

October 2013 EYMAN COMPLEX

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>10/30/2013 4:19 PM Entered By: Yvonne Maese SMUI: Is sick call being conducted five days a week Monday through Friday (excluding holidays).</p> <p>No appt sheet for the 10/2 and 10/7 indicating sick call did not occur</p> <p>Meadows: Is sick call being conducted five days a week Monday through Friday (excluding holidays).</p> <p>No appt sheet for the 10/22 indicating sick call did not occur</p> <p>Rynning: Is sick call being conducted five days a week Monday through Friday (excluding holidays).</p> <p>No appt sheet for the 10/1 IR written</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]			X	<p>10/29/2013 12:53 PM Entered By: Yvonne Maese</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 twenty-nine (29) were not in compliance. October- 42%</p> <p>Browning: 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.</p> <p>Inmate No HNR in chart for sick call 10/3 Inmate Triaged on 10/5, but not seen until 10/8</p> <p>SMUI: Sick call inmates being seen within 24 hours of the HNR being triaged: seven (7) out of the ten (10) charts were not in compliance.</p> <p>Inmate Triaged on 9/20, but not seen until 10/3. Inmate Triaged on 9/25, but not seen until 10/3. Inmate Triaged on 9/25, but not seen until 10/4. Inmate Triaged on 9/27, but not seen until 10/1. Inmate Triaged on 9/18, but not seen until 10/3. Inmate Triaged on 9/20, but not seen until 10/3. Inmate Triaged on 10/4, but not seen until 10/10.</p>	1

October 2013 EYMAN COMPLEX

Cook:

Sick call inmates being seen within 24 hours of the HNR being triaged: Eight (8) out of the ten (10) charts were not in compliance.

Inmate Triaged on 10/15, but not seen until 10/17

Inmate Triaged on 10/15, but not seen until 10/17

Inmate Triaged on 10/15, but not seen until 10/17

Inmate No HNR in chart, inmate charged on 10/16

Inmate Triaged on 10/14, but not seen until 10/16

Inmate No HNR in chart, inmate charged on 10/16

Inmate No HNR in chart, inmate charged on 10/9

Inmate Triaged on 10/12, but not seen until 10/14

Rynning:

Sick call inmates being seen within 24 hours of the HNR being triaged: four (4) out of the ten (10) charts were not in compliance.

Inmate -no triage date, seen 10/18

Inmate -no triage date, seen 10/10

Inmate -no triage date, seen on 10/8

Inmate no HNR in chart, inmate charged on 10/8

Meadows:

Sick call inmates being seen within 24 hours of the HNR being triaged: Eight (8) out of the ten (10) charts were not in compliance.

Inmate no HNR in chart, inmate charged on 10/7

Inmate triaged 9/30, but not seen until 10/11

Inmate triaged 9/24, but not seen until 10/8

Inmate -triated 10/1, but not seen until 10/8

Inmate -triated 9/26, but not seen until 10/8

Inmate no HNR in chart, inmate charged on 10/3

Inmate -triated on 10/2, nut not seen until 10/4

Inmate -no HNR in chart, inmate charged on 10/3

AUTHORITY:

Per NCCHC P-E-07, non-emergency request 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 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

October 2013 EYMAN COMPLEX

				<p>hours (or immediately for emergent needs) of the request from date and time.</p> <p>HSTM chapter 5, section 3.1</p>	
3	<p>Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]</p>	X		<p>10/29/2013 12:43 PM Entered By: Yvonne Maese 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 eight (8) were not in compliance. October 84%</p> <p>SMUI: Sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call: one (1) out of ten (10) charts reviewed were not in compliance.</p> <p>Inmate no documented vital signs</p> <p>Browning: Sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call: one (1) out of ten (10) charts reviewed were not in compliance.</p> <p>Inmate no documentation in chart for nursing encounter</p> <p>Meadows: Sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call: Three (3) out of ten (10) charts reviewed were not in compliance.</p> <p>Inmate vital signs not documented Inmate no documentation in chart for nursing encounter Inmate no documentation in chart for nursing encounter</p> <p>Rynning: 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 ten (10) charts reviewed were not in compliance.</p> <p>Inmate no documented vitals Inmate no documentation in chart for nursing encounter</p> <p>Cook: Sick call inmates to determine if vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call: one (1) out of ten (10) charts reviewed were not in compliance.</p> <p>Inmate-no documentation for nursing encounter</p>	1

October 2013 EYMAN COMPLEX

				<p>AUTHORITY: Per the contract, (solicitation # ADOC 12-00001105; 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>10/29/2013 12:41 PM Entered By: Yvonne Maese Complex: Reviewed 50 charts of sick call inmates to determine if the SOAPE format is being utilized in the inmate medical record for encounters. Out of the 50 charts reviewed twenty-seven (27) were not in compliance. October- 46%</p> <p>SMUI: Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: One (1) out of the ten (10) charts reviewed were not in compliance.</p> <p>Inmate SOAPE format not utilized for 10/3 nursing encounter</p> <p>Browning: Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: ten (10) out of ten (10) charts reviewed were not in compliance.</p> <p>Inmate 10/7 form incomplete Inmate 10/10 form incomplete Inmate 10/10 form incomplete Inmate 10/10 form incomplete Inmate 10/3 no education documented Inmate 10/3 no education documented Inmate 10/11 no education documented Inmate 10/10 no education documented Inmate 10/8 no education documented Inmate 10/10 no NET or progress note</p> <p>Cook: Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: One (1) out of ten (10) charts reviewed was not in compliance.</p> <p>Inmate no documentation for nursing encounter</p> <p>Rynning:</p>	1

October 2013 EYMAN COMPLEX

				<p>Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: Seven (7) out of ten (10) charts reviewed were not in compliance.</p> <p>Inmate-10/14 no education documented Inmate-10/14 no education documented Inmate-10/12 no education documented Inmate-10/10 no education documented Inmate-10/8 no documentation for nursing encounter Inmate-10/5 no education documented Inmate-10/5 no education documented</p> <p>Meadows: Sick call inmates to determine if the SOAPE format being utilized in the inmate medical record for encounters: Eight (8) out of ten (10) charts reviewed were not in compliance.</p> <p>Inmate-10/7 no education documented Inmate-10/7 no education documented Inmate-10/8 no education documented Inmate-10/8 no education documented Inmate No documentation for nursing encounter Inmate-10/3 no education documented Inmate-10/4 no education documented Inmate-10/10 no education documented</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC 12-00001105; 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>HSTM chapter 5- section 1.3</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>10/29/2013 12:39 PM Entered By: Yvonne Maese 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 ten (10) were not in compliance. October- 80%</p> <p>Browning: sick call inmates reviewed 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 were not in compliance.</p> <p>Inmate referred 10/10, provider appt set for 11/2013</p> <p>SMUI: Sick call inmates reviewed to determine if</p>	1

October 2013 EYMAN COMPLEX

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

Inmate referred 10/3, not seen as of 10/17

Meadows:

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

Inmate-referred 10/3, no appt as of 10/23

Rynning:

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

Inmate referred 9/19, seen 10/8

Inmate referred 10/14, no appt as of 10/21

Inmate referred 10/12, no appt as of 10/21

Inmate referred 10/8, no appt as of 10/21

Inmate referred 10/5, no appt as of 10/21

Cook:

Sick call inmates reviewed to determine if referrals to providers from sick call are being seen within seven (7) days: Two (2) out of ten (10) charts reviewed were not in compliance.

Inmate referred 10/17, no appt as of 10/25

Inmate-referred 10/17, no appt as of 10/25

AUTHORITY:

Under the terms of the contract (Solicitation #ADOC 12-00001105; 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 compare to date of sick call.

