

**August 2013 PERRYVILLE 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]		X		8/15/2013 2:46 PM Entered By: Mark Haldane A review of nurse line appointments generated by HNRs between August 1, 2013 and August 15, 2013 found that there were no such appointments at Lumley on August 7, at San Pedro on August 5 and August 12, and at Santa Cruz on August 12. Halfway through the month, San Carlos had 107 nurse line appointments generated by HNRs. Santa Maria had 76, Lumley had 42, Santa Cruz had 23, and San Pedro had 16.	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		8/15/2013 2:58 PM Entered By: Mark Haldane At Santa Maria, 68 of 76 nurse line appointments generated by HNRs were seen within 24 hours of being triaged. 7 of the remaining 8 were seen within 48 hours.  At Lumley, 27 of 42 were seen timely. At Lumley, non-emergency sick call is scheduled by yard to avoid cross-custody issues.  At San Carlos, 99 of 107 were seen within 24 hours with the others seen within 48-72 hours.  At San Pedro, only 3 of 16 were within the required timeframe, although almost all of them were seen within 48-72 hours.  At Santa Cruz, 10 of 23 were timely, and again, most were seen within 72 hours.  Complex-wide, of 264 appointments, 207 of 264 appointments were timely, a 78.4% compliance rate.	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 2:46 PM Entered By: Mark Haldane At Santa Maria, 12 charts were reviewed and vitals were taken in all cases, except 2 where refusals were signed. No errors noted.  At San Pedro, vitals were recorded in each of the 10 charts reviewed.  8/26/2013 8:03 AM Entered By: Mark Haldane At Santa Cruz, 18 charts were reviewed. Temperature and weight were not included in [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] or [Inmate] # [Inmate] had no vitals recorded.  At San Carlos, 13 charts were reviewed and vitals were recorded in each instance.  At Lumley, 10 charts were reviewed. # [Inmate] did not have weight recorded on	1

**August 2013 PERRYVILLE COMPLEX**

				the NET.	
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 2:50 PM Entered By: Mark Haldane The SOAPE format is being utilized on all units for sick call encounters in which NETs are not being used.	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>8/26/2013 12:59 PM Entered By: Mark Haldane At Santa Maria, 1 of 15 referrals were seen by the provider within 7 days. The charts not compliant with this standard are: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>8/26/2013 12:51 PM Entered By: Mark Haldane At Santa Cruz, only 3 charts were found to be referrals from nurse line. None were seen by the provider within 7 days. The charts not compliant with this measure are: Inmate Inmate and Inmate</p> <p>8/26/2013 12:36 PM Entered By: Mark Haldane At San Pedro, 3 of 12 charts were seen within 7 days of referral. Not compliant: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>San Carlos charts not compliant with this performance measure are: Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>Lumley charts not compliant with this performance measure are: Inmate Inmate Inmate and Inmate</p> <p>8/26/2013 11:40 AM Entered By: Mark Haldane At San carlos, 4 of 12 charts reviewed were seen by the provider within 7 days of referral.</p> <p>8/26/2013 11:25 AM Entered By: Mark Haldane At Lumley, 9 of 13 charts reviewed were seen by the provider within 7 days of referral.</p>	1
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		<p>8/29/2013 3:00 PM Entered By: Mark Haldane At Santa Maria, NETs were used in all 10 cases where treatment was not refused.</p> <p>At San Pedro, NETs were used in 8 of 10 charts reviewed. SOAPE notes were used in the other 2 instances.</p> <p>The contractor has complied with this standard at each unit.</p> <p>8/26/2013 11:17 AM Entered By: Mark</p>	1

## August 2013 PERRYVILLE COMPLEX

					<p>Haldane At San Carlos, NETs were used in 10 of 13 charts reviewed.</p> <p>8/26/2013 11:14 AM Entered By: Mark Haldane</p> <p>Nursing protocols are in place and utilized by nurses for sick call on all units. There are over 40 NETs available and the General Sick Call NET appears to be the most widely used. SOAPE notes are also used. On 8/22/13, all nurses were reminded that in accordance with Corizon policy, NETs must be used if available, rather than SOAPE notes.</p>
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### Corrective Action Plans for Performance Measure: Sick Call (Q)

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

**Level 1 Amber User: Mark Haldane Date: 8/15/2013 2:45:50 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Process to address access to care, to include but not limited to:
  - a. Scheduling patients
  - b. Staffing
2. In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1 Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all inmates (Sick Call Attachment); and site specific process
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Monitoring (Sick Call Audit Tool)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

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

**Level 1 Amber User: Mark Haldane Date: 8/15/2013 2:57:54 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.

## August 2013 PERRYVILLE COMPLEX

- 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: Mark Haldane 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 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 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: Mark Haldane Date: 8/26/2013 12:58:21 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.

**August 2013 PERRYVILLE COMPLEX**

<b>Chronic Condition and Disease Management (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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			8/7/2013 8:35 AM Entered By: Erin Barlund	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>8/27/2013 10:52 AM Entered By: Erin Barlund See notes below.</p> <p>8/21/2013 10:22 AM Entered By: Erin Barlund Santa Cruz- #Inmate scd for cc appt on 8/7/13, but no documented visit with exception of vital signs. Issue brought to attention of medical staff and pt. seen 8/20/13.</p> <p>8/13/2013 2:05 PM Entered By: Erin Barlund San Pedro- review of 10 CC files indicates 9 in compliance, 1 non compliant. #Inmate was scd to be seen 6/11/13, moved yards, and was seen 7/9/13 at San Pedro. #Inmate was seen 7/2/13 with prior visit 9/13/12. This was counted as compliant as Corizon was not involved in care at time inmate should have been seen.</p> <p>8/12/2013 9:32 AM Entered By: Erin Barlund PU/SM/SR review of 10 CC inmate files indicates 8 in compliance, 2 non compliant. #Inmate f/u scd for 7/25/13 and no further visits documented.</p> <p>#Inmate last documented CC visit 5/8/12. Documented nurse visit for BP check on 11/30/12 with emergency prescription request on 11/29/12 for Lisinopril and L-Thyroxine. No further documented CC visits. HNR on 6/25/13 reporting "I have two more days of pills for my High Blood Pressure &amp; thyroid disease." Order on 7/2/13 for Levothyroxine and Lisinopril.</p> <p>8/9/2013 12:51 PM Entered By: Erin Barlund Santa Cruz- review of 10 CC files indicates 10 in compliance.</p> <p>8/9/2013 8:16 AM Entered By: Erin Barlund Lumley- review of 10 CC files indicates 10 noncompliance.</p> <p>8/7/2013 8:50 AM Entered By: Erin Barlund San Carlos- review of 10 CC inmate files indicates 7 in compliance, 3 non-compliant (#Inmate last cc visit 1/31/13 no documented f/u; #Inmate last cc visit 8/27/12 with scd f/u 2/2013 with no f/u appt.</p> <p>#Inmate seen cc 2/6/13 with f/u scd for 5/15/13 with no f/u appt. documented. This inmate submitted HNR on 4/20/13 "suppose to see Dr. have not been put on list to see the Doctor." Pt. was treated utilizing ERO for chest pain on 5/3/13 and 5/9/13. On 5/28/13, pt. seen by provider for c/o migraines. There is a note by provider for chest pain, but no date/time.</p>	2

