

October 2013 LEWIS 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			10/30/2013 2:36 PM Entered By: Terry Allred Performance measure is met. Sick call occurring on all units 5 days per week, Monday through Friday.	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	10/31/2013 2:58 PM Entered By: Terry Allred Performance measure reflects 24% compliance as a complex. 10/30/2013 3:00 PM Entered By: Terry Allred Performance measure is not met. 10 medical records per unit were reviewed with HNR submissions. The following findings exist as a result of this review: Morey: 60% were not seen as directed by the performance measure. #Inmate #Inmate #Inmate #Inmate #Inmate Stiner: 50% were not seen as directed by the performance measure. #Inmate #Inmate #Inmate #Inmate #Inmate Barchey: 0% were seen as directed by the performance measure. #Inmate #Inmate #Inmate #Inmate #Inmate Bachman: 0% were seen as directed by the performance measure. #Inmate #Inmate #Inmate #Inmate #Inmate Buckley: 60% were not seen as directed by the performance measure. #Inmate #Inmate #Inmate #Inmate #Inmate Rast: 80% were not seen as directed by the performance measure. #Inmate #Inmate #Inmate #Inmate #Inmate Eagle Point/Sunrise: 80% were not seen as directed by the performance measure. #Inmate #Inmate #Inmate #Inmate #Inmate In cases of a 911 HNR submission. 2 were discovered in the random audit, #Inmate / Barchey - 2 week wait for a scheduled appointment. #Inmate / EP-Sunrise - 4 day wait to be seen in a clinical appointment.	1
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]	X			10/30/2013 3:01 PM Entered By: Terry Allred Performance measure is met. NETS appears to be having a positive effect on this area of performance measure.	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X			10/30/2013 3:03 PM Entered By: Terry Allred Performance measure is met. Those medical charts reviewed were all nursing in nature. There were no instances of inappropriate clinical noting. Again, the NETS assists to a great degree with this.	1

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5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]			X	<p>10/31/2013 2:59 PM Entered By: Terry Allred Performance measure reflects 44% compliance as a complex.</p> <p>10/30/2013 3:38 PM Entered By: Terry Allred Performance measure is not met. 10 random charts per unit reviewed for referral to the provider. Morey: 50% did not see the provider within 7 days of sick call. #Inmate #Inmate #Inmate #Inmate Stiner: 40% did not see the provider within 7 days of sick call. #Inmate #Inmate #Inmate #Inmate Barchey: 70% did not see the provider within 7 days of sick call. #Inmate #Inmate #Inmate #Inmate Bachman: 60% did not see the provider within 7 days of sick call. #Inmate #Inmate #Inmate #Inmate Buckley: 40% did not see the provider within 7 days of sick call. #Inmate #Inmate #Inmate #Inmate Rast: 70% did not see the provider within 7 days of sick call. #Inmate #Inmate #Inmate #Inmate Eagle Point/Sunrise: 60% did not see a provider within 7 days of sick call. #Inmate #Inmate #Inmate #Inmate</p>	1

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

**2 Are sick call inmates being triaged within 24 hours (or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]
Level 1 Red User: Terry Allred Date: 10/31/2013 2:58:08 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

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audit tool per audit results.

**2 Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]
Level 1 Red User: Terry Allred Date: 10/31/2013 2:58:08 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.

**5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]
Level 1 Red User: Terry Allred Date: 10/31/2013 2:59:51 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1.In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5 (Sick Call Attachment); Seen by Physician or Midlevel within 7 days

- a.Agenda/sign off sheet to verify

2.Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

**5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]
Level 1 Red User: Terry Allred Date: 10/31/2013 2:59:51 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1.In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5 (Sick Call Attachment); Seen by Physician or Midlevel within 7 days

- a.Agenda/sign off sheet to verify

2.Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]		X		<p>10/25/2013 9:22 AM Entered By: Erin Bartlund 31 urgent consults available for this period complex-wide; review indicates 19 compliant, 12 non-compliant (Compliance rate 61%).</p> <p>BACHMAN- 6 Urgent consults available for this period; review indicates 3 compliant, 3 non-compliant #Inmate c/s written 9/17/13, currently under "received" status (consult 1) #Inmate c/s written 9/17/13, currently under "received" status (consult 2) #Inmate c/s written 9/3/13, currently under "resubmit" status</p> <p>BARCHEY- 5 urgent consults available for this period; review indicates 3 compliant, 2 non-compliant. #Inmate c/s written 9/12/13, currently under "received" status #Inmate c/s written 9/17/13, currently under "received" status</p> <p>BUCKLEY- 7 urgent consults available for this period; review indicates 4 compliant, 3 non-compliant #Inmate c/s written 9/11/13, currently under "received" status #Inmate c/s written 9/13/13, pt appointment 10/21/13 #Inmate c/s written 9/18/13, pt appointment 10/23/13</p> <p>EAGLE POINT- 3 urgent consults available for this period; review indicates 2 compliant, 1 non-compliant #Inmate c/s written 9/20/13, currently under "received" status</p> <p>L11- 2 urgent consults available for this period; review indicates 2 compliant, 0 non-compliant</p> <p>MOREY- 3 urgent consults available for this period; review indicates 3 compliant, 0 non-compliant</p> <p>RAST- 5 urgent consults available for this period; review indicates 2 compliant, 3 non-compliant #Inmate c/s written 9/18/13 currently under "resubmit" status #Inmate c/s written 9/4/13, appointment 10/16/13 #Inmate c/s written 9/9/13, appointment 10/24/13</p> <p>STINER- 5 urgent consults available for this period; review indicates 2 compliant, 3 non-compliant #Inmate c/s written 9/16/13, currently under "received" status #Inmate c/s written 9/18/13, currently under "pending" status #Inmate c/s written 9/27/13, currently under "pending" status</p>	2

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2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X	<p>10/29/2013 11:18 AM Entered By: Erin Barlund 65 consults available complex-wide for review this period; 10 compliant, 55 non-compliant (Compliance rate 15%). There is a significant backlog of loose filing with dates ranging from February 2013-October 2013.</p> <p>STINER- 8 consults available for review this period; review indicates 0 compliant, 8 non-compliant #Inmate urgent c/s written 9/10/13 with no results available in chart #Inmate urgent c/s written 9/17/13 with no results available in chart #Inmate routine c/s written 8/6/13 with no results in chart #Inmate routine c/s written 7/24/13 with no results in chart #Inmate routine c/s written 7/31/13 with no results available for review #Inmate routine c/s written 7/24/13 with no results in chart #Inmate routine c/s written 8/7/13 with no results available for review #Inmate routine c/s written 8/8/13 with no results available for review</p> <p>BACHMAN- 10 consults available for this period; review indicates 0 compliant, 10 non-compliant #Inmate urgent c/s written 9/12/13 and results not available in chart for review #Inmate urgent c/s written 9/17/13 and results not available in chart for review #Inmate urgent c/s written 9/19/13 and results not available in chart for review #Inmate urgent c/s written 9/3/13 and results not available in chart for review #Inmate routine consult written 7/15/13 and results not available in chart for review #Inmate routine consult 7/23/13 and results not available in chart for review #Inmate routine consult written 7/22/13 and results not available in chart for review #Inmate routine consults written 7/23/13 and results not available in chart for review #Inmate routine consult written 7/15/13 and results not available in chart for review #Inmate routine consult written 7/26/13 and results not available in chart for review #Inmate routine consult written 7/26/13 and results not available in chart for review</p> <p>BARCHEY- 10 consults available for this period; review indicates 4 compliant, 6 non-compliant #Inmate urgent c/s written 9/17/13 with no results available for review #Inmate urgent c/s written 9/19/13 with no results available for review #Inmate urgent c/s written 9/5/13 with no results available for review #Inmate routine c/s written 7/29/13 with no results available for review #Inmate routing c/s written 7/23/13 with no results available for review #Inmate routine c/s written 7/26/13 with no results available for review</p>	2
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BUCKLEY- 10 consults available for review this period; review indicates 0 compliant, 10 non-compliant

