

August 2013 LEWIS COMPLEX

Sick Call (Q)						
Performance Measure (Description)	Grn	Amb	Red	Notification		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			8/28/2013 2:41 PM Entered By: Terry Allred Performance measure is met. Investigation reflects that PM is being met. In cases where there is a call off, a limited line is occurring to accomodate the provider and to include emergencies as they arise. Enhancement of current staffing pattern or staffing adjustments could be considered in cases where an unanticipated call off occurs.		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		8/29/2013 2:30 PM Entered By: Terry Allred Performance measure is not met. The following charts from each of the units were audited and found to be out of compliance with the above performance measure. Rast: #s [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] Morey: #s [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] Barchey: #s [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] Stiner: #s [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] Buckley: #s [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] Bachman: #s [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] Eagle Point/Sunrise: #s [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate]		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			8/29/2013 2:33 PM Entered By: Terry Allred Performance measure is met. In a random audit of 60 medical files. It was noted that with the inclusion of the "NETS", that the weights section was completed in all appropriate circumstances. There were instances where weightt was not included and these situations were in cases of emergent treatment scenerios. I did note that 2 charts: #s [Inmate] [Inmate] did not have weights, but that did not distract from the improvement noted in the overall PM.		1
4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		8/29/2013 2:36 PM Entered By: Terry Allred Performance measure is not met. In auditing those sick call charts, it was noted that nurses are much more proficient in the SOAPE, but do not require it as often as they utilize the NETS. In some case a SOAPE is included with the NETS. Providers however have yet to understand the need for a complete SOAPE and there are instances where particular providers have not adapted or changed their clinical entries to meet the needs of this performance measure.		1
5 Are referrals to providers from sick call being seen within		X		8/29/2013 2:46 PM Entered By: Terry Allred Performance measure is not met. The following charts from each unit support that this performance measure is not occurring as required.		1

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seven (7) days? [P-E-07]				Rast: #s Inmate Inmate Inmate Inmate Inmate Inmate Morey: #s Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Barchey: #s Inmate Inmate Inmate Inmate Stiner: #s Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Buckley: #s Inmate Inmate Bachman: #s Inmate Inmate Inmate Inmate Inmate Inmate Eagle Point/Sunrise: #s Inmate		
6 Are nursing protocols in place and utilized by the nurses for sick call?	X			8/29/2013 2:47 PM Entered By: Terry Allred Performance measure is met. NETS in place and being utilized as noted in sick call audit as appropriate.		1

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: Terry Allred Date: 8/29/2013 2:29:09 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.

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: 8/29/2013 2:35:43 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

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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/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: 8/29/2013 2:45:25 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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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			<p>8/15/2013 9:32 AM Entered By: Yvonne Maese All charts reviewed for sunrise, barchey, eagle point, stiner, and Buckley had no new CC conditions identified within the last 30 days.</p> <p>8/27/2013 6:42 AM Entered By: Erin Barlund Review of CC files revealed no newly identified CC issues.</p>	1
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		<p>8/15/2013 11:17 AM Entered By: Yvonne Maese EAGLE POINT- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, three were in compliance- Inmate Inmate, and Inmate The remaining seven did not meet performance guidelines. Inmate cc apt 2/19/13 with f/u for 90d, inmate seen 8/8/13. Inmate last cc apt 2/25/13 with 90d f/u, no apt as of 8/15/13. Inmate last cc apt 12/4/12 with 90d f/u, no apt as of 8/15/13. Inmate last cc apt 2/23/12 with 180d f/u, inmate seen 5/31/13 with another f/u for 90d. Inmate last CC apt 1/23/13 with 90d f/u, no cc apt as of 8/15/13. Inmate last cc apt 5/31/12 with 90d f/u, inmate seen 6/28/13 with 90d f/u. Inmate last cc apt 6/7/13 with no f/u or d/c date annotated on cc form.</p> <p>BARCHEY- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, two were in compliance Inmate and Inmate The remaining eight did not meet performance measures. Inmate last cc apt 11/15/12 with 180d f/u, no apt as of 8/15/13. Inmate last apt 2/27/13 with 60d f/u, no apt as of 8/15/13. Inmate last cc apt 3/14/13 with 90d f/u, no apt as of 8/15/13. Inmate last cc apt 4/10/13 with 90d f/u, no cc apt as of 8/15/13. Inmate last cc apt 3/13 with 90d f/u, inmate seen on 8/2/13 with 30d f/u. Inmate last cc apt 5/3/13 with 60d f/u, no apt as of 8/15/13. Inmate last cc apt 12/11 with 90d f/u, inmate seen on 6/10/13 with 90d f/u. Inmate cc apt 6/3/13 with no f/u or d/c annotated on cc. Inmate last cc apt 5/26/11 with 180d f/u, no apt as of 8/15/13. Inmate last cc apt 1/9/13 with no f/u or d/c annotated on cc form.</p> <p>SUNRISE- Reviewed the following five inmates with chronic conditions: Inmate Inmate Inmate and Inmate Of these five charts, one was in compliance. The remaining four did not meet the performance measure. Inmate last cc apt 8/17/12 with 180d f/u, inmate seen on 6/4/13 with no f/u or d/c annotated on cc</p>	2

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form. Inmate last cc appt 1/29/13 with 90d f/u, no appt as of 8/15/13. Inmate last cc appt 3/29/13 with 90d f/u, no appt as of 8/15/13. Inmate last cc appt 12/21/11 with 90d f/u, no appt as of 8/15/13.

STINER- Reviewed the following eleven inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these eleven charts, four were in compliance- Inmate Inmate Inmate and Inmate. The remaining seven did not meet the performance measure. Inmate last cc appt 12/20/12 with 90d f/u, no appt as of 8/15/13. Inmate last cc appt 2/14/13 with 90d f/u, inmate seen on 7/30/13 with 90d f/u. Inmate last cc appt on 3/19/12 with 180d f/u, inmate seen on 7/2/13 with 90d f/u. Inmate last cc appt on 11/28/12 with 90d f/u, inmate seen on 7/19/13 with 90d f/u. Inmate last cc appt on 5/31/13 with 30d f/u, inmate seen on 7/17/13 with 90d f/u. Inmate last cc appt 6/18/13 with 30d f/u, inmate not seen as of 8/15/13. Inmate last cc appt 10/22/12 with 90d f/u, inmate not seen as of 8/15/13.

BUCKLEY- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, one was in compliance- Inmate. The remaining nine did not meet the performance measure. Inmate tx plan in chart however no cc forms to f/u with, inmate on statins, albuterol, asa, and hctz. Inmate last cc appt 5/9/13 with 60d f/u, no appt as of 8/15/13. Inmate last cc appt 2/8/13 with 60d f/u, no appt as of 8/15/13. Inmate last cc appt 1/15/13 with 90d f/u, inmate seen on 6/6/132 with no f/u or d/c marked on cc form. Inmate last cc appt 5/29/13 no f/u or d/c annotated on cc form. Inmate tx SOAP in chart for hypothyroid and HCV however inmate not seen for chronic care as of 8/15/13. Inmate last cc appt 11/17/11 with f/u for 180d, no appt as of 8/15/13. Inmate last cc appt on 2/4/13 with a 3-6month f/u, no appt as of 8/15/13. Inmate last cc appt 2/10/12 with 90d f/u, inmate seen on 5/11/13 with 180d f/u.