October 2013 EYMAN COMPLEX

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

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

Level 1 Amber User: Yvonne Maese Date: 10/30/2013 4:19:09 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a.Scheduling patients
- b.Staffing

2.In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1

Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all inmates (Sick Call Attachment); and site specific process

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

3.Monitoring (Sick Call Audit Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-1/30/13

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

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

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

Level 1 Red User: Yvonne Maese Date: 10/29/2013 12:53:20 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

3.Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

Level 1 Amber User: Yvonne Maese Date: 10/29/2013 12:41:47 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

October 2013 EYMAN COMPLEX

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

October 2013 EYMAN COMPLEX

Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]	X			10/30/2013 12:10 PM Entered By: Bryce Bartruff Reviewed 13 consult reports. 12 were compliant. Browning – #Inmate consult initiated 9/11. No consult was scheduled as of October 15, 2013 92% compliant	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]	X			10/30/2013 12:11 PM Entered By: Bryce Bartruff Comples reviewed 13 consult reports. Reported 12 compliant. Rynning - 134318 consult received 9/13 and read 9/30 92% compliant	2
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]		X		10/30/2013 12:13 PM Entered By: Bryce Bartruff Complex reviewed 13 consult reports. 7 were compliant. Browning - IM Inmate did not receive needed consultation services. SMU1 - IM Inmate did not receive needed consultation services. Meadows – IM Inmate scheduled 9/23 not done as of 10/16 IM Inmate scheduled 9/30 not done as of 10/16 IM Inmate scheduled 9/4 no report as of 10/16 Cook – IM Inmate did not receive treatment to his prostate carcinoma with metastases in a timely manner. 54 % compliant	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			10/30/2013 12:16 PM Entered By: Bryce Bartruff Complex reviewed 13 consult reports. 11 were compliant. Browning - Inmate did not receive needed health services. SMU - Inmate did not receive off-site services appropriate to meet health needs 85% compliant	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			10/30/2013 12:17 PM Entered By: Bryce Bartruff 10/30/2013 12:17 PM Entered By: Bryce Bartruff	2

October 2013 EYMAN COMPLEX

10/30/2013 12:17 PM Entered By: Bryce Bartruff

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

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

Level 3 Amber User: Bryce Bartruff Date: 10/30/2013 12:13:03 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date - 11/30/13

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

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

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

Target Date - 11/30/13

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

October 2013 EYMAN COMPLEX

Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			10/30/2013 12:29 PM Entered By: Martin Winland	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			X	<p>10/30/2013 12:34 PM Entered By: Martin Winland</p> <p>Eyman continues to struggle with policy/procedures. On my visit (10-21-2013) it was evident that the facility is in need of intensive retraining in multiple areas concerning pharmacy. Red Books were not complete, Perpetual Inventories were not accurate, Medication was in need of return to Pharmacorr (some dating back to 4-29-2013), Temperature logs were not complete, opened insulin vials lacked proper dating, Return Medications stored in a van, Orders needing pulled and sent to Pharmacorr. A report of my findings was sent to Kelly Mier, and James Taylor. I continue to view daily reports to alert the facility of medications needing reordered and or renewed. As of 10-25-2013, Formulary 329, and Non Formulary 11 appear on the Expiration Reports. With the information available Eyman shows 64% compliance. Eyman was one of the facilities that was "blitzed" and the above percentage may have been affected by late renewal. Eyman has not produced an Expiring Medication report for review HSTM 4.1.6 Non-Formulary Drug Requests & HSTM 4.1.1 Pharmaceutical Dispensing Procedures –RED- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity, 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. October 2013 Non –Formulary Drug Requests – Non Formulary Medication Reports indicate 519 expiring medications (09-17-2013). As of (10-25- 2013), the total number of Non-Formulary medications is 78.</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. October Formulary Report indicates: 6678 formulary medications expiring (9/17/2013). As of (10/25/2013), the total number of Formulary medication is 1100.</p>	2

October 2013 EYMAN COMPLEX

				<p>C)Corizon has initiated a state wide "blitz" in an effort to correct site issues/concerns. It is evident from the totals remaining that the "blitz" has been somewhat effective.</p> <p>D)The October 25, 2013 Expiring Medication Report (Formulary and Non Formulary) was sent to Vickie Bybee, Brenda Mastopietro, James Taylor, Winifred Williams, and Christy Somner for follow up.</p> <p>E)To Date, (10-30-2013) my request for Expiring Medication Reports and documentation as to actions taken to resolve the expiring medication, although agreed upon with Corizon, has not materialized. Perryville and Winslow are the only facilities that have followed through with this request.</p> <p>F)Although the blitz has helped to correct, thus far, the Expiring Medication concerns, I am still concerned with refills for active medication being filled in a timely manner.</p>	
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X		10/30/2013 12:34 PM Entered By: Martin Winland	1
4	When a medication error occurs, is nursing staff completing a medication error report, documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]		X	10/30/2013 12:36 PM Entered By: Martin Winland Per Audit Nurse Bartuff "Nursing is not reporting all medication errors. No error reports documented. Reference MARS reporting measure"	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		10/30/2013 12:37 PM Entered By: Martin Winland	1

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

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

Level 2 Red User: Martin Winland Date: 10/30/2013 12:34:45 PM

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

Corrective Actions: October Action plan submitted by Corizon-
Intakes-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
 - a. Intake Orders
 - b. Private Prisons
2. In-service staff on process per PharmaCorr policy,
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)

October 2013 EYMAN COMPLEX

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

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

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

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

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

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

- a. Internal
- b. External

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

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

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

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

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

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

Target Date - 11/30/13

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

4 When a medication error occurs, is nursing staff completing a medication error report, documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]

Level 2 Amber User: Martin Winland Date: 10/30/2013 12:36:56 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.

October 2013 EYMAN COMPLEX

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		10/29/2013 1:55 PM Entered By: Jessica Raak *Out of 60 charts pulled, 52 were in compliance = 87% Rynning: (10 out of 10 charts were in compliance) Note: this unit alone would have been a green finding. No findings. Browning: (9 out of 10 charts were in compliance) Inmate(SMI): +5 days. SMU: (13 out of 20 charts were in compliance) Note: this unit alone would have been a red finding as there was a decrease in compliance at this unit due to HNR's not being triaged within timeframes. Inmate(SMI): +11 days Inmate(SMI): 2 findings: 1. +2 days. 2. HNR never triaged. Inmate +27 days. Inmate +6 days. Inmate +5 days. Inmate +17 days. Inmate +3 days. Cook: (10 out of 10 charts were in compliance) Note: this unit alone would have been a green finding. No findings. Meadows: (10 out of 10 charts were in compliance) Note: this unit alone would have been a green finding. No findings.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]			X	10/29/2013 1:58 PM Entered By: Jessica Raak *Out of 60 charts pulled, 43 were in compliance = 71% (Note: Mental Health Service compliance has decreased at Eyman Complex). Rynning: (10 out of 10 charts were in compliance) Note: this unit alone would have been a green finding. No findings. Browning: (6 out of 10 charts were in compliance) Inmate(SMI): Referred 9/11/13 and seen 10/4/13. Inmate Referred 9/25/13 and seen 10/4/13. Inmate Referred 9/14/13 and seen 10/8/13. Inmate Referred 8/12/13 & 9/15/13 and seen 10/4/13. SMU: (9 out of 20 charts were in compliance) Inmate(SMI): Referred 9/03/13 & 9/24/13 and still not seen. Inmate(SMI): Referred 9/11/13 and still not seen. Inmate(SMI): Referred 9/19/13 and still not seen. Inmate(SMI): Referred 9/11/13 and still not seen. Inmate Referred 7/1/13 and still has not been seen. Inmate Referred 6/21/13 and 7/31/13 and still not seen. Inmate Referred 12/17/12 and was never	2