#Inmate c/s written 9/13/13 with no results available in chart for review

#Inmate c/s written 9/18/13 with no results available in chart for review

#Inmate c/s written 9/19/13 with no results available in chart for review

#Inmate c/s written 9/30/13 with no results available in chart for review

#Inmate routine c/s written 8/15/13 with no results available in chart for review

#Inmate routine c/s written 7/24/13 with no request in chart, but results available

#Inmate routine c/s written 7/26/13 with no results available for review

#Inmate routine c/s written 7/15/13 with no results available in chart for review

#Inmate routine c/s written 8/14/13 with no results available in chart for review

#Inmate routine c/s written 7/19/13 with no results available in chart for review

EAGLE POINT- 7 consults available for review this period; review indicates 1 compliant, 6 non-compliant

#Inmate c/s written 9/1/13 with no results available in chart for review

#Inmate c/s written 9/20/13 with no results available in chart for review

#Inmate routine c/s written 8/8/13 with no results available in chart for review

#Inmate routine c/s written 7/17/13 with no results available in chart for review

#Inmate routine c/s written 7/23/13 with no results available in chart for review

#Inmate routine c/s written 7/16/13 with no results available in chart for review

L11- 2 consults available for review this period; review indicates 2 compliant, 0 non-compliant

MOREY- 9 consults available for review this period; review indicates 1 compliant, 8 non-compliant

#Inmate c/s written 9/1/13 with no results in chart available for review

#Inmate c/s written 9/20/13 with no results available for review

#Inmate c/s written 9/9/13 with results in chart, but no sign-off by provider

#Inmate routine c/s written 7/17/13 with no results in chart

#Inmate routine c/s written 8/9/13 with results in chart but not signed off by provider

#Inmate routine c/s written 8/14/13 with no results in chart

#Inmate routine c/s written 7/30/13 with no results in chart

#Inmate routine c/s written 7/30/13 for MRI with no results in chart

RAST- 9 consults available for review this period; review indicates 2 compliant, 7 non-compliant

#Inmate urgent c/s written 9/18/13 with no results in chart

#Inmate urgent c/s written 9/18/13 with no results in chart

#Inmate urgent c/s written 9/20/13 with no results in chart

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				<p>#Inmate urgent consult written 9/4/13 with no results in chart #Inmate urgent consult written 9/9/13 with no results in chart #Inmate routine consult written 7/24/13 with results in chart but not s/o by provider #Inmate routine c/s written 7/15/13 with no results in chart</p> <p>10/18/2013 2:52 PM Entered By: Erin Barlund Charts are not divided by yard at Lewis, but are found on several carts. 10 charts were audited and 0 compliant, 10 non-compliant (Compliance rate 0%).</p> <p>There were 89 charts in the HUB that required provider review. The following 10 were reviewed and 10 demonstrate non-compliance as evidenced by no provider date- #Inmate labs resulted 10/2/13; #Inmate labs resulted 9/13/13; #Inmate labs resulted 9/13/13; #Inmate Temple St. Lukes post-op paperwork with discharge instructions dated 9/19/13 (no signature/no date); the following labs were not signed-off by provider: #Inmate labs resulted 10/4/13; #Inmate labs resulted 10/4/13; #Inmate labs resulted 10/2/13; #Inmate labs resulted 9/21/13; #Inmate labs resulted 9/26/13; #Inmate labs resulted 9/25/13</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X		10/18/2013 2:40 PM Entered By: Erin Barlund	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		10/18/2013 2:39 PM Entered By: Erin Barlund	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		10/25/2013 9:51 AM Entered By: Erin Barlund	2

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

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

Level 2 Amber User: Erin Barlund Date: 10/25/2013 9:22:59 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date -11/30/13

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

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Erin Barlund Date: 10/29/2013 11:18:18 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

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

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

Level 2 Amber User: Erin Barlund Date: 10/29/2013 11:18:18 AM

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

Corrective Actions: See previous response to #2.

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			10/30/2013 12:45 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 12:47 PM Entered By: Martin Winland</p> <p>Lewis Continues to struggle with policy/procedures. In an email dated 10-4-2013 I summarized my visit and a copy was sent to David Cresap and James Taylor. My concerns at the time of the visit were primarily the Non Formulary process and the Perpetual inventory. Neither staff nor D.O.N. Cresap could inform me with any amount of accuracy if a Non formulary was "pending", "approved", or "denied". I addressed this personally with nurse Cresap. Although the Perpetual inventory was actively in place, staff was not entirely sure how it was to be used. At the time of my visit, the Perpetual inventory was 50% accurate on a random sample. I continue to inform Lewis concerning medication needing reordered/renewed. As of 10-25-2013, Formulary 209, Non formulary 9 appear on the Expiration Reports. Lewis was also a facility that was "blitzed". With the information available, Lewis has a compliance range of 73-76.5%. Lewis has not produced an Expiring Medication report for review</p> <p>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

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					<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 12:47 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 12:49 PM Entered By: Martin Winland 10/25/2013 9:46 AM Entered By: Erin Barlund Errors of omission are not documented on a medication error report.	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 12:50 PM Entered By: Martin Winland 10/30/2013 12:49 PM Entered By: Martin Winland	1

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

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

Level 2 Red User: Martin Winland Date: 10/30/2013 12:47:40 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. Expired Medications (Appendix I.1.a.)
- b. Re-order medications
- c. Invalid chart orders (Appendix I.1.c.)
 - i. Therapeutic dose ranges
 - ii. Dose changes must have supporting documentation
- d. Non-formulary process (Appendix I.1.d.)

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- i. Reviewed for approval within 24-48 hrs
- ii. Providers notified decision within 24-48 hrs
- e. Manifest Reconciliation
- f. Inventory control
- g. Stock Medications
- h. Practitioner Cards (Appendix I.1.h.)
- i. Controlled Medications (Appendix I.1.i.)
- 2. In-service staff
 - a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
 - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
- 3. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date-11/30/13

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

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

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 12:49:18 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			10/29/2013 2:50 PM Entered By: Jessica Raak *Out of 59 charts pulled, 60 were in compliance = 98% Bachman: (10 out of 10 charts pulled were in compliance) No findings. Barchey: (10 out of 10 charts pulled were in compliance) No findings. Buckley: (10 out of 10 charts pulled were in compliance) No findings. Morey: (9 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been an amber finding. Inmate HNR dated 9/19/13 was not triaged until 9/21/13 = +2 days. Rast: (10 out of 10 charts pulled were in compliance) No findings. Stiner: (10 out of 10 charts pulled were in compliance) No findings.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]			X	10/29/2013 2:51 PM Entered By: Jessica Raak *Out of 60 charts pulled, 48 were in compliance = 80% It is important to note that this performance measure increased in compliance this month- This performance measure is up to an 80% compliance rate from the 65% compliance rate in September. This performance measure is receiving a Red Finding since it falls below the compliance threshold. Bachman: (9 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been an amber finding. Inmate Inmate was referred 8/21/13 via clinician SOAP note. Inmate was not seen until 9/12/13. Barchey: (10 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been a green finding. No findings Buckley: (9 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been an amber finding. Inmate Inmate was referred in chart review 6/11/13 possibly due to documentation in chart that inmate was refusing psych medications. Inmate has not yet been seen. Morey: (7 out of 10 charts pulled were in compliance) Inmate Inmate was referred to psychiatry via HNRs dated 9/1/13, 9/12/13, 9/19/13, 9/26/13. Inmate was not seen until 9/20/13. Inmate Inmate was referred to psychiatry via cell front SOAP note per inmate's request. Inmate still has not been seen. Inmate(SMI): Inmate referred to psychiatry on 8/13/13 via cell front SOAP note per inmate's request. Inmate has not yet been seen. Rast: (5 out of 10 charts pulled were in compliance)	2