8/27/2013 6:40 AM Entered By: Erin Barlund
See note below

8/26/2013 11:11 AM Entered By: Erin Barlund
RAST- review of 10 CC files indicates 0 in compliance and 10 non compliant- #Inmate visit 1/22/10 with next documented visit 7/3/13; #Inmate visit 7/10/13 with no prior documented CC visit; #Inmate had CC visit 5/21/13 with ordered f/u for 60 days with no documentation that f/u occurred; #Inmate with documented visit 9/6/12 and next documented visit 8/2/13, last documented labs 2011; #Inmate documented CC visit 8/7/13 with no documented prior CC visit; #Inmate CC visit 1/2/13 with ordered f/u in 90 days with no further documentation of a

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					<p>CC visit; #Inmate seen 11/21/13 with ordered f/u CC visit in 180 days with no documented CC visit until 8/1/13; #Inmate CC visit 9/20/12 with ordered f/u visit for 6 months (March 2013) with next documented CC visit 7/1/13; #Inmate CC visit 11/17/11 with ordered visit for 180 days (May 2012) with no documented CC visit until 1/7/13 with no f/u visit ordered and no evidence that this CC inmate has been seen within 6 months as required.</p> <p>8/26/2013 5:30 AM Entered By: Erin Barlund BACHMAN- Reviewed the following ten inmates files with chronic conditions: #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate The following CC files were found to be in compliance: #Inmate #Inmate #Inmate The following 7 charts were found to be non compliant-#Inmate visit not documented of CC form. #Inmate Pt had visit 1/21/13 with 90 day f/u ordered (April 2013) with no documented visit until 8/5/13. #Inmate no documented CC visit and labs ordered 5/17/13 with no lab results in chart. #Inmate Last CC visit 5/2/13 with ordered f/u in 60 days (July 2013) with no documented CC visit; pt hospitalized 7/15/13-7/17/13 pt seen by provider 7/23/13 (f/u hospital) with no further f/u ordered. #Inmate pt had CC visit 5/31/13 with ordered f/u in 60 days and no documentation that f/u occurred. #Inmate last CC visit 7/25/13 with no evidence of prior CC visit. #Inmate no documentation of cc visit and no documentation of d/c of CC; on 4/19/13 pt seen for weekly BP checks x 4 weeks and seen for CP with ER visit and currently on Propafenone.</p> <p>8/19/2013 9:22 AM Entered By: Erin Barlund Morey- review of 10 CC files indicates 9 in compliance, 1 non compliant-#Inmate seen 2/5/13 with ordered with no documented f/u vist.</p>	
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]		X		<p>8/15/2013 12:36 PM Entered By: Yvonne Maese EAGLE POINT- Reviewed the following ten inmates with chronic conditions: #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate and #Inmate Of these ten, eight were in compliance- #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate and #Inmate all had either education or coaching provided at their last cc visit. The remaining two did not meet performance guidelines. #Inmate last cc appt 12/4/12 with 90d f/u, no appt as of 8/15/13, no coaching or education provided at last visit. #Inmate last CC appt 1/23/13 with 90d f/u, no cc appt as of 8/15/13, no coaching or education provided at last visit.</p> <p>BARCHEY- Reviewed the following twelve inmates with chronic conditions: #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate and #Inmate Of these twelve, nine were in compliance #Inmate #Inmate #Inmate</p>	1

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Inmate Inmate Inmate Inmate Inmate and Inmate all had either coaching or education documented on their last cc visit. The remaining three did not meet performance measures. Inmate last cc appt 4/10/13 with no coaching or education documented. Inmate cc appt 6/3/13 with no coaching or education documented. Inmate last cc appt 5/26/11 with 180d f/u, no appt as of 8/15/13, no coaching or education documented on last visit.

SUNRISE- Reviewed the following five inmates with chronic conditions: Inmate Inmate Inmate and Inmate Of these five charts, three were in compliance - Inmate Inmate and Inmate all had education or coaching documented on their last visit. The remaining two did not meet the performance measure. Inmate last cc appt 6/4/13 with no coaching or education documented on visit. Inmate last cc appt 5/7/13 with no coaching or education documented on visit.

STINER- Reviewed the following eleven inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these eleven charts, nine were in compliance. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate all had either coaching or education provided and documented on last visit. The remaining two did not meet the performance measure. Inmate last cc appt on 7/2/13 with no coaching or education documented. Inmate last cc appt 6/18/13 with no education or coaching documented on visit.

BUCKLEY- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, five were in compliance. Inmate Inmate Inmate Inmate and Inmate with education or coaching provided and documented on last visit. The remaining five did not meet the performance measure. Inmate tx plan in chart however no cc forms to determine if coaching or education was provided. Inmate inmate seen on 6/6/132 with no education provided at visit. Inmate last cc appt 5/29/13 no coaching or education provided at visit. Inmate tx SOAP in chart for hypothyroid and HCV however inmate not seen for chronic care as of 8/15/13. Inmate last cc appt on 2/4/13 with no coaching or education provided at visit.

8/27/2013 6:40 AM Entered By: Erin Barlund
See note below.

8/26/2013 11:16 AM Entered By: Erin Barlund
BACHMAN- review of 10 CC files indicates 3 files in compliance and 7 files non compliant due to no evidence of education provided # Inmate Inmate Inmate

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					<p>Inmate Inmate Inmate Inmate</p> <p>8/26/2013 11:14 AM Entered By: Erin Barlund RAST- review of 10 CC files indicates 5 files in compliance, 5 files with no documentation of education provided at last CC visit # Inmate Inmate Inmate Inmate Inmate</p> <p>8/19/2013 9:16 AM Entered By: Erin Barlund Morey- review of 10 inmate files indicates 6 in compliance, 3 non compliant Inmate Inmate Inmate with no documentation of education provided.</p>	
4	<p>Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]</p>	X			<p>8/15/2013 12:51 PM Entered By: Yvonne Maese EAGLE POINT- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, three were in compliance- Inmate Inmate, and Inmate The remaining seven did not meet performance guidelines by not having regular f/u appts, labs, or annual PE. Inmate cc apt 2/19/13 with f/u for 90d, inmate seen 8/8/13. Inmate last cc apt 2/25/13 with 90d f/u, no apt as of 8/15/13. Inmate last cc apt 12/4/12 with 90d f/u, no apt as of 8/15/13. Inmate last cc apt 2/23/12 with 180d f/u, inmate seen 5/31/13 with another f/u for 90d. Inmate last CC apt 1/23/13 with 90d f/u, no cc apt as of 8/15/13. Inmate last cc apt 5/31/12 with 90d f/u, inmate seen 6/28/13 with 90d f/u. Inmate last cc apt 6/7/13 with no f/u or d/c date annotated on cc form.</p> <p>BARCHEY- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, two were in compliance Inmate and Inmate The remaining eight did not meet performance measures by not having regular f/u appts, labs, or annual PE's. Inmate last cc apt 11/15/12 with 180d f/u, no apt as of 8/15/13. Inmate last apt 2/27/13 with 60d f/u, no apt as of 8/15/13. Inmate last cc apt 3/14/13 with 90d f/u, no apt as of 8/15/13. Inmate last cc apt 4/10/13 with 90d f/u, no cc apt as of 8/15/13. Inmate last cc apt 3/13 with 90d f/u, inmate seen on 8/2/13 with 30d f/u. Inmate last cc apt 5/3/13 with 60d f/u, no apt as of 8/15/13. Inmate last cc apt 12/11 with 90d f/u, inmate seen on 6/10/13 with 90d f/u. Inmate cc apt 6/3/13 with no f/u or d/c annotated on cc. Inmate last cc apt 5/26/11 with 180d f/u, no apt as of 8/15/13. Inmate last cc apt 1/9/13 with no f/u or d/c annotated on cc form.</p> <p>SUNRISE- Reviewed the following five inmates with chronic conditions: Inmate Inmate Inmate and Inmate Of these five charts, one was in compliance. The remaining four did not meet the performance measure by not having regular f/u appts, labs, or annual PE. Inmate last</p>	2

