

### September 2013 LEWIS COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/4/2013 1:40 PM Entered By: Terry Allred N/A to the Lewis complex.	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/4/2013 1:40 PM Entered By: Terry Allred N/A to the Lewis complex.	2

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<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			9/27/2013 12:59 PM Entered By: Terry Allred Performance measure is met. There are sick call days that are missed in noted circumstances, to include Eagle Point, but the overall pattern is positive.	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	9/27/2013 1:16 PM Entered By: Terry Allred Performance measure is not met. Of the 7 complex units audited, (Eagle Point and Sunrise combined) the following percentages apply. 10 charts pulled from each unit for the month. The percentage that were not seen within 24 hours of triage: Morey 80%, Stiner 40%, Buckley 50%, Barchey 60%, Rast 90%, Backman 70% and Eagle Point/Sunrise 90%. This gives an overall average to the complex of 69% of all triaged patients were either not seen or their issue was addressd in the required timeframe. Of those HNR's which were of the 911 variety: the standard wait time was 1-20 days after triage. In 2 of these cases, Morey inmate #Inmate submitted 7 emergency HNR's, with an approximate 5 day wait. Bachman inmate #Inmate submitted 5 emergency HNR's with an approximate 5 day wait.	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			9/30/2013 3:36 PM Entered By: Terry Allred Performance measure is met. When breaking down the complex by unit, in the evaluation/assessment of at least 10 charts, the following was noted: Morey 82%, Stiner 78%, Buckley 76%, Barchey 81%, Rast 90%, Backman 73% and Eagle Point/Sunrise 79% completed all vitals with the weights included. Overall the complex completed vitals in 80% of all documented cases.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		9/30/2013 3:40 PM Entered By: Terry Allred Performance measure is not met. As has been indicated, there are noted providers that are not utilizing that entire "SOAPE" format, but utilize on the SOAP. I have given exception if the "P" component included educational statements. In a random pull of 100 complex charts based on those units with the greatest attention by providers; it was noted that almost 40% did not contain the completed notes as required by the performance measure.	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		9/30/2013 3:45 PM Entered By: Terry Allred Performance measure is not met. A unit by unit audit pull of 10 charts reflected the following: Morey 14 days, Stiner 11 days, Buckley 12 days, Barchey 14 days, Rast 15 days, Bachman 12 days, Eagle Point/Sunrise 11 days. Average delay in	1

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					nurse referral to clinical appointment with provider complex wide on this audit pull: 13 days.	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			9/26/2013 2:04 PM Entered By: Terry Allred Performance measure is met. Nursing protocols (NATS) are in place and are often used in conjunction with a SOAP note.	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 Red User: Terry Allred Date: 9/27/2013 1:16:07 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: 9/30/2013 3:40:46 PM**

Corrective Plan: In service all staff including providers on policy titled "Continuous Progress Note (SOAPE)" Chapter 5 Section 1.3 and per sick call 2.20.2.2 contract performance. Sign off sheet to verify. Target date to be completed by 10/31/13.

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

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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: 9/30/2013 3:45:43 PM**

Corrective Plan: In-service all staff including providers on Sick call 2.20.2.2. There will be an sign off sheet to verify. The target date is 10/31/13.

Corrective Actions: See above.

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]		X		<p>9/27/2013 10:30 AM Entered By: Erin Barlund Review of 6 urgent consultations demonstrates 4 compliant, 2 non-compliant (compliance rate 67%).</p> <p>All information is from ORC. Consult originals are inconsistently found in charts. Loose filing is found on individual yards and in several areas in the HUB.</p> <p>Corrected entry 9/27/13 1022 the below entry should read as follows:                      #Inmate c/s 8/1/13, scheduled 8/15/13                      #Inmate c/s 8/1/13, scheduled 8/12/13                      #Inmate c/s 8/1/13, scheduled 8/16/13                      #Inmate c/s 8/8/13, scheduled 8/27/13</p> <p>The following consults do not meet guidelines-                      #Inmate c/s 8/14/13, scheduled 9/24/13                      #Inmate c/s 8/1/13, no appt date noted in ORC</p> <p>9/12/2013 10:08 AM Entered By: Erin Barlund 10 urgent consultations per yard were not written. The following 7 complex-wide urgent consultations from ORC priority report were audited.</p> <p>Review of 7 urgent consultation demonstrates 5 compliant-                      #Inmate c/s 8/01/13, scheduled per ORC                      #Inmate c/s 8/01/13, scheduled per ORC                      #Inmate c/s 8/14/13, scheduled per ORC                      #Inmate c/s 8/01/13, scheduled per ORC                      #Inmate c/s 8/08/13, scheduled per ORC</p> <p>The following 2 urgent consultations do not meet guidelines:                      #Inmate c/s 8/06/13 pending                      #Inmate c/s 8/01/13 pending</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>9/25/2013 1:04 PM Entered By: Erin Barlund Review of 20 consultation reports demonstrates 11 compliant, 9 non-compliant. Compliance rate 55%.</p> <p>The following inmate's urgent consultations written in July are not available for viewing (no consults and no results in chart)                      #Inmate #Inmate #Inmate #Inmate                      #Inmate #Inmate</p> <p>The following xray final reports were non-compliant-                      #Inmate dated 9/3/13 and signed by provider 9/17/13</p> <p>The following off-site reports were non-compliant-                      #Inmate faxed 8/15/13 with no provider signature/date.</p> <p>The following labs are non-compliant-                      #Inmate dated 8/25/13 s/o 9/17/13.</p>	2

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					The following labs are compliant- #Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate The following xray reports are complaint- #Inmate	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]		X		9/25/2013 1:06 PM Entered By: Erin Barlund There currently is no urologist available to see inmates with approximately 10-12 inmates with urology consults pending.	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			9/25/2013 11:19 AM Entered By: Erin Barlund	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			9/25/2013 11:20 AM Entered By: Erin Barlund	2

**Corrective Action Plans for Performance Measure: Medical Specialty Consultations (Q)**

**1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]**

**Level 2 Amber User: Erin Barlund Date: 9/27/2013 10:30:38 AM**

Corrective Plan: All staff will be inserviced on urgent consults 2.20.2.3. contract performance outcome. Sign off sheet to verify. Target date 11/15/13

Corrective Actions: Approved by E. Barlund 10/22/13.

**1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]**

**Level 2 Amber User: Erin Barlund Date: 9/27/2013 10:30:38 AM**

Corrective Plan: All staff will be inserviced on urgent consults 2.20.2.3. contract performance outcome. Sign off sheet to verify. Target date 11/15/13

Corrective Actions: Approved by E. Barlund on 10/22/13.

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

**Level 2 Amber User: Erin Barlund Date: 9/25/2013 1:04:46 PM**

Corrective Plan: All providers and CC will be inserviced on the contract performance outcome 2.20.2.3 medical specialty consultations. Sign off to verify. Target date 11/15/13.

Corrective Actions: Approved.

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

**Level 3 Amber User: Erin Barlund Date: 9/25/2013 1:06:19 PM**

Corrective Plan: URologist contracted per contractual agreement Dr. Goldberg Urology effective 9/27/13.

Corrective Actions: Approved by E. Barlund.

