

### September 2013 YUMA COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/3/2013 9:50 AM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/3/2013 9:50 AM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	2

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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			<p>9/30/2013 9:20 AM Entered By: Anthony Medel</p> <p>Is sick call being conducted five days a week Monday through Friday (excluding holidays)?</p> <p>Reviewed sick call processes and found that the complex (all units) is in compliance with sick call 5 days per week (Monday-Friday) for the following weeks of the month. 9/2 to 9/6, 9/9 to 9/13, and 9/16 to 9/20 (September-100%). Complex average over three months (July-100%), (August-100%)= Total over three months 100%.</p> <p>Cheyenne: Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following weeks of the month. 9/2 to 9/6, 9/9 to 9/13, and 9/16 to 9/20.</p> <p>Cibola: Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following weeks of the month. 9/2 to 9/6, 9/9 to 9/13, and 9/16 to 9/20.</p> <p>Cocopah: Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following weeks of the month. 9/2 to 9/6, 9/9 to 9/13, and 9/16 to 9/20.</p> <p>Dakota: Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following weeks of the month. 9/2 to 9/6, 9/9 to 9/13, and 9/16 to 9/20.</p> <p>La Paz: Reviewed sick call processes and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following weeks of the month. 9/2 to 9/6, 9/9 to 9/13, and 9/16 to 9/20.</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.7.2.6) sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.</p> <p>RFP/Contract: Sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays. Inmates must be able to sign-up for sick call seven (7) days a week, and the sick call sign-up form shall be triaged at least once daily by healthcare staff.</p> <p>Department Order 1101 Inmate Access to Health Care, Section 1101.03 Appointments</p> <p>HSTM Chapter 5, Section 5.3.0 and Chapter 7, Section 7.6.0.</p>	1

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2	<p>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]</p>			<p>X</p> <p>9/30/2013 2:21 PM Entered By: Anthony Medel            Complex: reviewed 50 charts of sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs. Out of the 50 charts reviewed seventeen (17) were not in compliance. (September-66%) Complex average over three months (July-55%), (August-44%) = Total over three months 55%.</p> <p>AUTHORITY:            Per NCCCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p> <p>RFP/Contract:            All sick call inmates shall be triaged within 24 hours with emergent health need requests triaged immediately. Inmates identified from HNR Appointment Report show that triage is performed within 24 hours (or immediately for emergent needs) of the request form date and time.</p> <p>HSTM Chapter 5, Section 3.1</p> <p>9/30/2013 10:45 AM Entered By: Anthony Medel            Are sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs)?</p> <p>Complex: reviewed 50 charts of sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs. Out of the 50 charts reviewed seventeen (17) were not in compliance. (September-66%) Complex average over three months (July-55%), (August-44%) = Total over three months 55%.</p> <p>Cheyenne:            Sick call inmates being seen within 24 hours of the HNR being triaged: six (6) out of the ten (10) charts reviewed were not in compliance.</p> <p>#Inmate Triaged on 8/29, but not seen until 9/3.            #Inmate Triaged on 8/30, but not seen until 9/3.            #Inmate Triaged on 8/29, but not seen until 9/3.            #Inmate Triaged on 8/28, but not seen until 9/3.            #Inmate Triaged on 9/3, but not seen until 9/6.            #Inmate Triaged on 8/29, but not seen until</p>	1

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9/2.

Cibola:

Sick call inmates being seen within 24 hours of the HNR being triaged: ten (10) out of the ten (10) charts reviewed were in compliance

Cocopah:

Sick call inmates being seen within 24 hours of the HNR being triaged: two (2) out of the ten (10) charts reviewed were not in compliance.

#Inmate Triaged on 9/4, but not seen until 9/9.

#Inmate Triaged on 8/27 could not locate documentation in the chart.

Dakota:

Sick call inmates being seen within 24 hours of the HNR being triaged: six (6) out of the ten (10) charts reviewed were not in compliance.

#Inmate Triaged on 9/4, but not seen until 9/12.

#Inmate Triaged on 9/6, but not seen until 9/18.

#Inmate Triaged on 9/20, and not seen as of this date (9/24-data collection).

#Inmate Triaged on 8/30, but not seen until 9/3.

#Inmate Triaged on 9/11, but not seen until 9/16.

#Inmate Triaged on 8/29, but not seen until 9/9.

La Paz:

Sick call inmates being seen within 24 hours of the HNR being triaged: three (3) out of the ten (10) charts reviewed were not in compliance.

#Inmate Triaged on 8/20, but not seen until 8/23.

#Inmate Triaged on 9/3, but not seen until 9/5.

#Inmate Triaged on 9/4, but not seen until 9/6.

AUTHORITY:


Per NCCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).

RFP/Contract:

All sick call inmates shall be triaged within 24 hours with emergent health need requests triaged immediately. Inmates identified from HNR Appointment Report show that triage is performed within 24 hours (or immediately for emergent needs) of the request form date and time.

HSTM Chapter 5, Section 3.1

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<p>3</p>	<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>		<p>X</p>	<p>9/30/2013 2:23 PM Entered By: Anthony Medel          Complex: reviewed 50 charts of sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call. Out of the 50 charts reviewed eleven (11) were not in compliance. (September-78%) Complex average over three months (July-53%), (August-72%) = Total over three months 68%.</p> <p>AUTHORITY:          Per the contract, (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCHC P-E-04, vitals signs are including the patient's weight.</p> <p>RFP/Contract:          Every inmate's vital signs shall be checked and documented each time they attend sick call on the appropriate assessment form. Medical record reflects vital signs for each sick call inmate.</p> <p>9/30/2013 11:10 AM Entered By: Anthony Medel          Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call?</p> <p>Complex: reviewed 50 charts of sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call. Out of the 50 charts reviewed eleven (11) were not in compliance. (September-78%) Complex average over three months (July-53%), (August-72%) = Total over three months 68%.</p> <p>Cheyenne:          Sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call: ten (10) out of the ten (10) charts reviewed were in compliance.</p> <p>Cibola:          Sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call: two (2) out of the ten (10) charts reviewed were not in compliance.</p> <p>#Inmate-No Wt. documented.          #Inmate-No Wt. documented.</p> <p>Cocopah:          Sick call inmates to determine if vitals signs, to include weight, being checked and</p>	<p>1</p>
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					<p>documented each time an inmate is seen during sick call: two (2) out of the ten (10) charts reviewed were not in compliance.</p> <p>#Inmate-No Wt. documented. #Inmate-No Wt. documented.</p> <p>Dakota:</p> <p>Sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call: five (5) out of the ten (10) charts reviewed were not in compliance.</p> <p>#Inmate No Wt. documented. #Inmate No noted in the chart. #Inmate No Wt. documented. #Inmate-No Wt. and O2 Sat documented. #Inmate-No Wt. documented.</p> <p>La Paz:</p> <p>Sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call: two (2) out of the ten (10) charts reviewed were not in compliance.</p> <p>#Inmate No O2 Sat. documented. #Inmate-No Wt. documented.</p> <p>AUTHORITY: Per the contract, (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCHC P-E-04, vitals signs are including the patient's weight.</p> <p>RFP/Contract: Every inmate's vital signs shall be checked and documented each time they attend sick call on the appropriate assessment form. Medical record reflects vital signs for each sick call inmate.</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 2:28 PM Entered By: Anthony Medel</p> <p>Complex: reviewed 50 charts of sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters. Out of the 50 charts reviewed three (3) were not in compliance. (September-94%) Complex average over three months (July-86%), (August-94%) = Total over three months 91%.</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) all sick call entries are documented in the medical record utilizing the "Subjective- Objective-Assessment- Plan -Education" (SOAPE) format.</p> <p>Health Services Technical Manual: Chapter 5-Section 1.3</p> <p>Excellent job by health services staff.</p>	1

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				<p>9/30/2013 11:33 AM Entered By: Anthony Medel          Is the SOAPE format being utilized in the inmate medical record for encounters?</p> <p>Complex: reviewed 50 charts of sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters. Out of the 50 charts reviewed three (3) were not in compliance. (September-94%) Complex average over three months (July-86%), (August-94%) = Total over three months 91%.</p> <p>Cheyenne:</p> <p>Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: ten (10) out of the ten (10) charts reviewed were in compliance.</p> <p>Cibola:</p> <p>Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: ten (10) out of the ten (10) charts reviewed were in compliance.</p> <p>Cocopah:</p> <p>Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: ten (10) out of the ten (10) charts reviewed were in compliance.</p> <p>Dakota:</p> <p>Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: three (3) out of the ten (10) charts reviewed were not in compliance.</p> <p>#Inmate No "E" documented.          #Inmate No noted located in the chart, HRN submitted on 9/20.          #Inmate No "E" documented.</p> <p>La Paz:</p> <p>Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: ten (10) out of the ten (10) charts reviewed were in compliance.</p> <p>AUTHORITY:          Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) all sick call entries are documented in the medical record utilizing the "Subjective- Objective-Assessment- Plan -Education" (SOAPE) format.</p> <p>Health Services Technical Manual:          Chapter 5-Section 1.3</p>	
5	Are referrals to providers from sick call being		X	9/30/2013 2:34 PM Entered By: Anthony	1

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seen within seven (7) days? [P-E-07]

Medel

Complex: reviewed 50 charts to determine if referrals to providers from sick call are being seen within seven (7) days. Out of the 50 charts reviewed nine (9) were not in compliance. (September-82%) Complex average over three months (July-57%), (August-82%) = Total over three months 74%.

AUTHORITY:

Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days.

RFP/Contract:

Referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days. Date of referral to a physician or Midlevel provider compared to date of sick call.

9/30/2013 12:26 PM Entered By: Anthony Medel

Are referrals to providers from sick call being seen within seven (7) days?

Complex: reviewed 50 charts to determine if referrals to providers from sick call are being seen within seven (7) days. Out of the 50 charts reviewed nine (9) were not in compliance. (September-82%) Complex average over three months (July-57%), (August-82%) = Total over three months 74%.

Cheyenne:

Sick call inmates to determine if referrals to providers from sick call are being seen within seven (7) days: five (5) out of the ten (10) charts reviewed were not in compliance.

#Inmate- Referred on 9/13, seen by the provider on 9/23.

#Inmate Referred on 9/3, seen by the provider on 9/13.

