

October 2013 PERRYVILLE COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			<p>10/17/2013 10:24 AM Entered By: Mark Haldane At Lumley sick call was conducted on each weekday, including Columbus day, between October 1 and October 17. 68 appointments were generated from HNRs for 13 sick call days.</p> <p>At San Carlos, sick call was conducted on each weekday between October 1 and October 18. 154 appointments were generated from HNRs for 14 sick call days.</p> <p>At San Pedro, sick call was conducted on each weekday between October 1 and October 17. 35 appointments were generated for 13 sick call days.</p> <p>At Santa Cruz, sick call was conducted on each weekday between October 1 and October 17. 103 appointments were generated for 13 sick call days.</p> <p>At Santa Maria, sick call was conducted on each weekday between October 1 and October 17. 85 appointments were generated from HNRs for 13 sick call days.</p> <p>Each yard is compliant with this standard, although the workload varies significantly.</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		<p>10/28/2013 1:39 PM Entered By: Mark Haldane Of 50 charts reviewed complex-wide, 37 met this standard. 74% compliance. 30-yard at Lumley accounted for most of the non-compliance. Nurse line is conducted on the yard because of security classifications. I went back and reviewed inmates at R&A and found that only 3 of 10 were seen within 24 hours of the HNR being triaged, so I did not adjust the results from original 10 charts pulled.</p> <p>10/28/2013 1:32 PM Entered By: Mark Haldane At San Pedro 10 charts reviewed, 9 were seen within required timeframe. #Inmate HNR 9/27. Seen 10/1. Inmate Inmate Inmate Inmate Inmate Inmate Inmate all timely).</p> <p>90+% compliance at San Pedro.</p> <p>10/28/2013 1:24 PM Entered By: Mark Haldane At Santa Cruz, 10 charts reviewed. All were seen within 24 hours Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate</p> <p>100% compliance at Santa Cruz.</p> <p>10/28/2013 1:13 PM Entered By: Mark Haldane Of 10 charts reviewed at San Carlos, 8 were seen within 24 hours. #Inmate HNR 10/16. Seen 10/18. #Inmate HNR 10/21. Seen 10/23.</p>	1

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				<p>80% compliance at San Carlos.</p> <p>10/28/2013 12:34 PM Entered By: Mark Haldane Of 10 charts reviewed at Santa Maria: #Inmate HNR 9/27/13. Seen 10/1/13. #Inmate HNR 10/1/13. Seen 10/3/13.</p> <p>8 of 10 charts showed that inmate was seen on the following working day after the HNR was triaged. In 2 cases the HNR was triaged on Friday and the inmate was seen on Monday.</p> <p>80% compliance at Santa Maria.</p> <p>10/28/2013 12:26 PM Entered By: Mark Haldane At Lumley, especially on 30 yard, this standard is not being met. For example, #Inmate HNR 10/8/13 Seen 10/18/13. #Inmate HNR 10/22/13. Seen 10/25/13. #Inmate HNR 10/6/13. Seen 10/18/13. #Inmate HNR 10/1/13. Seen 10/4/13. #Inmate HNR 10/1/13. Seen 10/4/13. #Inmate HNR 10/12/13. Seen 10/18/13. #Inmate HNR 9/30/13. Seen 10/4/13. #Inmate HNR 10/7/13. Signed refusal 10/11/13.</p> <p>Two of the 10 charts reviewed were timely (#Inmate and #Inmate)</p> <p>20% compliance at Lumley.</p>	
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	<p>10/30/2013 2:00 PM Entered By: Mark Haldane On Lumley, a review of 10 randomly selected charts found that vitals were done and documented in NETs on all 10 inmates. (#Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate and #Inmate each compliant).</p> <p>Lumley had 100% compliance.</p> <p>At Santa Maria, 8 of 10 charts were in compliance. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate and #Inmate were compliant.</p> <p>#Inmate seen on 10/9/13, had no weight and no blood pressure recorded.</p> <p>#Inmate seen on 10/11/13, had no blood pressure recorded.</p> <p>Santa Maria was 80% compliant.</p> <p>At San Pedro, 5 of 10 charts were in compliance with this standard. #Inmate #Inmate #Inmate and #Inmate were in compliance.</p> <p>#Inmate seen on 10/24/13 had no weight recorded. #Inmate seen on 10/18/13 had no vitals recorded. #Inmate seen on 10/21/13 had no weight recorded. #Inmate seen on 10/29/13 had no weight recorded.</p>	1

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				<p>#Inmate seen on 10/08/13 had no weight recorded.</p> <p>San Pedro had a 50% compliance rate.</p> <p>On Santa Cruz, a review of 10 randomly selected charts found that none were compliant. The following charts had no vitals in the October progress note:</p> <p>#Inmate #Inmate #Inmate #Inmate had no education on the SOAP note, either)</p> <p>The following charts contained neither the inmate's temperature nor weight:</p> <p>#Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate</p> <p>Santa Cruz had 0% compliance.</p> <p>At San Carlos, of 10 charts reviewed, 10, There in compliance. They were #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate and #Inmate</p> <p>San Carlos had 100% compliance.</p> <p>Of 50 charts reviewed across the Complex, 33 were in compliance. The complex has a compliance rate of 66%.</p> <p>As noted above, the most common omissions are the failure to record weight. Please review with staff. A Complex compliance rate of above 85% is necessary to bring this standard to green.</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X	<p>10/29/2013 2:48 PM Entered By: Mark Haldane</p> <p>The nurses are using nursing protocols for the large majority of encounters. In cases where nurses write progress notes, the SOAPE format was often, but not universally used. In each case where the SOAPE format was not used, the SOAP format was used. Providers are using the SOAP format and in most cases there is education in the plan section, but the SOAPE format was not used in any of the 50 cases reviewed, as required by Contract section 2.210.2.2, (Performance Outcome 4).</p> <p>I am aware that HSTM Chapter 5, Section 1.3 (effective 1/1/2010) and Department Order 1104 Section 1.5 (effective 12/19/2012) both refer to continuous progress notes being in the SOAP format and that education is widely documented in the plan section of the SOAP notes.</p> <p>I have not listed all the examples of non-compliance because for providers the compliance rate was 0%. Please ensure that providers and nurses are aware that patient education is required by contract to be documented separately in the E section of the SOAPE notes.</p>	1

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5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>10/30/2013 3:05 PM Entered By: Mark Haldane At San Carlos of 10 charts reviewed, 6 were compliant.</p> <p>#Inmate was referred 7/8 and seen 10/2 #Inmate was referred 9/30 and seen 10/14. #Inmate was referred 10/7 and seen 10/25 #Inmate was referred 9/27 and seen 10/14</p> <p>San Carlos had a compliance rate of 60%</p> <p>Of 49 charts reviewed across the complex, 21 were compliant. The Complex compliance rate was 43%.</p> <p>10/30/2013 2:52 PM Entered By: Mark Haldane At Santa Maria, of 10 charts reviewed, 3 were compliant.</p> <p>#Inmate referred 9/19 and seen 10/15. #Inmate referred 9/26 and seen 10/24 #Inmate referred 8/16 and seen 10/15 #Inmate referred 8/23 and seen 10/2 #Inmate referred 8/9 and seen 10/2 #Inmate referred 9/26 and seen 10/14 #Inmate referred 8/30 and seen 10/1</p> <p>Santa Maria had a compliance rate of 30%</p> <p>10/30/2013 2:33 PM Entered By: Mark Haldane At Lumley of 10 charts reviewed 8 were in compliance. #Inmate was referred on 10/10 and seen by the provider on 10/22. #Inmate was referred on 10/7 and seen by the provider on 10/22.</p> <p>Lumley had an 80% compliance rate.</p> <p>At San Pedro, there were only 9 charts that were nurse referrals to the provider line. None were seen within 7 days.</p> <p>#Inmate was referred 9/6 and seen 10/2 #Inmate was referred 9/6 and seen 10/7 #Inmate was referred 9/19 and seen 10/16 #Inmate was referred 9/12 and seen 10/17 #Inmate was referred 9/16 and seen 10/17 #Inmate was referred 9/24 and seen 10/21 #Inmate was referred 9/26 and seen 10/21 #Inmate was referred 9/25 and seen 10/23 #Inmate was referred 9/26 and seen 10/30</p> <p>San Pedro had a compliance rate of 0%.</p> <p>At Santa Cruz, of 10 charts reviewed, 4 were compliant.</p> <p>#Inmate was referred 10/17 and seen 10/28. #Inmate was referred 6/20 and seen 10/17 #Inmate was referred 9/19 and seen 10/17 #Inmate was referred 6/28 and seen 10/15 #Inmate was referred 9/25 and seen 10/14 #Inmate was referred 9/4 and seen 10/10</p> <p>Santa Cruz had a compliance rate of 40%</p>	1
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Corrective Action Plans for Performance Measure: Sick Call (Q)

**2 Are sick call inmates being triaged within 24 hours (or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]
Level 1 Amber User: Mark Haldane Date: 10/28/2013 1:39:09 PM**

Corrective Plan: Nurses and providers for the most part are operating within the time frame allotted, however taking into account the security levels which affects the operations, and accounting for unforeseen incidents (ICS) affects this process also. This has been a topic of discussion, going forward the providers productivity will be monitored and reported on weekly.