## August 2013 PERRYVILLE COMPLEX

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>8/27/2013 10:53 AM Entered By: Erin Barlund See notes below.</p> <p>8/13/2013 1:23 PM Entered By: Erin Barlund San Pedro- review of 10 inmate files indicates 9 files in compliance, 1 non compliant. #Inmate does not indicate education provided.</p> <p>8/12/2013 9:36 AM Entered By: Erin Barlund PU/SM/SR review of 10 inmate files indicates 4 files in compliance, 6 non compliant.</p> <p>8/9/2013 12:53 PM Entered By: Erin Barlund Santa Cruz- Review of 10 CC charts indicates 9 in compliance, one non compliant. #Inmate visit on 6/26/13 does not indicate education provided.</p> <p>8/9/2013 8:17 AM Entered By: Erin Barlund Lumley- review of 10 CC files indicates 9 noncompliance. #Inmate seen 5/14/13 with no indication of education at that visit.</p> <p>8/7/2013 10:24 AM Entered By: Erin Barlund San Carlos- review of 5 files seen by Corizon providers indicates 1 in compliance, 4 non compliant.</p>	1
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	X			8/27/2013 10:53 AM Entered By: Erin Barlund	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			<p>8/9/2013 12:53 PM Entered By: Erin Barlund</p> <p>8/7/2013 9:36 AM Entered By: Erin Barlund</p>	2

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

**2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]**

**Level 2 Amber User: Erin Barlund Date: 8/27/2013 10:51:44 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.)

## August 2013 PERRYVILLE COMPLEX

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 10:52:25 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.

**August 2013 PERRYVILLE 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]	<b>X</b>			8/28/2013 7:12 AM Entered By: Martin Winland	<b>2</b>
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			<b>X</b>	<p>8/28/2013 7:16 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 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 March2013 thru July 2013 is approximately 16,000 (Formulary/Non Formulary) medications.</p> <p>Medications must be filled/refilled in a timelier manner. Per our snapshot 698 prescriptions reviewed, 469 prescriptions renewed prior to the expiration date, 36 prescriptions renewed after the expiration date. 193 not reordered. Please note that prescriptions may not have been reordered due to therapy changes etc. On my brief visit to Lumley I encountered the following issues (8-5)</p>	<b>2</b>



## August 2013 PERRYVILLE COMPLEX

					<ol style="list-style-type: none"> <li>1. Sharps/Clinic Stock Room left unlocked and open.</li> <li>2. 5 boxes of medications sitting on the floor.</li> <li>3. No refrigerator log for August. (The nurse that I spoke to said that she was just given this task and hadn't put a new one up yet?)</li> <li>4. On inmate Abellido <b>Inmate</b> it appears that Levetiracetam was being dispensed passed the expiration date on 7-7-2013 according to the July MAR. There was in fact a new Card in the bin for the 8-1-2013 dispensing but The Levetiracetam did not appear on the August MAR.</li> <li>5. On inmate Tracie Rasmussen <b>Inmate</b> Carbamazepine was dispensed on 6-21 for a total of 90 tablets. The inmate is taking a total of 3 tablets per day. This dispensing would take her through to around 7-20-13 yet the July MAR shows given beyond that date. It looks as though 2 tablets were taken from clinic stock on 8-1-13. The new prescription for Levetiracetam shows dispensed on 8-1. My question is how was existing medication given between the time frame of the original 6-21 fill and the 8-1 fill? Did the inmate refuse medication and existing medication was used? If so, are there signed refusal forms for dates in July?</li> </ol> <p>Other issues include:</p> <ol style="list-style-type: none"> <li>1. Medication documented as being given post inmate release</li> <li>2. Patient specific medication returned to Pharmacorr and clinic stock used in place.</li> <li>3. Proper MAR documentation.</li> <li>4. I continue to alert the facility to medications needing filled or refilled.</li> </ol> <p>I continue to alert the facility on 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 7:17 AM Entered By: Martin Winland	1

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

**2 Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]**

**Level 2 Red User: Martin Winland Date: 8/28/2013 7:15:49 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

## August 2013 PERRYVILLE COMPLEX

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.

**August 2013 PERRYVILLE COMPLEX**

<b>Mental Health (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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]	<b>X</b>			8/29/2013 6:28 PM Entered By: Nicole Taylor 73 charts reviewed, 69 charts were in compliance.  San Pedro: 11/11 charts compliant. No findings. San Carlos: 18/20 charts compliant. Inmate (SMI). Santa Maria: 9/10 charts compliant. Inmate (SMI) Lumley: 16/17 charts compliant. Inmate Santa Cruz: 15/15 charts compliant. No findings.	<b>2</b>
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]			<b>X</b>	8/29/2013 6:33 PM Entered By: Nicole Taylor 73 charts reviewed, 58 in compliance = 79%. Complex-wide this percentage would not be a red finding. However, 2 out of 5 complexes had very significant findings. San Pedro: 10/11 charts compliant. Inmate Referred 6/3/13 and seen 7/29/13. San Carlos: 12/20 charts in compliance, three of which had never been seen after referral. Inmate Three psych med referrals from 7/13/13-7/28/13 and not yet seen. Inmate Referred 4/19/13 and not seen until 7/9/13. Inmate (SMI): Referred 6/14/13, 6/17/13, and 7/8/13 and seen 7/11/13. Inmate (SMI): Referred 5/30/13 in 14-day evaluation and in 7/1/13 clinical note. Inmate has not yet been seen. Inmate (SMI): Referred 7/22/13 and not seen until 8/6/13. Inmate (SMI): Referred 7/9/13 and not seen until 8/2/13. Inmate (SMI): Referred 6/25/13 and not seen until 7/8/13. Inmate (SMI): Referred 8/2/13 in 14-day evaluation and not yet seen. Santa Maria: 9/10 charts compliant. Inmate (SMI): 7/18/13 Inmate was seen by PRN- Inmate reported wanting to be DC'd from meds, Inmate has not been seen my psychiatrist. Lumley: 12/17 charts compliant, 2 of which have yet to be seen. Inmate Referred 8/12/13 and not yet seen. Inmate (SMI): Referred 7/23/13 and not seen until 8/13/13. Inmate (SMI): Referred 8/8/13 and not yet seen. Inmate (SMI): Referred 6/4/13 and not seen until 7/23/13. Inmate (SMI) Referred 7/23/13, 8/6/13 and not seen until 8/12/13. Santa Cruz: 15/15 charts in compliance. No findings.	<b>2</b>
3	Are MH treatment plans updated every 90 days		<b>X</b>		8/29/2013 6:37 PM Entered By: Nicole	<b>1</b>

