UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WISCONSIN

KRISTINE FLYNN, *et al.,*

Plaintiffs,

v. Case No. 06-C-0537

SCOTT WALKER, *et al.*,

Defendants.

JOINT MOTION TO INCORPORATE SETTLEMENT TERMS

Pursuant to Federal Rule of Civil Procedure 23(d), the Parties jointly ask the Court to enter an Order incorporating "Appendix C-2 to Settlement Agreement (June 4, 2012)," into the Settlement Agreement (Doc. No. 272-1) approved by the Court on December 2, 2010 (Doc. No. 274).

Paragraph I(A)(2)(a) of the Settlement Agreement requires the Consultant and the Parties to develop Compliance Indicators and Compliance Thresholds for each of the twelve TCI Medical Care Standards. Paragraph I(A)(2)(a)(i)(2) states that these "Compliance Indicators and their corresponding Compliance Thresholds will be incorporated into the agreement as enforceable terms with the understanding that Compliance Indicators may be modified by the Consultant and TCI health care staff, with input from Plaintiffs' counsel, to reflect operational needs of the institution."

In further compliance with paragraph I(A)(2)(a) of the Settlement Agreement, the Consultant and the Parties have created additional Compliance Indicators and Compliance Thresholds and have modified existing ones. The new and/or modified Compliance Indicators and Compliance Thresholds are set forth in "Appendix C-2 to Settlement Agreement (June 4, 2012)," submitted with this Motion.

The Parties respectively ask the Court to enter an Order incorporating "Appendix C-2 to Settlement Agreement (June 4, 2012)" into the Settlement Agreement, superseding in its entirety "Appendix C to Settlement Agreement" previously incorporated into the Settlement Agreement by Order of May 24, 2011.

Pursuant to Civ. L.R. 7.1(a), undersigned counsel certify that no separate supporting brief will be filed with this motion.

Dated June 6, 2012.

Respectfully submitted,

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UNITED STATES DISTRICT COURT
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APPENDIX C-2 to SETTLEMENT AGREEMENT (JUNE 4, 2012)

The Parties to the Settlement Agreement [Document No. 272-1] in the above-captioned matter, by their counsel, state as follows:

1. The attached Compliance Indicators and Compliance Thresholds were created by the Parties and the Consultant pursuant to Section I(A)(2)(a)(i) of the Settlement Agreement in the above-captioned action.

2. The attached Compliance Indicators and Compliance Thresholds are hereby submitted for incorporation into the Settlement Agreement pursuant to Section I(A)(2)(a)(i)(2) of that agreement. The Compliance Indicators and Compliance Thresholds set forth in the attached document are enforceable as part of the Settlement Agreement.

3. By agreement of the Parties, the "Performance Goal" for each Compliance Indicator represents a target level of performance that TCI will seek to achieve in accordance with principles of patient safety and quality improvement. Performance Goals are not enforceable as part of the Settlement Agreement.

4. This document, APPENDIX C-2 to SETTLEMENT AGREEMENT (JUNE 4, 2012) and the Compliance Indicators and Compliance Thresholds contained herein, supersedes in its entirety APPENDIX C to SETTLEMENT AGREEMENT, previously incorporated into the settlement by Order dated May 24, 2011, and the Compliance Indicators and Compliance Thresholds contained therein.

5. The Parties and Consultant agree that the Compliance Thresholds set forth herein are for the sole purpose of determining compliance with terms of the Settlement Agreement in the above-captioned matter.

6. The Compliance Indicators and Compliance Thresholds have been created to reflect specific circumstances at the Taycheedah Correctional Institution. Neither Party represents that attainment of the Compliance Thresholds for any given Compliance Indicator has any legal or Constitutional significance beyond determining compliance with the Settlement Agreement in the above-captioned matter. They are not admissible for any reason in any action other than the above-captioned matter.