Corrective Actions: October Action plan submitted by Corizon-

1. Process to address, to include but not limited to:
 - a. Daily pick up.
 - b. Date stamp.
 - c. Triage within 24 hrs, immediate triage of patient if emergent.
 - d. Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
 - e. Nurse line sees patient, then to provider line when appropriate.
 - f. Submit final site process to RVP.
2. In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 (Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Sick Call Monitoring Tool)
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

**3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]
Level 1 Amber User: Mark Haldane Date: 10/30/2013 2:00:28 PM**

Corrective Plan: This issue will be discussed in the morning meeting with the Charge Nurses, charts will be checked randomly by the DON and the ADON ensuring that this issue gets the attention required to correct it. We will also take a closer look at this during our self audit.

Corrective Actions: October Action plan submitted by Corizon-

1. In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call Attachment);
 - a. Agenda/sign off sheet to verify
2. Monitoring (Sick Call Monitoring Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

**4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]
Level 1 Amber User: Mark Haldane Date: 10/29/2013 2:48:59 PM**

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

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Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]

Level 1 Amber User: Mark Haldane Date: 10/30/2013 3:05:49 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.

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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 4:07 PM Entered By: Erin Barlund Further review of 58 urgent consults available for this period complex-wide indicates 32 compliant, 25 non-compliant with a corrected compliance rate of 55%. The following consults are compliant: #Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>10/25/2013 12:12 PM Entered By: Erin Barlund 58 urgent consults available for this period complex-wide; review indicates 18 compliant, 40 non-compliant (Compliance rate 31%). It should be noted that a recent clinical coordinator staffing change has occurred with the goal of increasing positive outcomes for inmates and increasing compliance.</p> <p>LUMLEY-5 urgent consults available for this period; review indicates 3 compliant, 2non-compliant #Inmate c/s written 9/23/13, current status "pending" #Inmate c/s written 9/24/13, appt 10/31/13</p> <p>IPC- 2 urgent consults available for this period; review indicates 2 compliant, 0 non-compliant (IM currently has pending consults but is out-to-court).</p> <p>SAN CARLOS- 19 urgent consults available for this period; review indicates 4 compliant, 15 non-compliant #Inmate c/s written 8/15/13, current status "approved" #Inmate c/s written 8/15/13, current status "resubmit" #Inmate c/s written 8/2/13, current status "approved" #Inmate c/s written 8/2/13, appt 10/22/13 #Inmate c/s written 8/20/13, current status "resubmit" #Inmate c/s written 9/18/13, appt 10/24/13 #Inmate c/s written 9/23/13, current status "approved" #Inmate c/s written 9/24/13, current status "pending" #Inmate c/s written 9/24/13, appt 10/28/13 (orCInmate #Inmate c/s written 9/24/13, appt 10/28/13 (orCInmate #Inmate c/s written 9/24/13, current status "pending" #Inmate c/s written 9/24/13, current status "pending" #Inmate c/s written 9/24/13, appt 10/30/13 #Inmate c/s written 9/24/13, current status "resubmit" #Inmate c/s written 9/25/13, current status "resubmit"</p> <p>SANTA CRUZ- 8 urgent consults available for this period; review indicates 1 compliant, 7 non-compliant #Inmate c/s written 9/10/13, appt 10/24/13 #Inmate c/s written 9/11/13, current status</p>	2

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				<p>"pending" (orc #Inmate #Inmate c/s written 9/11/13, current status "pending" (orc #Inmate #Inmate c/s written 9/11/13, current status "approved" (orc #Inmate #Inmate c/s written 9/12/13, current status "resubmit" #Inmate c/s written 9/17/13, current status "pending" #Inmate c/s written 9/24/13, current status "approved"</p> <p>SANTA MARIA- 5 urgent consults available for this period; review indicates 3 compliant, 2 non-compliant #Inmate c/s written 8/13/13, current status "approved" #Inmate c/s written 9/24/13, current status "approved"</p> <p>SAN PEDRO- 17 urgent consults available for this period; review indicates 5 compliant, 12 non-compliant #Inmate c/s written 8/14/13, current status "approved" #Inmate c/s written 9/11/13, current status "approved" #Inmate c/s written 9/18/13, current status "approved" (orc #Inmate #Inmate c/s written 9/18/13, appt 11/1/13 (orc 212126) #Inmate c/s written 9/18/13, current status "approved" #Inmate c/s written 9/18/13, current status "approved" #Inmate c/s written 9/20/13, current status "approved" #Inmate c/s written 9/25/13, current status "approved" #Inmate c/s written 9/9/13, appt 10/28/13</p> <p>SANTA ROSA- 2 urgent consults available for this period; review indicates 0 compliant, 2 non-compliant #Inmate c/s written 8/13/13, current status "approved" #Inmate c/s written 9/18/13, current status "approved"</p>	
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X	<p>10/18/2013 2:24 PM Entered By: Erin Barlund 10 charts were reviewed from 5 yards and 4 charts at IPC (4 charts at IPC during audit) for a total of 54 charts. 20 charts compliant, 34 non-compliant (Compliance rate 37%).</p> <p>SANTA CRUZ- 32 charts for provider review containing labs, consults, EKG strips, and hospital records. Ten charts were reviewed. Compliant charts is 0; non-compliant 10. Compliance rate 0%. The following charts were non-compliant- #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate with labs</p>	2

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resulted on 9/18/13 and not reviewed by provider; #Inmate labs resulted on 6/19/13 and not reviewed by provider; #Inmate labs resulted on 8/24/13 and not reviewed by provider; #Inmate labs resulted on 9/16/13 and not reviewed by provider.

LUMLEY- 28 charts for provider review containing labs, consults results, returned consults. Ten charts were reviewed. Compliance rate 80%. The following charts were compliant- #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate. The following charts are non-compliant- #Inmate labs resulted 9/15/13 and not reviewed by provider #Inmate labs resulted 9/15/13 and not reviewed by provider.

SAN PEDRO- 48 charts on provider review shelf containing urine dipstick results, labs, consults, off-site records. Ten charts were reviewed. Compliance rate 20%. The following charts were compliant- #Inmate #Inmate. The following charts were non-compliant- #Inmate labs dated 9/7/13 and not reviewed by provider, #Inmate labs resulted 9/27/13 and not reviewed by provider; #Inmate labs resulted 9/12/13 and not reviewed by provider, #Inmate labs resulted 9/23/13 and not reviewed by provider, #Inmate labs resulted 9/26/13 and not reviewed by provider, #Inmate consult written 9/3/13 and denied 9/26/13 with no evidence provider review, #Inmate labs resulted 8/10/13 and not reviewed by provider; #Inmate labs resulted 9/26/13 and not reviewed by provider.

