

September 2013 PHOENIX 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	<p>9/30/2013 3:55 PM Entered By: Helena Valenzuela 30% compliant. Compliance of this performance measure is central to ADOC maintaining timely transfer of inmates to their designated permanent housing facility.</p> <p>9/29/2013 4:20 PM Entered By: Helena Valenzuela C AREA INTAKE: 3/10 review medical records were compliant Inmate arrived 8/30/13 PE 9/5/13 Inmate arrived 8/30/13 PE 9/5/13 Inmate arrived 8/29/13-PE 9/5/13 Inmate arrived 8/30/13, PE 9/5/13 Inmate arrived 9/4/13- PE 9/9/13 Inmate arrival 9/19/13 physical 9/23/13 Inmate arrival 9/12/13 physical 9/18/13</p>	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			<p>9/30/2013 3:56 PM Entered By: Helena Valenzuela Compliant.</p> <p>9/29/2013 4:21 PM Entered By: Helena Valenzuela C AREA INTAKE: 10/10 medical records reviewed indicated compliance.</p>	2

Corrective Action Plans for PerformanceMeasure: Intake (Q)

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]

Level 2 Red User: Helena Valenzuela Date: 9/30/2013 3:55:21 PM

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

Corrective Actions: Reinforce that a physical examination is completed by a Medical Provider by day two of an inmate's arrival at the facility.

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		9/30/2013 3:20 PM Entered By: Helena Valenzuela C Area Appointment list for 9/25/13 did not have an inmate signature indicating verification of being evaluated in a clinical setting as indicated by NCCHC Standards. I was informed by nursing appointment lists or copies are sent daily to health services administration. John, King, Quiet, Ida, Baker and George Ward do not have daily sick call. Inmates are evaluated on a as needed basis (confirmed by Corizon staff) and it is a common practice to schedule inmates on the provider line without nursing evaluating the inmate first. Refer to #2 Performance Measure response for further information.	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		9/30/2013 3:26 PM Entered By: Helena Valenzuela 82% Compliant: Refer to below: MTU (Aspen) finding as the contributing factor to the Amber rating. 9/30/2013 11:17 AM Entered By: Helena Valenzuela QUIET WARD Inmates are usually referred to the provider line for medical issues or psych issues. Inmate HNR triaged 9/24/13 shoulder pain, not evaluated by nursing as of 9/30/13 Inmate HNR triaged 9/2/13 toe nail issue, not evaluated by nursing as of 9/30/13 Inmate HNR triaged 9/28 coughing, phlem, not evaluated by nursing as of 9/30/13 Inmate HNR triaged 9/23/13 for ear pain, not evaluated by nursing as of 9/30/13. 9/29/2013 5:27 PM Entered By: Helena Valenzuela Previous 4:51 entry was for C AREA. F AREA: 10 reviewed medical records indicated 10/10 compliance. BAKER WARD:10 reviewed medical records indicated 10/10 compliance. GEORGE WARD:10 reviewed medical records indicated 10/10 compliance. IDA WARD: 10 reviewed medical records indicated 10/10 compliance. JOHN WARD: 10 reviewed medical records indicated 5/10 compliance. Inmate HNR triaged 9/25/13 headache/eye issue-not evaluated by 9/27/13 Inmate HNR triaged 9/25/13 skin break out issue- not evaluated by 9/27/13 Inmate HNR triaged 9/24/13 pain medication- not evaluated by 9/27/13 Inmate HNR triaged 8/6/13 body pain issue-no SOAPE of appointment Inmate HNR triaged 9/25/13 pain-not evaluated within 24 hours MTU (ASPEN):1. Review of 10 medical records in inadequate for this performance measure as a result of the following: There were approximately 35 HNRs triage dated ranging from July, August and September in the appointment book; however, the	1

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				<p>majority HNRs did not have the Plan of Action completed indicating the possibility these inmates have not been seen. I attempted verification by checking their medical record; however, I was unable to locate the first 5 records. There were over 30 medical records in several piles in the conference room, provider room, and nursing room and out guides are not being consistently used. The two nurses on duty were diligently working on completing various nursing tasks and occupied with dispensing medications.</p> <p>9/29/2013 4:51 PM Entered By: Helena Valenzuela Review of 10 medical records indicated 5/10 are in compliance; Inmate HNR triaged 9/28/13 painful tooth-not seen within 24 hours Inmate (or Inmate illeg ble)-HNR triaged 9/6/13 constipation-response indicates inmate seen; however no NET or SOAPE to verify. Inmate HNR triaged 9/1/13 nurse wrote forward to provider (wounds), Inmate HNR had no triage date-on 8/30/13 nurse wrote "refer to HCP"-on 9/3/13; On 9/4/13 provider wrote ASAP cream on HNR Inmate-HNR triaged 9/1/13, evaluated 9/3/13</p>	
3	<p>Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]</p>		X	<p>9/30/2013 3:29 PM Entered By: Helena Valenzuela 71% compliant.</p> <p>9/30/2013 11:20 AM Entered By: Helena Valenzuela QUIET WARD:(6 inmates on Quiet) 6 medical records reviewed indicated 2/6 were compliant Inmate-no weight 9/7/13 Inmate-no vitals 9/14/13 Inmate-no vitals 9/27/13 Inmate no weight 9/17/13</p> <p>9/29/2013 5:41 PM Entered By: Helena Valenzuela C AREA: 10 reviewed medical records indicated 6/10 were compliant. Inmate 9/12/13 Inmate 9/12/13 Inmate-9/18/13 Inmate-9/14/13 F AREA: 10 reviewed medical records indicated 9/10 were compliant. Inmate no vitals on 9/3/13 BAKER WARD:10 reviewed medical records indicated 8/10 were compliant. Inmate 9/27/13, Inmate-9/27/13 GEORGE WARD: 10 reviewed medical records indicated 8/10 were compliant. Inmate no vitals 8/29/13 Inmate no vitals 9/19/13 IDA WARD:10 reviewed medical records indicated 8/10 were compliant. Inmate 9/12/13 Inmate 8/28/13 JOHN WARD: 10 reviewed medical records indicated 7/10 were compliant.</p>	1

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					<p>Inmate 9/24/13 Inmate 9/10/13 Inmate 9/3/13 KING WARD: 10 reviewed medical records indicated 5/10 were compliant. Inmate no weight on NET and no vitals on 9/5/13 Inmate no weight 8/24/13 Inmate no weight 9/9/13 Inmate or 091711 no vitals on 9/5/13 Inmate no weight 9/8/13 MTU (ASPEN): 10 reviewed medical records indicated 6/10 were compliant. Inmate-no weight on vitals 9/25/13 Inmate no vitals 9/10/13 and 9/17/13 Inmate no vitals 9/17/13 Inmate no vitals 8/28/13</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]			X	<p>9/30/2013 3:36 PM Entered By: Helena Valenzuela 48% compliant. The practice of some providers using precopied SOAPE notes for education and their signature has continued since August.</p> <p>9/30/2013 2:36 PM Entered By: Helena Valenzuela ERROR: Delete the previous performance measure entry for Quiet dated 9/30/13 11:26 AM.</p> <p>9/30/2013 11:26 AM Entered By: Helena Valenzuela QUIET WARD: currently-6 inmates total on Quiet)6 medical records reviewed,5/6 were compliant.</p> <p>Inmate HNR triaged 9/2/13 toe nail issue, provider appointment 9/30/13</p> <p>9/30/2013 11:22 AM Entered By: Helena Valenzuela QUIET WARD: (currently-6 inmates total on Quiet)6 medical records reviewed,3/6 were compliant. Inmate-no E 9/14/13 Inmate-no E 9/29/13 Inmate-no E on 9/17/13</p> <p>9/29/2013 5:57 PM Entered By: Helena Valenzuela C AREA: 10 reviewed medical records indicated 1/10 was compliant. No E: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate (Additionally, the following medical records were reviewed as a follow up to August MGAR as some providers were using their precopied SOAPE notes with an E and their signature. Providers continue to use their precopied SOAPE notes: Inmate (9/23/13) Inmate (9/28/13), Inmate (9/16/13), Inmate (9/9/13), Inmate (9/3/13), Inmate (9/2/13), Inmate (9/3/13), Inmate (9/3/13), Inmate (9/3/13), Inmate (9/3/13), Inmate Inmate Inmate F AREA: 10 reviewed medical records indicated 6/10 were compliant. Inmate no E (no date or time on SOAPE note) Inmate no E 9/10/13</p>	1

