

October 2013 YUMA 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>10/28/2013 3:37 PM Entered By: Anthony Medel</p> <p>Is sick call being conducted five days a week Monday through Friday (excluding holidays)?</p> <p>Reviewed sick call processes and found that the complexes (all health services units) are in compliance with sick call 5 days per week (Monday-Friday) for the following weeks of the month: 10/1/13-10/4/13, 10/7/13-10/11/13, and 10/14/13-10/18/13. October-100% (Green).</p> <p>Cheyenne Unit:</p> <p>Reviewed sick call process and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following week of the month: 10/1/13-10/4/13, 10/7/13-10/11/13, and 10/14/13-10/18/13.</p> <p>Cibola Unit:</p> <p>Reviewed sick call process and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following week of the month: 10/1/13-10/4/13, 10/7/13-10/11/13, and 10/14/13-10/18/13.</p> <p>Cocopah Unit:</p> <p>Reviewed sick call process and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following week of the month: 10/1/13-10/4/13, 10/7/13-10/11/13, and 10/14/13-10/18/13.</p> <p>Dakota Unit:</p> <p>Reviewed sick call process and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following week of the month: 10/1/13-10/4/13, 10/7/13-10/11/13, and 10/14/13-10/18/13.</p> <p>La Paz:</p> <p>Reviewed sick call process and found that this unit is in compliance with sick call 5 days per week (Monday-Friday) for the following week of the month: 10/1/13-10/4/13, 10/7/13-10/11/13, and 10/14/13-10/18/13.</p> <p>Authority</p> <p>Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.7.2.6) sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.</p> <p>RFP/Contract:</p> <p>Sick call shall be performed daily Monday through Friday and for emergencies on</p>	1

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				<p>Saturdays, Sundays, and Holidays. Inmates must be able to sign-up for sick call seven (7) days a week, and the sick call sign-up form shall be triaged at least once daily by healthcare staff.</p> <p>Department Order 1101 Inmate Access to Health Care, Section 1101.03 Appointments.</p> <p>HSTM Chapter 5, Section 5.3.0 and Chapter 7, Section 7.6.0.</p>	
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]			<p>X 10/29/2013 11:12 AM Entered By: Anthony Medel</p> <p>Are sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if the inmate is identified with emergent medical needs)?</p> <p>Complex: Reviewed 50 charts of sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs): Out of the 50 charts reviewed sixteen (16) charts were not in compliance. (October-68%) Red.</p> <p>Cheyenne Unit:</p> <p>Sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs): Out of the ten (10) charts reviewed one (1) chart was not in compliance. (90%).</p> <p>#Inmate-Triaged on 9/30/13, but not seen until 10/3/13.</p> <p>Cibola Unit:</p> <p>Sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs): Out of the ten (10) charts reviewed two (2) charts were not in compliance. (80%).</p> <p>#Inmate-HNR submitted 9/28/13, Triaged on 10/2/13, and seen on 10/3/13.</p> <p>#Inmate-Triaged on 10/1/13, but not seen until 10/3/13.</p> <p>Cocopah Unit:</p> <p>Sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs): Out of the ten (10) charts reviewed one (1) chart was not in compliance. (90%).</p> <p>#Inmate-HNR submitted on 10/7/13, as per HNR triaged on 10/8, but there is no supporting documentation. The last note was written on 9/11/13.</p> <p>Dakota Unit:</p> <p>Sick call inmates being seen within 24</p>	1

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					<p>hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs): Out of the ten (10) charts reviewed eight (8) charts were not in compliance. (20%).</p> <p>#Inmate- Triaged on 9/18/13, but not seen until 9/23/13. #Inmate- Triaged on 9/17/13, but not seen until 9/26/13. #Inmate- Triaged on 9/27/13, but not seen until 10/11/13. #Inmate- Triaged on 10/7/13, but not seen until 10/14/13. #Inmate- Triaged 9/18/13, but not seen until 10/8/13. #Inmate- Triaged on 10/17/13, but not seen until 10/22/13. #Inmate- Triaged on 10/13/13, but not seen until 10/16/13. #Inmate- Triaged on 10/2/13, but not seen until 10/15/13.</p> <p>La Paz Unit:</p> <p>Sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if an inmate is identified with emergent medical needs): Out of the ten (10) charts reviewed four (4) charts were not in compliance. (60%).</p> <p>#Inmate- Triaged on 9/27/13, but not seen until 10/9/13. #Inmate- Triaged on 9/30/13, but not seen until 10/4/13. #Inmate- Triaged on 9/26/13, but not seen until 10/2/13. #Inmate- Triaged on 10/1 and seen on 10/2/13. However, HNR dated 8/30/13.</p> <p>Authority: Per NCCHC P-E-07, non-emergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</p> <p>RFP/Contract: All sick call inmates shall be triaged within 24 hours with emergent health need requests triaged immediately. Inmates identified from HNR Appointment Report show that triage is performed within 24 hours (or immediately for emergent needs) of the request form date and time.</p> <p>Health Services Technical Manual Chapter 5, Section 3.1</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>10/29/2013 11:51 AM Entered By: Anthony Medel</p> <p>Are vital signs, to include weight, being checked and documented each time an inmate is seen during sick call?</p> <p>Complex: Reviewed 50 charts of sick call inmates to determine if vital signs, to include weight are being checked and documented each time an inmate is seen during sick call. Out of the 50 charts</p>	1

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reviewed twenty-one (21) charts were not in compliance. (October-58%) Red.

Cheyenne Unit:

Sick call inmate to determine if vital signs, to include weight are being checked and documented each time an inmate is seen during sick call Out of the ten (10) charts reviewed six (6) charts were not in compliance. (40%).

#Inmate No Wt. documented.

#Inmate No Wt. or Temperature documented.

#Inmate No Wt. or Temperature documented.

#Inmate No Temperature documented.

#Inmate No Temperature documented.

#Inmate No R/R documented.

Cibola Unit:

Sick call inmate to determine if vital signs, to include weight are being checked and documented each time an inmate is seen during sick call Out of the ten (10) charts reviewed four (4) charts were not in compliance. (60%).

#Inmate No Temperature, Pulse, R/R, B/P, Wt., and O-2 Sat.

#Inmate No R/R

#Inmate No Wt. documented.

#Inmate No Wt. documented.

Cocopah Unit:

Sick call inmate to determine if vital signs, to include weight are being checked and documented each time an inmate is seen during sick call : Out of the ten (10) charts reviewed three (3) charts were not in compliance. (70%).

#Inmate-No Wt. or O-2 Sat. documented.

#Inmate No Temperature, Pulse, R/R, B/P, Wt., and O-2 Sat.

#Inmate No Temperature, Pulse, R/R, B/P, Wt., and O-2 Sat.

Dakota Unit:

Sick call inmate to determine if vital signs, to include weight are being checked and documented each time an inmate is seen during sick call : Out of the ten (10) charts reviewed two (2) charts were not in compliance. (80%).

#Inmate-No R/R documented.

#Inmate-No Wt. documented.

La Paz Unit:

Sick call inmate to determine if vital signs, to include weight are being checked and documented each time an inmate is seen during sick call : Out of the ten (10) charts reviewed six (6) charts were not in compliance. (40%).

#Inmate-No Wt. documented.

#Inmate-No Wt. documented.

#Inmate No B/P or Wt. documented.

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				<p>#Inmate- No Wt. documented. #Inmate No Wt. documented. #Inmate- No Wt. documented.</p> <p>Authority: Per the contract, (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCCHC P-E-04, vital signs are including the patient's weight.</p> <p>RFP/Contract: Every inmate's vital signs shall be checked and documented each time they attend sick call on the appropriate assessment form. Medical record reflects vital signs for each sick call inmate.</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X		<p>10/28/2013 3:55 PM Entered By: Anthony Medel Is the SOAPE format being utilized in the inmate medical record for encounters?</p> <p>Complex: Reviewed 50 charts of sick call inmates to determine, if the SOAPE format is being utilized in the inmate medical record for encounters. Out of the 50 charts reviewed one (1) was not in compliance. (October-98%) Green. Excellent job by health services staff.</p> <p>Cheyenne Unit: Is the SOAPE format being utilized in the inmate medical record for encounters: Out of the ten (10) charts reviewed all ten (10) charts were in compliance. (100%).</p> <p>Cibola Unit: Is the SOAPE format being utilized in the inmate medical record for encounters: Out of the ten (10) charts reviewed all ten (10) charts were in compliance. (100%).</p> <p>Cocopah Unit: Is the SOAPE format being utilized in the inmate medical record for encounters: Out of the ten (10) charts reviewed one (1) chart was not in compliance. (90%).</p> <p>#Inmate- HNR written on 10/7/13 to schedule a visit to the optometrist (no note), last note written by health services staff was on 9/11/13.</p> <p>Dakota Unit: Is the SOAPE format being utilized in the inmate medical record for encounters: Out of the ten (10) charts reviewed all ten (10) charts were in compliance. (100%).</p> <p>La Paz Unit: Is the SOAPE format being utilized in the inmate medical record for encounters: Out</p>	1

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				<p>of the ten (10) charts reviewed all ten (10) charts were in compliance. (100%).</p> <p>Authority:</p> <p>Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) all sick call entries are documented in the medical record utilizing the "Subjective- Objective- Assessment- Plan -Education" (SOAPE) format.</p> <p>Health Services Technical Manual Chapter 5-Section 1.3</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>10/28/2013 4:34 PM Entered By: Anthony Medel</p> <p>Are referrals to providers from sick call being seen within seven (7) days?</p> <p>Complex: Reviewed 50 charts of sick call inmates to determine, if referral to providers from sick call are being seen within seven (7) days. Out of the 50 charts reviewed seven (7) were not in compliance. (October-86%) Green. Great job, as there was some improved month over month.</p> <p>Cheyenne Unit:</p> <p>Sick call inmates to determine, if referral to providers from social care are being seen within seven (7) days: Out of the ten (10) charts reviewed three (3) charts were not in compliance. (70%).</p> <p>#Inmate Referred on 10/3/13, seen by the provider on 10/17/13.</p> <p>#Inmate Referred on 10/3/13, yet to be seen by the provider or given approximate length of time as to when provider will be available.</p> <p>#Inmate Referred on 9/23/13, seen by the provider on 10/16/13.</p> <p>Cibola Unit:</p> <p>Sick call inmates to determine, if referral to providers from social care are being seen within seven (7) days: Out of the ten (10) charts reviewed all ten (10) charts were in compliance. (100%).</p> <p>Cocopah Unit:</p> <p>Sick call inmates to determine, if referral to providers from social care are being seen within seven (7) days: Out of the ten (10) charts reviewed three (3) charts were not in compliance. (70%).</p> <p>#Inmate-Referred on 10/8/13, yet to been seen by the provider or given approximate length of time as to when provider will be available.</p> <p>#Inmate-Referred on 10/11/13, seen by the provider on 10/25/13.</p> <p>#Inmate-Referred on 10/8/13, and not seen as of 10/28/13.</p> <p>Dakota Unit:</p>	1

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				<p>Sick call inmates to determine if referral to providers from social care are being seen within seven (7) days: Out of the ten (10) charts reviewed one (1) chart was not in compliance. (90%).</p> <p>#Inmate-HNR submitted on 9/27/13 and seen on nursing line on 10/11/13. Referred to provider and yet to be seen by the provider or given approximate length of time as to when provider will be available.</p> <p>La Paz Unit:</p> <p>Sick call inmates to determine, if referral to providers from social care are being seen within seven (7) days: Out of the ten (10) charts reviewed all ten (10) charts were in compliance. (100%).</p> <p>Authority: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days.</p> <p>RFP/Contract: Referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days. Date of referral to a physician or Midlevel provider compared to date of sick call.</p>	
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Corrective Action Plans for Performance Measure: Sick Call (Q)