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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>9/25/2013 10:47 AM Entered By: Erin Barlund STINER- new intake identified as cc on 8/6/13/ with DM treatment plan addressed at that visit.</p> <p>Charts reviewed for SUNRISE, BARCHEY, EAGLE POINT, BUCKLEY, BACHMAN, RAST, MOREY 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>9/25/2013 10:48 AM Entered By: Erin Barlund see below.</p> <p>9/6/2013 12:55 PM Entered By: Erin Barlund SUNRISE- review of 1 cc files indicates non compliance (#Inmate with note on 3/9/12 "needs cc eval" seen 5/16/13 for HTN under nursing protocol #6 on 4/16/13 and Lisinopril ordered 4/22/13 with no follow-up ordered and no cc visit occurring. Labs 12/20/2011).</p> <p>EAGLE POINT- review of 10 cc files indicates 5 compliant (#Inmate 141802, Inmate Inmate Inmate and 5 non compliant (#Inmate cc visit 4/11/12 with ordered f/u 90 days and next cc visit 6/21/13 and labs 1/11/12; #Inmate cc visit 2/25/13 with ordered f/u ordered 90 days and no further visits; #Inmate seen 8/9/12 with ordered f/u 180 days and next cc visit 5/31/13; #Inmate cc visit 2/19/13 with ordered f/u 90 days and next documented cc visit 7/5/13 labs resulted on 3/2/13 and signed by provider 4/3/13; #Inmate cc visit 2/19/13 with ordered f/u 90 days and next documented cc visit 8/8/13).</p> <p>9/4/2013 1:03 PM Entered By: Erin Barlund BUCKLEY- review of 10 cc files indicates 3 compliant Inmate Inmate Inmate 7 non compliant (#Inmate cc documentation for 8/29/13 with no prior cc documentation noted; #Inmate documented cc visit 3/14/13 with 90 day f/u ordered and next documented visit 7/9/13; #Inmate seen 12/9/11 with no further documented cc visits noted; #Inmate documented cc visit 1/17/13 with ordered f/u 90 days and next documented cc visit 8/20/13; #Inmate cc visit 5/21/13 with ordered cc f/u 60 days and no further cc documentation; #Inmate cc noted dated 5/29/13 with no provider documentation; #Inmate cc visit 7/8/13 with ordered 30 day f/u and no further visits documented).</p> <p>BARCHEY- review of 10 cc files indicates 2 compliant (#Inmate Inmate 8 non compliant (#Inmate cc visit 9/20/12 with ordered f/u 60 days and next documented cc visit 7/1/13; #Inmate cc visit 2/4/12 with ordered f/u 90 days and next documented visit 7/3/13; #Inmate cc visit 4/10/13 with ordered f/u 60 days and no further cc documentation; #Inmate cc visit 3/14/13</p>	2

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with ordered f/u 90 days and no further cc documentation; #Inmate cc visit 9/18/12 with ordered f/u 90 days and no further cc documentation; #Inmate with first cc documented visit 7/10/13; #Inmate cc visit 4/10/13 with ordered f/u 90 days and no further cc documentation; #Inmate cc visit 3/15/13 with ordered f/u 90 days and next documented cc visit 8/1/13).

9/4/2013 12:49 PM Entered By: Erin Barlund

RAST- review of 10 cc files indicates 1 compliant (#Inmate) and 9 non compliant (#Inmate) documented visit 11/21/12 with ordered f/u 180 days and next documented visit 8/1/13; #Inmate diabetic inmate with documented visit 2/20/13 and next documented visit 8/8/13; #Inmate with documented visit 7/24/13 and ordered f/u for 6 weeks but no further cc visit documented; #Inmate 9/6/12 soap note indicates "I'm here for cc" but no visit documented and next documented visit 8/2/13; #Inmate documented cc visit 8/9/12 with ordered f/u 90 days and next documented visit 7/1/13; #Inmate documented cc visit 6/6/12 with ordered f/u 180 days and next documented visit 7/1/13; #Inmate documented cc visit 11/21/12 with ordered f/u 90 days and next documented cc visit 8/2/13; #Inmate documented cc visit 12/10/09 with next documented cc visit 7/31/13; #Inmate documented cc visit 6/27/11 with ordered f/u 6 weeks and no documented cc follow-up and meds reordered 8/29/12 which subsequently expired 7/23/13 with last fill on 6/25/13.)

9/3/2013 1:42 PM Entered By: Erin Barlund

MOREY- review of 10 cc files indicates 8 non compliant and 2 in compliance. Compliant- #Inmate Inmate The following files did not meet the guidelines- #Inmate most recent cc visit form with no date and incomplete note; #Inmate seen 3/3/12 with f/u ordered for 90 days with no further documentation; #Inmate seen 6/6/13 with incomplete noted, previously seen 4/18/12 with f/u ordered for 24 weeks; #Inmate seen 2/21/13 with f/u ordered for 3 months with next visit 8/7/13; #Inmate seen 10/31/12 with f/u ordered for 90 days with next visit 7/10/13; #Inmate seen 3/13/12 with f/u ordered in 6 months with next visit 1/16/13 and no further cc visits documented; #Inmate cc visit 3/13/12 and no further cc visits and no documentation of d/c from cc; #Inmate cc visit 1/16/13 with 90 day f/u ordered and next documented cc visit 7/24/13.

STINER- review of 10 cc files indicates 6 files compliant and 4 files non compliant. Compliant- #Inmate Inmate Inmate Inmate Inmate 6/030. Non compliant- #Inmate seen 2/14/13 with ordered f/u 90 days and next cc documentation 7/30/13; #Inmate seen 3/9/12 with f/u ordered for 90 days and next documented visit 7/2/13; #Inmate last documented cc visit for sz 3/15/12 with no d/c order from cc; #Inmate last documented visit 2/7/13.

BACHMAN- review of 10 cc files indicates 2

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				<p>in compliance and 8 non compliant.          Compliant- #Inmate Inmate Non compliant- #Inmate cc visit 3/6/13 with f/u ordered for 90 days and next visit occurring 8/13/13; #Inmate cc visit 1/8/13 with ordered f/u in 3 mo and next documented cc visit 8/12/13; #Inmate cc visit 2/19/13 with ordered f/u in 180 days with no further documented cc visits; #Inmate seen for cc visit 11/30/12 with f/u ordered for 4/13 and next documented cc visit 6/3/13; #Inmate seen 2/14/13 with ordered f/u in 1 month and next documented visit 7/25/13; #Inmate cc visit 6/16/10 with no further cc visits until 5/31/13; #Inmate seen 1/16/13 with ordered f/u 90 days and next documented visit 8/22/13; #Inmate cc visit 1/2/13 with ordered f/u 3 months and next documented cc visit 8/23/13; #Inmate cc visit 5/29/13 with next cc visit ordered for 90 days and no further visits documented.</p>	
3	<p>Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]</p>		X	<p>9/25/2013 10:48 AM Entered By: Erin Barlund          see below.</p> <p>9/6/2013 12:57 PM Entered By: Erin Barlund          SUNRISE- review of 1 cc file indicates non compliance (#Inmate)</p> <p>EAGLE POINT- review of 10 cc files indicates 6 compliant,4 non compliant (#Inmate Inmate Inmate Inmate)</p> <p>9/4/2013 1:08 PM Entered By: Erin Barlund          RAST- review of 10 cc files indicates 7 compliant Inmate Inmate Inmate Inmate Inmate Inmate Inmate and 3 non compliant (#Inmate Inmate Inmate)</p> <p>BUCKLEY- review of 10 cc files indicates 8 compliant (#Inmate Inmate Inmate Inmate Inmate Inmate Inmate) and 2 non compliant Inmate Inmate</p> <p>BARCHEY- review of 10 cc files indicates 6 compliant (#Inmate Inmate Inmate Inmate Inmate Inmate) 4 non compliant (#Inmate Inmate Inmate Inmate)</p> <p>9/3/2013 1:44 PM Entered By: Erin Barlund          MOREY- review of 10 cc files indicates 6 compliant, 4 non compliant. Compliant- #Inmate Inmate Inmate Inmate Inmate Inmate Non compliant- #Inmate Inmate Inmate Inmate</p> <p>STINER- review of 10 cc files indicates 7 compliant, 3 non compliant. Compliant- #Inmate Inmate Inmate Inmate Inmate Inmate Non-compliant- #Inmate Inmate Inmate</p> <p>BACHMAN- review of 10 cc files indicates 5 compliant, 5 non-compliant. Compliant- #Inmate Inmate Inmate Inmate Inmate Non-complaint- #Inmate Inmate Inmate Inmate Inmate</p>	1

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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			9/25/2013 10:52 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			9/25/2013 10:49 AM Entered By: Erin Barlund	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: 9/25/2013 10:48:03 AM**

Corrective Plan: All staff will be inserviced on contractual performance 2.20.2.4 chronic condition and disease management programs. Sign off to verify. Target date 11/15/13.

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: 9/25/2013 10:48:21 AM**

Corrective Plan: All staff will be inserviced on contractual performance 2.20.2.4 chronic condition and disease management programs and the utilization of the CC patient education documentation records. Sign off to verify. Target date 11/15/13.