October 2013 EYMAN COMPLEX

					<p>seen. Inmate (SMI): Referred 9/11/13 and not seen until 10/16/13. Inmate (SMI): Referred 8/28/13 and not seen until 9/12/13. Inmate Referred 8/12/13 and not seen until 9/29/13. Inmate Referred 8/27/13 and not seen until 9/25/13. Cook: (9 out of 10 charts were in compliance) Note: this unit alone would have been an amber finding. Inmate Referred 9/25/13 and not seen until 10/14/13. Meadows: (9 out of 10 charts were in compliance) Note: this unit alone would have been an amber finding. Inmate (SMI): Referred 9/25/13 while on watch and still has not been seen.</p>	
3	<p>Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]</p>			X	<p>10/29/2013 2:01 PM Entered By: Jessica Raak *Out of 60 charts pulled, 36 were in compliance = 60% (Note: Mental Health Service compliance has decreased at Eyman Complex). The following inmates need treatment plans or treatment plan updates. Rynning: (6 out of 10 charts were in compliance) Inmate Inmate (SMI), Inmate (SMI), Inmate (SMI). Browning: (7 out of 10 charts were in compliance) Inmate (SMI), Inmate Inmate SMU: (10 out of 20 charts were in compliance) Inmate (SMI), Inmate (SMI), Inmate (SMI), Inmate (SMI), Inmate (SMI), Inmate (SMI), Inmate (SMI), Inmate (SMI). Cook: (9 out of 10 charts were in compliance) Note: this unit alone would have been an amber finding. Inmate Meadows: (4 out of 10 charts were in compliance) Inmate (SMI), Inmate (SMI), Inmate (SMI), Inmate (SMI), Inmate (SMI), Inmate (SMI).</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>10/29/2013 2:03 PM Entered By: Jessica Raak *Out of 60 charts pulled, 28 were in compliance = 47% (Note: Mental Health Service compliance has decreased at Eyman Complex). The following inmates are past due for their psychology visit: (Note: the dates listed below are last visits for psychology, without taking psychiatry in consideration. Psychiatry might have been the last to see inmate, but their last seen date still was not within timeframes in the charts below). Rynning: (6 out of 10 charts were in compliance) Inmate Last seen 4/12/13 (Detention inmate). Inmate Last seen 7/15/12 (Detention inmate).</p>	2

October 2013 EYMAN COMPLEX

					<p>Inmate Last seen 4/30/13 (Detention inmate).</p> <p>Inmate(SMI): Last seen 7/8/13. Browning: (7 out of 10 charts were in compliance)</p> <p>Inmate Last seen 8/15/13.</p> <p>Inmate Last seen 9/18/13.</p> <p>Inmate(SMI): Last seen 9/19/13. SMU: (7 out of 20 charts were in compliance)</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/19/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/11/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/16/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/4/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/11/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/18/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/19/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/19/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/13/13.</p> <p>Inmate Past due for psychology visit, last visit was 4/9/13.</p> <p>Inmate Past due for psychology visit, last visit was 6/14/13.</p> <p>Inmate Past due for psychology visit, last visit was 3/14/13.</p> <p>Inmate Past due for psychology visit, last visit was 7/2/13.</p> <p>Cook: (7 out of 10 charts were in compliance)</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 8/19/13.</p> <p>Inmate Past due for psychology visit, last visit was 6/6/13.</p> <p>Inmate Past due for psychology visit, last visit was 7/22/13.</p> <p>Note: Compliance would have been 30% if inmate's had not been seen by psychiatry, since the psychiatry visits counted for a psychology visit. The following inmates have not had any mental health contacts: Inmate Inmate Inmate</p> <p>Meadows: (1 out of 10 charts were in compliance)</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 9/6/13.</p> <p>Inmate Past due for psychology visit, last visit was 4/3/13</p> <p>Inmate Past due for psychology visit, last visit was 4/16/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 1/2/12.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 7/16/13.</p> <p>Inmate(Detention inmate): Past due for psychology visit, last visit was 9/18/13</p> <p>Inmate(SMI + Detention inmate): Past due for psychology visit, last visit was 9/4/13.</p> <p>Inmate(SMI): Past due for psychology visit, last visit was 8/14/13.</p> <p>Inmate No psychology notes found in chart.</p>	
5	Are inmates prescribed psychotropic meds seen			X	10/29/2013 2:04 PM Entered By: Jessica	2

October 2013 EYMAN COMPLEX

by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]

Raak
*Out of 60 charts pulled, 30 were in compliance = 50%
(Note: Mental Health Service compliance has decreased at Eyman Complex).
Rynning: (6 out of 10 charts were in compliance)
Inmate Past due for psychiatry visit- return to clinic date was 10/8/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 10/19/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 8/20/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 10/3/13.
Browning: (7 out of 10 charts were in compliance)
Inmate Meds allowed to be expired from 8/7/13 until 10/4/13.
Inmate Past due for psychiatry visit- return to clinic date was 9/28/13
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 9/12/13.
SMU: (8 out of 20 charts were in compliance)
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 10/5/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 9/6/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 10/9/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 8/15/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 9/25/13.
Inmate(SMI): Meds DC'd 7/1/13 without inmate being seen and without additional follow-up.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 9/2/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 9/5/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 9/26/13.
Inmate Meds expired 6/28/13 without follow up.
Inmate Meds expired 7/10/13 without follow up.
Cook: (7 out of 10 charts were in compliance)
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 8/14/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 8/28/13.
Inmate Past due for psychiatry visit- return to clinic date was 10/1/13.
Meadows: (2 out of 10 charts were in compliance)
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 10/9/13.
Inmate Past due for psychiatry visit- return to clinic date was 10/18/13.
Inmate Past due for psychiatry visit- return to clinic date was 9/26/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 8/24/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 10/11/13.
Inmate(SMI): Past due for psychiatry visit- return to clinic date was 7/7/13.
Inmate Past due for psychiatry visit- return to clinic date was 10/12/13.
Inmate(SMI): Recent hx of PMRB's. Refused psych meds on 8/27/13, no follow up requested.

October 2013 EYMAN COMPLEX

6	<p>Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]</p>			X	<p>10/29/2013 2:14 PM Entered By: Jessica Raak *Out of 15 charts pulled, 10 were in compliance =66% (Note: This performance measure decreased in compliance. Also note that for this performance measure, charts were pulled specifically due to inmate's release date to audit for release planning compliance. In past audits, charts were not pulled based on inmate's release date). Rynning: (0 out of 1 charts were in compliance) <u>Inmate</u> No release planning documents found in chart. Browning: (2 out of 3 charts were in compliance) <u>Inmate</u> No release planning documents found in chart. SMU: (2 out of 3 charts were in compliance) <u>Inmate</u> No release planning documents found in chart. <u>Inmate</u> No release planning documents found in chart. Cook: (2 out of 4 charts were in compliance) <u>Inmate</u> No release planning documents found in chart. <u>Inmate</u> No release planning documents found in chart. Meadows: (4 out of 4 charts were in compliance) Note: this unit standing alone would have been a green finding. No findings.</p>	2

October 2013 EYMAN COMPLEX

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

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]

Level 2 Amber User: Jessica Raak Date: 10/29/2013 1:55:01 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. 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 = RDCQI/RVP/MH Director/FHA/DON/MH Lead

Target Date - 11/30/13

Continue monitoring 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 nearly completed.