#Inmate- Referred on 9/5, seen by the provider on 9/23.

#Inmate Referred on 9/3, seen by the provider on 9/13.

#Inmate Referred on 9/2, seen by the provider on 9/11

Cibola:

Sick call inmates to determine if referrals to providers from sick call are being seen within seven (7) days: ten (10) out of the ten (10) charts reviewed were in compliance.

Cocopah:

Sick call inmates to determine if referrals to providers from sick call are being seen within seven (7) days: one (1) out of the ten (10) charts reviewed was not in compliance.

#Inmate- Referred on 9/4, seen by the provider on 9/13.



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				<p>Dakota:</p> <p>Sick call inmates to determine if referrals to providers from sick call are being seen within seven (7) days: one (1) out of the ten (10) charts reviewed was not in compliance.</p> <p>#Inmate- Referred on 8/28, seen by the provider on 9/12.</p> <p>La Paz:</p> <p>Sick call inmates to determine if referrals to providers from sick call are being seen within seven (7) days: two (2) out of the ten (10) charts reviewed were not in compliance.</p> <p>#Inmate- Referred on 9/2, seen by provider (refill on medication 9/18).</p> <p>#Inmate- Referred on 9/5, as of 9/24 not scheduled.</p> <p>AUTHORITY:</p> <p>Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days.</p> <p>RFP/Contract</p> <p>Referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days. Date of referral to a physician or Midlevel provider compared to date of sick call.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		<p>9/30/2013 2:36 PM Entered By: Anthony Medel</p> <p>Complex: reviewed 50 charts to determine if nursing protocols in place and utilized by the nurses for sick call. Out of the 50 charts reviewed three (3) were not in compliance. (September-94%) Complex average over three months (July-82%), (August-90%) = Total over three months 89%.</p> <p>AUTHORITY:</p> <p>Health Services Technical Manual Chapter 5-Section 1.5 It is the responsibility of the CRNSII to ensure that all licensed nurses are trained in providing emergency nursing care, health maintenance and prevention to the patient who is in need of these services. The FHAs is responsible to ensure compliance occurs within their facility.</p> <p>Great job, as progression has been noted on a monthly basis.</p> <p>9/30/2013 12:38 PM Entered By: Anthony Medel</p> <p>Are nursing protocols in place and utilized by the nurses for sick call?</p> <p>Complex: reviewed 50 charts to determine if nursing protocols in place and utilized by</p>	1

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the nurses for sick call. Out of the 50 charts reviewed three (3) were not in compliance. (September-94%) Complex average over three months (July-82%), (August-90%) = Total over three months 89%.

Cheyenne:

Sick call inmates to determine if nursing protocols in place and utilized by the nurses for sick call: ten (10) out of the ten (10) charts reviewed were in compliance.

Cibola:

Sick call inmates to determine if nursing protocols in place and utilized by the nurses for sick call: ten (10) out of the ten (10) charts reviewed were in compliance.

Cocopah:

Sick call inmates to determine if nursing protocols in place and utilized by the nurses for sick call: ten (10) out of the ten (10) charts reviewed were in compliance.

Dakota:

Sick call inmates to determine if nursing protocols in place and utilized by the nurses for sick call: three (3) out of the ten (10) charts reviewed were not in compliance.

#Inmate No NET used.

#Inmate No NET used.

#Inmate No Net used.

La Paz:

Sick call inmates to determine if nursing protocols in place and utilized by the nurses for sick call: ten (10) out of the ten (10) charts reviewed were in compliance.

AUTHORITY:

Health Services Technical Manual Chapter 5-Section 1.5 It is the responsibility of the CRNSII to ensure that all licensed nurses are trained in providing emergency nursing care, health maintenance and prevention to the patient who is in need of these services. The FHAs is responsible to ensure compliance occurs within their facility.

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

**2 Are sick call inmates being triaged within 24 hours (or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]  
Level 1 Red User: Anthony Medel Date: 9/30/2013 2:21:12 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Process to address, to include but not limited to:

- a. Daily pick up.
- b. Date stamp.
- c. Triage within 24 hrs, immediate triage of patient if emergent.
- d. Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
- e. Nurse line sees patient, then to provider line when appropriate.
- f. Submit final site process to RVP.

2. In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 (Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);

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

3. Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

**3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]  
Level 1 Amber User: Anthony Medel Date: 9/30/2013 2:23:09 PM**

Corrective Plan: By October 6th we will survey each of the sick call process areas to determine which areas do not have a working scale by Briseno

On October 6th scales will be ordered for any unit that does not have a working scale by Lowell

On October 8th all staff will be trained that all sick calls that require a face to face encounter will include vital signs and weights by Robles

On October 9th all staff will take all vitals signs including weights on any sick call that requires a face to face encounter

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

**5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]  
Level 1 Amber User: Anthony Medel Date: 9/30/2013 2:34:36 PM**

Corrective Plan: As of October 1st there is no wait list on any unit for the provider greater than 1 week.

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On October 8th all staff will be trained that Nurse Sick Call patients who need to be seen by the provider will be scheduled to be seen within 7 days by Robles DON.

Beginning October 9th All patients who need to see the provider from nurse line will be scheduled within 7 days by the PCT's on each yard.

Corrective Actions: October Action plan submitted by Corizon-

1. In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5 (Sick Call Attachment); Seen by Physician or Midlevel within 7 days
  - a. Agenda/sign off sheet to verify
2. Monitoring (Sick Call Monitoring Tool)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date- 11/30/13

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

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<b>Medical Specialty Consultations (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]	<b>X</b>			9/26/2013 5:21 PM Entered By: Brenda McMullen 17 urgent consults reviewed 17 urgent consults in compliance	<b>2</b>
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]	<b>X</b>			9/26/2013 5:23 PM Entered By: Brenda McMullen 17 urgent consults reviewed 17 urgent consults in compliance	<b>2</b>
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	<b>X</b>			9/26/2013 5:23 PM Entered By: Brenda McMullen	<b>3</b>
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]	<b>X</b>			9/26/2013 5:23 PM Entered By: Brenda McMullen	<b>2</b>
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	<b>X</b>			9/26/2013 5:27 PM Entered By: Brenda McMullen Reviewed 28 hospital admissions 28 in compliance.	<b>2</b>

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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			9/12/2013 4:49 PM Entered By: Brenda McMullen Dakota 10 charts reviewed 10 charts in compliance Cheyenne 10 charts reviewed 10 charts in compliance Cocopath 10 charts reviewed 10 charts in compliance Cibola 10 charts reviewed 10 charts in compliance La Paz 10 charts reviewed 10 charts in compliance 100% compliance	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			9/26/2013 6:44 PM Entered By: Brenda McMullen  9/12/2013 5:01 PM Entered By: Brenda McMullen Dakota 10 charts reviewed 1 chart out of compliance #Inmate no CC on chart scheduled 9/6/13 Cheyenne 10 charts reviewed 10 charts in compliance Cocopath 10 charts reviewed 10 charts in compliance Cibola 10 chart reviewed 1 chart out of compliance #Inmate HTN CC due 6/13/13 not done La Paz 10 charts reviewed 1 charts out of compliance #Inmate Cardiac HTN no RTC ordered 50 charts reviewed 3 charts out of compliance	2
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			9/12/2013 5:13 PM Entered By: Brenda McMullen Dakota 10 chart reviewed 3 charts out of compliance #Inmate Hep C+ no education documented #Inmate Sz Asthma no education documented #Inmate Sz Hep C+ no education documented Cheyenne 10 charts reviewed 10 charts in compliance Cocopath 10 charts reviewed 4 charts out of compliance #Inmate CA, DM, HIV, Asthma, HepC+ no education documented #Inmate Asthma no education documented #Inmate HTN HepC+ no education documented #Inmate DM HTN HepC+ no education documented Cibola 10 charts reviewed 10 charts in compliance La Paz 10 charts reviewed 2 charts out of compliance #Inmate Asthma no education documented #Inmate Cardiac HTN no education documented 50 charts reviewed 88% compliant	1

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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>9/12/2013 5:20 PM Entered By: Brenda McMullen            Dakota 10 charts reviewed 4 charts out of compliance            #Inmate Asthma SZ no PEFR            #Inmate Hep C+ last labs 8/7/06            #Inmate SZ Hep C+ last labs 4/19/12            #Inmate Asthma no provider signature            Cheyenne 10 charts reviewed 2 charts out of compliance            #Inmate DM HTN no provider signature            #Inmate DM Asthma HepC+ last labs 1/7/13            Cocopath 10 charts reviewed 1 chart out of compliance            #Inmate Asthma no labs on chart            Cibola #153128 DM Asthma HepC+ no PEFR            #Inmate HTN labs not reviewed            10 charts reviewed 4 charts out of compliance            #Inmate DM Asthma HTN no PEFR            #Inmate Asthma no PEFR            #Inmate DM HTN Cardiac Cardiac not addressed            50 charts reviewed 11 charts out of compliance 78% compliance</p>	2
5	<p>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]</p>	X		<p>9/12/2013 5:20 PM Entered By: Brenda McMullen            Due October 2013</p>	2

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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>9/10/2013 1:48 PM Entered By: Anthony Medel Reviewed 50 (fifty) charts complex wide and all 50 (fifty) charts were in compliance with medical records current, accurate, and chronologically maintained with all documents filed in the designated location. Per NCCHC standard P-H-01. (100%)</p> <p>Cibola: Reviewed 10 (ten) medical charts and all were in compliance. (100%).</p> <p>Dakota: Reviewed 10 (ten) medical charts and all were in compliance. (100%).</p> <p>Cheyenne: Reviewed 10 (ten) medical charts and all were in compliance. (100%).</p> <p>Cocopah: Reviewed 10 (ten) medical charts and all were in compliance. (100%).</p> <p>La Paz: Reviewed 10 (ten) medical charts and all were in compliance. (100%).</p> <p>Reference: RFP Contract 2.20.2.5. Medical Records</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 2:13 PM Entered By: Anthony Medel Reviewed 50 (fifty) charts complex wide and 32 (thirty-two) charts were not in compliance with provider orders noted daily with time, date and name of the person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0] (36%)</p> <p>Reference: RFP Contract 2.20.2.5. Medical Records</p> <p>9/10/2013 2:52 PM Entered By: Anthony Medel Reviewed 50 (fifty) charts complex wide and 32 (thirty-two) charts were not in compliance with provider orders noted daily with time, date and name of the person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0] (36%)</p> <p>Cibola: Reviewed 10 (ten) medical charts and 7 (seven) were not in compliance. (30%).</p> <p>#Inmate Noted by nurse on 8/11, and noted by the provider on 8/15. #Inmate-Noted by nurse on 7/10 and noted by the provider on 7/23. #Inmate-Not noted by a nurse and noted by the provider on 8/16. #Inmate-Not noted by a nurse and noted by the provider on 6/12.</p>	1



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#Inmate-Noted by nurse on 5/18, and not noted by provider.  
#Inmate-Noted by nurse on 4/23 and noted by the provider on 7/9.  
#Inmate-Noted by nurse on 8/16, and not noted by provider.

