

CQI Screen:

Receiving Screening

Facility Name: Santa Barbara Main Jail

References: IMQ Standard 302- Receiving Screening
 NCCHC J-E-02
 CMGC Policy- Pre-Detention Medical Evaluation/ Intake Health Scre
 CMGC Policy- Developmental Disabilities

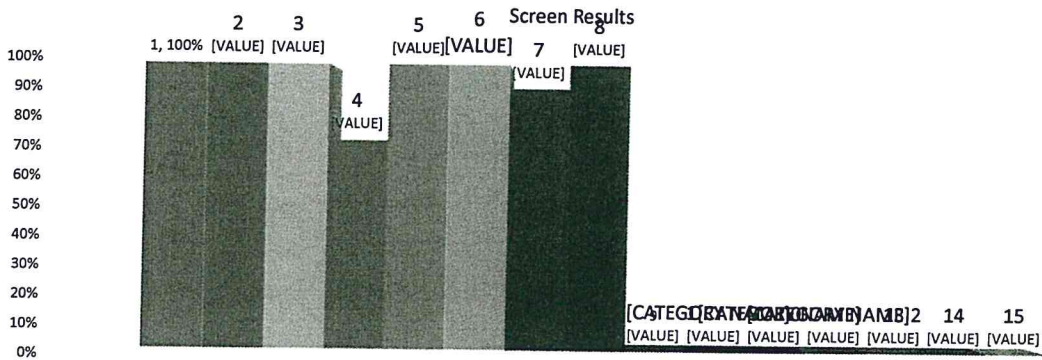
Reviewer's Name: Amber Dyball

04/01/17 - 07/30/17 Date Range for Collection of Information

Total # of Records Audited 15

Data Collected and Reported By: Amber Dyball

Evaluation



Criteria		Results			
		Yes	No	NA	%
1	Was Receiving Screening done for the patient upon arrival to the facility?	15	0	0	100%
2	If the patient was previously refused at intake or if they were a transfer from another facility, was all discharge (medical clearance)/ transfer paperwork received by the intake nurse and reviewed prior to accepting the patient?	1	0	14	100%
3	If the patient answered "yes" on any of the prescreen questions, did a licensed nurse complete the Intake Triage Assessment?	5	0	10	100%
4	Were full vitals signs and assessment completed on all Intake Triage Assessments?	11	4	0	73%
5	Was the "Disposition" documented at the end of the screening?	15	0	0	100%
6	If the patient answered yes to "Are you taking any medication?" was a release of information completed and sent out? (Only answer yes if the patient knew the pharmacy and/or name of doctor)	7	0	8	100%
7	If the patient stated that they were on an essential medication, was that medication verified and started within 24 hours of intake?	11	1	3	92%
8	If any of the mental health questions were answered "yes" was a mental health referral completed?	10	0	5	100%
9		0	0	0	n/a
10		0	0	0	n/a
11		0	0	0	n/a
12		0	0	0	n/a
13		0	0	0	n/a
14		0	0	0	n/a

95.625

CQI Screen:

Standardized Procedures/Nursing Assessment Protocols

Facility Name: Santa Barbara

References: IMQ Standard 318- Standardized Procedures/Treatment Protocols
 CFMG Policy: Standardized Procedures/Protocols
 NCCHC J-E-11

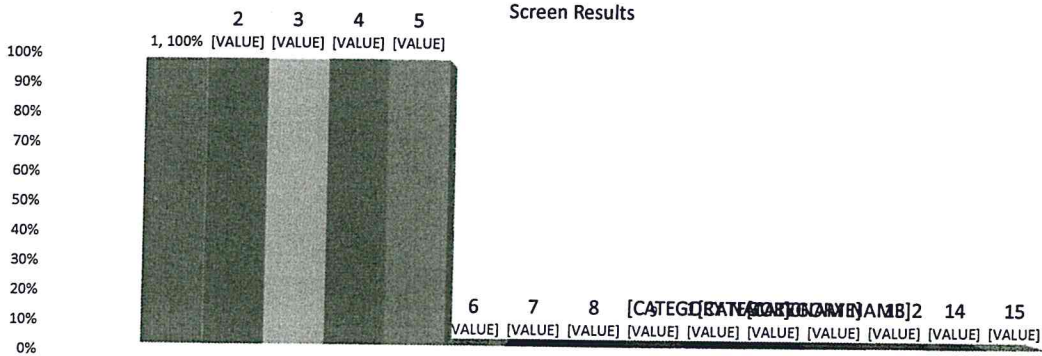
Reviewer's Name: Amber Dyball

04/01/17 - 07/30/17 Date Range for Collection of Information

Total # of Records Audited 20

Data Collected and Reported By: Amber Dyball

Evaluation



Criteria	Results			
	Yes	No	NA	%
1 If the nurse utilized Standardized Procedures or Nursing Assessment Protocols for the sick call visit, was the appropriate protocol used?	20	0	0	100%
2 Was the medication and/or treatment ordered per the protocol?	20	0	0	100%
3 Did the nurse document the sick call encounter in the SOAP format or on the approved nursing assessment tool?	20	0	0	100%
4 Did the nurse fully document the required subjective and objective data are specified in the protocol?	20	0	0	100%
5 Was the provider called for direction when the patient symptoms fell within the protocol parameters?	20	0	0	100%
6	0	0	0	n/a
7	0	0	0	n/a
8	0	0	0	n/a
9	0	0	0	n/a
10	0	0	0	n/a
11	0	0	0	n/a
12	0	0	0	n/a
13	0	0	0	n/a
14	0	0	0	n/a
15	0	0	0	n/a
Overall Compliance	100%			

CQI Screen:

Emergency Services

Facility Name: Santa Barbara

References: IMQ Standard 301- Emergency Services
CFMG Policy: Emergency Services & Disaster Plan
NCCHC J-A-07 & J-E-08

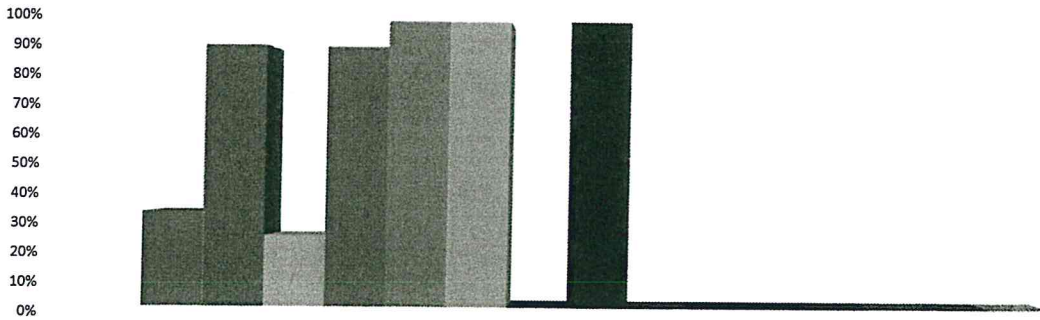
Reviewer's Name: Amber Dyball

05/01/17 - 07/31/17 Date Range for Collection of Information

Total # of Records Audited 12

Data Collected and Reported By: Alan Bagby

Evaluation



Criteria	Results			
	Yes	No	NA	%
1 Was the on-Site Emergency Response Record filled out completely?	4	8	0	33%
2 Were full vital signs obtained and recorded in the patient record?	11	1	0	92%
3 Was the patient asked about pain scale level?	3	9	0	25%
4 If the patient was referred to the ED, was a referral form completely filled out?	10	1	0	91%
5 If the patient was referred to the Emergency Room, was a referral form fully completed?	12	0	0	100%
6 On review of the Emergency Response Equipment check list, is it noted that the Equipment is checked as required in the past 30 days? Only answer this question once.	1	0	0	100%
7 Has the facility participated in at least one disaster drill this past year? Only answer this question once.	0	1	0	0%
8 Has the emergency Man-down drill been held on each shift this past year? Only answer this question once.	1	0	0	100%
9	0	0	0	n/a
10	0	0	0	n/a
11	0	0	0	n/a
12	0	0	0	n/a
13	0	0	0	n/a
14	0	0	0	n/a
15	0	0	0	n/a