SAN CARLOS-84 charts on provider review shelf. Ten charts were reviewed. Compliance rate 30%. The following charts were compliant- #Inmate #Inmate #Inmate. The following charts were non-compliant- #Inmate urine dipstick 9/27/13 and not reviewed by provider, #Inmate labs resulted 7/17/13 and not reviewed by provider, #Inmate labs resulted 4/21/13 and not reviewed by provider, #Inmate abnormal EKG dated 9/27/13 and not reviewed by provider; #Inmate urine dipstick dated 8/6/13, and not reviewed by provider #Inmate labs resulted 7/24/13 and not reviewed by provider, #Inmate verbal order dated 9/20/13 with no provider signature.

SM/SR/PI- 30 charts on provider shelf for review. Ten charts were reviewed. Compliance rate 40%. The following charts were compliant- #Inmate #Inmate #Inmate #Inmate. The following charts were non-compliant- #Inmate labs resulted 9/25/13 and not reviewed by provider; #Inmate radiology report dated 9/21/13 and not reviewed by provider; #Inmate radiology report dated 9/21/13 and not reviewed by provider; #Inmate radiology report dated 9/21/13 and not reviewed by provider; #Inmate radiology report dated 9/19/13, and not reviewed by provider; #Inmate radiology

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				report dated 9/21/13 and not reviewed by provider. IPC- 4 charts reviewed 3 compliant, 1 non-compliant #inmate d/c topiramate order with no indication of date and no provider signature.		
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 2:10 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 2:24 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			10/18/2013 2:29 PM Entered By: Erin Barlund	2

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

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

Level 2 Amber User: Erin Barlund Date: 10/25/2013 4:07:09 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

Responsible Parties = ARMD/RDON/RVP/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.

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 4:07:09 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit Tool)
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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: 10/18/2013 2:24:32 PM**

Corrective Plan: The following has been placed into effect upon the return of a consult summary to the Clinical Coordinator, it is closed out in the ORC and then given to the issuing provider for review. This will reduce delays and improve turn around times.

Corrective Actions: Approved by Erin Barlund- See above.

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			10/30/2013 12:53 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 1:00 PM Entered By: Martin Winland</p> <p>Perryville Continues to work on policy and procedure. On my visit (10-1-2013) Policy/procedure needs to be clarified. At the time of this visit, the non formulary process seemed somewhat foreign to staff. Of the 3 units visited, Carlos was cause for some concern. The majority of opportunities for improvement were at San Carlos. A report of my findings was sent to Carolyn Mackey, Natalie Morales, Brenda Mastopietro, and Christy Somner. As of 10-25-2013, Formulary 82, and Non Formulary 13 appear on the Expiration Report. Perryville has produced an Expiring Medication report 89-94% Compliant. Unable to locate Non Formulary binders at all units. Due to being unable to locate and confirm non formularies this is resulting in an amber finding.</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> <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</p>	2

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				<p>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. lary binder in all yards.</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 1:00 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 1:00 PM Entered By: Martin Winland	2
5	Are the dosages of medication being changed, increased or decreased contrary to time frames stated in appropriate 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 1:00 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 Amber User: Martin Winland Date: 10/30/2013 1:00:01 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.)
 - 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.)

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- i. Controlled Medications (Appendix I.1.i.)
 - 2. In-service staff
 - a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
 - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
 - 3. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/IC/RDCQI/RVP
Target Date-11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
10/11/13 Update – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			10/29/2013 5:08 PM Entered By: Jessica Raak *Out of 65 charts pulled, 65 were in compliance = 95% San Pedro: (9 out of 10 were in compliance) – This unit standing alone would be an amber finding. Inmate +2 days before triaged. San Carlos: (19 out of 20 were in compliance) Inmate +2 days before triaged. Santa Maria: (10 out of 10 were in compliance) No findings. Lumley: (14 out of 15 were in compliance) – This unit standing alone would be an amber finding. Inmate +2 days before triaged. Santa Cruz: (10 out of 10 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 5:08 PM Entered By: Jessica Raak *Out of 65 charts pulled, 57 were in compliance = 88% San Pedro: (8 out of 10 were in compliance) – This unit standing alone would be a red finding. Inmate Referred 9/24/13 per not seen by psychiatry since arrival. Inmate (SMI): Referred 9/5/13 and not seen until 9/20/13. San Carlos: (19 out of 20 were in compliance) – This unit standing alone would be a green finding. Inmate (SMI): Referred 8/30/13, 9/2/13, 9/6/13 and not seen until 9/18/13. Santa Maria: (10 out of 10 were in compliance) – This unit standing alone would be a green finding. No finding. Lumley: (12 out of 15 were in compliance) – This unit standing alone would be a red finding. Inmate (SMI): Referred 9/17/13 and not seen until 9/30/13. Inmate (SMI): Referred 8/29/13, 9/25/13 and still not seen. Inmate (SMI): Referred 9/11/13 and not seen until 10/9/13. Santa Cruz: (8 out of 10 were in compliance) – This unit standing alone would be a red finding. Inmate (SMI): Referred 9/10/13 and inmate still has not been seen. Inmate (SMI): Referred 9/20/13 and inmate still hasn't been seen.	2
3	Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]	X			10/29/2013 5:09 PM Entered By: Jessica Raak *Out of 65 charts pulled, 61 were in compliance = 93% San Pedro: (8 out of 10 were in compliance)	1

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				<p>– This unit standing alone would be an amber finding. Inmate (SMI): Treatment plan was incomplete and needs an update. Inmate (SMI): Last updated 4/26/13. San Carlos: (18 out of 20 were in compliance) – This unit standing alone would be an amber finding. Inmate (SMI): Last updated 5/29/13. Inmate (SMI): Last updated 5/31/13. Santa Maria: (10 out of 10 were in compliance) No findings. Lumley: (15 out of 15 were in compliance) No findings. Santa Cruz: (10 out of 10 were in compliance) No findings.</p>		
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]		X	<p>10/29/2013 5:10 PM Entered By: Jessica Raak *Out of 65 charts pulled, 59 were in compliance = 91% Please note: This compliance rate is significantly higher than the previous month's compliance rate of 60%. Excellent job psychology staff! San Pedro: (10 out of 10 were in compliance) – This unit standing alone would be a green finding. No findings. San Carlos: (16 out of 20 were in compliance) – This unit standing alone would be a red finding. Please keep in mind that 10 of 16 charts were in compliance because of a psychiatry contact and not because of a mental health contact. 080129: Last mental health visit was 5/10/13. Inmate (SMI): Last mental health visit was 3/31/13. Inmate (SMI): Last mental health visit was 7/3/13. Inmate Last mental health visit was 5/21/13. Santa Maria: (10 out of 10 were in compliance) – This unit standing alone would be a green finding. No findings. Lumley: (15 out of 15 were in compliance) No findings. Santa Cruz: (8 out of 10 were in compliance) – This unit standing alone would be a red finding. Inmate (SMI): Last mental health visit was 9/10 for 14-day evaluation. Inmate Last mental health visit was 6/18/13.</p>	2	
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]			X	<p>10/29/2013 5:11 PM Entered By: Jessica Raak *Out of 65 charts pulled, 52 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 74% compliance rate in September. Please note</p>	2

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					<p>that the 80 % on this performance measure is still under the threshold for compliance and is a Red Finding. San Pedro: (6 out of 10 were in compliance) Inmate Inmate came through reception, additional bridge order done at Perryville but inmate was not seen. Inmate (SMI): Inmate's return to clinic date was 8/16/13. Inmate (SMI): Inmate's return to clinic date was 10/10/13. Inmate (SMI): Inmate's return to clinic date was 10/10/13. San Carlos: (14 out of 20 were in compliance) Inmate (SMI): Inmate's return to clinic date was 9/9/13. Inmate Inmate's return to clinic date was 11/22/13. Inmate (SMI): Inmate's return to clinic date was 10/15/13. Inmate (SMI): Inmate's return to clinic date was 10/3/13. Inmate (SMI): Inmate's return to clinic date was 9/13/13. Inmate Inmate's return to clinic date was 9/13/13. Santa Maria: (10 out of 10 were in compliance) – This unit standing alone would be a green finding. No findings. Lumley: (14 out of 15 were in compliance) – This unit standing alone would be an amber finding. Inmate (SMI): Past due for psychiatry visit- Inmate's return to clinic date was 10/1/13. Santa Cruz: (8 out of 10 were in compliance) Inmate (SMI): Past due for psychiatry visit- Inmate's return to clinic date was 10/11/13. Inmate (SMI): Past due for psychiatry visit- Inmate's return to clinic date was 10/11/13.</p>	
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]			X	<p>10/29/2013 5:20 PM Entered By: Jessica Raak *Out of 30 charts pulled, 17 were in compliance = 57%. 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. San Pedro: (3 out of 4 were in compliance) Inmate No Corizon release planner notes found in chart. San Carlos: (4 out of 11 were in compliance) The following inmates were provided only release information, and they were not connected with services. Inmate (SMI): Information provided by release planner. Inmate (SMI): Information provided by release planner. Inmate (SMI): Information provided by onsite clinician. Inmate (SMI): Information provided by onsite clinician. Inmate (SMI): Information provided by onsite clinician.</p>	2