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				<p>Inmate 7/23/13 and 8/8/13 clinician documented that inmate reported negative psych medication side-effects. However, there was no referral.</p> <p>Inmate 7/10/13 documentation was found that inmate was requesting to see psychiatrist to stabilize mood- it is unclear whether or not a referral was made, but inmate has not yet been seen regardless.</p> <p>Inmate Inmate was referred 5/20/13, 6/3/13, 8/13/13 & 9/11/13 all via SOAP notes. Inmate still has not been seen. Note: Per clinician notes, inmate reports he urgently needs to see psychiatry to restart his psych meds.</p> <p>Inmate(SMI): Inmate was referred 7/10/13 & 6/19/13. No psychiatry notes found in chart documenting that inmate has been seen by a psychiatrist due to referral.</p> <p>Inmate(SMI): Inmate was referred on 6/7/13 in chart review presumably due to contents of 4/19/13 psychiatrist note. Inmate has not been seen yet.</p> <p>Stiner: (8 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate was referred 9/26/13 and still has not been seen.</p> <p>Inmate(SMI): Inmate was referred 3/8/13 & 6/26/13 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 2:52 PM Entered By: Jessica Raak</p> <p>*Out of 60 charts pulled, 52 were in compliance = 86%</p> <p>It is important to note that this performance measure decreased in compliance this month- This performance measure decreased to an 86% compliance rate from the 95% compliance rate in September.</p> <p>Bachman: (10 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been a green finding. No findings.</p> <p>Barchey: (5 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been a red finding.</p> <p>Inmate Treatment plan needs update.</p> <p>Inmate(SMI): Treatment plan needs update.</p> <p>Buckley: (8 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been a red finding.</p> <p>Inmate No treatment plan found in chart.</p> <p>Inmate No treatment plan found in chart.</p> <p>Morey: (9 out of 10 charts pulled were in compliance)</p> <p>Inmate(SMI): Treatment plan needs update.</p> <p>Rast: (10 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been a green finding. No findings.</p> <p>Stiner: (10 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been a green finding. No findings.</p>	1

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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 2:53 PM Entered By: Jessica Raak *Out of 60 charts pulled, 46 charts were in compliance = 76% It is important to note that this performance measure decreased in compliance this month- This performance measure decreased to a 76% compliance rate from the 90% compliance rate in September. Bachman: (7 out of 10 charts pulled were in compliance) Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Barchey: (7 out of 10 charts pulled were in compliance) Inmate Past due for psychology visit. Inmate Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Buckley: (7 out of 10 charts pulled were in compliance) Inmate Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Morey: (8 out of 10 charts pulled were in compliance) Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Rast: (7 out of 10 charts pulled were in compliance) Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Inmate(SMI): Past due for psychology visit. Stiner: (10 out of 10 charts pulled were in compliance) Note: This unit standing alone would have been a green finding. No findings.</p>	2
5	<p>Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]</p>			X	<p>10/29/2013 2:55 PM Entered By: Jessica Raak *Out of 60 charts pulled, 29 were in compliance = 48 % It is important to note that this performance measure decreased in compliance this month- This performance measure decreased to a 48% compliance rate from the 55% compliance rate in September. Bachman: (4 out of 10 charts pulled were in compliance) Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 9/12/13. Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 8/24/13. Inmate Inmate is past due for psychiatry visit; return to clinic date was 9/24/13. Inmate Inmate is past due for psychiatry visit; return to clinic date was 8/10/13. Inmate Inmate is past due for psychiatry visit; return to clinic date was 4/2/13. Inmate Inmate is past due for psychiatry visit; return to clinic date was 8/13/13. Barchey: (3 out of 10 charts pulled were in compliance) Inmate Inmate is past due for psychiatry visit; return to clinic date was 9/15/13. Inmate Inmate is past due for psychiatry</p>	2

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visit; return to clinic date was 9/28/13.
Inmate Inmate is past due for psychiatry visit; return to clinic date was 8/10/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 8/17/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 8/17/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 8/31/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 9/15/13.
Buckley: (5 out of 10 charts pulled were in compliance)
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 9/28/13.
Inmate Inmate is past due for psychiatry visit; return to clinic date was 9/24/13.
Inmate Inmate is past due for psychiatry visit; return to clinic date was 7/17/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 8/17/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 7/12/13.
Morey: (6 out of 10 charts pulled were in compliance)
Inmate Inmate is past due for psychiatry visit; return to clinic date was 8/8/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 9/13/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 9/12/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 8/30/13.
Rast: (7 out of 10 charts pulled were in compliance)
Inmate Inmate is past due for psychiatry visit; return to clinic date was 8/17/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 3/6/13. Note: Poss ble 8/7/13 psychiatry visit but no SOAP notes found in chart to document visit.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 5/10/13.
Stiner: (4 out of 10 charts pulled were in compliance)
Inmate Inmate is past due for psychiatry visit; return to clinic date was 9/2/13.
Inmate Inmate is past due for psychiatry visit; return to clinic date was 6/26/13.
Inmate(SMI): Inmate is past due for psychiatry visit; return to clinic date was 3/31/13. Note: Inmate poss bly seen 3/28/13 but no psychiatry notes found in chart documenting visit.
Inmate Inmate is past due for psychiatry visit; return to clinic date was 8/17/13.
Inmate Inmate is past due for psychiatry visit; return to clinic date was 12/27/12.
Inmate Inmate is past due for psychiatry visit; return to clinic date was 9/5/13.

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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 2:57 PM Entered By: Jessica Raak *Out of 22 charts pulled, 16 were in compliance = 72% Note: In order to better assess this performance measure, specific charts were pulled regarding releasing inmates. Compliance was calculated from these specific charts, not from the total number of charts pulled which included non-releasing inmates. Therefore, there is a significant decrease in compliance state-wide. Bachman: (4 out of 5 charts pulled were in compliance) Inmate Inmate is releasing 10/7/13 and no release planning documentation was found in chart. Barchey: (3 out of 4 charts pulled were in compliance) Inmate Inmate is releasing 10/9/13 and no release planning documentation was found in chart. Buckley: (1 out of 4 charts pulled were in compliance) Inmate Inmate is releasing 11/1/13 and no release planning documentation was found in chart. Inmate Inmate is releasing 10/29/13 and no release planning documentation was found in chart. Inmate Inmate is releasing 10/22/13 and no release planning documentation was found in chart. Morey: (3 out of 3 charts pulled were in compliance) Note: This unit standing alone would have been a green finding. Rast: (2 out of 2 charts pulled were in compliance) Note: This unit standing alone would have been a green finding. Stiner: (3 out of 4 charts pulled were in compliance) Inmate Inmate is releasing 10/26/13 and no release planning documentation was found in chart.</p>	2
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Corrective Action Plans for Performance Measure: Mental Health (Q)

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

Level 2 Red User: Jessica Raak Date: 10/29/2013 2:51:41 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date -11/30/13

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

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

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

Level 1 Amber User: Jessica Raak Date: 10/29/2013 2:52:42 PM

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

Corrective Actions: Action plan submitted by Corizon-

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

a. SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track and trend (III.1.a. SMI Monthly Report)

b. Review AIMS and update when changes in MH status

c. Inmates with mental health score of three or above are seen by MH staff per policy titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)

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

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

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

Level 2 Red User: Jessica Raak Date: 10/29/2013 2:53:49 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

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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 2:55:11 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 2:57:57 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1.In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 7 (Mental Health Attachment) related to re-entry plan

a.SMI patients will be followed by discharge planners utilizing the data from the SMI monthly report tool; MH3 patients will be given community resources by MH Clinicians and documented in the chart; all patients receiving psychotropic medications will be seen by Psychiatrist/Psychiatry CNP