CQI Screen:

Emergency Services

Facility: *Santa Barbara*

Reviewer Name: *Alan Bagby*

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
On-Site Emergency Response Record not filled out completely. Initial Score: 33%	>90% compliance in accurate completion of On-Site Emergency Response Record.	Education of all staff. Restudy in 3 months.	H.S.A. and D.O.N.	Aug-17	Oct-17
Patient not asked about pain scale level. Initial Score: 25%	>90% compliance in documenting patient pain scale level.	Education of all staff. Restudy in 3 months.	H.S.A. and D.O.N.	Aug-17	Oct-17

CQI Screen:

Monitoring Inmates in Segregation

Facility Name: Santa Barbara

References: IMQ Standard 320- Monitoring Inmates in Segregation
CFMG Policy: Inmates in Isolation
NCCHC J-E-09

Reviewer's Name: Amber Dyball

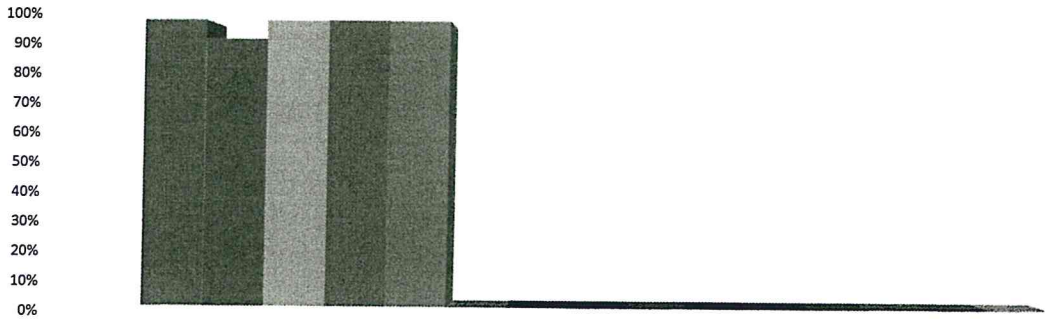
06/01/17 - 07/31/17 Date Range for Collection of Information

Total # of Records Audited 15

Data Collected and Reported By: Alan Bagby

Evaluation

Screen Results



Criteria	Results			
	Yes	No	NA	%
1 Upon notification that an inmate was placed in segregation, did a qualified health professional review the patient record to determine if there were any contraindications?	15	0	0	100%
2 Was the patient monitored three times a week by a qualified health care professional?	14	1	0	93%
3 Was the patient monitored once a week by a qualified mental health professional?	15	0	0	100%
4 Was there notation, with each check, that included: comments on the patient's general attitude and look?	15	0	0	100%
5 If the patient showed signs of medical and/or mental deterioration, were they referred to the appropriate provider for prompt evaluation and follow up?	3	0	11	100%
6	0	0	0	n/a
7	0	0	0	n/a
8	0	0	0	n/a
9	0	0	0	n/a
10	0	0	0	n/a
11	0	0	0	n/a
12	0	0	0	n/a
13	0	0	0	n/a
14	0	0	0	n/a
15	0	0	0	n/a

CQI Screen:

Dental Care

Facility Name: Santa Barbara

References: IMQ Standard 323- Dental Care
CFMG Policy: Dental Services
NCCHC J-E-06

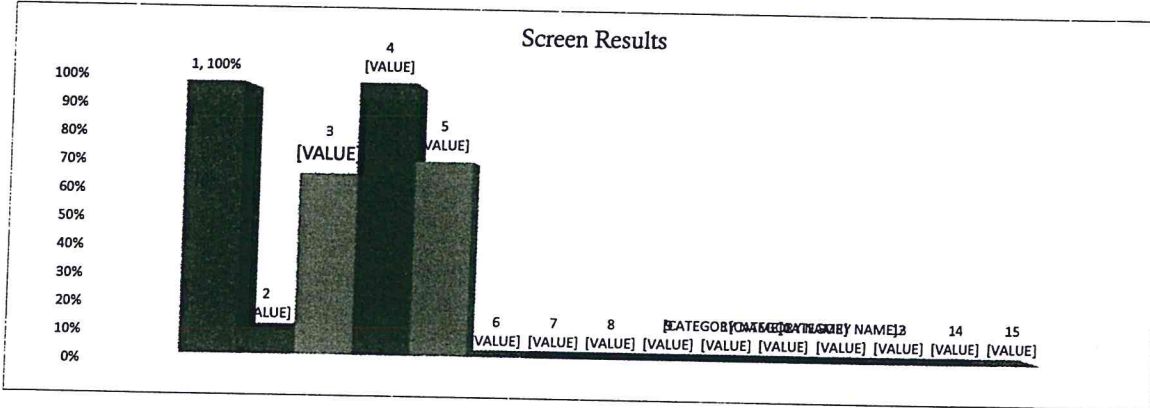
Reviewer's Name: Amber Dyball

June 17-August 17 Date Range for Collection of Information

Total # of Records Audited 20

Data Collected and Reported By: Trena Tobin RN

Evaluation



Criteria		Results			
		Yes	No	NA	%
1	Did the patient have a dentail screening within 14 days of admission?	20	0	0	100%
2	If the patient was referred was the priority level noted for scheduling their dental sick call visit?	1	10	9	9%
3	If the patient required an extraction was a Consent for Oral Surgical Procedures completed?	2	1	17	67%
4	Did the dentist develop an individualized treatment plan for the patient?	4	0	16	100%
5	Was the patient provided with treatment for pain relief while awaiting assessment by the dentist (if they complained of pain)?	5	2	13	71%
6		0	0	0	n/a
7		0	0	0	n/a
8		0	0	0	n/a
9		0	0	0	n/a
10		0	0	0	n/a
11		0	0	0	n/a
12		0	0	0	n/a
13		0	0	0	n/a
14		0	0	0	n/a
15		0	0	0	n/a
Overall Compliance		69%			

CQI Screen:

Dental Care

Facility: *Santa Barbara*

Reviewer Name:

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
If the patient was referred, was the priority level noted for scheduling their dental sick call visit? 9%	Priority 1 (next dental line) if pain is intense, not alleviated with analgesics and/or if diffuse swelling and/or fever. Priority 2: (dental line within two to three weeks) All nurses will start noting priority on the sick call and schedule the patient accordingly. >90%	Education to nursing staff on filling out the S&P to note the priority level	HSA and DON	Sep-17	Nov-17
If the patient required an extraction was a consent for Oral Surgical Procedures completed. 67%	All patients that are requiring an extraction will be asked to sign a consent. >90%	Education to dental staff that a consent will needed to be signed before proceeding with an extraction. Make sure that they have the necessary paperwork in their area.	HSA and DON	Sep-17	Nov-17
was the patient provided with treatment for pain relief while awaiting assessment by the Dentist (if they complained of pain) 71%	All patients that are in pain while waiting to see the dentist will be offered an analgesic.	Education to the nursing staff to provide an analgesic, if they chose to refuse the analgesics then a refusal must be obtained.	HSA and DON	17-Sep	17-Nov

CQI Screen:

Dental Care

Facility Name:

[REDACTED]

References:

IMQ Standard 323- Dental Care
CFMG Policy: Dental Services
NCCHC J-E-06

Reviewer's Name:

[REDACTED]