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: Jessica Raak Date: 10/29/2013 1:58:53 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: Jessica Raak Date: 10/29/2013 2:01:10 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

October 2013 EYMAN COMPLEX

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: Jessica Raak Date: 10/29/2013 2:03:10 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI
Target Date-11/30/13

5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10] Level 2 Red User: Jessica Raak Date: 10/29/2013 2:04:00 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 Red User: Jessica Raak Date: 10/29/2013 2:14:14 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

October 2013 EYMAN COMPLEX

Target Date- 11/30/13

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

October 2013 EYMAN COMPLEX

Quality and PEER Review (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			10/29/2013 12:27 PM Entered By: Yvonne Maese Facility Health Administrator advises random charts are sent to Regional Medical Director. Corizon was advised to keep track of charts sent for review.	1
2	Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		10/29/2013 12:18 PM Entered By: Yvonne Maese First CQI meeting to be held october 31st, 2013.	1
3	Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		10/29/2013 12:17 PM Entered By: Yvonne Maese First CQI meeting to be held october 31st, 2013.	1
4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12]	X			10/29/2013 12:28 PM Entered By: Yvonne Maese	1
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]		X		10/29/2013 12:28 PM Entered By: Yvonne Maese first CQI meeting to be held October 31st, 2013.	1

Corrective Action Plans for Performance Measure: Quality and PEER Review (Q)

2 Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]

Level 1 Amber User: Yvonne Maese Date: 10/29/2013 12:18:16 PM

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

Corrective Actions: Medical, mental health, and dental disciplines are participants in the monthly CQI meetings.

3 Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]

Level 1 Amber User: Yvonne Maese Date: 10/29/2013 12:17:36 PM

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

Corrective Actions: Improvement recommendations are acted on and reported back to committee. Continue to monitor.

5 Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]

Level 1 Amber User: Yvonne Maese Date: 10/29/2013 12:28:57 PM

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

Corrective Actions: Regional management will monitor the site CQI program.

October 2013 EYMAN COMPLEX

Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			10/10/2013 10:30 AM Entered By: Yvonne Maese N/A, not an intake facility	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			10/10/2013 10:30 AM Entered By: Yvonne Maese N/A, not an intake facility	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/10/2013 10:30 AM Entered By: Yvonne Maese N/A, not an intake facility	1
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X			10/10/2013 10:31 AM Entered By: Yvonne Maese N/A, not an intake facility	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/10/2013 10:31 AM Entered By: Yvonne Maese N/A, not an intake facility	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X			10/29/2013 10:57 AM Entered By: Yvonne Maese N/A, not a reception facility.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/10/2013 10:32 AM Entered By: Yvonne Maese N/A, not an intake facility	1
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]	X			10/10/2013 10:32 AM Entered By: Yvonne Maese N/A, not an intake facility	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]	X			10/10/2013 10:33 AM Entered By: Yvonne Maese N/A, not an intake facility	1

October 2013 EYMAN COMPLEX

Oral Care (Dental)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is an oral examination performed by a dentist within 30 days of admission to ADC? [NCCHC Standard P-E-06]	X			10/29/2013 11:22 AM Entered By: Yvonne Maese	1
2	Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC? [NCCHC Standard P-E-06]	X			10/29/2013 12:04 PM Entered By: Yvonne Maese	1
3	Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]	X			10/29/2013 11:21 AM Entered By: Yvonne Maese No onsite inmates waiting over 90 days for routine dental care.	1
4	Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]		X		10/29/2013 12:01 PM Entered By: Yvonne Maese Complex: Reviewed 50 charts to determine if emergencies are seen within 24 hours of HNR submission. Of the 50 charts reviewed twenty-one (21) were not in compliance. October 58% Meadows: Dental Emergency seen within 24 hours within HNR submission. Out of the ten (10) charts reviewed four (4) were not in compliance. Inmate-triaged 9/2, seen 9/4 Inmate-triaged 9/16, seen 9/18 Inmate-triaged 9/2, seen 9/4 Inmate-triaged 9/10, seen 9/13 Browning: Dental Emergency seen within 24 hours within HNR submission. Out of the ten (10) charts reviewed four (4) were not in compliance. Inmate-triaged 9/12, seen 9/18 Inmate-triaged 9/23, seen 9/25 Inmate-triaged 9/23, seen 9/25 Inmate-triaged 9/14, seen 9/18 Cook: Dental emergency seen within 24 hour within HNR submission. Out of the ten (10) charts reviewed five (5) were not in compliance. Inmate-triaged 9/12, seen 9/16 Inmate-triaged 9/21, seen 9/23 Inmate-triaged 9/21, seen 9/23 Inmate-triaged 9/6, seen 9/10 Inmate-triaged 9/14, seen 9/18 SMUI: Dental emergency seen within 24 hours of HNR submission. Out of the ten (10) charts reviewed one (1) was not in compliance. Inmate-triaged 9/23, seen 9/26 Rynning:	1

October 2013 EYMAN COMPLEX

					<p>Dental emergency seen within 24 hours of HNR submission. Out of the ten (10) charts reviewed seven (7) were not in compliance.</p> <p>Inmate-triaged 9/15, seen 9/19 Inmate-triaged 9/1, seen 9/3 Inmate-no triage date Inmate-no HNR Inmate-triaged 9/17, seen 9/19 Inmate-triaged 9/22, seen 9/24 Inmate triaged 10/10, seen 10/15</p> <p>DSTM Dental Service procedure 787 section 5.0 subsection 5.1 upon receipt of an HNR, the staff dental assistant will evaluate the request using the Dental classification system. Any inmate whose request is considered priority one or two will be scheduled for clinical evaluation by the dental assistant that day or next clinical day.</p>	
5	Are treatment plans developed and documented in the medical record? [NCCHC Standard P-E-06]	X			10/29/2013 12:02 PM Entered By: Yvonne Maese	1
6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X			10/29/2013 11:19 AM Entered By: Yvonne Maese	2
7	Are all supplies that have an expiration date checked monthly?	X			10/29/2013 11:18 AM Entered By: Yvonne Maese	2
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X			10/29/2013 11:18 AM Entered By: Yvonne Maese	2
9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X			10/29/2013 11:18 AM Entered By: Yvonne Maese	2
10	Is the dental wait time log/report being maintained?	X			10/29/2013 11:18 AM Entered By: Yvonne Maese	1
11	Is the MSDS binder being maintained?	X			10/29/2013 11:18 AM Entered By: Yvonne Maese	1
12	Are patients provided with the medications that are prescribed by the dentist?	X			10/29/2013 11:18 AM Entered By: Yvonne Maese Patients are provided with medication that are prescribed by the dentist at time of treatment however one unit was not tracking perpetual inventory when	2

October 2013 EYMAN COMPLEX

				medication was dispensed. Education conducted by contract staff and tracking sheets implemented.	
13	Are equipment repairs being addressed in a timely manner?	X		10/29/2013 11:13 AM Entered By: Yvonne Maese Equipment repairs addressed in a timely manner however installation of equipment is delayed.	1
14	Are all orders for materials/supplies being fulfilled in a timely manner?	X		10/29/2013 11:03 AM Entered By: Yvonne Maese	1
15	Are dental entries complete with military time and signature over name stamp?			X 10/29/2013 12:03 PM Entered By: Yvonne Maese DSTM 770.3 HSTM typed in error 10/29/2013 11:35 AM Entered By: Yvonne Maese Complex: Reviewed 43 charts to determine if dental entries complete with military time and signature over name stamp. Of the 43 charts reviewed forty-three(43) were not in compliance. October 0% Meadows: Are dental entries complete with military time and signature over name stamp. Out of the ten (10) charts reviewed ten (10) were not in compliance. Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Browning: Are dental entries complete with military time and signature over stamp. Out of the three (3) charts reviewed three (3) were not in compliance. Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Cook: Are dental entries complete with military time and signature over name stamp. Out of the ten (10) charts reviewed ten (10) were not in compliance. Inmate No time/stamp on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time/stamp on dental entry Inmate No time/stamp on dental entry Inmate No time on dental entry Inmate No time on dental entry	1