## Dakota:

Reviewed 10 (ten) medical charts and 9 (nine) were not in compliance. (10%).

#Inmate-Noted by nurse on 8/16 and noted by the provider on 8/23.  
#Inmate-Noted by nurse on 8/23 and noted by the provider on 5/23.  
#Inmate-Not noted by a nurse and noted by the provider on 7/10.  
#Inmate-Noted by nurse on 8/23, and not noted by provider.  
#Inmate-Not noted by a nurse and noted by the provider on 4/9.  
#Inmate-Noted by nurse on 7/2 and noted by the provider on 7/11.  
#Inmate-Not noted by a nurse and noted by the provider on 8/19.  
#Inmate-Not noted by a nurse and noted by the provider on 7/22.  
#Inmate-Noted by nurse on 8/9, and not noted by provider.

## Cheyenne:

Reviewed 10 (ten) medical charts and 5 (five) were not in compliance. (50%).

#Inmate-Noted by nurse on 9/3 and noted by the provider on 8/28.  
#Inmate-Noted by nurse on 8/28 and noted by the provider on 8/26.  
#Inmate-Noted by nurse on 8/28 and noted by the provider on 8/26.  
#Inmate-Not noted by a nurse and noted by the provider on 4/9.  
#Inmate-Noted by nurse on 8/22, and not noted by provider.

## Cocopah:

Reviewed 10 (ten) medical charts and 4 (four) were not in compliance. (60%).

#Inmate-Not noted by a nurse and noted by the provider on 8/16. (2 on same practitioner's orders).  
#Inmate-Noted by nurse on 6/5 and noted by the provider on 5/31.  
#Inmate-Noted by nurse on 4/10 and noted by the provider on 4/17.  
#Inmate-Noted by nurse on 7/13 and noted by the provider on 3/22.

## La Paz:

Reviewed 10 (ten) medical charts and 7 (seven) were not in compliance. (30%).

#Inmate-Not noted by a nurse and noted by the provider on 4/18.  
#Inmate-Noted by nurse on 7/20, and not noted by provider.  
#Inmate-Noted by nurse on 8/29, and not noted by provider.  
#Inmate-Noted by nurse on 9/4 and noted by the provider on 8/29.

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					<p>#Inmate-Not noted by a nurse and noted by the provider on 7/11.                  #Inmate-Not noted by a nurse and noted by the provider on 8/5.                  #Inmate-Not noted by a nurse and noted by the provider on 6/21</p> <p>Reference: RFP Contract                  2.20.2.5. Medical Records</p>	
3	<p>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]</p>			X	<p>9/30/2013 2:17 PM Entered By: Anthony Medel                  Reviewed 46 (forty-six-4 charts were N/A) charts complex wide and 42 (thirty-two) charts were not in compliance with 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]. (8%).</p> <p>Reference: RFP Contract                  2.20.2.5. Medical Records</p> <p>#Inmate-No start date and month missing on handwritten MAR. (Corrected)</p> <p>9/10/2013 4:00 PM Entered By: Anthony Medel                  Reviewed 46 (forty-six-4 charts were N/A) charts complex wide and 42 (thirty-two) charts were not in compliance with 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]. (8%).</p> <p>Cibola:</p> <p>Reviewed 10 (ten) medical charts and 9 (nine) charts were not in compliance. (10%).</p> <p>#Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.</p> <p>Dakota:</p> <p>Reviewed 10 (ten) medical charts and 9 (nine) charts were not in compliance. (10%).</p> <p>#Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.                  #Inmate No start date.</p>	1

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					<p>Cheyenne:</p> <p>Reviewed 10 (ten) medical charts and 8 (eight) charts were not in compliance. (20%).</p> <p>#Inmate No start date.          #Inmate No start date.          #Inmate No start date.          #Inmate No start date.          #Inmate No start date.          #Inmate No start date.          #Inmate No start date.          #Inmate No start date.</p> <p>Cocopah:</p> <p>Reviewed 10 (ten) medical charts and 7 (seven) charts were not in compliance. Also, three (3) charts were N/A. (0%).</p> <p>#Inmate-No start date.          #Inmate-No start date          #Inmate-No start date.          #Inmate-No start date.          #Inmate-No start date and month mission on handwritten MAR.          #Inmate-No start date.          #Inmate-No start date, and no nurse signature.</p> <p>La Paz:</p> <p>Reviewed 10 (ten) medical charts and 9 (nine) charts were not in compliance. Also, one (1) chart was (N/A). (0%).</p> <p>#Inmate-No start or stop date (July-13), and no nurse signature.          #Inmate-No start date.          #Inmate-No start or stop date (July-13).          #Inmate-No start date, and no nurse signature.          #Inmate-No start date, and no nurse signature.          #Inmate-No start or stop date (Sept-13 MAR)          #Inmate-No start date, and no nurse signature.          #Inmate-No start or stop date, and nurse signature.          #Inmate-No month noted, and no nurse signature.</p> <p>Reference: RFP Contract 2.20.2.5. Medical Records</p>	
4	<p>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]</p>		X		<p>9/23/2013 8:55 AM Entered By: Anthony Medel</p> <p>Reviewed 50 (fifty) charts complex wide and 15 (fifteen) charts were not in compliance with medical record entries legible, and complete with time, name stamp and signature present? [NCCHC P-H-01]. (70%) (Amber)</p> <p>NCCHC Standard</p>	1

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P-H-01 Health Record Format and Contents.

Reference: RFP Contract  
2.20.2.5. Medical Records

9/10/2013 4:46 PM Entered By: Anthony Medel

Reviewed 50 (fifty) charts complex wide and 15 (fifteen) charts were not in compliance with medical record entries legible, and complete with time, name stamp and signature present? [NCCHC P-H-01]. (70%)

Cibola:

Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).

Dakota:

Reviewed 10 (ten) medical charts and 3 (three) charts were not in compliance. (70%).

#Inmate-Progress note (8/31), signature illegible (print or name stamp).

#Inmate-NET (7/9) no print/stamp name on the document.

#Inmate-Net (7/14) no print/stamp name on the document.

Cheyenne:

Reviewed 10 (ten) medical charts and 2 (two) charts were not in compliance. (80%).

#Inmate-NET (7/17) no print/stamp name on the document.

#Inmate-NET (9/3) No signature, No print/stamp on document

Cocopah:

Reviewed 10 (ten) medical charts and 5 (five) charts were not in compliance. (50%).

#Inmate-Progress note (8/21), signature illegible (print or name stamp).

#Inmate-Progress note (8/6), signature illegible (print or name stamp).

#Inmate-Progress note (7/14) signature illegible (print or name stamp).

#Inmate-Progress note(s) (6/27 and 8/12) signature illegible (print or name stamp).

#Inmate-Progress note (8/30), not signed-no signature present.

La Paz:

Reviewed 10 (ten) medical charts and 5 (five) charts were not in compliance. (50%).

#Inmate-Progress Note (8/5) signature illegible (print or name stamp).

#Inmate-Progress Note (8/11) signature illegible (print or name stamp).

#Inmate-Progress note (6/28) no signature present.

#Inmate-Progress note (date illegible) and signature illegible.

#Inmate-Progress note (3/25) signature illegible (print or name stamp).

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				Reference: RFP Contract 2.20.2.5. Medical Records	
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X		<p>9/23/2013 9:12 AM Entered By: Anthony Medel Reviewed arrival logs (on each yard) are maintained and kept current with the name of inmate, ADC #, date of arrival, # of volumes? Reviewed the arrival logs complex wide and out of the five (5) yards reviewed one (1) was not in compliance. (80%) (Green)</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p> <p>9/10/2013 5:08 PM Entered By: Anthony Medel Reviewed arrival logs (on each yard) are maintained and kept current with the name of inmate, ADC #, date of arrival, # of volumes? Reviewed the arrival logs complex wide and out of the five (5) yards reviewed one (1) was not in compliance. (80%)</p> <p>Cibola: Reviewed arrival log on this yard. (100%)</p> <p>Dakota: Reviewed arrival log on this yard. (100%)</p> <p>Cheyenne: Reviewed arrival log on this yard. (100%)</p> <p>Cocopah: There was no arrival log located on this unit. (0%).</p> <p>La Paz: Reviewed arrival log on this yard. (100%)</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p>	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		<p>9/23/2013 9:20 AM Entered By: Anthony Medel Reviewed departure logs (on each yard) are maintained and kept current with the name of inmate, ADC #, date of departure, # of volumes? Reviewed the departure logs complex wide and out of the five (5) yards reviewed one (1) was not in compliance. (80%) (Green).</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p> <p>9/11/2013 7:57 AM Entered By: Anthony Medel Reviewed departure logs (on each yard) are maintained and kept current with the name of inmate, ADC #, date of departure, # of volumes? Reviewed the departure logs</p>	1