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cc appt 8/17/12 with 180d f/u, inmate seen on 6/4/13 with no f/u or d/c annotated on cc form. Inmate last cc appt 1/29/13 with 90d f/u, no appt as of 8/15/13. Inmate last cc appt 3/29/13 with 90d f/u, no appt as of 8/15/13. Inmate last cc appt 12/21/11 with 90d f/u, no appt as of 8/15/13.

STINER- Reviewed the following eleven inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these eleven charts, four were in compliance. Inmate Inmate Inmate and Inmate. The remaining seven did not meet the performance measure by not having regular f/u appts, labs, or annual PE. Inmate last cc appt 12/20/12 with 90d f/u, no appt as of 8/15/13. Inmate last cc appt 2/14/13 with 90d f/u, inmate seen on 7/30/13 with 90d f/u. Inmate last cc appt on 3/19/12 with 180d f/u, inmate seen on 7/2/13 with 90d f/u. Inmate last cc appt on 11/28/12 with 90d f/u, inmate seen on 7/19/13 with 90d f/u. Inmate last cc appt on 5/31/13 with 30d f/u, inmate seen on 7/17/13 with 90d f/u. Inmate last cc appt 6/18/13 with 30d f/u, inmate not seen as of 8/15/13. Inmate last cc appt 10/22/12 with 90d f/u, inmate not seen as of 8/15/13.

BUCKLEY- Reviewed the following ten inmates with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, one was in compliance- Inmate. The remaining nine did not meet the performance measure by not having regular f/u appts, labs, or annual PE. Inmate tx plan in chart however no cc forms to f/u with, inmate on statins, albuterol, asa, and hctz. Inmate last cc appt 5/9/13 with 60d f/u, no appt as of 8/15/13. Inmate last cc appt 2/8/13 with 60d f/u, no appt as of 8/15/13. Inmate last cc appt 1/15/13 with 90d f/u, inmate seen on 6/6/13 with no f/u or d/c marked on cc form. Inmate last cc appt 5/29/13 no f/u or d/c annotated on cc form. Inmate tx SOAP in chart for hypothyroid and HCV however inmate not seen for chronic care as of 8/15/13. Inmate last cc appt 11/17/11 with f/u for 180d, no appt as of 8/15/13. Inmate last cc appt on 2/4/13 with a 3-6month f/u, no appt as of 8/15/13. Inmate last cc appt 2/10/12 with 90d f/u, inmate seen on 5/11/13 with 180d f/u.

8/27/2013 6:41 AM Entered By: Erin Barlund

8/19/2013 9:19 AM Entered By: Erin Barlund

Morey- Review of 10 CC files indicates 9 in compliance, 1 non compliant- Inmate no documented labs since 2011.

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5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]		8/15/2013 2:55 PM Entered By: Yvonne Maese 8/27/2013 6:41 AM Entered By: Erin Barlund	2
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Corrective Action Plans for Performance Measure: Chronic Condition and Disease Management (Q)

2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]
Level 2 Amber User: Erin Barlund Date: 8/27/2013 6:39:38 AM

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

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

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 2 (I.- IV.Chronic Care Attachment).
2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.) and outcome measure .
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff .
3. Monitoring
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date - 11/30/13

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

3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]
Level 1 Amber User: Erin Barlund Date: 8/27/2013 6:40:08 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.
2. In-service staff on:
 - a. Documentation of chronic condition education at each visit.
 - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date - 11/30/13

Plan weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. 10/11/13 Update – Documentation on education sheet located in front of chart, medical records responsible for making sure in chart.

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			8/28/2013 6:50 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>8/28/2013 6:54 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. August 2013 Non formulary Drug Requests – Non-Formulary Reports indicate: 923 Non-Formulary medications expiring. As of 8-25-13 total Non Formulary Medications needing addressed is 692.</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. August Formulary Report indicates: 6594 formulary medications expiring. As of 8-25-13 Formulary medications needing addressed is 3,961.</p> <p>C) Total Expiring Medications for August 2013: 7,517 (Formulary/Non Formulary) medications.</p> <p>D) July 2013 Medications not addressed as of August 1, 2013 is 5,318 (Formulary/Non Formulary) medications.</p> <p>E) Total medications not addressed from March 2013 thru July 2013 is approximately 16,000 (Formulary/Non Formulary) medications. Medications must be filled/refilled in a timelier manner. Per the snapshot, 144 prescriptions reviewed, 50 prescriptions expired, 79 renewed on time and 15 renewed after the expiration date. There continues to be confusion concerning documentation of HNR's, medication given from clinic stock, and MAR's in general. Nurse Cresap , As discussed on Friday (8-2-2013), here is</p>	2

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					<p>a list of concerns.</p> <ol style="list-style-type: none"> 1. According to the nurse who accompanied us to the clinic stock/control room. The staff has been told by management that a perpetual inventory need not be done on Clinic Stock? 2. The perpetual inventory does not show wasted medication. Although Vanessa and I were told that it shows on the MAR. 3. It is our understanding that medication is being wasted by a nurse on the yard with no witness. 4. We were told that the perpetual inventory is not being accounted for due to management not wanting excessive red ink in the log. 5. Is there some sort of Chain of Custody for medication being used that I am unaware of relative to medications/controlled medications? 6. We were told that nursing from the Health Care units request the amount of medication that they need from the "Hub" and then administer at the respective site. If there is no record of wasting etc, how can we know that the counts are accurate? 7. I saw HNR's that have not been addressed. They were completed by the inmate as early as 7-23. Checking the online Patient Profile proved that their requests were not without merit. 8. The one HNR that I have a completed plan of action written simply says "addressed"? 9. On 8-2-2013 a note was left that simply said "22 over" this note was written for Tramadol. 10. I have an August MAR for inmate James Hudson that simply says "Moved unknown" The online patient profile has him in Buckley unit. He, according to the pre printed MAR was in Bachman previously. His medications are as follows: Diphenhydramine dispensed on 7-15, Hydrocodone ..written on 6-14, Paroxetine dispensed on 7-5 , and Thiothixene dispensed on 7-5. <p>Thank you for discussing this with Vanessa and myself. Please alert me to your action plan to correct this miscommunication or lack of communication. I am sure that you are aware of the necessity of accurate medication records. We appreciate your efforts.</p> <p>I continue to alert the site on expired chronic medications needing filled/refilled</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			8/28/2013 7:04 AM Entered By: Martin Winland	1