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

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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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<b>Medical Records (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]		X		9/27/2013 12:56 PM Entered By: Terry Allred Performance measure is not met. In an overall discovery, there exists approximately 12 total inches of noted loose filing, which is a very positive improvement from previous months examination. This reflection of paperwork does not include the outstanding MARS that are in process or require filing, but again, the progress is obvious and noted.	1
2	Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]	X			9/30/2013 3:24 PM Entered By: Terry Allred Performance measure is met. In a cross audit of all units and in consideration that providers cross level to multiple units, it was expected that nursing trends would be consistent. In the audit of a minimum of 10 charts per unit, it was noted that the appropriate documentation and completion of the performance measure on the complex exceeded the required 75%.	1
3	Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		9/30/2013 3:27 PM Entered By: Terry Allred Performance measure is not met. When MARS are located in the chart, they are from previous months and are not current. current MARS are stored with the unit "pill nurses" through the month and then are sent to loose filing to added to the chart. It is a burdensome process that requires strategic consideration.	1
4	Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]		X		9/27/2013 12:53 PM Entered By: Terry Allred Performance measure is not met. Focusing on HNR submission responses; of 70 complex charts reflecting all units, there were 20 of 70 exhibits which were incomplete with regard to necessary data. (72%)	1
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X			9/27/2013 12:43 PM Entered By: Terry Allred Performance measure is met. This is a excell style database, not a binder database. It is current and meets the performance measure.	1
6	Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?	X			9/27/2013 12:46 PM Entered By: Terry Allred Performance measure is met.	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			9/27/2013 12:47 PM Entered By: Terry Allred Performance measure is met. Old volumes are organized and stored in 4 seperate locations due to volume.	1

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		X				1
8	Are medical records for released inmates pulled from the active file area?	X			9/27/2013 12:48 PM Entered By: Terry Allred Performance measure is met. These files are pulled on a schedule due to the nature of the release.	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			9/27/2013 12:49 PM Entered By: Terry Allred Performance measure is met. Files are merged based on several factors, primarily health/clinical information content of current value.	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			9/26/2013 2:02 PM Entered By: Terry Allred Performance measure is met. ROI log is available for ready review.	1

### Corrective Action Plans for Performance Measure: Medical Records (Q)

**1 Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]**

**Level 1 Amber User: Terry Allred Date: 9/27/2013 12:56:34 PM**

Corrective Plan: Medical records staff will maintain the records according to NCCHC standards P-H-01. Target date is undetermined at this time. PRN staff are being utilized for filing of medical records paperwork into the charts. See below.

Corrective Actions: Medical Records will regularly file loose papers and monitor charts for thinning utilizing a reference for medical record chronological order. Continue to monitor

**3 Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**

**Level 1 Amber User: Terry Allred Date: 9/30/2013 3:27:32 PM**

Corrective Plan: Nursing supervisors will check MARS by the 5th of each month after change over to ensure MARS have the appropriate documentation. Sign sheet to verify cvompliance. Target is set for monthly checks. See below.

Corrective Actions: Reinforce with nursing staff the importance of a complete MAR. Continue to monitor.

Responsible Parties = RN/LPN

Target Date= 11/30/13

**4 Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]**

**Level 1 Amber User: Terry Allred Date: 9/27/2013 12:53:22 PM**

Corrective Plan: Inservice of all staff including providers on medical record 2.20.2.5 contract performance outcome. Signoff sheet to verify. Target date 10/31/13.

Corrective Actions: See above.

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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			9/30/2013 7:58 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>9/30/2013 8:00 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, 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. September 2013 Non –Formulary Drug Requests – Non Formulary Medication Reports indicate 911 expiring medications (9/03/2013). As of (9-25-2013), the total number of Non-Formulary medications is 578.</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receives continuity of care. September Formulary Report indicates: 6753 formulary medications expiring (9/03/2013). As of (9/25/2013), the total number of Formulary medication needing addressed is 3,569.</p> <p>C) Corizon has initiated a state wide “blitz” in an effort to correct site issues/concerns. Coupled with recent training at the Corizon Regional office, this should positively impact the sites.</p> <p>D) The September 25, 2013 Expiring Medication Report (Formulary and Non Formulary ) was sent to Christy Somner(State D.O.N. ,Corizon) for follow up with the facilities.</p> <p>Lewis continues to struggle with Corizon policy/procedure. Upon a second visit to the facility, a perpetual inventory was still not utilized, The Non Formulary pending file showed 94 requests that evidently needed follow up. According to nursing, they were not sure of any resolution of the 94 requests. Expired patient specific medication was noted in the refrigerator, and insulin had not been dated after</p>	2

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				opening. There still, as with other sites, tends to be some question on properly completing the "Red Book" and the signatures required. As of this report (9-25-2013) it has been confirmed that perpetual inventories are being used. As per Nurse Cresap, an "all nurse" meeting is being held on this date to reinforce Corizon/Pharmacorr policy and procedure. (9-25-2013) Formulary 728, Non Formulary 132.	
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		9/30/2013 8:00 AM Entered By: Martin Winland	1
4	When a medication error occurs, is nursing staff completing a medication error report, documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]	X		9/30/2013 8:00 AM Entered By: Martin Winland	2
5	Are the dosages of medication being changed, increased or decreased contrary to time frames stated in appropriate clinical compendia, such as Drug Facts and Comparisons and/or the package insert, unless the need is clinically documented in the chart and a non-formulary request is approved?	X		9/30/2013 8:00 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: 9/30/2013 8:00:25 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)

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

Responsible Parties = FHA/DON/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			9/30/2013 1:15 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 60 were in compliance = 100% Barchey: (10 out of 10 charts pulled were in compliance) No findings. Morey: (10 out of 10 charts pulled were in compliance) No findings. Stiner: (10 out of 10 charts pulled were in compliance) No findings. Rast: (10 out of 10 charts pulled were in compliance) No findings. Bachman: (10 out of 10 charts pulled were in compliance) No findings. Buckley: (10 out of 10 charts pulled were in compliance) No findings.	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	9/30/2013 1:19 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 39 were in compliance = 65%. This performance measure is receiving a Red finding because there were many inmates who had still not been seen after being referred in June and July. The delay was often well beyond the 7 day standard stated in this performance measure. Barchey: (8 out of 10 charts pulled were in compliance) <b>Inmate</b> Inmate referred 4/11/13 in a chart review, presumably because clinician noticed that IM was past his RTC date. Inmate was again referred on 7/10/13 via HNR placed by IM about needing to be seen by psychiatry. Inmate was not seen until 9/5/13. <b>Inmate</b> 8/19/13 & 9/16/13 SOAP notes should have resulted in a referral to psychiatry- no referral documented. Morey: (6 out of 10 charts pulled were in compliance) <b>Inmate</b> Inmate referred 9/5/13 & 8/21/13 and still not seen. <b>Inmate</b> Inmate referred 8/19/13 in chart review, presumably for expiring meds. Inmate was not seen until 9/13/13. <b>Inmate</b> Inmate referred on 8/12/13 in SOAP note and inmate has not yet been seen. <b>Inmate</b> Inmate referred on 9/9/13 in SOAP note and inmate has not yet been seen. Stiner: (7 out of 10 charts pulled were in compliance) <b>Inmate</b> Referral made on 7/10/13 & 6/19/13 and inmate has not yet been seen. <b>Inmate</b> Referral made on 6/26/13 & 7/10/13 and inmate was not seen until 8/13/13. <b>Inmate</b> Referral made on 7/24/13 and not seen until 9/3/13. Rast: (7 out of 10 charts pulled were in compliance) <b>Inmate</b> Inmate referred 6/14/13 in SOAP	2

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				<p>note and inmate has not yet been seen.  <b>Inmate</b> Inmate referred on 7/17/13, 8/13/13, 8/26/13 all in HNR's... inmate wasn't seen until 9/11/13.  <b>Inmate</b>(SMI): 9/5/13 note in which clinician notes inmate desperately needs psych meds)—no referral to psychiatry documented.          Bachman: (3 out of 10 charts pulled were in compliance)  <b>Inmate</b>(SMI): Referred 8/7/13 and 8/13/13 and not seen until 8/29/13.  <b>Inmate</b>(SMI): Referred 7/17/13 and not seen until 8/29/13  <b>Inmate</b>(SMI): Referred 8/21/13 and 6/25/13 and not seen yet. Note: clinician documented that clinician reported "severe depression" and that he is not taking his psych meds. Inmate also reported he needs to see psychiatry. No referral was documented by clinician.  <b>Inmate</b> Referred 7/2/13 and inmate hasn't yet been seen.  <b>Inmate</b> Referred 6/13/13 and inmate hasn't yet been seen. Also, please note that clinician documented that inmate reported he hasn't received psych meds in 3 months &amp; no referral to psychiatry or any action to fix issue was documented.  <b>Inmate</b>(SMI): In a 9/4/13 note, clinician documented that inmate's mental health is "deteriorating." No referral to psychiatry was documented.  <b>Inmate</b>(SMI): In a note, clinician documented that inmate reports an increase in anxiety, paranoia and depression- no referral to psychiatry was documented.          Buckley: (8 out of 10 charts pulled were in compliance)  <b>Inmate</b> Referred 6/19/13 and inmate hasn't yet been seen.  <b>Inmate</b> Chart review done 3/19/13 should have resulted in psychiatry referral. However, this was not done and inmate's psych medications appear to have expired 4/28/13.</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>9/30/2013 1:20 PM Entered By: Nicole Taylor          *Out of 60 charts pulled, 57 were out of compliance = 95%          Barchey: (8 out of 10 charts pulled were in compliance)  <b>Inmate</b> Treatment plan needs an update.  <b>Inmate</b> No treatment plan found in chart.          Morey: (10 out of 10 charts pulled were in compliance)          No findings.          Stiner: (10 out of 10 charts pulled were in compliance)          No Findings.          Rast: (10 out of 10 charts pulled were in compliance)          No findings.          Bachman: (10 out of 10 charts pulled were in compliance)  <b>Inmate</b> No treatment plan in chart.          Buckley: (10 out of 10 charts pulled were in compliance)          No findings.</p>	1