October 2013 EYMAN COMPLEX

				<p>Inmate No time/stamp on dental entry Inmate No time on dental entry</p> <p>SMUI: Are dental entries complete with military time and signature over name stamp. Out of the ten (10) charts reviewed ten (10) were not in compliance.</p> <p>Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry</p> <p>Rynning: Are dental entries complete with military time and signature over name stamp. Out of the ten (10) charts reviewed ten (10) were not in compliance.</p> <p>Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry Inmate No time on dental entry</p> <p>HSTM 770.3 Dental charting section 4.11.3, Date, teeth, and signature/stamp (full signature over the name stamp) columns should be filled out appropriately. The time of the encounter will be placed under the date (military time)</p>	
16	Is treatment plan section C and priority section D of the dental chart completed?		X	<p>10/29/2013 12:03 PM Entered By: Yvonne Maese DSTM 770.3 HSTM typed in error</p> <p>10/29/2013 11:49 AM Entered By: Yvonne Maese Complex: Reviewed 43 charts to determine if treatment plan section C and priority section D of the dental chart completed. Of the 43 charts reviewed sixteen(16) were not in compliance. October 62%</p> <p>Meadows: Is treatment plan section C and priority section D of the dental chart completed. Out of the ten (10) charts reviewed six (6) were not in compliance. Inmate section C and priority section D not completed Inmate priority section D not completed Inmate priority section D not completed Inmate priority section D not completed Inmate priority section D not completed Inmate priority section D not completed</p> <p>Browning: Is treatment plan section C and priority</p>	2

October 2013 EYMAN COMPLEX

					<p>section D of the dental chart completed. Out of the three (3) charts reviewed three (3) were not in compliance.</p> <p>Inmate-priority section D not completed Inmate-priority section D not completed Inmate-priority section D not completed</p> <p>Cook: Is treatment plan section C and priority section D of the dental chart completed. Out of the ten (10) charts reviewed one (1) was not in compliance.</p> <p>Inmate-priority section D not completed</p> <p>Rynning: Is treatment plan section C and priority section D of the dental chart completed. Out of the ten (10) charts reviewed six (6) were not in compliance.</p> <p>Inmate-no priority section D completed Inmate-no priority section D completed Inmate-no section C completed Inmate-no priority section D completed Inmate-no priority section D completed Inmate-no section C or priority section D completed</p> <p>Authority: HSTM Dental procedures 770.3 section 4.0 Procedures subsection 4.4 and 4.5. The following sections of the dental chart should be completed as outlined. The dentist should have the complete medical/dental record available when he or she treats a patient. Section C-Service Planned/Tx Plan and Section D Priority.</p> <p>NCCHC P-E-06</p>	
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X			10/29/2013 11 02 AM Entered By Yvonne Maese	1
18	Are weekly SPORE testing logs available for the Autoclaves?	X			10/29/2013 10:57 AM Entered By: Yvonne Maese	2
					10/29/2013 11:01 AM Entered By: Yvonne Maese	
19	Is there a mechanism in place for immediate notification of a positive SPORE count?	X			10/29/2013 11:01 AM Entered By: Yvonne Maese	2

October 2013 EYMAN COMPLEX

Corrective Action Plans for Performance Measure: Oral Care (Dental)

4 Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]

Level 1 Amber User: Yvonne Maese Date: 10/29/2013 12:01:51 PM

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

Corrective Actions: Reinforce with dental staff of the added specialty in CDS of urgent care and use only emergency specialty for true emergencies.

15 Are dental entries complete with military time and signature over name stamp?

Level 1 Red User: Yvonne Maese Date: 10/29/2013 12:03:33 PM

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

Corrective Actions: Reinforce with dental staff to write signature over name stamp and use military time.

15 Are dental entries complete with military time and signature over name stamp?

Level 1 Red User: Yvonne Maese Date: 10/29/2013 12:03:33 PM

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

Corrective Actions: Reinforce with dental staff to write signature over name stamp and use military time.

16 Is treatment plan section C and priority section D of the dental chart completed?

Level 2 Amber User: Yvonne Maese Date: 10/29/2013 12:03:58 PM

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

Corrective Actions: Reinforce that the treatment plan section C and priority section D of the dental chart are completed. Continue to monitor.

16 Is treatment plan section C and priority section D of the dental chart completed?

Level 2 Amber User: Yvonne Maese Date: 10/29/2013 12:03:58 PM

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

Corrective Actions: Reinforce that the treatment plan section C and priority section D of the dental chart are completed. Continue to monitor.

October 2013 EYMAN COMPLEX

Segregated Inmates						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart? [NCCHC Standard P-E-09; DO 1101; HSTM Chapter 7, Section 6.0]			X	<p>10/30/2013 10:56 AM Entered By: Yvonne Maese Complex: Reviewed 40 charts (SMUI,Browning,Meadows Detention,Rynning Detention, no detention unit at Cook) to determine if nursing staff reviews medical records for contraindications when inmates are placed in administrative segregation and documented in chart. Out of the 40 charts reviewed (37) were not in compliance. October- 7%</p> <p>SMUI: nursing staff reviews medical record for contraindications when inmates are placed in administrative segregation and documented in chart. Ten (10) out of ten (10) charts reviewed were not in compliance. 0%</p> <p>Inmate arrived 10/11, medical record review 10/17 Inmate arrived 10/4, medical record review 10/17 Inmate arrived 10/4, medical record review 10/17 Inmate arrived 10/4, no medical record review as of 10/17 Inmate arrived 10/8, no medical record review as of 10/17 Inmate arrived 10/15, no medical record review as of 10/17 Inmate arrived 10/8, no medical record review as of 10/17 Inmate arrived 10/11, no medical record review as of 10/17 Inmate arrived 10/4, no medical record review as of 10/17 Inmate arrived 10/8, medical record review 10/10</p> <p>BROWNING: nursing staff reviews medical record for contraindications when inmates are placed in administrative segregation and documented in chart. Ten (10) out of ten (10) charts reviewed were not in compliance. 0%</p> <p>Inmate arrived 10/1, no medical record review as of 10/15 Inmate arrived 10/11, no medical record review as of 10/15 Inmate arrived 10/9, no medical record review as of 10/15 Inmate arrived 9/18, no medical record review as of 10/15 Inmate arrived 10/10, no medical record review as of 10/15 Inmate arrived 10/9, no medical record review as of 10/15 Inmate arrived 10/9, no medical record review as of 10/15 Inmate arrived 9/16, no medical record review as of 10/15 Inmate arrived 9/30, no medical record review as of 10/15 Inmate arrived 9/30, no medical record review as of 10/15</p> <p>MEADOWS: nursing staff reviews medical</p>	1

October 2013 EYMAN COMPLEX

record for contraindications when inmates are placed in administrative segregation and documented in chart. Eight (8) out of ten (10) charts reviewed were not in compliance. 20%