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

2.Monitoring (Mental Health Monitoring Tool)

a.Audit tools developed

b.Monthly site results discussed with RVP/MH Director

c.Audit results discussed at monthly CQI meeting

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

Regional office for tracking and trending

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

Target Date- 11/30/13

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

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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 2:31 PM Entered By: Terry Allred Performance measure is not met. There is no documentation to support that this is occurring, or that the performance measure is being addressed locally.	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		10/15/2013 1:55 PM Entered By: Terry Allred Performance measure is not met. CQI had not been occurring, however, Ms. Hammer has been instrumental in the rescheduling and occurrence of the CQI process. Most recent CQI for the Lewis complex was held the week of 10/07/2013. The redirection and attention to this performance measure is a positive step.	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		10/15/2013 1:58 PM Entered By: Terry Allred Performance measure is not met at this time. Compliance will require a 1 month follow up in November from the original October CQI to determine if the performance measure has been met.	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		10/17/2013 1:02 PM Entered By: Terry Allred Performance measure has not been in complete fashion to date. There is documentation which supports that all on-site medical providers has received a peer review. There is however, no documentation to support that Dentists have had a peer review from the Smallwood group, or that Psychiatrists and Psychologists have received a peer review to date.	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		10/17/2013 1:03 PM Entered By: Terry Allred Performance measure has not been met. A recent CQI meeting was scheduled and did occur, but there is no record of a quarterly CQI review.	1

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

1 Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]

Level 1 Amber User: Terry Allred Date: 10/29/2013 2:31:56 PM

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

Corrective Actions: Reinforce with physicians the need to conduct appropriate reviews following DOC/Corizon guidelines. Continue to monitor.

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: Terry Allred Date: 10/15/2013 1:55:17 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: Terry Allred Date: 10/15/2013 1:58:01 PM

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

Corrective Actions: Reinforce with staff that CQI committee improvement recommendations are acted upon timely and progress is reported back to the committee at the next meeting. Continue to monitor.

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]

Level 1 Amber User: Terry Allred Date: 10/17/2013 1:02:39 PM

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

Corrective Actions: Reinforce with staff that regular PEER reviews for physicians, nurse practitioners, physicians, physician assistants, dentist, psychiatrists are to be completed. 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: Terry Allred Date: 10/17/2013 1:03:49 PM

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

Corrective Actions: Regional management will monitor the site CQI program

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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			10/2/2013 9:16 AM Entered By: Terry Allred N/A to the Lewis complex.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			10/2/2013 9:16 AM Entered By: Terry Allred N/A to the Lewis complex.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/2/2013 9:16 AM Entered By: Terry Allred N/A to the Lewis complex.	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			10/2/2013 9:17 AM Entered By: Terry Allred N/A to the Lewis complex.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/2/2013 9:17 AM Entered By: Terry Allred N/A to the Lewis complex.	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			10/30/2013 1:21 PM Entered By: Terry Allred Performance measure is met. A review of 25 total medical files of both intake and transfer met the performance measure with a completed C of C. The associated notes reflect that the patient has been verbally counseled where possible.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/2/2013 9:18 AM Entered By: Terry Allred N/A to the Lewis complex.	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			10/2/2013 9:19 AM Entered By: Terry Allred N/A to the Lewis complex.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Section 2.0.4.2]	X			10/2/2013 9:19 AM Entered By: Terry Allred N/A to the Lewis complex.	1

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		X			contained a developed treatment plan. Very good work.	2
6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X			10/23/2013 12:49 PM Entered By: Terry Allred Performance measure is met. Tool logs were reviewed for compliance with assigned Smallwood dental staff member.	2
7	Are all supplies that have an expiration date checked monthly?	X			10/29/2013 2:42 PM Entered By: Terry Allred Performance measure is met. Assigned dental assistance manages this performance measure.	2
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X			10/29/2013 2:44 PM Entered By: Terry Allred Performance measure is met. Identified items are stored for use and disposed of as necessary in cases of expiration.	2
9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X			10/29/2013 2:46 PM Entered By: Terry Allred Performance measure is met. This is a standard procedure in all cases of 911 treatment per the performance measure. Confirmed in review of 30 complex charts with 911 entries.	2
10	Is the dental wait time log/report being maintained?	X			10/23/2013 12:50 PM Entered By: Terry Allred Performance measure is met. Dental wait time logs are being maintained and followed.	1
11	Is the MSDS binder being maintained?	X			10/4/2013 11:09 AM Entered By: Terry Allred Performance measure is met. Binder is kept current by staff dental assistant.	1
12	Are patients provided with the medications that are prescribed by the dentist?	X			10/30/2013 2:34 PM Entered By: Terry Allred Performance measure is met.	2
13	Are equipment repairs being addressed in a timely manner?	X			10/4/2013 11:11 AM Entered By: Terry Allred Performance measure is met. Equipment repair issues are addressed in immediate fashion. Process is very sound at present.	1
14	Are all orders for materials/supplies being fulfilled in a timely manner?	X			10/23/2013 12:51 PM Entered By: Terry Allred Performance measure is met.	1

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15	Are dental entries complete with military time and signature over name stamp?	X			10/31/2013 2:32 PM Entered By: Terry Allred Performance measure is met at the Lewis complex.	1
16	Is treatment plan section C and priority section D of the dental chart completed?	X			10/30/2013 2:35 PM Entered By: Terry Allred Performance measure is met.	2
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X			10/4/2013 11:12 AM Entered By: Terry Allred Performance measure is met. Certification/registration is posted above the processor in primary clinic area.	1
18	Are weekly SPORE testing logs available for the Autoclaves?	X			10/4/2013 11:14 AM Entered By: Terry Allred Performance measure is met. Weekly testing is occurring and supporting documentation is available for review.	2
19	Is there a mechanism in place for immediate notification of a positive SPORE count?	X			10/30/2013 2:36 PM Entered By: Terry Allred 10/4/2013 11:15 AM Entered By: Terry Allred Performance measure is met. Notification mechanism is in place, but there is no recent history of a positive spore test on complex.	2

Corrective Action Plans for PerformanceMeasure: Oral Care (Dental)

1 Is an oral examination performed by a dentist within 30 days of admission to ADC? [NCCHC Standard P-E-06]

Level 1 Amber User: Terry Allred Date: 10/31/2013 3:12:27 PM

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

Corrective Actions: Reinforce with staff that oral examination performed by a dentist is to be within 30 days of admission to ADC. Continue to monitor

1 Is an oral examination performed by a dentist within 30 days of admission to ADC? [NCCHC Standard P-E-06]

Level 1 Amber User: Terry Allred Date: 10/31/2013 3:12:27 PM

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

Corrective Actions: Reinforce with staff that oral examination performed by a dentist is to be within 30 days of admission to ADC. Continue to monitor

3 Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]

Level 1 Amber User: Terry Allred Date: 10/31/2013 2:38:22 PM

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

Corrective Actions: This was actually a green finding and there is no corrective action plan necessary.

3 Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]

Level 1 Amber User: Terry Allred Date: 10/31/2013 2:38:22 PM

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

Corrective Actions: This was actually a green finding. This was marked amber in error. No corrective action plan was necessary.