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				<p>Inmate no E 8/5/13 Inmate no E 9/3/13 BAKER WARD: 10 reviewed medical records indicated 5/10 were compliant. Inmate-9/9/13 Inmate 9/9/13 Inmate-9/11/13 Inmate-9/19/13 Inmate-9/27/13 GEORGE WARD:10 reviewed medical records indicated 9/10 were compliant. Inmate no E 9/17/13 IDA WARD: 10 reviewed medical records indicated 2/10 were compliant. No E in SOAPE: Inmate (9/9/13 and more); Inmate (9/9/13), Inmate (9/3/13) Inmate (9/10/13) Inmate (9/10/13) Inmate (9/9/13), Inmate (9/10/13) JOHN WARD:10 reviewed medical records indicated 5/10 were compliant. No E: Inmate-9/25/13 Inmate-9/23/13 Inmate 9/26/13 Inmate 9/21/13 Inmate 9/20/13 KING WARD:10 reviewed medical records indicated 8/10 were compliant. Inmate - 9/19/13 no E Inmate - 9/13/13 no E MTU (ASPEN):10 reviewed medical records indicated 3/10 were compliant. Inmate-Provider did not use SOAPE format on 9/3/13 No E: Inmate - 9/25/13 Inmate 9/17/13 Inmate - 9/17/13 Inmate - 9/24/13 Inmate - 9/17/13 Inmate 9/17/13</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>9/30/2013 3:38 PM Entered By: Helena Valenzuela 86% compliant.</p> <p>9/30/2013 11:30 AM Entered By: Helena Valenzuela QUIET WARD: (Currently, 6 inmates are in Quiet)6 medical records were reviewed indicating 5/6 were compliant. Inmate HNR triaged 9/2/13 toe nail issue, provider appointment 9/30/13</p> <p>9/29/2013 6:21 PM Entered By: Helena Valenzuela</p> <p>C AREA:10 reviewed medical records indicated 10/10 were compliant. F AREA: 10 reviewed medical records indicated 10/10 were compliant. BAKER WARD: 10 reviewed medical records indicated 10/10 were compliant. GEORGE WARD:10 reviewed medical records indicated 10/10 were compliant. IDA WARD; 10 reviewed medical records indicated 6/10 were compliant. The following inmates were scheduled;</p>	1

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				<p>however, not evaluated by provider on scheduled date: Inmate (9/9/13), Inmate (9/9/13), Inmate (9/9/13), Inmate (9/9/13) JOHN WARD: 10 reviewed medical records indicated 10/10 were compliant. MTU (ASPEN): 10 reviewed medical records indicated 4/10 were compliant. Inmate-HNR triaged 7/28/13 leg pain referred to medical provider. Plan of Action reads "seen 9/4/13" No SOAPE notes to verify. Inmate HNR triaged 8/23 – evaluated by provider 9/13/13 Inmate HNR triaged 7/25/13 regarding physical-provider responded in Plan of Action on 9/4/13 Inmate HNR triaged 7/29/13 regarding physical and feeling weak-provider response in Plan of Action 9/4/13 Inmate HNR triaged 8/14/13 regarding back and toes "tingling"-I could not find his name on the provider or nursing appointment line in appointment book and his medical record was not to be found. Plan of Action was not completed. Medical record out guides are not consistently utilized. 081249 HNR triaged 8/16/13 regarding pain in knee; appointment list indicate was seen 9/10/13-medical record not filed and no out guide used for location</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		<p>9/30/2013 3:39 PM Entered By: Helena Valenzuela 88% compliant.</p> <p>9/30/2013 11:38 AM Entered By: Helena Valenzuela QUIET WARD:(6 inmates are on Quiet)6 medical records reviewed indicated 2/6 were compliant. NETs are in place;however, nursing usually refers HNR requests to provider without nursing preliminaries. Inmate HNR triaged 9/24/13 shoulder pain, not evaluated by nursing as of 9/30/13 Inmate HNR triaged 9/2/13 toe nail issue, not evaluated by nursing as of 9/30/13 Inmate HNR triaged 9/28 coughing, phlem, not evaluated by nursing as of 9/30/13 Inmate HNR triaged 9/23/13 for ear pain, not evaluated by nursing as of 9/30/13.</p> <p>9/29/2013 6:30 PM Entered By: Helena Valenzuela C AREA: 10 reviewed medical records indicated 6/10 were compliant. NETs are being used; however:Incomplete NET: Inmate Inmate Inmate Inmate F AREA: 10 reviewed medical records indicated 10/10 were compliant. BAKER WARD:10 reviewed medical records indicated 10/10 were compliant. GEORGE WARD:10 reviewed medical records indicated 10/10 were compliant. IDA WARD: 10 reviewed medical records indicated 9/10 were compliant. Inmate-NET incomplete KING WARD: 10 reviewed medical records</p>	1

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					<p>indicated 10/10 were compliant. JOHN WARD 10 reviewed medical records indicated 10/10 were compliant. MTU (ASPEN): 10 reviewed medical records indicated 8/10 were compliant. inmate-no NET indicating inmate was evaluated for pain issue inmate-inmate issues of depression and hearing voices-no NET/notes</p>	

Corrective Action Plans for Performance Measure: Sick Call (Q)

1 Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]
Level 1 Amber User: Helena Valenzuela Date: 9/30/2013 3:20:31 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

2 Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]
Level 1 Amber User: Helena Valenzuela Date: 9/30/2013 3:26:39 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.

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Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]

Level 1 Amber User: Helena Valenzuela Date: 9/30/2013 3:29:19 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

a.Agenda/sign off sheet to verify

2.Monitoring (Sick Call Monitoring Tool)

a.Audit tools developed

b.Weekly site results discussed with RVP

c.Audit results discussed a monthly CQI meeting

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

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

Level 1 Red User: Helena Valenzuela Date: 9/30/2013 3:36:04 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

a.Agenda/sign off sheet to verify

2.Monitoring (Sick Call Monitoring Tool)

a.Audit tools developed

b.Weekly site results discussed with RVP

c.Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

10/11/13 Update –NETs to be used for all Nursing sick call.

