

NCCHC ACTION PLANS
April 17, 2007
C. Karas, RN, BSN, D.O.N.



PROBLEM:

JA-04- Quarterly MAC Meetings not being held.

ROOT CAUSE:

Knowledge deficit on what information is necessary to hold a MAC meeting.

SOLUTION:

- 1.) Training new staff on NCCHC standard.
- 2.) Follow up to ensure standard is being met.

BY WHOM:

Brad Payas

BY WHEN:

Spring Quarter 2007 and ongoing

STATUS:

Complete. First Quarter MAC Meeting held in February. Second Quarter MAC Meeting to be held before the end of June.

PROBLEM:

JA-04 (2)
Monthly Staff Meetings not being held.

ROOT CAUSE:

Insufficient staff to hold meetings.

SOLUTION:

- 1.) Monthly Staff Meetings to be held with administration and Staff
- 2.) Weekly administrative meetings to be held to determine where issues lie

BY WHOM:

C. Karas, D.O.N.

BY WHEN:

March, 2006 and ongoing

STATUS:

Complete. Staff meetings held in February and March. April to follow.

PROBLEM:

JA-06- CQI Studies not being done and Quarterly CQI meetings not being held.

ROOT CAUSE:

Knowledge deficit on how to do CQI studies and how to present results.
Insufficient staff to perform studies.

SOLUTION:

- 1.) Make CQI Binders containing all studies applicable in month order.
- 2.) Training new staff on standards
- 3.) Follow up and present monthly results.

BY WHOM:

C. Karas, D.O.N.

BY WHOM:

B Payas, H.S.A

BY WHEN:

April 1, 2007 with ongoing monitoring.

STATUS:

Complete. Audit performed by C. Karas on March 19th to monitor compliance. Log being utilized.

PROBLEM:

JB-03 (2)

Inmates not being checked for open wounds prior to working in kitchen.

ROOT CAUSE:

Lack of communication between medical and the kitchen staff on the standard and its' importance for inmate safety.

SOLUTION:

- 1.) Provide a log for the officer in charge of kitchen duty to document that he is checking the inmates for open wounds
- 2.) Educate the officer on the importance of not having inmates work in the kitchen with open wounds.
- 3.) Monitor for log compliance in the future.

BY WHOM:

B. Payas, H.S.A

BY WHEN:

April 1, 2007 with ongoing monitoring.

STATUS:

Audit performed by C. Karas on March 19th to monitor compliance. Kitchen Officer not yet utilizing any log. Education needed to inform them further of this responsibility.

PROBLEM:

JC-03- Continuing Education not up to date.

ROOT CAUSE:

Staff shortage with increased workloads. No designated employee to monitor continuing education.

SOLUTION:

- 1.) Create a Binder with all Continuing Education Units in it, sorted by month.
- 2.) Distribute weekly booklets to get January and February caught up.
- 3.) Get on track in March and do required units each month.
- 4.) Create a log to keep track of employee's units completed.

BY WHOM:

C. Karas, D.O.N.

BY WHEN:

March 1st and ongoing.

BY WHEN:

April 1st and ongoing

STATUS:

Complete. Caught up on studies for the calendar year up to date. Assigned Ruby McFadden to complete chart audits for the studies – Monitored by C. Karas, D.O.N.

PROBLEM:

JA-07 - Emergency drills not being held regularly.

ROOT CAUSE:

Staff shortage with increased workloads.

SOLUTION:

1.) Prepare two Man-Down Drills this year for AM and PM shifts, Utilizing Sherriff's dept officers to assist in creation and management of drills.

BY WHOM:

B Payas, H.S A

BY WHEN:

April 1st and ongoing.

STATUS:

- 1.) Completed required Disaster Drill for the year in February.
 - 2.) Plans made for two Man Down Drills.
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PROBLEM:

JA-10- Inmate Death (missing coroner's report)

ROOT CAUSE:

Lack of communication between us and the coroner.

SOLUTION:

Call Coroner's office and request the report on the inmate death.

BY WHOM:

B. Payas, H.S.A.

BY WHEN:

March 15, 2007

STATUS:

Complete. Received required Coroner's report on inmate death.

PROBLEM:

JB-03 (1) Food Temperatures not being monitored.