Date Range for Collection of Information

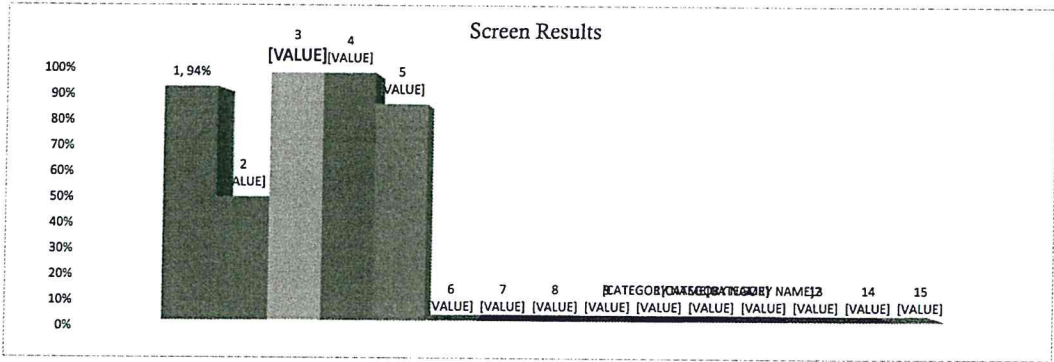
Total # of Records Audited

20

Data Collected and Reported By:

[REDACTED]

Evaluation



Criteria		Results			
		Yes	No	NA	%
1	Did the patient have a dental screening within 14 days of admission?	17	1	2	94%
2	If the patient was referred was the priority level noted for scheduling their dental sick call visit?	7	7	6	50%
3	If the patient required an extraction was a Consent for Oral Surgical Procedures completed?	7	0	13	100%
4	Did the dentist develop an individualized treatment plan for the patient?	18	0	2	100%
5	Was the patient provided with treatment for pain relief while awaiting assessment by the dentist (if they complained of pain)?	14	2	4	88%
6		0	0	0	n/a
7		0	0	0	n/a
8		0	0	0	n/a
9		0	0	0	n/a
10		0	0	0	n/a
11		0	0	0	n/a
12		0	0	0	n/a
13		0	0	0	n/a
14		0	0	0	n/a
15		0	0	0	n/a
Overall Compliance		86%			

CQI Screen:

Medical Diets

Facility Name:

Santa Barbara

References:

IMQ Standard 327- Food Service
CFMG Policy: Food Services- Special Diets
NCCHC J-F-02

Reviewer's Name:

Amber Dyball, Interim HSA

July 17- September 17

Date Range for Collection of Information

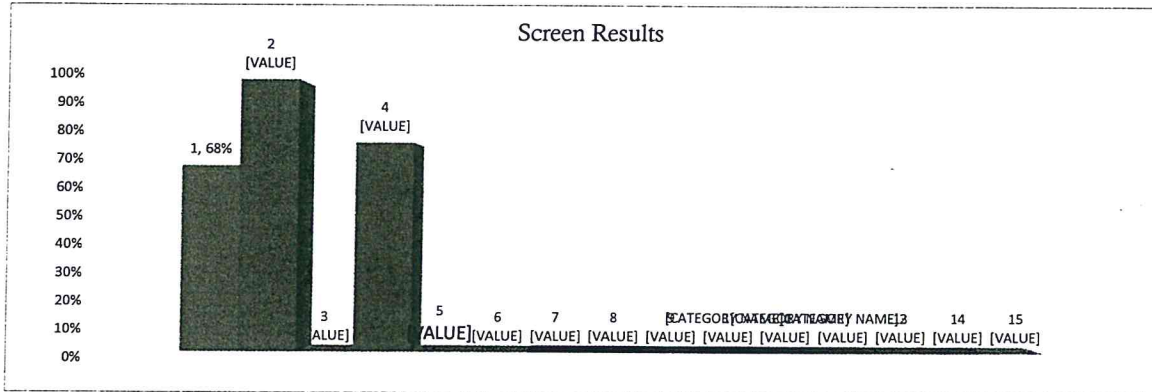
Total # of Records Audited

20

Data Collected and Reported By:

Trena Tobin RN

Evaluation



Criteria	Results			
	Yes	No	NA	%
1 Were patients with chronic conditions put on the applicable diet (diabetic diet for diabetics, pregnancy diets for pregnant women, low salt/cardiac for HTN patients, etc.)?	13	6	1	68%
2 Was the diet appropriate for the condition?	13	0	7	100%
3 If the inmate refused a medical diet, was nutritional counseling provided?	0	0	20	n/a
4 Was the appropriate paperwork completed and provided to the food service division?	10	3	7	77%
5	0	0	0	n/a
6	0	0	0	n/a
7	0	0	0	n/a
8	0	0	0	n/a
9	0	0	0	n/a
10	0	0	0	n/a
11	0	0	0	n/a
12	0	0	0	n/a
13	0	0	0	n/a
14	0	0	0	n/a
15	0	0	0	n/a
Overall Compliance	82%			

CQI Screen:

Medical Diets

Facility:

Reviewer Name:

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
were patients with chronic conditions put on the applicable diet? score 68%	Patients who have one of the following chronic care conditions will be placed on the appropriate diet. Score >90%	Education to Nursing staff as well as MD and Nurse Practitioner	H.S.A./D.O.N	Sep-17	Nov-17
was the appropriate notification /paperwork completed and provided to the food service division. Score 77%	All patients placed on a special diet the proper paperwork will be completed, placed in their chart and delivered to the kitchen staff in a timely manner. Score >90%	Education to Nursing staff, on how to fill out the appropriate paperwork, place in chart and given to the appropriate individuals.	H.S.S./D.O.N	Sep-17	Nov-17

CQI Screen:

Medical Diets

Facility Name: _____

References: IMQ Standard 327- Food Service
CFMG Policy: Food Services- Special Diets
NCCHC J-F-02

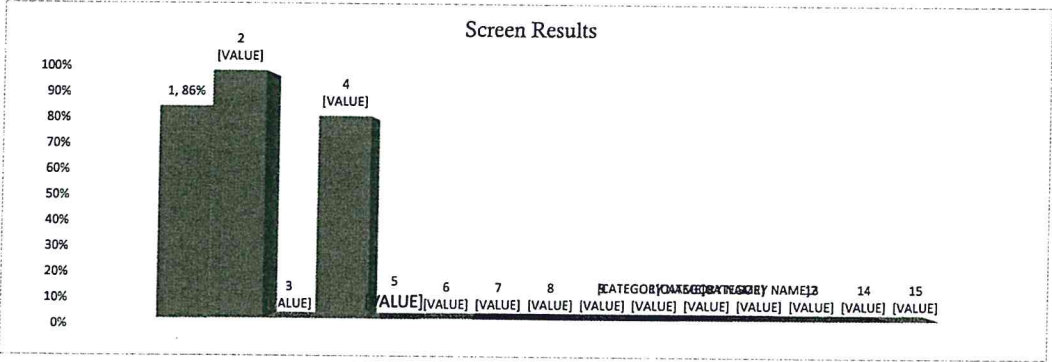
Reviewer's Name: _____

_____ Date Range for Collection of Information

Total # of Records Audited 20

Data Collected and Reported By: _____

Evaluation



Criteria	Results			
	Yes	No	NA	%
1 Were patients with chronic conditions put on the applicable diet (diabetic diet for diabetics, pregnancy diets for pregnant women, low salt/cardiac for HTN patients, etc.)?	12	2	6	86%
2 Was the diet appropriate for the condition?	11	0	9	100%
3 If the inmate refused a medical diet, was nutritional counseling provided?	0	0	20	n/a
4 Was the appropriate paperwork completed and provided to the food service division?	9	2	9	82%
5	0	0	0	n/a
6	0	0	0	n/a
7	0	0	0	n/a
8	0	0	0	n/a
9	0	0	0	n/a
10	0	0	0	n/a
11	0	0	0	n/a
12	0	0	0	n/a
13	0	0	0	n/a
14	0	0	0	n/a
15	0	0	0	n/a
Overall Compliance	89%			

CQI Screen:

Continuity of Care

Facility Name: Santa Barbara County

References: IMQ Standard 319- Continuity of Care
CFMG Policy: Continuity of Care
NCCHC J-E-12