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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 7:48 AM Entered By: Vanessa Headstream Overall findings - 3 urgent consults reviewed, 1 compliant with policy; indication: 33% compliance factor.</p> <p>9/24/2013 9:40 AM Entered By: Vanessa Headstream Aspen - no urgent consults noted</p> <p>Flamenco - 1 urgent consult noted, 0 compliant with timeframes #Inmate - submitted 07/26/13, completed 08/31/13</p> <p>C area - 2 urgent consults noted, 1 compliant with timeframes #Inmate - submitted 07/10/13, scheduled 10/15/13</p> <p>9/12/2013 8:49 AM Entered By: Vanessa Headstream Baker - no urgent consults noted</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>9/27/2013 7:54 AM Entered By: Vanessa Headstream Overall findings - 11 consult reports reviewed, 11 noncompliant with policy; indication: 0% compliance factor</p> <p>9/27/2013 7:52 AM Entered By: Vanessa Headstream George - 2 reports reviewed, 2 noncompliant #Inmate - hospital reports received 08/29/13, not signed off #Inmate - lab reports received 08/12/13, signed off 09/18/13</p> <p>9/24/2013 12:59 PM Entered By: Vanessa Headstream Aspen - no consult reports noted</p> <p>9/18/2013 8:49 AM Entered By: Vanessa Headstream John - 2 lab reports noted noncompliant - #Inmate - reports dated 08/13/13 not signed by provider #Inmate - labs ordered 06/12/13, signed by provider 09/02/13</p> <p>Ida - 2 lab reports noted noncompliant #Inmate - reports dated 06/14/13, signed by provider 08/05/13 #Inmate - reports dated 06/26/13 not signed by provider</p> <p>9/12/2013 1:44 PM Entered By: Vanessa Headstream Previous entry is Ida unit, not John as indicated in entry</p> <p>9/12/2013 1:43 PM Entered By: Vanessa Headstream John - 5 lab reports noted noncompliant - #Inmate - reports dated 05/31/13 not signed by provider</p>	2

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		X			<p>#Inmate - reports dated 07/26/13 not signed by provider #Inmate - reports dated 08/22/13 not signed by provider #Inmate - reports dated 07/27/13 not signed by provider #Inmate - reports dated 08/15/13 not signed by provider</p> <p>9/12/2013 8:59 AM Entered By: Vanessa Headstream Baker - no consult reports noted</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			9/24/2013 12:56 PM Entered By: Vanessa Headstream	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			9/24/2013 12:56 PM Entered By: Vanessa Headstream	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			<p>9/24/2013 12:56 PM Entered By: Vanessa Headstream</p> <p>9/24/2013 12:56 PM Entered By: Vanessa Headstream</p>	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 Red User: Vanessa Headstream Date: 9/27/2013 7:48:58 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date -11/30/13

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

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 9/27/2013 7:54:08 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 9/27/2013 7:54:08 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

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

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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>9/27/2013 1:21 PM Entered By: Vanessa Headstream</p> <p>9/27/2013 7:56 AM Entered By: Vanessa Headstream George - 1 chart available, 1 compliant John - 4 charts available, 4 compliant</p> <p>9/24/2013 1:00 PM Entered By: Vanessa Headstream Aspen - 10 charts reviewed 10 compliant</p> <p>9/17/2013 8:34 AM Entered By: Vanessa Headstream Ida - 10 charts reviewed, 10 compliant</p> <p>9/17/2013 8:15 AM Entered By: Vanessa Headstream F area - 10 charts reviewed, 10 compliant</p> <p>9/12/2013 1:45 PM Entered By: Vanessa Headstream John - 5 charts reviewed, 5 compliant</p> <p>9/12/2013 9:00 AM Entered By: Vanessa Headstream Baker - 3 charts available & reviewed, 3 compliant</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>9/27/2013 8:02 AM Entered By: Vanessa Headstream Overall findings - 43 CC charts reviewed, 28 compliant with policy; indication: 65% compliance factor.</p> <p>9/27/2013 7:59 AM Entered By: Vanessa Headstream George - 1 CC chart available, 1 noncompliant #Inmate - (NIDDM/HTN/HCV+/SZ) - cc appt. 04/2013, July f/u ordered, no f/u appt. documented</p> <p>9/24/2013 2:13 PM Entered By: Vanessa Headstream John - 4 CC charts reviewed, 1 compliant #Inmate - (Asthma) - cc appt. 05/14/13, 90 day f/u ordered, no f/u appt. documented #Inmate - (Asthma) - cc appt. 09/01/12, 60 day f/u ordered, no f/u appt. documented #Inmate - (HCV+) - cc appt. 12/11/12, 90 day f/u ordered, no f/u appt. documented</p> <p>9/24/2013 1:05 PM Entered By: Vanessa Headstream Aspen - 10 charts reviewed, 8 compliant #Inmate - (HTN) - cc appt. 05/28/13, f/u 09/2013 ordered, no documentation of f/u appt. #Inmate - (HTN/SZ) - cc appt. 04/02/12, no f/u documented</p> <p>9/17/2013 8:41 AM Entered By: Vanessa Headstream Ida - 7 CC charts reviewed, 3 compliant</p>	2

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					<p>#Inmate - (HCV+/SZ) - cc appt. 05/23/13, 90 day f/u ordered, no f/u appt. documented</p> <p>#Inmate - (HCV+) - no cc appt. documented in chart</p> <p>#Inmate - (SZ) - cc appt. 05/23/13, 90 day f/u ordered, no f/u appt. documented</p> <p>#Inmate - (SZ) - cc appt. 04/02/13, 90 day f/u ordered, no f/u appt. documented</p> <p>9/17/2013 8:17 AM Entered By: Vanessa Headstream F area - 10 CC charts reviewed, 9 compliant</p> <p>#Inmate - (HCV+) - no cc appt. documented in record</p> <p>9/12/2013 2:11 PM Entered By: Vanessa Headstream Ida - 3 CC charts reviewed, 1 noncompliant</p> <p>#Inmate - cc appt. refused 03/28/13 f/u 1 mo, cc appt. refused 05/13/13 no f/u appt. ordered,</p> <p>9/12/2013 1:51 PM Entered By: Vanessa Headstream John - 5 CC charts reviewed, 2 compliant;</p> <p>#Inmate - (HTN/NIDDM/HCV+) - cc appt. 06/28/12, 180 day f/u ordered, no f/u appt. documented</p> <p>#Inmate - (Asthma) - cc appt. 05/09/13, 90 day f/u ordered, no f/u appt. documented</p> <p>#Inmate - (Asthma, HCV+) - no cc appt. documentation noted in file; recent labs drawn 08/14/13</p> <p>9/12/2013 9:03 AM Entered By: Vanessa Headstream Baker - 3 CC charts available, 3 compliant; past reviews indicated noncompliance with this measure.</p>	
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]	X			<p>9/27/2013 8:04 AM Entered By: Vanessa Headstream Overall findings - 43 CC charts reviewed, 34 compliant with policy; indication: 79% compliance factor.</p> <p>9/27/2013 8:02 AM Entered By: Vanessa Headstream George - 1 CC chart reviewed, 1 compliant</p> <p>9/24/2013 2:15 PM Entered By: Vanessa Headstream John - 4 CC charts reviewed, 1 compliant</p> <p>#Inmate - no education documented, no f/u cc appt. notes found</p> <p>#Inmate - no education documented, no f/u cc appt. notes found</p> <p>#Inmate - no education documented, no f/u cc appt. notes found</p> <p>9/24/2013 1:07 PM Entered By: Vanessa Headstream Aspen - 10 CC charts reviewed, 9 compliant</p> <p>#Inmate - no cc appt. notes since 04/09/12</p> <p>9/17/2013 8:46 AM Entered By: Vanessa Headstream Ida - 7 CC charts reviewed, 6 compliant</p> <p>#Inmate - no education documented, no cc appt. notes found</p> <p>9/17/2013 8:18 AM Entered By: Vanessa</p>	1