August 2013 PERRYVILLE COMPLEX

	<p>for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]</p>				<p>Taylor 73 charts reviewed, 67 in compliance = 92% San Pedro: 9/11 charts in compliance. Inmate(SMI) Inmate (Treatment plan not filled out all of the way and buried under approx 15 pages). San Carlos: 18/20 charts compliant. Inmate No treatment plan Inmate(SMI): Needs update Inmate(SMI)L Needs update Santa Maria: 7/10 charts in compliance- Standing alone would have been a red finding. Inmate(SMI): Needs update. Also, treatment plan is without a name stamp/signature and is not filled out completely. Inmate(SMI):Needs update. Inmate(SMI): Needs update. Lumley: 17/17 charts reviewed in compliance. No findings. Santa Cruz: 14/15 charts in compliance. Inmate(SMI?): Needs update if SMI. Inmate(SMI): Needs update.</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 6:47 PM Entered By: Nicole Taylor 73 charts reviewed, 56 were compliant = 77%. Complex-wide this is percentage would be an amber. However, 2 of the 5 units were significantly below the threshold. Many of the mental health contacts were completed by a psychiatrist and not a psychologist or psych associate. I have concerns about inmates only receiving medication management and not receiving other therapeutic interventions. San Pedro: 9/11 charts compliant. Inmate(SMI): Past due for psychology visit. San Carlos: 13/20 charts compliant, 7 of which psychiatry was the last mental health follow-up, not a psychologist or psych associate. Inmate Past due for psychology visit. Inmate Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Inmate arrived 8/2/13 and has not yet been seen by any psychology/psychiatry mental health staff member. Inmate(SMI): Past due for psychology visit. Santa Maria: 6 out of 10 charts in compliance, 2 of which were last seen by psychiatry, not a psychologist or psych assoc. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Lumley: 14/17 charts in compliance. 5 of which were last seen by psychiatry, not a psychologist or psych associate. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit.</p>	2

August 2013 PERRYVILLE COMPLEX

				<p>Santa Cruz: 14 out of 15 charts in compliance, 10 of which were last seen by psychiatry, not by a psychologist or psych associate.</p> <p>Inmate(SMI): Past due for psychology visit.</p> <p>Inmate(SMI): Past due for psychology visit.</p> <p>Inmate(SMI): Past due for psychology visit.</p> <p>Inmate(SMI): Past due for psychology visit.</p> <p>Inmate(SMI): Past due for psychology visit (Per on site clinician, contact on 8/5/13 completed, but note not filed).</p> <p>Inmate Past due for psychology visit.</p>	
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]		X	<p>8/29/2013 6:58 PM Entered By: Nicole Taylor</p> <p>73 charts reviewed, 53 in compliance = 73%.</p> <p>San Pedro: 7/11 charts in compliance.</p> <p>Inmate(SMI): Past RTC date.</p> <p>Inmate(SMI): Past RTC date.</p> <p>Inmate(SMI): Inmate was seen on 07/10/13 and psych meds were DC'd. The provider noted inmate was to return to clinic in "next few weeks." Inmate has not yet been seen.</p> <p>Inmate(SMI): Past RTC date.</p> <p>San Carlos: 13/20 charts compliant.</p> <p>Inmate Past RTC date.</p> <p>Inmate Past RTC date.</p> <p>Inmate Past RTC date.</p> <p>Inmate Past RTC date.</p> <p>Inmate(SMI): Past RTC date.</p> <p>Inmate(SMI): Past RTC date.</p> <p>Inmate(SMI): Past RTC date.</p> <p>Inmate(SMI): Inmate arrived 5/30/13 to Perryville Complex and has not been seen to date by psychiatry.</p> <p>Santa Maria: 6/10 charts compliant.</p> <p>Inmate ME: 6/7/13, Last psych MD: 12/7/13, RTC date was 2/29/13. Psych meds likely allowed to expire.</p> <p>Inmate(SMI): Past RTC date.</p> <p>Inmate(SMI): Past RTC date (Psych meds DC'd 11/10 and RTC date was 2/2011).</p> <p>Inmate(SMI): Past RTC date.</p> <p>Lumley: 14/17 charts compliant.</p> <p>Inmate(SMI): Past RTC date of 5/19/13, ME: 8/19/13. Psych meds possibly allowed to expire.</p> <p>Inmate(SMI): Past RTC date of 7/22/13.</p> <p>Last psychiatry appt with full evaluation was 4/22/13 (6/24/13 a 90-day bridge order was done but IM was not actually seen).</p> <p>Inmate(SMI): Past RTC date.</p> <p>Santa Cruz: 13/15 charts compliant.</p> <p>Inmate Past RTC date.</p> <p>Inmate(SMI): Past RTC date.</p>	2
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]	X		<p>8/29/2013 6:59 PM Entered By: Nicole Taylor</p> <p>73 charts reviewed, 72 in compliance = 98%</p> <p>San Pedro: No findings.</p> <p>San Carlos: No findings.</p> <p>Santa Maria: No Findings.</p> <p>Lumley:</p> <p>Inmate(SMI): Inmate is documented being actively psychotic and has been on numerous suicide/mental health watches since June. Inmate is currently not on psych</p>	2

## August 2013 PERRYVILLE COMPLEX

				medications (Meds were DC'd 7/17/13). No release plans were documented in chart and upon conversation with onsite clinician, no solid plans for inmate had been made. Santa Cruz: No findings.	
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### 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 6:32:12 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 2 (Mental Health Attachment) related to psychiatric providers seeing HNR or sick call referrals within 7 days

a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers within 7 days, when appropriate

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

c. Have MH staff increase their contacts if appointment cannot be made in 7 days

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date -11/30/13

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

10/11/13 Update – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman completed.