Inmate arrived 10/2, medical record review 10/10

Inmate arrived 9/26, no medical record review as of 10/23

Inmate arrived 10/7, medical record review 10/10

Inmate arrived 10/2, no medical record review as of 10/23

Inmate arrived 9/13, no medical record review as of 10/23

Inmate arrived 9/11, medical record review 9/26

Inmate arrived 9/14, no medical record review as of 10/23

Inmate arrived 10/2, no medical record review as of 10/23

Rynning: nursing staff reviews medical record for contraindications when inmates are placed in administrative segregation and documented in chart. Nine (9) out of ten (10) charts reviewed were not in compliance. 10%

Inmate arrived 9/30, medical record review 10/3

Inmate arrived 9/30, medical record review 10/30

Inmate arrived 10/1, medical record review 10/3

Inmate arrived 10/1, medical record review 10/30

Inmate arrived 8/30, medical record review 9/3

Inmate arrived 8/23, medical record review 8/28

Inmate arrived 9/30, medical record review 10/4

Inmate arrived 10/7, medical record review 10/11

Inmate arrived 10/18, no medical record review as of 10/29

AUTHORITY:

Per the contract, (solicitation #ADOC 12-00001105 sec. 2.7.2.4) each inmate shall receive a correctional health services assessment prior to being placed in segregation housing.

Department Order 1101.04 Detention sec. 1.2.1, nursing staff, upon notification, to immediately review the inmate's medical record to determine if any health issue exists that would be impacted by the detention status: document their findings in the medical record; add their signature, date and time on the medical record; and respond appropriately.

NCCHC Standard P-E-09

HSTM Chapter 7, Section 7.6.0

October 2013 EYMAN COMPLEX

2	Are inmates in segregation being monitored by medical staff or Mental Health staff in accordance with NCCHC standard for the level of segregation the inmate has been placed? [NCCHC Standard P-E-09; DO 1101; DO 804; HSTM Chapter 7, Section 6.0]		X		10/29/2013 1:04 PM Entered By: Yvonne Maese Currently, segregation rounds are not consistently done/documented three times weekly. Corizon staff has advised that nursing staff will document rounds three times weekly starting immediately.	2
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X			10/29/2013 8:26 AM Entered By: Yvonne Maese	1
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]		X		10/29/2013 8:26 AM Entered By: Yvonne Maese Currently vital signs are not being conducted on all segregated inmates every month. Meeting with corizon FHA,aFHA, and Regional DON-corizon to begin monthly vitals.	1

Corrective Action Plans for Performance Measure: Segregated Inmates

1 Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart? [NCCHC Standard P-E-09; DO 1101; HSTM Chapter 7, Section 6.0]

Level 1 Red User: Yvonne Maese Date: 10/30/2013 10:56:16 AM

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

Corrective Actions: Reinforce with staff the need to review medical records for contraindications when inmate has been placed in administrative segregation; document review in chart. Continue to monitor

2 Are inmates in segregation being monitored by medical staff or Mental Health staff in accordance with NCCHC standard for the level of segregation the inmate has been placed? [NCCHC Standard P-E-09; DO 1101; DO 804; HSTM Chapter 7, Section 6.0]

Level 2 Amber User: Yvonne Maese Date: 10/29/2013 1:04:20 PM

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

Corrective Actions: Reinforce that inmates in segregation are monitored by medical staff or Mental Health staff in accordance with NCCHC standard for the level of segregation the inmate has been placed.

5 Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]

Level 1 Amber User: Yvonne Maese Date: 10/29/2013 8:26:32 AM

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

Corrective Actions: Reinforce with staff the need for vital signs being completed on all segregated inmates every month.

Responsible Parties= RN/LPN/CNA

Target Date-11/30/13

October 2013 EYMAN COMPLEX

Emergency Response Plan						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are written policy and procedures in place? [NCCHC Standard P-A-05; P-A-07, HSTM Chapter 1, Section 6.0]	X			10/29/2013 8:08 AM Entered By: Yvonne Maese	1
2	Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]	X			10/29/2013 8:08 AM Entered By: Yvonne Maese	1
3	Are mass disaster drills being scheduled / conducted annually so that all shifts have participated over a three year period (Actual events may be used to meet this requirement)? [NCCHC Standards P-A-04; P-A-07]	X			10/29/2013 10:52 AM Entered By: Yvonne Maese	1
4	Are man down drills being scheduled / conducted once a year on all units for all shifts (Actual ICS may be used to meet requirement)? [NCCHC Standard P-A-07]	X			10/29/2013 10:54 AM Entered By: Yvonne Maese	1
5	Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]	X			10/29/2013 10:55 AM Entered By: Yvonne Maese	1
6	Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]	X			10/29/2013 8:11 AM Entered By: Yvonne Maese	1

October 2013 EYMAN COMPLEX

Professional Development						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do the qualified health care professionals obtain 12 hours of continuing education per year that are appropriate for their position? [NCCHC Standard P-C-03]	X			10/29/2013 12:07 PM Entered By: Yvonne Maese	1
2	Do Part-time qualified health care professionals pro-rate their continuing education hours based on full-time equivalency? [NCCHC Standard P-C-03]	X			10/29/2013 12:09 PM Entered By: Yvonne Maese	1
3	Do health staff demonstrate compliance with C.E. Licensure requirements? [HSTM Chapter 3, Section 4.0 and NCCHC Standard P-C-03]	X			10/29/2013 12:11 PM Entered By: Yvonne Maese	1
4	Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique? [HSTM Chapter 3. Section 4.0, NCCHC Standard P-C-03]	X			10/29/2013 12:12 PM Entered By: Yvonne Maese	1

October 2013 EYMAN COMPLEX

Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			10/30/2013 10:13 AM Entered By: Bryce Bartruff	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			10/30/2013 10:13 AM Entered By: Bryce Bartruff	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			10/30/2013 10:14 AM Entered By: Bryce Bartruff	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>10/30/2013 12:19 PM Entered By: Bryce Bartruff</p> <p>10 charts were reviewed per unit for a total of 50 charts of which 21 were in compliance</p> <p>Browning</p> <p>Of ten random MARs reviewed, six were in compliance with standard nursing practices. The following MARs were not in compliance:</p> <p>Inmate Medication dose skipped. No documentation for this refusal and no refusal form in chart.</p> <p>Inmate Medication dose skipped. No documentation for this refusal and no refusal form in chart.</p> <p>Inmate Medication dose skipped. No documentation for this refusal and no refusal form in chart. Initials, signature and date missing on back of card.</p> <p>Inmate Medication dose skipped on 9/28 & 9/30. No documentation for this refusal and no refusal form in chart.</p> <p>SMU1</p> <p>Of ten random MARs reviewed, three were in compliance with standard nursing practices. The following MARs were not in compliance:</p> <p>Inmate Nurse did not initial, sign and date the back of the MAR.</p> <p>Inmate Nurse did not initial, sign and date the back of the MAR.</p> <p>Inmate Medication doses skipped on several dates. No documentation for this refusal and no refusal form in chart Nurse did not initial, sign and date the back of the MAR.</p> <p>Inmate Nurse did not initial, sign and date the back of the MAR.</p> <p>Inmate Medication dose skipped on 9/25. No documentation for this refusal and no refusal form in chart. Nurse did not initial and date the back of the MAR.</p> <p>Inmate Medication doses. No documentation for this refusal and no refusal form in chart. Nurse initials and date</p>	1

October 2013 EYMAN COMPLEX

missing from the back of the MAR.
Inmate Nurse initials and date missing from the back of the MAR.