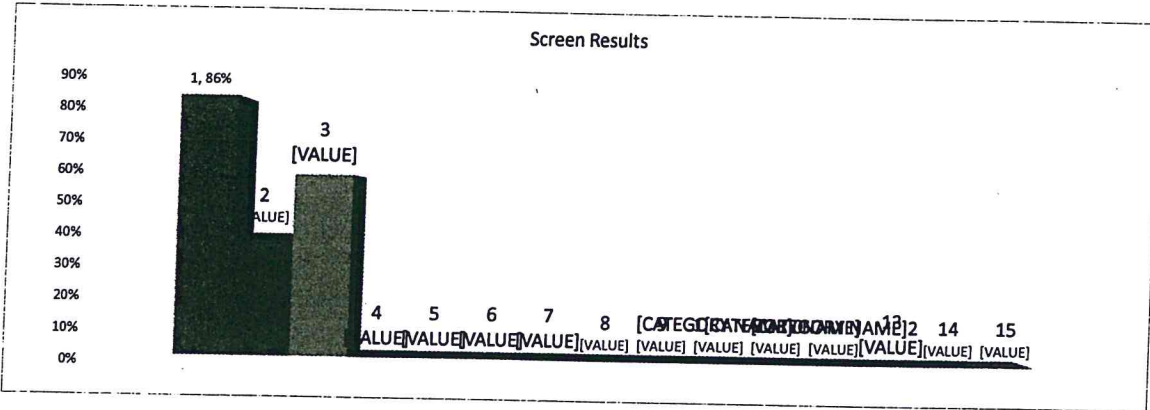
Reviewer's Name: Amber Dyball

Aug 2017-Oct 2017 Date Range for Collection of Information

Total # of Records Audited 22

Data Collected and Reported By: Trena Tobin

Evaluation



Criteria	Results			
	Yes	No	NA	%
1 When the patient was booked into custody was a release of information signed by the patient, sent to the pharmacy/ clinic and followed up on? (There must be notes indicating that there was follow-up on the RO)	6	1	15	86%
2 Were diagnostic tests reviewed by the clinician in a timely manner?	2	3	17	40%
3 Is there documentation that test results were shared with the patient?	3	2	17	60%
4 If the patient was hospitalized, seen in the urgent care or emergency room, were they seen by a qualified health professional upon return to ensure proper implementation of orders?	0	0	22	n/a
5 If the patient was seen for a specialty consultation, were the recommendations reviewed and acted upon by the provider in a timely manner?	0	0	22	n/a
6 When the patient was released from custody was a discharge plan completed and signed by the patient and the nurse?	0	0	22	n/a
7 Did the patient have their essential medications continued for at least a duration of 7 days upon discharge?	0	0	22	n/a
8	0	0	0	n/a
9	0	0	0	n/a
10	0	0	0	n/a
11	0	0	0	n/a
12	0	0	0	n/a
13	0	0	0	n/a
14	0	0	0	n/a
15	0	0	0	n/a
Overall Compliance	62%			

CQI Screen:

Continuity of Care

Facility:

Reviewer Name:

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
When the patient was booked into custody who reports taking medications, was the verification completed within 24 hours? 86%	ROI's will need to be signed by patient and faxed upon intake.	ROI's Process was discussed at the October staff meeting. It was printed out for everyone to remind them of how the process should happen.	H.S.A and DON	Oct-17	Dec-17
Were diagnostic test reviewed by the clinician in a timely manner. 40%	All diagnostic tests will be reviewed in a timely manner.	if the tests are abnormal, a provider will be contacted to go over results. Ensure that all tests will have a sign here for the provider to sign.	H.S.A and DON	Oct-17	Dec-17
Is there documentation that test results were shared with the patient 60%	patients that have been shared their results will have documentation noted in their charts.	All patients that have had diagnostic tests/lab work will be scheduled to see the provider for a follow up visit to discuss the results.	H.S.A and DON	17-Oct	17-Dec

CQI Screen:

Management of Pharmaceuticals

Facility Name:

Santa Barbara

References:

- IMQ Standard 401- Management of Pharmaceuticals
- CFMG Policy: Psychotropic Medications
- CFMG Policy: Prescription Medications
- NCCHC J-D-01

Reviewer's Name:

Amber Dyball

08/2017-10/2018 Date Range for Collection of Information

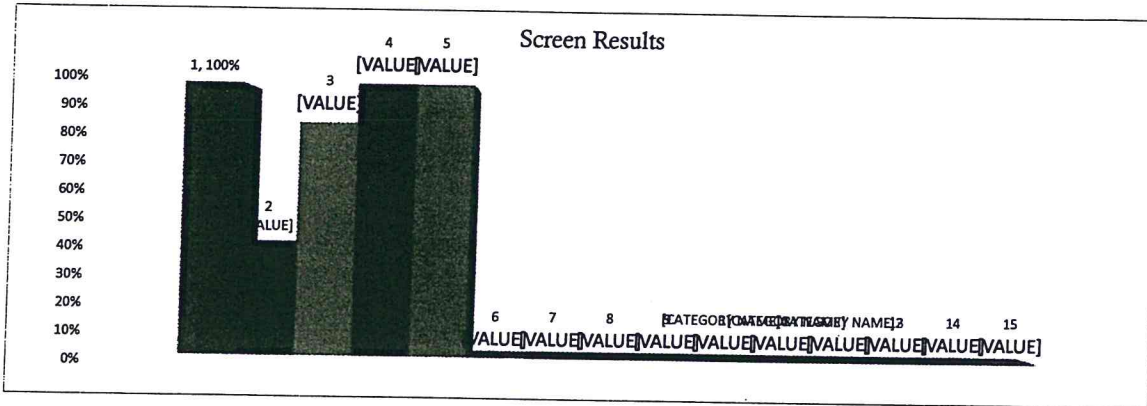
Total # of Records Audited

22

Data Collected and Reported By:

Trena Tobin

Evaluation



Criteria	Results			
	Yes	No	NA	%
1 Were the ordered medications appropriately transcribed onto the patient MAR?	19	0	3	100%
2 Was education documented when a patient was prescribed a new medication?	5	7	10	42%
3 If the medication was renewed, was a clinical evaluation performed by the provider?	6	1	15	86%
4 For refusal, is there a notation made on the MAR as well as a signed refusal in the chart?	3	0	19	100%
5 Was the medication started in a timely manner from the time of the order?	17	0	5	100%
6	0	0	0	n/a
7	0	0	0	n/a
8	0	0	0	n/a
9	0	0	0	n/a
10	0	0	0	n/a
11	0	0	0	n/a
12	0	0	0	n/a
13	0	0	0	n/a
14	0	0	0	n/a
15	0	0	0	n/a
Overall Compliance	85%			

CQI Screen:

Management of Pharmaceuticals

Facility: *Santa Barbara*

Reviewer Name: *Amber Dyball*

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
Was education documented when a patient was prescribed a new medication? 42%	when a medication is being changed or a new medication is being prescribed, nurses will write in the documentation that they provided education.	Provide SOAPE note fromats to all nurses to remind them of the "E". Will speak with each nurse individually about this, after discussion they will sign a sheet.	H.S.A and D.O.N	Oct-17	Dec-17
If the medication was renewed, was a clinical evaluation performed by the provider. 86%	All chronic Care medications require a visit, to perform an evaluation, before continuing medications.	We have someone already tracking the CC individuals who have medications, will monitor log each week to make sure that they are being seen to have medications continued.	H.S.A and D.O.N	Oct-17	Dec-17

CQI Screen:

IMQ Standard 501- Health Record

Facility Name: Santa Barbara County

References: IMQ Standard 501- Health Record
 CMGC Policy: Health Records
 NCCHC J-H-03

Reviewer's Name: Amber Nunes, HSA

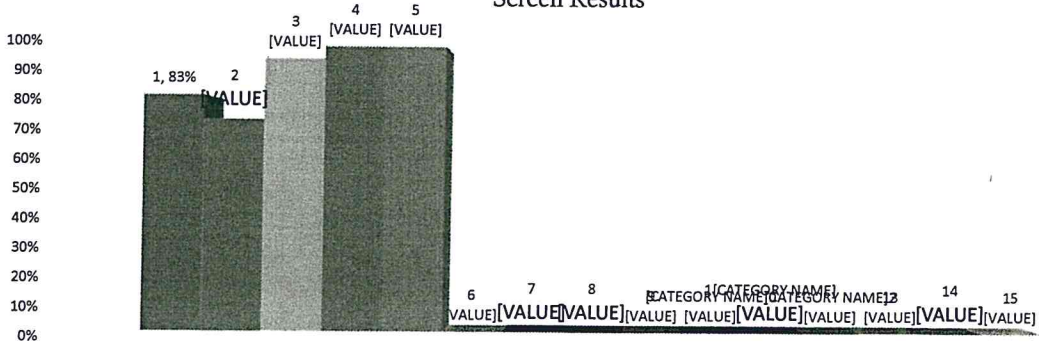
April 2017 to present Date Range for Collection of Information