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2. Reinforce this in monthly staff meetings.
3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.
4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.
Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI
Target Date-11/30/13

**5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]
Level 2 Red User: Jessica Raak Date: 10/29/2013 5:11:11 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 5:20:24 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		<p>10/24/2013 12:26 PM Entered By: Mark Haldane</p> <p>Contract section 2.20.2.12 states that the Contractor will conduct chart reviews that focus on the clinical aspects of the health care delivery system. The contractor will develop and submit an annual Audit Plan to ADC for review and approval describing criteria form and sample/volume of charts to be reviewed on a monthly basis for each performance outcome and reporting measure as specified by ADC or proposed by Contractor.</p> <p>To date, I have not received evidence that this measure is being met.</p>	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			<p>10/23/2013 12:27 PM Entered By: Mark Haldane</p> <p>The CQI Committee meets monthly.</p> <p>NCCHC Standard P-Q-06 requires a CQI program that identifies problems, implements and monitors corrective action and studies effectiveness. The Committee must perform at least 2 process quality improvement studies and 2 outcome quality improvement studies per year, where:</p> <ul style="list-style-type: none"> i. a facility problem is identified; ii. a study is completed; iii. a plan is developed and implemented; iv. results are monitored and tracked; and v. improvement is demonstrated or the problem is restudied. <p>The required studies have not been completed, but Corizon is about 8 months into the first contract year.</p> <p>The CQI Committee continues to develop. This standard is scored a green, not because the requirements have been met, but because the timeframes have not yet passed. However, failure to meet the CQI Committee requirements by March 4, 2014 will elevate this from green to red.</p>	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			<p>10/23/2013 12:35 PM Entered By: Mark Haldane</p> <p>CQI Committee recommendations are discussed and acted on at each meeting. Small projects have been successfully completed and issues have been resolved.</p> <p>As the CQI Committee evolves, the process of making and implementing CQI improvement recommendations should be formalized in accordance with Contract provision 2.8.12 and the Corizon response thereto.</p>	1
4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners,	X			<p>10/24/2013 12:28 PM Entered By: Mark Haldane</p>	1

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	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]				This performance measure is conducted on a statewide basis at the corporate level.	
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]		X		10/24/2013 12:19 PM Entered By: Mark Haldane Per NCCHC standard PA-06 and the contract ADOC12-00001105 section 2.20.2.12 a quarterly review of the CQI program is required. There is no evidence that the contractor conducted a quarterly on-site review of the CQI program. Please submit a corrective action plan for this performance measure to include an expected time frame for compliance and who will be responsible for conducting the on-site review.	1

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: Mark Haldane Date: 10/24/2013 12:26:49 PM

Corrective Plan: Dr. Williams (Regional Medical Director) did infact conduct chart reviews this passed month here at the Perryville Complex.
See below.

Corrective Actions: Reinforce with physicians the need to conduct appropriate reviews following DOC/Corizon guidelines. This is to include how many charts and the findings from the charts reviewed. 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: Mark Haldane Date: 10/24/2013 12:19:32 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			10/17/2013 2:51 PM Entered By: Mark Haldane In each of the ten charts reviewed baseline labs were drawn.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			10/17/2013 2:52 PM Entered By: Mark Haldane In each of the ten intake charts reviewed, a pano was completed.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/17/2013 2:53 PM Entered By: Mark Haldane In each of the ten intake charts reviewed a PPD had been planted and read within the required timeframes.	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			10/17/2013 2:57 PM Entered By: Mark Haldane In each of the ten intake charts reviewed, this standard was met. Inmates are provided this information in the inmate handbook.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/17/2013 2:58 PM Entered By: Mark Haldane In each of the ten intake charts reviewed, PAPs were completed.	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			10/17/2013 3:00 PM Entered By: Mark Haldane In each of the ten charts reviewed, the chart contained a continuity of care form from the county from which the inmate arrived. That included Maricopa (Estrella), Navajo, Graham, Pima, and Pinal.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/17/2013 3:02 PM Entered By: Mark Haldane Dental emergencies are addressed at intake on teh day the day the inmate arrives. while there were no dental emergencies from intake during the review period, past practive confirms this to be the case.	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			10/17/2013 3:03 PM Entered By: Mark Haldane This standard is not applicable to Perryville.	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-	X			10/17/2013 3:06 PM Entered By: Mark Haldane In the ten intake charts reviewed, inmates' medications were reviewed at intake and	1

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	02, HSTM Chapter 5, Setion 2.0.4.2]				continued or modified, based on the provider's evaluation.	
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Oral Care (Dental)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is an oral examination performed by a dentist within 30 days of admission to ADC? [NCCHC Standard P-E-06]	X			10/21/2013 7:23 AM Entered By: Mark Haldane A review of 50 charts (10 from each yard) revealed that in every case an oral exam was performed by a dentist at intake and well within the 30 day window.	1
2	Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC? [NCCHC Standard P-E-06]	X			10/17/2013 9:48 AM Entered By: Mark Haldane Instruction sheets in both English and Spanish on topics such as brushing your teeth and denture care are provided at intake. Education and instruction on specific oral care is provided as appropriate at each dental appointment.	1
3	Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]		X		10/17/2013 9:23 AM Entered By: Mark Haldane There are inmates waiting over 90 days for routine care at every unit. The oldest HNR for an appointment not seen as of October 1, 2013 was as follows: Santa Cruz - 7/11/13 San Pedro - 7/5/13 Lumley - 5/8/13 Piestewa - 6/3/13 Santa Rosa - 6/12/13 Santa Maria - 5/30/13 San Carlos - 6/12/13 10/15/2013 10:33 AM Entered By: Mark Haldane As of 9/30/13, at San Carlos there were 40 appointments out of 288 that were over 90 days. The oldest HNR was from May 15, 2013.	1
4	Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]		X		10/24/2013 11:54 AM Entered By: Mark Haldane a review of 10 charts at San Carlos (from a list of 16 emergencies) showed that 9 of 10 emergencies were seen within 24 hours of triage (not counting weekends). #Inmate was seen two days after the HNR was triaged. At Santa Cruz 9 of 10 pain evaluation appointments listed as emergencies were seen within 24 hour of the HNR being triaged. #Inmate was seen on the second working day after the HRN was triaged. At Santa Maria, 7 of 10 charts listed as emergencies were seen within 24 hours of the HNR being triaged. #Inmate was seen on the second day after triage. #Inmate was seen on the 3rd day after triage. #Inmate was seen on the 3rd day after triage. At Lumley only 4 of 10 appointments listed as emergencies were seen within 24 hours. Generally, it appears that Lumley inmates	1