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				<p>Headstream F area - 10 CC charts reviewed, 9 compliant #Inmate - no education documented, no cc appt. notes found</p> <p>9/12/2013 2:07 PM Entered By: Vanessa Headstream Ida - 3 CC charts reviewed, 2 compliant #Inmate - no education documented</p> <p>9/12/2013 1:52 PM Entered By: Vanessa Headstream John - 5 CC charts reviewed, 4 compliant #Inmate - no CC appt. documented, no education provided</p> <p>9/12/2013 9:03 AM Entered By: Vanessa Headstream Baker - 3 CC charts available, 2 compliant - #Inmate - no education documented</p>	
4	<p>Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]</p>		X	<p>9/27/2013 8:10 AM Entered By: Vanessa Headstream Overall findings - guidelines for some CC conditions available, not consistently followed per chart reviews; 43 CC charts reviewed, 21 compliant with policy; indication: 49% compliance factor.</p> <p>9/27/2013 8:08 AM Entered By: Vanessa Headstream George - 1 CC chart reviewed, 0 compliant #Inmate - (NIDDM/HTN/HCV+/SZ) - no current labs in chart, labs ordered 04/2013 for July cc f/u appt., no f/u appt. documented</p> <p>9/24/2013 2:16 PM Entered By: Vanessa Headstream John - 4 CC charts reviewed, 1 compliant #Inmate - (Asthma) - no lab results, no peak flow measurements #Inmate - (Asthma) - no CC appt. completed #Inmate - (HCV+) - no labs completed</p> <p>9/24/2013 1:15 PM Entered By: Vanessa Headstream Aspen - 10 CC charts reviewed, 5 compliant #Inmate - (Asthma/NIDDM/HTN) - no peak flow measurements #Inmate - (HCV+/Asthma) - no current labs @ cc visit, no peak flow measurements #Inmate - (Asthma/HIV/NIDDM) - no peak flow measurements #Inmate - (Asthma) - no peak flow measurements, no SPO2 level #Inmate - (HTN/SZ) - no cc appt. documented</p> <p>9/17/2013 8:47 AM Entered By: Vanessa Headstream Ida - 7 CC charts reviewed, 7 compliant</p> <p>9/17/2013 8:22 AM Entered By: Vanessa Headstream F area - 10 CC charts reviewed, 7 compliant #Inmate - (DM/Asthma) - no peak flow measurements, no SPO2 level #Inmate - (Asthma/HCV+) - no peak flow</p>	2

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				<p>measurements, no SPO2 level, no recent labs; labs in chart completed 02/2013, cc notes 07/15/13 #Inmate - no current labs</p> <p>9/12/2013 2:06 PM Entered By: Vanessa Headstream Ida - 3 CC charts reviewed, 3 non compliant #Inmate - (HTN) - no current labs in chart, most recent 05/2013 #Inmate - (NIDDM/HTN) - refused appt. 05/2013, no f/u documented #Inmate - (HCV+) - no recent lab results in file</p> <p>9/12/2013 1:57 PM Entered By: Vanessa Headstream John - 5 CC charts reviewed, 1 compliant #Inmate - (HTN/NIDDM/HCV+) no current labs in file #Inmate - (Asthma) no peak flow measurements, provider CC note no noted by nursing #Inmate - (Asthma) no peak flow measurements #Inmate - (Asthma/HCV+) no CC appt. documented, labs drawn 08/14/13</p> <p>9/12/2013 9:06 AM Entered By: Vanessa Headstream Baker - 3 CC charts available, 3 noncompliant - #Inmate - HCV +/-Asthma - no current labs, no peak flows documented #Inmate - HTN - no current labs #Inmate - SZ - no current labs, labs drawn the day after CC appt.</p>	
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X		<p>9/12/2013 9:06 AM Entered By: Vanessa Headstream Due October 2013</p>	2

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

2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]
Level 2 Amber User: Vanessa Headstream Date: 9/27/2013 8:02:18 AM

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

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

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

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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.

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]

Level 2 Amber User: Vanessa Headstream Date: 9/27/2013 8:10:20 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)

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

2. 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.

10/11/13 Update – Make sure guidelines available at sites; need to prep chart for clinic visit so everything the provider needs is available.

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Medical Records (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]		X		<p>9/30/2013 3:41 PM Entered By: Helena Valenzuela 72% compliant.</p> <p>9/30/2013 11:39 AM Entered By: Helena Valenzuela QUIET WARD: 6 reviewed medical records indicate 6/6 were compliant.</p> <p>9/29/2013 6:41 PM Entered By: Helena Valenzuela C AREA: 10 medical records reviewed indicated 10/10 were compliant. F AREA: 10 medical records reviewed indicated 10/10 were compliant. BAKER WARD: 10 medical records reviewed indicated 9/10 were compliant. Inmate-needs thinning GEORGE WARD: 10 medical records reviewed indicated 10/10 were compliant. IDA WARD: 10 medical records reviewed indicated 2/10 were compliant. Inmate SOAPE notes under two different tabs; Inmate SOAPE notes not in order; Inmate-loose filing in medical record; Inmate (consult and diet order misfiled); Inmate-needs thinning/no HNR Tab, Inmate-HNRs out of order, Inmate-no HNR Tab, Inmate-needs thinning/loose filing</p> <p>JOHN WARD: 10 medical records reviewed indicated 4/10 were compliant. Inmate-needs thinning, loose documents Inmate-needs thinning, loose documents Inmate-disorganized, needs thinning, HNRs misfiled Inmate MAR documents Inmate problem list, needs thinning Inmate-can not locate MAR</p> <p>KING WARD: 10 medical records reviewed indicated 10/10 were compliant. Inmate-misfiled documents MTU (ASPEN): 10 medical records reviewed indicated 0/10 were compliant. There were over 30 medical records in several piles in the conference room, provider room, and nursing room and out guides were not being consistently used. Inmate Inmate refusal form-no date and no witness signature</p>	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			<p>9/30/2013 3:43 PM Entered By: Helena Valenzuela 85.7% compliant.</p> <p>9/30/2013 3:42 PM Entered By: Helena Valenzuela 85.7% compliant.</p> <p>9/30/2013 11:48 AM Entered By: Helena Valenzuela QUIET WARD: (6 Inmates housed in Quiet Ward)6 medical records reviewed indicated</p>	1

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				<p>5/6 were compliant. Inmate no sign off on psychiatrist SOAPE notes 9/27/13</p> <p>9/29/2013 6:50 PM Entered By: Helena Valenzuela C AREA: 10 medical records reviewed indicated 8/10 were compliant. Inmate-provider did not sign SOAPE note Inmate-9/13/13</p> <p>F AREA:10 medical records reviewed indicated 10/10 were compliant. BAKER WARD;10 medical records reviewed indicated 9/10 were compliant. Inmate-provider notes not noted 8/30/13 GEORGE WARD:10 medical records reviewed indicated 10/10 were compliant. IDA WARD: 10 medical records reviewed indicated 9/10 were compliant. Inmate-nurse did not sign off on provider orders on 9/12/13 JOHN WARD: 10 medical records reviewed indicated 10/10 were compliant. KING WARD:10 medical records reviewed indicated 7/10 were compliant. Inmate not noted by nursing on 9/19/13 Inmate not noted by nursing on 8/13/13 Inmate not noted by nursing on 8/19/13</p> <p>MTU (ASPEN:10 medical records reviewed indicated 4/10 were compliant. Inmate-no notation 9/17/13 Inmate-no notation 9/17/13 Inmate no notation 9/17/13 Inmate no notation 9/17/13 Inmate no notation on chronic care 9/17/13 Inmate no notation 8/26/13</p>	
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		<p>9/30/2013 3:44 PM Entered By: Helena Valenzuela 85.7% compliant.</p> <p>9/30/2013 11:49 AM Entered By: Helena Valenzuela QUIET WARD:(6 inmates house in Quiet)6 medical records reviewed indicated 6/6 are compliant.</p> <p>9/29/2013 6:59 PM Entered By: Helena Valenzuela C AREA: 10 medical records reviewed indicated 10/10 were compliant. F AREA:10 medical records reviewed indicated 10/10 were compliant. BAKER WARD: 10 medical records reviewed indicated 9/10 were compliant. GEORGE WARD:10 medical records reviewed indicated 8/10 were compliant. Inmate no start date (August) Inmate no start date(August)</p> <p>IDA WARD: 10 medical records reviewed indicated 4/10 were compliant. No start date (August):Inmate Inmate Inmate Inmate Inmate Inmate JOHN WARD: 10 medical records reviewed indicated 6/10 were compliant. No start date(August):Inmate Inmate Inmate Inmate KING WARD:10 medical records reviewed</p>	1