7. All terms used herein shall have the same meaning given them in the Settlement Agreement.

8. This Appendix may be signed in counterpart originals.

Dated: June 6, 2012

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/s Gabriel B. Eber
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Staff Counsel

ACLU OF WISCONSIN FOUNDATION

/s Laurence J. Dupuis
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WISCONSIN DEPT. OF JUSTICE

/s Karla Z. Keckhaver
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/s Kathryn R. Anderson
Kathryn R. Anderson
Chief Legal Counsel

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-E-07.001	1	IN	Patients in GP have opportunity daily to request HC.	Inspect policy, training curricula, examine practice.		Complies	Complies
P-E-07.002	1	IN	Patients in Seg have opportunity daily to request HC.	Inspect policy, training curricula, examine practice.		Complies	Complies
P-E-07.005	1	CA	COs pass verbal requests for health care to nurse w/o filter.	# verbal requests for healthcare during the timeframe reviewed (n=max# regardless if source from CO log or HSU log).	# denominator entries with documentation in both the HSU log and custody log for verbal request (timeframe within 30 minutes).	≥ 90%	100%
P-E-07.006	1	CA	Patient verbal requests for healthcare are responded to in a timely and appropriate manner without filter from custody staff.	1000	(# grievances for this issue in month) * 1000/ADP this month*12	x - y** grievances/1000 population/year	
P-E-07.007	1	PI	COs pass urgent oral requests to nurse w/o filter; nurses assess patient timely.			All specific complaints f/u'd; consistent with chart review data.	
P-E-07.010	1	IN	Verbal request for health care are triaged/acted on by an RN.			Complies	Complies
P-E-07.011	1	CA	Verbal request for health care are triaged/acted on in a clinically appropriate timeframe.	# verbal requests for healthcare during the timeframe reviewed (n= max # regardless of source).	# denominator entries where the timeframe for triage is determined to be clinically appropriate.	≥95%	100%
P-E-07.012	1	CA	The disposition (triage decision) related to the patient's verbal request for healthcare is documented in the patient's chart.	# verbal requests for healthcare during the timeframe reviewed (n= max # regardless of source)	# denominator entries that have a corresponding note in the chart indicating the triage disposition.	≥ 90%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-E-07.015	1	CA	The clinical care during sick call - related to the patient's verbal/written request for healthcare is clinically appropriate.	# written/verbal requests for healthcare during the timeframe reviewed (n= max # regardless of source).	# denominator entries where the disposition is determined to be clinically appropriate by the reviewer.	≥95%	100%
P-E-07.020	1	CA	The clinical care during sick call related to the patient's written/verbal requests occurs in a timely manner that is within NCCHC timeframe or less based on patients clinical symptoms and condition.	# written/verbal requests for healthcare during the timeframe reviewed (n= max # regardless of source) that resulted in a disposition of sick call.	# denominator entries where the disposition results in a sick call visit, and where the sick call occurred in a clinically appropriate timeframe or within 24 hrs (48 hrs on weekends), whichever is shorter.	≥95%	100%
P-E-07.030	1	CA	HSRs are date stamped when received in HSU.	# HSRs reviewed	# denominator entries that have a date stamp indicating receipt in HSU.	≥ 90%	100%
P-E-07.033	1	IN	HSRs are paper-triaged by RN.	Inspect policy, examine practice		Complies	Complies
P-E-07.034	1	IN	RNs who paper-triage are credentialed to do so.	Inspect training files of triagers.		Complies	Complies
P-E-07.035	1	CA	HSRs are paper-triaged within 1 day (24 hours)	# HSRs reviewed	# denominator entries for which date of triage is within 1 day of request.	≥95%	100%
P-E-07.040	1	CA	HSRs paper-triage is clinically appropriate, including respectful.	# HSRs reviewed	# denominator entries for which paper triage plan was clinically appropriate.	≥95%	100%
P-E-07.052	1	CA	If triage of the HSR indicates the need for a sick call appointment directly with ACP, was conducted in a timely manner	# HSRs containing direct triage referral to ACP reviewed	# of denominator which take place w/i time frame planned	≥95%	100%
P-E-07.055	1	CA	If the sick call visit with the RN indicates the need for follow up appointment with practitioner, was seen in a timely manner.	# HSRs in which the sick call RN recommended f/u with an ACP reviewed	# denominator entries for which visit with ACP was timely	≥95%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-E-07.060	1	IN	Sick call conducted by credentialed RNs	Inspect policy, examine practice, review training files of SC nurses		Complies	Complies
P-E-07.063	1	IN	Sick call occurs in a clinical setting	Examine practice		Complies	Complies
P-E-07.065	1	PI	Satisfied with care during sick call			all specific complaints f/u'd	
P-E-07.066	1	PI	Satisfied with care during practitioner f/u to sick call			all specific complaints f/u'd	
P-E-07.080	1	CA	If an HSR results in a visit with an ACP (either directly through paper-triage or by sick call RN referral), the visit with the ACP was clinically appropriate.	# HSRs containing ACP visits reviewed	# of denominator entries for which care is appropriate	≥ 95%	100%