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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>10/31/2013 2:53 PM Entered By: Terry Allred Let me claify my findings. When an inmate is placed in administrative segregation on the Lewis complex and a nurse is notified, there are no medical record reviews that occur. At best, they are placed in a log, but this is not exacting, nor is there substantiated follow up. All inmates that are placed in administrative segregation could be listed for review relative to this performance measure complex wide.</p> <p>10/30/2013 2:10 PM Entered By: Terry Allred Performance measure is not met. Medical records are not reviewed by nursing as inmates are placed in segregation.</p>	1
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			<p>10/30/2013 2:11 PM Entered By: Terry Allred Performance measure is met. Inmates in segregation are monitored daily by pill call staff. Isolation checks for MH inmates on watch occur 2-3 times per week. All MH inmates that are MH3 are seen weekly.</p>	2
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X			<p>10/17/2013 1:04 PM Entered By: Terry Allred Performance measure is met.</p>	1
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]		X		<p>10/31/2013 2:49 PM Entered By: Terry Allred As there is no established system for ensuring that all segregated inmates receive vitals on a monthly basis, the following are random listings of 10 inmates per lockup, excluding Morey Detention which had no log activity available. Buckley: 0% received vital sign check. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate Bachman: 0% received vital sign check. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate Stiner: 0% received vital sign check. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate Rast: 0% received vital sign check. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate</p> <p>10/30/2013 2:17 PM Entered By: Terry Allred Performance measure is not met. This only occurs in cases of HNR submission.</p>	1

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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 Amber User: Terry Allred Date: 10/31/2013 2:53:51 PM

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.

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 Amber User: Terry Allred Date: 10/31/2013 2:53:51 PM

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.

4 Are SMIs placed in segregation seen within 24 hours by mental health staff?

Level 2 Amber User: Terry Allred Date: 10/30/2013 2:16:29 PM

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

Corrective Actions: Reinforce with staff that when SMI is placed in segregation that inmate is seen within 24 hours by mental health staff. Continue to monitor.

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

Level 1 Amber User: Terry Allred Date: 10/31/2013 2:49:41 PM

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

Corrective Actions: Reinforce with staff that regular vital signs be completed on all segregated inmates. Continue to monitor.

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

Level 1 Amber User: Terry Allred Date: 10/31/2013 2:49:41 PM

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

Corrective Actions: Reinforce with staff that regular vital signs be completed on all segregated inmates. Continue to monitor.

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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 2:19 PM Entered By: Terry Allred Performance measure is met. P&P are in place at complex level. (Operations)	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 2:21 PM Entered By: Terry Allred Performance measure is not met. The emergency Response plan has been created per the Assistance HSA, but has not been signed off on to date, or been submitted to the Complex Deputy Warden for review and signature.	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 2:25 PM Entered By: Terry Allred Performance measure is not met. The Corizon DON reports that these drills are in the discussion phase. I informed the DON that actual events can be used as substitutes for scenarios. He acknowledged understanding.	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 2:26 PM Entered By: Terry Allred Performance measure is not met. Planning is in the discussion phase per the complex DON.	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 2:27 PM Entered By: Terry Allred Performance measure is not met. There have been no critiques as there have been no documented drills.	1
6	Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]		X		10/29/2013 2:29 PM Entered By: Terry Allred Performance measure is not met. Although there was a voiced internal audit of the supplies noted in the performance measure, there was no retained documentation of the event, nor does this occur on a monthly basis.	1

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Corrective Action Plans for Performance Measure: Emergency Response Plan
<p>2 Are health aspects of the emergency response plan approved by the Site Manager? [NCCHC Standard P-A-07] Level 1 Amber User: Terry Allred Date: 10/29/2013 2:21:26 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Site manager will monitor health aspects of the emergency response plan upon approval. Continue to monitor.</p>
<p>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] Level 1 Amber User: Terry Allred Date: 10/29/2013 2:25:41 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Reinforce the need for annual mass disaster drill. Continue to monitor.</p>
<p>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] Level 1 Amber User: Terry Allred Date: 10/29/2013 2:26:31 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Reinforce the need for annual mass disaster drill. Continue to monitor.</p>
<p>5 Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07] Level 1 Amber User: Terry Allred Date: 10/29/2013 2:27:25 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Reinforce the need for mass disaster and man down drills to be critiqued and shared with staff. Continue to monitor.</p>
<p>6 Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07] Level 1 Amber User: Terry Allred Date: 10/29/2013 2:29:24 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Reinforce with staff to regularly check emergency supplies. Continue to monitor.</p>

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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		10/17/2013 1:09 PM Entered By: Terry Allred Performance measure is not met. There is no available method on-site to determine if this performance measure is being met. Currently, those with licenses provide CME certificates as they receive them, but a tracking mechanism does not exist, or was not made available.	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		10/17/2013 1:15 PM Entered By: Terry Allred Performance measure is not met. There is no tracking mechanism available to follow the CE of part time staff on-site.	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		10/17/2013 1:26 PM Entered By: Terry Allred Performance measure is not met. Database of all licensure staff indicates that there are 9 nursing staff, 4 MH staff, 1 dental staff and 2 providers with noted licenses that are expired.	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		10/15/2013 1:52 PM Entered By: Terry Allred Performance measure is not met. Of the 75 current staff on roster; 13 staff from varied disciplines have no documents on file to support current CPR qualifications, and 13 staff from varied disciplines are in possession of an expired card. This information was gleaned from data acquired from Corizon on 10/15/2013.	1

Corrective Action Plans for Performance Measure: Professional Development

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]

Level 1 Amber User: Terry Allred Date: 10/17/2013 1:09:54 PM

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

Corrective Actions: Reinforce with staff that qualified health care professionals obtain continuing education that is appropriate for their position. Continue to monitor.

2 Do Part-time qualified health care professionals pro-rate their continuing education hours based on full-time equivalency? [NCCHC Standard P-C-03]

Level 1 Amber User: Terry Allred Date: 10/17/2013 1:15:44 PM

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

Corrective Actions: Reinforce with staff that part-time qualified health care professionals obtain appropriate continuing education. Continue to monitor

3 Do health staff demonstrate compliance with C.E. Licensure requirements? [HSTM Chapter 3, Section 4.0 and NCCHC Standard P-C-03]

Level 1 Amber User: Terry Allred Date: 10/17/2013 1:26:28 PM

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

Corrective Actions: Reinforce with staff that health staff is in compliance with licensure requirements. Continue to monitor.

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]

Level 1 Amber User: Terry Allred Date: 10/15/2013 1:52:15 PM

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

Corrective Actions: Reinforce with staff that qualified health care professionals with patient contact are current with cardiopulmonary resuscitation technique. Continue to monitor.

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			10/18/2013 2:41 PM Entered By: Erin Barlund	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			10/28/2013 3:30 PM Entered By: Erin Barlund There are 24 FT/PT nurses at Lewis that have been employed greater than 30 days. 24 training files were reviewed and 24 completed medication administration training (compliance rate 100%) and 23 completed controlled substance training (compliance rate 96%).	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			10/18/2013 2:38 PM Entered By: Erin Barlund All KOP medications are recorded on a KOP log once delivered.	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		10/24/2013 12:18 PM Entered By: Erin Barlund MARs do not include medication administration times, but are marked with "A.M." or "P.M." 10/22/2013 3:40 PM Entered By: Erin Barlund Review of 80 MARs complex-wide with 0 compliant, 80 non-compliant (compliance rate 0%). STINER- review of 10 MARs demonstrates 0 compliant, 10 non-compliant #Inmate- no allergies, no diagnosis, no transcriber initials, no documentation 10/19/13, missing signatures on back of MAR #Inmate no start date, no transcriber's initials, use of "absent" when AIMS does not indicate inmate off yard #Inmate no diagnosis, missing documentation on 10/7/13, 10/15/13-10/18/13 #Inmate no diagnosis #Inmate no diagnosis, no documentation 10/5/13-10/7/13, 10/12/13-10/13/13 #Inmate no diagnosis, use of absent 15 times on MAR when AIMS indicates inmate on yard #Inmate no diagnosis #Inmate no start date, no diagnosis, use of absent 10/8/13-10/10/13 when AIMS indicates IM on yard #Inmate no diagnosis, no allergies #Inmate no start date, no diagnosis EAGLE POINT- review of 10 MARs indicates 0 compliant, 10 non-compliant #Inmate no diagnosis, no transcribers initials, no order date #Inmate no start dates, no diagnosis, no transcriber's initials no documentation 10/12/13, 10/13/13, 10/14/13, documentation of "n/s", documentation of	1