Total # of Records Audited 47

Data Collected and Reported By: Jennifer Harrison, RN

Evaluation

Screen Results



Criteria		Results			
		Yes	No	NA	%
1	Is the patient's Intake Screening included in their medical record (scanned, EMR or on paper)?	39	8	0	83%
2	Is the problem list up to date and accurate?	35	12	0	74%
3	Did the patient have a 14 day health assessment completed within 14 days?	45	2	0	96%
4	Are the patient allergies documented?	47	0	0	100%
5	If the patient transferred to another correctional system, was a discharge summary prepared?	1	0	46	100%
6		#REF!	#REF!	#REF!	n/a
7		#REF!	#REF!	#REF!	n/a
8		#REF!	#REF!	#REF!	n/a
9		#REF!	#REF!	#REF!	n/a
10		#REF!	#REF!	#REF!	n/a
11		#REF!	#REF!	#REF!	n/a
12		#REF!	#REF!	#REF!	n/a
13		#REF!	#REF!	#REF!	n/a
14		#REF!	#REF!	#REF!	n/a
15		#REF!	#REF!	#REF!	n/a
Overall Compliance		91%			

CQI Screen:

Health Records

Facility: *Santa barbara county adult facility*

Reviewer Name: *Amber Nunes*

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
Problem list not being up to date	90% compliance	Re-educate nurses on how to use a problem list. This issue should self correct with the implementation of CorEMR	All staff	Nov-17	Jan-17

CQI Screen:

Hospital and Specialty Care

Facility Name: Santa Barbara county adult facility

References: IMQ Standard 322 - Hospital Care
 CMGC Policy: Specialty Care
 NCCHC J-D-05

Reviewer's Name: Amber Nunes

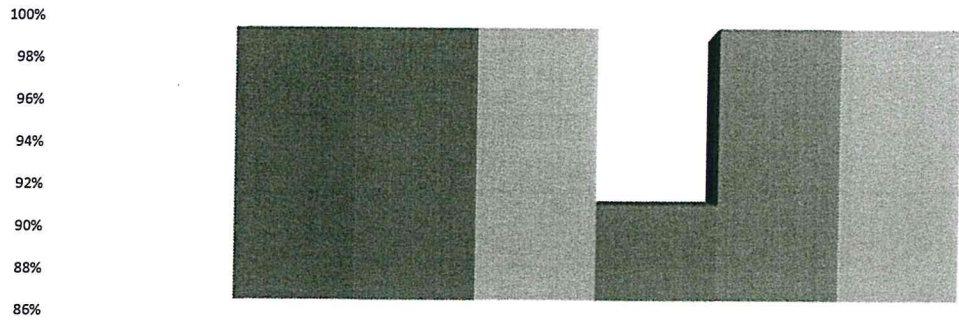
Oct-17 Date Range for Collection of Information

Total # of Records Audited 12

Data Collected and Reported By: Bailey Fogata

Evaluation

Screen Results



Criteria		Results			
		Yes	No	NA	%
1	Was the referral form for specialty care filled out completely?	11	0	0	100%
2	Was the patient scheduled for specialty consultation in a timely manner?	12	0	0	100%
3	At the time of the specialty consult did the patient return with a summary?	11	0	1	100%
4	Upon return, was the patient seen by a QHCP for initiation of recommendations?	10	1	1	91%
5	If follow-up was recommended, was the patient appropriately scheduled?	4	0	8	100%
6	Is there documentation that the provider reviewed the specialty recommendations?	11	0	0	100%
Overall Compliance		98%			

CQI Screen:

Dental Care

Facility Name: main Jail

References: IMQ Standard 323- Dental Care
CFMG Policy: Dental Services
NCCHC J-E-06

Reviewer's Name: Trena Tobin

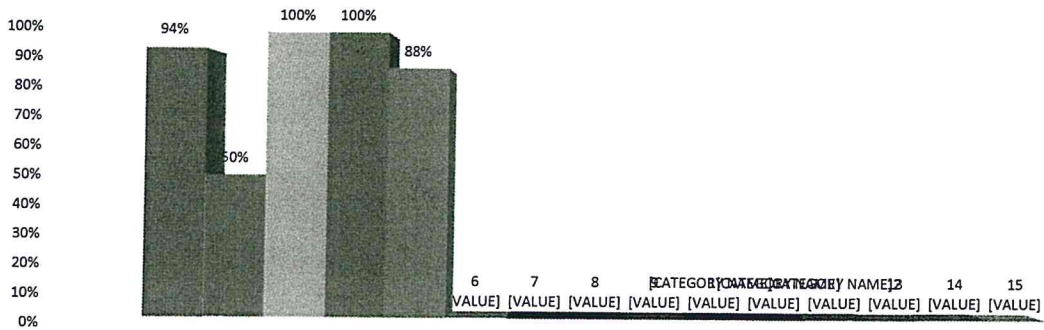
Dec-17 Date Range for Collection of Information

Total # of Records Audited 20

Data Collected and Reported By: Trena Tobin

Evaluation

Screen Results



Criteria		Results			
		Yes	No	NA	%
1	Did the patient have a dental screening within 14 days of admission?	17	1	2	94%
2	If the patient was referred was the priority level noted for scheduling their dental sick call visit?	7	7	6	50%
3	If the patient required an extraction was a Consent for Oral Surgical Procedures completed?	7	0	13	100%
4	Did the dentist develop an individualized treatment plan for the patient?	18	0	2	100%
5	Was the patient provided with treatment for pain relief while awaiting assessment by the dentist (if they complained of pain)?	14	2	4	88%
6		#REF!	#REF!	#REF!	n/a
7		#REF!	#REF!	#REF!	n/a
8		#REF!	#REF!	#REF!	n/a
9		#REF!	#REF!	#REF!	n/a
10		#REF!	#REF!	#REF!	n/a
11		#REF!	#REF!	#REF!	n/a
12		#REF!	#REF!	#REF!	n/a
13		#REF!	#REF!	#REF!	n/a
14		#REF!	#REF!	#REF!	n/a
15		#REF!	#REF!	#REF!	n/a
Overall Compliance		86%			

CQI Screen:

Medical Diets

Facility Name: Main Jail

References: IMQ Standard 327- Food Service
CFMG Policy: Food Services- Special Diets
NCCCHC J-F-02

Reviewer's Name: Trena Tobin

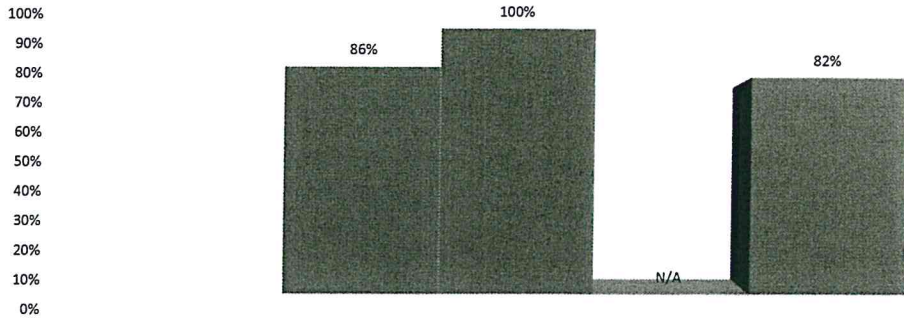
Dec-17 Date Range for Collection of Information