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					<p>complex wide and out of the five (5) yards reviewed one (1) was not in compliance. (80%)</p> <p>Cibola: Reviewed departure log on this yard. (100%)</p> <p>Dakota: Reviewed departure log on this yard. (100%)</p> <p>Cheyenne: Reviewed departure log on this yard. (100%)</p> <p>Cocopah: There was no departure log located on this unit. (0%).</p> <p>La Paz: Reviewed departure log on this yard. (100%)</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p>	
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			<p>9/13/2013 9:19 AM Entered By: Anthony Medel Reviewed 50 (fifty) charts complex wide and 6 (six) charts were not in compliance with previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed. (88%). (Green)</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p> <p>9/11/2013 8:59 AM Entered By: Anthony Medel Reviewed 50 (fifty) charts complex wide and 6 (six) charts were not in compliance with previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed. (88%).</p> <p>Cibola: Reviewed 10 (ten) medical charts and 1 (one) chart was not in compliance. (90%). #Inmate Could not locate this medical file, possibly still at another complex.</p> <p>Dakota: Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Cheyenne: Reviewed 10 (ten) medical charts and 3 (three) charts were not in compliance. (70%). #Inmate Could not locate this medical file within the unit. #Inmate Could not locate this medical file within the unit. #Inmate Could not locate this medical file within the unit.</p>	1

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				<p>Cocopah: Reviewed 10 (ten) medical charts and 2 (two) charts were not in compliance. (80%). #Inmate Could not locate this medical file within the old volumes in the unit. #Inmate Could not locate this medical file within the old volumes in the unit.</p> <p>La Paz: Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p>	
8	Are medical records for released inmates pulled from the active file area?	X		<p>9/13/2013 9:21 AM Entered By: Anthony Medel Reviewed 50 (fifty) charts complex wide and all 50 (fifty) charts were in compliance with medical records for released inmates pulled from the active file area. (100%). (Green)</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p> <p>9/11/2013 9:05 AM Entered By: Anthony Medel Reviewed 50 (fifty) charts complex wide and all 50 (fifty) charts were in compliance with medical records for released inmates pulled from the active file area. (100%).</p> <p>Cibola: Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Dakota: Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Cheyenne: Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Cocopah: Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>La Paz: Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p>	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X		<p>9/13/2013 9:23 AM Entered By: Anthony Medel Reviewed 50 (fifty) charts complex wide and all 50 (fifty) charts were in compliance with requested archived medical records merged with newly established medical records upon an inmate's return to ADC area. (100%). (Green).</p> <p>Health Services Technical Manual</p>	1

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				<p>Chapter 5, Section 1.2.2</p> <p>9/11/2013 9:39 AM Entered By: Anthony Medel  Reviewed 50 (fifty) charts complex wide and all 50 (fifty) charts were in compliance with requested archived medical records merged with newly established medical records upon an inmate's return to ADC area. (100%).</p> <p>Cibola:  Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Dakota:  Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Cheyenne:  Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Cocopah:  Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>La Paz:  Reviewed 10 (ten) medical charts and all 10 (ten) charts were in compliance. (100%).</p> <p>Health Services Technical Manual  Chapter 5, Section 1.2.2</p>	
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X		<p>9/23/2013 9:23 AM Entered By: Anthony Medel  Reviewed Release of Information Logs (on each yard) is maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only). Reviewed the Release of Information logs complex wide and out of the five (5) yards reviewed one (1) was not in compliance. (80%) (Green)</p> <p>Health Services Technical Manual  Chapter 5, Section 1.2.2</p> <p>9/11/2013 9:55 AM Entered By: Anthony Medel  Reviewed Release of Information Logs (on each yard) is maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only). Reviewed the Release of Information logs complex wide and out of the five (5) yards reviewed one (1) was not in compliance. (80%)</p> <p>Cibola:  Reviewed Release of Information log on this yard. (100%)</p> <p>Dakota:  Reviewed Release of Information log on this yard. (100%)</p> <p>Cheyenne:</p>	1



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					<p>Reviewed Release of Information log on this yard. (100%)</p> <p>Cocopah: There was no Release of Information log located on this yard. (0%).</p> <p>La Paz: Reviewed Release of Information log on this yard. (100%)</p> <p>Health Services Technical Manual Chapter 5, Section 1.2.2</p>
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### Corrective Action Plans for Performance Measure: Medical Records (Q)

**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]**

**Level 1 Red User: Anthony Medel Date: 9/30/2013 2:13:46 PM**

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

Corrective Actions: Reinforce with nursing staff to note charts regularly. Continue to monitor.

Responsible Parties = RN/LPN

Target Date= 11/30/13

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

**Level 1 Red User: Anthony Medel Date: 9/30/2013 2:17:55 PM**

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

Corrective Actions: Reinforce with nursing staff the importance of a complete MAR. 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: Anthony Medel Date: 9/23/2013 8:55:55 AM**

Corrective Plan: The administrative assistant will survey all staff to determine which staff do not have their signature stamp by the 6th of Oct. 2013.

Stamps will be ordered by inventory supply coordinator by the 8th of October.

Training will be conducted with all staff at the October mandatory staff meeting being held on the October 8th.

Monitoring can be conducted by surveying medical staff entries.

Corrective Actions: See above.

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<b>Prescribing Practices and Pharmacy (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	<b>X</b>			9/30/2013 8:22 AM Entered By: Martin Winland	<b>2</b>
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			<b>X</b>	<p>9/30/2013 8:23 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp; HSTM 4.1.1 Pharmaceutical Dispensing Procedures –RED- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity, mortality, and maintain continuity of care.</p> <p>A) HSTM 4.1.6 Non –Formulary Drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. September 2013 Non –Formulary Drug Requests – Non Formulary Medication Reports indicate 911 expiring medications (9/03/2013). As of (9-25-2013), the total number of Non-Formulary medications is 578.</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receives continuity of care. September Formulary Report indicates: 6753 formulary medications expiring (9/03/2013). As of (9/25/2013), the total number of Formulary medication needing addressed is 3,569.</p> <p>C) Corizon has initiated a state wide "blitz" in an effort to correct site issues/concerns. Coupled with recent training at the Corizon Regional office, this should positively impact the sites.</p> <p>D) The September 25, 2013 Expiring Medication Report (Formulary and Non Formulary ) was sent to Christy Somner(State D.O.N. ,Corizon) for follow up with the facilities Yuma continues to work on policy and procedure and medication issues. The staff has been very receptive to my inquires. With the recent addition of providers, I am hopeful that this will have a positive impact on the facility. I will monitor for continued improvement. (9-25-2013) Formulary 481, Non Formulary 78.</p>	<b>2</b>
3	Are all medications being prescribed in the	<b>X</b>			9/30/2013 8:23 AM Entered By: Martin	<b>1</b>

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	therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?				Winland	
4	When a medication error occurs, is nursing staff completing a medication error report, documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]	X			9/30/2013 8:24 AM Entered By: Martin Winland	2
5	Are the dosages of medication being changed, increased or decreased contrary to time frames stated in appropriate clinical compendia, such as Drug Facts and Comparisons and/or the package insert, unless the need is clinically documented in the chart and a non-formulary request is approved?	X			9/30/2013 8:24 AM Entered By: Martin Winland	1

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

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

**Level 2 Red User: Martin Winland Date: 9/30/2013 8:23:38 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 (Pharmacy Appendix 1 & 2):

- a. Expired Medications (Appendix I.1.a.)
- b. Re-order medications
- c. Invalid chart orders (Appendix I.1.c.)
  - i. Therapeutic dose ranges
  - ii. Dose changes must have supporting documentation
- d. Non-formulary process (Appendix I.1.d.)
  - i. Reviewed for approval within 24-48 hrs
  - ii. Providers notified decision within 24-48 hrs
- e. Manifest Reconciliation
- f. Inventory control
- g. Stock Medications
- h. Practitioner Cards (Appendix I.1.h.)
- i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

- a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
  - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
3. Monitoring (Appendix I. - IV Monitoring Tools)

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

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

Target Date-11/30/13

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

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

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			<p>9/30/2013 2:58 PM Entered By: Nicole Taylor</p> <p>*Out of 60 charts pulled, 58 were in compliance = 97%</p> <p>Cheyenne: (10 out of 10 charts pulled were in compliance)</p> <p>No HNR issues.</p> <p>Dakota: (8 out of 10 charts pulled were in compliance)</p> <p><b>Inmate</b> HNR date: 8/23/13. Triage date: 8/27/13 (+4 days).</p> <p><b>Inmate</b> HNR date: 9/9/13. Triage date: 9/11/13 (+2 days).</p> <p>LaPaz: (20 out of 20 charts pulled were in compliance)</p> <p>No HNR issues.</p> <p>Cibola: (10 out of 10 charts pulled were in compliance)</p> <p>No HNR issues.</p> <p>Cocopah: (10 out of 10 charts pulled were in compliance)</p> <p>No HNR issues.</p>	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]			X	<p>9/30/2013 3:04 PM Entered By: Nicole Taylor</p> <p>*Out of 60 charts pulled, 48 were in compliance = 80%. This performance measure is receiving a Red finding for the following reasons: inmates were referred as early as December '12 and still not yet seen, inmates were referred two and three times and still not yet seen, half of the inmates were SMI, and in one instance the meds expired because inmate was never seen after being referred.</p> <p>Cheyenne: (9 out of 10 charts pulled were in compliance)</p> <p><b>Inmate</b> (SMI): Referred 8/16/13 and not yet seen by psychiatrist.</p> <p>Dakota: (7 out of 10 charts pulled were in compliance)</p> <p><b>Inmate</b> (SMI): Referred 6/11/13, 6/28/13 &amp; 7/16/13 via SOAP notes and not yet seen by psychiatrist.</p> <p><b>Inmate</b> (SMI): Referred 8/30/13 (via cell front note while IM is on watch) and 7/5/13(via SOAP note) and inmate is still not seen by psychiatrist.</p> <p><b>Inmate</b> Referred 9/9/13. Inmate sent 2 HNR's regarding not receiving psych meds for 3+ days. Inmate has not yet been seen by psychiatrist.</p> <p>LaPaz: (18 out of 20 charts pulled were in compliance) - 20 charts pulled due to the high number of MH inmates on this unit.</p> <p><b>Inmate</b> (SMI): Inmate referred 7/22/13 &amp; 7/31/13 via SOAP note and still hasn't been seen by psychiatrist.</p> <p><b>Inmate</b> (SMI) Inmate was referred 7/22/13 &amp; 8/15/13 via SOAP notes and inmate has not yet been seen by psychiatrist.</p> <p>Cibola: (7 out of 10 charts pulled were in compliance)</p> <p><b>Inmate</b> (SMI): Inmate referred via HNR on 8/27/13 and inmate did not see psychiatrist since 9/16/13.</p> <p><b>Inmate</b> Inmate was referred 12/18/12 and never saw a psychiatrist.</p>	2