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	<p>4 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>9/30/2013 1:29 PM Entered By: Nicole Taylor          This performance measure looked a lot better than the previous months, therefore it is rated Green. However, there are some concerns regarding a few SMI inmates and a few inmates that seemed to have been missed. Otherwise, this indicator is looking good.          *Out of 60 charts pulled, 54 charts were in compliance = 90%          Barchey: (9 out of 10 charts pulled were in compliance)  <b>Inmate</b> Inmate is due for a psychology visit. Last seen 4/15/13. Inmate can possibly be considered for lower MH score.          Morey: (9 out of 10 charts pulled were in compliance)  <b>Inmate</b>(SMI): Inmate is due for a psychology visit. Last seen 8/15/13.          Stiner: (10 out of 10 charts pulled were in compliance)          No findings.          Rast: (10 out of 10 charts pulled were in compliance)          No findings.          Bachman: (9 out of 10 charts pulled were in compliance)  <b>Inmate</b> Inmate was last seen by psychology on 5/29/13.          Buckley: (7 out of 10 charts pulled were in compliance)  <b>Inmate</b>(SMI): Last seen 7/25/13.  <b>Inmate</b>(SMI): Last seen 7/9/13.  <b>Inmate</b> Last seen 3/28/13.</p>	2
	<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]</p>			X	<p>9/30/2013 1:30 PM Entered By: Nicole Taylor          *Out of 60 charts pulled, 33 were in compliance = 55 %. This performance measure is receiving a Red finding due to the low compliance rate and the risk of harm to the inmate.          Morey: (5 out of 10 charts pulled were in compliance)  <b>Inmate</b>(SMI): Past due for psychiatry visit- RTC date was 9/13/13.  <b>Inmate</b>(SMI): Past due for psychiatry visit- RTC date was 6/28/13.  <b>Inmate</b>(SMI): Past due for psychiatry visit- RTC date was 9/12/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 8/8/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 6/22/13.          Stiner: (6 out of 10 charts pulled were in compliance)  <b>Inmate</b> Past due for psychiatry visit- RTC date was 6/19/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 7/21/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 8/4/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 6/13/13.          Barchey: (5 out of 10 charts pulled were in compliance)  <b>Inmate</b>(SMI): Past due for psychiatry visit- RTC date was 9/12/13.</p>	2

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				<p><b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 8/17/13.  <b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 8/18/13.  <b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 8/17/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 9/12/13.  Rast: (7 out of 10 charts pulled were in compliance)  <b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 8/24/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 6/26/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 3/5/12.  Bachman: (6 out of 10 charts pulled were in compliance)  <b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 8/15/13.  <b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 6/14/2  <b>Inmate</b> Past due for psychiatry visit- RTC date was 3/7/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 7/9/13  Buckley: (4 out of 10 charts pulled were in compliance)  <b>Inmate</b> Past due for psychiatry visit- RTC date was 5/20/13.  <b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 7/12/13.  <b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 8/13/13.  <b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 4/8/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 7/29/13  <b>Inmate</b> Medication Expiration date was 4/28/13, this inmate came from ARTC with 60-day med bridge on 2/28/13.</p>	
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]		X	<p>9/30/2013 1:40 PM Entered By: Nicole Taylor  *Out of 60 charts pulled, 58 were in compliance = 96%. This performance measure is receiving an Amber finding. Although 60 total charts were pulled, only 12 charts were pulled for the specific purpose of release planning. Of those 12 charts, 2 SMI inmates had inadequate release planning completed. NCCHC requires that SMI inmates receive more than just paperwork, they must be connected up with the community prior to release.  Stiner: (10 out of 10 charts pulled were in compliance)  No findings  Morey: (10 out of 10 charts pulled were in compliance)  No findings  Barchey: (10 out of 10 charts pulled were in compliance)  No findings  Rast: (9 out of 10 charts pulled were in compliance)  <b>Inmate</b> (SMI): Inadequate release planning done for inmate found in chart.  Bachman: (9 out of 10 charts pulled were in compliance)  <b>Inmate</b> (SMI)- Inadequate (for SMI inmate)</p>	2

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					discharge plans found done by Corizon Release planner Buckley: (10 out of 10 charts pulled were in compliance) 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: 9/30/2013 1:19:40 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.

**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: 9/30/2013 1:30:22 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.

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

**Level 2 Amber User: Nicole Taylor Date: 9/30/2013 1:40:04 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 7 (Mental Health Attachment) related to re-entry plan

- a. SMI patients will be followed by discharge planners utilizing the data from the SMI monthly report tool; MH3 patients will be given community resources by MH Clinicians and documented

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in the chart; all patients receiving psychotropic medications will be seen by Psychiatrist/Psychiatry CNP

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date- 11/30/13

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

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No Shows						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]		X		9/26/2013 2:01 PM Entered By: Terry Allred Performance measure is not met, however, the Warden has been advised of this problem in that officers notify medical staff after the fact without obtaining a signed refusal and he has committed to addressing the issue.	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]		X		9/24/2013 2:22 PM Entered By: Terry Allred Performance measure is not met. Memo's to unit Deputy Wardens are not being utilized at present address no-show issues.	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]	X			9/30/2013 3:29 PM Entered By: Terry Allred Performance measure is met. Providers are being notified in those cases reviewed, however, the method differs from unit nurse to unit nurse. It appears that a medical post order would be in order.	1
4	Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]	X			9/30/2013 3:31 PM Entered By: Terry Allred Performance measure is met. My findings have determined that on a case by case basis medically necessary patients are rescheduled as necessary when they are not seen due to a no-show status.	1

**Corrective Action Plans for Performance Measure: No Shows**

**1 Are No-Shows being brought to health unit to sign a refusal?  
[DO 1101, HSTM Chapter 5, Section 7.1]**

**Level 1 Amber User: Terry Allred Date: 9/26/2013 2:01:17 PM**

Corrective Plan: All staff will be inserviced on the Missed Appointment memo as directed in DO 1101 section 1.9. The form will be given to the unit DW's with a copy to the FHA and addressed at the weekly one-on-one Warden and Fha meeting. Sign off to verify. Target date 11/15/2013.

Corrective Actions: See above.

**2 Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]**

**Level 1 Amber User: Terry Allred Date: 9/24/2013 2:22:54 PM**

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

Corrective Actions: Reinforce that unresolved No-Shows need to be reported to the unit deputy warden for a written response. Continue to monitor.