Total # of Records Audited 20

Data Collected and Reported By: Trena Tobin

Evaluation

Screen Results



Criteria		Results			
		Yes	No	NA	%
1	Were patients with chronic conditions put on the applicable diet (diabetic diet for diabetics, pregnancy diets for pregnant women, low salt/cardiac for HTN patients, etc.)?	12	2	6	86%
2	Was the diet appropriate for the condition?	11	0	9	100%
3	If the inmate refused a medical diet, was nutritional counseling provided?	0	0	20	n/a
4	Was the appropriate paperwork completed and provided to the food service division?	9	2	9	82%
Overall Compliance				89%	

CQI Screen:

Continuity of Care

Facility Name: Santa barbara county Adult facility

References: IMQ Standard 319- Continuity of Care
CFMG Policy: Continuity of Care
NCCHC J-E-12

Reviewer's Name: Amber Nunes

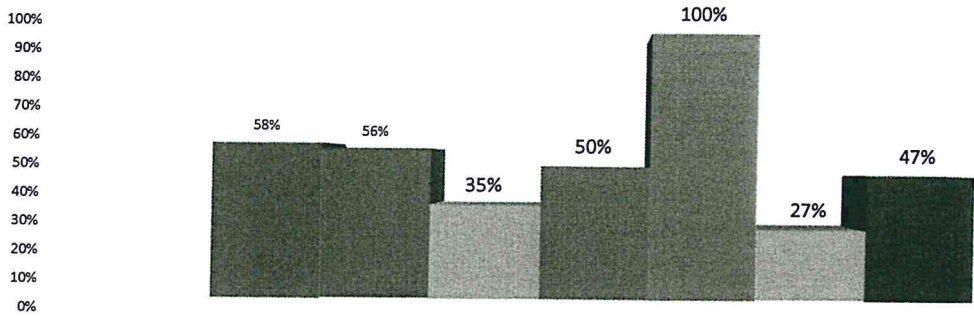
October 2017-March 2018 Date Range for Collection of Information

Total # of Records Audited 50

Data Collected and Reported By: All staff

Evaluation

Screen Results



Criteria		Results			
		Yes	No	NA	%
1	When the patient was booked into custody who reports taking essential medications, was the verification completed within 24 hour?	21	15	14	58%
2	Were diagnostic tests reviewed by the clinician within 24 hours if abnormal and 7 days for normal?	9	7	33	56%
3	Is there documentation that abnormal test results were shared with the patient?	6	11	32	35%
4	If the patient was hospitalized, seen in the urgent care or emergency room, were they seen by a qualified health professional upon return to ensure proper implementation of orders?	1	1	47	50%
5	If the patient was seen for a specialty consultation, were the recommendations reviewed and acted upon by the provider in a timely manner?	1	0	48	100%
6	When the patient was released from custody was a discharge plan completed and signed by the patient and the nurse?	4	11	35	27%
7	Did the patient have their essential medications continued as required by policy upon discharge?	8	9	32	47%
Overall Compliance		53%			

CQI Screen:

Continuity of Care

Facility: *Santa Barbara adult facility*

Reviewer Name: *Amber Nunes*

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
Audit done wrong. A random list of 50 charts were pulled and audited. Employees did not follow guidance for conducting study	Complete audit correctly	Director of nursing will complete audits instead of giving to staff to ensure proper completion	D.O.N.	Mar-18	Jun-18

CQI Screen:

Communicable Diseases

Facility Name: Santa Barbara county main jail

References: IMQ Standard 310- Communicable Diseases
 NCCHC J-B-01
 CCR Title 15, Section 1212, 1230, 1206.5
 CFMG Policy- Communicable Diseases

Reviewer's Name: Amber Nunes

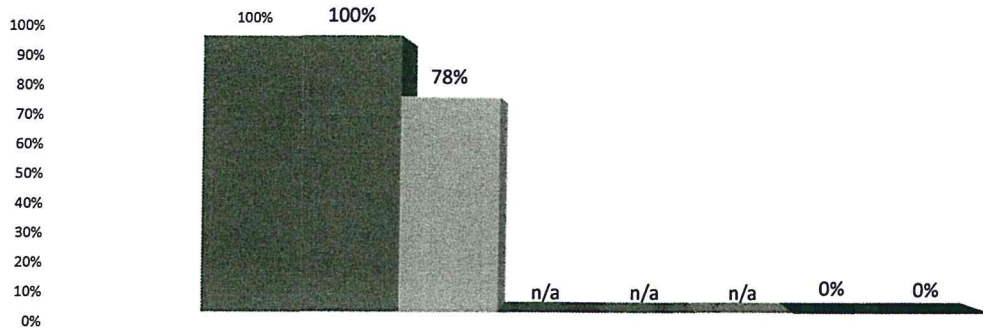
Nov 2017-Feb 2018 Date Range for Collection of Information

Total # of Records Audited 10

Data Collected and Reported By: Trena Tobin

Evaluation

Screen Results



Criteria	Results			
	Yes	No	NA	%
1 At intake was the patient questioned regarding potential communicable illnesses?	10	0	0	100%
2 At the Health Assessment was the patient questioned pertaining to comm diseases?	10	0	0	100%
3 Did the patient have a PPD placed and read in the appropriate time frame (each facility may have different rules, so ensure you are aware of the correct time frame (e.g., 7 days, 14 Days)?	7	2	1	78%
4 If the patient had a positive PPD, or prior positive history, was a CXR ordered as required by policy?	0	0	10	n/a
5 For a positive Communicable Disease finding, was a "Confidential Morbidity Report Form" completed and sent to Public Health? (A copy of the form must be placed into the patient's chart)	0	0	10	n/a
6 If the patient had a positive Communicable Disease finding, was the patient informed that reporting to public health was mandatory? (This must be documented in the chart)	0	0	10	n/a
7 Is there documentation of a monthly environmental inspection completed in areas where health services are provided? This only needs to be answered once (yes or no)	0	1	0	0%
8 Is your new Infectious Control Manual at each nursing station and has PM/HSA read and familiarized selves with it? This only needs to be answered once (yes or no)	0	1	0	0%
Overall Compliance				56%

CQI Screen:

Communicable Diseases

Facility: *Santa Barbara Main Jail*

Reviewer Name: *Trena Tobin*

Improvement Plan Initiated

Issue /Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed
Placement and reading of PPD's within appropriate time frame.	Timely reading of PPD's following placement.	Changing the protocol: Instead of reading the PPD's at 72 hours, PPD's will be read at 48 hours. This will increase compliance and also offer a time buffer. This will also increase compliance on our part for those that are released quickly.	Trena Tobin	Feb-18
No current monthly environmental inspection	Monthly environmental inspection report	Implement inspection report/checklist to be completed on a monthly basis that will be present in all of the exam/treatment rooms.	Trena Tobin	Feb-18
Infection control manual not at each workstation	Infection control manual to be at each workstation.	Infection control manuals have been ordered, but have not yet come in.	Trena Tobin	Feb-18

CQI Screen:

IMQ Standard 501- Health Record

Facility Name: Santa Barbara County main jail

References: IMQ Standard 501- Health Record
 CMGC Policy: Health Records
 NCCHC J-H-03

Reviewer's Name: Amber Nunes

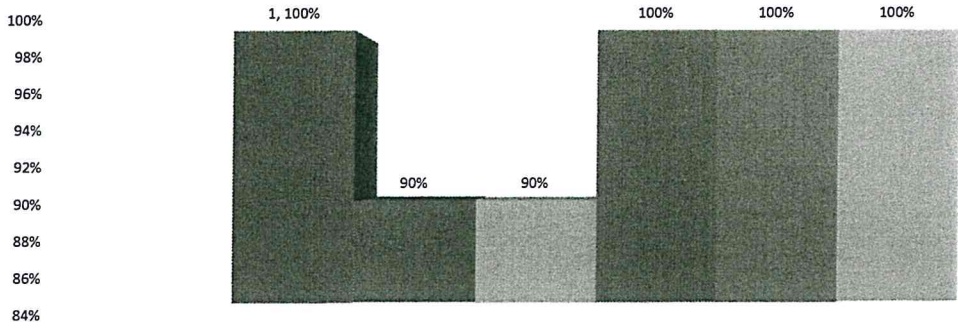
30 days Date Range for Collection of Information