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					<p><b>Inmate</b> Inmate was referred to psychiatry on 5/10/13 in SOAP note and on 5/9/13 in chart review and inmate was never seen by a psychiatrist. Cocopah: (7 out of 10 charts pulled were in compliance) <b>Inmate</b> Inmate was referred on 7/22/13 via chart review and inmate was never seen. <b>Inmate</b> Inmate was on watch 6/18/13 for overdose and reported not being compliant with psych meds. Inmate was not referred to psychiatry at that time and should have. <b>Inmate</b> Inmate was referred 1/18/13 and never seen by psychiatrist. (On 10-26-12, inmate was given and 42-day psych med rx, however inmate was never seen since referral and meds expired).</p>	
3	<p>Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]</p>			X	<p>9/30/2013 3:06 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 23 were in compliance = 38%. This performance measure is receiving a Red finding due to the very low compliance level. The following inmates need treatment plans or updated treatment plans: Cheyenne: (3 out of 10 charts pulled were in compliance) <b>Inmate</b>(SMI), <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> Dakota: (6 out of 10 charts pulled were in compliance) <b>Inmate</b>(SMI), <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> LaPaz: (5 out of 20 charts pulled were in compliance) - 20 charts were pulled due to the high number of MH inmates on this unit <b>Inmate</b>(SMI), <b>Inmate</b>(SMI), <b>Inmate</b> <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> <b>Inmate</b>, <b>Inmate</b> Cibola: (3 out of 10 charts pulled were in compliance) <b>Inmate</b>(SMI), <b>Inmate</b>(SMI?), <b>Inmate</b> <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> Cocopah: (6 out of 10 charts pulled were in compliance) <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b></p>	1
4	<p>Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</p>			X	<p>9/30/2013 3:09 PM Entered By: Nicole Taylor *Out of 60 charts pulled, 29 charts were in compliance = 48%. This performance measure is receiving a Red finding due to the very low compliance level. Also, many of the inmates have not been seen for over 6 months, including those in a detention. For one inmate, the last contact by psychology staff was July 2009. The following inmates have not been seen by psychology within timeframes: Cheyenne: (6 out of 10 charts pulled were in compliance) <b>Inmate</b>(SMI) Last seen 7/22/13. <b>Inmate</b>(SMI) Last seen 8/16/13. <b>Inmate</b>(Note: Inmate arrived to Yuma Complex on 9/21/12 and was never seen by psychology) <b>Inmate</b> Last seen 3/7/13 Dakota: (6 out of 10 charts pulled were in</p>	2

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					<p>compliance)  <b>Inmate</b> Inmate arrived at Yuma Complex on 3/14/13, is in detention and has had not mental health contacts to date.  <b>Inmate</b> This is a detention inmate who has not had any psychology visits since 9/26/12.  <b>Inmate</b> Detention inmate who hasn't been seen since his last psychiatry visit on 7/18/13.  <b>Inmate</b> Inmate arrived to Yuma Complex on 4/22/13 and has had only one mental health contact- a psychiatry visit on 5/31/13. LaPaz: (7 out of 20 charts pulled were in compliance) - 20 charts were pulled due to the high number of MH inmates on this unit.  <b>Inmate</b> Last psychology visit was 11/20/13.  <b>Inmate</b> Last psychology visit was 4/3/12.  <b>Inmate</b> Last psychology visit was July of 2009.  <b>Inmate</b> No mental health visits since inmate's 1/3/13 arrival to Yuma Complex.  <b>Inmate</b> No psychology visits found in chart, last mental health visit was psychiatry on 2/21/13.  <b>Inmate</b> (SMI): Last seen by psychology on 8/8/13.  <b>Inmate</b> (SMI): Last seen by psychology on 8/15/13.  <b>Inmate</b> (SMI): Last seen by psychology on 8/15/13.  <b>Inmate</b> No psychology visits found in chart since 10/12.  <b>Inmate</b> Last seen by psychology on 1/7/11.  <b>Inmate</b> Last mental health visit was by psychiatry on 4/25/13. Note: Last psychology visit was 9/2010).  <b>Inmate</b> No mental health visits since inmate's arrival to Yuma Complex on 3/5/13.  <b>Inmate</b> Last mental health visit was done by psychiatry on 5/15/13. Psychology hasn't seen inmate since 6/28/12.  Cibola: (8 out of 10 charts pulled were in compliance)  <b>Inmate</b> (Last seen by mental health 11/10/13).  <b>Inmate</b> (Last seen by mental health 5/10/13).  Cocopah: (2 out of 10 charts pulled were in compliance)  <b>Inmate</b> (SMI) Last seen by psych nurse 7/22/13.  <b>Inmate</b> (Last seen by mental health 6/6/13).  <b>Inmate</b> (Never seen by mental health since inmate's 6/25/13 arrival to Yuma Complex).  <b>Inmate</b> (Last seen 4/11/13).  <b>Inmate</b> (Last psychology visit was 1/17/13).  <b>Inmate</b> (No psychology visits documented since 2009... inmate arrived at Yuma Complex 9/2012 and has not yet been seen by mental health).  <b>Inmate</b> (Last psychology visit was 1/18/13).  <b>Inmate</b> (Last psychology visit was 1/18/13).</p>	
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months			X	<p>9/30/2013 3:13 PM Entered By: Nicole Taylor  *Out of 60 charts pulled, 30 were in compliance = 50%. This performance</p>	2

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(90 days)?[CC 2.20.2.10]

measure is receiving a Red finding due to the very low compliance level. Also, many of the inmates' medications expired because they were not seen by Psychiatry to be renewed. Many of the inmates were also SMI. This poses a potential risk of serious harm to the inmate.

The following inmates have not been seen within time frames by psychiatry and/or have missed their Return To Clinic dates: Cheyenne: (8 out of 10 charts pulled were in compliance)

**Inmate** (SMI): Past due for psychiatry visit- RTC date was 6/28/13.

**Inmate** (SMI): Past due for psychiatry visit- RTC date was 2/23/13.

Dakota: (4 out of 10 charts pulled were in compliance)

**Inmate** (SMI): Past due for psychiatry visit- RTC date was 8/31/13.

**Inmate** (SMI): Past due for psychiatry visit- RTC date was 7/21/13.

**Inmate** Past due for psychiatry visit- RTC date was 9/2/13.

**Inmate** Past due for psychiatry visit- RTC date was 8/9/13.

**Inmate** (SMI): Past due for psychiatry visit- RTC date was 7/24/13

**Inmate** Past due for psychiatry visit- RTC date was 8/31/13.

LaPaz: (9 out of 20 charts pulled were in compliance) - 20 charts were pulled due to the high number of MH inmates on this unit.

**Inmate** (SMI): Past due for psychiatry visit- RTC date was 3/7/13.

**Inmate** (SMI): Past due for psychiatry visit- RTC date was 3/2/13.

**Inmate** Medication Expiration date was 12/30/12 --- Inmate was presc bed (what appears to be) a bridge med order that was effective from 10/31/13 through 12/30/12... inmate was never seen since and meds were allowed to expire without follow-up.

**Inmate** Past due for psychiatry visit- RTC date was 7/25/13.

**Inmate** Past due for psychiatry visit- RTC date was 8/15/13

**Inmate** Past due for psychiatry visit- RTC date was 6/23/12. Inmate was last seen 3/23/12... meds more than likely were allowed to expire without follow-up.

**Inmate** Past due for psychiatry visit- RTC date was 3/5/13.

**Inmate** No psychiatry notes found in chart, but psychology associate inmate reported being on psych meds and has recently seen psychiatry. MAR found in chart indicated inmate was not given his meds in July and has not received his meds since June. Have meds expired?

**Inmate** Past due for psychiatry visit- RTC date was 4/24/13. Have meds expired?

**Inmate** 42-day bridge med orders at ARTC ordered on 8/13/13... Med expiration date is 8/22/13. Have meds expired?

**Inmate** Past due for psychiatry visit- RTC date was 5/21/13. Last seen 2/21/13. Have meds expired?

Cibola: (6 out of 10 charts pulled were in compliance)

**Inmate** Medication Expiration date was 2/1/13. Inmate arrived to Yuma Complex on 12/11/12 from ARTC with 53-day medication supply set to expire on 2/1/13. Inmate was never seen so inmate's meds

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					<p>expired without follow-up.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 8/27/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 9/2/13.  <b>Inmate</b> Medication Expiration date was 6/3/13. Inmate arrived to Yuma Complex with 30-day medication supply set to expire on 6/3/13. Inmate was not seen so inmate's medications have been expired since 6/3/13.  Cocopah: (3 out of 10 charts pulled were in compliance)  <b>Inmate</b>(SMI): Past due for psychiatry visit- RTC date was 9/5/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 7/4/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 7/11/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 9/5/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 7/25/13.  <b>Inmate</b> Past due for psychiatry visit- RTC date was 5/8/13. Medication expiration date was 8/8/13. Are inmate's medications expired?  <b>Inmate</b> Inmate was given a 42-day psych medication prescription on 10/26/12. Inmate was never seen, so meds are likely expired.</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 3:20 PM Entered By: Nicole Taylor  *Out of 60 charts pulled, 56 were in compliance = 93%. This performance measure is receiving an Amber finding. Although 60 total charts were pulled, only 16 were reviewed for release planning services. Of those 16, 2 had not release planning documentation. There were also 2 SMI inmates who received inadequate release planning. NCCHC guidelines require SMI inmates to be connected with the community prior to release, and not simply handed a packet of information.  Cheyenne: (9 out of 10 charts pulled were in compliance)  <b>Inmate</b> Inmate is releasing 10/15/13 and has not yet been seen for release planning.  Dakota: (10 out of 10 charts pulled were in compliance)  No Issues.  LaPaz: (17 out of 20 charts pulled were in compliance) - 20 charts were pulled due to the high number of MH inmates on this unit.  <b>Inmate</b>(SMI): Inmate is releasing 10/17/13 and was seen for releasing planning, but release planning that was done is inadequate for an SMI inmate.  <b>Inmate</b>(SMI): Inmate is releasing 09/23/13 and was seen for releasing planning, but release planning that was done is inadequate for an SMI inmate.  <b>Inmate</b> Inmate is releasing 10/11/13 and no release planning documentation was found in chart.  Cibola: (10 out of 10 charts pulled were in compliance)  No issues.  Cocopah:  No issues. (10 out of 10 charts pulled were in compliance)</p>	2



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

**2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]**

**Level 2 Red User: Nicole Taylor Date: 9/30/2013 3:04:32 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers within 7 days, when appropriate
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff
- c. Have MH staff increase their contacts if appointment cannot be made in 7 days

2. Monitoring (Mental Health Monitoring Tool)

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

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

Target Date -11/30/13

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

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

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

**Level 1 Red User: Nicole Taylor Date: 9/30/2013 3:06:32 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 3 (Mental Health Attachment) related to treatment plan updates every 90 days and use of SMI monthly report tool

- a. SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track and trend (III.1.a. SMI Monthly Report)
- b. Review AIMS and update when changes in MH status
- c. Inmates with mental health score of three or above are seen by MH staff per policy titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)
- d. Agenda/sign off sheet to verify, inclusive of all pertinent staff

2. Monitoring (Mental Health Monitoring Tool)

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

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

Target Date- 11/30/13

Continue to monitor daily, then monthly until meet compliance, then ongoing monthly monitoring.