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"refused" but incomplete refusals
#Inmate no start date, no diagnosis, no allergies, no documentation 10/12/13-10/14/13 and 10/18/13-10/20/13
#Inmate no start date, no diagnosis, use of "absent" when AIMS indicates no movement
#Inmate no diagnosis, no start date, no transcriber's initials
#Inmate use of "absent" when AIMS indicates no movement, no diagnosis, no allergies, missing signatures of back of MAR, no documentation 10/3/13, 10/12-10/13/13
#Inmate no diagnosis, no allergies, missing signatures on back of MAR
#Inmate no diagnosis, use of "n/s" on 10/9/13
#Inmate no diagnosis, use of "absent" when AIMS does not indicate movement, no documentation 10/12/13, 10/13/13, 10/19/13
#Inmate no diagnosis, no allergies, use of "absent" when AIMS indicates no movement, no documentation 10/12/13

RAST- review of MARs indicates 0 compliant, 10 non-compliant
#Inmate no diagnosis, no allergies, missing signatures on back of MAR
#Inmate no transcriber's initials, missing signatures on back of MAR, no order date
#Inmate no diagnosis, no allergies
#Inmate no diagnosis, no transcriber's initials
#Inmate no diagnosis, what appears to be circled initials with no code (illegible)
#Inmate no diagnosis, no start date, no stop date, possible use of "absent" on 10/14/13
#Inmate no order date, no diagnosis, (illegible)
#Inmate no diagnosis, no allergies
#Inmate no documentation 10/14/13, 10/15/13, 10/16/13
#Inmate no diagnosis, no allergies, no documentation 10/17/13-10/19/13

MOREY- review of 10 MARs indicates 0 compliant, 10 non-compliant
#Inmate no diagnosis
#Inmate no diagnosis, missing documentation 10/10/13, 10/11/13
#Inmate no diagnosis
#Inmate no diagnosis #Inmate no diagnosis
#Inmate no diagnosis, no transcriber's initials
#Inmate no diagnosis
#Inmate no diagnosis, no allergies
#Inmate no diagnosis
#Inmate no diagnosis
#Inmate no documentation 10/5/13-10/10/13

BUCKLEY- review of 10 MARs indicates 0 compliant, 10 non-compliant
#Inmate no start date, no diagnosis, no allergies, missing signatures on back of MAR
#Inmate no diagnosis, no documentation 10/12/13-10/14/13
#Inmate no diagnosis, no allergies, no documentation 10/18/13
#Inmate no diagnosis, no start date,

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missing signatures on back of MAR
#Inmate no start date, no diagnosis, no allergies, missing documentation 10/19/13
#Inmate no order date, no start date, no diagnosis, no allergies, no documentation 10/1/13, 10/2/13, 10/6/13, 10/7/13, 10/9/13, 10/10/13, 10/12/13, 10/16/13, 10/17/13, 10/18/13, 10/19/13, 10/20/13
#Inmate no diagnosis, no start date
#Inmate no diagnosis, no start date, no transcriber's initials, missing signatures on back of MAR
#Inmate no diagnosis, no allergies, missing signatures back of MAR, no transcriber's initials
#Inmate no start date, no diagnosis, no allergies, missing signatures on back of MAR

BACHMAN- review of 10 MARs indicates 0 compliant, 10 non-compliant

#Inmate no diagnosis, use of "absent" on 7 days when AIMS indicates no movement, no documentation on 6 days
#Inmate no diagnosis, no documentation 10/9/10, 10/10/10, missing signatures on back of MAR
#Inmate no order date, no start date, no diagnosis, no documentation 10/1/13-10/6/13, missing signatures on back of MAR
#Inmate no start date, no diagnosis, missing signatures on back of Mar, use of "absent" when AIMS indicates no movement
#Inmate no diagnosis, no allergies, use of "absent" when AIMS indicates no movement
#Inmate no documentation 10/12/13, 10/15/13, no diagnosis, no allergies
#Inmate no diagnosis, use of "absent" when AIMS indicates no movement
#Inmate no diagnosis, no transcriber's initials, use of "absent" when AIMS indicates no movement
#Inmate no diagnosis
#Inmate no diagnosis, no allergies, no documentation 10/12/13, 10/14/13-10/20/13, no order date

BARCHEY- review of 10 MARs indicates 0 compliant, 10 non-compliant

#Inmate no diagnosis, no transcriber's initials, use of "absent" when AIMS indicates no movement, no documentation 10/17/13, 10/18/13, 10/20/13
#Inmate no diagnosis; no documentation 10/5/13, 10/6/13, 10/11/13, 10/12/13, 10/13/13; documentation of medication administration on 10/3/13 and 10/4/13 when IM was out to hospital
#Inmate no documentation 10/11/13, 10/12/13, 10/16/13, no start dates, no stop dates, no diagnosis
#Inmate no diagnosis, no documentation 10/7/13-10/10/13, "n/s" 10/11/13-10/13/13, no documentation 10/14/13-10/18/13, use of absent on 10/19/13, 10/1/13-10/3/13 when AIMS indicates no movement
#Inmate no diagnosis, no documentation 10/16/16, 10/17/13
#Inmate no diagnosis, no allergies, no documentation 10/11/13-10/14/13, missing signatures on back of MAR
#Inmate use of "absent" 10/1/13-10/19/13

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				<p>when no movement reflected in AIMS, no diagnosis #Inmate no diagnosis, no documentation 10/17/13-10/13/13 #Inmate no diagnosis, use of "absent" 10/6/13-10/10/13 when no movement reflected in AIMS #Inmate no diagnosis, no documentation 10/4/13-10/6/13 and 10/11/13-10/13/13</p> <p>SUNRISE- review of KOP MARs indicates 0 compliant, 10 non-compliant No diagnosis- #Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		<p>10/28/2013 3:35 PM Entered By: Erin Bartlund There was 1 submitted med error report for October and it was forwarded to the FHA for CAP.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>10/24/2013 12:19 PM Entered By: Erin Bartlund see below</p> <p>10/22/2013 3:38 PM Entered By: Erin Bartlund Review of 80 MARs complex-wide demonstrates 23 compliant, 57 non-compliant (compliance rate 29%)</p> <p>STINER- review of 10 MARs demonstrates 2 compliant, 8 non-compliant #Inmate lisinopril order date 10/11/13 with first documented dose administered 10/16/13 #Inmate tramadol ordered 10/10/13 with first documented dose administered 10/18/13 #Inmate nortriptyline ordered 9/25/13 with no first dose documented as of 10/21/13 and note on MAR that states, "Meds have not arrived from pharmacy." #Inmate vistaril ordered 10/1/13 with first documented dose administered 10/11/13 #Inmate divalproex ordered 10/11/13 with first documented dose administered 10/15/13 #Inmate cogentin ordered 10/8/13 with first documented dose administered 10/13/13 #Inmate thorazine ordered 10/2/13 with first documented dose administered 10/7/13 #Inmate vistaril ordered 10/8/13 with first documented dose administered 10/14/13</p> <p>EAGLE POINT- review of 10 MARs indicates 5 compliant, 5 non-compliant #Inmate robaxin ordered 10/15/13 without first dose documented 10/20/13 #Inmate amiodarone ordered 10/1/13 with first dose documented 10/7/13, asa ordered 10/1/13 first documented dose 10/7/13 or 10/9/13 (indecipherable), coreg ordered 10/1/13 with no first dose documented only</p>	2

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"refused" or no show and no documentation on 10/12/13, 10/13/13 10/14/13, 10/18/13, 10/19/13, 10/20/13