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

Level 1 Red User: Anthony Medel Date: 10/29/2013 11:12:18 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

3.Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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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 Red User: Anthony Medel Date: 10/29/2013 11:51:15 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

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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>10/30/2013 4:52 PM Entered By: Brenda McMullen Cocopath 0</p> <p>10/28/2013 5:43 PM Entered By: Brenda McMullen Urgent consults 25 reviewed 17 out of compliance for urgent consults 48% compliance La PAZ 5 out of compliance #Inmate Urgent consult US abd written 9/5/13 not done as of 10/9/13 #Inmate Urgent consult written 9/17/13 pending 10/16/13 #Inmate Urgent consult written 9/5/13 not done as of 10/9/13 #Inmate urgent consult written 9/5/13 not done as of 10/9/13 Cibola 4out of compliance #Inmate Urgent consult US written 8/16/13 done 9/20/13 #Inmate Urgent consult CT Chest written 9/15/13 not done as of 10/15/13 #Inmate Urgent consult Cardiololgy written 9/6/13 not done as of 10/15/13 #Inmate Urgent consult US written 9/5/13 not done as of 10/15/13 Cheyenne 4out of compliance #Inmate Urgent consult Neurology written 8/27/23 ATP 8/29/13 #Inmate Urgent consult Gastrointestinal written 9/16/13 not done 10/15/13 #Inmate Urgent consult written 9/23/13 ATP 9/23/13 not reviewed 10/15/13 #Inmate Urgent consult written 9/17/13 ENT not done 10/15/13 Dakota 4 out of compliance #Inmate Urgent Surg consult written 9/11/ no report on chart #Inmate Urgent Retinal consult no report of being done 10/15/13</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>10/30/2013 4:52 PM Entered By: Brenda McMullen The below consults are on La Paz</p> <p>10/28/2013 5:47 PM Entered By: Brenda McMullen 11 consults reviewed 3out of compliance 72 % compliance #Inmate CT ABD done 9/18/13 not reviewed 10/8/13 #Inmate Urology consult done 9/23/13 not reviewed 10/9/13 #Inmate Bone scan done 9/18/13 not reviewed 10/9/13</p>	2
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			10/28/2013 5:47 PM Entered By: Brenda McMullen	3
4	Are the emergent medical needs of the inmates	X			10/28/2013 5:47 PM Entered By: Brenda	2

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	appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]				Mcmullen	
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			10/28/2013 5:49 PM Entered By: Brenda Mcmullen Yuma Hospital admission 6 reviewed 100% compliance	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: Brenda Mcmullen Date: 10/30/2013 4:52:57 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date -11/30/13

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

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

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

Target Date - 11/30/13

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

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: Brenda Mcmullen Date: 10/30/2013 4:52:57 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date -11/30/13

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

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: Brenda McMullen Date: 10/30/2013 4:52:14 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.

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]
Level 2 Amber User: Brenda McMullen Date: 10/30/2013 4:52:14 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.

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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 1:16 PM Entered By: Martin Winland	2
2	Are pharmacy policies, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			X	<p>10/30/2013 1:18 PM Entered By: Martin Winland</p> <p>Yuma continues to work on policy and procedure. I continue to alert the facility on medications needing reviewed for possible refill or renewal. As of 10-25-2013, Formulary 190, and Non Formulary 19 appear on the Expiring Medication reports. With the information available Yuma is calculated at a 61 to 75 % compliance rate. Yuma has not produced an Expiring Medication report.</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 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</p>	2

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				<p>agreed upon with Corizon, has not materialized. Perryville and Winslow are the only facilities that have followed through with this request.</p> <p>F)Although the blitz has helped to correct, thus far, the Expiring Medication concerns, I am still concerned with refills for active medication being filled in a timely manner.</p>	
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X		10/30/2013 1:18 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 1:21 PM Entered By: Martin Winland	2
5	Are the dosages of medication being changed, increased or decreased contrary to time frames stated in appropriate clinical compendia, such as Drug Facts and Comparisons and/or the package insert, unless the need is clinically documented in the chart and a non-formulary request is approved?	X		10/30/2013 1:21 PM Entered By: Martin Winland	1

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

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

Level 2 Red User: Martin Winland Date: 10/30/2013 1:18:12 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.)
- 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

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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 2:19 PM Entered By: Jessica Raak *Out of 60 charts pulled, 60 were in compliance = 100% Cheyenne: (10 out of 10 charts pulled were in compliance) No HNR issues. Dakota: (8 out of 10 charts pulled were in compliance) No HNR issues. LaPaz: (20 out of 20 charts pulled were in compliance) No HNR issues. Cibola: (10 out of 10 charts pulled were in compliance) No HNR issues. Cocopah: (10 out of 10 charts pulled were in compliance) No HNR issues.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]			X	10/29/2013 2:20 PM Entered By: Jessica Raak *Out of 60 charts pulled, 41 were in compliance = 68% Cheyenne: (5 out of 10 charts pulled were in compliance) Inmate Referred 7/8/13 and not yet seen. Inmate Referred 8/7/13 and not yet seen. Inmate(SMI): Referred 7/22/13, 8/16/13, 9/27/13 and still not seen. Inmate(SMI): Referred 9/19/13, 9/20/13, 9/23/13, 9/24/13 and not seen until 10/23/13. Inmate Referred 10/9/13 and 10/17/13 and inmate has not yet been seen. Dakota: (9 out of 10 charts pulled were in compliance) -Note: This unit standing alone would have been an amber finding. Inmate(SMI): Referred 10/2/13 and inmate still has not been seen. LaPaz: (13 out of 20 charts pulled were in compliance) Inmate Referred 9/25/13 and still has not been seen. Meds expired. Inmate Referred 6/17/13 in 14-day evaluation and inmate was never seen. Inmate Referred 6/18/13 and not seen until 10/4/13. Inmate(SMI): Referred 7/22/13, 7/29/13, 8/15/13 and inmate was never seen. Inmate(SMI): Referred 7/22/13 and inmate was never seen. Inmate(SMI): Referred 10/15/13 and inmate has not yet been seen. Inmate Referred 9/25/13 and inmate has not yet been seen. Cibola: (6 out of 10 charts pulled were in compliance) Inmate Referred 8/12/13 and inmate was never seen. Inmate(SMI): Referred 9/16/13 and inmate was never seen. Inmate(SMI): Referred 10/1/13 and inmate has not yet been seen. Inmate(SMI): Referred 2/21/13 and inmate was never seen. Cocopah: (8 out of 10 charts pulled were in compliance)	2

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					<p>Inmate(SMI): Referred 8/23/13, 9/19/13, 10/24/13 and inmate has not yet been seen.</p> <p>Inmate Referred 10/17/13 and not yet seen.</p>	
3	<p>Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]</p>			X	<p>10/29/2013 2:24 PM Entered By: Jessica Raak</p> <p>*Out of 60 charts pulled, 32 were in compliance = 52% (This compliance rate is up from September, which was a compliance rate of 38%. Excellent work, psychology associates! It is so great to see your hard work and effort reflected in the audits. Keep it up... your work is appreciated!)</p> <p>The following inmates need treatment plans or updated treatment plans:</p> <p>Cheyenne: (7 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate(SMI), Inmate</p> <p>Dakota: (3 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate Inmate Inmate Inmate(SMI), Inmate(SMI), Inmate(SMI).</p> <p>LaPaz: (10 out of 20 charts pulled were in compliance)</p> <p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p> <p>Cibola: (5 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate Inmate Inmate Inmate(SMI).</p> <p>Cocopah: (7 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate Inmate(SMI).</p>	1
4	<p>Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</p>			X	<p>10/29/2013 2:25 PM Entered By: Jessica Raak</p> <p>*Out of 60 charts pulled, 40 charts were in compliance = 67% (This is up from 48% compliance rate that was found in September. Excellent work, psychology associates! Great to see that your hard work is reflected in the audit).</p> <p>The following inmates have not been seen by psychology within timeframes:</p> <p>Cheyenne: (6 out of 10 charts pulled were in compliance)</p> <p>Lockdown inmates: Inmate Inmate Inmate</p> <p>Inmate</p> <p>Inmate has not been seen by psychology to date: Inmate</p> <p>Dakota: (4 out of 10 charts pulled were in compliance)</p> <p>Lockdown inmate: Inmate(SMI).</p> <p>Inmate(SMI), Inmate(SMI), Inmate(SMI).</p> <p>Inmate has not been seen by psychology to date, and is releasing soon: Inmate</p> <p>Inmate has not been seen by psychology since his arrival to Yuma Complex and is releasing soon: Inmate</p> <p>LaPaz: (14 out of 20 charts pulled were in compliance)</p> <p>The following inmates were seen in a yard visit setting, but the note was insufficient to count for a clinical contact. Had these notes counted, this unit would have been at a 100% compliance rate: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate</p>	2

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					<p>Cibola: (9 out of 10 charts pulled were in compliance) -Note: This unit standing alone would have been an amber finding.</p> <p>Inmate (SMI)</p> <p>Cocopah: (7 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate</p> <p>Inmate has never been seen by psychology: Inmate</p>	
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 2:28 PM Entered By: Jessica Raak</p> <p>*Out of 60 charts pulled, 28 were in compliance = 47% (Note: This performance measure decreased in compliance as a result of Yuma Complex not having enough psychiatric providers).</p> <p>The following inmates have not been seen within time frames by psychiatry and/or have missed their Return To Clinic dates:</p> <p>Cheyenne: (5 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate's return to clinic date was 7/26/13, inmate's meds expired 10/24/13 (Dr. Buenker wrote bridge order for expired meds).</p> <p>Inmate (SMI): Inmate's return to clinic date was 7/23/13. Inmate's med's expired 7/23/13 without follow-up.</p> <p>Inmate Inmate's return to clinic date was 6/27/13 & his meds were allowed to expire 9/27/13 without follow up.</p> <p>Inmate Inmate's return to clinic date was 9/19/13.</p> <p>Dakota: (5 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate's meds expired 10/8/13 and bridge order occurred on 10/17/13 on expired meds.</p> <p>Inmate Inmate's return to clinic date was 9/28/13.</p> <p>Inmate (SMI): Inmate's return to clinic date was 9/21/13.</p> <p>Inmate (SMI): Inmate's return to clinic date was 4/11/13. Meds expired with no follow-up on 5/27/13. Due to 1/11/13 note not being done correctly, the order was not extended to 7/11/13.</p> <p>Inmate (SMI): Inmate's return to clinic date was 8/23/13. Note: Nursing missed his October prolixen injection. This issue was brought to the nurse's attention and the issue was resolved.</p> <p>LaPaz: (7 out of 20 charts pulled were in compliance) *Note for this unit: Numerous charts found with possible medication bridge orders, yet no corresponding psychiatric note or physician order was located.</p> <p>Inmate Inmate's return to clinic date was 4/25/13. Meds expired 7/25/13 without follow up.</p> <p>Inmate Inmate's return to clinic date was 5/22/13. Meds expired 8/22/13 without follow up.</p> <p>Inmate Inmate's return to clinic date was 5/22/13. Meds expired 8/22/13 without follow up.</p> <p>Inmate Inmate's return to clinic date was 9/21/12. Meds expired 12/21/12 without follow up.</p> <p>Inmate Inmate's meds expired from</p>	2