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<b>Infection Control</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Does the facility have a written exposure control plan? [NCCHC Standard P-B-01]	X			9/27/2013 10:38 AM Entered By: Erin Barlund	1
2	Is the health unit in compliance with NCCHC Standard P-B-01 compliance indicators?	X			9/27/2013 10:38 AM Entered By: Erin Barlund	1
3	Are standard precautions used by health care practitioners? [NCCHC Standard P-B-01]	X			9/25/2013 11:10 AM Entered By: Erin Barlund	1
4	Are precautionary instructions given to security when necessary (to include transportation staff)? [NCCHC Standard P-B-01]	X			9/25/2013 11:10 AM Entered By: Erin Barlund	1
5	Are Sanitation workers trained in appropriate methods for handling and disposing of biohazard spills and materials? [NCCHC Standard P-B-01]	X			9/25/2013 11:10 AM Entered By: Erin Barlund Sanitation workers do not handle and dispose of biohazard spills and materials. Trained staff members have this responsibility.	1
6	Are active TB patients transported to hospitals with negative pressure rooms? [NCCHC Standard P-B-01]	X			9/25/2013 11:11 AM Entered By: Erin Barlund  9/25/2013 11:10 AM Entered By: Erin Barlund	2
7	Does the facility assure that inmates released with infectious or communicable diseases are provided with community referrals and for transfer inmates, notify the receiving facility of the medical condition? [NCCHC Standard P-B-01]	X			9/27/2013 10:55 AM Entered By: Erin Barlund Inmates with communicable diseases apply for AHCCCS prior to release. If they are not eligible referrals are made to community-based resources that provide care to clients without need for insurance/income.	1
8	Are facilities using effective ectoparasite control procedures to treat infected inmates and to disinfect clothing and bedding? [NCCHC Standard P-B-01]	X			9/25/2013 11:14 AM Entered By: Erin Barlund The facility is following the recommendations of the HSTM chapter 2 section 8.	1
9	Does the prescribed treatment given to inmates consider conditions such as pregnancy, open sores, or rashes and is ordered only by a clinician? [NCCHC Standard P-B-01]	X			9/25/2013 11:15 AM Entered By: Erin Barlund	1
10	Does the facility complete and file all reports as	X			9/27/2013 10:55 AM Entered By: Erin	1

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	required by local, state, and federal laws and regulations and reports to local health departments? [NCCHC Standard P-B-01]				Barlund	
11	Does the facility follow a TB plan consistent with CDC guidelines and conduct PPD tests and chest x-rays per policy with annual PPD check-up? [NCCHC Standard P-B-01]		X		9/26/2013 4:16 PM Entered By: Erin Barlund There is no method for tracking inmates for annual TB screening/PPD.	1
12	Has the facility developed a needle-stick prevention program? [NCCHC Standard P-B-01]	X			9/26/2013 4:16 PM Entered By: Erin Barlund	1
13	Is there a designated Infection Control liaison ? [NCCHC Standard P-B-01]	X			9/26/2013 4:14 PM Entered By: Erin Barlund The DON is the designated IC liason.	1
14	Are red bags being handled and stored appropriately? [NCCHC Standard P-B-01]	X			9/25/2013 1:11 PM Entered By: Erin Barlund Red bags are stored in a designated, locked area.	1
15	Are dirty sharps maintained in a double locked area? [NCCHC Standard P-B-01]	X			9/26/2013 4:16 PM Entered By: Erin Barlund  9/26/2013 4:14 PM Entered By: Erin Barlund	1

#### Corrective Action Plans for Performance Measure: Infection Control

**11 Does the facility follow a TB plan consistent with CDC guidelines and conduct PPD tests and chest x-rays per policy with annual PPD check-up? [NCCHC Standard P-B-01]**

**Level 1 Amber User: Erin Barlund Date: 9/26/2013 4:16:13 PM**

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

Corrective Actions: Reinforce with staff that a TB plan will be followed consistent with CDC guidelines and conduct PPD tests and chest x-rays per policy with annual PPD check-up, pending availability off PPD solution? Continue to monitor.

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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			<p>9/25/2013 9:22 AM Entered By: Erin Barlund</p> <p>9/25/2013 7:25 AM Entered By: Erin Barlund There is a formal medication administration program.</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>9/25/2013 7:28 AM Entered By: Erin Barlund There are currently 23 full-time and part-time licensed nurses and none have documentation of completed training. There is a plan to order NEO II training manuals for each employee so that training can be completed.</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>9/25/2013 1:08 PM Entered By: Erin Barlund KOP medications are delivered by security officers and inmates sign a log indicating their receipt of medications.</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>9/25/2013 9:30 AM Entered By: Erin Barlund MOREY- review of 10 MARs indicates 10 non-compliant- #Inmate no documentation 9/4/13-9/6/13, 9/11/13, no start date, no diagnosis; #Inmate no diagnosis, missing signatures on back of MAR; #Inmate no diagnosis; #Inmate no documentation 9/7/13, no diagnosis, no allergies, missing signatures on back of MAR; #Inmate no documentation 9/14/13, no start dates, no diagnosis; #Inmate no documentation 9/14/13, no start dates, no diagnosis; #Inmate no documentation 9/14/13, no start dates, no diagnosis; #Inmate no documentation 9/14/13, no start dates, no diagnosis; #Inmate no documentation 9/7/13, 9/14/13, 9/15/13, no start dates, no diagnosis; #Inmate no start dates, no diagnosis, documented as absent 9/10/13-9/17/13 which is appropriate documentation as inmate is out-court.</p> <p>9/25/2013 9:17 AM Entered By: Erin Barlund see below</p> <p>9/25/2013 9:16 AM Entered By: Erin Barlund STINER- review of 10 MARs indicates 10 non-compliant- #Inmate no documentation 9/1/13-9/13/13, no start dates, no diagnosis, missing signatures on back of MAR; #Inmate no documentation 9/5/13, 9/6/13, 9/7/13, 9/13/13, no start dates, no diagnosis, missing signatures on back of MAR; #Inmate no documentation 9/5/13, 9/6/13, 9/7/13, documented as refused 9/8/13-9/14/13 with missing refusal forms, no start dates, no diagnosis, missing</p>	1

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signatures on back of MAR; #Inmate no documentation 9/3/13-9/14/13, 9/16/13-9/17/13, missing start dates, no diagnosis, missing signatures on back of MAR; #Inmate no documentation through 9/17/13, no start dates, no diagnosis; #Inmate no documentation 9/1/13, 9/7/13, 9/11/13-9/13/13, no start dates, no order dates, missing signatures on back of MAR; #Inmate documented as absent 9/13/13-9/17/13 when AIMS indicates inmates still on yard, no start dates, no diagnosis, missing signatures on back of MAR; #Inmate documented as absent 9/1/13, 9/3/13, 9/4/13, 9/6/13, 9/7/13, 9/8/13, 9/13/13, 9/14/13, 9/16/13, 9/17/13 when AIMS indicates inmate on yard, no documentation 9/5/13, no start date, no diagnosis, missing signatures on back of MAR; #Inmate no documentation 9/11/13-9/15/13, no start dates; #Inmate cogentin documented as absent 9/1/13, 9/2/13, 9/7/13, 9/9/13, 9/11/13-9/17/13 when AIMS indicates inmate on yard, no documentation of psych review, no documentation 9/5/13, no start dates, no diagnosis, missing signatures on back of MAR.

9/25/2013 9:04 AM Entered By: Erin Barlund  
BARCHEY- review of 10 MARs indicates 10 non-compliant- #Inmate benzotropine documented as n/s on 9/1/13-9/3/13 and absent on 9/4/13-9/17/13 with AIMS indicating inmate on yard, no start dates, no diagnosis, missing signatures on back of MAR; #Inmate documented as refused 9/8/13-9/17/13 with missing refusal forms, no indication of psych review, no start dates, no diagnosis, MAR changed by nurse and not provider, missing signatures on back of MAR; #Inmate no documentation 9/5/13-9/15/13, no start dates, no diagnosis, missing signatures on back of MAR; #Inmate documented as refused 9/1/13-9/17/13 with missing refusal forms, no indication of psych review, no start dates, no diagnosis; #Inmate documented as absent 9/3/13-9/17/13 when AIMS indicates inmate on yard, no documentation 9/16/13, no start dates, no diagnosis; #Inmate no documentation 9/16/13, no diagnosis; #Inmate documented as absent 9/1/13-9/17/13 pm and no documentation am 9/4/13-9/17/13, no start dates, no diagnosis; #Inmate documented as refused 9/1/13-9/17/13 with missing refusal forms, no start dates, no diagnosis, missing signatures on back of MAR; #Inmate documented as absent 9/3/13-9/15/13 when AIMS indicates IM on yard; no documentation 9/16/13, no start dates, no diagnosis; #Inmate documented as absent 9/1/13-9/4/13 when AIMS indicates inmate on yard, no documentation 9/7/13, 9/12/13, 9/16/13, no start dates, no diagnosis, missing signatures on back of MAR.