#Inmate tegretol ordered 10/3/13 with first no first dose documented as of 10/20/13

#Inmate thiothixene ordered 10/4/13 with first dose documented 10/9/13

#Inmate nortriptyline ordered 10/16/13 with no first dose documented as of 10/21/13

RAST- review of 10 MARs indicates 1 compliant, 9 non-compliant

#Inmate risperidone ordered 7/26/13 with first documented dose in Oct. on 10/9/13

#Inmate warfarin ordered 10/6/13 with first documented dose 10/16/13

#Inmate meloxicam ordered 9/27/13 with first documented dose 10/10/13

#Inmate hytrin, lisinopril, hctz ordered 10/16/13 with first dose not documented as of 10/21/13

#Inmate gabapentin "n/a" documented 10/3/13-10/12/13 with some signatures documenting am administration and "n/a" for pm

#Inmate mobic ordered 9/25/13 with first documented dose 10/9/13

#Inmate gabapentin documented "n/a" 10/5/13-10/12/13, no documentation am 10/20/13

#Inmate nortriptyline ordered 9/26/13 with first documented dose 10/9/13

#Inmate sertraline ordered 10/8/13 with first documented dose 10/13/13, lithium ordered 10/11/13 with first documented dose 10/15/13

MOREY- review of 10 MARs indicates 0 compliant, 10 non-compliant

#Inmate remeron ordered 10/11/13 with first documented dose 10/16/13, risperdal ordered 10/11/13 with first documented dose 10/11/13

#Inmate amantadine "n/a" 10/1/13-10/8/13
#Inmate pravastatin "n/a" 10/11/13-10/15/13

#Inmate pamelor ordered 10/10/13 with first documented dose 10/15/13

#Inmate loratadine ordered 10/10/13 with first documented dose 10/15/13

#Inmate gabapentin ordered 9/26/13 with first documented dose 10/6/13

#Inmate risperidone ordered 6/27/13 with first documented dose on Oct MAR 10/7/13

#Inmate carbamazepine ordered 7/31/13 with first documented dose on Oct MAR 10/13/13

#Inmate risperidone "n/a" 10/3/13-10/8/13, benzotropine "n/a" 10/6/13-10/8/13

#Inmate risperdal ordered 10/11/13 with no first dose administered as of 10/21/13

BUCKLEY- review of 10 MARs indicates 0 compliant, 10 non-compliant

#Inmate buspar ordered 7/26/13 with first documented dose in Oct 10/8/13

#Inmate tegretol, risperdal, vistaril ordered 10/2/13 with first documented dose 10/14/13

#Inmate lithium ordered 10/3/13 with first documented dose 10/8/13

#Inmate risperdal ordered 10/2/13 with first documented dose 10/15/13

#Inmate tegretol ordered 9/11/13 with first documented dose in oct administered

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				<p>10/3/13 #Inmate dilantin ordered 10/3/13 with first documented dose administered 10/7/13 #Inmate keppra ordered 10/3/13 with first documented dose administered 10/9/13 #Inmate tegretol orered 10/2/13 with first documented dose administered 10/11/13 #Inmate risperdal ordered 9/25/13 with no documentation of first dose through 10/21/13 #Inmate citalopram ordered 10/11/13 with first dose documented 10/18/13, divalproex ordered 10/8/13 with first documented dose 10/17/13</p> <p>BACHMAN- review of 10 MARs indicates 0 compliant, 10 non-compliant #Inmate risperdal ordered 10/10/13 with first administered dose 10/16/13 #Inmate nortriptyline ordered 10/2/13 with first documented dose 10/6/13 #Inmate vistaril ordered 10/17/13 with no documented dose through 10/21/13 #Inmate tegretol ordered 10/10/13 with no first dose administered through 10/21/13 #Inmate tegretol ordered 4/3/13 with note "give when available." No documentation in October #Inmate nortriptyline ordered 9/9/13 with first documentation for October 10/11/13 #Inmate gabapentin ordered 9/4/13 with first documentation for Oct. on 10/10/13 #Inmate nortriptyline ordered 10/15/13 with no documented first dose through 10/21/13 #Inmate nortriptyline ordered 10/10/13 with first documented dose 10/15/13 #Inmate calcium polycar ordered 10/9/13 with first documented dose administered 10/16/13</p> <p>BARCHEY-review of 10 MARs indicates 5 compliant, 5 non-compliant #Inmate gabapentin ordered 9/19/13 with start date of 10/15/13 #Inmate trilafon ordered 10/2/13 with first documented dose administered 10/11/13 #Inmate quetiapine ordered 10/4/13 with no documented first dose through 10/21/13 #Inmate tegretol orderd 10/10/13 with no documented first dose through 10/21/13 #Inmate lithium ordered 10/7/13 with first documented dose administered 10/12/13</p> <p>SUNRISE- no documented delays- 10 compliant, 0 non-compliant</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		10/18/2013 2:39 PM Entered By: Erin Barlund	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	10/24/2013 12:03 PM Entered By: Erin Barlund see below 10/18/2013 2:37 PM Entered By: Erin	2

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				<p>Bartund Stop date report for October 1-15, 2013 demonstrates- Total # of scripts reviewed: 554 Total # scripts reordered on or prior to expiration date: 263 Total # scripts reordered after expiration date: 37 Total # scripts not reordered: 254</p>	
9	<p>Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</p>		X	<p>10/29/2013 1:53 PM Entered By: Erin Bartund 34 NFDRs available for review this period; 15 compliant, 19 non-compliant (compliance rate 44%).</p> <p>BUCKLEY- 10 NFDRs available for review this period; 4 compliant, 6 non-compliant #Inmate NFDR written 10/17/13, ATP 10/22/13 #Inmate NFDR written 10/2/13, ATP 10/7/13 #Inmate NFDR written 10/4/13, ATP 10/8/13 #Inmate NFDR written 9/25/13, approved 10/30/13 #Inmate NFDR written 10/2/13, ATP 10/7/13 #Inmate NFDR written 10/3/13, ATP 10/7/13</p> <p>MOREY- 4 NFDRs available for review this period; 2 compliant, 2 non-compliant #Inmate NFDR written 9/27/13, med filled 10/7/13; unable to locate original NFDR with reviewer's signature #Inmate NFDR written 9/27/13, no evidence of med approval; unable to locate NFDR with reviewer's signature</p> <p>IPC- 1 NFDR available for review this period; 0 compliant, 1 non-compliant #Inmate NFDR written 10/2/13 with med filled from back-up pharmacy on 10/11/13</p> <p>STINER- 1 NFDR available for review this period; 1 compliant, 0 non-compliant</p> <p>BACHMAN- 8 NFDRs available for review this period; 3 compliant, 5 non-compliant #Inmate NFDR written 9/4/13, ATP 9/30/13 #Inmate NFDR written 9/4/13, ATP 9/30/13 #Inmate NFDR written 9/10/13, ATP 9/30/13 #Inmate NFDR written 8/26/13, ATP 9/30/13 #Inmate NFDR written 10/2/13, approved 10/7/13</p> <p>BARCHEY- 10 NFDRs available for review this period; 5 compliant, 5 non-compliant #Inmate written 10/15/13, med filled 10/25/13; unable to locate NFDR with reviewer signature #Inmate NFDR written 10/10/13, med filled 10/18/13; unable to locate NFDR with reviewer signature #Inmate NFDR written 10/8/13, med filled 10/16/13; unable to locate NFDR with reviewer signature #Inmate NFDR written 10/8/13, med filled</p>	2

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				10/16/13; unable to locate NFDR with reviewer signature #Inmate NFDR written 10/1/13, med filled 10/11/13; unable to locate NFDR with reviewer signature	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	10/25/2013 9:29 AM Entered By: Erin Bartlund Providers report that they are inconsistently notified of NFDR decisions within 48 hours. Currenty, NFDR decisions are accessed by the DON who places them in a binder at the HUB. The individual yard nurses are responsible for checking this binder and providing information to the provider. Providers do report they receive NFDRs with recommended alternative treatment plans in their mailbox, but not always within 48 hours.	2
11	Are medication error reports being completed and medication errors documented?		X	10/25/2013 9:46 AM Entered By: Erin Bartlund Errors of omission are not documented on a medication error report.	2
12	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented? [NCCHC Standard P-0-3]	X		10/18/2013 2:40 PM Entered By: Erin Bartlund	1

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Corrective Action Plans for Performance Measure: Medication Administration

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

Level 1 Amber User: Erin Barlund Date: 10/24/2013 12:18:48 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.