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		X			<p>are brought to Complex Dental on Fridays. #Inmate submitted her HNR on Monday and was seen the following Friday. #Inmate submitted an HNR on Tuesday and was seen on Friday. #Inmate submitted an HNR on Monday and was seen on Friday. #Inmate submitted an HNR on Monday and was seen on Friday. #Inmate also submitted an HNR on Monday and was seen on Friday. #Inmate submitted her HNR on a Monday and was not seen until the next Monday. There are cross-custody issues related to bringing Lumley inmates to Complex Dental. The Dental Unit has purchased a portable dental chair to use at Lumley, which should help alleviate this issue.</p> <p>Of 50 charts reviewed, 39, or 78%, were compliant. Lumley and Santa Maria were the two units out of compliance. Maria Dental is now open 4 days per week and Lumley is installing a portable chair, so the expectation is that those units should be able to come into compliance in a timely manner.</p> <p>10/24/2013 11:15 AM Entered By: Mark Haldane Emergency care is defined as requiring immediate assessment and/or treatment such as:</p> <ol style="list-style-type: none"> 1. Postoperative uncontrolled bleeding; 2. Facial swelling that is of a life-threatening nature or is causing facial deformity; 3. fracture of the mandible, maxilla, or zygomatic arch; 4. Avulsed dentition; 5. An extremely painful condition that is non-responsive to the implementation of dental treatment guidelines; 6. Intraoral lacerations that require suturing to include vermilion border of the lips. <p>In September, many HNR pain evaluation appointments categorized as emergency care by Smallwood were, upon review, urgent care appointments with a 72 hour requirement rather than the 24-hour emergency care requirement.</p> <p>At San Pedro, 10 charts with 13 emergency appointments were reviewed. of those, 1 was not not seen and 2 others, while not seen within 24 hours of triage, were not emergent within the definition in the Dental Services Technical Manual. Therefore, 10 out of 10 charts met this performance measure. In some instances, handwriting and abbreviations in the SOAPE notes were difficult to decipher, however because the log of appointments listed them as emergencies and the inmate was seen within 24 hours, credit was given.</p>	
5	Are treatment plans developed and documented in the medical record? [NCCHC Standard P-E-06]	X			<p>10/24/2013 11:56 AM Entered By: Mark Haldane In each of the 10 charts reviewed on each yard, there was a treatment plan documented in the medical record.</p>	1

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6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X			10/15/2013 10:35 AM Entered By: Mark Haldane At each of the 3 dental units (Complex, San Carlos, Santa Maria) daily inventories are maintained and reflect counts before the first patient and after the last patient.	2
7	Are all supplies that have an expiration date checked monthly?	X			10/21/2013 8:59 AM Entered By: Mark Haldane Supplies with an expiration include the emergency kits and various medications. They are checked more often than monthly at each dental clinic. A review of the medications found that none had expired.	2
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X			10/21/2013 9:02 AM Entered By: Mark Haldane Dental staff reported that they rarely have items that are not used before the expiration date. Items that are within 30 days of expiration are flagged and disposed of when they expire. There were no expired items in any of the dental clinics.	2
9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X			10/24/2013 2:19 PM Entered By: Mark Haldane X-Rays were taken in each case where clinically indicated. In one case, #inmate the patient's abscess prevented an x-ray from being taken because of the amount of swelling. 100% compliant.	2
10	Is the dental wait time log/report being maintained?	X			10/4/2013 1:06 PM Entered By: Mark Haldane Wait times are kept for each unit.	1
11	Is the MSDS binder being maintained?	X			10/4/2013 1:07 PM Entered By: Mark Haldane An MSDS Binder is maintained in each of the 3 dental clinics.	1
12	Are patients provided with the medications that are prescribed by the dentist?	X			10/24/2013 12:31 PM Entered By: Mark Haldane At each dental clinic, prescribed medications are provided to the patients. In none of the 50 charts reviewed were medications prescribed but not provided. 100% compliance	2
13	Are equipment repairs being addressed in a timely manner?	X			10/21/2013 9:16 AM Entered By: Mark Haldane Each clinic reported that equipment repairs were addressed in a timely manner. Equipment was functioning properly in each clinic and there were no outstanding work orders.	1

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14	Are all orders for materials/supplies being fulfilled in a timely manner?	X			10/21/2013 9:08 AM Entered By: Mark Haldane Each dental clinic reported no issue with obtaining materials and supplies. No stock shortages were reported. From a review of items in cabinets it appears that each clinic is well stocked with appropriate items.	1
15	Are dental entries complete with military time and signature over name stamp?		X		10/4/2013 1:09 PM Entered By: Mark Haldane In none of the charts reviewed did dental entries record the time, military or otherwise.	1
16	Is treatment plan section C and priority section D of the dental chart completed?	X			10/24/2013 12:32 PM Entered By: Mark Haldane In each of the 50 charts reviewed Section C and Section D of the dental chart were completed. 100% compliance.	2
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X			10/4/2013 1:10 PM Entered By: Mark Haldane The certifications are posted at each of the 3 dental clinics.	1
18	Are weekly SPORE testing logs available for the Autoclaves?	X			10/4/2013 1:11 PM Entered By: Mark Haldane Weekly SPORE testing logs are maintained in binders in each of the three dental clinics.	2
19	Is there a mechanism in place for immediate notification of a positive SPORE count?	X			10/24/2013 2:23 PM Entered By: Mark Haldane Garcia Labs immediately notifies the dental assistant at the affected clinic of any positive SPORE test to ensure that operations are shut down as quickly as possible. According to the Regional Dental Director, Perryville has not had a recent positive SPORE test (as confirmed by the weekly test results at the 3 clinics) but other complexes have and the system with Garcia has been used effectively.	2

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

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

Level 1 Amber User: Mark Haldane Date: 10/17/2013 9:23:13 AM

Corrective Plan: Advent of a portable dental chair at the Lumley unit, will allow for expanded function and quicker more efficient delivery of care onsite at the Lumley unit. The Santa Maria unit clinic is now open full-time with DAII Inga Popin dedicated solely to service of Santa Maria/Piestewa and Santa Rosa units.

Corrective Actions: See above.

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

Level 1 Amber User: Mark Haldane Date: 10/24/2013 11:54:16 AM

Corrective Plan: Advent of a portable dental chair at the Lumley unit, will allow for expanded function and quicker more efficient delivery of care onsite at the Lumley unit. The Santa Maria unit clinic is now open full-time with DAII Inga Popin dedicated solely to service of Santa Maria/Piestewa and Santa Rosa units.

Corrective Actions: See above.

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

Level 1 Amber User: Mark Haldane Date: 10/4/2013 1:09:49 PM

Corrective Plan: This was placed into effect on 10/18/13, this is now a mandatory practice in this area

Corrective Actions: See above.

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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>10/28/2013 10:41 AM Entered By: Mark Haldane NCCHC Standard P-E-09 states, "When an inmate is segregated, health staff monitor his or her health. The forst compliance indicator states, "Upon notification that an inmate is placed in segregation, a qualified health professional reviews the inmate's health record to determine whether existing medical, dental, or mental health beeds contraindicate the placement or require accomodation. Such review is documented in the health record."</p> <p>A review of 10 charts revealed that in each case, the inmate's chart was reviewed when placed in isolation.</p> <p>100% compliant.</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>10/28/2013 10:51 AM Entered By: Mark Haldane A review of 10 charts revealed no inmates in extreme isolation. On Lumley's 30 Yard, A, B, and C pods are allowed periods of recreation while segregated from the general population. They are seen once per week by the nurse line nurse for a health and welfare check. Inmates on D pod are seen 3 times per week by hte nurse line nurse for a health and welfare check. A review of 10 charts for A through C pod and 10 charts for D pod revealed compliance with this standard.</p>	2
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X			<p>10/28/2013 10:52 AM Entered By: Mark Haldane Inmates on 30 yard and CDU have the opportunity to submit HNRs daily.</p> <p>10/1/2013 11:15 AM Entered By: Mark Haldane Segregated inmates are on Lumley 28 yard and have access to HNRs that they may submit daily.</p>	1
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]		X		<p>10/28/2013 12:05 PM Entered By: Mark Haldane Health Services Technical Manual Chapter 7 Section 6.0.3.9 (Segregation/Lockdown status) states, "Nursing will obtain monthly weights (or witness refusals) and document those in the health record. If an eight percent loss in weight or greater occurs from baseline measurements, the inmate must be seen by a Provider within five working days of the documented weight loss."</p> <p>Segregated inmates are housed at Lumley on 30-yard and in the Complex Dention Unit (CDU). Health and welfare checks are conducted in accordance with NCCHC</p>	1

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					<p>standards, however vitals are not checked monthly. Weights are not recorded in accordance with the above-referenced HSTM requirement.</p> <p>0% compliance.</p>	
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Corrective Action Plans for PerformanceMeasure: Segregated Inmates

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

Level 1 Amber User: Mark Haldane Date: 10/28/2013 12:05:01 PM

Corrective Plan: Effective immediately, the medical DON will set up a schedule to collect the vital signs of segregated inmates. This has to be with the understanding that in concerns with the turn- over involving the inmates in CDU, and those placed on periodic mental health watches are less in most cases are less than thirty (30) days, will be exceptions

Corrective Actions: Approved. See above.