9/25/2013 8:52 AM Entered By: Erin Barlund  
BUCKLEY-review of 10 MARs indicates 10 non-compliant- #Inmate no documentation 9/10/13, lithium documented as refused

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9/2/13-9/17/13 no documentation of psych review, no start dates, no diagnosis; **Inmate** phenobarbital documented as refused 9/1/13-9/16/13, no documentation 9/16/13, no start date, no diagnosis; **#Inmate** missing documentation 9/15/13, no start dates, no diagnosis, **#Inmate** no documentation 9/15/13, no start dates, no diagnosis; **#Inmate** mirtazapine documented as refused 9/1/13-9/17/13 with missing refusal forms and no indication of psych review, no start date, no diagnosis; **Inmate** ziprasidone documented as refused 9/1/13-9/17/13 with missing refusal forms and no indication of psych review, no start dates, no diagnosis, no allergies; **#Inmate** no start dates, no diagnosis, missing signatures on back of MAR; **#Inmate** phenytoin documented as refused 9/1/13-9/5/13, 9/7/13-9/11/13 with missing refusal forms, no documentation 9/16/13, no start dates, no diagnosis, missing signatures on back of MAR; **#Inmate** missing start dates, missing diagnosis, no documentation 9/12/13; **#Inmate** risperidone documented as refused 9/1/13-9/11/13, 9/13/13-9/17/13 with missing refusals, no indication of psych review, no documentation 9/16/13, no start dates, no diagnosis.

9/25/2013 8:41 AM Entered By: Erin Barlund  
RAST- review of 10 MARs indicates 10 non-compliant- **#Inmate** no documentation 9/15/13, no start dates, no stop dates, no diagnosis, missing signatures on back of MAR, **#Inmate** circled as refused 9/3/13, 9/10/13, 9/16/13 with no refusal forms located, no documentation 9/15/13, 9/7/13, no start dates (keflex has start date), no diagnosis; **#Inmate** no documentation 9/15/13, 9/16/13, illegible entries 9/1/13-9/14/13 appears to have some refusals noted, but no refusal forms located, no start dates, no diagnosis; **#Inmate** documented as refused 9/1/13-9/14/13 no refusals noted, no documentation 9/15/13, no start dates, no diagnosis; **#Inmate** no documentation 9/15/13, 9/16/13, no start dates, no diagnosis, missing signatures on back of MAR; **#Inmate** no documentation 9/15/13, no start date, no stop date, missing signatures on back of MAR; **#Inmate** missing start dates and diagnosis; **#Inmate** no order date, no start date, no diagnosis, no allergies, no signatures on back of MAR; **#Inmate** no documentation 9/15/13, no start date, no diagnosis; **#Inmate** documented as refused 9/7/13-9/14/13 with no refusals noted, no documentation 9/15/13, no start dates, no diagnosis; **#Inmate** no documentation 9/15/13, no start dates, no diagnosis.

9/25/2013 8:31 AM Entered By: Erin Barlund  
SUNRISE- review of 10 MARs indicate 10 non-compliant missing start dates and diagnosis- **#Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate**

9/25/2013 8:29 AM Entered By: Erin Barlund  
EAGLE POINT- review of 10 MARs

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				<p>indicates 10 non-compliant-#Inmate coded as absent 9/2/13-9/15/13 when AIMS indicates inmate on yard, no documentation 9/1/13, 9/5/13, 9/6/13, no start date, no diagnosis; #Inmate coded as absent 9/2/13, 9/3/13, 9/6/13, 9/7/13, 9/10/13, no documentation 9/14/13, no start dates, no diagnosis; #Inmate no start dates, no diagnosis, no documentation 9/8/13, 9/13/13, 9/14/13, 9/15/13, #Inmate no documentation 9/1/13, 9/8/13, 9/14/13, 9/15/13, no start dates, no diagnosis, no allergies; #Inmate coumadin no documentation 9/6/13, 9/7/13, 9/8/13, 9/13/13, 9/14/13, 9/15/13, documented as absent 9/1/13, 9/2/13 when AIMS indicates inmate on yard; #Inmate no documentation 9/14/13, 9/15/13, no start date, no diagnosis, missing signatures on back of MAR; #Inmate no documentation for rifampin 9/11/13, 9/12/13, coded as absent 9/13/13, 9/14/13, 9/15/13 when AIMS indicates IM on yard, no stop date, no diagnosis, no signatures on back of MAR; #Inmate gabapentin no documentation 9/6/13, 9/7/13, 9/8/13, 9/14/13, 9/15/13, no start dates, no diagnosis, missing signature on back of MAR; #Inmate no documentation 9/10/13-9/12/13, coded as absent on 9/13/13-9/17/13 when AIMS indicates IM at Lewis; #Inmate tramadol not documented 9/13/13, 9/14/13, 9/15/13 yet</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>9/25/2013 1:10 PM Entered By: Erin Barlund There have been no submitted medication error reports submitted this month.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>9/25/2013 10:18 AM Entered By: Erin Barlund MOREY- review of 10 MARs indicates 4 compliant, 6 non-compliant. #Inmate no documentation 9/4/13-9/7/13 unable to discern if medication was available; #Inmate lithium, risperdal, symmetrel ordered 9/6/13 and first dose administered 9/13/13; #Inmate divalproex ordered 8/22/13 with start date of 9/11/13; #Inmate gabapentin ordered 8/21/13 with start date of 9/4/13; #Inmate paroxetine and risperidone ordered 8/19/13 with start date of 9/5/13; #Inmate no delays; #Inmate no delays; #Inmate no delays; #Inmate divalproex and risperidone ordered 8/22/13 with first documented dose administered 9/5/13; #Inmate no documented delays.</p> <p>STINER- review of 10 MARs indicates 4 compliant, 6 non-compliant. #Inmate risperdal and cogentin ordered 8/30/13 with no documentation of first dose through 9/17/13; #Inmate prozac with stop date of 9/30/13 and the following written on MAR "out of stock no more refills" with last dose administered 9/14/13; #Inmate nortriptyline ordered 9/10/13 with no documented first dose administered as of 9/17/13; #Inmate loxapine ordered 9/5/13 with "absent" documented starting 9/10/13; #Inmate haldol and cogentin ordered 9/3/13 with no documented first dose</p>	2

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through 9/17/13; #Inmate nortriptyline ordered 9/11/13 with "absent" documented 9/14/13-9/17/13; #Inmate no delays noted; #Inmate no delays noted; #Inmate no delays noted; #Inmate no delays noted.

BARCHEY- review of 10 MARs indicates 5 compliant, 5 non-compliant-  
#Inmate no delays; #Inmate no delays;  
#Inmate no delays; #Inmate no delays;  
#Inmate no delays; #Inmate risperdal ordered 9/6/13 with start date of 9/15/13;  
#Inmate tramadol ordered 8/21/13 with start date of 9/10/13; #Inmate ability ordered 9/6/13 with no documentation of first dose as of 9/17/13; #Inmate inderal ordered 9/6/13 with first dose administered 9/15/13; #Inmate lidocaine gel ordered 8/1/13 with MAR indicating N/A 9/1/13-9/16/13.

BUCKLEY- review of 10 MARs indicates 3 compliant, 7 non-compliant-  
#Inmate benzotropine "n/a" 9/2/13, 9/15/13;  
#Inmate depakote and celexa ordered 9/4/13 with first dose administered 9/11/13;  
#Inmate nortriptyline "n/a" 9/15/13, 9/16/13, 9/17/13; #Inmate nortriptyline "n/a" 9/1/13, 9/2/13, 9/3/13; #Inmate pravastatin, levothyroxine, lisinopri with no documentation 9/1/13-9/6/13, "n/a" 9/7/13;  
#Inmate nortriptyline ordered 7/23/13 with no documentation 9/1/13-9/7/13; #Inmate zolof ordered 9/4/13 with start date 9/15/13; #Inmate risperidone "n/a" 9/8/13-9/13/13; #Inmate no delays; #Inmate no documented delays; #Inmate no documented delays.

RAST- review of 10 MARs indicates 3 compliant, 7 non-compliant-  
#Inmate trilafor ordered 9/4/13 with first documented dose 9/11/13; #Inmate trilafor and symmetrel ordered 9/5/13 with first documented dose 9/10/13; #Inmate nortriptyline with no order date and first dose documented 9/12/13; #Inmate pamelor ordered 9/4/13 with first dose documented 9/12/13; #Inmate risperdal and symmetrel ordered 9/11/13 with first dose administered 9/17/13; #Inmate lamotrigine with no order date and first dose administered 9/16/13; #Inmate methocarbamol documented "n/a" 9/3/13-9/17/13; #Inmate no documented delays; #Inmate no documented delays; #Inmate no documented delays.