**3 Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]**

**Level 1 Amber User: Nicole Taylor Date: 8/29/2013 6:36:57 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

## August 2013 PERRYVILLE COMPLEX

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: Nicole Taylor Date: 8/29/2013 6:47:05 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.
2. Reinforce this in monthly staff meetings.
3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.
4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.

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

Target Date-11/30/13

**5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]  
Level 2 Red User: Nicole Taylor Date: 8/29/2013 6:57:13 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Monitoring (Mental Health Monitoring Tool)
  - a. Audit tools developed
  - b. Monthly site results discussed with RVP/MH Director
  - c. Audit results discussed at monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date- 11/30/13

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

## August 2013 PERRYVILLE COMPLEX

Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			8/26/2013 10:35 AM Entered By: Mark Haldane Of 20 charts reviewed, baseline labs were drawn in all cases.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			8/26/2013 10:36 AM Entered By: Mark Haldane Of 20 charts reviewed, Pano x-rays were completed in all 20.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			8/26/2013 10:37 AM Entered By: Mark Haldane Of 20 charts reviewed, PPDs were planted and read within the past 12 months in all cases. In most cases, the PPD was planted and read at the county 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			8/16/2013 9:09 AM Entered By: Mark Haldane This information is provided to every inmate at intake. It is contained in the Inmate Handbook.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			8/26/2013 10:39 AM Entered By: Mark Haldane Of 20 charts reviewed, PAPs were completed in all 20. None were postponed.	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			8/26/2013 10:40 AM Entered By: Mark Haldane of 20 charts reviewed, a continuity of care form was completed at intake in each case.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			8/26/2013 7:48 AM Entered By: Mark Haldane No dental emergencies were identified during the review period. A review of the process and prior dental emergencies shows that dental staff address dental emergencies immediately.	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			8/26/2013 10:45 AM Entered By: Mark Haldane Not applicable to Perryville.	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, Section 2.0.4.2]	X			8/27/2013 9:53 AM Entered By: Mark Haldane Inmates are evaluated at intake and prescribed medications as deemed appropriate by providers. A review of 20 new commitment charts did not reveal inmates being denied prescription medications or a therapeutic substitute	1





### August 2013 PERRYVILLE COMPLEX

<b>Grievances</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			8/15/2013 2:39 PM Entered By: Mark Haldane Grievances are being tracked.	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			8/16/2013 2:20 PM Entered By: Mark Haldane There were only 2 formal grievances at Perryville in July. Both were related to quality of medical care and both were addressed in appropriate timeframes.	1

**August 2013 PERRYVILLE COMPLEX**

<b>Medication Administration</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			<p>8/21/2013 10:12 AM Entered By: Erin Barlund Employees receive both medication administration training in NEO II and redbook administration training.</p> <p>8/7/2013 10:19 AM Entered By: Erin Barlund</p> <p>8/1/2013 1:50 PM Entered By: Erin Barlund</p>	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		<p>8/28/2013 11:20 AM Entered By: Erin Barlund Current FT/PT LPNs and RNs are 34 (2 of whom have a start date in the past 30 days) leaving 32 nurses that should have completed training. 15 nurses had evidence of compliance with the medication administration component (47%) and 23 nurses had evidence of compliance with the controlled substance component(72%). There were 6 training files not available and those were included in the total number of employees that should have completed the training.</p>	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			<p>8/21/2013 10:10 AM Entered By: Erin Barlund PU/SM/SR- inmate signs MAR San Pedro- inmate signs MAR Santa Cruz- inmate signs MAR San Carlos- inmate signs MAR Lumley- new procedure in place where MAR is signed by inmate upon receiving KOP medication. IPC- No KOPs</p>	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 11:04 AM Entered By: Erin Barlund See notes below.</p> <p>8/21/2013 1:49 PM Entered By: Erin Barlund San Carlos- #Inmate MAR indicates sertraline administration on evening of 8/8/13 and 8/9/13; inmate release morning of 8/8/13. #Inmate MAR indicates "n/s" on 8/14/13 and 8/20/13; start date is included for prozac.</p> <p>8/21/2013 1:22 PM Entered By: Erin Barlund San Pedro- review of MARs indicates non compliance #Inmate with code "absent" for 8/9/13, 8/13/13, 8/15/13 with no indication of movement in AIMS, no start dates; numerous refusals noted throughout month WITH corresponding refusal forms completed. #Inmate with documentation of "absent" on 8/7/13-8/21/13 with no indication of movement in AIMS. #Inmate carbamazepine with no documentation</p>	1

August 2013 PERRYVILLE COMPLEX

8/13/13-8/14/13 and "absent" 8/15/13-8/20/13- inmate was transferred from Santa Rosa to San Pedro on 8/13/13-unable to locate another MAR indicating medication was administered. #Inmate tramadol 8/14/13 documentation is "n/s" and no start dates for phenytoin, tramadol, apap, promethazine; start dates are included for nortriptyline; documentation as "refusal" on 8/9/13, 8/12/13 with no refusal paperwork. #Inmate methocarbamol with no documentation 8/14/13. #Inmate levetiracetam documented as "absent" 8/17/13-8/21/13- pt arrived at san pedro on 8/5/13. #Inmate diltiazem documented as "absent" on 8/20/13 and 8/21/13 with no indication of movement in AIMS.