10/11/13 Update: Staff in-serviced on how to use SMI monthly report tool; review of audit tool data to begin in November.

**4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]**

**Level 2 Red User: Nicole Taylor Date: 9/30/2013 3:09:54 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

### **5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]**

**Level 2 Red User: Nicole Taylor Date: 9/30/2013 3:13:37 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Nicole Taylor Date: 9/30/2013 3:20:34 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			<p>9/23/2013 10:34 AM Entered By: Anthony Medel Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]</p> <p>Reviewed fifty (50) medical files complex wide in reference to No-Shows being brought to the health unit to sign a refusal, and out of fifty (50) files reviewed only one (1) file was not in compliance. (98%) (July 92%) Positive variance of (6%). (Green).</p> <p>Dakota: Reviewed ten (10) medical files and all ten (10) were in compliance. (100%)</p> <p>Cheyenne: Reviewed ten (10) medical files and all ten (10) were in compliance. (100%)</p> <p>Cocopah: Reviewed ten (10) medical files and all ten (10) were in compliance. (100%)</p> <p>La Paz: Reviewed ten (10) medical files and one (1) file was not in compliance. (90%)</p> <p>#Inmate Progress note written on 9/5 regarding refusal; however, no refusal signed in the health services medical file.</p> <p>Cibola: Reviewed ten (10) medical files and all ten (10) were in compliance. (100%)</p> <p>Authority: RFP Contract:</p> <p>2.20.2.9. No Shows: Performance Outcome 1: When an inmate "no shows" for appointments, clinic visits, misses a medication dose or other medical, dental or mental health service, nursing staff must document per policy, Department Order 1101, and notify the Health Facility Administrator and Shift Commander. Measure: Medical record shall contain documentation of "no-show" along with forms citing notification of appropriate staff per policy.</p> <p>Department Order 1101</p> <p>Health Services Technical Manual Chapter 5 Section 7.1</p>	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]	X			<p>9/23/2013 10:54 AM Entered By: Anthony Medel Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]</p> <p>Reviewed fifty (50) medical files complex wide in reference to No-Shows that are unresolved and being reported to the unit</p>	1

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				<p>deputy ward for a written response, and out of fifty (50) files reviewed all fifty (50) were in compliance. (100%) (July 100%) (Green).</p> <p>Dakota: Reviewed ten (10) medical files and all ten (10) were in compliance. Any and all issues are being resolved internally within the health services unit. (100%)</p> <p>Cheyenne: Reviewed ten (10) medical files and all ten (10) were in compliance. All of the issues were being handled within the confines of the health services unit. (100%)</p> <p>Cocopah: Reviewed ten (10) medical files and all ten (10) were in compliance. All outcomes are being assessed and rectified within the health services unit. (100%)</p> <p>La Paz: Reviewed ten (10) medical files and all ten (10) were in compliance. All issues/concerns are being resolved within the health services unit. (100%)</p> <p>Cibola: Reviewed ten (10) medical files and all ten (10) were in compliance. All issues are resolved internally within the health services unit. (100%)</p> <p>Authority:  Department Order 1101  Health Services Technical Manual Chapter 5 Section 7.1</p>	
3	<p>Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]</p>	X		<p>9/23/2013 11:36 AM Entered By: Anthony Medel Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]</p> <p>Reviewed fifty (50) medical files complex wide in reference to No-Shows that are unresolved and being reported to the unit deputy ward for a written response, and out of fifty (50) files reviewed four (4) out of seventeen (17) were not in compliance. (33) Medical files were N/A. Examples: (i.e.: no medications or medication related, discontinuation of medications or medication stoppage, seen on provider line, I/M refusing care and/or treatment, (76%) (Green).</p> <p>Dakota:  Reviewed ten (10) medical files and out of the ten (10) reviewed two (2) medical files were in compliance. (8-N/A-See above explanation). (100%).</p> <p>Cheyenne:  Reviewed ten (10) medical files and out of the ten (10) reviewed one (1) medical file</p>	1

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				<p>was not in compliance. (7-N/A-See above explanation) (67%)                  #Inmate I/M has refused or been absent for his HS medication (Haldol 2mg).</p> <p>Cocopah:</p> <p>Reviewed ten (10) medical files and out of the ten (10) reviewed one (1) medical file was not in compliance. (4-N/A-See above explanation). (83%).                  #Inmate Dx: Mood Disorder, NOS, was refusing cogentin. No notification to provide noted.</p> <p>La Paz:</p> <p>Reviewed ten (10) medical files and out of the ten (10) reviewed three (3) medical files were in compliance. (7-N/A-See above explanation). (100%).</p> <p>Cibola:</p> <p>Reviewed ten (10) medical files and out of the ten (10) reviewed two (2) were not in compliance. (7-N/A-See above explanation). (33%).</p> <p>#Inmate No show/Refusal for accu-check, and a Dx of IDDM. #Inmate Refusing Tegretol, since 8/2, and a Dx of Mood Disorder and Seizure Disorder.</p> <p>Authority:</p> <p>Department Order 1101</p> <p>Health Services Technical Manual Chapter 5 Section 7.1</p>	
4	<p>Are No-Shows being rescheduled if medically indicated?                  [DO 1101, HSTM Chapter 5, Section 7.1]</p>	X		<p>9/23/2013 11:55 AM Entered By: Anthony Medel                  Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]</p> <p>Reviewed fifty (50) medical files complex wide in reference to No-Shows being rescheduled if medically indicated, and out of fifty (50) files reviewed two (2) out of thirty-six (36) were not in compliance. (14) Medical files were N/A. Examples: (i.e.: medical issues resolved, medications being discontinued, declining further treatment, financial or inability to pay for medical services, and or no longer needing medical services). (94%) (Green).</p> <p>Dakota:</p> <p>Reviewed ten (10) medical files and out of the ten (10) reviewed three (3) medical files were in compliance. (7-N/A-See above explanation). (100%).</p> <p>Cheyenne: Reviewed ten (10) medical files and out of the ten (10) reviewed one (1) medical file was not in compliance. (6-N/A-See above explanation) (75%)</p> <p>#Inmate I/M has refused or been absent for</p>	1

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					<p>his HS medication (Haldol 2mg). Dx: of Schizophrenia, Paranoid Type. No appointment scheduled to addresses his medication regime and refusal.</p> <p>Cocopah:</p> <p>Reviewed ten (10) medical files and out of the ten (10) reviewed one (1) medical file was not in compliance. (1-N/A-See above explanation). (89%).</p> <p>#Inmate Dx: Mood Disorder, NOS, was refusing cogentin as part of his psychotropic medication regime. No appointment scheduled to address his medication regime.</p> <p>La Paz:</p> <p>Reviewed ten (10) medical files and out of the ten (10) reviewed all medical files were in compliance. (100%).</p> <p>Cibola:</p> <p>Reviewed ten (10) medical files and out of the ten (10) reviewed all medical files were in compliance. (100%).</p> <p>Authority:</p> <p>Department Order 1101</p> <p>Health Services Technical Manual Chapter 5 Section 7.1</p>	
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Infection Control						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does the facility have a written exposure control plan? [NCCHC Standard P-B-01]	X			9/26/2013 5:31 PM Entered By: Brenda McMullen	1
2	Is the health unit in compliance with NCCHC Standard P-B-01 compliance indicators?	X			9/26/2013 5:31 PM Entered By: Brenda McMullen	1
3	Are standard precautions used by health care practitioners? [NCCHC Standard P-B-01]	X			9/26/2013 5:32 PM Entered By: Brenda McMullen	1
4	Are precautionary instructions given to security when necessary (to include transportation staff)? [NCCHC Standard P-B-01]	X			9/26/2013 5:32 PM Entered By: Brenda McMullen	1
5	Are Sanitation workers trained in appropriate methods for handling and disposing of biohazard spills and materials? [NCCHC Standard P-B-01]	X			9/26/2013 5:32 PM Entered By: Brenda McMullen	1
6	Are active TB patients transported to hospitals with negative pressure rooms? [NCCHC Standard P-B-01]	X			9/26/2013 5:32 PM Entered By: Brenda McMullen	2
7	Does the facility assure that inmates released with infectious or communicable diseases are provided with community referrals and for transfer inmates, notify the receiving facility of the medical condition? [NCCHC Standard P-B-01]	X			9/26/2013 5:32 PM Entered By: Brenda McMullen	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			9/26/2013 5:32 PM Entered By: Brenda McMullen	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			9/26/2013 5:32 PM Entered By: Brenda McMullen	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			9/26/2013 5:32 PM Entered By: Brenda McMullen	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			9/26/2013 5:32 PM Entered By: Brenda McMullen	1
12	Has the facility developed a needle-stick	X			9/26/2013 5:33 PM Entered By: Brenda	1