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					<p>8/15/13 until 10/4/13.</p> <p>Inmate Inmate's return to clinic date was 5/22/13. Meds expired 9/22/13.</p> <p>Inmate Inmate's return to clinic date was 4/30/13. Meds expired 7/30/13 without follow up.</p> <p>Inmate Inmate's return to clinic date was 7/15/13.</p> <p>Inmate(SMI): Inmate's return to clinic date was 10/12/13.</p> <p>Inmate Inmate's return to clinic date was 7/26/13. Meds expire 10/26/13.</p> <p>Inmate(SMI): Inmate's chart had an empty physician order from 7/24/13. Therefore medications not changed and meds expired on 9/26/13. Inmate's return to clinic date was 10/24/13.</p> <p>Inmate Inmate's return to clinic date was 8/29/13. Note: There was a medication DC order without corresponding note.</p> <p>Inmate Inmate's return to clinic date was 4/30/13. Meds expired from 7/30/13 until 9/26/13. No psychiatrist note, although possible bridge order occurred on 9/26/13. Cibola: (5 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate's return to clinic date was 9/28/13.</p> <p>Inmate(SMI): Inmate's meds expired 10/24/13 and has never been seen by psychiatry.</p> <p>Inmate(SMI): Inmate's return to clinic date was 10/1/13.</p> <p>Inmate(SMI): Inmate's return to clinic date was 10/10/13.</p> <p>Inmate(SMI): Inmate's meds expired in 06/13 and there was no follow up on inmate.</p> <p>Cocopah: (6 out of 10 charts pulled were in compliance)</p> <p>Inmate Inmate's return to clinic date was 3/26/13. Meds expired 6/24/13 without follow up.</p> <p>Inmate(SMI): Inmate's return to clinic date was 8/23/13.</p> <p>Inmate Inmate's return to clinic date was 7/3/13.</p> <p>Inmate Inmate's return to clinic date was 7/11/13. Meds expired 10/11/13 without follow up.</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 2:29 PM Entered By: Jessica Raak</p> <p>*Out of 26 charts pulled, 12 were in compliance = 46%</p> <p>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.</p> <p>Cheyenne: (1 out of 2 charts pulled were in compliance)</p> <p>Inmate No release plan found.</p> <p>Dakota: (1 out of 4 charts pulled were in compliance)</p> <p>The following had no release plan in chart:</p> <p>Inmate Inmate Inmate</p> <p>LaPaz: (6 out of 11 charts pulled were in compliance)</p>	2

			The following inmate had no release plans found in chart [REDACTED] The following inmate IS SMI and was only provided a packet of information and not connected with services: [REDACTED] The following inmates release plan indicated that they were SMI (non consistent with chart or AIMS) and only a packet of information was given to inmate, inmate was not connected with services: [REDACTED] [REDACTED] [REDACTED] Cibola: (3 out of 5 charts pulled were in compliance) The following inmates did not have a release plan in their chart: [REDACTED] [REDACTED] Cocopah: (1 out of 4 charts pulled were in compliance) The following inmates did not have a release plan in their chart: [REDACTED] [REDACTED] [REDACTED]	
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2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]

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

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

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

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

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

a.Audit tools developed

- b. Weekly site results discussed with RVP/MH Director**

- c.Audit results discussed at monthly CQI meeting

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

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

Target Date -11/30/13

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

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

Level 1 Red User: Jessica Raak Date: 10/29/2013 2:24:37 PM

Corrective Actions: October Action plan submitted by Corizon-

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

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

- b. Review AIMS and update when changes in MH status

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- c. Inmates with mental health score of three or above are seen by MH staff per policy titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)
- d. Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 2. Monitoring (Mental Health Monitoring Tool)
 - a. Audit tools developed
 - b. Monthly site results discussed with RVP/MH Director
 - c. Audit results discussed at monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date- 11/30/13

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

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

4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10] Level 2 Red User: Jessica Raak Date: 10/29/2013 2:25:41 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10] Level 2 Red User: Jessica Raak Date: 10/29/2013 2:28:14 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date- 11/30/13

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

6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10] Level 2 Red User: Jessica Raak Date: 10/29/2013 2:29:44 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

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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>10/29/2013 2:56 PM Entered By: Anthony Medel</p> <p>Is the contractor physician conducting monthly and quarterly chart reviews?</p> <p>The FHA indicated that Dr. K. Barclay, M.D. (Medical Director) is conducting monthly and quarterly chart reviews. However, I have not reviewed or observed documentation addressing peer/chart reviews of the Locum (Physician), and/or the mid-level providers here at this complex. Therefore, this performance measure is being designated as non-compliant at this time until documentation can be produced. (Amber)</p> <p>Authority:</p> <p>NCCHC P-A-06 Continuous Quality Improvement Program</p> <p>Health Services Technical Manual Chapter 1, Section 5.0</p> <p>RFP/Contract: 2.20.2.12. Quality and Peer Review 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 outcomes and reporting measure as specified by ADC or proposed by the Contractor. Review of audit methodology and sample, monitoring criteria and results of the monthly and quarterly chart audits.</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>10/29/2013 3:14 PM Entered By: Anthony Medel</p> <p>Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard?</p> <p>Yes, due to a change in the FHA/Site Manager, CQI meetings officially began on September 19th, and October's meeting was held on October 24th. CQI and MAC (Medical Advisory Committee) meetings are held the 3rd Thursday of each month. The agenda is as follows:</p> <p>I. Approval of minutes II. Operations III. Patient Care IV. Completed studies report and discussion V. Open forum VI. Adjournment-Preparation for the next meeting.</p> <p>(Green)</p> <p>Authority:</p>	1

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				<p>NCCHC P-A-06 Continuous Quality Improvement Program</p> <p>Health Services Technical Manual Chapter 1, Section 5.0</p> <p>RFP/Contract: 2.20.2.12. Quality and Peer Review</p> <p>Contractor will ensure the establishment of the CQI Committee by the Contractor that meets on a monthly basis. This committee will have representation from all disciplines practicing on the complex. The Contractor will ensure the committee conducts at least two (2) process quality improvement studies and two (2) outcome quality studies per year.</p> <p>Review of the CQI monthly minutes and review of the annual process and outcome studies, including topics, methodology, findings, plans for improvement based on evidence and outcomes following quarterly monitoring schedules.</p>	
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>10/29/2013 3:31 PM Entered By: Anthony Medel</p> <p>Are CQI committee improvement recommendations acted on timely and progress reported back to the committee in the next meeting?</p> <p>The CQI committee is still in the beginning phases; however, recommendations are addressed in the meetings and discussions work towards improvements systemically that will better provide a seamless delivery of services. As the CQI committee continues to develop a progression in services will be detected, and all suggestions will be met in at timely manner. (Green)</p> <p>Authority:</p> <p>NCCHC P-A-06 Continuous Quality Improvement Program</p> <p>Health Services Technical Manual Chapter 1, Section 5.0</p> <p>RFP/Contract: 2.20.2.12. Quality and Peer Review</p> <p>Recommendations made by the Quality Committee shall be appropriately acted upon on a timely basis and reported back in writing at the next monthly meeting.</p> <p>Review of Quality Improvement Committee meeting reports and minutes shall demonstrate that recommendations were appropriately enacted.</p>	1

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4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12]	X			<p>10/29/2013 3:47 PM Entered By: Anthony Medel</p> <p>Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and PhD. level psychologists?</p> <p>N/A-This has not been scheduled yet; however, this will be addressed at the next CQI/MAC meeting, which is scheduled for November 21st, 2013. This annual requirement has not been completed at this time, and the contractual year is not up until March-2014. (Green)</p> <p>Authority:</p> <p>NCCHC P-A-06 Continuous Quality Improvement Program</p> <p>Health Services Technical Manual Chapter 1, Section 5.0</p> <p>RFP/Contract: 2.20.2.12. Quality and Peer Review</p> <p>As part of the Contractor's continuous quality improvement program, the Contractor shall annually conduct scheduled provider peer review of all Physicians, Nurse Practitioners, Physician Assistants, Dentists, Psychiatrists, Psychiatric Nurse Practitioners and PhD. level Psychologists in compliance with NCCHC Standard P-C-02 (Clinical Performance Enhancement).</p> <p>Documentation that a medical, dental and mental health provider peer review was conducted for each provider within the prior 12 months.</p>	1
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]		X		<p>10/29/2013 4:04 PM Entered By: Anthony Medel</p> <p>Did the contractor conduct a quarterly on-site review of the site CQI program?</p> <p>At this time, there is no substantiation that the contractor has conducted a quarterly on-site review of the on-site CQI program. There is no documentation indicated to address that this performance measure has been met at this time. (Amber)</p> <p>Authority:</p> <p>NCCHC P-A-06 Continuous Quality Improvement Program</p> <p>Health Services Technical Manual Chapter 1, Section 5.0</p> <p>RFP/Contract: 2.20.2.12. Quality and Peer Review</p> <p>As part of the Contractor's continuous quality improvement program, the Contractor shall quarterly conduct</p>	1

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				<p>scheduled on-site audits at each Arizona State Prison Complex to measure compliance with requirements identified in Subsection 2.12.5.</p> <p>Documentation that an audit was conducted at each Arizona State Prison within the prior three months and that all identified deficiencies were addressed, and appropriate corrective action was taken.</p>	
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Corrective Action Plans for Performance Measure: Quality and PEER Review (Q)

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

Level 1 Amber User: Anthony Medel Date: 10/29/2013 2:56:07 PM

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

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

Responsible Parties= Medical Director/FHA

Target Date- 11/30/13

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: Anthony Medel Date: 10/29/2013 4:04:49 PM

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

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

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Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			10/2/2013 12:48 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			10/2/2013 12:48 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/2/2013 12:49 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X			10/2/2013 12:49 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/2/2013 12:51 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility. Yuma does not house female inmates.	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			10/4/2013 9:05 AM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/2/2013 12:52 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]	X			10/2/2013 12:53 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]	X			10/2/2013 12:53 PM Entered By: Anthony Medel N/A-Yuma is not an intake facility.	1

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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		<p>10/18/2013 10:21 AM Entered By: Anthony Medel</p> <p>Is an oral examination performed by a dentist within 30 days of admission to ADC?</p> <p>Complex: Reviewed 50 charts of inmates to determine if an oral examination is performed by a dentist within 30 days of admission to ADC: Out of the 50 chart reviewed twenty-two (22) were not in compliance. (56%) - (Amber).</p> <p>Cheyenne:</p> <p>Is an oral examination performed by a dentist within 30 days of admission to ADC: six (6) charts reviewed were not in compliance. (40%).</p> <p>#Inmate ADC admission 8/9/13 and seen by dental on 9/11/13. #Inmate ADC admission 8/28/13, and seen by dental on 10/1/13. #Inmate ADC admission 5/20/13, and seen by dental on 9/26/13. #Inmate ADC admission 8/5/13, and seen by dental on 9/11/13. #Inmate ADC admission 6/21/13, and seen by dental on 9/6/13. #Inmate ADC admission 7/26/13 and seen by dental on 9/17/13.</p> <p>Cibola:</p> <p>Is an oral examination performed by a dentist within 30 days of admission to ADC: six (6) charts reviewed were not in compliance. (40%).</p> <p>#Inmate ADC admission 3/11/13 and seen by dental on 5/3/13. #Inmate ADC admission 8/20/13 and seen by dental on 9/24/13. #Inmate ADC admission 8/15/13 and seen by dental on 10/1/13. #Inmate ADC admission 8/6/13 and seen by dental on 9/10/13. #Inmate ADC admission 8/9/13 and seen by dental (no date on progress/SOAP note). #Inmate ADC admission 8/7/13, and seen by dental on 9/16/13.</p> <p>Cocopah:</p> <p>Is an oral examination performed by a dentist within 30 days of admission to ADC: one (1) chart reviewed was not in compliance. (90%).</p> <p>#Inmate-ADC admission 8/27/13, refusal signed on 10/1 and progress/SOAP note not dated.</p> <p>Dakota:</p> <p>Is an oral examination performed by a dentist within 30 days of admission to ADC: five (6) charts reviewed were not in compliance. (40%).</p> <p>#Inmate-ADC admission 5/24/13 and seen</p>	1