Items above were previously submitted to the Court as final. They have undergone some minor revisions as dictated by analysis of patient data.							
P-E-07.100	1	CA	Preventable ER visits are avoided.	# ER trips	# of ER trips that were potentially avoidable by preventive care	≤5%	0%
P-E-11.002	2	CA	Vital signs are taken per policy.	# of charts reviewed (generated as a result of sick call visits or chart reviews).	# charts where all vitals are documented during the visit.	≥ 95%	100%
P-E-11.005	2	IN	There is documentation of training of nursing staff related to the use of nursing protocols.	review of curricula and education/training records.		Complies	Complies
P-E-11.010	2	IN	There is a policy related to the use of nursing protocols.	Inspect policy, training curricula, examine practice		Complies	Complies
P-E-12.001	3	CA	There is documentation in the chart that on return (and before return to housing unit) from ER, hospitalization, Infirmary stay or procedure, the patient was seen/assessed by the RN.	# of off site visits, trips to ER, etc reviewed.	# of charts in which there is documentation of assessment by the RN	≥ 95%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-E-12.004	3	CA	There is documentation in the chart that upon return (and before return to housing unit) from ER, hospitalization, Infirmary stay or procedure, consultant recommendations are reviewed in a timely and clinically appropriate manner.	# of off site visits, trips to ER, etc reviewed	# of charts in which orders are reviewed in a timely and clinically appropriate manner	≥ 95%	100%
P-E-12.005	3	CA	The RN assessment is clinically appropriate for the patient complaint/symptom upon return from any off-site trip.	# of off site visits, trips to ER, etc reviewed	# of charts in which the RN assessment upon return is clinically appropriate	≥ 95%	100%
P-E-12.006	3	CA	There is documentation in the chart that upon return from any off site trip medication reconciliation occurs in a timely manner.	# of off site visits, trips to ER, etc reviewed	# of charts in which medication reconciliation occurred upon return	≥ 95%	100%
P-E-12.007	3	CA	The patient is seen by an ACP within a clinically appropriate time frame following return from ER, hospitalization, infirmary stay or procedure.	# of off site visits, trips to ER, etc reviewed.	# of charts in which follow up visit with ACP occurs within a clinically appropriate time frame.	≥ 95%	100%
P-E-12.008	3	CA	There is documentation in the chart of a complete set of vitals signs (blood pressure, pulse, respiratory rate, temperature, oxygen saturation) upon return from ER, hospitalization, infirmary stay or procedure.	# of off site visits with procedure, trips to ER, etc reviewed.	# of charts in which there is a complete set of vital signs upon return (blood pressure, pulse, respiratory rate, temperature, oxygen saturation).	≥ 95%	100%
P-E-12.009	3	CA	There is documentation in the chart that upon return from ER, hospitalization, infirmary stay, or procedure, the patient was informed of follow up instructions as appropriate.	# of off site visits, trips to ER, hospitalization, infirmary stay reviewed	# of charts in which patient there is documentation patient informed of follow up instructions as appropriate	≥ 95%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-E-12.014	3	CA	If consultant or ER orders were modified by the provider, there is a clinical justification noted in the patient record	# of off site visits, trips to ER, where the consultant/ER orders were modified.	# charts with clinical justification for change in consultant/ER orders noted in the progress notes.	≥ 95%	100%
P-E-12.015	3	CA	If consultant or ER orders were modified by the provider in a significant manner - the clinical justification is reasonable/appropriate.	# of off site visits, trips to ER, where the consultant/ER orders were modified.	# charts where the clinical justification for change in consultant/ER orders was appropriate.	≥ 95%	100%
P-E-12.020	3	CA	Provider orders (non medication) are processed in a timely manner.	# non medication orders reviewed	# of orders in which the provider order was processed in a timely manner	≥ 95%	100%
P-E-12.022	3	CA	Results from Provider orders (non medication) are completed as evidenced by results in the chart.	# non medication orders reviewed	# of orders in which the results of the order are evident in the chart	≥ 95%	100%
P-E-12.024	3	CA	Results in the chart related to non medication orders are noted by a provider.	# non medication orders that have results available in the chart.	# of results evident in the medical record that are noted by the provider (documentation is evident).	≥ 95%	100%
P-E-12.026	3	CA	Providers response to results is clinically appropriate	# of results evident in the chart that are noted by the provider (documentation is evident)	# medical records where the response is clinically appropriate.	≥ 95%	100%
P-E-12.028	3	CA	There is documentation in the chart that the results of diagnostic studies and/or specialty visits was communicated to the patient.	# of charts reviewed where the patient received a diagnostic study and/or specialty care visit	# medical records where the response is clinically appropriate. There is evidence that the results were communicated to the patient	≥ 95%	100%
P-G-01.001	4	IN	An accurate list is maintained for the identification and tracking of patients with chronic diseases.	examine process		Complies	Complies