ROOT CAUSE:

Lack of communication between medical and the kitchen staff on the standard.

SOLUTION:

Educate kitchen staff on importance of keeping a log of food temperatures for safety.

STATUS:

Complete. Continuing Education Units distributed, caught up January, February, March and April. ONGOING.

PROBLEM:

JD-04- Diagnostic Services- Accu Check machines not being calibrated daily, checked for high and low accuracy and logged

ROOT CAUSE:

Lack of Staff Education and reinforcement that checks be done daily and logged

SOLUTION:

- 1.) Educate all staff on how to calibrate Accu Check machines, check for high and low accuracy and how to log them
- 2.) Provide a log book for staff to chart results on a daily basis
- 3.) Follow up by checking to see that it is done daily

BY WHOM:

C. Karas, D.O N.

BY WHEN:

March 1st and ongoing

STATUS:

Complete Weekly audits done by C Karas to see that logs are being completed daily.

PROBLEM:

JE-02 Receiving Screening:

TB and Mental Health screening forms were not being performed in audit.

ROOT CAUSE:

Lack of Education on what screening forms to use.

SOLUTION:

- 1.) Add the TB and Mental Health Screening forms to intake rather than the 14 day physical for quicker referrals to appropriate areas.
- 2.) Educate staff on the need to fill out these forms in their entirety

BY WHOM:

C. Karas, D.O N.

BY WHEN:

March 1, 2007

STATUS:

Complete. Audits show that these forms are being utilized correctly.

PROBLEM:

JE-04 Health Assessments:

14 day physicals only being completed 75% of the time within 14 days.

ROOT CAUSE:

1.) People being out to court when assessment is due. Incomplete charting to this effect, which would comply with the attempt to complete the physical within 14 days.

SOLUTION:

- 1.) Educate ARNP and her nurse to chart that the attempt was made to complete the physical, and the circumstances as to why the inmate is unavailable, ie. Being at court
- 2.) Schedule physicals at 10 days rather than 14, to give leeway to the 14 day requirement

BY WHOM:

C. Karas, D.O.N., S. Jeffries, LPN, J. Graves, ARNP

BY WHEN:

March 1st and ongoing

STATUS:

Complete Audits done in April show that this area is in compliance.

PROBLEM:

JE-04 (2)

Health Assessments not having all areas completed, ie. Temperatures not being recorded.

ROOT CAUSE:

No thermometer available in the screening room to take temperatures.

SOLUTION:

Provide a thermometer in the screening room.

BY WHOM:

C. Karas, D.O.N.

BY WHEN:

March 1st and ongoing

STATUS:

Complete Audits done in April show that this area is in compliance.

PROBLEM:

JE-05 - Mental Health Screening not being a part of the Health Assessment (14 day physical)

ROOT CAUSE:

Knowledge deficit on part of assessment team that this was a requirement.

SOLUTION:

Add Mental Health Screening form to the Health Assessment
Monitor for it's usage.

BY WHOM:

C Karas, D.O.N.

BY WHEN:

March 1st and ongoing

STATUS:

Complete. Audits done in April show that this area is in compliance.

PROBLEM:

JG-01 Mental Health Treatment plans are not being completed as fully as expected

ROOT CAUSE:

Knowledge deficit on part of Dr. Trombka.

SOLUTION:

Educate Dr. Trombka on the correct and complete charting method that he needs to use.

Follow up by auditing his treatment plans periodically and providing feedback.

BY WHOM:

Dr. Trombka to be more thorough in his charting of mental health treatment plans.

Chart auditing and feedback- C. Karas, D.O.N.

BY WHEN:

March 1st and ongoing

STATUS:

Educated Dr. Trombka with the assistance of Ewa Podlacha and Dr. Jackie Moore.

Chart audits to follow.

PROBLEM:

IH-01 Problem lists not being utilized by all staff and not being filled out completely.

ROOT CAUSE:

Lack of Education on the purpose of the problem lists.

Lack of consistency in monitoring documentation.

SOLUTION:

1.) Clinical Educator to educate staff on the use of the problem list and the importance of filling it in completely.

2.) Auditing documentation more frequently to provide consistent monitoring.

3.) Possibly assign staff to certain areas of medical records in order to fill in areas that are blank, ie. Allergies.