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				<p>by dental on 7/11/13. #Inmate-ADC admission 2/14/13, chart reviewed 3/5/13, and seen by dental on 5/8/13. #Inmate-ADC admission 7/25/13, and not yet seen by dental. #Inmate-ADC admission 4/17/13, refusal signed on 9/23/13 and on refusal I/M asked to be placed back on dental line list. #Inmate-ADC admission 5/7/13 and seen by dental on 6/19/13. #Inmate-ADC admission 8/1/13 and seen by dental on 9/12/13.</p> <p>La Paz:</p> <p>Is an oral examination performed by a dentist within 30 days of admission to ADC: three (3) charts reviewed were not in compliance. (70%).</p> <p>#Inmate-ADC admission 3/19/13 and seen by dental on 6/4/13. #Inmate-ADC admission 5/24/13 and seen by dental on 7/2/13. #Inmate-ADC admission 3/5/13 and seen by dental on 5/1/13.</p> <p>Authority</p> <p>Per NCCHC P-E-06, an oral examination is to be performed by a Dentist within 30 days of admission.</p>	
2	Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC? [NCCHC Standard P-E-06]	X		<p>10/16/2013 11:00 AM Entered By: Anthony Medel</p> <p>Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC?</p> <p>Complex: Reviewed 50 charts of inmates to determine is instruction on oral hygiene and preventive oral education given within one month of admission to ADC: Out of the 50 chart reviewed all fifty (50) were in compliance. (100%)-Green-Excellent work by the dental staff.</p> <p>Cheyenne:</p> <p>Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC: all ten (10) charts reviewed were in compliance. (100%)</p> <p>Cibola:</p> <p>Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC: all ten (10) charts reviewed were in compliance. (100%)</p> <p>Cocopah:</p> <p>Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC: all ten (10) charts reviewed were in compliance. (100%)</p>	1

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				<p>Dakota:</p> <p>Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC: all ten (10) charts reviewed were in compliance. (100%)</p> <p>La Paz:</p> <p>Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC: all ten (10) charts reviewed were in compliance. (100%)</p> <p>AUTHORITY:</p> <p>Per NCCHC P-E-06, Instruction in oral hygiene and preventive oral education are to be provided within 1 month of admission.</p>	
3	Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]	X		<p>10/16/2013 11:15 AM Entered By: Anthony Medel</p> <p>Are there inmates waiting over 90 days for routine dental care?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if there are inmates waiting over 90 days for routine dental care: Out of the five (5) units monitored one (1) unit was not in compliance (80%)-Green.</p> <p>Cheyenne:</p> <p>Are there inmates waiting over 90 days for routine dental care: Cheyenne unit was in compliance. (100%)</p> <p>Cibola:</p> <p>Are there inmates waiting over 90 days for routine dental care: Cibola unit was not in compliance. (0%).</p> <p>Cocopah:</p> <p>Are there inmates waiting over 90 days for routine dental care: Cocopah unit was in compliance. (100%)</p> <p>Dakota:</p> <p>Are there inmates waiting over 90 days for routine dental care: Dakota unit was in compliance. (100%)</p> <p>La Paz:</p> <p>Are there inmates waiting over 90 days for routine dental care: La Paz unit was in compliance. (100%)</p> <p>AUTHORITY:</p> <p>Per NCCHC P-E-06 Oral Care</p>	1

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4	Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]	X			<p>10/16/2013 12:29 PM Entered By: Anthony Medel</p> <p>Are 911's seen within 24 hours of HNR submission?</p> <p>Complex: Reviewed 50 charts of inmates to determine are 911's being seen within 24 hours of HNR submission. Out of the 50 chart reviewed two (2) charts were not in compliance. (96%)-Green-</p> <p>Cheyenne:</p> <p>Are 911's being seen within 24 hours of HNR submission: all ten (10) charts reviewed were in compliance. (100%)</p> <p>Cibola:</p> <p>Are 911's being seen within 24 hours of HNR submission: one (1) of the ten (10) charts reviewed was not in compliance. (100%)</p> <p>#Inmate--Emergency HNR submitted on 8/24 and seen by dental on 8/30.</p> <p>Cocopah:</p> <p>Are 911's being seen within 24 hours of HNR submission: one (1) of the ten (10) charts reviewed was not in compliance. (100%)</p> <p>#Inmate--Emergency HNR submitted on 9/8 and seen by dental on 9/11.</p> <p>Dakota:</p> <p>Are 911's being seen within 24 hours of HNR submission: all ten (10) charts reviewed were in compliance. (100%)</p> <p>La Paz:</p> <p>Are 911's being seen within 24 hours of HNR submission: all ten (10) charts reviewed were in compliance. (100%)</p> <p>AUTHORITY:</p> <p>RFP/Contract: 2.11.4</p> <p>The Contractor shall provide dental emergency care consisting of immediate assessment and/or treatment of conditions including but not limited to, postoperative uncontrolled bleeding; facial swelling that is of a life threatening nature or is causing facial deformity; fracture of the mandible, maxilla, or zygomatic arch; avulsed dentition; an extremely painful condition that is non-responsive to the implementation of dental treatment guidelines; intraoral lacerations that require suturing to include the vermilion border of the lips. At a minimum, the Contractor shall ensure that an inmate with an emergency dental need is seen within 24 hours.</p>	1
5	Are treatment plans developed and documented	X			<p>10/16/2013 12:46 PM Entered By: Anthony</p>	1

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	in the medical record? [NCCHC Standard P-E-06]				<p>Medel Are treatment plans developed and documented in the medical record?</p> <p>Complex: Reviewed 50 charts to determine if treatment plans are developed and documented in the medical record: Out of the 50 charts reviewed one (1) chart was not in compliance. (98%)-Green- Great job by the dental staff.</p> <p>Cheyenne: Are treatment plans developed and documented in the medical record: all ten (10) charts reviewed were in compliance. (100%)</p> <p>Cibola: Are treatment plans developed and documented in the medical record: all ten (10) charts reviewed were in compliance. (100%)</p> <p>Cocopah: Are treatment plans developed and documented in the medical record: all ten (10) charts reviewed were in compliance. (100%)</p> <p>Dakota: Are treatment plans developed and documented in the medical record: all ten (10) charts reviewed were in compliance. (100%)</p> <p>La Paz: Are treatment plans developed and documented in the medical record: one (1) chart out of ten (10) reviewed was not in compliance. (90%)</p> <p>#Inmate- Treatment plan not filled out, Section C-not filled out.</p> <p>AUTHORITY: Per NCCHC P-E-06, Oral Care</p>	
6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X			<p>10/16/2013 12:54 PM Entered By: Anthony Medel Are daily inventories for all dental instruments being conducted before the first patient and after the last?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if daily inventories for all dental instruments being conducted before the first patient and after the last: Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green.</p> <p>Cheyenne: Are daily inventories for all dental instruments being conducted before the first patient and after the last: Cheyenne unit</p>	2

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				<p>was in compliance. (100%)</p> <p>Cibola:</p> <p>Are daily inventories for all dental instruments being conducted before the first patient and after the last: C bola unit was in compliance. (100%)</p> <p>Cocopah:</p> <p>Are daily inventories for all dental instruments being conducted before the first patient and after the last: Cocopah unit was in compliance. (100%)</p> <p>Dakota:</p> <p>Are daily inventories for all dental instruments being conducted before the first patient and after the last: Dakota unit was in compliance. (100%)</p> <p>La Paz:</p> <p>Are daily inventories for all dental instruments being conducted before the first patient and after the last: La Paz unit was in compliance. (100%)</p> <p>AUTHORITY: Per NCCHC P-E-06, Oral Care</p>	
7	Are all supplies that have an expiration date checked monthly?	X		<p>10/16/2013 1:02 PM Entered By: Anthony Medel</p> <p>Are all supplies that have an expiration date checked monthly?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine are all supplies that have an expiration date checked monthly. Compliance Monitor and the dental hygienist on each yard went through inventory to check expiration date(s) of supplies. Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green.</p> <p>Cheyenne:</p> <p>Are all supplies that have an expiration date checked monthly: Cheyenne unit was in compliance. (100%)</p> <p>Cibola:</p> <p>Are all supplies that have an expiration date checked monthly: Cibola unit was in compliance. (100%)</p> <p>Cocopah:</p> <p>Are all supplies that have an expiration date checked monthly: Cocopah unit was in compliance. (100%)</p> <p>Dakota:</p> <p>Are all supplies that have an expiration date checked monthly: Dakota unit was in compliance. (100%)</p>	2

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				<p>La Paz:</p> <p>Are all supplies that have an expiration date checked monthly: La Paz unit was in compliance. (100%)</p> <p>AUTHORITY: Per NCCHC P-E-06, Oral Care</p>	
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X		<p>10/16/2013 1:13 PM Entered By: Anthony Medel</p> <p>If items are within 30 days of expiration, are they flagged and disposed of when they expire?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if items are within 30 days of expiration are they flagged and disposed of when they expire. Compliance Monitor and the dental hygienist on each yard went through items that were flagged or take out of inventory due to expiration dates. There are mechanisms in place as outlined by the dental hygienists to flag or remove items/supplies that have expired. Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green. Well done by the dental staff.</p> <p>Cheyenne:</p> <p>Are items within 30 days of expiration flagged and disposed of when they expire: Cheyenne unit was in compliance. (100%)</p> <p>Cibola:</p> <p>Are items within 30 days of expiration flagged and disposed of when they expire: Cibola unit was in compliance. (100%)</p> <p>Cocopah:</p> <p>Are items within 30 days of expiration flagged and disposed of when they expire: Cocopah unit was in compliance. (100%)</p> <p>Dakota:</p> <p>Are items within 30 days of expiration flagged and disposed of when they expire: Dakota unit was in compliance. (100%)</p> <p>La Paz:</p> <p>Are items within 30 days of expiration flagged and disposed of when they expire: La Paz unit was in compliance. (100%)</p> <p>AUTHORITY: Per NCCHC P-E-06, Oral Care</p>	2
9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X		<p>10/16/2013 1:30 PM Entered By: Anthony Medel</p> <p>Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?</p>	2

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				<p>Complex: Reviewed 50 charts to determine if X-Rays taken of the tooth/teeth that are addressed during an emergency. If needed or ordered by the dentist. Out of the 50 charts reviewed all fifty (50) were in compliance. (100%)-Green.</p> <p>Cheyenne:</p> <p>Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit: all ten (10) charts reviewed were in compliance. (100%).</p> <p>Cibola:</p> <p>Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit: all ten (10) charts reviewed were in compliance. (100%).</p> <p>Cocopah:</p> <p>Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit: all ten (10) charts reviewed were in compliance. (100%).</p> <p>Dakota:</p> <p>Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit: all ten (10) charts reviewed were in compliance. (100%).</p> <p>La Paz:</p> <p>Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit: all ten (10) charts reviewed were in compliance. (100%).</p> <p>AUTHORITY:</p> <p>Per NCCHC P-E-06, Oral Care</p>	
10	Is the dental wait time log/report being maintained?	X		<p>10/16/2013 1:41 PM Entered By: Anthony Medel</p> <p>Is the dental wait time log/report being maintained?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if the dental wait time logs/reports are being maintained. Compliance monitor and Dental hygienist went over the dental wait time log/reports on each unit to determine the length of time that inmates have to wait for dental services. Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green. Good Job by dental staff, as they are making every attempt to see the inmates in a timely manner.</p> <p>Cheyenne:</p> <p>Is the dental wait time log/report being</p>	1