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

2 Are pharmacy policies, 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: 8/28/2013 6:53:40 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			<p>8/29/2013 3:25 PM Entered By: Nicole Taylor Out of 61 charts pulled, 57 were in compliance. 93%.</p> <p>Barchey: Inmate HNR triaged +5 days of HNR date Morey: All HNR's triaged within 24 hours. Stiner: All HNR's triaged within 24 hours, with the exception of Inmate HNR did not have date stamp on date triaged. Rast: Inmate HNR date 6/11/13 and not triaged until 7/24/13. Bachman: No findings. Buckley: Inmate HNR date 7/16/13 and never triaged.</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>8/29/2013 3:28 PM Entered By: Nicole Taylor Out of 61 charts pulled, 35 were in compliance = 57%</p> <p>Barchey: 5/11 in compliance. Inmate Referred 4.25.13 and not yet seen. Inmate Referred 7.09.13 and not yet seen. Inmate Referred 7.10.13 and not yet seen. Also, please note that inmate should have been referred to psychiatry on 7.08.13 based on contents of SOAP note but no referral was made, per note. Inmate Referred 07.16.13, 6.17.13, 5.27.13 and not seen until 8.1.13. Inmate Per note dated on 7.2.13, inmate was advised to place HNR regarding not receiving meds... Inmate was never seen by psychiatry and no referral to psychiatry staff was noted. Inmate Referred 6.7.13 & 10.11.12 and never seen. Morey: 8/10 in compliance Inmate Referred 7.10.13 and not yet seen. Inmate Referred 6.26.13 and not yet seen. Stiner: 9/10 in compliance Inmate Referred 6.13.13, 5.13.13 and not yet seen. Rast: 5/10 in compliance Inmate (SMI): Referred 6/7/13 and not yet seen. Inmate (SMI): Referred 6/27/13 and not yet seen. Inmate (SMI): Referred 6/13/13, 6/11/13, 4/22/13 and not seen until 7/24/13. Inmate Referred 6/7/13 and not seen until 7/24/13. Inmate Referred 5/7/13 in SOAP note. Also, clinician indicated in 5/24/13 SOAP notes that inmate reported he was not taking KOP meds. Inmate was not seen by psychiatry until 7/31/13. Bachman: 2/10 in compliance Inmate Referred 07/02/13 and it doesn't appear that IM has been seen, however, chart notes were completely out of order. Inmate Referred by psych assoc in 8/8/13 note, inmate not yet seen. Inmate Referred 5/15/13, not yet seen. Inmate Referred 3/28/13, in SOAP note</p>	2

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				<p>dated 7/11/13 and 6/18/13, Inmate advised clinician he wanted to see psychiatry. Inmate not seen to date.</p> <p>Inmate SOAP notes dated 8/1/13, 5/1/13, 4/25/13 indicate IM reported he wanted to be seen by psychiatry, requests documented by clinician but as far as I could tell, no referral was made. IM has not been seen by psychiatry to date.</p> <p>Inmate Referred 5/22/13, 3/20/13 in note, HNR dated or triaged by MH dated 5/12/13 IM reports not receiving meds, IM has not been seen by psychiatry.</p> <p>Inmate(SMI): HNR dated 6/17/13 IM reports psych meds not working, IM was never seen by psychiatry.</p> <p>Inmate(SMI?): Referred 7/11/13, 5/1/13 and IM has not yet been seen.</p> <p>Buckley: 6/10 in compliance</p> <p>Inmate(SMI): Referred 6/7/13 and not yet seen.</p> <p>Inmate(SMI): Referred 5/31/13 and not seen until 7/3/13.</p> <p>Inmate Referred 6/11/13 and not yet seen.</p> <p>Inmate Referred 7/23/13 and with an HNR 7/16/13- IM not yet seen.</p>	
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>		X	<p>8/29/2013 3:33 PM Entered By: Nicole Taylor</p> <p>61 charts pulled, 49 in compliance = 80% Barchey: 9/11 in compliance</p> <p>Inmate Treatment plan out of compliance and had to be floated to top of chart- treatment plan updated at time of finding by site staff.</p> <p>Inmate No treatment plan- treatment plan created by site staff at time of finding.</p> <p>Inmate Treatment plan out of compliance and no stamp/signature in appropriate place- treatment plan updated at time of finding by site staff.</p> <p>Inmate No stamp/signature on treatment plan indicated who treatment plan was created by or updated by.</p> <p>Inmate No treatment plan.</p> <p>Morey: 10/10 in compliance All treatment plans in compliance.</p> <p>Stiner: 10/10 in compliance</p> <p>Inmate Treatment plan floated to top of chart by site staff at time of finding.</p> <p>Inmate Treatment plan was out of compliance but updated by site staff at time of finding.</p> <p>Inmate Treatment plan was out of compliance (last treatment plan update 2008), but treatment plan was updated by site staff at time of finding.</p> <p>Rast: 10/10 in compliance All treatment plans in compliance.</p> <p>Bachman: 3/10 in compliance - Standing alone this would have been a red finding.</p> <p>Inmate No treatment plan.</p> <p>Inmate Treatment plan dated 2014- needs correct date update.</p> <p>Inmate No treatment plan.</p> <p>Inmate(SMI): Last update not within compliance time frames.</p> <p>Inmate(SMI): Treatment plan was buried and not updated in compliance time frames.</p> <p>Inmate(SMI): Last update not within compliance time frames.</p>	1