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				<p>indicated 8/10 were compliant. Inmate no start date (August) Inmate no start date (August)</p> <p>MTU (ASPEN): 10 medical records reviewed indicated 5/10 were compliant. No med start date(August) : Inmate Inmate Inmate Inmate Inmate</p>	
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	<p>9/30/2013 3:45 PM Entered By: Helena Valenzuela 61% compliant.</p> <p>9/30/2013 11:51 AM Entered By: Helena Valenzuela QUIET WARD:(6 inmates house in Quiet)6 medical records reviewed indicated 1/6 is compliant. No signature stamp: Inmate 9/7/13 Inmate 9/14/13 Inmate 9/29/13 Inmate 9/17/13 Inmate 9/25/13</p> <p>9/29/2013 7:07 PM Entered By: Helena Valenzuela C AREA: 10 medical records reviewed indicated 1/10 was compliant. No Stamp: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>F AREA: 10 medical records reviewed indicated 8/10 were compliant. Inmate no stamp 9/3/13 Inmate no stamp on NET 8/20/13</p> <p>BAKER WARD: 10 medical records reviewed indicated 9/10 were compliant. Inmate-no stamp 9/19/13 GEORGE WARD: 10 medical records reviewed indicated 10/10 were compliant.</p> <p>IDA WARD: 10 medical records reviewed indicated 5/10 were compliant. Inmate-no stamp, Inmate no signature stamp 8/5/13, Inmate (9/3/13 illegible), Inmate (lab provider stamped; however, no date or signature), Inmate (9/10/13 illegible),</p> <p>JOHN WARD: 10 medical records reviewed indicated 8/10 were compliant. Inmate-8/28/13 no stamp Inmate 9/3/13 illeg ble SOAPE note</p> <p>KING WARD: 10 medical records reviewed indicated 5/10 were compliant. Non use of signature stamp: Inmate 9/12/13 Inmate 9/5/13 Inmate 9/3/13 Inmate 8/28/13 Inmate-9/10/13</p>	1

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				<p>MTU (ASPEN:10 medical records reviewed indicated 6/10 were compliant. Inmate –no provider stamp 9/17/13 Inmate –no stamp 9/25/13 Inmate –no stamp 9/17/13 Inmate –no stamp 9/17/13</p>		
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X			9/30/2013 3:46 PM Entered By: Helena Valenzuela Compliant.	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			9/30/2013 3:46 PM Entered By: Helena Valenzuela Compliant.	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			9/29/2013 7:12 PM Entered By: Helena Valenzuela Compliant.	1
8	Are medical records for released inmates pulled from the active file area?	X			9/29/2013 7:10 PM Entered By: Helena Valenzuela Compliant: Medical Records office maintains.	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X			9/29/2013 7:09 PM Entered By: Helena Valenzuela Compliant.	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			9/30/2013 3:49 PM Entered By: Helena Valenzuela According to Corizon medical records supervisor, the main log is maintained at Corizon headquarters and the medical records supervisor on site "saves the emails" regarding requests. This process is being discussed.	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: Helena Valenzuela Date: 9/30/2013 3:41:27 PM

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

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

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: Helena Valenzuela Date: 9/30/2013 3:45:50 PM

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

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Corrective Actions: Reinforce with nursing staff the importance of using name stamps. Continue to monitor

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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 8:08 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		9/30/2013 8:09 AM Entered By: Martin Winland Phoenix continues to be receptive to my inquiries. Issues/Concerns brought to site leadership are researched and resolved promptly. Phoenix continues to strive to adhere to policy and procedure. Staff continues to be receptive to my inquiries. (9-25-2013) Formulary 49, Non Formulary 14.	2
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 8:09 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 3:26 PM Entered By: Martin Winland See question #11 on Medication Administration (MGAR)	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 8:10 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 Amber User: Martin Winland Date: 9/30/2013 8:09:45 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

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- 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.

**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]
Level 2 Amber User: Martin Winland Date: 9/30/2013 3:26:19 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

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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 2:06 PM Entered By: Nicole Taylor Out of 57 charts pulled, 53 charts were in compliance = 93% Baker: (10 out of 10 charts pulled were in compliance) No findings. Ida: (9 out of 10 charts pulled were in compliance) <u>Inmate</u> (SMI): HNR dated 9/13/13 not triaged until 9/16/13 = + 3 days. George: (7 out of 7 charts pulled were in compliance) No findings. King: (10 out of 10 charts pulled were in compliance) No findings. John: (9 out of 10 charts pulled were in compliance) <u>Inmate</u> (SMI): HNR dated 8/31/13 not triaged until 9/2/13 = +2 days. MTU: (8 out of 10 charts pulled were in compliance) <u>Inmate</u> (SMI): HNR dated 9/13/13 not triaged until 8/12/13 = +2 days. <u>Inmate</u> (SMI): HNR dated 8/10/13 not triaged until 8/12/13 = +2 days.	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 2:06 PM Entered By: Nicole Taylor Out of 57 charts pulled, 54 were in compliance = 94% Baker: (10 out of 10 charts pulled were in compliance) No findings. Ida: (10 out of 10 charts pulled were in compliance) No findings. George: (7 out of 7 charts pulled were in compliance) No findings. King: (10 out of 10 charts pulled were in compliance) No findings. John: (9 out of 10 charts pulled were in compliance) <u>Inmate</u> (SMI): Inmate was referred 9/2/13 and not seen until 9/10/13. MTU: (8 out of 10 charts pulled were in compliance) <u>Inmate</u> (SMI): Inmate referred by psych nurse in SOAP note on 7/22/13 and not seen until 9/11/13. <u>Inmate</u> (SMI): Inmate was referred on 8/12/13 and not seen until 9/5/13.	2
3	Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]	X			9/30/2013 2:09 PM Entered By: Nicole Taylor It is important to note that this performance measure has significantly improved from last month's Amber finding. The CAP is working well. Out of 57 charts pulled, 57 were in compliance = 100%	1

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				<p>Baker: (10 out of 10 charts pulled were in compliance) No findings. Ida: (10 out of 10 charts pulled were in compliance) No findings. George: (7 out of 7 charts pulled were in compliance) No findings. King: (10 out of 10 charts pulled were in compliance) No findings. John: (10 out of 10 charts pulled were in compliance) No findings. MTU: (10 out of 10 charts pulled were in compliance) No findings.</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]	X		<p>9/30/2013 2:10 PM Entered By: Nicole Taylor Out of 57 charts pulled, 56 were in compliance = 98% Baker: (10 out of 10 charts pulled were in compliance) No findings. Ida: (10 out of 10 charts pulled were in compliance) No findings. George: (7 out of 10 charts pulled were in compliance) No findings. King: (10 out of 10 charts pulled were in compliance) No findings. John: (10 out of 10 charts pulled were in compliance) No findings. MTU: (9 out of 10 charts pulled were in compliance) Inmate (SMI): The last acceptable SOAP note found in chart was from a psychology contact dated 8/15/13. There was a SOAP note found dated 9/6/13 that was only partially filled out.</p>	2
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]		X	<p>9/30/2013 2:15 PM Entered By: Nicole Taylor Out of 57 charts pulled, 51 charts were in compliance = 89%. This performance measure is receiving a Amber finding as 4 out of 6 inmates who had not been seen were SMI inmates. Inmates at this Complex are there to receive more comprehensive MH services, and should not miss their required Psychiatry appointments. Baker: (10 out of 10 charts pulled were in compliance) No findings. Ida: (10 out of 10 charts pulled were in compliance) No findings. George: (7 out of 7 charts pulled were in compliance) - there were only 7 inmates currently in this program. No findings. King: (10 out of 10 charts pulled were in compliance)</p>	2