SUNRISE- all meds are KOP and distributed to inmates and inmates sign log for meds. No noted delays.

EAGLE POINT- review of 10 MARs indicates 5 compliant, 5 non-compliant.  
Compliant- #Inmate #Inmate #Inmate #Inmate #Inmate  
Non-compliant- #Inmate coumadin no documentation with reason unknown, #Inmate no documentation with reason unknown; #Inmate no documentation with reason unknown; #Inmate no documentation with reason unknown; #Inmate no documentation with reason unknown.

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				<p>BACHMAN- review of MARs indicates 1 compliant, 9 non-compliant.                  No documented delays- #Inmate                  Documented delays- #Inmate "n/a" 9/1/13-9/3/13; #Inmate no documentation 9/6/13-9/7/13 with reason unknown; #Inmate no documentation 9/6/13-9/7/13 with reason unknown; #Inmate no documentation 9/6/13-9/8/13 with reason unknown; #Inmate perphenazine ordered 8/30/13 with start date 9/8/13; #Inmate tegretol with start date of 6/5/13 and first documented dose on September MAR 9/12/13; #Inmate lithium ordered 9/12/13 with first dose administered 9/17/13; #Inmate nortriptyline orered 3/22/13 with first documented dose given in september 9/7/13 and medication documented qd, not tid as ordered; #Inmate no documentation 9/1/13-9/4/13, 9/7/13-9/8/13 with reason unknown.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>9/25/2013 7:31 AM Entered By: Erin Barlund                  Inmates were observed showing IDs prior to medication administration.</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>9/25/2013 9:21 AM Entered By: Erin Barlund                  Reviewed 635 chronic care scripts with the following findings:                  211 prescriptions renewed on or prior to expiration date                  162 prescriptions renewed after expiration date                  262 prescriptions not renewed</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>9/25/2013 9:21 AM Entered By: Erin Barlund                  see below</p> <p>9/12/2013 8:25 AM Entered By: Erin Barlund                  NFDRs are located in a binder at the HUB, in loose filing, on some yard, and in charts. There is no definitive process for locating NFDRs that have been approved or disapproved. There is a binder at the HUB, which contains the NFDR written by the originating provider, but the NFDRs with the reviewer information are not consistently located. There are not consistently 10 NFDRs per yard to audit.</p> <p>The following 10 NFDRs were found compliant: #Inmate out of those NFDRs #Inmate #Inmate #Inmate #Inmate #Inmate approval/disapproval was not found on NFDR and information from Pharmacorr was utilized to determine if the NFDR had been approved and sent or profiled.</p> <p>The following 15 NFDRs did not have documented approval/disapproval with 48 hours or information from Pharmacorr that</p>	2

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					indicated medication was sent or profiled- #Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		9/25/2013 7:33 AM Entered By: Erin Barlund Providers consistently report they are not being notified of NFDR decisions within 24- 48 hours.	2
11	Are medication error reports being completed and medication errors documented?		X		9/25/2013 1:09 PM Entered By: Erin Barlund There have been no submitted medication error reports this month.	2

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### 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: 9/25/2013 7:28:04 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: 9/25/2013 9:30:06 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: 9/25/2013 9:30:06 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.

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- c. Administration of DOT/KOP.
  - d. Printing MARs (Pharmacy Appendix).
  - e. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
- a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
- a. Audit tools developed.
  - b. Weekly site results discussed with RVP.
  - c. Audit results discussed a monthly CQI meeting.
  - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

### **5 Are medication errors forwarded to the FHA to review corrective action plan?**

**Level 2 Amber User: Erin Barlund Date: 9/25/2013 1:10:15 PM**

Corrective Plan: All staff will be inserviced on Prescribing practice and pharmacy contract performance measure 2.20.2.6. Sign off sheet to verify. Target date 11/15/13. The reports will be submitted to the FHA within 24 hours of the occurrence.

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

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Erin Barlund Date: 9/25/2013 10:18:39 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.):

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- 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: 9/25/2013 9:21:24 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

- 1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
  - 2. In-service staff on process per PharmaCorr policy,
    - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
  - 3. Custody educated regarding contract requirements regarding inmate transfer with meds.
  - 4. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed
    - b. Weekly site results discussed with RVP
    - c. Audit results discussed a monthly CQI meeting
    - d. Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

- 1. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed
    - b. Weekly site results discussed with RVP
    - c. Audit results discussed a monthly CQI meeting
    - d. Minutes and audit reported monthly to Regional office for tracking and trending
  - 2. Standardized process statewide to include, but not limited to (Appendix III.1.):
    - a. Internal
    - b. External
  - 2. In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
    - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
  - 3. Custody educated regarding contract requirements regarding inmate transfer with meds
  - 4. Monitoring (Appendix I. - IV Monitoring Tools)
    - a. Audit tools developed
    - b. Weekly site results discussed with RVP
    - c. Audit results discussed a monthly CQI meeting
    - d. Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
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: 9/25/2013 9:21:41 AM**

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

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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: 9/25/2013 7:33:27 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.

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

**Level 2 Amber User: Erin Barlund Date: 9/25/2013 1:09:26 PM**

Corrective Plan: All staff will be inserviced on Prescribing practice and pharmacy contract performance measure 2.20.2.6. Sign off sheet to verify. Target date 11/15/13. The reports will be submitted to the FHA within 24 hours of the occurrence.

## September 2013 LEWIS COMPLEX

Corrective Actions: October Action plan submitted by Corizon-

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

a. Medication error documentation/reporting (Pharmacy Appendix).

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

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

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

a. Audit tools developed.

b. Weekly site results discussed with RVP.

c. Audit results discussed a monthly CQI meeting.

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

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

Target Date- 11/30/13

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

**September 2013 LEWIS COMPLEX**

<b>Staffing</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			9/23/2013 1:46 PM Entered By: Terry Allred Performance measure is met. Staffing pattern is readily available to the HSA.	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]		X		9/23/2013 2:01 PM Entered By: Terry Allred Performance measure is not met, but the improvement in staffing is apparent. There is only one vacancy among the RN's and the LPN's, however, the DON is utilizing PRN staff in the vacancy areas to offset the absence of a full time employee in these areas. The Medical Director position remains open, but recruiting efforts are strong and interviews are forthcoming. It does appear that Corizon is working hard to meet the needs of the institution with those staff on board presently.	3
3	Are all positions filled per contractor staffing pattern?		X		9/23/2013 2:04 PM Entered By: Terry Allred Performance measure is not met. Not all positions are filled, but in respect to the areas of nursing, in those unfilled positions, PRN staff are being utilized to address the needs of the complex even though they are not represented in the overall staffing pattern. There is no medical director, but recruiting efforts are strong and interviews are forthcoming. There continues to be only a locum Psychiatrist on board, and no word on recruiting efforts in this area.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			9/23/2013 2:05 PM Entered By: Terry Allred Performance measure is met.	2
5	Do Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance, Professional license, NEO, CEUs)?	X			9/23/2013 2:05 PM Entered By: Terry Allred Performance measure is met.	1

**Corrective Action Plans for Performance Measure: Staffing**

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

**Level 3 Amber User: Terry Allred Date: 9/23/2013 2:01:39 PM**

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

Corrective Actions: The adequacy and effectiveness of the staffing being sufficient to meet the needs of the inmate population is routinely monitored to achieve the contract level staffing, complemented PRN, Locum Tenens and agency staff as needed.

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

**Level 2 Amber User: Terry Allred Date: 9/23/2013 2:04:36 PM**

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

Corrective Actions: Positions are filled per contract staffing patterns.