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-G-01.003	4	CA	Chronic conditions are indicated on the Problem List.	# of charts reviewed with a chronic disease process	# charts with chronic disease diagnosis on problem list	≥ 95%	100%
P-G-01.005	4	CA	Follow up visits (chronic care) are scheduled at a clinically appropriate interval.	# of charts reviewed with a chronic disease process	# charts where follow up visits scheduled at an appropriate time interval.	≥ 95%	100%
P-G-01.008	4	IN	There is a policy related to the care of the patient with chronic disease diagnosis.	Inspect policy, training curricula, examine practice		Complies	Complies
P-G-01.009	4	IN	Up to date clinical guidelines are available.	Inspect policy, training curricula, examine practice		Complies	Complies
P-G-01.010	4	CA	The level of disease control is documented at each Chronic Care visit.	# of charts reviewed with a chronic disease process	# charts where the level of the chronic disease diagnosis/process is documented at the visit.	≥ 90%	100%
P-G-01.013	4	CA	Providers conduct chronic care clinics in accordance with the standard of care including adherence to state and/or national guidelines when applicable.	# of charts reviewed with a chronic disease process	# charts where provider care was in accordance with the standard of care including adherence to state and/or national guidelines when applicable.	≥ 95%	100%
P-E-08.001	5	IN	Security staff receive training in recognizing and responding to emergencies.	Inspect policy, training curricula, examine practice		Complies	Complies
P-E-08.006	5	CA	Patients are sent to the ER within a clinically reasonable timeframe after the need for ER care was, or should have been identified.	# of charts reviewed with an ER trip chronic disease process	# charts where patient was sent to ER within a clinically reasonable timeframe.	≥ 95%	100%
P-E-08.005	5	IN	There is a policy related to the handling of clinical care of the inmate in an emergency.	Inspect policy, training curricula, examine practice		Complies	Complies
P-D-05.001	6	CA	Specialty care appointments (scheduled off site care, diagnostic tests and follow up appointments) are ordered within a clinically appropriate timeframe.	# specialty care appointments (referred to as "off-site")	# ordered within a clinically appropriate timeframe	≥ 95%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-D-05.003	6	CA	The test/procedure/visit related to the specialty visit is kept within the specified time.	# specialty care appointments (referred to as "off-site")	# completed off site appointments within the specified timeframe indicated by the provider.	≥ 95%	100%
P-D-05.005	6	CA	Dictated reports from specialty providers are signed off by provider within a clinically appropriate timeframe.	# specialty care appointments (frequently referred to as "off-site")	# signed off in a clinically appropriate timeframe	≥ 95%	100%
P-E-02.001	7	IN	Medical Clearance is carried out on arrival (RN goes over to bus if needed).	Examine practice		Complies	Complies
P-E-02.002	7	IN	Receiving screening occurs for all inmates by qualified health professionals.	Examine practice		Complies	Complies
P-E-02.003	7	CA	Receiving screening occurs for all inmates within an appropriate timeframe within 4 hours of arrival.	# intakes reviewed. Includes all female inmates entering DOC through TCI (not just those staying at TCI).	# of charts in which screening occurred in a timely manner or within 4 hours, whichever is shorter	≥ 95%	100%
P-E-02.004	7	CA	Disposition (need for medical referrals) documented on the screening form is appropriate for the patient's condition and history.	# intakes reviewed. Includes all female inmates entering DOC through TCI (not just those staying at TCI).	# of charts in which intake screening results in referrals appropriate for patient's history and these are completed in a timely manner.	≥ 90%	100%
P-E-02.005	7	CA	Prescribed medications are reviewed by a provider and are clinically appropriate.	# intakes reviewed. Includes all female inmates entering DOC through TCI (not just those staying at TCI).	# of charts in which prescribed medications are reviewed and are clinically appropriate	≥ 95%	100%
P-E-02.006	7	CA	The patient's prescribed medication regimen is maintained appropriately (there are no unreasonable gaps in medication regime).	# intakes reviewed. Includes all female inmates entering DOC through TCI (not just those staying at TCI).	# of charts in which prescribed medication regimen is maintained appropriately	≥ 95%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-E-04.001	8	CA	Patients receive an Initial Health Assessment within a clinically appropriate timeframe not to exceed 7 days.	# intakes reviewed. Includes all female inmates entering DOC through TCI (not just those staying at TCI).	# of charts in which an Initial Health Assessment is conducted within a clinically appropriate timeframe not to exceed 7 days.	≥ 95%	100%
P-E-04.002	8	IN	Initial Health Assessments are done by qualified health professionals.	Examine practice		Complies	Complies
P-E-04.003	8	CA	Documentation of Initial Health Assessment includes Vital Signs (height, weight, BMI, pulse, temperature, blood pressure, oxygen saturation).	# intakes reviewed. Intake includes all female patients entering DOC through TCI (not just those staying at TCI).	# of charts in which the Initial Health Assessment includes Vital Signs (height, weight, BMI, pulse, temperature, blood pressure, oxygen saturation).	≥ 95%	100%
P-E-04.004	8	CA	The problem list is current, legible and clinically appropriate.	# intakes reviewed. Includes all female patients entering DOC through TCI (not just those staying at TCI).	# of charts in which the problem list is current, legible and clinically appropriate.	≥ 90%	100%
P-E-04.005	8	CA	There is a diagnostic and therapeutic plan for each current problem.	# Intake reviewed. Includes all female patients entering DOC through TCI (not just those staying at TCI).	# of charts in which there is a therapeutic plan for each current problem	≥ 90%	100%
P-E-04.008	8	CA	The scope of the Initial Health Assessment related to medical issues is clinically appropriate.	# intakes reviewed. Includes all female patients entering DOC through TCI (not just those staying at TCI).	# of charts in which the scope of the Initial Health Assessment related to medical issues is clinically appropriate.	≥ 95%	100%
P-E-04.009	8	CA	The scope of the Initial Health Assessment related to dental issues is clinically appropriate.	# intakes reviewed. Includes all female patients entering DOC through TCI (not just those staying at TCI).	# of charts in which the scope of the Initial Health Assessment related to dental issues is clinically appropriate.	≥ 90%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-E-04.010	8	CA	The scope of the Initial Health Assessment related to mental health issues is clinically appropriate.	# Intake reviewed. Includes all female patients entering DOC through TCI (not just those staying at TCI).	# of charts in which the scope of the Initial Health Assessment related to mental health issues is clinically appropriate	≥ 95%	100%
P-E-04.013	8	CA	The patient is seen by a dentist within a clinically appropriate timeframe.	# Intakes reviewed. Includes all female patients entering DOC through TCI (not just those staying at TCI).	# of charts in which the patient is seen by a dentist within a clinically reasonable timeframe	≥ 95%	100%
P-E-04.014	8	CA	The patient is seen by PSU/psych within a clinically appropriate timeframe.	# Intake includes all female patients entering DOC through TCI (not just those staying at TCI).	# of charts in which the patient is seen by PSU/psych within a clinically reasonable timeframe.	≥ 95%	100%
P-D-01.001	9, 10	§	Stat medication orders are administered in a clinically appropriate timeframe not to exceed 1 hour.	# of stat medication orders reviewed.	# of stat medication orders that were administered to the patient within 1 hour.	≥ 95%	100%
P-D-01.002	10	IN	There is a policy related to nurse administered medications that articulates the process for review and assessment by clinical staff when medications are missed or refused.	Inspect policy, training curricula		Complies	Complies
P-D-01.003	9, 10	§	#1 medication orders are administered in a clinically appropriate timeframe not to exceed 8 hours	# of #1 medication orders reviewed.	# of #1 medication orders that were administered to the inmate within 8 hours	≥ 95%	100%
P-D-01.004	10	CA	Nurses document the administration of medications according to policy.	# of active boxes/cells on the patient's Medication Treatment Record that correlate to the regime of current prescribed medications.	# of active boxes/cells on the patient's Medication/Treatment Record that are completed according to policy.	≥ 95%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-D-01.005	9, 10	§	New KOP medication orders (orders for medication not currently prescribed for the patient) are delivered in a clinically appropriate timeframe, not to exceed 48 hours on weekdays (Monday through Friday) or 72 hours on weekends (Saturday and Sunday).	# of new medication orders reviewed.	# of new KOP medication orders (orders for medications not currently prescribed for the patient) that were delivered in a clinically appropriate timeframe, not to exceed 48 hours on weekdays (Monday through Friday) and 72 hours on weekends (Saturday and Sunday).	≥ 95%	100%
P-D-01.006	9, 10	§	KOP medication refill orders (orders for medications that are currently prescribed for the patient) are delivered in a clinically appropriate timeframe, not to exceed 48 hours on weekdays (Monday through Friday) or 72 hours on weekends (Saturday and Sunday).	# of medication refill orders reviewed.	# of KOP refill medication orders (orders for medications not currently prescribed for the patient) that were administered/delivered in a clinically appropriate timeframe, not to exceed 48 hours on weekdays (Monday through Friday) and 72 hours on weekends (Saturday and Sunday).	≥ 95%	100%
P-D-01.007	9, 10	§	New "pill line" medication orders (orders for medication not currently prescribed for the patient) are administered in a clinically appropriate timeframe, not to exceed 48 hours on weekdays (Monday through Friday) or 72 hours on weekends (Saturday and Sunday).	# of new medication orders reviewed.	# of new "pill line" medication orders (orders for medications not currently prescribed for the patient) that were administered in a clinically appropriate timeframe, not to exceed 48 hours on weekdays (Monday through Friday) and 72 hours on weekends (Saturday and Sunday).	≥ 95%	100%