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				<p>No findings. John: (8 out of 10 charts pulled were in compliance) Inmate(SMI): Past due for psychiatry visit- Inmate's RTC date was 9/15/13. Inmate(SMI): Past due for psychiatry visit- Inmate's RTC date was 8/6/13. MTU: (6 out of 10 charts pulled were in compliance) Inmate(SMI): Past due for psychiatry visit- Inmate's RTC date was 8/7/13. Inmate(SMI): Past due for psychiatry visit- Inmate's RTC date was 9/21/13. Inmate Past due for psychiatry visit- Inmate's RTC date was 9/21/13. Inmate Past due for psychiatry visit- Inmate's RTC date was 9/10/13.</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 2:28 PM Entered By: Nicole Taylor Out of 57 charts pulled, 56 charts were in compliance = 98%. This performance measure is receiving an Amber finding. Although 57 charts were pulled, only two charts were reviewed for the purpose of auditing release planning servies (only 2 charts reviewed due to the small number of inmates at Phoenix and very few are close to release). Of those two charts, one SMI inmate was did not recieving adequate release planning. NCCHC guildlines require that SMI inmates be connected to the community prior to release. They cannot simply be handed a packet of information. Baker: No findings. Ida: Inmate(SMI): Inadequate release planning done for SMI inmate. George: No findings. King: Inmate appropriate release planning found. John: No findings. MTU: No findings.</p>	2

Corrective Action Plans for PerformanceMeasure: Mental Health (Q)

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 Amber User: Nicole Taylor Date: 9/30/2013 2:15:24 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.

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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 2:28:09 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 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			9/29/2013 3:31 PM Entered By: Helena Valenzuela According to nursing, no shows do not occur.	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]	X			9/29/2013 3:31 PM Entered By: Helena Valenzuela	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]	X			9/29/2013 3:32 PM Entered By: Helena Valenzuela	1
4	Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]	X			9/29/2013 3:32 PM Entered By: Helena Valenzuela	1

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Infection Control						
	Performance Measure (Description)	Grn	Amb	Red	Notification	Level
1	Does the facility have a written exposure control plan? [NCCHC Standard P-B-01]	X			9/30/2013 8:23 AM Entered By: Vanessa Headstream Written exposure plan requested throughout the month, not provided for review; nursing supervisor reports plan is in effect.	1
2	Is the health unit in compliance with NCCHC Standard P-B-01 compliance indicators?	X			9/30/2013 8:24 AM Entered By: Vanessa Headstream All units in compliance with this Standard.	1
3	Are standard precautions used by health care practitioners? [NCCHC Standard P-B-01]	X			9/30/2013 8:24 AM Entered By: Vanessa Headstream 9/24/2013 1:16 PM Entered By: Vanessa Headstream Aspen - compliant Flamenco - compliant C area - compliant 9/12/2013 9:08 AM Entered By: Vanessa Headstream Baker - compliant	1
4	Are precautionary instructions given to security when necessary (to include transportation staff)? [NCCHC Standard P-B-01]	X			9/24/2013 1:16 PM Entered By: Vanessa Headstream Aspen - compliant Flamenco - compliant C area - compliant 9/12/2013 9:09 AM Entered By: Vanessa Headstream Baker - compliant	1
5	Are Sanitation workers trained in appropriate methods for handling and disposing of biohazard spills and materials? [NCCHC Standard P-B-01]	X			9/24/2013 1:17 PM Entered By: Vanessa Headstream Aspen - compliant Flamenco - compliant C area - compliant 9/12/2013 9:09 AM Entered By: Vanessa Headstream Baker - compliant	1
6	Are active TB patients transported to hospitals with negative pressure rooms? [NCCHC Standard P-B-01]	X			9/24/2013 1:17 PM Entered By: Vanessa Headstream Aspen - compliant Flamenco - compliant	2

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		X			<p>9/12/2013 9:24 AM Entered By: Vanessa Headstream C-area - compliant - #Inmate</p> <p>9/12/2013 9:09 AM Entered By: Vanessa Headstream Baker - compliant</p>	1
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			9/30/2013 8:25 AM Entered By: Vanessa Headstream Nursing supervisor states compliance with this Measure	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			9/30/2013 8:35 AM Entered By: Vanessa Headstream	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			9/30/2013 8:36 AM Entered By: Vanessa Headstream	1
10	Does the facility complete and file all reports as required by local, state, and federal laws and regulations and reports to local health departments? [NCCHC Standard P-B-01]	X			9/30/2013 8:36 AM Entered By: Vanessa Headstream No reports available for review, nursing supervisor states facility is compliant with Measure.	1
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			9/30/2013 8:45 AM Entered By: Vanessa Headstream TB plan is in place & compliant with CDC guidelines; on or around 08/30/2013 PPD tests were being refused by inmates, after receiving notice of Intake policy requirements the practice of allowing refusals was discontinued.	1
12	Has the facility developed a needle-stick prevention program? [NCCHC Standard P-B-01]	X			9/30/2013 8:46 AM Entered By: Vanessa Headstream Nursing reports only retractable needles are utilized at the facility.	1
13	Is there a designated Infection Control liaison ? [NCCHC Standard P-B-01]	X			9/30/2013 8:46 AM Entered By: Vanessa Headstream Nursing supervisor reports FHA is IC liason	1
14	Are red bags being handled and stored appropriately? [NCCHC Standard P-B-01]	X			9/24/2013 1:18 PM Entered By: Vanessa Headstream Aspen - compliant Flamenco - compliant C area - compliant	1

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				9/12/2013 9:10 AM Entered By: Vanessa Headstream Baker - compliant	
15	Are dirty sharps maintained in a double locked area? [NCCHC Standard P-B-01]	X		9/24/2013 1:18 PM Entered By: Vanessa Headstream Aspen - compliant Flamenco - compliant C area - compliant 9/12/2013 9:10 AM Entered By: Vanessa Headstream Baker - compliant	1

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			9/24/2013 1:32 PM Entered By: Vanessa Headstream	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			9/30/2013 1:21 PM Entered By: Vanessa Headstream Documentation or training/testing reviewed.	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			9/27/2013 1:31 PM Entered By: Vanessa Headstream 9/24/2013 1:34 PM Entered By: Vanessa Headstream C area - delivery roster is signed by inmates Aspen - nurse initials MAR when med delivered 9/17/2013 8:25 AM Entered By: Vanessa Headstream Ida - no KOP medications George - no KOP medications John/King/Quiet - no KOP medications 9/12/2013 9:11 AM Entered By: Vanessa Headstream Baker - no KOP medications	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		9/27/2013 8:19 AM Entered By: Vanessa Headstream Overall findings - MARs are not consistently completed in accordance with standard nursing practices. MARs are present on all units with missing dose administration, missing start/stop dates, missing diagnosis, nurse signatures do not match initials on MARs, prescription information crossed out and written over without initiating a new MAR entry. #Inmate #Inmate #Inmate #Inmate #Inmate 9/27/2013 8:12 AM Entered By: Vanessa Headstream George - unable to review MARs 09/26/13, no medication nurse available for access to med room 9/24/2013 1:42 PM Entered By: Vanessa Headstream Aspen - 09/20/13 1700 pm meds not documented as administered "S to Z" MAR book; missing documentation on multiple MARs - #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate no start and/or stop dates shown on MAR, no diagnosis shown on MAR, nurse initials do not have corresponding signature; #Inmate - Provider name, start & stop date crossed out and altered with new	1