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				<p>maintained: Cheyenne unit was in compliance. (100%)</p> <p>Cibola: Is the dental wait time log/report being maintained: Cibola unit was in compliance. (100%)</p> <p>Cocopah: Is the dental wait time log/report being maintained: Cocopah unit was in compliance. (100%)</p> <p>Dakota: Is the dental wait time log/report being maintained: Dakota unit was in compliance. (100%)</p> <p>La Paz: Is the dental wait time log/report being maintained: La Paz unit was in compliance. (100%)</p> <p>AUTHORITY: Per NCCHC P-E-06, Oral Care</p>	
11	Is the MSDS binder being maintained?	X		<p>10/16/2013 1:53 PM Entered By: Anthony Medel</p> <p>Is the MSDS binder being maintained?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if the MSDS binders are being maintained. Compliance monitor and Dental hygienists reviewed MSDS binders on each unit. Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green. Good Job by dental staff, as they are adding information as needed and purging outdated and/or filing it in a soft file for reference.</p> <p>Cheyenne: Is the MSDS binder being maintained: Cheyenne unit was in compliance. (100%)</p> <p>Cibola: Is the MSDS binder being maintained: Cibola unit was in compliance. (100%)</p> <p>Cocopah: Is the MSDS binder being maintained: Cocopah unit was in compliance. (100%)</p> <p>Dakota: Is the MSDS binder being maintained: Dakota unit was in compliance. (100%)</p> <p>La Paz: Is the MSDS binder being maintained: La Paz unit was in compliance. (100%)</p> <p>AUTHORITY: Per NCCHC P-E-06, Oral Care</p>	1
12	Are patients provided with the medications that are prescribed by the dentist?	X		<p>10/16/2013 2:14 PM Entered By: Anthony Medel</p> <p>Are patients provided with the medications</p>	2

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				<p>that are prescribed by the dentist?</p> <p>Complex: Complex: Reviewed 50 charts to determine if patients are provided with medications that are prescribed by the dentist. Yes, if medications were needed (i.e.: ant biotics, and or medications to reduce pain) were given in all circumstances that are prescribed by the dentist. Out of the 50 charts reviewed all fifty (50) were in compliance. (100%)-Green.</p> <p>Cheyenne:</p> <p>Are patients provided with the medications that are prescribed by the dentist: all ten (10) charts reviewed were in compliance. (100%).</p> <p>Cibola:</p> <p>Are patients provided with the medications that are prescribed by the dentist: all ten (10) charts reviewed were in compliance. (100%).</p> <p>Cocopah:</p> <p>Are patients provided with the medications that are prescribed by the dentist: all ten (10) charts reviewed were in compliance. (100%).</p> <p>Dakota:</p> <p>Are patients provided with the medications that are prescribed by the dentist: all ten (10) charts reviewed were in compliance. (100%).</p> <p>La Paz:</p> <p>Are patients provided with the medications that are prescribed by the dentist: all ten (10) charts reviewed were in compliance. (100%).</p> <p>AUTHORITY: Per NCCHC P-E-06, Oral Care</p>	
13	Are equipment repairs being addressed in a timely manner?	X		<p>10/16/2013 2:27 PM Entered By: Anthony Medel</p> <p>Are equipment repairs being addressed in a timely manner?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if equipment repairs are being addressed in a timely manner: The response from each yard was consistent in that it has been much better over the past six months. Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green.</p> <p>Cheyenne:</p> <p>Are equipment repairs being addressed in a timely manner: Cheyenne unit was in compliance. (100%)</p>	1

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				<p>Cibola:</p> <p>Are equipment repairs being addressed in a timely manner: Cibola unit was in compliance. (100%)</p> <p>Cocopah:</p> <p>Are equipment repairs being addressed in a timely manner: Cocopah unit was in compliance. (100%)</p> <p>Dakota:</p> <p>Are equipment repairs being addressed in a timely manner: Dakota unit was in compliance. (100%)</p> <p>La Paz:</p> <p>Are equipment repairs being addressed in a timely manner: La Paz unit was in compliance. (100%)</p>	
14	Are all orders for materials/supplies being fulfilled in a timely manner?	X		<p>10/16/2013 2:34 PM Entered By: Anthony Medel</p> <p>Are all orders for materials/supplies being fulfilled in a timely manner?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if all orders for materials and supplies are being fulfilled in a timely manner. The response on each unit by the dental hygienists indicated that this area has gotten much better over the past several and continues to improve. Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green.</p> <p>Cheyenne:</p> <p>Are all orders for materials/supplies being fulfilled in a timely manner: Cheyenne unit was in compliance. (100%)</p> <p>Cibola:</p> <p>Are all orders for materials/supplies being fulfilled in a timely manner: Cibola unit was in compliance. (100%)</p> <p>Cocopah:</p> <p>Are all orders for materials/supplies being fulfilled in a timely manner: Cocopah unit was in compliance. (100%)</p> <p>Dakota:</p> <p>Are all orders for materials/supplies being fulfilled in a timely manner: Dakota unit was in compliance. (100%)</p> <p>La Paz:</p> <p>Are all orders for materials/supplies being fulfilled in a timely manner: La Paz unit was in compliance. (100%)</p>	1

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15	Are dental entries complete with military time and signature over name stamp?		X		<p>10/16/2013 4:15 PM Entered By: Anthony Medel Are dental entries complete with military time and signature over name stamp?</p> <p>Complex: Complex: Reviewed 50 charts to determine if dental entries are completed with military time and signature over name stamp: Out of the 50 charts reviewed twenty-eight (28) were not in compliance. (44%)-Amber.</p> <p>Cheyenne:</p> <p>Are dental entries complete with military time and signature over name stamp: five (5) charts reviewed were not in compliance. (50%).</p> <p>#Inmate Notes on 8/27 and 9/10 entries did not have military time. #Inmate Note on 9/10 does not have military time. #Inmate-Note on 9/10 does not have military time. #Inmate-Note on 9/11 does not have military time. #Inmate-Note on 9/4 does not have military time or name stamp, and note on 9/6 does not have name stamp.</p> <p>Cibola:</p> <p>Are dental entries complete with military time and signature over name stamp: seven (7) charts reviewed were not in compliance. (30%).</p> <p>#Inmate Notes on 8/14 and 5/3 do not have military time. #Inmate-Note on 9/26 does not have military time and is not signed by the provider. #Inmate-Note on 9/26 does not have military time. #Inmate-Note on 9/16 does not have military time. #Inmate-Note on 9/25 does not have military time. #Inmate-Note on 9/24 does not have military time. #Inmate-Note on 8/30 and 9/5 does not have name stamp, and note on 9/16 does not have military time.</p> <p>Cocopah:</p> <p>Are dental entries complete with military time and signature over name stamp: four (4) charts reviewed were not in compliance. (60%).</p> <p>#Inmate-Note on 9/5 does not have military time. #Inmate-Note on 8/21 does not have name stamp. #Inmate-Note on 10/1 does not have name stamp, military time or date listed on progress note. Copy of refusal form located in the chart to determine the date of the note. #Inmate-Notes on 9/5, 9/11, and one entry not dated do not have military time, and the undated note does not have a name stamp.</p>	1
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				<p>Dakota:</p> <p>Are dental entries complete with military time and signature over name stamp: eight (8) charts reviewed were not in compliance. (20%).</p> <p>#Inmate-Note on 9/18 does not have military time. #Inmate-Note on 7/8 does not have military time, and note on 9/27 is not legible. #Inmate-Note on 5/22 does not have military time or name stamp. #Inmate-Note on 9/23 does not have name stamp. #Inmate-Note on 7/8 does not have military time, and note on 9/18 does not have military time, name stamp or signature of provider. #Inmate-Note on 9/10 does not have military time. #Inmate-Note on 9/23 does not have military time. #Inmate-Note on 9/23 does not have military time.</p> <p>La Paz:</p> <p>Are dental entries complete with military time and signature over name stamp: four (4) charts reviewed were not in compliance. (60%).</p> <p>#Inmate-Notes on 7/17 and 9/19 do not have military time. #Inmate-Note on 9/25 does not have name stamp and is not legible. #Inmate-Notes on 6/18 and 9/3 do not have military time. #Inmate-Notes on 7/17 and 9/17 do not have military time.</p>	
16	Is treatment plan section C and priority section D of the dental chart completed?	X		<p>10/16/2013 4:36 PM Entered By: Anthony Medel</p> <p>Is the treatment plan section C and priority section D of the dental chart completed?</p> <p>Complex: Complex: Reviewed 50 charts to determine if treatment plans sections C and priority section D of the dental chart is completed. Out of the 50 charts reviewed two (2) were not in compliance. (96%)-Green.</p> <p>Cheyenne:</p> <p>Is the treatment plan section C and priority section D of the dental chart completed: all ten (10) charts reviewed were in compliance. (100%).</p> <p>Cibola:</p> <p>Is the treatment plan section C and priority section D of the dental chart completed: all ten (10) charts reviewed were in compliance. (100%).</p> <p>Cocopah:</p> <p>Is the treatment plan section C and priority section D of the dental chart completed: all</p>	2

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				<p>ten (10) charts reviewed were in compliance. (100%).</p> <p>Dakota:</p> <p>Is the treatment plan section C and priority section D of the dental chart completed: one (1) chart reviewed was not in compliance. (90%).</p> <p>#Inmate-Section C is not filled out, and Section D has a date of 6/28/13.</p> <p>La Paz:</p> <p>Is the treatment plan section C and priority section D of the dental chart completed: one (1) chart reviewed was not in compliance. (90%).</p> <p>#Inmate-Section C is not filled out, and Section D has a date of 6/21/13.</p>	
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X		<p>10/16/2013 4:45 PM Entered By: Anthony Medel</p> <p>Is the X-Ray certification/registration certificate posted in the dental clinic?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if all medical units have their X-Ray certification/registration certificate posted in the dental clinic: Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green. Excellent job by the dental unit staff.</p> <p>Cheyenne:</p> <p>Is the X-Ray certification/registration certificate posted in the dental clinic: Cheyenne unit was in compliance. (100%).</p> <p>Cibola:</p> <p>Is the X-Ray certification/registration certificate posted in the dental clinic: Cibola unit was in compliance. (100%).</p> <p>Cocopah:</p> <p>Is the X-Ray certification/registration certificate posted in the dental clinic: Cocopah unit was in compliance. (100%).</p> <p>Dakota:</p> <p>Is the X-Ray certification/registration certificate posted in the dental clinic: Dakota unit was in compliance. (100%).</p> <p>La Paz:</p> <p>Is the X-Ray certification/registration certificate posted in the dental clinic: La Paz unit was in compliance. (100%).</p>	1
18	Are weekly SPORE testing logs available for the	X		10/16/2013 4:52 PM Entered By: Anthony	2