Meadows

Of ten random MARs reviewed, three were in compliance with standard nursing practices. The following MARs were not in compliance:

IM # Finding

Inmate Multiple medication doses skipped. No documentation for this refusal and no refusal form in chart.

Inmate Nurse initials, signature and date missing from the back of the MAR.

Inmate Medication doses skipped. No documentation for this refusal and no refusal form in chart.

Inmate Nurse initials, signature and date missing from the back of the MAR.

Inmate Medication doses skipped. No documentation for this refusal and no refusal form in chart.

Inmate One KOP not marked as such. Nurse initials, signature and date missing from the back of the MAR.

Inmate Medication doses skipped. No documentation for this refusal and no refusal form in chart.

Rynning

Of ten random MARs reviewed, five were in compliance with standard nursing practices. The following MARs were not in compliance:

IM # Finding

Inmate Multiple medication doses skipped and no documentation for this refusal and no refusal form in chart

Inmate Nurse initials, signature and date missing from the back of the MAR

Inmate Nurse initials, signature and date missing from the back of the MAR for some nurses.

Inmate Nurse initials, signature and date missing from the back of the MAR

Inmate Multiple medication doses skipped and no documentation for this refusal and no refusal form in chart

COOK

Of ten random MARs reviewed, four were in compliance with standard nursing practices. The following MARs were not in compliance:

IM # Finding

Inmate Multiple medication doses skipped. No documentation for this refusal and no refusal form in chart.

Inmate Nurse initials, signature and date missing from the back of the MAR.

Inmate Nurse initials, signature and date missing from the back of the MAR.

Inmate Multiple medication doses skipped. No documentation for this refusal and no refusal form in chart. Nurse initials,

October 2013 EYMAN COMPLEX

					<p>signature and date missing from the back of the MAR.</p> <p>Inmate Nurse initials, signature and date missing from the back of the MAR.</p> <p>Inmate Multiple medication doses skipped. No documentation for this refusal and no refusal form in chart.</p> <p>Compliance is 42%</p>																					
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		<p>10/30/2013 10:17 AM Entered By: Bryce Bartruff</p> <p>Medication errors are submitted to the DON and discussed weekly with the FHA. Nursing is not reporting all medicacal errors. Reference MAR performance measture.</p>	2																				
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X			<p>10/30/2013 10:17 AM Entered By: Bryce Bartruff</p>	2																				
7	Are inmates being required to show ID prior to being administered their medications?	X			<p>10/30/2013 10:18 AM Entered By: Bryce Bartruff</p>	2																				
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]			X	<p>10/30/2013 12:48 PM Entered By: Bryce Bartruff</p> <p>total # of prescriptions reviewed: 82 # of prescriptions reordered on or prior to expiration date: 6 # of prescriptions reordered after expiration date: 8 # of prescriptions not reordered: 68</p> <p>8% compliant</p>	2																				
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		<p>10/30/2013 12:33 PM Entered By: Bryce Bartruff</p> <p>Complex reviewed 40 non-formulary medications to determine if requests are being reviewed for approval or disapproval within 24 to 48 hours. Of the 40 reviewed, 8 were noncompliant.</p> <p>Browning</p> <p>Of the ten charts randomly reviewed, six orders were reviewed for approval within 48 hours. The following were not reviewed for approval within 48 hours:</p> <table border="0"> <thead> <tr> <th>IM #</th> <th>Date</th> <th>Med</th> <th>approved or disapproved</th> </tr> </thead> <tbody> <tr> <td>Inmate</td> <td>10/10</td> <td>ampicillin</td> <td>No approval recorded on log</td> </tr> <tr> <td>Inmate</td> <td>10/7</td> <td>tramadol</td> <td>No approval recorded on log</td> </tr> <tr> <td>Inmate</td> <td>10/7</td> <td>treamadol</td> <td>No approval recorded on log</td> </tr> <tr> <td>Inmate</td> <td>10/1</td> <td>gabapentin</td> <td>No approval recorded on log</td> </tr> </tbody> </table>	IM #	Date	Med	approved or disapproved	Inmate	10/10	ampicillin	No approval recorded on log	Inmate	10/7	tramadol	No approval recorded on log	Inmate	10/7	treamadol	No approval recorded on log	Inmate	10/1	gabapentin	No approval recorded on log	2
IM #	Date	Med	approved or disapproved																							
Inmate	10/10	ampicillin	No approval recorded on log																							
Inmate	10/7	tramadol	No approval recorded on log																							
Inmate	10/7	treamadol	No approval recorded on log																							
Inmate	10/1	gabapentin	No approval recorded on log																							

October 2013 EYMAN COMPLEX

					<p>SMU1</p> <p>Of the ten charts randomly reviewed, four orders were reviewed for approval within 48 hours. The following were not reviewed for approval within 48 hours: YELLOW</p> <table border="1"> <thead> <tr> <th>IM #</th> <th>Date Ordered</th> <th>Med Name</th> <th>approved within 24 hours</th> </tr> </thead> <tbody> <tr> <td>Inmate</td> <td>9/4/13</td> <td>Amitriptyline</td> <td>No date of approval or disapproval recorded in log</td> </tr> <tr> <td>Inmate</td> <td>9/18/13</td> <td>Tramadol</td> <td>No date of approval or disapproval recorded in log</td> </tr> <tr> <td>Inmate</td> <td>9/17/13</td> <td>Tramadol</td> <td>No date of approval or disapproval recorded in log</td> </tr> <tr> <td>Inmate</td> <td>9/5/13</td> <td>Tramadol</td> <td>No date of approval or disapproval recorded in log</td> </tr> </tbody> </table> <p>COOK No tracking mechanism is kept for this unit 80% compliant</p>	IM #	Date Ordered	Med Name	approved within 24 hours	Inmate	9/4/13	Amitriptyline	No date of approval or disapproval recorded in log	Inmate	9/18/13	Tramadol	No date of approval or disapproval recorded in log	Inmate	9/17/13	Tramadol	No date of approval or disapproval recorded in log	Inmate	9/5/13	Tramadol	No date of approval or disapproval recorded in log	
IM #	Date Ordered	Med Name	approved within 24 hours																							
Inmate	9/4/13	Amitriptyline	No date of approval or disapproval recorded in log																							
Inmate	9/18/13	Tramadol	No date of approval or disapproval recorded in log																							
Inmate	9/17/13	Tramadol	No date of approval or disapproval recorded in log																							
Inmate	9/5/13	Tramadol	No date of approval or disapproval recorded in log																							
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X			10/30/2013 10:18 AM Entered By: Bryce Bartruff	2																				
11	Are medication error reports being completed and medication errors documented?		X		10/30/2013 10:21 AM Entered By: Bryce Bartruff Nursing is not reporting all medication errors. No error reports documented. Reference MARS reporting measure.	2																				
12	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented? [NCCHC Standard P-0-3]					1																				

October 2013 EYMAN COMPLEX

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: Bryce Bartruff Date: 10/30/2013 12:19:45 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.

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

Level 2 Amber User: Bryce Bartruff Date: 10/30/2013 10:17:07 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

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

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

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

Target Date- 11/30/13

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

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

[NCCHC Standard P-D-01]

Level 2 Red User: Bryce Bartruff Date: 10/30/2013 12:48:50 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

October 2013 EYMAN COMPLEX

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

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

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

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

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

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

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

- a. Internal
- b. External

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

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

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

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

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Bryce Bartruff Date: 10/30/2013 12:33:15 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Inventory Coordinator role and responsibilities
- ### 2. In-service staff on process and expectations
- a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
 - b. Maintain non-formulary binders

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/

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.