Measure #	TCI Medical Standard †	Modality *	Compliance Indicator	Denominator	Numerator	Compliance Threshold	Performance Goal
P-D-01.008	9, 10	§	"Pill line" medication refill orders (orders for medications that are currently prescribed for the patient) are administered in a clinically appropriate timeframe, not to exceed 48 hours on weekdays (Monday through Friday) or 72 hours on weekends (Saturday and Sunday).	# of medication refill orders reviewed.	# of "pill line" refill medication orders (orders for medications not currently prescribed for the patient) that were administered in a clinically appropriate timeframe, not to exceed 48 hours on weekdays (Monday through Friday) and 72 hours on weekends (Saturday and Sunday).	≥ 95%	100%
P-G-03.001	11	IN	There is a policy defining patient types and conditions appropriate to receive care at TCI versus Infirmary.	Inspect policy, examine practice		Complies	Complies
P-E-12.010	11	CA	Upon return from ER, hospitalization, infirmary stay or procedure, patient is placed in a clinically appropriate bed.	# of off site visits, trips to ER, etc reviewed	# charts in which patient placed in a clinically appropriate bed after the trip	≥ 95%	100%
P-G-03.004	11	IN	The physical environment at TCI Observation beds supports the level of care provided.	Inspect policy, examine practice		Complies	Complies
P-G-03.006	11	CA	Admission/Discharge from TCI Observation beds occurs as defined in the policy.	# admissions and discharges from TCI Observation beds reviewed	# of admissions and discharges in which the movement complied with policy	≥ 85%	100%
P-A-06.003	12	IN	TCI CQI Committee performs at least 2 process quality improvement studies and appropriate follow up	Inspect CQI Committee Minutes		Complies	Complies
P-A-06.002	12	IN	TCI CQI Committee performs at least 2 outcome quality improvement studies and appropriate follow up	Inspect CQI Committee Minutes		Complies	Complies
P-A-06.001	12	IN	There is evidence of a multidisciplinary quality improvement committee with active participation of HSU leadership.	Inspect CQI Committee Minutes		Complies	Complies