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	Autoclaves?				<p>Medel</p> <p>Are weekly SPORE testing logs available for the Autoclaves?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if weekly SPORE testing logs are available for the Autoclaves. Each unit has a binder with this information and the Compliance monitor, and Dental hygienists went over the binders to check for compliance in this area. Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green.</p> <p>Cheyenne:</p> <p>Are weekly SPORE testing logs available for the Autoclaves: Cheyenne unit was in compliance. (100%).</p> <p>Cibola:</p> <p>Are weekly SPORE testing logs available for the Autoclaves: Cibola unit was in compliance. (100%).</p> <p>Cocopah:</p> <p>Are weekly SPORE testing logs available for the Autoclaves: Cocopah unit was in compliance. (100%).</p> <p>Dakota:</p> <p>Are weekly SPORE testing logs available for the Autoclaves: Dakota unit was in compliance. (100%).</p> <p>La Paz:</p> <p>Are weekly SPORE testing logs available for the Autoclaves: La Paz unit was in compliance. (100%).</p>	
19	Is there a mechanism in place for immediate notification of a positive SPORE count?	X			<p>10/16/2013 4:59 PM Entered By: Anthony Medel</p> <p>Is there a mechanism in place for immediate notification of a positive SPORE count?</p> <p>Complex: Reviewed and spoke with dental hygienists on each yard to determine if there a mechanism in place for immediate notification of a positive SPORE count. The Dental hygienist on each medical unit knew the policy, procedure and protocol in the event of a positive SPORE count. Out of the five (5) units monitored all five (5) units were in compliance (100%)-Green.</p> <p>Cheyenne:</p> <p>Is there a mechanism in place for immediate notification of a positive SPORE count: Cheyenne unit was in compliance. (100%).</p> <p>Cibola:</p> <p>Is there a mechanism in place for immediate notification of a positive SPORE</p>	2

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				<p>count: Cibola unit was in compliance. (100%).</p> <p>Cocopah:</p> <p>Is there a mechanism in place for immediate notification of a positive SPORE count: Cocopah unit was in compliance. (100%).</p> <p>Dakota:</p> <p>Is there a mechanism in place for immediate notification of a positive SPORE count: Dakota unit was in compliance. (100%).</p> <p>La Paz:</p> <p>Is there a mechanism in place for immediate notification of a positive SPORE count: La Paz unit was in compliance. (100%).</p>	
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Corrective Action Plans for Performance Measure: Oral Care (Dental)

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

Level 1 Amber User: Anthony Medel Date: 10/18/2013 10:21:45 AM

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

Corrective Actions: Reinforce to dental the need to have oral examination completed within the first 30 days of inmates entering ADC.

Responsible Parties = Dental

Target Date-11/30/13

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

Level 1 Amber User: Anthony Medel Date: 10/16/2013 4:15:02 PM

Corrective Plan: On 10-22-13 a survey of all dental staff will be taken to determine which dental staff do not have a name stamp by sending an email and calling each dental department.

On 10-25-13 all dental staff who do not have a name stamp will be ordered a name stamp by AFHA Lowell

On 10-22-13 each dental staff member will be reminded and retrained by the AFHA that they must stamp their name, sign their name, date and place a time in military time each time they make a note in the patients record.

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>10/23/2013 11:32 AM Entered By: Anthony Medel</p> <p>Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart?</p> <p>Complex: Reviewed 50 charts regarding if medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart. Out of the 50 charts reviewed all fifty (50) charts were not in compliance. (100%) (Green). Note: There were two units (Cheyenne and Dakota) that house segregated inmates at this time. Therefore, a review of twenty-five (25) charts per unit was conducted during this audit.</p> <p>Cheyenne:</p> <p>Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart: Out of the twenty-five (25) charts reviewed all (25) charts were in compliance.</p> <p>Dakota:</p> <p>Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart: Out of the twenty-five (25) charts reviewed all (25) charts were in compliance.</p> <p>Authority:</p> <p>Department Order 1101</p> <p>NCCHC P-E-09 Segregated Inmates</p> <p>Health Services Technical Manual Chapter 7, Section 6.0 Segregation (Lockdown status).</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>10/23/2013 11:40 AM Entered By: Anthony Medel</p> <p>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?</p> <p>Complex: Reviewed 50 charts regarding if 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. Out of the 50 charts reviewed all fifty (50) charts were not in compliance. (100%) (Green). Note: There were two units (Cheyenne and Dakota) that house segregated inmates at this time. Therefore, a review of twenty-five (25) charts per unit</p>	2

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				<p>was conducted during this audit.</p> <p>Cheyenne:</p> <p>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: Out of the twenty-five (25) charts reviewed all (25) charts were in compliance.</p> <p>Dakota:</p> <p>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: Out of the twenty-five (25) charts reviewed all (25) charts were in compliance.</p> <p>Authority:</p> <p>Department Order 804 Department Order 1101</p> <p>NCCHC P-E-09 Segregated Inmates</p> <p>Health Services Technical Manual Chapter 7, Section 6.0 Segregation (Lockdown status)</p>	
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X		<p>10/23/2013 11:53 AM Entered By: Anthony Medel</p> <p>Are inmates in segregation provided an opportunity to submit HNR daily?</p> <p>Complex: Note: There were two units (Cheyenne and Dakota) that house segregated inmates at this time. Therefore, are inmates in segregation provided with an opportunity to submit HNR's daily. Yes, Compliance monitor accompanied medical staff on both detention units. (100%) (Green)</p> <p>Cheyenne:</p> <p>Are inmates in segregation provided an opportunity to submit HNR daily, Yes, Compliance monitor accompanied medical staff and inmates either give the HNR to the nursing staff at medication pass or HNRs are given to CO staff and picked up by nursing during the swing shift.</p> <p>Dakota:</p> <p>Are inmates in segregation provided an opportunity to submit HNR daily, Yes, Compliance monitor accompanied medical staff and inmates either give the HNR to the nursing staff at medication pass or HNRs are given to CO staff and picked up by nursing during the swing shift.</p> <p>Authority:</p> <p>Department Order 1101</p> <p>NCCHC</p>	1

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					<p>P-E-09 Segregated Inmates</p> <p>Health Services Technical Manual Chapter 7, Section 6.0 Segregation (Lockdown status)</p>	
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]		X		<p>10/23/2013 1:05 PM Entered By: Anthony Medel</p> <p>Are vital signs done on all segregated inmates every month?</p> <p>Complex: Reviewed 50 charts regarding if vital signs are being performed on all segregated inmates every month. Out of the 50 charts reviewed fifteen (15) charts were not in compliance. (70%) (Amber). Note: There were two units (Cheyenne and Dakota) that house segregated inmates at this time. Therefore, a review of twenty-five (25) charts per unit was conducted during this audit.</p> <p>Cheyenne:</p> <p>Are vital signs done on all segregated inmates every month: Out of the twenty-five (25) charts reviewed five (5) charts were not in compliance.</p> <p>#Inmate- No vital signs conducted within the last 30 days. #Inmate- No vital signs conducted within the last 30 days. #Inmate- No vital signs conducted within the last 30 days. #Inmate- No vital signs conducted within the last 30 days. #Inmate- No vital signs conducted within the last 30 days. #Inmate- No vital signs conducted within the last 30 days.</p> <p>Dakota:</p> <p>Are vital signs done on all segregated inmates every month: Out of the twenty-five (25) charts reviewed ten (10) charts were not in compliance.</p> <p>#Inmate- No vital signs conducted within the last 30 days, last note 7/29/13. #Inmate- No vital signs conducted within the last 30 days, last note with vitals 8/15/13. #Inmate- No vital signs conducted within the last 30 days, last note with vitals 7/9/13. #Inmate- No vital signs conducted within the last 30 days, last note with vitals 8/22/13. #Inmate- No vital signs conducted within the last 30 days, last note 3/1/13. #Inmate- No vital signs conducted within the last 30 days, last note with vitals 8/29/13. #Inmate- No vital signs conducted within the last 30 days, last note 8/7/13. #Inmate- No vital signs conducted within the last 30 days, last note 8/29/13. #Inmate- No vital signs conducted within the last 30 days, last note 7/25/13. #Inmate- No vital signs conducted within the last 30 days, last note with vitals 8/12/13.</p>	1

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Corrective Action Plans for Performance Measure: Segregated Inmates

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

Level 2 Amber User: Anthony Medel Date: 10/23/2013 12:22:44 PM

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

Corrective Actions: Reinforce with staff the need for Mental Health Staff to ensure SMI inmates placed in segregation are seen within 14 hours by mental health staff.

Responsible Parties = MH Lead/Mental Health Staff

Target Date- 11/30/13

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

Level 1 Amber User: Anthony Medel Date: 10/23/2013 1:05:35 PM

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

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

Responsible Parties= RN/LPN/CNA

Target Date-11/30/13

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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			<p>10/29/2013 12:25 PM Entered By: Anthony Medel</p> <p>Are written policy and procedures in place? [NCCHC Standard P-A-05; P-A-07, HSTM Chapter 1, Section 6.0]</p> <p>The Corizon Health Services "Disaster Management Plan and Severe Weather Preparation for Health Services" manual has been approved by the FHA, and the Director of Operations here at this complex. This manual will be sent to the Warden for approval and addressed at the next Medical Advisory Committee meeting to be held on 11/21/2013. (Green)</p> <p>Authority: NCCHC P-A-07 Emergency Response Plan</p> <p>Health Services Technical Manual Chapter 1, Section 6.0</p> <p>RFP/Contract 2.6.17 Continuity of Operations in Case of Disaster</p>	1
2	Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]	X			<p>10/29/2013 12:30 PM Entered By: Anthony Medel</p> <p>Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]</p> <p>The FHA has approved "Disaster Management Plan and Severe Weather Preparation for Health Services" manual and the FHA will ensure that these directives are placed on each of the health services units.</p> <p>Authority: NCCHC P-A-07 Emergency Response Plan</p> <p>Health Services Technical Manual Chapter 1, Section 6.0</p>	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			<p>10/29/2013 12:40 PM Entered By: Anthony Medel</p> <p>Are mass disasters 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]</p> <p>There was a mass disaster drill in June-13 (Earthquake), here at this complex that centered on the Cocopah unit with mass communications being held at Administration-Complex. The health</p>	1

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				<p>services unit was fully involved in this mass disaster drill exercise. Also, we have another upcoming disaster drill that will be occurring in the immediate future. (Green).</p> <p>Authority:</p> <p>NCCHC P-A-07 Emergency Response Plan</p> <p>Health Services Technical Manual Chapter 1, Section 6.0</p>	
4	Are man down drills being scheduled / conducted once a year on all units for all shifts (Actual ICS may be used to meet requirement)? [NCCHC Standard P-A-07]	X		<p>10/29/2013 1:03 PM Entered By: Anthony Medel</p> <p>Are men down drills being scheduled / conducted once a year on all units for all shifts (Actual ICS may be used to meet the requirement)? [NCCHC Standard P-A-07]</p> <p>Yes, there are a number of ICS's that happen here at this complex and there have been no scheduled man down drills during this calendar year. However, the number of ICS's that happen here at this complex in which medical is utilized is significant to justify that they happen on every shift. The communication via Information Report (IR) is not always filtered down to the health services unit, and this will need to be address with operations. (Green).</p> <p>Authority:</p> <p>NCCHC P-A-07 Emergency Response Plan</p> <p>Health Services Technical Manual Chapter 1, Section 6.0</p>	1
5	Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]		X	<p>10/29/2013 1:18 PM Entered By: Anthony Medel</p> <p>Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]</p> <p>Yes, the mass disaster drill that was conducted in June-13 (Earthquake) was critiqued and shared with the administrative health services unit staff (FHA, and DON). However, in reference to the man down drills (ICS's) that involve medical staff, as there is minimal critiquing or debriefing that goes on after the incident. This is an opportunity to find out how to make improvements, and/or to offer feedback. (Amber).</p> <p>Authority:</p> <p>NCCHC P-A-07 Emergency Response Plan</p> <p>Health Services Technical Manual Chapter 1, Section 6.0</p>	1

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6	Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]	X		<p>10/29/2013 1:38 PM Entered By: Anthony Medel</p> <p>Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]</p> <p>Yes, the emergency supplies via the "Man-down bags" are checked on a consistent basis by the Nursing Supervisors on each unit. Also, a copy of the Health Services Technical Manual (Emergency Medical Supplies), Chapter 1, Section 6.2 was scanned to the Director of Nurses on 10/29/2013 for reference. Please make sure that the "man-down bags" fully stocked with the supplies listed on (Page 46) of the Health Services Technical Manual. (Green).</p> <p>Authority:</p> <p>NCCHC P-A-07 Emergency Response Plan</p> <p>Health Services Technical Manual Chapter 1, Section 6.0 and 6.2</p>	1

Corrective Action Plans for Performance Measure: Emergency Response Plan

5 Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]

Level 1 Amber User: Anthony Medel Date: 10/29/2013 1:18:57 PM

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

Corrective Actions: Reinforce the use of critiquing the man down drills and sharing feedback with health services staff.