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				<p>information</p> <p>9/12/2013 9:23 AM Entered By: Vanessa Headstream Baker - refusals documented, no refusal forms available to review #Inmate - Amlodipine, MAR indicates I/M refused 09/01/13 thru 09/09/13; refusals found for dates of 09/01/13 thru 09/05/13</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>9/30/2013 1:55 PM Entered By: Vanessa Headstream No medication error reports available for September, although errors noted during review of MARS - Aspen - #Inmate - 09/06/13 am dose not documented #Inmate - 09/14/13 & 09/15/13 pm doses not documented; "A" documented, no explanation of why med not given #Inmate - 09/01/13 pm dose not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/19/13 & 09/20/13 pm doses not documented (Lipitor); 09/20/13 pm dose not documented (Celexa, Lithium, Remeron, Trilafon) #Inmate - 09/16/13 am dose not documented, no BP recorded; 09/15/13 Requip not documented (KOP 09/19/13)</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>9/27/2013 8:27 AM Entered By: Vanessa Headstream Overall findings - 500 prescriptions reviewed, 284 compliant with timely reorders, however 70 prescriptions were not refilled prior to the inmate being out of medications per Pharmacorr database; indication: 57% compliance with timely prescription ordering.</p> <p>9/27/2013 8:21 AM Entered By: Vanessa Headstream A total of 158 Prescriptions were reviewed, 63 expired prior to reorder date; 95 were reordered on or prior to the expiration date, however the "last fill date" indicates 19 inmates ran out of medication prior to receiving the reordered prescription.</p> <p>Out of the 63 expired prescriptions, 61 expired without renewal and 2 were reordered after expiration.</p> <p>9/18/2013 2:59 PM Entered By: Vanessa Headstream Review of the stop date report indicates the following: A total of 342 Prescriptions were reviewed, 153 expired prior to reorder date; 189 were reordered on or prior to the expiration date,</p>	2

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				<p>however the "last fill date" indicates 51 inmates ran out of medication prior to receiving the reordered prescription.</p> <p>Out of the 153 expired prescriptions, 141 expired without renewal and 12 were reordered after expiration.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>9/27/2013 8:30 AM Entered By: Vanessa Headstream</p> <p>9/24/2013 1:44 PM Entered By: Vanessa Headstream Flamenco - compliant</p> <p>C area - compliant</p> <p>9/12/2013 2:12 PM Entered By: Vanessa Headstream John - compliant</p> <p>Ida - compliant</p> <p>9/12/2013 9:12 AM Entered By: Vanessa Headstream Baker - compliant</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>9/27/2013 8:28 AM Entered By: Vanessa Headstream Overall findings - 500 prescriptions reviewed, 284 compliant with timely reorders, however 70 prescriptions were not refilled prior to the inmate being out of medications per Pharmacorr database; indication: 57% compliance with timely prescription ordering.</p> <p>9/18/2013 3:00 PM Entered By: Vanessa Headstream Review of the stop date report indicates the following: A total of 342 Prescriptions were reviewed, 153 expired prior to reorder date; 189 were reordered on or prior to the expiration date, however the "last fill date" indicates 51 inmates ran out of medication prior to receiving the reordered prescription.</p> <p>Out of the 153 expired prescriptions, 141 expired without renewal and 12 were reordered after expiration.</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>9/27/2013 8:31 AM Entered By: Vanessa Headstream Overall findings - 12 NFDR reviewed, 2 compliant with policy; indication: 17% compliance factor.</p> <p>9/27/2013 8:30 AM Entered By: Vanessa Headstream George - no NFDR noted</p>	2

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				<p>9/24/2013 1:50 PM Entered By: Vanessa Headstream Aspen - 8 NFDR noted & reviewed, 2 compliant #Inmate - (2) NFDR submitted 09/17/13, no response noted in file, NFDR submitted 09/19/13, no response noted in file #Inmate - NFDR submitted 09/11/13, no response noted in file #Inmate - NFDR submitted 09/12/13, no response noted in file #Inmate - NFDR submitted 09/05/13, no response noted in file #Inmate - NFDR submitted 09/04/13, no response noted in file</p> <p>9/17/2013 8:52 AM Entered By: Vanessa Headstream Ida - noncompliant #Inmate - NFDR submitted 09/12/13, no response noted in file #Inmate - NFDR submitted 09/05/13, no response noted in file</p> <p>9/12/2013 2:13 PM Entered By: Vanessa Headstream Ida - noncompliant #Inmate - NFDR submitted 08/22/13, response dated 09/07/13</p> <p>9/12/2013 9:21 AM Entered By: Vanessa Headstream John - noncompliant - #Inmate - NFDR submitted 08/12/13, response dated 08/21/13</p> <p>9/12/2013 9:13 AM Entered By: Vanessa Headstream Baker - no NFDR noted</p>	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	<p>9/27/2013 8:32 AM Entered By: Vanessa Headstream Overall findings - 12 NFDR reviewed, 2 compliant with policy; indication: 17% compliance factor.</p> <p>9/27/2013 8:32 AM Entered By: Vanessa Headstream George - no NFDR noted</p> <p>9/24/2013 1:51 PM Entered By: Vanessa Headstream Aspen - 8 NFDR noted & reviewed, 2 compliant #Inmate - (2) NFDR submitted 09/17/13, no response noted in file, NFDR submitted 09/19/13, no response noted in file #Inmate - NFDR submitted 09/11/13, no response noted in file #Inmate - NFDR submitted 09/12/13, no response noted in file #Inmate - NFDR submitted 09/05/13, no response noted in file #Inmate - NFDR submitted 09/04/13, no response noted in file</p> <p>9/17/2013 8:55 AM Entered By: Vanessa Headstream</p>	2

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					<p>Ida - noncompliant #Inmate - NFDR submitted 09/12/13, no response noted in file #Inmate - NFDR submitted 09/05/13, no response noted in file</p> <p>9/12/2013 2:16 PM Entered By: Vanessa Headstream Ida - noncompliant #Inmate - NFDR submitted 08/22/13, response dated 09/07/13</p> <p>9/12/2013 2:15 PM Entered By: Vanessa Headstream John - noncompliant - #Inmate - NFDR submitted 08/12/13, response dated 08/21/13</p> <p>9/12/2013 9:13 AM Entered By: Vanessa Headstream Baker - no NFDR noted</p>	
11	Are medication error reports being completed and medication errors documented?		X		<p>9/30/2013 1:56 PM Entered By: Vanessa Headstream No medication error reports available for September, review of MARs indicates errors - Aspen - #Inmate - 09/06/13 am dose not documented #Inmate - 09/14/13 & 09/15/13 pm doses not documented; "A" documented, no explanation of why med not given #Inmate - 09/01/13 pm dose not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/20/13 pm doses not documented #Inmate - 09/19/13 & 09/20/13 pm doses not documented (Lipitor); 09/20/13 pm dose not documented (Celexa, Lithium, Remeron, Trilafon) #Inmate - 09/16/13 am dose not documented, no BP recorded; 09/15/13 Requip not documented (KOP 09/19/13)</p>	2

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Corrective Action Plans for Performance Measure: Medication Administration

4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]

Level 1 Amber User: Vanessa Headstream Date: 9/27/2013 8:19:38 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

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

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

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

Target Date- 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 9/30/2013 1:55:38 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

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

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

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

Target Date- 11/30/13

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

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

Level 2 Red User: Vanessa Headstream Date: 9/27/2013 8:27:30 AM

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

Corrective Actions: October Action plan submitted by Corizon-

Intakes-

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

- a. Intake Orders
- b. Private Prisons

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

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

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

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

- a. Audit tools developed
- b. Weekly site results discussed with RVP
- c. Audit results discussed a monthly CQI meeting

