be rescheduled, as all medical issues were resolved.</p> <p>Cheyenne Unit (Green) Out of the 11 eleven charts reviewed on this unit, there were no that required to be rescheduled, as all of the medical issues were addressed and/or resolved in a timely manner.</p>	1
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**Corrective Action Plans for PerformanceMeasure: No Shows**

**1 Are No-Shows being brought to health unit to sign a refusal?**

**[DO 1101, HSTM Chapter 5, Section 7.1]**

**Level 1 Amber User: Anthony Medel Date: 7/15/2013 12:18:04 PM**

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

Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor.

Responsible Parties= RN/LPN

Target Date = 11/30/13

### July 2013 YUMA COMPLEX

<b>Communications of Patients Health Needs</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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]	<b>X</b>			7/29/2013 2:00 PM Entered By: Yvonne Maese Currently this measure is being met by the special needs order written. A copy is given to inmate and kept on file, also the transporting security officer is notified and information is relayed to appropriate department per the complex major.	<b>1</b>
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]	<b>X</b>			7/29/2013 2:02 PM Entered By: Yvonne Maese	<b>1</b>

July 2013 YUMA COMPLEX




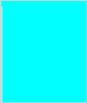



Medication Administration						
Performance Measure (Description)	Grn	Amb	Red	Notifications		Level
1 Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			7/26/2013 11:32 AM Entered By: Yvonne Maese		1
2 Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			7/26/2013 11:33 AM Entered By: Yvonne Maese Training documentation of current staff kept on file by DON.		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 11:34 AM Entered By: Yvonne Maese Currently paper MARs are used to track KOP medication when dispursed to inmates.		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		7/29/2013 12:20 PM Entered By: Yvonne Maese LAPAZ- on 6/29/13 a small sample of the MARs were taken for review . This sample includes inmate inmate inmate inmate inmate inmate inmate inmate and inmate . Of these ten MARS two were in compliance, inmate and inmate . The remaining eight had dates missing signatures, and 3 MARS had no allergies noted, and five of the eight had no ordering physician or stop/start date.  CIBOLA- On 6/29/13 a small sample of the MARS were taken for review. This sample includes inmate inmate inmate inmate inmate inmate inmate inmate and inmate . Of these ten MARS two were in compliance with performance measure, inmate and inmate inmate inmate inmate inmate inmate and inmate had missing signatures on dates. inmate and inmate had either no start or stop date and no allergy noted.  DAKOTA- On 6/29/13 a small sample of the MARS were taken for review. This sample includes inmate inmate inmate inmate inmate inmate inmate inmate and inmate . Of these ten MARS zero were in compliance. All ten MARS had missing initials on dates. inmate and inmate either had no start nor stop date. This performance measure is not met.  CHEYENNE- On 6/29/13 a small sample of the MARS were taken for review. This sample includes inmate inmate inmate inmate inmate inmate inmate inmate and inmate . Of these ten samples		1







**July 2013 YUMA COMPLEX**

					faxed to pharmacorr.		
11	Are medication error reports being completed and medication errors documented?				7/26/2013 11:42 AM Entered By: Yvonne Maese Medication errors documented and reported to DON for tracking.		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: 7/29/2013 12:19:16 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

**6 Are there any unreasonable delays in inmate receiving prescribed medications?**

**Level 2 Amber User: Yvonne Maese Date: 7/29/2013 12:28:18 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

Intakes-

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

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

## July 2013 YUMA COMPLEX

- 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: 7/26/2013 11:36:52 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

- 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 11:40:15 AM**

## July 2013 YUMA COMPLEX

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 11:42:11 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.

**July 2013 YUMA COMPLEX**

Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			7/23/2013 9:54 AM Entered By: Anthony Medel Yes, the FHA is following a Staffing Control Document (SCD) that is submitted to the FHA on a consistent basis.	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		7/25/2013 4:46 PM Entered By: Anthony Medel Currently, at this time the facility is not fully staffed, however, based on the staffing matrix the facility is not at the optimum level to be in compliance to meet the needs of the inmate population at this time.	3
3	Are all positions filled per contractor staffing pattern?		X		7/25/2013 4:36 PM Entered By: Anthony Medel Positions are not all filled, as per below approved staffing matrix.  Dental Assistant 1.0 Dental Director 1.0 Dental Hygienist 0.2 Dentist 1.0 LPN 0.5 Nurse Practitioner-FT 3.0 Nursing Assistant 0.4 Physician 1.0 Psych. Associate 2.0 RN 0.6  Summary: 4 part-time dentists, 2 Psych. Associates are in background checks, and FTE started here at the complex on 7/5. 1 Locum-physician and 2 mid-levels are in background check.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			7/23/2013 10:00 AM Entered By: Anthony Medel Yes, the site FHA is kept well informed by the corporate recruiter of the positions needed to be filled here at the complex. The FHA keeps in consistent contact with the corporate recruiter regarding the key positions that need to be filled.	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: Anthony Medel Date: 7/25/2013 4:46:53 PM**

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

Corrective Actions: Corizon continues to evaluate the staffing patterns/assignments of staff at the complex. Will continue to monitor.