8/21/2013 9:57 AM Entered By: Erin Barlund  
Santa Maria- review of MARs indicates non-compliance-#Inmate holes in mar on 8/17/13 and "n/s" documented 8/18/13-8/20/13; #Inmate indicates no med documentation on 8/17/13 and documentation indication "no show" on 8/18/13-8/20/13 and no start dates. #Inmate indicates no documentation on 8/20/13 and no start dates; #Inmate indicates "no show" on 8/2/13, 8/10/13, 8/11/13, 8/17/13, 8/18/13 and no documentation on 8/3/13 and no start dates; #Inmate with no documentation on 8/2/13, 8/3/13, 8/15/13, 8/20/13 and circled initials on 8/4/13-8/6/13 and 8/11/13-8/14-13, 8/17/13-8/19/13 with no appropriate documentation code. #Inmate with circled initials and no appropriate documentation 8/10/13-8/14/13 and code "absent" used on 8/9/13 when inmate was transferred from Lumley to Santa Maria. #Inmate with no med administration documentation on 8/3/13, 8/9/13, 8/17/13 and "no show" on 8/2/13, 8/9/13-8/11/13, 8/18/13 and 8/20/13, no start dates.#Inmate duloxetine signed as administered on 8/11/13 and initials circled on 8/12/13-8/16/13 and documented as administered on 8/16/13; quetiapine no documentation on 8/1/13 with circled initials 8/12/13-8/16/13 and signed as given on 8/17/13--these medication do contain start dates.#Inmate no documentation bupropion 8/17/13-8/3/13 and no start dates. #Inmate dicyclomine with "n/a" documented 8/9/13-8/10/13, no documentation 8/11/13, and circled initials on 8/12/13-8/15/13, "no show" documented on 8/18/13 and no documentation 8/20/13.

8/20/2013 1:41 PM Entered By: Erin Barlund  
Santa Cruz- review of MARs indicates non compliance-#Inmate venlafaxine no start date; #Inmate no start dates and no stop date for mobic; #Inmate no documented administration on 8/17/13 with "ns" documented; #Inmate "n/s" documented for medications; #Inmate carbamazepine on 8/12/13 "n/s" documented.

8/20/2013 1:27 PM Entered By: Erin Barlund  
Lumley- review of MARs indicates non compliance- #Inmate documentation for carbamazepine and citalopram includes



**August 2013 PERRYVILLE COMPLEX**

					<p>[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]</p> <p>8/9/2013 1:00 PM Entered By: Erin Barlund Santa Cruz- review of MARs indicates non compliance- no start date, no diagnosis # [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] Missing dose documentation for # [Redacted] 8/2/13, 8/3/13; # [Redacted] 8/2/13, 8/3/13, 8/5/13. Missing dose documentation # [Redacted] 8/8/13.</p> <p>8/8/2013 2:23 PM Entered By: Erin Barlund Lumley-review of MARs indicates non compliance-# [Redacted] Gabapentin stop date 7/30/13 with noted administration on 7/31/13.</p> <p>8/7/2013 1:40 PM Entered By: Erin Barlund Lumley- review of MARs indicates non compliance- no start date, no diagnosis # [Redacted]</p> <p>8/7/2013 10:19 AM Entered By: Erin Barlund San Carlos-review of MARs indicates non compliance-no start and/or stop dates # [Redacted] Missing dose documentation (holes in MAR) # [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]. No diagnosis or allergies # [Redacted] [Redacted] [Redacted] No diagnosis # [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]</p> <p>8/2/2013 7:26 AM Entered By: Erin Barlund IPC-# [Redacted] no start, stop, order dates or evidence of administration for Iron Dextran Complex bi-weekly; Vitamin B12 on June, July MAR with no current order (exp 3/13). # [Redacted] missing documentation for rotation of inmate (7/4/13, 7/5/13, 7/18/13, 7/19/13, 7/20/13, 7/25/13, 7/27/13), Picc line dressing change (7/5/13,7/26/13), Glucerna (7/13/13, 7/19/13,7/20/13, 7/30/13), Metformin (7/19/13, 7/30/13). # [Redacted] no start/stop dates for Vit B12, Lipids w MVI.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			<p>8/28/2013 1:10 PM Entered By: Erin Barlund Corrective action plans include review of medication administration at staff meetings, verbal counseling, and corrective counseling.</p> <p>8/28/2013 1:06 PM Entered By: Erin Barlund The FHA has access to med error reports and is informed of generalized CAPs.</p> <p>8/15/2013 2:59 PM Entered By: Erin Barlund As of 8/15/13, 96 medication error reports have been submitted to the FHA for review</p>	2

August 2013 PERRYVILLE COMPLEX

				and corrective action planning as needed.	
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>8/28/2013 7:01 AM Entered By: Erin Barlund IPC- #Inmate beclamethasone documented as "n/a" 8/22/13-8/27/13.</p> <p>8/28/2013 6:55 AM Entered By: Erin Barlund see below</p> <p>8/28/2013 6:55 AM Entered By: Erin Barlund #Inmate Dicloxacillin dispensed and delivered to San Carlos on approximately 7/26/13, IM moved to Santa Rosa on 8/7/13. Unused blister card returned to pharmacy on 7/27/13.</p> <p>#Inmate doxycycline sent by pharmacorr on 8/3/13 while IM at Lumley. Inmate moved 8/8/13 to San Carlos. On 8/27/13 unused blister card sent back to pharmacy.</p> <p>#Inmate nortriptyline remained at San Carlos with MAR and last documented medication administration on 8/15/13. IM moved to Santa Cruz on 8/16/13 and meds/MAR not transferred until 8/21/13.</p> <p>8/22/2013 9:23 AM Entered By: Erin Barlund San Carlos- #Inmate tegretol ordered 8/2/13 with first documented dose administered 8/13/13. #Inmate gabapentin ordered 8/3/13 with first documented dose administered 8/9/13.</p> <p>8/21/2013 1:25 PM Entered By: Erin Barlund San Pedro-#Inmate carbamazepine ordered 8/5/13 with first dose administered 8/9/13. #Inmate levetiracetam ordered 8/14/13 with no evidence of administration; MAR indicates "absent" when no movement is noted in AIMS. #Inmate diltiazem ordered 8/14/13 with no evidence of administration; the MAR has "absent" on 8/20/13 and 8/21/13 with AIMS not indicating movement.</p> <p>8/21/2013 10:01 AM Entered By: Erin Barlund Santa Maria- review of MARs indicates non compliance. #Inmate Benadryl ordered 8/7/13 with first documented administration on 8/13/13; #Inmate celexa ordered 8/2/13 with first documented dose 8/16/13, buspar ordered 8/2/13 with first documented dose 8/16/13. #Inmate dicyclomine ordered 8/7/13 with first documented dose 8/16/13.</p> <p>8/20/2013 1:37 PM Entered By: Erin Barlund Santa Cruz-review of MARs indicates non compliance- #Inmate humira dated 8/8/13 with note on MAR "medication is pending approval-to be given upon arrival"; #Inmate gabapentin documented "n/a" 8/9/13-8/14/13; #Inmate vistaril ordered 8/15/13 with first documented dose administered 8/19/13 (pm dose);#Inmate tegretol ordered 8/14/13 with first documented dose</p>	2

August 2013 PERRYVILLE COMPLEX

8/19/13 (pm dose).