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d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/Custody/RDCQI/RVP
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

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

Responsible Parties = FHA/DON/Custody/RDCQI/RVP
Target Date - 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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

[NCCHC Standard P-D-01]

Level 2 Red User: Vanessa Headstream Date: 9/27/2013 8:28:55 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

September 2013 PHOENIX COMPLEX

- 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: Vanessa Headstream Date: 9/27/2013 8:31:58 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Non-formulary process (Appendix I.1.d.)
 - i. Reviewed for approval within 24-48 hrs
 - ii. Providers notified decision within 24-48 hrs

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

h. Practitioner Cards (Appendix I.1.h.)

i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

- a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy

- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

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

- a. Audit tools developed

- b. Weekly site results discussed with RVP

- c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

10 Are providers being notified of non-formulary decisions within 24 to 48 hours? Level 2 Amber User: Vanessa Headstream Date: 9/27/2013 8:32:57 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

September 2013 PHOENIX COMPLEX

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: Vanessa Headstream Date: 9/30/2013 1:56:54 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

September 2013 PHOENIX COMPLEX

Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			9/29/2013 3:34 PM Entered By: Helena Valenzuela	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		9/29/2013 3:39 PM Entered By: Helena Valenzuela Aspen (MTU) did not have a psychiatrist last week, 9/23/13 through 9/27/13. The medical provider is going to MTU approximately once a week. This is limiting inmate access to medical and psychiatric care.	3
3	Are all positions filled per contractor staffing pattern?	X			9/30/2013 3:57 PM Entered By: Helena Valenzuela Empty positions remain; however, maintaining staffing patterns is occurring by the use of locums and overtime. Will continue to monitor for compliance.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			9/29/2013 3:39 PM Entered By: Helena Valenzuela	2
5	Do Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance, Professional license, NEO, CEUs)?	X			9/30/2013 2:12 PM Entered By: Helena Valenzuela 9/29/2013 3:40 PM Entered By: Helena Valenzuela	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: Helena Valenzuela Date: 9/29/2013 3:39:21 PM

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

Corrective Actions: All clinical staff at admitted areas and MTU were advised of client contact expectations. Admitted inmates to be seen weekly, (individually), by clinical staff in addition to groups run by non-clinical staff. MTU inmates to be seen monthly by clinical staff, (individually), in addition to groups. MH team will be auditing charts weekly to ensure compliance, (monitored by Clinical Director).

September 2013 PHOENIX 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			9/30/2013 1:20 PM Entered By: Vanessa Headstream Inmates are given a handout with instructions on how to administer an injection 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			9/30/2013 8:48 AM Entered By: Vanessa Headstream	1
3	Are release medications for chronic conditions and mental health medications being provided to the inmate the day of release from prison?	X			9/30/2013 8:48 AM Entered By: Vanessa Headstream	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			9/30/2013 1:20 PM Entered By: Vanessa Headstream	1
5	When appropriately requested, are medical records being provided to inmate authorized medical providers upon release?	X			9/30/2013 8:48 AM Entered By: Vanessa Headstream	1

September 2013 PHOENIX 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			9/3/2013 1:36 PM Entered By: Vanessa Headstream No infirmiry at this facility	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			9/3/2013 1:36 PM Entered By: Vanessa Headstream No infirmiry at this facility	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 1:37 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			9/3/2013 1:37 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			9/3/2013 1:37 PM Entered By: Vanessa Headstream No infirmiry at this facility	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 1:37 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			9/3/2013 1:37 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			9/3/2013 1:37 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			9/3/2013 1:37 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
10	If an observation patient is placed by a qualified	X			9/3/2013 1:38 PM Entered By: Vanessa	1

September 2013 PHOENIX COMPLEX

	health care professional for longer than 24 hours, is this order being done only by a physician?				Headstream No infirmary at this facility	
11	Are vital signs done daily when required?	X			9/3/2013 1:38 PM Entered By: Vanessa Headstream No infirmary at this facility	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			9/3/2013 1:38 PM Entered By: Vanessa Headstream No infirmary at this facility	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			9/3/2013 1:38 PM Entered By: Vanessa Headstream No infirmary at this facility	1

September 2013 PHOENIX COMPLEX

Confidentiality of Health Records						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are health records maintained under secure conditions separate from correctional records?	X			9/29/2013 3:32 PM Entered By: Helena Valenzuela	1
2	Is access to health records and health information controlled by the health authority?	X			9/29/2013 3:33 PM Entered By: Helena Valenzuela	1
3	Is there evidence that health staff receive instruction in maintaining patient confidentiality?	X			9/29/2013 3:33 PM Entered By: Helena Valenzuela	1
4	Are the records transported by non-health staff sealed?	X			9/29/2013 3:33 PM Entered By: Helena Valenzuela	1
5	Are non-health staff who observe or overhear a clinical encounter instructed that they must maintain confidentiality?	X			9/30/2013 3:50 PM Entered By: Helena Valenzuela Compliant.	1
6	Prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information?	X			9/29/2013 3:33 PM Entered By: Helena Valenzuela	1
7	Is medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary?	X			9/29/2013 3:33 PM Entered By: Helena Valenzuela	1

September 2013 PHOENIX COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			<p>9/27/2013 1:25 PM Entered By: Vanessa Headstream</p> <p>9/24/2013 1:53 PM Entered By: Vanessa Headstream Aspen - compliant</p> <p>9/17/2013 8:23 AM Entered By: Vanessa Headstream C area - compliant</p> <p>9/12/2013 2:17 PM Entered By: Vanessa Headstream Baker - compliant</p> <p>Ida - compliant</p>	1
2	Are open medication vials being marked with the date they were opened?	X			<p>9/27/2013 1:22 PM Entered By: Vanessa Headstream Flamenco - no open vials noted</p> <p>C area - compliant</p> <p>9/24/2013 1:53 PM Entered By: Vanessa Headstream Aspen - TB solution open, dated 07/25/13</p> <p>9/12/2013 9:15 AM Entered By: Vanessa Headstream Baker - no open vials noted</p>	1
3	Is nursing staff checking for outdated (expiring)medications?		X		<p>9/27/2013 1:24 PM Entered By: Vanessa Headstream John - noncompliant, 4 outdated medication noted in current meds #Inmate - (2) tubes Fluocinonide Cream, exp. 09/22/13 #Inmate - Triamcinolone Cream, exp. 09/25/13, Selenium Sulfide Lotion, exp. 09/25/13; med nurse notified</p> <p>9/24/2013 1:55 PM Entered By: Vanessa Headstream Aspen - noncompliant, 11 outdated medications noted in current meds, med nurse notified</p> <p>John/King/Quiet - compliant</p> <p>9/18/2013 8:44 AM Entered By: Vanessa Headstream Ida - noncompliant, 3 outdated medications noted in current meds #Inmate - Tegretol, exp. 09/08/13 #Inmate - Lithium Carbonate, exp. 09/08/13 (2 cards) #Inmate - Calcium Polycarb, expired 09/03/13</p> <p>9/12/2013 9:19 AM Entered By: Vanessa Headstream Baker - noncompliant, 4 outdated medications noted in current meds #Inmate - Divaloprex exp. 09/04/13 #Inmate - Fluoxetine exp. 09/02/13</p>	1

September 2013 PHOENIX COMPLEX

					#Inmate - Risperidone exp. 08/27/13 #Inmate - Lithium exp. 09/04/13	
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Corrective Action Plans for Performance Measure: Medication Room

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

Level 1 Amber User: Vanessa Headstream Date: 9/27/2013 1:24:53 PM

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.

Responsible Parties = RN/LPN

Target Date = 11/30/13