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				<p>Inmate(SMI): Last update not within compliance time frames. Buckley: 7/10 in compliance. Inmate(SMI): Last update not within compliance time frames. Inmate(SMI): No treatment plan. Inmate Last update not within compliance time frames.</p>	
4	<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>		X	<p>8/29/2013 3:42 PM Entered By: Nicole Taylor 61 charts pulled, 48 in compliance = 79% Barchey:7/11 in compliance - standing along this would have been a red finding. Inmate(SMI unclear) If SMI, out of timeframes since last seen 7.8.13. Inmate Inmate arrived at Lewis Complex 4.12.13. There are 3 notes in chart indicating staff attempted to see inmate for psychology visit, but inmate has been a "no-show." Subsequently, inmate has not been seen for psychology visit/evaluation since his arrival. Inmate Arrived to Lewis Complex 5.9.13 and has not seen psychology staff to date. Also, inmate has not been seen by psychology since 1.15.13. Inmate Inmate was not seen within timeframes. Inmate Inmate has not been seen by psychology staff since 2009. However, please note that inmate has been seen by psychiatry within timeframes. Morey: 9/10 in compliance Inmate SMI inmate not seen within timeframes. Last seen 6.27.13 with SOAP note indicating inmate refused a psychology appointment in July, but no contact assessment since June. Stiner: 8/10 in compliance Two problem charts that need to be addressed: Inmate MH-1 in problem list. MH-3 in AIMS. Discrepancies in chart made it impossible to tell inmate's Mental Health Score. Chart/AIMS updated to reflect correct Mental Health Score by site staff member at time of finding. Inmate MH-3 in AIMS and Problem List, but inmate was being treated as MH-2 or MH-1. Discrepancies in chart made it impossible to tell inmate's Mental Health Score. Chart/AIMS updated to reflect correct Mental Health Score by site staff member at time of finding. Rast:9/10 in compliance Inmate SMI in problem list, -SMI in AIMS, chart had brown sticker, SMI status unclear in treatment plan. Last seen 6/25/13-- SMI out of timeframes. Bachman: 10/10 No findings. Buckley:5/10 in compliance - standing alone this would have been a red finding. Inmate(SMI): Not seen within SMI timeframes. Last seen 7/9/13. Inmate(SMI?): Not seen within SMI timeframes. Last seen 7/10/13 when IM was on watch. Inmate(SMI): Not seen within SMI timeframes. Last seen 7/10/13. Inmate Last seen 5/13/13.</p>	2

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					<p>Inmate Inmate not seen since 3/20/13. (IM was "no-show" for appt on 4/15/13, but that looks like the last attempt to see IM).</p>	
5	<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>			X	<p>8/29/2013 3:59 PM Entered By: Nicole Taylor 61 charts pulled, 29 were in compliance = 48% Morey: 6/10 in compliance The following inmates are out of time frames for psychiatry contact visits: Inmate (only bridge order SOAP note in chart to extend ME date, but inmate was last seen for full evaluation on 1.22.13), Inmate Inmate Inmate Stiner: 6/10 in compliance The following inmates are out of timeframes for psychiatry visits: Inmate Inmate Inmate Inmate has a recent bridge order SOAP note in chart to extend ME date, but inmate has not been seen for actual evaluation contact visit. RTC date was 7/15/13). Inmate Inmate more than I kely has expired meds, his RTC date was 2.28.13 Inmate Depending on Mental Health Score updated by site staff at time of finding, this inmate may or may not be within time frames for psychiatry visits. Follow-up is needed. If I remember correctly, this inmate is on psych meds and hasn't been seen since 3/13. Inmate Depending on Mental Health Score updated by site staff at time of finding, this inmate may or may not be within time frames for psychiatry visits. Follow-up is needed. Barchey:6/11 in compliance The following inmates are out of timeframes for psychiatry contact visits: Inmate (ME: 4/25/13), Inmate Inmate Inmate (possibly SMI and really needs to be seen), Inmate (ME: 10/24/12). Rast: 8/10 in compliance The following inmates are out of timeframes for psychiatry contact visits: Inmate (SMI) with a RTC date of 5/10/13, Inmate (SMI) with a RTC of 4/15/13. Bachman: 1/10 in compliance The following inmates are out of timeframes for psychiatry contact visits: Inmate RTC date was 7/3/13, Inmate RTC date was 7/30/13, Inmate RTC date was 7/15/13, Inmate RTC date wasn't clear, but IM hasn't been seen since 10/5/12 (Note: multiple referrals have been made to psychiatry via HNR & clinician), Inmate RTC date was 4/1/13 (Note: 7/24/13 there was a rx renewal documented but IM was not actually seen), Inmate RTC date was 6/25/13, Inmate (SMI) RTC date of 6/6/13, Inmate (SMI) RTC date was 6/14/13, Inmate (SMI?) RTC date was 8/7/13 Buckley: 2/10 in compliance The following inmates are out of timeframes for psychiatry contact visits: Inmate (SMI) RTC date was 6/11/13, Inmate (SMI) RTC date was 6/20/13. Also, comprehensive psych evaluation completed 6/25/13, note indicated PMRB recommended, inmate was placed on watch... no evidence found in</p>	2

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					<p>chart that follow-up occurred for inmate. Inmate (SMI?) RTC date was 8/17/13, Inmate (SMI) RTC date was 8/3/13, Inmate RTC date was 6/13/13, Inmate RTC date was 6/29/13, Inmate RTC date was 8/10/13, Inmate RTC date was 12/15/12 (Note: Documented medication continuation on 5/23/13 but IM was not actually seen. Inmate has not been seen since 11/21/12).</p>	
6	<p>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]</p>	X			<p>8/29/2013 4:01 PM Entered By: Nicole Taylor 61 out of 61 charts pulled in compliance = 100% Stiner: No findings Morey: No findings Barchey: No findings Rast: No findings Bachman: No findings Buckley: No findings</p>	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 Red User: Nicole Taylor Date: 8/29/2013 3:27:59 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 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: 8/29/2013 3:32:55 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 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: 8/29/2013 3:41:17 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 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: 8/29/2013 3:58:42 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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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			8/8/2013 2:39 PM Entered By: Terry Allred N/A to the Lewis complex.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			8/8/2013 2:39 PM Entered By: Terry Allred N/A to the Lewis complex.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			8/8/2013 2:39 PM Entered By: Terry Allred N/A to the Lewis complex.	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			8/8/2013 2:40 PM Entered By: Terry Allred N/A to the Lewis complex.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			8/8/2013 2:40 PM Entered By: Terry Allred N/A to the Lewis complex.	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			8/8/2013 2:40 PM Entered By: Terry Allred N/A to the Lewis complex.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			8/8/2013 2:41 PM Entered By: Terry Allred N/A to the Lewis complex.	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			8/8/2013 2:41 PM Entered By: Terry Allred N/A to the Lewis complex.	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			8/8/2013 2:41 PM Entered By: Terry Allred N/A to the Lewis complex.	1

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Grievances						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			8/2/2013 12:04 PM Entered By: Terry Allred Performance measure is met. A database tracking system is in place and being utilized. Database documents are entered for tracking on a receipt basis.	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]		X		8/2/2013 12:06 PM Entered By: Terry Allred Performance measure is not met. There is no current process in place for purposes of tracking and addressing grievance trends.	1

Corrective Action Plans for Performance Measure: Grievances

2 Are grievance trends being tracked and addressed? [P-A-11; P-A-04]

Level 1 Amber User: Terry Allred Date: 8/2/2013 12:06:06 PM

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

Corrective Actions: Reinforce with staff grievance time frames and maintain a database to assist with response follow-up.