8/20/2013 1:34 PM Entered By: Erin Barlund  
Lumley- review of MARs indicates non compliance- #Inmate nortriptyline ordered 8/16/13 with "n/a" documented 8/18/13-8/19/13/ #Inmate levothroxine ordered 6/5/13 with "n/a" documented 8/2/13-8/8/13; #Inmate buspar documented "n/a" 8/15/13-8/20/13; #Inmate tegretol ordered 8/12/13 with documented administration on 8/12/13 and no documentation on 8/13/13 and 8/13/14 (am dose); #Inmate trihexyphenidyl documented "n/a" 8/16/13-8/18/13; #Inmate erythromycin not documented 8/14/13; #Inmate cyclobenaprime documented "n/a" 8/1/13-8/7/13 documented as given on 8/8/13 and documented "n/a" 8/9/13-8/12/13; #Inmate tramadol ordered 8/5/13 with first dose administered 8/13/13.

On 8/20/13 there were 2 boxes of pharmacy delivered KOP meds dated 8/16/13 at Lumley.

8/15/2013 8:30 AM Entered By: Erin Barlund  
Lumley- #Inmate Gabapentin documented as "n/a" 7/24/13-7/30/13 with noted on MAR indicated "denied by Corizon." #Inmate levetiracetam documented as "n/a" on 7/31/13 with last fill date from pharmacorr on 6/26/13. #Inmate tegretol and geordon refused 7/1/13-7/3/13, 7/15/13-7/24/13, 7/29/13 with no documented refusal forms.

8/15/2013 8:19 AM Entered By: Erin Barlund  
Lumley- #Inmate MAR indicates benztropine is twice daily administration with only morning dose documented. Pharmacorr reports patient specific medication returned and destroyed on 7/9/13. Clinic stock perpetual inventory indicates doses administered on 8/9/13, 8/11/13, 8/13/13, 8/14/13 (morning dose).

8/14/2013 11:01 AM Entered By: Erin Barlund  
San Carlos- #Inmate buspar ordered 7/22/13 indicates "n/a" on 8/7/13, 8/8/13, 8/9/13, 8/10/13, 8/11/13.

8/13/2013 1:54 PM Entered By: Erin Barlund  
San Pedro- review of MARs indicates non-compliance. #Inmate omeprazole order date 7/31/13 with first administered dose 8/10/13; fluphenazine ordered 8/8/13 with "n/a" noted on 8/10/13, 8/1/13, 8/12/13, 8/13/13. #Inmate Gabapentin ordered 7/17/13 with "n/a" noted on 8/1/13-8/5/13 am dose. #Inmate clonidine order date 3/6/13 with missing dose documentation 8/1/13-8/8/13; this inmate submitted a sick call on 8/8/13 requesting her "BP meds."

8/12/2013 10:40 AM Entered By: Erin Barlund  
PU/SM/SR- #Inmate Robaxin ordered 8/7/13 with first documented dose given 8/11/13. #Inmate metronidazole ordered 8/5/13 with no documented med delivery or



# August 2013 PERRYVILLE COMPLEX

use from clinic stock. #Inmate zolof ordered 7/24/13 signed as given on 8/1/13; no documentation 8/2/13, signed as "n/a" on 8/3/13, 8/4/13; no documentation 8/5/13, 8/6/13, 8/7/13.

8/9/2013 1:05 PM Entered By: Erin Barlund Santa Cruz-#Inmate nortriptyline ordered 7/25/13 with start date 8/5/13.#Inmate depakote order date 7/29/13 with no documented med delivery through 8/8/13. #Inmate lamictal order date 8/1/13 with no documented med delivery 8/1/13-8/8/13.

8/9/2013 8:30 AM Entered By: Erin Barlund Lumley-#Inmate Metronidazole ordered 8/5/13 with blister card start date 8/6/13. MAR indicates blister card with #13 pills given to inmate on 8/8/13. Blister card remains in med room with 13 pills remaining and no refusal noted. #Inmate Buspirone and sertraline ordered 4/10/13 documented "n/a" 8/1/13-8/8/13 with no documentation on 8/7/13. #Inmate buspirone, quetiapine ordered 8/2/13 and first dose given 8/8/13.#Inmate noreth/estradiol noted as "n/a" 8/1/13-8/9/13. #Inmate Risperidone and sertraline with no documentation on 8/2/13, 8/3/13 and "n/a" 8/1/13, 8/4/13, 8/5/13, 8/6/13. #Inmate buspirone ordered 6/24/13 and marked "n/a" 8/1/13-8/8/13. #Inmate levothyroxine marked "n/a" 8/2/13-8/8/13 with no documentation on 8/1/13.

8/7/2013 1:28 PM Entered By: Erin Barlund Lumley-#Inmate #Inmate medication delivery not documented for 8/1/13, 8/2/13. #Inmate medication delivery not documented for 8/4/13, 8/5/13. #Inmate medication delivery not documented for cyclobenzaprine on 7/7/13, 7/8/13, 7/9/13, 7/10/13, 7/23/13, 7/24/13, 7/25/13 7/26/13, 7/27/13, 7/28, 13/ 7/29/13, 7/30/13, 7/31/13. #Inmate medication delivery of tegretol and citalopram documented as "n/a" for 8/1/13, 8/2/13, 8/3/13, 8/4/13. #Inmate cogentin, clexa, risperdal, nortriptyline, depakote with no indication of med delivery on 8/1/13, 8/2/13, 8/3/13 and "n/a" for 8/4/13. #Inmate phenytoin and valproic acid no documented med delivery 8/3/13 morning and evening, 8/4/13 morning. #Inmate medication delivery not documented for 7/27/13 evening. #Inmate vistaryl ordered 7/18/13 with first documented dose 7/23/13. #Inmate fish oil, ecase, colace listed as "n/a." #Inmate nortriptyline not administered on 7/24/13, 7/25/13, 7/26/13, 7/27/13, 7/28/13, 7/29/13, 7/31/13-there is a note reflecting "movement" on MAR; dates 7/30/13 and 7/31/13 indicate "n/a." #Inmate medication delivery not documented 7/27/13, 7/28/13, 7/29/13, 7/30/13-MAR indicates "n/a." #Inmate medication delivery not documented for 8/1/13. #Inmate no documented med delivery "n/a" on 8/4/13. #Inmate no pm documented med delivery for cogentin on 7/24/13, 7/28/13, 7/30/13, 7/31/13 and depakote on 7/28/13 pm. #Inmate no documented med delivery on 8/2/13 am for divalproex, protaz. #Inmate no documented med delivery "n/a" for losartan on 8/27/13, 8/28/13, 8/29/13, 8/30/13, 8/31/13. #Inmate no documented med delivery for simvastatin and maxzide