Responsible Parties= FHA/DON/Nursing Supervisors

Target Date-11/30/13

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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		<p>10/29/2013 2:03 PM Entered By: Anthony Medel</p> <p>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]</p> <p>Yes, there is a mechanism in place to track the CEU's for each health care professional within the health services department. However, this information is tracked on a corporate level via a spreadsheet that is not readily available here at this complex. The AA (Administrative Assistant) was able to produce a sign in sheet for an in-service training (HIPAA) on 10/23/13. However, information regarding continuing education could be readily available via hard copy or viewed on a database for authenticity. (Amber).</p> <p>Authority:</p> <p>NCCHC P-C-03 Professional Development</p>	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		<p>10/29/2013 2:13 PM Entered By: Anthony Medel</p> <p>Do Part-time qualified health care professionals pro-rate their continuing education hours based on full-time equivalency? [NCCHC Standard P-C-03]</p> <p>Once again, there is a mechanism in place to track CE's for part-time or PRN staff; however, access to this information is unavailable at this time. The information is tracked at the Corporate level (Human Resources) to track NEO (New Employee Orientation) and job specific continuing education. However, the AA (Administrative Assistant) did not have access to this information based on the employee's status (PTE or PRN) (Amber).</p> <p>Authority:</p> <p>NCCHC P-C-03 Professional Development</p>	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			<p>10/29/2013 2:30 PM Entered By: Anthony Medel</p> <p>Does health staff demonstrate compliance with C.E. Licensure requirements? [HSTM Chapter 3, Section 4.0 and NCCHC Standard P-C-03]</p> <p>Yes, there is a system in place that is provided to clinical staff to complete (Clinical Education) requirements. This is conducted on a monthly basis through clinical topics, and a test/exam is given to</p>	1

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				<p>the clinical staff to complete and returned to the DON to be graded and scored. The scoring sheets are located in the break rooms in all of the units, and the topics are addressed at all staff meetings and/or identify by administrative nursing staff. (Green).</p> <p>Authority:</p> <p>NCCHC P-C-03 Professional Development</p> <p>Health Services Technical Manual Chapter 3, Section 4.0</p>	
4	<p>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]</p>	X		<p>10/22/2013 4:18 PM Entered By: Anthony Medel 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]</p> <p>Complex: A review of all qualified healthcare professional complex wide indicates that all staff members are up to date and current with their Cardiopulmonary Resuscitation Technique, as of 10/22/2013. (100%) Green</p> <p>Cheyenne Unit:</p> <p>Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique: All qualified healthcare professional on this unit are in compliance with their cardiopulmonary resuscitation technique. (100%) Green.</p> <p>Cibola Unit:</p> <p>Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique: All qualified healthcare professional on this unit are in compliance with their cardiopulmonary resuscitation technique. (100%) Green.</p> <p>Cocopah Unit:</p> <p>Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique: All qualified healthcare professional on this unit are in compliance with their cardiopulmonary resuscitation technique. (100%) Green.</p> <p>Dakota Unit:</p> <p>Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique: All qualified healthcare professional on this unit are in compliance with their cardiopulmonary resuscitation technique. (100%) Green.</p>	1

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				<p>La Paz Unit:</p> <p>Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique: All qualified healthcare professional on this unit are in compliance with their cardiopulmonary resuscitation technique. (100%) Green.</p> <p>Authority:</p> <p>NCCHC Standard: P-C-03 Professional Development</p> <p>Health Services Technical Manual Chapter 3, Section 4.0</p>	
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Corrective Action Plans for Performance Measure: Professional Development

1 Do the qualified health care professionals obtain 12 hours of continuing education per year that are appropriate for their position? [NCCHC Standard P-C-03]

Level 1 Amber User: Anthony Medel Date: 10/29/2013 2:03:10 PM

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

Corrective Actions: Reinforce the necessity for Health Services staff to complete 12 hours of CEUs in their profession on an annual basis.

Responsible Parties= FHA/AFHA/DON/RVP

Target Date= 11/30/13

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: Anthony Medel Date: 10/29/2013 2:13:15 PM

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

Corrective Actions: Reinforce the necessity for Health Services staff to complete pro-rated hours of CEUs in their profession on an annual basis.

Responsible Parties= FHA/AFHA/DON/RVP

Target Date= 11/30/13

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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			10/28/2013 4:26 PM Entered By: Brenda McMullen	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			10/28/2013 4:26 PM Entered By: Brenda McMullen	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			10/28/2013 4:26 PM Entered By: Brenda McMullen	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]			X	<p>10/30/2013 4:50 PM Entered By: Brenda McMullen Yuma 50 Mars reviewed 48 out of compliance 4% compliance Cibola 10 Mars 10 Mars out of compliance #Inmate - Inmate Cheyenne 10 Mars reviewed 10 Mars out of compliance #Inmate Inmate Dakota 10 Mars reviewed 10 Mars out of compliance #Inmate Inmate Cocopah 10 Mars 10 Mars out of compliance #Inmate Inmate La Paz 10 Mars reviewed 8 Mars out of compliance #Inmate Inmate See below</p> <p>10/28/2013 4:35 PM Entered By: Brenda McMullen Yuma Mars 50 Mars reviewed 48 out of compliance 4% compliance #Inmate no start date, no dx #Inmate not checked by nursing, no start date, no dx, no allergy #Inmate no dx, no allergy, Thorazine not given 10/1-10/10/13. No explanation #Inmate no start date, no dx, no allergies #Inmate not checked by nursing, no start date, no dx, no allergy #Inmate no start date, no dx #Inmate no start date, no dx #Inmate no dx, no start date #Inmate not checked by nursing, no start date, no dx #Inmate not checked by nursing, no start date, no dx #Inmate lines drawn thru order and stop dates and changed #Inmate no start dates #Inmate no start dates not checked by nursing #Inmate no start dates #Inmate no dx no allergies no start dates no transcriber #Inmate no start dates #Inmate no start dates #Inmate no start date, no dx, no allergy #Inmate no start date #Inmate no transcriber, no dx, no allergy, no start date #Inmate no start date #Inmate no dx, no start date</p>	1

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				<p>#Inmate no start date</p> <p>#Inmate Gabapentin ordered 10/7/13 filled 10/14/13,</p> <p>#Inmate not checked by nursing, no start date, no dx</p> <p>#Inmate no start date, no dx</p> <p>#Inmate no start date, no dx</p> <p>#Inmate no start date</p> <p>#Inmate no transcriber, no start date</p> <p>#Inmate no start date</p> <p>#Inmate no transcriber</p> <p>#Inmate no transcriber no start/stop date</p> <p>#Inmate no start date, no dx, Prednisone given past stop date, no transcriber, not checked by nursing</p> <p>#Inmate not checked by nursing, no dx, no allergy, no start date</p> <p>#Inmate not checked by nursing, no start date, no dx</p> <p>#Inmate not checked by nursing, no dx, no start date</p> <p>#Inmate Paxil no start date, last filled 7/5/13 expires 1/1/14, no dx</p> <p>#Inmate not checked by nursing, no dx, no start date</p> <p>#Inmate Epzicom, Kaletra, Bactrim ordered 9/24/13 show start date 9/27/13 inmate issued 10/1/13</p> <p>#Inmate Effexor ordered 10/4/13 given 10/9-10/13, 10/14/13 no start date, no stop date, no dx, not checked by nursing</p> <p>#Inmate no start date, no stop date, no transcriber</p> <p>#Inmate no start date, no dx, no allergy</p> <p>#Inmate no start date</p> <p>#Inmate no dx, Lithium not given 10/4-5/13 BID, not given 10/6/13 am no explanation</p> <p>#Inmate no dx, no start date</p> <p>#Inmate no dx, no start date</p> <p>#Inmate Zyprexa ordered 9/4/13 no start date no transcriber, no dx not given 10/1/13 -10/10/13</p> <p>#Inmate no dx no start date</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		<p>10/30/2013 4:55 PM Entered By: Brenda McMullen</p> <p>Medication error reports recieved</p> <p>10/28/2013 4:37 PM Entered By: Brenda McMullen</p> <p>None recieved this audit period</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>10/28/2013 4:37 PM Entered By: Brenda McMullen</p> <p>See performance measure #4</p>	2
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>10/28/2013 4:37 PM Entered By: Brenda McMullen</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]			X <p>10/28/2013 5:19 PM Entered By: Brenda McMullen</p> <p>89 Formularies reviewed 19% compliance</p> <p>65 medications not reordered before</p>	2

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				expiration date 16 ordered before expiration date 8 reordered after expiration date	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X		10/28/2013 5:35 PM Entered By: Brenda McMullen 48 formulary reviewed for Yuma complex 1 out of compliance 97% compliance #inmate written 10/3/13 ATP 10/9/13	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X		10/28/2013 5:35 PM Entered By: Brenda McMullen	2
11	Are medication error reports being completed and medication errors documented?	X		10/28/2013 5:35 PM Entered By: Brenda McMullen	2
12	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented? [NCCHC Standard P-0-3]	X		10/28/2013 5:51 PM Entered By: Brenda McMullen 7/31/13	1

Corrective Action Plans for Performance Measure: Medication Administration

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

Level 1 Red User: Brenda McMullen Date: 10/30/2013 4:50:09 PM

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

Corrective Actions: Reinforce with nursing staff that MARs are to be completed per nursing standards and continuity of care. Continue to monitor.

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

Level 1 Red User: Brenda McMullen Date: 10/30/2013 4:50:09 PM

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

Corrective Actions: Reinforce with nursing staff that MARs are to be completed per nursing standards and continuity of care. Continue to monitor.