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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			8/15/2013 11:34 AM Entered By: Yvonne Maese formal medication program in place.	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			8/15/2013 11:34 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			8/15/2013 11:34 AM Entered By: Yvonne Maese KOP medication is tracked through paper MAR system.	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		<p>8/27/2013 6:44 AM Entered By: Erin Barlund See note below.</p> <p>8/26/2013 7:32 AM Entered By: Erin Barlund MOREY- review of MARs indicates non compliance. #Inmate insulin MAR with no documentation 8/4/13, 8/16/13, 8/18/13; Inmate no documentation on insulin MAR 8/18/13; Inmate no documentation insulin MAR 8/4/13, 8/5/13; Inmate no documentation 8/19/13, 8/20/13 and code "AA" on 8/21/13; Inmate no documentation 8/13/13-8/16/13; Inmate "absent" documented 8/2/13-8/15/13 with no supporting documentation in AIMS, no documentation 8/16/13, no start dates; Inmate no documentation 8/1/13-8/6/13, no start dates; Inmate no documentation 8/17/13.</p> <p>8/26/2013 7:25 AM Entered By: Erin Barlund RAST-review of MARs indicates non compliance. #Inmate no documentation 8/18/13, no start dates; Inmate no documentation 8/1/13, 8/3/13, no start dates; Inmate no documentation 8/1/13-8/6/13 8/17/13, tramadol documented in red book as administered on 8/17/13 with no corresponding documentation in MAR; Inmate no documentation 8/1/13-8/4/13, 8/9/13, 8/12/13, 8/15/13, no start date; Inmate no documentation 8/1/13, 8/2/13, no order date; Inmate n documentation 8/7/13-8/10/13, 8/12/13; Inmate no start dates; Inmate no start dates; Inmate no documentation 8/1/13, 8/2/13, 8/5/13-8/9/13, 8/18/13, thorazine no documentation 8/1/13-8/3/13, 8/5/15-8/6/13, no start/stop dates, incomplete signatures on MAR; Inmate no documentation 8/1/13-8/9/13, no order/start/stop dates; Inmate no documentation 8/2/13-8/22/13, no start dates; Inmate no documentation 8/1/13-8/5/13; Inmate no documentation 8/1/13-8/3/13, 8/12/13-8/17/13, 8/19/13-8/22/13, "refused" documented 8/1/13-8/22/13 pm dose with no documented refusal forms; Inmate no documentation 8/1/13-</p>	1

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8/4/13, "refused" 8/5/13-8/22/13 with no documented refusal forms.

8/26/2013 6:28 AM Entered By: Erin Barlund

BUCKLEY- review of MARs indicates non compliance. #Inmate no documentation 8/5/13-8/9/13, 8/12/13-8/13/13, 8/19/13-8/21/13, no start dates; Inmate no documentation 8/2/13, 8/4/13, 8/10/13, 8/12/13-8/16/13, no start dates, incomplete corresponding signatures; Inmate no documentation 8/2/13, 8/4/13, 8/10/13, 8/13/13-8/16/13, no start dates, incomplete corresponding signatures; Inmate no documentation 8/2/13 and "refused" 8/3/13, 8/11/13, 8/18/13 8/20/13, 8/21/13 with no corresponding refusal forms completed, no start dates; Inmate documented "refused" 8/1/13-8/22/13 with no corresponding refusal forms available.

8/26/2013 6:21 AM Entered By: Erin Barlund

STINER- review of MARs indicates non compliance- #Inmate no documentation 8/2/13-8/5/13, 8/11/13, 8/13/13, 8/17/13, 8/21/13, 8/22/13; 121121 no documentation 8/3/13, 8/4/13, 8/10/13, 8/11/13, 8/17/13, 8/18/13, 8/21/13, 8/22/13 and use of "absent" 8/1/13-8/2/13, 8/5/13-8/9/13, 8/12/13-8/16/13, 8/19/13-8/20/13 with no supporting documentation in AIMS; Inmate "absent" documented 8/13/13-8/14/13, 8/17/13-8/22/13 with no supporting documentation in AIMS; Inmate use of "absent" 8/13/13, 8/20/13 with no supporting documentation in AIMS and no start dates; Inmate no documentation on 8/11/13, 8/12/13 with "absent" documented 8/13/13, 8/15/13, 8/16/13, 8/20/13 with IM moving to ASPC-Lewis on 8/12/13; Inmate "absent" on 8/2/13-8/13/13, 8/20/13, 8/19/13 with no supporting documentation in AIMS, no start dates; Inmate "absent" documented for fluoxetine with no supporting documentation in AIMS 8/1/13-8/2/13, no documentation 8/3/13, 8/4/13, 8/10/13, 8/11/13, 8/17/13, 8/18/13-8/22/13 benzotropine documented as administered on all dates except 8/19/13-8/21/13 (further not supporting "absent" coding; Inmate "absent" documented 8/9/13-8/15/13 with no supporting documentation in AIMS.

8/26/2013 6:09 AM Entered By: Erin Barlund

BARCHEY- review of MARs indicates non compliance. Inmate no start dates no corresponding signatures on MAR; Inmate no start dates, no documentation on 8/3/13, 8/15/13, 8/18/13 (gabapentin) and Lidocaine no documentation 8/4/13-8/8/13, 8/16/13-8/22/13 (morning dose) with "absent" documented 8/22/13 with no supporting documentation in AIMS; Inmate no documentation on 8/4/13, 8/10/13, 8/17/13, 8/18/13, 8/20/13-8/22/13, no start dates; Inmate no start dates, no corresponding signatures on back of MARs; Inmate no documentation 8/2/13, 8/17/13, 8/18/13, 8/20/13, 8/21/13, 8/22/13; Inmate no documentation 8/10/13 8/17/13, 8/18/13, 8/2/13, 8/21/13 8/22/13; 038 746 no start

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				<p>dates, no documentation 8/2/13, 8/3/13; Inmate no documentation 8/2/13, 8/10/13, 8/17/13, 8/18/13, 8/20/13-8/22/13, no order date, no start date; Inmate no documentation 8/2/13, 8/3/13, "absent" documented 8/1/13, 8/4/13-8/8/13, 8/11/13-8/22/13 with no supporting documentation in AIMS; Inmate no documentation 8/17/13-8/18/13, 8/20/13-8/22/13, no start dates; Inmate "absent" documented 8/1/13-8/8/13, 8/11/13-8/22/13, "n/a" documented 8/9/13-8/10/13, no start dates; Inmate no documentation 8/3/13-8/4/13, 8/10/13, 8/17/13, 8/19/13-8/22/13, no start dates; #Inmate no documentation 8/9/13, 8/17/13, 8/18/13 8/20/13, 8/21/13 8/22/13; Inmate "absent" documented 8/1/13-8/22/13 with no supporting documentation in AIMS; Inmate no documentation 8/4/13-8/10/13, 8/17/13, 8/18/13, 8/21/13, 8/22/13; Inmate no documentation 8/10/13, 8/17/13, 8/18/13 8/20/13-8/22/13</p> <p>8/26/2013 5:51 AM Entered By: Erin Barlund SUNRISE- review of MARs indicates non compliance. #Inmate no start dates; Inmate no start dates; Inmate no start dates; Inmate no start dates; Inmate no start date; Inmate no start date; Inmate no start date; Inmate no start date.</p> <p>8/26/2013 5:48 AM Entered By: Erin Barlund Eagle Point- review of MARs indicates non compliance. #Inmate indicates "absent on 8/4/13 with no supporting documentation in AIMS, 8/16/13-8/17/13 no documented med administration for morning dose; Inmate no order date for tramadol; #Inmate tramadol circled 8/4/13 with "absent" documented with no supporting documentation in AIMS; #Inmate MAR indicates Hep A/B injection to be given 8/14/13 with no administration documentation available on 8/23/13 adn no order date and stop date; Inmate with no documentation morning dose on 8/10/13-8/11/13, 8/17/13 and evening of 8/18/13 and "absent" documented 8/17/13 evening with no supporting documentation in AIMS, no start dates; #Inmate 8/3/13-8/4/13, 8/17/13, 8/21/13 with "absent" documented with no supporting documentation in AIMS, no documentation on 8/18/13; Inmate "absent" documente 8/1/13-8/22/13 with no supporting documentation in AIMS, no start dates; Inmate "absent" documented on 8/20/13 and 8/22/13 with no supporting documentation in AIMS, no start dates; Inmate no order dates and no administration documentation on 8/18/13; Inmate no start dates, no order dates and no documentation on 8/1/13-8/2/13, 8/9/13-8/10/13, 8/17/13-8/18/13 and "absent" documented on 8/17/13 evening with no supporting documentation in AIMS.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		<p>8/15/2013 11:33 AM Entered By: Yvonne Maese As of this date, the site DON has a binder in place for medication errors. Plan of action for medication errors reported this month is verbal counseling.</p>	2