Total # of Records Audited 10

Data Collected and Reported By: Trena Tobin

Evaluation

Screen Results



Criteria		Results			
		Yes	No	NA	%
1	Is the patient's Intake Screening included in their medical record (scanned, EMR or on paper)?	10	0	0	100%
2	Is the problem list up to date and accurate?	9	1	0	90%
3	Did the patient have a 14 day health assessment completed within 14 days?	9	1	0	90%
4	Are the patient allergies documented?	10	0	0	100%
5	Are all entries by health professionals dated, timed, and legible who made the entry (for the past 60 days)	10	0	0	100%
6	Are all forms filed consistently in the chart per facility guidelines and/or practise (this question only needs to be answered once (yes or no)?	10	0	0	100%
Overall Compliance		97%			

CQI Screen:

Informed Consent and Right to Refuse

Facility Name: Santa Barbara County Main Jail

References: IMQ Standard 602 - Informed Consent
NCCHC J-I-05

Reviewer's Name: Amber Nunes

CFMG Policy- Informed Consent and Right to Refuse

Jan 2018- March 2018 Date Range for Collection of Information

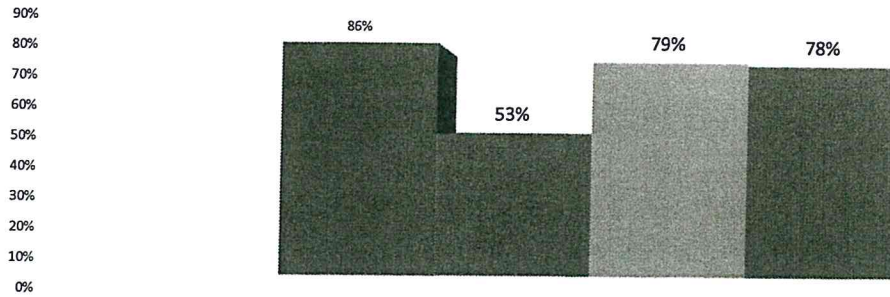
Total # of Records Audited 50

Data Collected and Reported By:

All staff

Evaluation

Screen Results



Criteria	Results			
	Yes	No	NA	%
1 Was informed consent obtained prior to any invasive procedure?	24	4	22	86%
2 If the patient is taking psychiatric medications, is there a signed consent for each med?	10	9	31	53%
3 If the patient refused, is there a note in the record explaining the nature and consequences?	15	4	31	79%
4 Was a fully completed, SIGNED refusal form obtained with appropriate witnesses?	14	4	32	78%
Overall Compliance	74%			

CQI Screen:

Informed Consent and Refusal of Care

Facility: *Santa Barbara County Main jail*

Reviewer Name: *Amber Nunes*

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed
Psychiatric informed consents-not being done	Psychiatrist has every patient sign consent to take medication.	Psychiatrist was unaware of the standard, he is now having all patients sign a consent and we are back tracking through all of our prescribed psychotropic medications and having the patients sign consents.	Psychiatrist	Mar-18
Informed consent not obtained before invasive procedures	All invasive procedures will not be done until patient has been properly informed of the nature, consequences, and risks of the proposed treatment, examination, or procedure; the alternatives to it; and the prognosis if the proposed action is not undertaken.	Provide training to Dentist, Physician and FNP on how to access informed consent in COR and how to fill it out.	Dentist, MD, FNP	Mar-18
No note in patient chart documenting consequences of refusal	Consequences of refusal is documented on refusal form for ALL refusals, not just medication refusals.	E-mail to staff reminding them that sick calls, treatments, medications, etc ALL require a signed refusal	All staff	Mar-18
2 appropriate witnesses did not sign refusal if pt refuses, not fully completed refusal	2 appropriate witnesses sign refusal if pt refuses. Refusal form filled out completely.	E-mail to staff reminding them that all refusals must be completely filled out and the refusal must have 2 appropriate witnesses sign	All Staff	Mar-18

CQI Screen:

Mar-18

Continuity of Care

References: IMQ Standard 319- Continuity of Care
CFMG Policy: Continuity of Care
NCCCHC J-E-12

Facility Name: Santa Barbara County main jail

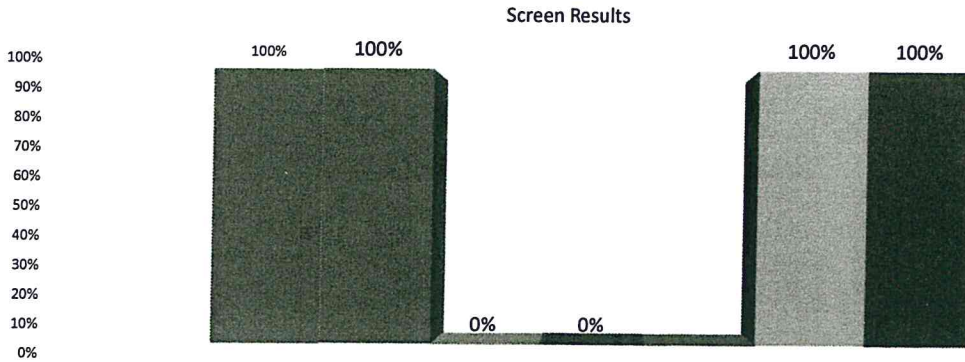
Reviewer's Name: Amber Nunes

Feb-18 Date Range for Collection of Information

Total # of Records Audited 2

Data Collected and Reported By: Joanna Gehrt

Evaluation



Criteria		Results			
		Yes	No	NA	%
1	When the patient was booked into custody who reports taking essential medications, was the verification completed within 24 hour?	1	0	0	100%
2	Were diagnostic tests reviewed by the clinician within 24 hours if abnormal and 7 days for normal?	1	0	0	100%
3	Is there documentation that abnormal test results were shared with the patient?	0	2	0	0%
4	If the patient was hospitalized, seen in the urgent care or emergency room, were they seen by a qualified health professional upon return to ensure proper implementation of orders?	0	1	1	0%
5	If the patient was seen for a specialty consultation, were the recommendations reviewed and acted upon by the provider in a timely manner?	0	0	2	n/a
6	When the patient was released from custody was a discharge plan completed and signed by the patient and the nurse?	1	0	1	100%
7	Did the patient have their essential medications continued as required by policy upon discharge?	1	0	1	100%
Overall Compliance		67%			

CQI Screen:

Continuity of Care

Facility: Santa Barbara county main jail

Reviewer Name: Amber Nunes

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
<p>Is there documentation that abnormal test results were shared with the patient?</p> <p>If the patient was hospitalized, seen in the urgent care or emergency room, were they seen by a qualified health professional?</p>	<p>Share labs results with patients</p> <p>all outside send outs need to be seen by FNP or MD on next sick call day</p>	<p>Spoke with providers about f/u with patients for all labs</p> <p>Staff meeting, explained to nurses that ALL send outs need to be seen by provider next day</p>	<p>providers</p> <p>Nurses</p>	<p>Mar-18</p> <p>Mar-18</p>	<p>Jun-18</p> <p>Jun-18</p>

CQI Screen:

Emergency Services

Facility Name:

[REDACTED]

References:

IMQ Standard 301- Emergency Services
 CFMG Policy: Emergency Services & Disaster Plan
 NCCHC J-A-07 & J-E-08

Reviewer's Name:

[REDACTED]