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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			10/21/2013 12:42 PM Entered By: Mark Haldane The Corizon Disaster Management Plan and Severe Weather Preparation for Health Services manual has been approved by the corporate Medical Advisory Committee and was forwarded to the Warden for review and approval on October 21, 2013.	1
2	Are health aspects of the emergency response plan approved by the Site Manager? [NCCHC Standard P-A-07]	X			10/21/2013 12:44 PM Entered By: Mark Haldane The facility Health Administrator has approved the plan.	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		10/21/2013 12:46 PM Entered By: Mark Haldane Mass disaster drills have not been scheduled. The FHA and ADON are aware of this requirement and indicated that they are working toward compliance with this performance measure.	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		10/21/2013 12:47 PM Entered By: Mark Haldane Man down drill have not been scheduled, although there have been numerous actual ICSs that may be used to meet this requirement.	1
5	Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]		X		10/21/2013 12:48 PM Entered By: Mark Haldane Mass disaster and man down drills have not been critiqued and shared to date.	1
6	Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]	X			10/23/2013 11:05 AM Entered By: Mark Haldane Man down bags were changed and emergency supplies have been replenished. Man down bag inventories were current on each yard. Complex ER is inventoried daily.	1

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Corrective Action Plans for Performance Measure: Emergency Response Plan

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: Mark Haldane Date: 10/21/2013 12:46:32 PM

Corrective Plan: Corizon has not been here a year as of yet. There is a mass disaster drill scheduled for Perryville in the future in which medical is scheduled to participate.

Corrective Actions: Approved by Mark Haldane-See above.

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: Mark Haldane Date: 10/21/2013 12:47:48 PM

Corrective Plan: Going forward, at each unit, on all shifts drills will be scheduled, conducted and reviewed /ICS actual in order to meet and or exceed these requirements.

Corrective Actions: This will be addressed on November MGAR if not in compliance.

5 Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]
Level 1 Amber User: Mark Haldane Date: 10/21/2013 12:48:31 PM

Corrective Plan: Corizon has not been here a year as of yet. There is a mass disaster drill scheduled for Perryville in the future in which medical is scheduled to participate. In the case of "man down" drills / ICS (actual) we will direct staff that when an After Action Review (AAR) is conducted of an incident in which medical staff participated, they should attend that review and request a copy of the incident reports for medical records.

Corrective Actions: This will be addressed in November MGAR if negative findings.

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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		10/18/2013 12:46 PM Entered By: Mark Haldane This requirement has not been tracked except for providers. Training modules, sign-in sheets, certificates of completion, or other documetation to show compliance should be maintained in a training file or personnel file.	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		10/18/2013 12:47 PM Entered By: Mark Haldane This requirement has not been tracked except for providers. Training modules, sign-in sheets, certificates of completion, or other documetation to show compliance should be maintained in a training file or personnel file	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			10/24/2013 6:26 AM Entered By: Mark Haldane 10/21/2013 7:19 AM Entered By: Mark Haldane C.E. licensure compliance is maintained for providers. There is no mandatory C.E. requirement for nurses.	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			10/21/2013 9:22 AM Entered By: Mark Haldane As of Semptember 27, 2013 all qualified health professionals who have patient contact had current CPR cards.	1

Corrective Action Plans for PerformanceMeasure: 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: Mark Haldane Date: 10/18/2013 12:46:47 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: Mark Haldane Date: 10/18/2013 12:47:23 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.

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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			10/4/2013 1:14 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 3:43 PM Entered By: Erin Barlund Review of 30 FT/PT nurse training files demonstrates controlled substance training completed by 26 nurses (compliance rate 83%). Review of 30 FT/PT nurse training files demonstrates medication administration training completed by 29 nurses (compliance rate 97%). Overall compliance between both controlled substance training and medication administration training is 92%.	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			10/15/2013 5:37 AM Entered By: Erin Barlund	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		10/18/2013 11:43 AM Entered By: Erin Barlund Review of 54 MARs (10 from each yard and 4 from IPC)demonstrates 3 compliant, 51 non-compliant (compliance rate 5.65%). While the compliance rate is low, it should be noted that there have been improvements in MAR compliance with fewer MAR components considered non-compliant, particularly at LUMLEY. SANTA CRUZ- Review of 10 MARs indicates 10 non-compliant- #Inmate Tylenol #3 administered on 10/12/13 with stop date of 10/9/13; no diagnosis #Inmate Ativan administered on 10/12/13 with no Ativan on MAR, no diagnosis #Inmate no diagnosis, use of "n/s" on 10/13/13, no start dates #Inmate no diagnosis, no allergies, signatures incomplete on back of MAR #Inmate use of "n/s" on 10/10/13, 10/13/13, circled initials on 10/10/13,10/11/13, 10/12/13 with no notes on back of MAR, no diagnosis #Inmate no diagnosis, use of "n/s" on 10/11/13 and 10/13/13 #Inmate circled initials on 10/11/13 with no documentation on back of MAR, "n/s" documented on 10/12/13-10/13/13 and then "n/a" documented 10/14/13-10/16/13, no diagnosis #Inmate no diagnosis, "n/s" documented 10/4/13-10/7/13 and 10/11/13-10/13/13, "absent" documented 10/10/13, no diagnosis #Inmate no diagnosis, "n/s" documented 10/4/13, 10/14/13 #Inmate no documentation for geodon 10/15/13, 10/16/13 no start date, no	1

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diagnosis.

SAN PEDRO- review of 10 MARs indicates 10 non-compliant-

#Inmate no start date, no diagnosis, no allergies

#Inmate no start date, no diagnosis, "n/s" documented 10/3/13

#Inmate no start date, signatures missing on back of MAR

#Inmate "refused" documented on 10/11/13-10/14/13 with no refusals located, no start dates, signatures missing on back of MARs

#Inmate "refused" documented 10/12/13-10/14/13 with no refusals located, no start dates, signatures missing on back of MARs

#Inmate no documentation 10/10/13, no start dates, missing signatures on back of MARs

#Inmate "n/s" documented 10/2/13, no start dates no diagnosis, no allergies

#Inmate no diagnosis, no allergies, no start date, missing refusal form 10/15/13

#Inmate no diagnosis, no start dates

#Inmate "n/s" documented 10/8/13, 10/9/13, no start dates, missing signatures on back of MAR

LUMLEY- review of 10 MARs indicates 3 compliant, 7 non-compliant

#Inmate no start date

#Inmate no start dates

#Inmate no allergies

#Inmate no start dates

#Inmate no start dates

#Inmate no documentation 10/13/13

#Inmate no start dates

SM/PI/SR- review of 10 MARs indicates 10 non-compliant

#Inmate no diagnosis, no documentation 10/12/13, 10/13/13, 10/6/13

#Inmate no diagnosis, no start date

#Inmate no documentation 10/3/13, 10/2/13, "absent" 10/4/13, "n/s" 10/5/13, no diagnosis

#Inmate no documentation 10/12/13, no diagnosis

#Inmate no diagnosis

#Inmate no diagnosis, no start date

#Inmate no diagnosis, no start date

#Inmate no diagnosis, no start date

#Inmate no diagnosis

#Inmate no diagnosis

SAN CARLOS- review of 10 MARs indicates 10 non-compliant

Incomplete refusal to submit to treatment forms noted on #Inmate Inmate Inmate

Inmate Inmate Inmate and 2 refusals with no name, doc number, DOB.