BY WHOM:

R. Shaw, RN (Education)

All Staff (Utilization)

BY WHEN:

March 1st and ongoing

STATUS:

Education process began. Assignment of staff to complete filling in areas of the Problem lists is being worked out.

PROBLEM:

JI-01 Restraint checks not being done

Segregation checks being done, but not on CHM forms.

ROOT CAUSE:

Lack of staff education on the use of the restraint check form and segregation check forms.

SOLUTION:

Educate staff on use of the restraint check form and segregation check form to be filled out.
Provide staff with the needed forms.

BY WHOM:

C. Karas, D.O.N.

BY WHEN:

March 1st and ongoing

STATUS:

Complete. Segregation checks being done on Sherriff's dept. forms and CHM forms Restraint check form completed in times when an inmate is in restraints

PROBLEM:

JJ-02 Forced Psych Medication Justifications not being provided with the order for the medication.

ROOT CAUSE:

Lack of Physician education on the need for the justification

SOLUTION:

- 1.) Educate physicians on the use of the justification on a forced psych med.
- 2.) Educate nursing staff on writing a justification for psych meds with any order.
- 3.) Physicians to document in progress notes on each patient after a forced med has been ordered to add a justification in the notes

BY WHOM:

Dr. Seals

Dr. Trombka

BY WHEN:

March 1st and ongoing

STATUS:

Education provided to Dr. Seals and Dr. Trombka with the assistance of Dr. Jackie Moore and Ewa Podlacha

Nurses educated by C. Karas on using justifications.

Monitoring to follow by R. Shaw, RN

PROBLEM:

JG-06- Alcohol and Drug Withdrawal Protocols and Flow sheets not being utilized.

ROOT CAUSE:

Lack of Staff education on these forms and their usage.

SOLUTION:

Educated staff on the use of the Alcohol and Drug Withdrawal flow sheet and Protocols.
Provided the required forms to staff.

BY WHOM:

C. Karas, D.O.N.

BY WHEN:

March 1st

STATUS:

Complete. Nurses utilizing Alcohol and Drug Withdrawal flow sheets and Protocols when they have patients who fit the profile

PROBLEM:

JD-01 – Medication Administration Records not being filled out completely Empty boxes found on audits.

ROOT CAUSE:

Lack of Staff education importance of filling in every blank.

Lack of consistent staff monitoring to be sure they are filling the Medication Administration Records out correctly.

SOLUTION:

Inservices to be held with Nurses regarding leaving blanks on Medication Administration Records

R. Shaw, RN, to monitor staff and their documentation of passing medications.

BY WHOM:

C. Karas, D.O.N., R. Shaw, RN

BY WHEN:

April 1st and ongoing

STATUS:

Process ongoing. Next nursing inservice to be held before the end of April. R. Shaw will be more able to educate and monitor documentation when she is back at DLM full time.

PROBLEM:

JE-07 – Sick Calls not being triaged within 24 hours, and the inmates are not being seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends)

ROOT CAUSE:

Staff shortage with increased workloads – currently only two sick call nurses for average population of 1600 inmates.

SOLUTION:

Recruit more staff to fill the sick call positions.

Allow for more training to the sick call nurses to allow time management to see every person on their sick call list.

BY WHOM:

C. Karas, D.O.N., R. Shaw, RN

BY WHEN:

April 1st and ongoing

STATUS:

Process ongoing. Education provided to current sick call nurses regarding the need to see every person on their list in a timely manner. Will continue to attempt to recruit for this position and will continue to monitor the current nurses' performance.

PROBLEM:

JG-02 – Management of Chronic Disease – Chronic Care Clinic not being held every three months for chronic patients.

ROOT CAUSE:

Staff shortage with increased workloads

SOLUTION:

Added a Registered Medical Assistant to assist the Dr. Seals in bringing Chronic Care Clinic up to date.

S. Maynard, RMA, involved in process by forming binders with patient names and dates last seen under their condition heading.

BY WHOM:

C. Karas, D.O.N., S. Maynard, RMA, Dr. Seals

BY WHEN:

May 1st and ongoing

STATUS:

Process ongoing. S. Maynard inputting the data for Dr. Seals and gathering required information. Chronic Care Clinic should be up and running in May.