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	prevention program? [NCCHC Standard P-B-01]				Mcmullen	
13	Is there a designated Infection Control liaison ? [NCCHC Standard P-B-01]	X			9/26/2013 5:33 PM Entered By: Brenda Mcmullen	1
14	Are red bags being handled and stored appropriately? [NCCHC Standard P-B-01]	X			9/26/2013 5:33 PM Entered By: Brenda Mcmullen	1
15	Are dirty sharps maintained in a double locked area? [NCCHC Standard P-B-01]	X			9/26/2013 5:33 PM Entered By: Brenda Mcmullen	1



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<b>Medication Administration</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			9/26/2013 5:33 PM Entered By: Brenda McMullen	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			9/26/2013 5:33 PM Entered By: Brenda McMullen	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			9/26/2013 5:34 PM Entered By: Brenda McMullen	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]			X	<p>9/30/2013 4:25 PM Entered By: Brenda McMullen See below</p> <p>9/26/2013 6:09 PM Entered By: Brenda McMullen Cibola 10 Mars reviewed 9 Mars out of compliance #Inmate no start date, no dx, no allergy #Inmate no dx, no start date #Inmate no transcriber, no start date, no dx #Inmate no start date, no dx, no allergy #Inmate no start date, no dx #Inmate no transcriber, no dx #Inmate no transcriber, no dx, no allergy #Inmate no transcriber, no start date, no dx #Inmate no transcriber, no start date, no dx Cocopath 10 Mars reviewed 9 Mars out of compliance #Inmate no dx, no allergy, no transcriber, no start date, no allergy #Inmate no dx, no allergy, no start date #Inmate no transcriber, no start date, no dx, no allergy #Inmate not checked by nursing staff, no transcriber, no start date, no dx #Inmate not checked by nursing, no stop date, Preprinted MAR Timolol Mal Soln order date lined out and new order date written, stop date lined out new stop date written, no transcriber, no dx #Inmate no stop date #Inmate no transcriber missing start dates, no dx #Inmate no transcriber, no dx #Inmate not checked by nursing, no transcriber, no start date, no dx 50 charts reviewed 3 charts in compliance 6% compliance</p> <p>9/25/2013 5:53 AM Entered By: Brenda McMullen Cheyenne 10 MARS reviewed 10 MARS out of compliance #Inmate no start date no dx #Inmate no start date no dx #Inmate no start date, no stop date no dx #Inmate no start date no dx #Inmate no transcriber, no dx, no allergy, no order date, no start/stop date</p>	1

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				<p>#Inmate no start date, no dx, no transcriber</p> <p>#Inmate no prescriber, no start date, no dx, no allergy, no month/year</p> <p>#Inmate no dx, no start date</p> <p>#Inmate no start date, no dx, no allergy</p> <p>#Inmate no start date, no stop date, no dx</p> <p>Dakota 10 MARS 10 MARS out of compliance</p> <p>#Inmate no dx, no start date, no stop date</p> <p>#Inmate no dx, no allergy, no transcriber</p> <p>#Inmate no transcriber, no start date, no stop date, no dx</p> <p>#Inmate no start date, no dx, no allergy</p> <p>#Inmate not checked by nursing, no transcriber, no start date, no dx</p> <p>#Inmate no transcriber, no dx, no prescriber on Cipro-Tylenol</p> <p>#Inmate no start date, no dx</p> <p>#Inmate no transcriber, no dx, no allergy</p> <p>#Inmate not checked by nursing, no transcriber, no dx</p> <p>#Inmate no start date, no dx</p> <p>La Paz 10 MARS reviewed 9 Mars out of compliance</p> <p>#Inmate no start date, no dx</p> <p>#Inmate no dx, no allergy, no start date</p> <p>#Inmate Ziprasidone not given 9/11-16/13, 9/15-17/13, 9/19-20/13 no explanation</p> <p>#Inmate no transcriber, no start/stop date</p> <p>#Inmate no start date, no dx</p> <p>#Inmate no start date, no dx, no allergy</p> <p>#Inmate no start date, no dx</p> <p>#Inmate order written over/changed, no start date, no dx</p> <p>#Inmate no dx no start date,</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		9/26/2013 6:09 PM Entered By: Brenda McMullen yes	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	9/26/2013 6:10 PM Entered By: Brenda McMullen #Inmate order 8/29/13 did not receive until 9/4/13	2
7	Are inmates being required to show ID prior to being administered their medications?	X		9/26/2013 6:11 PM Entered By: Brenda McMullen Observed med passes at all units, inmates asked for ID's.	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]	X		9/30/2013 11:03 AM Entered By: Brenda McMullen	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X		9/26/2013 6:43 PM Entered By: Brenda McMullen Cocopath 3 NFR reviewed 3 NFR out of compliance for the Month of Sept #Inmate submitted 9/5/13 not reviewed 9/25/13 #Inmate submitted 8/30/13 not reviewed	2

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				<p>9/25/13                  #Inmate submitted 7/16/13 filled 9/17/13 Cibola 7 NFR reviewed 1 NFR out of compliance for the Month of Sept.                  #Inmate submitted 8/20/13 approved 8/30/13                  La Paz 29 NFR reviewed 29 NFR in compliance for the Month of Sept                  #Inmate tramadol submitted 9/11/13 not reviewed                  #Inmate neurontin submitted 9/11/13 not reviewed                  Dakota 2 NFR reviewed 2 NFR in compliance for the Month of Sept                  Cheyenne 9 NFR reviewed 1 NFR out of compliance for the month of Sept                  50 NFR reviewed 7 NFR out of compliance 86% compliance</p>	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X		9/26/2013 6:43 PM Entered By: Brenda McMullen	2
11	Are medication error reports being completed and medication errors documented?	X		<p>9/26/2013 6:53 PM Entered By: Brenda McMullen</p> <p>9/26/2013 4:33 PM Entered By: Brenda McMullen                  #Inmate Medication ordered 8/29/13 inmate did not receive until 9/4/13. Medication on unit evening of 9/3/13.</p>	2

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

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

**Level 1 Red User: Brenda McMullen Date: 9/30/2013 4:25:21 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

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

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

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Brenda McMullen Date: 9/26/2013 6:10:35 PM**

Corrective Plan: On October 4th there was a meeting with FHA and pharmacy to develop a plan for medications to eliminate the medications and delay.

Pharmacy will develop a typed process to distribute to each staff member at the October 8th staff meeting by Lowell and Salmone.

On October 8th all staff will be trained in the new Pharmacy process and will sign an acknowledgement to the process by Rogers/Robles/Lowell/Salmone

On October 9th the new process will be in place regarding medications.

The process will be available to staff, and monitors on each unit by October 9th.

Corrective Actions: Approved. See above.

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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			9/12/2013 11:53 AM Entered By: Anthony Medel Yes, the FHA, Kelli Rogers follows a Corizon Staffing Control Document (SCD) that addresses labor concerns and openings with the intent to fill any openings as soon as possible.	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		9/30/2013 2:56 PM Entered By: Anthony Medel 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].  Based on the adequacy and effectiveness of the staffing here at this complex, as these two examples here at the complex address the facilities capability to meet the needs of the inmate population.  Medical Records:  Are provider orders noted daily with time, date and name of the person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]  Reviewed 50 (fifty) charts complex wide and 32 (thirty-two) charts were not in compliance with provider orders noted daily with time, date and name of the person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0] (36%)  Reference: RFP Contract 2.20.2.5. Medical Records  Does the Medication Record Administration (MAR) in the medical chart reflect dose, route, frequency, start date and nurses' signature? [HSTM Chapter4, Section 1.1, Chapter 5, Section 6.4]  Reviewed 46 (forty-six) charts were N/A charts complex wide and 42 (thirty-two) charts were not in compliance with 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]. (8%).  Reference: RFP Contract 2.20.2.5. Medical Records	3
3	Are all positions filled per contractor staffing pattern?		X		9/12/2013 12:56 PM Entered By: Anthony Medel Currently positions are not all filled here at this complex, as per below approved staffing.  Assistant FHA      1.0	2

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				<p>Dental Assistant 1.0 Dental Hygienist 0.2 Mid-Level Provider 1.0 (Filled at 90% capacity with Locum Tenens at this time) Practitioner Filled at 100% with a Locum Tenens at this time</p> <p>Dr. Jordan was extended for three more months (12/19/2013) K. Daye is a Nurse Practitioner on the Cheyenne Unit until the end of September.</p> <p>RFP Contract 2.17.6.1 Staffing Plan and Levels</p>	
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X		<p>9/12/2013 12:04 PM Entered By: Anthony Medel Yes, the FHA, Kelli Rogers is kept well informed by the recruiter at their corporate office of the openings here at this complex. The FHA consistently stays in contact with the corporate recruiter regarding any crucial openings within the complex that need to be filled immediately.</p>	2
5	Do Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance, Professional license, NEO, CEUs)?	X		<p>9/23/2013 8:45 AM Entered By: Anthony Medel Does Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance, Professional license, NEO, CEUs)?</p> <p>Yes, Health Services staff meets the prerequisites to be able to work on site, as Health Service Compliance Monitor had the opportunity to review spreadsheets from the Administrative Assistances. These spreadsheets had up to date licensure, CPR completion, and TB clearance.</p>	1

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

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

**Level 3 Amber User: Anthony Medel Date: 9/30/2013 2:56:58 PM**

Corrective Plan: Effective October 1st Yuma is operating at SCD. All nursing positions are filled.

Effective October 6th the AFHA will be onsite and working

Effective October 14th Nurse Practitioner will be onsite working

Still actively interviewing for the third Nurse Practitioner however position is being filled with locum

Plan is by November 01st all processes and position assignments will be in place and will be evident by percentage increase on the effectiveness of meeting the needs of the population

Corrective Actions: See above.

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

**Level 2 Amber User: Anthony Medel Date: 9/12/2013 12:56:44 PM**

Corrective Plan: Corizon will actively recruit for positions of AFHA, Mid-Level Provider, and Practitioner until position

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filled.

Corizon will post position throughout the country on the website by 10-01-13 for positions of the mid-level provider and practitioner.

Smallwoods would actively recruit for dental hygienist until filled. Smallwoods will post the dental hygienist position by 10-01-13.

Dental Assistant is 100percent  
Mid-Level Diana Curd (FNP) has just passed background

Corrective Actions: See above.