August 2013 PERRYVILLE COMPLEX

				<p>7/28/13, 7/29/13, 7/30/13, 7/31/13. #Inmate no documented med delivery 7/17/13, 7/27/13 and risperdone "n/a" 7/29/13, 7/30/13, 7/31/13, 8/1/13, 8/2/13, 8/3/13, 8/4/13 and sertraline "n/a" 7/26/13, 7/28/13, 7/29/13, 8/1/13, 8/4/13. #Inmate no documented med delivery on 8/2/13.</p> <p>8/7/2013 10:39 AM Entered By: Erin Barlund #Inmate Gabapentin ordered 7/26/13 with no documented administration in July 2013. #Inmate Vistaril ordered 7/2/13, started 7/8/13. #Inmate Celexa ordered 7/2/13, started 7/9/13. #Inmate Paxil ordered 7/10/13, started 7/15/</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>8/27/2013 11:08 AM Entered By: Erin Barlund</p> <p>8/15/2013 1:32 PM Entered By: Erin Barlund San Pedro-Direct observation of medline indicates inmates are showing ID prior to receiving medications.</p> <p>San Carlos-Direct observation of insulin line indicates inmates are showing ID prior to receiving medications.</p> <p>8/2/2013 7:32 AM Entered By: Erin Barlund IPC- IDs located above bed and outside iso rooms for positive identification.</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>8/27/2013 11:06 AM Entered By: Erin Barlund see notes below.</p> <p>8/20/2013 1:22 PM Entered By: Erin Barlund Review of stop date report for August 1-16 demonstrates non compliance- 433 inmates reviewed, 698 prescriptions, 469 medications renewed on or before the stop date, 229 meds expired prior to renewal date. Med renewal compliance 67%.</p>	2
9	Are non formulary request being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>8/27/2013 1:23 PM Entered By: Erin Barlund see notes below</p> <p>8/27/2013 1:23 PM Entered By: Erin Barlund IPC- review of 2 NFDRs indicates compliance based on date NFDR written and date med sent (per pharmacorr profile) #Inmate Inmate Please note that documentation of approval/disapproval is not found in chart; information must be obtained based on date sent from pharmacorr.</p> <p>8/14/2013 11:47 AM Entered By: Erin Barlund San Pedro- review of 1 NFDR indicates compliance #Inmate Santa Cruz- review of 6 NFDR indicates compliance #Inmate Inmate Inmate Inmate Inmate Inmate</p>	2

## August 2013 PERRYVILLE COMPLEX

					8/9/2013 8:31 AM Entered By: Erin Barlund Lumley- #Inmate salacylic acid ordered 7/22/13 with no evidence of approval/disapproval on 8/9/13- MAR with note that states, "awaiting non formulary approval."	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		8/22/2013 12:53 PM Entered By: Erin Barlund Providers are currently not being notified of non-formulary decisions within 48 hours.	2
11	Are medication error reports being completed and medication errors documented?	X			8/28/2013 1:08 PM Entered By: Erin Barlund A total of 101 medication error reports were submitted with dates between 8/1/13 and 8/28/13.	2

### Corrective Action Plans for Performance Measure: Medication Administration

**2 Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]**  
**Level 1 Amber User: Erin Barlund Date: 8/28/2013 11:19:55 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a).
- b. MAR documentation.
- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

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

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

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

Target Date- 11/30/13

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

**4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**  
**Level 1 Amber User: Erin Barlund Date: 8/27/2013 11:03:49 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).

## August 2013 PERRYVILLE COMPLEX

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: 8/28/2013 7:00:27 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

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

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date - 11/30/13

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

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

**Level 2 Amber User: Erin Barlund Date: 8/28/2013 7:00:27 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)

## August 2013 PERRYVILLE COMPLEX

- a. Intake Orders
  - b. Private Prisons
  - 2. In-service staff on process per PharmaCorr policy,
    - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
  - 3. Custody educated regarding contract requirements regarding inmate transfer with meds.
  - 4. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed
    - b. Weekly site results discussed with RVP
    - c. Audit results discussed a monthly CQI meeting
    - d. Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/Custody/RDCQI/RVP
- Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results
- 1. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed
    - b. Weekly site results discussed with RVP
    - c. Audit results discussed a monthly CQI meeting
    - d. Minutes and audit reported monthly to Regional office for tracking and trending
  - 2. Standardized process statewide to include, but not limited to (Appendix III.1.):
    - a. Internal
    - b. External
  - 2. In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
    - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
  - 3. Custody educated regarding contract requirements regarding inmate transfer with meds
  - 4. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed
    - b. Weekly site results discussed with RVP
    - c. Audit results discussed a monthly CQI meeting
    - d. Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/Custody/RDCQI/RVP
- Target Date - 11/30/13
- Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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

**[NCCHC Standard P-D-01]**

**Level 2 Amber User: Erin Barlund Date: 8/27/2013 11:05:12 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.):

## August 2013 PERRYVILLE COMPLEX

- 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: Erin Barlund Date: 8/27/2013 1:22:27 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
- a. Non-formulary process (Appendix I.1.d.)
    - i. Reviewed for approval within 24-48 hrs
    - ii. Providers notified decision within 24-48 hrs
  - e. Manifest Reconciliation
  - f. Inventory control
  - g. Stock Medications
  - h. Practitioner Cards (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: Erin Barlund Date: 8/22/2013 12:53:10 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

### August 2013 PERRYVILLE COMPLEX

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.