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

**Level 2 Amber User: Anthony Medel Date: 7/25/2013 4:36:43 PM**

## July 2013 YUMA COMPLEX

Corrective Plan: There is only a dental assistant .02 position that is not filled at Yuma complex

medical provider and Nurse Practitioner is filled with locum

Nurse Practitioner Diana Curd starts October 14th

Asst. Facility Health Administrator Madeline Lowell starts October 6th

Corrective Actions: See above.

## July 2013 YUMA 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			<p>7/2/2013 11:56 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmiry care.</p> <p>7/26/2013 11:49 AM Entered By: Yvonne Maese N/A, no infirmiry located at Yuma complex sites.</p>	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			<p>7/2/2013 11:57 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmiry care.</p> <p>7/26/2013 11:49 AM Entered By: Yvonne Maese N/A, no infirmiry located at Yuma complex sites.</p>	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			<p>7/2/2013 11:57 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmiry care.</p> <p>7/26/2013 11:50 AM Entered By: Yvonne Maese N/A, no infirmiry located at Yuma complex sites.</p>	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			<p>7/2/2013 11:57 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmiry care.</p> <p>7/26/2013 11:50 AM Entered By: Yvonne Maese N/A, no infirmiry located at Yuma complex sites.</p>	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			<p>7/2/2013 11:57 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmiry care.</p> <p>7/26/2013 11:50 AM Entered By: Yvonne Maese N/A, no infirmiry located at Yuma complex sites.</p>	1

## July 2013 YUMA COMPLEX

6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			7/2/2013 11:58 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmary care.	1
					7/26/2013 11:50 AM Entered By: Yvonne Maese N/A, no infirmary located at Yuma complex sites.	
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			7/2/2013 11:58 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmary care.	1
					7/26/2013 11:50 AM Entered By: Yvonne Maese N/A, no infirmary located at Yuma complex sites.	
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			7/2/2013 11:58 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmary care.	1
					7/26/2013 11:50 AM Entered By: Yvonne Maese N/A, no infirmary located at Yuma complex sites.	
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X			7/2/2013 11:58 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmary care.	1
					7/26/2013 11:51 AM Entered By: Yvonne Maese	
					7/26/2013 11:51 AM Entered By: Yvonne Maese N/A, no infirmary located at Yuma complex sites.	
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			7/2/2013 11:59 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmary care.	1
					7/26/2013 11:51 AM Entered By: Yvonne Maese N/A, no infirmary located at Yuma complex sites.	
11	Are vital signs done daily when required?	X			7/2/2013 11:59 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmary care.	1



**July 2013 YUMA COMPLEX**

				7/26/2013 11:51 AM Entered By: Yvonne Maese N/A, no infirmary located at Yuma complex sites.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X		7/2/2013 11:59 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmary care.	1
				7/26/2013 11:51 AM Entered By: Yvonne Maese N/A, no infirmary located at Yuma complex sites.	
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X		7/2/2013 11:59 AM Entered By: Anthony Medel N/A- Yuma does not provide infirmary care.	1
				7/26/2013 11:51 AM Entered By: Yvonne Maese N/A, no infirmary located at Yuma complex sites.	

## July 2013 YUMA COMPLEX

<b>Medication Room</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is the medical room kept locked when not occupied?	X			7/26/2013 11:45 AM Entered By: Yvonne Maese medication room locked upon random site visit.	1
2	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented?	X			7/26/2013 11:45 AM Entered By: Yvonne Maese Quarterly audits conducted by corizon pharmacy staff.	2
2	Are open medication vials being marked with the date they were opened?	X			7/26/2013 11:47 AM Entered By: Yvonne Maese 5/5 insulin vials dated properly at Cibola unit 3/3 insulin vials dated properly at Dakota unit	1
3	Is nursing staff checking for outdated (expiring)medications?	X			7/26/2013 11:48 AM Entered By: Yvonne Maese	1