Date Range for Collection of Information

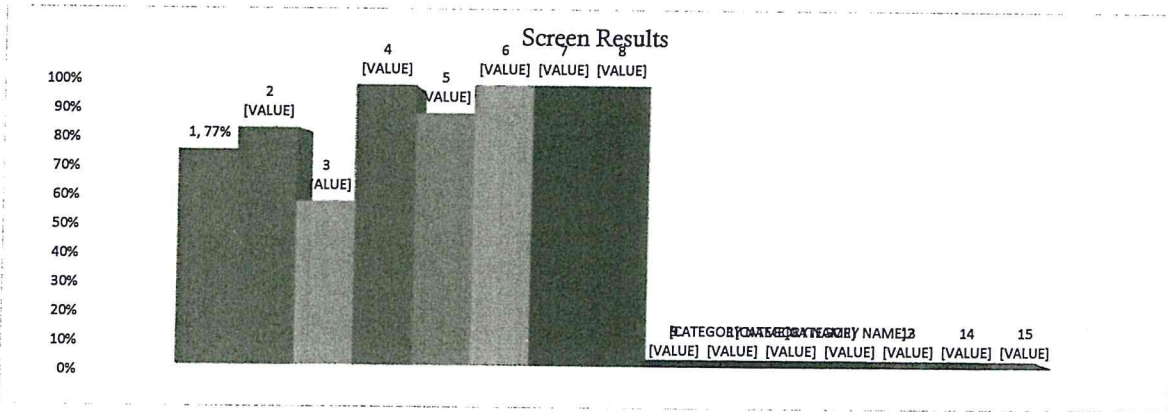
Total # of Records Audited

13

Data Collected and Reported By:

[REDACTED]

Evaluation



Criteria	Results			
	Yes	No	NA	%
1 Was the on-Site Emergency Response Record filled out completely?	10	3	0	77%
2 Were full vital signs obtained and recorded in the patient record?	11	2	0	85%
3 Was the patient asked about pain scale level?	7	5	0	58%
4 If the patient was referred to the ED, was a referral form completely filled out?	2	0	11	100%
5 If the patient was referred to the Emergency Room, was a referral form fully completed?	9	1	3	90%
6 On review of the Emergency Response Equipment check list, is it noted that the Equipment is checked as required in the past 30 days? Only answer this question once.	1	0	0	100%
7 Has the facility participated in at least one disaster drill this past year? Only answer this question once.	1	0	0	100%
8 Has the emergency Man-down drill been held on each shift this past year? Only answer this question once.	1	0	0	100%
9	0	0	0	n/a
10	0	0	0	n/a
11	0	0	0	n/a
12	0	0	0	n/a
13	0	0	0	n/a
14	0	0	0	n/a
15	0	0	0	n/a
Overall Compliance	89%			

CQI Screen:

Emergency Services

REAUDIT

Facility Name: Santa Barbara County main jail

References: IMQ Standard 301- Emergency Services
CFMG Policy: Emergency Services & Disaster Plan
NCCHC J-A-07 & J-E-08

Reviewer's Name: Amber Nunes

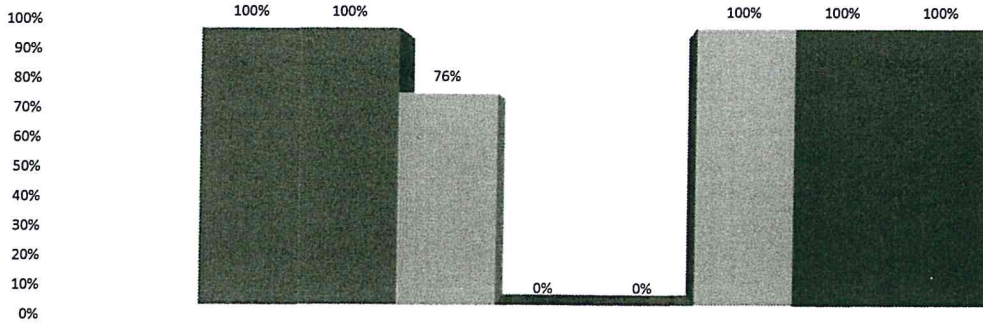
Feb-March 2018 Date Range for Collection of Information

Total # of Records Audited 17

Data Collected and Reported By: Joanna Gehrt

Evaluation

Screen Results



Criteria	Results			
	Yes	No	NA	%
1 Was the on-Site Emergency Response Record filled out completely?	17	0	0	100%
2 Were full vital signs obtained and recorded in the patient record?	17	0	0	100%
3 Was the patient asked about pain scale level?	13	4	0	76%
4 If the patient was referred to the ED, was a referral form completely filled out?	0	1	16	0%
5 If the patient was seen in the ED, was appropriate documentation returned to the facility and reviewed by a Qualified Health Care Professional?	0	1	16	0%
6 On review of the Emergency Response Equipment check list, is it noted that the Equipment is checked as required in the past 30 days? Only answer this question once.	1	0	0	100%
7 Has the facility participated in at least one disaster drill this past year? Only answer this question once.	1	0	0	100%
8 Has the emergency Man-down drill been held on each shift this past year? Only answer this question once.	1	0	0	100%
Overall Compliance	72%			

CQI Screen:

Emergency Services

Facility:

Reviewer Name: Amber Nunes

Improvement Plan Initiated

Issue/Deficiency	Goal (targeted change)	Action Steps	Responsible Party	Date Audit Completed	Re-Evaluation Date
Was the patient asked about pain scale level?	Educate RN's, LVN's, and Providers on the importance of assessing pain scale at every emergency call	Importance to be discussed at the next staff meeting on 4/26/18	A. Nunes	Apr-18	Jul-18
If the patient was seen in the ED, was appropriate documentation returned to the facility and reviewed by a Qualified Health Care Professional?	Outside records from send outs need to be tasked to the provider for review	Staff meeting will be held to talk about HOW TO perform this function	A. Nunes	Apr-18	Jul-18
If the patient was referred to the Emergency Room, was a referral form fully completed?	JAMS form needs date and signature	Staff meeting will be held to talk about HOW TO perform this function	A. Nunes	18-Apr	7/1/2018

CQI Screen:

Emergency Services

Facility Name: Santa Barbara county adult

References: IMQ Standard 301- Emergency Services
CFMG Policy: Emergency Services & Disaster Plan
NCCHC J-A-07 & J-E-08

Reviewer's Name: Amber Nunes

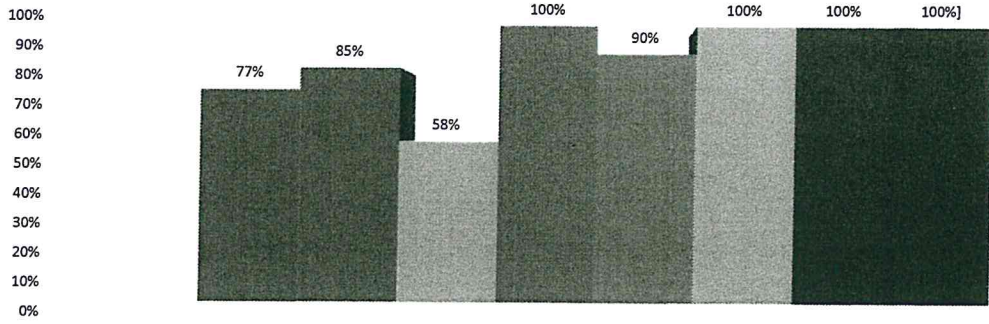
unknown Date Range for Collection of Information

Total # of Records Audited 13

Data Collected and Reported By: Trena Tobin DON

Evaluation

Screen Results



Criteria		Results			
		Yes	No	NA	%
1	Was the on-Site Emergency Response Record filled out completely?	10	3	0	77%
2	Were full vital signs obtained and recorded in the patient record?	11	2	0	85%
3	Was the patient asked about pain scale level?	7	5	0	58%
4	If the patient was referred to the ED, was a referral form completely filled out?	2	0	11	100%
5	If the patient was referred to the Emergency Room, was a referral form fully completed?	9	1	3	90%
6	On review of the Emergency Response Equipment check list, is it noted that the Equipment is checked as required in the past 30 days? Only answer this question once.	1	0	0	100%
7	Has the facility participated in at least one disaster drill this past year? Only answer this question once.	1	0	0	100%
8	Has the emergency Man-down drill been held on each shift this past year? Only answer this question once.	1	0	0	100%
Overall Compliance		89%			