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

Level 2 Amber User: Brenda McMullen Date: 10/28/2013 4:37:41 PM

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

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

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

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

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

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

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

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

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

- a. Internal
- b. External

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

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

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

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

- a. Audit tools developed
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Responsible Parties = FHA/DON/Custody/RDCQI/RVP

Target Date - 11/30/13

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

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

[NCCHC Standard P-D-01]

Level 2 Red User: Brenda McMullen Date: 10/28/2013 5:19:09 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
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Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

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Target Date - 11/30/13

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

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Nursing Assessment Protocols						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are protocols/NETs developed and reviewed annually by the health administrator and responsible physician? [NCCHC Standard P-E-11]	X			10/28/2013 5:49 PM Entered By: Brenda McMullen	1
2	Is there documentation that nurses have been trained in the use of nursing protocols/NETs, demonstration of knowledge and skills, evidence of annual review of skills and evidence of retraining when new protocols/NETs are introduced or revised? [NCCHC Standard P-E-11]	X			10/28/2013 5:49 PM Entered By: Brenda McMullen	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			10/28/2013 5:49 PM Entered By: Brenda McMullen	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			10/28/2013 5:50 PM Entered By: Brenda McMullen	1

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Medical Diets						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions? [NCCHC Standard P-F-02]	X			<p>10/18/2013 11:23 AM Entered By: Anthony Medel</p> <p>Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions?</p> <p>Complex: Reviewed 37 charts to determine if orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions: Out of the 37 charts reviewed two (2) charts were not in compliance. (95%) Green. Refer to explanation below on each unit to address number of charts reviewed.</p> <p>Cheyenne:</p> <p>Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%).</p> <p>Cibola:</p> <p>Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions: Out of the ten (10) charts reviewed on this unit two (2) charts were not in compliance. (80%).</p> <p>#Inmate-Order for mechanical soft, located communiqué on 7/8/13, and refusal for a dental procedure on 7/11, but no restricted diet order for mechanical soft diet.</p> <p>#Inmate-Order for mechanical soft could not locate Restricted Diet Order form in the medical file (Form 912-3).</p> <p>Cocopah:</p> <p>Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions: Out of the three (3) charts reviewed on this unit all three (3) were in compliance. (100%).</p> <p>Note: There were only three medical diets to review on this unit; therefore, all medical diets were reviewed.</p> <p>Dakota:</p> <p>Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions: Out of the four (4) charts reviewed on this unit all four (4) were in compliance. (100%).</p> <p>Note: There were only five (5) medical diets to review on this unit; therefore, all medical diets were reviewed. There was one (1) chart not reviewed as the I/M moved to Florence on 9/28/2013.</p> <p>La Paz:</p> <p>Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions: Out</p>	1

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				<p>of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%).</p> <p>Authority</p> <p>NCCHC: P-F-02 Medical Diets</p>	
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		<p>10/16/2013 5:17 PM Entered By: Anthony Medel</p> <p>Yes, as per the Food Services liaison, and it was indicated that licensed dietician is the one that reviews the medical diets. Also, this licensed dietician reviews the nutritional adequacy of the menus for dietary consistency.</p> <p>Authority:</p> <p>NCCHC P-F-02 Medical Diets</p>	1
3	Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]	X		<p>10/18/2013 11:34 AM Entered By: Anthony Medel</p> <p>Do inmates who refuse prescribed diets receive follow-up nutritional counseling?</p> <p>Complex: Reviewed 50 charts to determine if inmates who refuse prescribed diets receive follow-up nutritional counseling Out of the 50 charts reviewed all 50 charts were in compliance. (100%) Green. Excellent job by the medical unit and food services.</p> <p>Cheyenne:</p> <p>Do inmates who refuse prescribed diets receive follow-up nutritional counseling: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There were no inmates known to have refused prescribed diets.</p> <p>Cibola:</p> <p>Do inmates who refuse prescribed diets receive follow-up nutritional counseling: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There were no inmates known to have refused prescribed diets.</p> <p>Cocopah:</p> <p>Do inmates who refuse prescribed diets receive follow-up nutritional counseling: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There were no inmates known to have refused prescribed diets.</p> <p>Dakota:</p> <p>Do inmates who refuse prescribed diets receive follow-up nutritional counseling: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There were no inmates known to have refused prescribed diets.</p>	1

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				<p>La Paz:</p> <p>Do inmates who refuse prescribed diets receive follow-up nutritional counseling: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There were no inmates known to have refused prescribed diets.</p> <p>Authority</p> <p>NCCHC: P-F-02 Medical Diets</p>	
4	Are diet orders forwarded to food service liaison within 24 hours?		X	<p>10/23/2013 10:43 AM Entered By: Anthony Medel</p> <p>Are diet cards forwarded to food service liaison within 24 hours?</p> <p>Complex: Reviewed 37 charts regarding diet cards being forwarded to the food service liaison within 24 hours. Out of the 37 charts reviewed eighteen (18) charts were not in compliance. (51%) (Amber). Note: There were two units (Cocopah and Dakota) that did not have enough medical diets to review.</p> <p>Cheyenne:</p> <p>Are diet cards forwarded to food service liaison within 24 hours: Out of the ten (10) charts reviewed five (5) were not in compliance.</p> <p>#Inmate-Wasting syndrome, restricted diet order submitted 4/2/13 and no further documentation noted in the chart.</p> <p>#Inmate-Dental mechanical soft, restricted diet ordered submitted 5/25/13 and no further documentation noted in the chart.</p> <p>#Inmate-Wasting syndrome, restricted diet ordered 5/15/13 and no further documentation noted in the chart.</p> <p>#Inmate-Dental mechanical soft, no restricted order documentation located in chart; however, found in AIMS on 10/11/13.</p> <p>#Inmate-No gluten, restricted diet ordered submitted on 7/3 , and no further documentation noted in the chart.</p> <p>Cibola:</p> <p>Are diet cards forwarded to food service liaison within 24 hours: Out of the ten (10) charts reviewed seven (7) were not in compliance.</p> <p>#Inmate-Dental mechanical soft, no restricted diet order located in chart; however, found communiqué dated 7/8/13 to indicate that food services liaison has been notified. Also, located refusal of dental procedure on 7/11, signed by an inmate with comment "still no soft diet!"</p> <p>#Inmate-Wasting syndrome, restricted diet order submitted on 5/22/13 and no further documentation noted in the chart.</p> <p>#Inmate-Dental mechanical soft could not locate restricted diet order form (form 912-3).</p>	1

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				<p>#Inmate--Controlled protein, restricted diet order submitted on 4/12 and stamped by food service liaison on 4/17/13 at 8:59am.</p> <p>#Inmate--Dental mechanical soft, restricted diet order submitted on 8/30 and no further documentation noted in the chart.</p> <p>#Inmate--Wasting w/dental mechanical soft, restricted diet ordered on 9/6 , and no further documentation noted in the chart.</p> <p>#Inmate--No gluten, restricted diet order submitted on 8/2/13 and no further documentation noted in the chart.</p> <p>Cocopah:</p> <p>Are diet cards forwarded to food service liaison within 24 hours: Out of the three (3) charts reviewed all charts were in compliance. Note: There were only three medical diets to review on this unit.</p> <p>Dakota:</p> <p>Are diet cards forwarded to food service liaison within 24 hours: Out of the four (4) charts reviewed one (1) was not in compliance. Note: This unit only had a minimal number of medical diets; therefore, only four (4) were reviewed.</p> <p>#Inmate--Controlled protein, restricted diet order submitted on 5/21/13 and no further documentation noted in the chart.</p> <p>La Paz:</p> <p>Are diet cards forwarded to food service liaison within 24 hours: Out of the ten (10) charts reviewed five (5) were not in compliance.</p> <p>#Inmate--Dental mechanical soft, restricted diet order submitted on 6/12/13 and stamped by food service liaison on 7/11/13 at 12:29pm.</p> <p>#Inmate--Low residue, restricted diet ordered submitted on 8/5, noted by the provider for a second time on 9/2/13, and noted by nurse on 10/6/13.</p> <p>#Inmate--Dental mechanical soft, restricted diet order submitted on 8/22/13 and received by food service liaison on 8/28/13 at 12:23pm.</p> <p>#Inmate--Wasting syndrome, restricted diet order submitted on 7/18/13 (original), signed off by the provider on 7/18/13, and Nursing NET written on 7/8/13. Re-submitted restricted diet order form on 10/3/13.</p> <p>#Inmate--Dental mechanical soft, restricted diet ordered on 3/22/13 and stamped by food service liaison on 3/27/13 at 1:36pm.</p>	
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?	X		<p>10/18/2013 11:49 AM Entered By: Anthony Medel</p> <p>Are non-formulary diets being approved by the medical review committee?</p> <p>Complex: Reviewed 50 charts to determine if non-formulary diets being approved by the medical review committee Out of the 50</p>	1

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			<p>charts reviewed all 50 charts were in compliance. (100%) Green.</p> <p>Cheyenne;</p> <p>Are non-formulary diets being approved by the medical review committee: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There was no non-formulary diets ordered.</p> <p>Cibola:</p> <p>Are non-formulary diets being approved by the medical review committee: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There was no non-formulary diets ordered.</p> <p>Cocopah:</p> <p>Are non-formulary diets being approved by the medical review committee: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There was no non-formulary diets ordered.</p> <p>Dakota:</p> <p>Are non-formulary diets being approved by the medical review committee: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There was no non-formulary diets ordered.</p> <p>La Paz:</p> <p>Are non-formulary diets being approved by the medical review committee: Out of the ten (10) charts reviewed on this unit all ten (10) were in compliance. (100%). There was no non-formulary diets ordered.</p>	
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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: Anthony Medel Date: 10/23/2013 10:43:46 AM

Corrective Plan: On 10-1-13 the FHA instituted a mail run every day at 0900 and 1400 to be conducted by the AA's.

On 10-1-13 all nursing staff were informed by the FHA that if a diet order was written the staff would notify the AA to pick the diet order to transport to complex and deliver to Rebecca's mailbox.

On 10-1-13 all providers were informed of any special diet or wasting diet needed to have a signature by the site medical director and to give the diet to the nurse immediately.

On 10-1-13 all AA's were trained if the diet was an other (special) or a wasting diet they must take the diet to the site medical director for signature prior to delivering to Rebecca Hernandez.

On 10-1-13 all medical providers were trained in how to properly fill out the diet form by the FHA.

On 10-28-13 the FHA has requested that personnel involved in diets notify medical of time away from their office and utilize an email notification so that the kitchen can be notified in the absence.

Corrective Actions: See above.

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Infirmary 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 infirmary setting?	X			10/17/2013 6:59 PM Entered By: Brenda McMullen No infirmary at this complex.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			10/17/2013 6:59 PM Entered By: Brenda McMullen No infirmary at this complex.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?	X			10/17/2013 6:59 PM Entered By: Brenda McMullen No infirmary at this complex.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			10/17/2013 7:00 PM Entered By: Brenda McMullen No infirmary at this complex.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			10/17/2013 7:00 PM Entered By: Brenda McMullen No infirmary at this complex.	1
6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			10/17/2013 7:00 PM Entered By: Brenda McMullen No infirmary at this complex.	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			10/17/2013 7:00 PM Entered By: Brenda McMullen No infirmary at this complex.	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			10/17/2013 7:00 PM Entered By: Brenda McMullen No infirmary at this complex.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X			10/17/2013 7:00 PM Entered By: Brenda McMullen No infirmary at this complex.	1

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10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			10/17/2013 7:01 PM Entered By: Brenda McMullen No infirmary at this complex.	1
11	Are vital signs done daily when required?	X			10/17/2013 7:01 PM Entered By: Brenda McMullen No infirmary at this complex.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			10/17/2013 7:01 PM Entered By: Brenda McMullen No infirmary at this complex.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			10/17/2013 7:01 PM Entered By: Brenda McMullen No infirmary at this complex.	1

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			10/22/2013 9:20 AM Entered By: Brenda McMullen	1
2	Are open medication vials being marked with the date they were opened?	X			10/22/2013 9:20 AM Entered By: Brenda McMullen	1
3	Is nursing staff checking for outdated (expiring) medications?	X			10/22/2013 9:20 AM Entered By: Brenda McMullen	1