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6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>8/26/2013 11:43 AM Entered By: Erin Barlund STINER- #Inmate incomplete copy of July MAR, no evidence of medication administration in Aug (no MAR available).</p> <p>8/26/2013 10:09 AM Entered By: Erin Barlund SUNRISE- all meds are KOP. Review of distribution log and verbal confirmation by security staff indicates compliance. Spoke to Sunrise officers who report meds are distributed in brown bags as sent by pharmacy and delivered on evening shift. Spot check in pharmacy reveals inmate signatures for KOP medications.</p> <p>8/26/2013 8:03 AM Entered By: Erin Barlund EAGLE POINT- review of MARs indicates non compliance. #Inmate no documentation of Hep A/B on 8/14/13.</p> <p>BARCHEY- review of MARs indicates non compliance. #Inmate "n/a" documented 8/3/13-8/8/13; Inmate carbamazepine documented "n/a" 8/3/13; 45450 omeprazole ordered 8/2/13 and first dose administered 8/7/13.</p> <p>STINER- unable to substantiate compliance due to excessive "holes" in MAR not indicating availability of medication.</p> <p>BUCKLEY- review of MARs indicates non compliance. #Inmate "n/a" 8/1/13-8/14/13; Inmate amantadine ordered 7/2/13 with first dose administered 8/7/13; Inmate gabapentin "n/a" 8/12/13-8/13/13.</p> <p>RAST-review of MARs indicates non compliance. #Inmate amantadine "n/a" 8/13/13-8/19/13; Inmate gabapentin ordered 7/31/13 with first documented dose 8/9/13; Inmate with start date for tramadol 7/27/13 with first documented dose administered 8/7/13; Inmate buspar ordered 7/31/13 with first documented dose administered 8/13/13; Inmate gabapentin "n/a" 8/10/13-8/19/13; Inmate trilaon ordered 8/7/13 with first documented dose administered 8/20/13; Inmate tramadol ordered 3/18/13 with first documented dose on Aug. MAR on 8/9/13; Inmate thorazine 100 mg ordered 7/22/13 x 3 days with no documented dose administered, thorazine 150 mg ordered to start after 3 doses of 100 mg, with 100 mg never administered, but 150 mg started; Inmate buspar ordered 7/23/13 with first documented dose administered 8/10/13; Inmate citalopram "n/a" 8/2/13, glyburide "n/a" 8/2/13, 8/3/13/ 8/12/13-8/16/13, metformin "n/a" 8/11/13-8/16/13, apap "n/a" 8/12/13-8/19/13; Inmate tramadol ordered 7/26/13 with start date of 8/5/13; Inmate celexa ordered 5/6/13 with no documented administration 8/1/13-8/22/13.</p> <p>MOREY- review of MARs indicates non compliance. #Inmate baclofen "n/a"</p>	2
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				<p>8/9/13-8/20/13; Inmate amitriptyline ordered 7/22/13 with first documented administered dose 8/12/13; Inmate lithium ordered 7/13/13 with first documented dose administered 8/14/13; Inmate nortriptyline ordered 7/31/13 with first documented administered dose 8/6/13; Inmate baclofen ordered 5/25/13 with first documented dose on Aug. MAR 8/5/13.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>8/15/2013 11:26 AM Entered By: Yvonne Maese</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	<p>8/15/2013 2:43 PM Entered By: Yvonne Maese</p> <p>BACHMAN- Reviewed the following ten inmates with medication expiring in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, six had their medication renewed prior to expiration- Inmate Inmate Inmate Inmate Inmate and Inmate. The remaining four Inmate Inmate and Inmate all had medication allowed to expire without renewal.</p> <p>BUCKLEY- Reviewed the following ten inmates with medication expiring in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, seven had their medication renewed prior to expiration- Inmate Inmate x1 renewed and one expired without renewal, Inmate Inmate Inmate and Inmate. The remaining three- Inmate Inmate, and Inmate all had medication allowed to expire without renewal.</p> <p>STINER- Reviewed the following ten inmates with medication expiring in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, six had their medication renewed prior to expiration- Inmate Inmate Inmate Inmate Inmate x1 renewed and x1 expired, and Inmate. Three Inmate Inmate and Inmate all had medication that were allowed to expire prior to renewal. Inmate had 1 expire and 2 scripts renewed 1 day late.</p> <p>BARCHEY- Reviewed the following ten inmates with medication expiring in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate 07/996, Inmate and Inmate. Of these ten, five all had their medication renewed prior to expiration- Inmate Inmate x1 renewal and x1 expiration, Inmate and Inmate. The remaining five- Inmate Inmate Inmate Inmate and Inmate all had medication allowed to expire prior to renewal.</p> <p>SUNRISE- Reviewed the following four inmates with medication expiring in the month of August: Inmate Inmate Inmate and Inmate. Of these four, all had medication that were allowed to expire prior</p>	2

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					<p>to renewal.</p> <p>EAGLE POINT- Reviewed the following ten inmates with medication expiring in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, eight had medication renewed prior to expiration, one Inmate had one renewed 1 day late, Inmate had medication allowed to expire prior to renewal.</p> <p>RAST- Reviewed the following ten inmates with medication expiring in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, three had medication that were renewed prior to expiration- Inmate Inmate and Inmate. Inmate renewed 3 days late. Inmate had two meds renewed and two allowed to expire, Inmate had two meds renewed and two allowed to expire without replacement meds. Four Inmate Inmate Inmate and Inmate had meds allowed to expire prior to renewal.</p> <p>MOREY- Reviewed the following ten inmates with medication expiring in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate. Of these ten, five- Inmate Inmate Inmate Inmate and Inmate all had their medication renewed prior to renewal. Inmate had one renewed and one script allowed to expire prior to renewal. Inmate Inmate Inmate and Inmate all had medication allowed to expire prior to renewal.</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		<p>8/15/2013 11:30 AM Entered By: Yvonne Maese At this time non-formulary medications are not consistently being reviewed for approval or disapproval within 24 to 48 hours.</p> <p>Inmate NFDR submitted 7/28/13, no response as of 8/15/13. Inmate NFDR submitted 6/13, medication approval on 8/2/13.</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		<p>8/15/2013 11:23 AM Entered By: Yvonne Maese AS of now, providers are not being notified of non-formulary decisions within 24-48 hours.</p> <p>8/26/2013 11:47 AM Entered By: Erin Barlund #Inmate sandostatin current NFDR and order from 7/16/13 (per Correctrx) not found in chart with approval/denial.</p>	2
11	Are medication error reports being completed and medication errors documented?	X			<p>8/15/2013 11:31 AM Entered By: Yvonne Maese</p>	2

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As of this date 2 medication errors have been reported and documentation completed.