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

Level 2 Amber User: Erin Barlund Date: 10/24/2013 12:19:43 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)
 - 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

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

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

Target Date - 11/30/13

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

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

[NCCHC Standard P-D-01]

Level 2 Amber User: Erin Barlund Date: 10/24/2013 12:03:04 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.
- 4.Monitoring (Appendix I. - IV Monitoring Tools)

a.Audit tools developed

b.Weekly site results discussed with RVP

c.Audit results discussed a monthly CQI meeting

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

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

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

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

a.Audit tools developed

b.Weekly site results discussed with RVP

c.Audit results discussed a monthly CQI meeting

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

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

a.Internal

b.External

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

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

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

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

a.Audit tools developed

b.Weekly site results discussed with RVP

c.Audit results discussed a monthly CQI meeting

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Erin Barlund Date: 10/29/2013 1:53:51 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

a.Non-formulary process (Appendix I.1.d.)

i.Reviewed for approval within 24-48 hrs

ii.Providers notified decision within 24-48 hrs

e.Manifest Reconciliation

f.Inventory control

g.Stock Medications

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- h. Practitioner Cards (Appendix I.1.h.)
- i. Controlled Medications (Appendix I.1.i.)
- 2. In-service staff
 - a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
 - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
- 3. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date-11/30/13

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

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

10 Are providers being notified of non-formulary decisions within 24 to 48 hours?

Level 2 Amber User: Erin Barlund Date: 10/25/2013 9:29:33 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

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

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

2. In-service staff

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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

Level 2 Amber User: Erin Barlund Date: 10/25/2013 9:46:10 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. 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.

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

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

Target Date- 11/30/13

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

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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			10/18/2013 2:36 PM Entered By: Erin Barlund	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			10/28/2013 3:39 PM Entered By: Erin Barlund Review of 24 FT/PT nurse training files indicates 24 have completed NET training (compliance rate 100%). There is a skill fair scheduled for the month of November which will include return demonstration and testing.	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			10/18/2013 2:36 PM Entered By: Erin Barlund	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			10/18/2013 2:36 PM Entered By: Erin Barlund	1

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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			10/30/2013 1:24 PM Entered By: Terry Allred Performance measure is met as the requesting form is in a "check box" format. The liaison reports that this is completed in all cases. Examples were displayed for review as well.	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			10/15/2013 1:40 PM Entered By: Terry Allred Performance measure is met. Trinity dietician was on-site in October to meet with providers to discuss diets and diet requirements. Meeting was very productive as well as helpful in that it offered clarity to providers and Corizon staff in attendance regarding current diet issues.	1
3	Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]		X		10/30/2013 1:42 PM Entered By: Terry Allred Performance measure is not met as there is no documentation available to support the occurrence of follow up nutritional counseling post refusal.	1
4	Are diet orders forwarded to food service liaison within 24 hours?		X		10/30/2013 1:43 PM Entered By: Terry Allred Performance measure is not met. From the scorecard of Green, the dental component emails the diet request in order to have it entered into the system, then the hard copy follows. In the case of medical, the average wait time is 2 weeks.	1
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?		X		10/30/2013 1:45 PM Entered By: Terry Allred Performance measure is not met. There is no MRC committee on-site to review and approve or disapprove a non-formulary diet. This approval is managed by Trinity through the dietician who then works with the on-site provider as necessary.	1

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Corrective Action Plans for Performance Measure: Medical Diets

3 Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]

Level 1 Amber User: Terry Allred Date: 10/30/2013 1:42:09 PM

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

Corrective Actions: Reinforce with staff that when inmates refuse prescribed diets that they receive follow-up nutritional counseling. Continue to monitor.

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

Level 1 Amber User: Terry Allred Date: 10/30/2013 1:43:56 PM

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

Corrective Actions: Reinforce with staff that diet orders regularly be forwarded to food service liaison. Continue to monitor.

5 Are non-formulary diets being approved by the Medical Review Committee/Medical Director?

Level 1 Amber User: Terry Allred Date: 10/30/2013 1:45:45 PM

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

Corrective Actions: Reinforce with staff that non-formulary diets be approved by the Medical Review Committee/Medical Director. Continue to monitor.

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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			10/4/2013 1:06 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	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			10/4/2013 1:06 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			10/4/2013 1:06 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			10/4/2013 1:06 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			10/4/2013 1:06 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			10/4/2013 1:07 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			10/4/2013 1:07 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			10/4/2013 1:09 PM Entered By: Erin Barlund see below 10/4/2013 1:07 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			10/4/2013 1:09 PM Entered By: Erin Barlund see below 10/4/2013 1:07 PM Entered By: Erin Barlund Currently L11 does not meet criteria for	1

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					infirmiry setting.	
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			10/4/2013 1:09 PM Entered By: Erin Barlund see below 10/4/2013 1:07 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
11	Are vital signs done daily when required?	X			10/4/2013 1:10 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting. 10/4/2013 1:07 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			10/4/2013 1:08 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			10/4/2013 1:08 PM Entered By: Erin Barlund Currently L11 does not meet criteria for infirmiry setting.	1

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			10/18/2013 2:43 PM Entered By: Erin Barlund All medication rooms were secured when staff was not present. Compliance rate 100%.	1
2	Are open medication vials being marked with the date they were opened?	X			10/18/2013 2:46 PM Entered By: Erin Barlund 25 vials were audited. 20 compliant, 5 non-compliant. Compliance rate 80% BACHMAN- compliant BARCHEY- compliant STINER- humalog not dated. RAST- Levemir no date; Humulin N opened date 8/25/13. MOREY- compliant HUB- Humulin R not dated; Humulin N not dated BUCKLEY- Compliant	1
3	Is nursing staff checking for outdated (expiring)medications?	X			10/24/2013 12:17 PM Entered By: Erin Barlund 1,236 medications were checked for stop dates. 1,219 medication compliant, 27 medications non-compliant. (Compliance rate 99%). BACHMAN- #Inmate perphenazine stop date 10/4/13; #Inmate gabapentin stop date 10/3/13; #Inmate baclofen stop date 9/28/13; #Inmate tegretol stop date 9/24/13; #Inmate methocarbamol stop date 10/7/13; #Inmate haldol stop date 6/3/13. BARCHEY- #Inmate tegretol stop date 10/6/13; #Inmate haldol stop date 9/24/13; #Inmate haldol stop date 9/24/13; #Inmate nortriptyline stop date 10/3/13. STINER- #Inmate celexa stop date 8/22/13; #Inmate gabapentin stop date 10/7/13. RAST- #Inmate buspar stop date 9/26/13; #Inmate haldol (2 cards) stop date 10/5/13; #Inmate amatadine stop date 10/5/13; #Inmate tegretol stop date 10/5/13; #Inmate haldol stop date 9/24/13; #Inmate lithium stop date 9/24/13; #Inmate gabapentin stop date 10/1/13; #Inmate gabapentin stop date 10/1/13. MOREY- Compliant BUCKLEY- #Inmate Tegretol stop date 9/16/13 EAGLE POINT-#Inmate Benzotropine stop	1