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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		9/26/2013 6:46 PM Entered By: Brenda McMullen HSA/DON unaware of policy and procedure. Will implement procedure.	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			9/26/2013 6:46 PM Entered By: Brenda McMullen	1
3	Are release medications for chronic conditions and mental health medications being provided to the inmate the day of release from prison?	X			9/26/2013 6:50 PM Entered By: Brenda McMullen 50 releases reviewed 19 inmates on medications and recieved medications on release	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			9/26/2013 6:51 PM Entered By: Brenda McMullen	1
5	When appropriately requested, are medical records being provided to inmate authorized medical providers upon release?	X			9/26/2013 6:51 PM Entered By: Brenda McMullen	1

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

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

**Level 1 Amber User: Brenda McMullen Date: 9/26/2013 6:46:06 PM**

Corrective Plan: As of October 01, 2013 all diabetic inmates who are within 30 days of discharge are placed on diabetic training.

Diabetics will begin education regarding blood sugar screening, and taught how to draw up their insulin. Diabetics are taught the signs and symptoms of hypo and hyperglycemia.

Diabetics will administer their insulin after the proper dose is checked by the registered nurse

On 9-19-13 allowing inmates to handle the diabetic needle was approved by the warden.

Corrective Actions: Reinforce with staff that diabetic will be provided within 30 days of inmate release date. Continue to monitor.



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<b>Infirmiry Care</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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 9:52 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			9/3/2013 9:52 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	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 9:53 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			9/3/2013 9:53 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			9/3/2013 9:53 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	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 9:53 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			9/3/2013 9:54 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	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 9:54 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	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 9:54 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			9/3/2013 9:54 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmiry.	1
11	Are vital signs done daily when required?	X			9/3/2013 9:54 AM Entered By: Anthony Medel	1

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					N/A-Yuma does not have an infirmary.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			9/3/2013 9:55 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmary.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			9/3/2013 9:55 AM Entered By: Anthony Medel N/A-Yuma does not have an infirmary.	1

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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			<p>9/13/2013 8:58 AM Entered By: Anthony Medel                      Reviewed health records maintained under secure conditions separate from correctional records (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%). (Green)</p> <p>NCCHC Standard                      P-H-02 Confidentiality of Health Records</p> <p>9/11/2013 11:15 AM Entered By: Anthony Medel                      Reviewed health records maintained under secure conditions separate from correctional records (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%)</p> <p>Cibola:                      Reviewed health records maintained under secure conditions separate from correctional records on this yard. (100%)</p> <p>Dakota:                      Reviewed health records maintained under secure conditions separate from correctional records on this yard. (100%)</p> <p>Cheyenne:                      Reviewed health records maintained under secure conditions separate from correctional records on this yard. (100%)</p> <p>Cocopah:                      Reviewed health records maintained under secure conditions separate from correctional records on this yard. (100%).</p> <p>La Paz:                      Reviewed health records maintained under secure conditions separate from correctional records on this yard. (100%)</p> <p>NCCHC Standard                      P-H-02 Confidentiality of Health Records</p>	1
2	Is access to health records and health information controlled by the health authority?	X			<p>9/13/2013 9:00 AM Entered By: Anthony Medel                      Reviewed accessibility to health records and health information controlled by the health authority (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%) (Green).</p> <p>NCCHC Standard                      P-H-02 Confidentiality of Health Records</p>	1

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					<p>9/11/2013 11:19 AM Entered By: Anthony Medel          Reviewed accessibility to health records and health information controlled by the health authority (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%)</p> <p>Cibola:          Reviewed accessibility to health records and health information controlled by the health authority on this yard. (100%)</p> <p>Dakota:          Reviewed accessibility to health records and health information controlled by the health authority on this yard. (100%)</p> <p>Cheyenne:          Reviewed accessibility to health records and health information controlled by the health authority on this yard. (100%)</p> <p>Cocopah:          Reviewed accessibility to health records and health information controlled by the health authority on this yard. (100%)</p> <p>La Paz:          Reviewed accessibility to health records and health information controlled by the health authority on this yard. (100%)</p> <p>NCCHC Standard          P-H-02 Confidentiality of Health Records</p>	
3	Is there evidence that health staff receive instruction in maintaining patient confidentiality?	X			<p>9/13/2013 9:03 AM Entered By: Anthony Medel          Reviewed is there evidence that health staff receive instruction in maintaining patient confidentiality (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%)</p> <p>NCCHC Standard          P-H-02 Confidentiality of Health Records          P-C-09 Orientation for Health Staff</p> <p>9/11/2013 12:42 PM Entered By: Anthony Medel          Reviewed there evidence that health staff receive instruction in maintaining patient confidentiality (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%)</p> <p>Cibola:          Reviewed there evidence that health staff receive instruction in maintaining patient confidentiality on this yard. (100%)</p> <p>Dakota:          Reviewed there evidence that health staff receive instruction in maintaining patient confidentiality on this yard. (100%)</p> <p>Cheyenne:</p>	1

September 2013 YUMA COMPLEX

					<p>Reviewed there evidence that health staff receive instruction in maintaining patient confidentiality on this yard. (100%)</p> <p>Cocopah: Reviewed there evidence that health staff receive instruction in maintaining patient confidentiality on this yard. (100%)</p> <p>La Paz: Reviewed there evidence that health staff receive instruction in maintaining patient confidentiality on this yard. (100%)</p> <p>NCCHC Standard P-H-02 Confidentiality of Health Records P-C-09 Orientation for Health Staff</p>	
4	Are the records transported by non-health staff sealed?	X			<p>9/13/2013 9:06 AM Entered By: Anthony Medel Reviewed that the medical records transported by non-health staff is sealed (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%) (Green).</p> <p>NCCHC Standard P-H-02 Confidentiality of Health Records</p> <p>9/11/2013 12:52 PM Entered By: Anthony Medel Reviewed that the medical records transported by non-health staff is sealed (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%)</p> <p>Cibola: Reviewed that the medical records transported by non-health staff is sealed on this yard. (100%)</p> <p>Dakota: Reviewed that the medical records transported by non-health staff is sealed on this yard. (100%)</p> <p>Cheyenne: Reviewed that the medical records transported by non-health staff is sealed on this yard. (100%)</p> <p>Cocopah: Reviewed that the medical records transported by non-health staff is sealed on this yard. (100%)</p> <p>La Paz: Reviewed that the medical records transported by non-health staff is sealed on this yard. (100%)</p> <p>NCCHC Standard P-H-02 Confidentiality of Health Records</p>	1

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5	Are non-health staff who observe or overhear a clinical encounter instructed that they must maintain confidentiality?	X			<p>9/13/2013 9:09 AM Entered By: Anthony Medel Review of the non-health staff that observe or overhear a clinical encounter is instructed they must maintain confidentiality (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%) (Green).</p> <p>NCCHC Standard P-A-09 Privacy of Care</p> <p>9/11/2013 1:00 PM Entered By: Anthony Medel Review of the non-health staff that observe or overhear a clinical encounter are instructed they must maintain confidentiality (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%)</p> <p>Cibola: Review of the non-health staff that observe or overhear a clinical encounter are instructed they must maintain confidentiality on this yard. (100%)</p> <p>Dakota: Review of the non-health staff that observe or overhear a clinical encounter are instructed they must maintain confidentiality on this yard. (100%)</p> <p>Cheyenne: Review of the non-health staff that observe or overhear a clinical encounter are instructed they must maintain confidentiality on this yard. (100%)</p> <p>Cocopah: Review of the non-health staff that observe or overhear a clinical encounter are instructed they must maintain confidentiality on this yard. (100%)</p> <p>La Paz: Review of the non-health staff that observe or overhear a clinical encounter are instructed they must maintain confidentiality on this yard. (100%)</p> <p>NCCHC Standard P-A-09 Privacy of Care</p>	1
6	Prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information?	X			<p>9/13/2013 9:11 AM Entered By: Anthony Medel Reviewed prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%) (Green).</p>	1

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				<p>9/11/2013 1:08 PM Entered By: Anthony Medel  Reviewed prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%)</p> <p>Cibola:  Reviewed prior to releasing medical information to the Board of Executive Clemency has the inmate signed an authorization to release medical information on this yard. (100%)</p> <p>Dakota:  Reviewed prior to releasing medical information to the Board of Executive Clemency has the inmate signed an authorization to release medical information on this yard. (100%)</p> <p>Cheyenne:  Reviewed prior to releasing medical information to the Board of Executive Clemency has the inmate signed an authorization to release medical information on this yard. (100%)</p> <p>Cocopah:  Reviewed prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information on this yard (100%)</p> <p>La Paz:  Reviewed prior to releasing medical information to the Board of Executive Clemency has the inmate signed an authorization to release medical information on this yard. (100%)</p>	
7	Is medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary?	X		<p>9/13/2013 9:14 AM Entered By: Anthony Medel  Reviewed that medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary (on each yard). Reviewed the health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%) (Green)</p> <p>NCCHC Standard  P-A-08 Communication of Patients Health Needs</p> <p>9/11/2013 1:14 PM Entered By: Anthony Medel  Reviewed that medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary (on each yard). Reviewed the</p>	1

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				<p>health records locale complex wide and out of the five (5) yards all five (5) yards were in compliance. (100%)</p> <p>Cibola: Reviewed that medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary on this yard. (100%)</p> <p>Dakota: Reviewed that medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary on this yard. (100%)</p> <p>Cheyenne: Reviewed that medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary on this yard. (100%)</p> <p>Cocopah: Reviewed that medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary on this yard (100%)</p> <p>La Paz: Reviewed that medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary on this yard. (100%)</p> <p>NCCHC Standard P-A-08 Communication of Patients Health Needs</p>	
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### September 2013 YUMA COMPLEX

<b>Medication Room</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is the medical room kept locked when not occupied?	<b>X</b>			9/26/2013 6:54 PM Entered By: Brenda McMullen	<b>1</b>
2	Are open medication vials being marked with the date they were opened?	<b>X</b>			9/26/2013 6:55 PM Entered By: Brenda McMullen	<b>1</b>
3	Is nursing staff checking for outdated (expiring)medications?	<b>X</b>			9/26/2013 6:55 PM Entered By: Brenda McMullen	<b>1</b>