## August 2013 PERRYVILLE COMPLEX

Infirmary Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmary setting?	X			8/27/2013 10:58 AM Entered By: Erin Barlund Post orders are available in the infirmary that define the specific scope of medical, psychiatric, and nursing care.	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		8/27/2013 10:58 AM Entered By: Erin Barlund No working call system.  8/1/2013 1:07 PM Entered By: Erin Barlund No working call system noted. Patients rely on calling through the door or a staff member walking by the room. Matter has been addressed in prior reviews.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?	X			8/27/2013 10:59 AM Entered By: Erin Barlund  8/1/2013 1:08 PM Entered By: Erin Barlund Infirmary schedule appeared to have numerous IPC scheduling holes. Review of chart indicates IPC staffed with RN during all shifts.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			8/1/2013 1:09 PM Entered By: Erin Barlund	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			8/1/2013 1:09 PM Entered By: Erin Barlund	1
6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?		X		8/27/2013 12:13 PM Entered By: Erin Barlund #Inmate does not contain IPC discharge order.  8/1/2013 1:10 PM Entered By: Erin Barlund #Inmate contains admit order from physician.	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			8/1/2013 1:27 PM Entered By: Erin Barlund	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		X		8/28/2013 6:57 AM Entered By: Erin Barlund #Inmate SOAP note dated 8/22/13 contains no signature #Inmate SOAP note dated 8/22/13 contains no signature  8/27/2013 12:17 PM Entered By: Erin Barlund #Inmate chart review from admission dated 8/24/13 contains, admitting dx, meds,	1



## August 2013 PERRYVILLE COMPLEX

	-Discharge plan and discharge notes			<p>activity restrictions, and frequency of VS.</p> <p>8/2/2013 6:43 AM Entered By: Erin Barlund #Inmate lab results dates 7/17/2013 without provider signature.</p> <p>8/1/2013 1:37 PM Entered By: Erin Barlund #Inmate SOAP noted dated 7/7/13 contains no signature.</p> <p>8/1/2013 1:31 PM Entered By: Erin Barlund Review of 5 charts in the IPC demonstrates non-compliance with this performance measure. Vital signs are not documented in the nursing assessment in each of the charts. #Inmate SOAPE note in dated 7/18/13 has no signature.</p> <p>8/1/2013 1:15 PM Entered By: Erin Barlund #Inmate indicates no activity level and no frequency of monitoring for admission dated 7/31/13.</p>	
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		8/1/2013 1:32 PM Entered By: Erin Barlund	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X		8/1/2013 1:32 PM Entered By: Erin Barlund	1
11	Are vital signs done daily when required?		X	<p>8/27/2013 1:08 PM Entered By: Erin Barlund #Inmate Inmate SOAP notes do not contain VS and there are no dates or times on form. #Inmate 8/25/13 0910 SOAP note does not contain VS.</p> <p>8/1/2013 1:35 PM Entered By: Erin Barlund CNA flow sheet contains daily vital signs. CNA flow sheets are not filed into medical chart in a timely manner. Vital signs are not consistently documented in nurse's SOAP note.</p>	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?		X	8/27/2013 1:13 PM Entered By: Erin Barlund Review of files indicates no care plans for Inmate Inmate Inmate Inmate Review of files indicates CP for Inmate with no documentation of weekly updates.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X		<p>8/27/2013 11:01 AM Entered By: Erin Barlund</p> <p>8/1/2013 1:36 PM Entered By: Erin Barlund The assigned RN monitors the medications. The assigned CNA monitors the medical supplies.</p>	1

## August 2013 PERRYVILLE COMPLEX

### Corrective Action Plans for Performance Measure: Infirmiry Care

**2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)**

**Level 1 Amber User: Erin Barlund Date: 8/27/2013 10:58:05 AM**

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

Corrective Actions: Ensure that inmates have a method available to contact nursing staff.

**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?**

**Level 1 Amber User: Erin Barlund Date: 8/27/2013 12:12:29 PM**

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

Corrective Actions: Reinforce to providers and nursing staff the requirement of admission and discharge orders. Continue to monitor.

**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**

**Level 1 Amber User: Erin Barlund Date: 8/28/2013 6:57:07 AM**

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

Corrective Actions: Reinforce to staff that a complete inmate health record is kept and must include: -Admitting orders (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.

**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**

**Level 1 Amber User: Erin Barlund Date: 8/28/2013 6:57:07 AM**

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

Corrective Actions: Reinforce to staff that a complete inmate health record is kept and must include: -Admitting orders (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.

**11 Are vital signs done daily when required?**

**Level 1 Amber User: Erin Barlund Date: 8/27/2013 1:07:39 PM**

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

Corrective Actions: Ensure admitting orders specify vital signs frequency and vital signs are documented in the medical record.

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

**Level 1 Amber User: Erin Barlund Date: 8/27/2013 1:12:09 PM**

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

Corrective Actions: Reinforce with staff to initiate a care plan upon admission and regularly update, making sure plan is signed and dated.

## August 2013 PERRYVILLE COMPLEX

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			8/26/2013 10:48 AM Entered By: Mark Haldane Of 10 RTC charts reviewed, all 10 met this performance measure.	1
2	Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?	X			8/26/2013 10 48 AM Entered By Mark Haldane Of 10 RTC charts reviewed, all 10 met this performance measure.	1
3	Have Base Line labs been drawn?	X			8/26/2013 10:49 AM Entered By: Mark Haldane Base line labs were drawn in 10 of 10 RTC charts reviewed.	1
4	Has a PPD been planted and read?	X			8/26/2013 10:50 AM Entered By: Mark Haldane PPDs were planted and read at intake or within the past 12 months in 10 of 10 RTC charts reviewed.	1
5	Has a PAP been completed (Female)?	X			8/26/2013 10:51 AM Entered By: Mark Haldane PAPs were completed in 10 of 10 RTC charts reviewed.	1
6	Is a continuity of care completed prior to transfer to permanent unit?	X			8/26/2013 10:52 AM Entered By: Mark Haldane A continuity of care form was completed at intake in 10 of 10 RTC charts reviewed.	1
7	Are dental emergencies being addressed at the reception center?	X			8/26/2013 10:54 AM Entered By: Mark Haldane There were no dental emergencies among the RTC charts reviewed. In one case, #Inmate the inmate submitted an HNR for a pain evaluation on 8/19 and was seen on 8/26, but it was not deemed to be an emergency.	1
8	Are inmates seen the day of arrival?	X			8/26/2013 10:55 AM Entered By: Mark Haldane In 10 of 10 RTC cases reviewed, the inmate was seen on the day of arrival.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute?	X			8/26/2013 11:00 AM Entered By: Mark Haldane RTC inmates are assessed and provided medications based on the assessment at intake. Medications prescribed prior to being placed under ADC custody are often self-reported and new diagnoses are required. To the extent this measure is	1

### August 2013 PERRYVILLE COMPLEX

					applicable to RTC inmates, it appears that it is being met.	
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