#Inmate no diagnosis, no allergies, "n/s" documented 10/1/13, 10/5/13

#Inmate no start date, no diagnosis, refusal signed by IM on 10/17/13 but MAR indicates lithium was administered

#Inmate no diagnosis, "n/s" documented 10/17/13-10/7/13

#Inmate no diagnosis

#Inmate no diagnosis

#Inmate no diagnosis

#Inmate no start date, no documentation 10/10/13, 10/11/13

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				<p>#Inmate "n/s" documented 10/1/13, 10/2/13; no diagnosis #Inmate "n/s" documented 10/1/13, 10/2/13, 10/3/13, 10/5/13, 10/6/13, no refusal located for 10/9/13. Sept MAR indicates no ferrous gluconate and colace given from order date of 9/9/13 through entire month. #Inmate metronidazole with note "no indication of inmate ever receiving medication." IPC- review of 4 MARs (4 inmates in IPC at time of review) indicates 4 non-compliant. #Inmate no diagnosis; no start date; no order date; no stop date; missing FHT documentation 10/10/13; no documentation for ferrous sulfate 10/10/13, 10/12/13; #Inmate no start date, no diagnosis topiramate documented as "d/c" written across documented administration with no initials and no date #Inmate no start dates; no stop dates; "d/c" written across MAR with no initials; no date; protonix with no start date, no stop date, no documentation of administration; azathioprine with documented start date of 10/14/13 and no documentation of administration and no stop date; cellcept with no start or stop dates #Inmate MAR indicates pink bismuth bid, but prn documentation noted</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		10/25/2013 12:23 PM Entered By: Erin Barlund	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>10/18/2013 11:49 AM Entered By: Erin Barlund Review of 54 MARs (10 from each yard and 4 from IPC) demonstrate 37 compliant and 17 non-compliant (Compliance rate 69%). SANTA CRUZ- review of 10 MARs indicates 8 compliant and 2 non-compliant. #Inmate "n/a" documented 10/14/13, 10/15/13, 10/16/13 #Inmate "n/a" documented 10/15/13, 10/16/13 and no documentation 10/17/13 #Inmate metronidazole ordered and not received prior to stop date SAN PEDRO- review of 10 MARs indicates 5 compliant and 5 non-compliant. #Inmate hydroxyzine and effexor ordered 10/17/13 with first documented dose 10/6/13 #Inmate lithium ordered 10/2/13 with first</p>	2

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					<p>documented a.m. dose 10/8/13 and first documented p.m. dose 10/6/13, risperdal ordered 10/2/13 with first documented dose 10/8/13 and then "n/a" documented 10/10/13 #Inmate risperdal ordered 10/2/13 with first documented dose 10/6/13 and prenatal vitamins ordered 10/2/13 and kop signed for 10/7/13 #Inmate naproxen ordered 10/2/13 with kop signed for 10/7/13, hctz ordered 10/2/13 with kop signed for 10/7/13, lithium ordered 10/2/13 with first documented a.m. dose 10/8/13 and first documented p.m. dose 10/6/13, celexa ordered 10/2/13 with first documented dose 10/6/13, buspar ordered 10/2/13 with first documented dose 10/8/13 #Inmate buspar ordered 10/1/13 with first documented dose 10/6/13 #Inmate metronidazole not received by IM prior to stop date</p> <p>LUMLEY- Review of 10 MARs indicates 6 compliant, 4 non-compliant #Inmate loxapine ordered 10/4/13 with first documented dose 10/11/13 #Inmate amitriptyline ordered 10/8/13 with first documented dose not documented through 10/15/13 #Inmate terbutaline ordered 9/30/13 with first documented dose 10/11/13 #Inmate metronidazole delivered past stop date</p> <p>SM/PI/SR- Review of 10 MARs indicates 9 MARs compliant, 1 non-compliant #Inmate metronidazole not given to IM prior to stop date</p> <p>SAN CARLOS- Review of 10 MARs indicates 7 compliant, 3 non-compliant #Inmate gabapentin ordered 10/3/13 with first documented dose administered 10/8/13 #Inmate metronidazole ordered 9/24/13 with no documentation of medication administered. #Inmate metronidazole dispensed 9/27/13 and not given to IM prior to stop date</p> <p>IPC- review of 4 MARs (4 IMs in IPC at time of review) indicates 2 MARs compliant, 2 MARs non-compliant. #Inmate prenatal vitamin with no order date documented and "n/a" documented 10/8/13-10/11/13, ferrous sulfate ordered 10/8/13 with first documented dose 10/11/13, Norco with start date listed 10/8/13 and first documented dose administered 10/10/13 #Inmate warfarin order date 9/18/13 with no documented doses 10/1/13-10/3/13, protonix with no start date, no stop date, no documentation of administration; azathioprine with documented start date of 10/14/13 and no documentation of administration</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X			10/18/2013 11:50 AM Entered By: Erin Bartlund	2

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8	<p>Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]</p>	X	X	<p>10/24/2013 12:20 PM Entered By: Erin Barlund see below</p> <p>10/18/2013 2:35 PM Entered By: Erin Barlund Review of stop date report for October 1-15, 2013 demonstrates: Total # of scripts reviewed: 554 Total # scripts reordered on or prior to expiration date: 375 Total # scripts reordered after expiration date: 24 Total # scripts not reordered: 155</p>	2
9	<p>Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</p>	X		<p>10/29/2013 9:22 AM Entered By: Erin Barlund 27 NFDRs available for review this period complex-wide; 24 compliant, 3 non-compliant (Compliance rate 89%).</p> <p>CARLOS- 3 NFDRs available for review this period; 3 compliant, 0 non-compliant</p> <p>LUMLEY-10 NFDRs available for review this period; 8 compliant, 2 non-compliant #Inmate written 9/30/13 with approval 10/7/13 #Inmate written 9/30/13 with ATP 10/7/13</p> <p>SM/PI/SR- 5 NFDRs available for review this period; 4 compliant, 1 non-compliant #Inmate NFDR written 10/21/13 with no documented response</p> <p>SANTA CRUZ- 8 NFDRs available for review this period; 8 compliant, 0 non-compliant</p> <p>IPC- 1 NFDR available for review this period; 1 compliant, 0 non-compliant</p> <p>SAN PEDRO- no NFDRs available for review at this time. NFDR book is in the process of being revised with plans to implement this week.</p>	2
10	<p>Are providers being notified of non-formulary decisions within 24 to 48 hours?</p>	X		<p>10/29/2013 8:49 AM Entered By: Erin Barlund Providers report improvements in notification of NFDR decisions. There are binders kept at each yard with a log of sent NFDRs and approvals or alternative treatment plans and that information is given to the providers.</p>	2
11	<p>Are medication error reports being completed and medication errors documented?</p>	X		<p>10/30/2013 5:36 AM Entered By: Erin Barlund</p>	2
12	<p>Are quarterly audits of the unit (Floor</p>	X		<p>10/18/2013 2:09 PM Entered By: Erin</p>	1

Stock/RDSA)medicaton by a pharmacist being conducted and documented? [NCCHC Standard P 0 3]				Barlund	
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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: 10/18/2013 11:43:42 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :
 - a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
 - b. MAR documentation.
 - c. Administration of DOT/KOP.
 - d. Printing MARs (Pharmacy Appendix).
 - e. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

**6 Are there any unreasonable delays in inmate receiving prescribed medications?
Level 2 Amber User: Erin Barlund Date: 10/18/2013 11:49:55 AM**

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

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

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
 - a. Intake Orders
 - b. Private Prisons
2. In-service staff on process per PharmaCorr policy,
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

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

1. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending
2. Standardized process statewide to include, but not limited to (Appendix III.1.):
 - a. Internal
 - b. External
2. In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter

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- 5, Section 5.0 (Appendices III.2.);
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 3. Custody educated regarding contract requirements regarding inmate transfer with meds
- 4. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date - 11/30/13

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

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

[NCCHC Standard P-D-01]

Level 2 Amber User: Erin Barlund Date: 10/24/2013 12:20:49 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.