Legend and Abbreviations

* Modality
IN Inspection by Consultant
CA Chart Audit
PI Patient Interviews

** There is not yet sufficient experience with this measure at TCI to assign appropriate values to x and y. TCI will begin measuring this metric. The consultant will work with WDOC to establish appropriate values after more data is collected.

*** (1) The Consultant will be able to review all underlying documents and data used to generate the averages; (2) the Consultant will review a sample of such data and documents to estimate the frequency with which administration or delivery is delayed beyond the timeframes specified in DOC policy for stat, #1 and other medications; and (3) if the consultant deems it appropriate, the measure will be modified so that compliance is determined by a percentage of records showing compliance, rather than an average time.

§ Review of medication time study data related to stat, #1, new and refill orders

† TCI Medical Standards
1. Non emergency health care requests and services
2. Nursing assessments
3. Continuity of care
4. Chronic disease
5. Emergency services
6. Hospital and specialty care
7. Receiving screening.
8. Initial health assessments
9. Pharmaceutical operations
10. Medication services
11. Infirmary care
12. Continuous quality improvement program

Abbreviations
ACP advanced care practitioner
ADP average daily population
CO Corrections Officer
CQI Continuous Quality Improvement
GP general population
HC health care
HSR Health Service Request
HSU Health Services Unit
I/M inmate
w/i within
w/o without