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: Erin Barlund Date: 8/27/2013 6:43:15 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 :

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: Erin Barlund Date: 8/26/2013 11:42:30 AM

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

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

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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: 8/15/2013 2:42:16 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

a. Internal

b. External

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

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Yvonne Maese Date: 8/15/2013 11:30:08 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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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: 8/15/2013 11:22:51 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.

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			8/5/2013 10:45 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	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			8/5/2013 10:45 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	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			8/5/2013 10:45 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			8/5/2013 10:45 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			8/5/2013 10:45 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	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			8/5/2013 10:46 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			8/5/2013 10:46 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	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			8/5/2013 10:46 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	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			8/5/2013 10:46 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmiry setting.	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			8/5/2013 10:46 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmary setting.	1
11	Are vital signs done daily when required?	X			8/5/2013 10:46 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmary setting.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			8/5/2013 10:46 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmary setting.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			8/5/2013 10:47 AM Entered By: Yvonne Maese N/A, Currently L11 does not meet criteria for infirmary setting.	1

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Return to Custody						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a medical provider as part of the RTC intake process??		X		8/27/2013 1:22 PM Entered By: Terry Allred Performance measure is not met. 10 random RTC charts reflected the following information. The following inmates were seen within proper timeframes: #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate and #Inmate. The following inmates were not seen either within timeframes or in any fashion: #Inmate not seen and transferred to primary housing complex. #Inmate not seen within timeframes, #Inmate not seen.	1
2	Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?		X		8/27/2013 1:30 PM Entered By: Terry Allred Performance measure is not met. Of the 10 randomly audited RTC charts, the following findings were noted: Performance measures were met on the following: #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate Performance measure not met on the following: #Inmate no MH contact prior to relocation to permanent facility. #Inmate and #Inmate not seen within PM timeframes.	1
3	Have Base Line labs been drawn?		X		8/27/2013 2:20 PM Entered By: Terry Allred Performance measure is not met. In a random audit of 10 RTC medical charts, the following findings were noted: Base line labs were completed for the following: #'s Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate. There were no base line lab draws on the following inmates: #'s Inmate and Inmate	1
4	Has a PPD been planted and read?		X		8/27/2013 2:46 PM Entered By: Terry Allred Performance measure is not met. In performing a random audit of 10 RTC medical charts, the following findings were noted; The following charts had a PPD planted and read: #'s Inmate Inmate Inmate Inmate Inmate Inmate Inmate. The following medical files reflect no plant and read of a PPD: #'s Inmate Inmate	1
5	Has a PAP been completed (Female)?	X			8/20/2013 1:53 PM Entered By: Terry Allred N/A to the Lewis complex.	1
6	Is a continuity of care completed prior to transfer to permanent unit?		X		8/27/2013 2:51 PM Entered By: Terry Allred Performance measure is not met. In auditing 10 random RTC medical charts, the following findings were noted: #'s Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate contained a completed continuity of care. The following 2 medical files contained no continuity of care: #'s Inmate and Inmate	1

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7	Are dental emergencies being addressed at the reception center?	X			8/27/2013 2:57 PM Entered By: Terry Allred Performance measure is met. Of the 10 random RTC medical charts audited, the following findings were noted: #'s [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] and [redacted] all were accessible to dental but required no emergency care. Chart # [redacted] was available but contained no dental information to support that a dental emergency existed at the time of RTC.	1
8	Are inmates seen the day of arrival?		X		8/27/2013 3:04 PM Entered By: Terry Allred Performance measure is not met. In auditing 10 RTC medical files, the following information was noted: #'s [redacted] [redacted] [redacted] [redacted] and [redacted] were all seen on the date of arrival. #'s [redacted] [redacted] and [redacted] were not seen on the date of arrival.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute?		X		8/27/2013 3:09 PM Entered By: Terry Allred Performance measure is not met. In auditing 10 random RTC charts, the following findings were noted: #'s [redacted] [redacted] [redacted] [redacted] and [redacted] were all continued on medications or therapeutic substitutes that they were prescribed prior to RTC. # [redacted] was unable to verify. #'s [redacted] and [redacted] were not continued on previously prescribed medications upon RTC.	1

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Corrective Action Plans for Performance Measure: Return to Custody

1 Is a physical examination completed by a medical provider as part of the RTC intake process??

Level 1 Amber User: Terry Allred Date: 8/27/2013 1:21:16 PM

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

Corrective Actions: Reinforce with staff that a physical examination be completed by a medical provider as part of the RTC intake process. Continue to monitor.

2 Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?

Level 1 Amber User: Terry Allred Date: 8/27/2013 1:29:29 PM

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

Corrective Actions: Reinforce to staff the necessity that the mental health assessment must be completed on all RTC inmates. Continue to monitor.

3 Have Base Line labs been drawn?

Level 1 Amber User: Terry Allred Date: 8/27/2013 2:19:58 PM

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

Corrective Actions: Reinforce to staff the necessity that base line labs are drawn on all RTC inmates. Continue to monitor.

4 Has a PPD been planted and read?

Level 1 Amber User: Terry Allred Date: 8/27/2013 2:45:44 PM

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

Corrective Actions: Reinforce to staff the necessity that PPDs will be planted and read on all RTC inmates per policy. Continue to monitor.

6 Is a continuity of care completed prior to transfer to permanent unit?

Level 1 Amber User: Terry Allred Date: 8/27/2013 2:50:45 PM

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

Corrective Actions: Reinforce to staff the necessity that continuity of care is required for all inmates transferring to another unit. Continue to monitor.

8 Are inmates seen the day of arrival?

Level 1 Amber User: Terry Allred Date: 8/27/2013 3:03:46 PM

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

Corrective Actions: Reinforce to staff the necessity that RTC inmates must be seen on the day of arrival. Continue to monitor.

9 Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute?

Level 1 Amber User: Terry Allred Date: 8/27/2013 3:08:20 PM

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

Corrective Actions: Reinforce with staff that inmates on medications prior to being placed under ADC custody be continued on the medication or a therapeutic substitute. Continue to monitor.