October 2013 PERRYVILLE COMPLEX

Nursing Assessment Protocols						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are protocols/NETs developed and reviewed annually by the health administrator and responsible physician? [NCCHC Standard P-E-11]	X			10/18/2013 12:08 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			10/29/2013 8:06 AM Entered By: Erin Barlund Review of 30 FT/PT nurse training files demonstrates 25 have completed NET training (compliance rate 83%). A skill fair that will include return demonstration of skills is scheduled for November. Training for new/revised NETS is provided during inservice meetings.	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 2:28 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 2:28 PM Entered By: Erin Barlund	1

October 2013 PERRYVILLE COMPLEX

Medical Diets						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions? [NCCHC Standard P-F-02]	X			10/23/2013 11:53 AM Entered By: Mark Haldane In 10 of 10 medical diet orders reviewed, this standard was met.	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			10/23/2013 12:02 PM Entered By: Mark Haldane According to the Food Service Liaison, the diets have not been changed since January 2013. The dietician reviews the nutritional adequacy of medical diets in accordance with the the Diet Reference manual and as prescribed by the RDA Standards from the National Academies of Science - National Research Council.	1
3	Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]	X			10/28/2013 12:09 PM Entered By: Mark Haldane At the time refusals are signed, inmates are counseled on the potential adverse affect of their refusal by nursing staff and, where appropriate, by provider staff. 10 charts reviewed. All met this criteria. 100% compliant 10/24/2013 2:15 PM Entered By: Mark Haldane Diets are refused for a variety of reasons. Refusals are signed. Inmates who refuse medical diets are placed on the provider line and, when appropriate, counseled on the possible adverse outcomes of the refusal. When mechanical diets are refused, dental staff obtains the refusal and counsels them on the consequences and potential consequences of the refusal.	1
4	Are diet orders forwarded to food service liaison within 24 hours?		X		10/23/2013 12:12 PM Entered By: Mark Haldane Of 20 diet cards reviewed for October 2013, 13 were in compliance with this standard: #Inmate and #Inmate Diet order written on 10/15, submitted to the food service liaison 10/21. #Inmate was ordered on 10/16 and submitted on 10/21. #Inmate and #Inmate were ordered on 10/17 and submitted on 10/21. #Inmate was ordered on 10/14 and submitted on 10/21. #Inmate was ordered on 10/11 and submitted on 10/16. The compliance rate is 65% for the diet cards reviewed.	1
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?	X			10/23/2013 12:13 PM Entered By: Mark Haldane There were no non-formulary diets to be approved during hte review period.	1

October 2013 PERRYVILLE COMPLEX

					According to the Food Service Liaison, there are 4 non-formulary diets and they are approved by the Perryville Medical Director.	
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Corrective Action Plans for Performance Measure: Medical Diets

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

Level 1 Amber User: Mark Haldane Date: 10/23/2013 12:12:06 PM

Corrective Plan: This issue has been discussed by the Health Service Administrator, food Service Liaison and the director of Nursing, the affected units were identified. The issues was then discussed with the unit Charge Nurses concerning getting the information to the appropriate staff in the allotted time frame.

Corrective Actions: See above.

October 2013 PERRYVILLE COMPLEX

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			10/4/2013 1:12 PM Entered By: Erin Barlund	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 1:13 PM Entered By: Erin Barlund There is currently no call system. Inmates rely on calling through the door or communicating with staff members that walk past the room.	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			10/15/2013 5:35 AM Entered By: Erin Barlund	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			10/15/2013 5:35 AM Entered By: Erin Barlund	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			10/15/2013 5:35 AM Entered By: Erin Barlund	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			10/18/2013 11:31 AM Entered By: Erin Barlund	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			10/18/2013 11:16 AM Entered By: Erin Barlund	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		10/25/2013 12:23 PM Entered By: Erin Barlund 4 infirmiry charts available for review; 1 charts compliant, 3 charts non-compliant Compliance rate 25%). #Inmate orders 10/12/13 not signed, no diet order, no activity level #Inmate no diet order, no activity level, missing vital signs 10/9/13, 10/13/13 #Inmate missing vital signs 10/5/13, 10/13/13, 10/14/13	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			10/18/2013 2:29 PM Entered By: Erin Barlund	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a	X			10/15/2013 5:36 AM Entered By: Erin Barlund	1

October 2013 PERRYVILLE COMPLEX

	physician?					
11	Are vital signs done daily when required?		X		<p>10/18/2013 11:33 AM Entered By: Erin Barlund 4 inmate charts were reviewed (4 inmates in IPC at time of review) and 2 were compliant and 2 were non-compliant (Compliance rate 50%) #Inmate no documented vital signs on 10/9/13, 10/13/13 #Inmate no documented vital signs on 10/5/13, 10/13/13, 10/14/13</p>	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			<p>10/18/2013 11:33 AM Entered By: Erin Barlund Care plans are reviewed and/or created weekly and signed by R.N. 10/15/2013 5:36 AM Entered By: Erin Barlund</p>	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			<p>10/18/2013 11:34 AM Entered By: Erin Barlund RN checks medications and CNA checks supplies.</p>	1

Corrective Action Plans for Performance Measure: Infirmary Care

2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)

Level 1 Amber User: Erin Barlund Date: 10/4/2013 1:13:28 PM

Corrective Plan: The medical staff make rounds they are within hearing/sight distance of the inmates to include the nurses station, also the security officer that is posted 24/7 in the medical area makes rounds in a timely manner and is also in hearing/sight distance of the inmates.
 See Below.

Corrective Actions: Ensure that inmates have a method available to contact nursing staff.

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

Level 1 Amber User: Erin Barlund Date: 10/25/2013 12:23:04 PM

Corrective Plan: Recent IPC training completed on October 22 reviewing admission, discharge, and standard processes and procedures for patients in the IPC. Chart audits will be done by the unit supervisor to ensure compliance.

Corrective Actions: Approved by E. Barlund.

11 Are vital signs done daily when required?

Level 1 Amber User: Erin Barlund Date: 10/18/2013 11:33:16 AM

Corrective Plan: Recent IPC training completed on October 22 reviewing admission, discharge, and standard processes and procedures for patients in the IPC. Chart audits will be done by the unit supervisor to ensure compliance.

Corrective Actions: Approved by E. Barlund. See above.

October 2013 PERRYVILLE COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			<p>10/18/2013 11:56 AM Entered By: Erin Bartlund During a total of 14 visits to 6 yards and IPC, on two occasions Santa Cruz med room was found unsecured. Compliance rate 86%.</p> <p>Random visits to each yard indicate that all meds room have been locked when occupied with the exception of Santa Cruz of two separate visits on 10/16/13.</p>	1
2	Are open medication vials being marked with the date they were opened?	X			<p>10/18/2013 12:04 PM Entered By: Erin Bartlund A total of 29 vials were reviewed on the 5 yards and IPC. Of the 29 vials, 25 were compliant and 4 non-compliant. Compliance rate 86%.</p> <p>SANTA CRUZ- Humulin 70/30 dated 9/6/13 LUMLEY- TB solution dated 9/3/13 SAN PEDRO- Humulin 70/30 with no date SAN CARLOS- all vials compliant SANTA MARIA- #Inmate Hep B stop date 10/3/13 IPC- all vials compliant</p>	1
3	Is nursing staff checking for outdated (expiring) medications?	X			<p>10/18/2013 12:31 PM Entered By: Erin Bartlund A random audit of 6 med rooms containing in excess of 600 blister cards demonstrates 14 non-compliant. Compliance rate greater than 98%</p> <p>SANTA CRUZ- #Inmate nortriptyline stop date 10/2/13; #Inmate benzotropine stop date 9/25/13; #Inmate propranolol stop date 9/25/13</p> <p>LUMLEY- #Inmate Risperdal stop date 8/13/13; #Inmate sertraline stop date 10/2/13</p> <p>SAN PEDRO- #Inmate gabapentin 10/6/13; #Inmate hydroxyzine stop date 9/14/13; #Inmate copaxone stop date 10/4/13</p> <p>SAN CARLOS- #Inmate nortriptyline stop date 10/5/13; #Inmate hydroxyzine stop date 10/17/01 (2001)</p> <p>SANTA MARIA- #Inmate fluconazole stop date 8/6/13; #Inmate methotrexate stop date 8/6/13</p> <p>IPC- #Inmate haldol stop date 10/14/13; #Inmate Amoxicillin/clav stop date 10/4/13</p>	1