## September 2013 LEWIS COMPLEX

Discharge Planning						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are diabetic inmates that were identified as IDDMs while in prison given training on self administration of insulin? {NCCHC Standard P-E-13}		X		9/27/2013 10:50 AM Entered By: Erin Barlund Inmates are not currently receiving training on self-administration of insulin.	1
2	Is the health staff receiving discharge list from complex OIU at a minimum of 30 days out and is a release plan in place prior to inmate's actual release date?	X			9/27/2013 10:53 AM Entered By: Erin Barlund Information is available on the shared drive at Lewis. Corizon utilizes regional release planners.	1
3	Are release medications for chronic conditions and mental health medications being provided to the inmate the day of release from prison?	X			9/25/2013 11:27 AM Entered By: Erin Barlund	1
4	Is there a procedure in place for inmates with communicable diseases to be referred to community based services? [NCCHC Standard P-E-13]	X			9/27/2013 10:37 AM Entered By: Erin Barlund Inmates with communicable diseases apply for AHCCCS prior to release and if they are not eligible, they are provided with information on community resources that provide care without consideration of insurance/income. HIV inmates are referred to The Ryan White program if they reside within Maricopa or Pinal counties, or the Part B program in other counties.	1
5	When appropriately requested, are medical records being provided to inmate authorized medical providers upon release?	X			9/26/2013 4:15 PM Entered By: Erin Barlund	1

### Corrective Action Plans for Performance Measure: Discharge Planning

**1 Are diabetic inmates that were identified as IDDMs while in prison given training on self administration of insulin? {NCCHC Standard P-E-13}**

**Level 1 Amber User: Erin Barlund Date: 9/27/2013 10:50:22 AM**

Corrective Plan: Nursing supervisors will coordinate with the unit nurses the discharging of inmates that are IDDM so they can provide training on self administration of insulin. Target date is by 11/15/13. Sign off to verify compliance.

Corrective Actions: Approved by Erin Barlund on 10/22/13.

**September 2013 LEWIS COMPLEX**

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			9/25/2013 6:49 AM Entered By: Erin Barlund  9/25/2013 6:49 AM Entered By: Erin Barlund  9/25/2013 6:49 AM Entered By: Erin Barlund L11 does not currently qualify as an infirmiry.	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			9/25/2013 6:50 AM Entered By: Erin Barlund  9/3/2013 1:47 PM Entered By: Erin Barlund 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			9/3/2013 1 47 PM Entered By Erin Barlund 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			9/25/2013 6:50 AM Entered By: Erin Barlund  9/3/2013 1:47 PM Entered By: Erin Barlund 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			9/3/2013 1:47 PM Entered By: Erin Barlund 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			9/3/2013 1:47 PM Entered By: Erin Barlund 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			9/3/2013 1:48 PM Entered By: Erin Barlund 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	X			9/25/2013 6:50 AM Entered By: Erin Barlund  9/3/2013 1:48 PM Entered By: Erin Barlund N/A Currently L11 does not meet criteria for infirmiry setting.	1

### September 2013 LEWIS COMPLEX

	-Discharge plan and discharge notes					
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			<p>9/25/2013 6:50 AM Entered By: Erin Barlund</p> <p>9/3/2013 1:48 PM Entered By: Erin Barlund N/A Currently L11 does not meet criteria for infirmary setting.</p>	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			<p>9/25/2013 6:50 AM Entered By: Erin Barlund</p> <p>9/3/2013 1:48 PM Entered By: Erin Barlund N/A Currently L11 does not meet criteria for infirmary setting.</p>	1
11	Are vital signs done daily when required?	X			<p>9/25/2013 6:48 AM Entered By: Erin Barlund</p> <p>9/3/2013 1:48 PM Entered By: Erin Barlund N/A Currently L11 does not meet criteria for infirmary setting.</p>	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			<p>9/25/2013 6:48 AM Entered By: Erin Barlund</p> <p>9/3/2013 1:48 PM Entered By: Erin Barlund N/A Currently L11 does not meet criteria for infirmary setting.</p>	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			<p>9/25/2013 6:48 AM Entered By: Erin Barlund</p> <p>9/3/2013 1:48 PM Entered By: Erin Barlund N/A Currently L11 does not meet criteria for infirmary setting.</p>	1

## September 2013 LEWIS COMPLEX

<b>Confidentiality of Health Records</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are health records maintained under secure conditions separate from correctional records?	X			9/24/2013 2:24 PM Entered By: Terry Allred Performance measure is met. All medical records are stored in a separate location from other correctional records.	1
2	Is access to health records and health information controlled by the health authority?	X			9/24/2013 2:26 PM Entered By: Terry Allred Performance measure is met. The health authority is in direct supervision of a medical records supervisor and staff. Control of ingress and egress of medical records area is appropriate.	1
3	Is there evidence that health staff receive instruction in maintaining patient confidentiality?	X			9/24/2013 2:27 PM Entered By: Terry Allred Performance measure is met. Compliance obtained in NEO and training as necessary.	1
4	Are the records transported by non-health staff sealed?	X			9/24/2013 2:23 PM Entered By: Terry Allred Performance measure is met.	1
5	Are non-health staff who observe or overhear a clinical encounter instructed that they must maintain confidentiality?	X			9/26/2013 1:54 PM Entered By: Terry Allred Performance measure is met. Non-health staff are educated as necessary in regards to proper confidentiality.	1
6	Prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information?	X			9/27/2013 12:41 PM Entered By: Terry Allred Performance measure is met.	1
7	Is medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary?	X			9/24/2013 2:28 PM Entered By: Terry Allred Performance measure is met.	1

September 2013 LEWIS COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			9/25/2013 6:56 AM Entered By: Erin Barlund 7 medication rooms were observed and 7 were secure. STINER- medication room was secured. BACHMAN-medication room was secured. MOREY- medication room was secured. BARCHEY- medication room was secured. RAST- medication room was secured. BUCKLEY- medication room was secured. HUB- medication room was secured.	1
2	Are open medication vials being marked with the date they were opened?		X		9/25/2013 7:10 AM Entered By: Erin Barlund 6 medication rooms audited with 2 compliant, 4 non-compliant-compliance rate 33%.  MOREY- open vial of Lantus dated 8/2/13 and open vial of Humulin N dated 8/1/13. Stool guiac cards stored with medications.  BARCHEY- open vial PPD dated 7/1/13  RAST- Influenza expired 6/2013; open vial insulin 70/30 not dated; Levemir with no date.  BUCKLEY- all open vials marked with date and in compliance.  STINER- all open vials marked with date and in compliance.  BACHMAN- PPD dated 7/3/13.	1
3	Is nursing staff checking for outdated (expiring)medications?		X		9/25/2013 7:23 AM Entered By: Erin Barlund MOREY- No expired medications found.  BARCHEY- the following medications were past their stop date- #Inmate enbrel stop date 7/4/13; #Inmate bupropion stop date 9/13/13; #Inmate spironolactone stop date 9/12/13; #Inmate lithium stop date 9/17/13; #Inmate olanzapine stop date 9/9/13; #Inmate benadryl stop date 9/8/13; #Inmate perphenazine stop date 9/8/13.  RAST- the following medications were found past their stop date-#Inmate tegretol stop date 9/10/13.  BUCKLEY- the following medications were found past their stop date-#Inmate benzotropine stop date 9/3/13; #Inmate citalopram stop date 9/3/13; #Inmate risperidone stop date 9/3/13; #Inmate bupropion stop date 9/19/13; #Inmate risperidone stop date 9/10/13; #Inmate carbamazepine stop date 9/10/13; #Inmate risperidone stop date 9/8/13.  STINER- the following medications were found past their stop date- #Inmate propranolol stop date 9/4/13; #Inmate	1

## September 2013 LEWIS COMPLEX

					<p>benztropine stop date 9/4/13; Inmate  benadryl stop date 8/7/13; Inmate lithium  stop date 8/25/13; Inmate nsperridone stop  date 9/2/13; Inmate hydroxyzine stop date  8/30/13; Inmate nsperidone stop date  8/20/13; Inmate lamotrigine stop date  8/8/13; Inmate benztropine stop date  9/11/13.</p> <p>BACHMAN- the following medications were  found past their stop dates- #Inmate  paerphenazine stop date 9/6/13; Inmate  benztropine stop date 9/9/13; Inmate  tegetrol stop date 8/20/13; Inmate  fluphenazine stop date 8/20/13; Inmate  lithium stop date 9/11/13; Inmate  mirtazipine stop date 9/11/13; Inmate  venlafaxine stop date 9/10/13; Inmate  paroxetine stop date 9/12/13.</p>
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### Corrective Action Plans for Performance Measure: Medication Room

**2 Are open medication vials being marked with the date they were opened?**

**Level 1 Amber User: Erin Barlund Date: 9/25/2013 7:10:17 AM**

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

Corrective Actions: Reinforce to nursing staff to make sure vials are dated when they are opened.

Responsible Parties = RN/LPN

Target Date = 11/30/13

**3 Is nursing staff checking for outdated (expiring) medications?**

**Level 1 Amber User: Erin Barlund Date: 9/25/2013 7:23:56 AM**

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

Corrective Actions: Reinforce to nursing staff to make sure clinic stock and DOT medications are not with expired dates. If they are expired, return to pharmacy per policy.