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

Level 2 Amber User: Bryce Bartruff Date: 10/30/2013 10:21:04 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.

October 2013 EYMAN COMPLEX

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.

October 2013 EYMAN COMPLEX

Nursing Assessment Protocols						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are protocols/NETs developed and reviewed annually by the health administrator and responsible physician? [NCCHC Standard P-E-11]	X			10/30/2013 10:22 AM Entered By: Bryce Bartruff	1
2	Is there documentation that nurses have been trained in the use of nursing protocols/NETs, demonstration of knowledge and skills, evidence of annual review of skills and evidence of retraining when new protocols/NETs are introduced or revised? [NCCHC Standard P-E-11]	X			10/30/2013 10:22 AM Entered By: Bryce Bartruff	1
3	Do nursing assessment protocols/NETs exclude the use of prescription medications except for those covering emergency, life-threatening situations (Nitro, Epinephrine)? [NCCHC Standard P-E-11]	X			10/30/2013 10:23 AM Entered By: Bryce Bartruff	1
4	Do protocols/NETs include acceptable first-aid procedures for identification and care of ailments that would ordinarily be treated by over-the-counter medications through self-care? [NCCHC Standard P-E-11]	X			10/30/2013 10:23 AM Entered By: Bryce Bartruff	1

October 2013 EYMAN COMPLEX

Medical Diets						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions? [NCCHC Standard P-F-02]	X			10/29/2013 8:24 AM Entered By: Yvonne Maese	1
2	Does a registered or licensed dietician regularly review medical diets for nutritional adequacy at least every six months and whenever a substantial change in the menu is made? [NCCHC Standard P-F-02]	X			10/29/2013 8:23 AM Entered By: Yvonne Maese	1
3	Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]	X			10/29/2013 1:55 PM Entered By: Yvonne Maese Currently out of the 50 diets reviewed no documented refusals occurred. Informed by food service liaison that refusal of diets are forwarded to health unit for counseling and documentation.	1
4	Are diet orders forwarded to food service liaison within 24 hours?		X		10/29/2013 1:53 PM Entered By: Yvonne Maese Food service Liaison and Corizon MRL meeting occurred 10/18 where training was given on proper procedure of diet orders and submission of diets to liaison.	1
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?	X			10/29/2013 8:24 AM Entered By: Yvonne Maese	1

Corrective Action Plans for Performance Measure: Medical Diets

4 Are diet orders forwarded to food service liaison within 24 hours?

Level 1 Amber User: Yvonne Maese Date: 10/29/2013 1:53:34 PM

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

Corrective Actions: Reinforce that diet orders are forwarded to food service liaison within 24 hours. Continue to monitor.

October 2013 EYMAN COMPLEX

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			10/30/2013 10:07 AM Entered By: Bryce Bartruff 10/10/2013 10:49 AM Entered By: Bryce Bartruff N/A No infirmiry setting at Eyman Complex.	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			10/30/2013 10:07 AM Entered By: Bryce Bartruff 10/10/2013 10:50 AM Entered By: Bryce Bartruff N/A No infirmiry setting at Eyman Complex.	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			10/30/2013 10:07 AM Entered By: Bryce Bartruff 10/30/2013 10:07 AM Entered By: Bryce Bartruff 10/10/2013 10:50 AM Entered By: Bryce Bartruff N/A No infirmiry setting at Eyman Complex.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			10/30/2013 10:07 AM Entered By: Bryce Bartruff 10/10/2013 10:50 AM Entered By: Bryce Bartruff N/A No infirmiry setting at Eyman Complex.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			10/30/2013 10:08 AM Entered By: Bryce Bartruff	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			10/30/2013 10:08 AM Entered By: Bryce Bartruff	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			10/30/2013 10:09 AM Entered By: Bryce Bartruff 10/30/2013 10:08 AM Entered By: Bryce Bartruff N/A not a infirmiry facility	1

October 2013 EYMAN COMPLEX

8	<p>Is a complete inmate health record kept and include:</p> <ul style="list-style-type: none"> -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			<p>10/30/2013 10:09 AM Entered By: Bryce Bartruff N/A not an infirmary facility</p>	1
9	<p>If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?</p>	X			<p>10/30/2013 10:09 AM Entered By: Bryce Bartruff N/A not an infirmary facility</p>	1
10	<p>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?</p>	X			<p>10/30/2013 10:10 AM Entered By: Bryce Bartruff N/A not an infirmary facility</p>	1
11	<p>Are vital signs done daily when required?</p>	X			<p>10/30/2013 10:10 AM Entered By: Bryce Bartruff N/A not an infirmary facility</p>	1
12	<p>Are there nursing care plans that are reviewed weekly and are signed and dated?</p>	X			<p>10/30/2013 10:11 AM Entered By: Bryce Bartruff N/A Not an infirmary facility</p>	1
13	<p>Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]</p>	X			<p>10/30/2013 10:11 AM Entered By: Bryce Bartruff</p> <p>10/10/2013 10:52 AM Entered By: Bryce Bartruff N/A No infirmary setting at Eyman Complex.</p>	1

October 2013 EYMAN COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?			X	<p>10/30/2013 12:36 PM Entered By: Bryce Bartruff Rynning The medication is not kept locked when not occupied. Monitor walked into nursing station and directly into the unlocked medication room was open.</p> <p>Cook The medication is not kept locked when not occupied. Monitor walked into nursing station and no one was present and the door to the medication room was wedged open 60% compliant</p>	1
2	Are open medication vials being marked with the date they were opened?	X			<p>10/30/2013 12:38 PM Entered By: Bryce Bartruff</p> <p>Meadows - 1 of 5 examined was not marked with the date it was opened</p> <p>Rynning - 1 of 5 examined was not marked with the date it was opened 92% compliant</p>	1
3	Is nursing staff checking for outdated (expiring)medications?		X		<p>10/30/2013 12:41 PM Entered By: Bryce Bartruff Medication was found in the dispensing box that were past the prescr bed stop date are as follows SMU1</p> <p>IM# Medication Stop Date Inmate Metholaibamol 10/14/2013 Inmate Diphenhydramine 09/17/2013 Inmate Paroxetine 10/12/2013 Inmate Citalopram 09/11/2013</p> <p>Meadows</p> <p>IM# Medication Stop Date Inmate Gabapentin 10/15 Inmate Benztripline 10/15 Inmate Perphenazine 10/15</p> <p>Rynning</p> <p>IM# Medication Stop Date Inmate Tegretol 10/13 Inmate Phenytoin 10/14 Inmate Citalopram 10/6 Inmate Cargamazepine 10/13 Inmate Nortiptyline 8/19 Inmate Benztropine 9/29/13</p> <p>Cook</p> <p>IM# Medication Stop Date Inmate Citalopram 10/14 Inmate Venalfaxine 9/30 Inmate Carbamazepine 10/7 Inmate Rispeidone 10/14 Inmate Carbamazepine 10/7</p>	1

October 2013 EYMAN COMPLEX

					Inmate	Lithium	9/30		
					Inmate	Gabapentin	9/5		
					Inmate	Ziprasidone	10/8		
					Inmate	Carbamazepine		10/7	

Corrective Action Plans for Performance Measure: Medication Room

1 Is the medical room kept locked when not occupied?

Level 1 Red User: Bryce Bartruff Date: 10/30/2013 12:36:01 PM

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

Corrective Actions: Reinforce the need for the medical room to be locked when not occupied. Continue to monitor.

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

Level 1 Amber User: Bryce Bartruff Date: 10/30/2013 12:41:33 PM

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

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

Responsible Parties = RN/LPN

Target Date = 11/30/13