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Office of the Inspector General

California City Correctional Facility
Medical Inspection Results
Cycle 4

January 2017

Fairness ◆ Integrity ◆ Respect ◆
Service ◆ Transparency

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TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

EXECUTIVE SUMMARY

Pursuant to California Penal Code Section 6126, which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (CDCR), the OIG conducts a comprehensive inspection program to evaluate the delivery of medical care at each of CDCR's 35 adult prisons. The OIG **explicitly** makes no determination regarding the constitutionality of care in the prison setting. That determination is left to the Receiver and the federal court. The assessment of care by the OIG is just one factor in the court's determination whether care in the prisons meets constitutional standards. The court may find that an institution the OIG found to be providing adequate care still did not meet constitutional standards, depending on the analysis of the underlying data provided by the OIG. Likewise, an institution that has been rated *inadequate* by the OIG could still be found to pass constitutional muster with the implementation of remedial measures if the underlying data were to reveal easily mitigated deficiencies.

The OIG's inspections are mandated by the Penal Code and not aimed at specifically resolving the court's questions on constitutional care. To the degree that they provide another factor for the court to consider, the OIG is pleased to provide added value to the taxpayers of California.

For this fourth cycle of inspections, the OIG added a clinical case review component and significantly enhanced the compliance portion of the inspection process from that used in prior cycles. In addition, the OIG added a population-based metric comparison of selected Healthcare Effectiveness Data Information Set (HEDIS) measures from other State and national health care organizations and compared that data to similar results for the California City Correctional Facility (CAC).

The OIG performed its Cycle 4 medical inspection at CAC from May to July 2016. The inspection included in-depth reviews of 51 inmate-patient files conducted by clinicians, as well as reviews of documents from 318 inmate-patient files, covering 86 objectively scored tests of compliance with policies and procedures applicable to the delivery of medical care. The OIG assessed the case review and compliance results at CAC using 13 health care quality indicators applicable to the institution, made up of 11 primary clinical indicators and 2 secondary administrative indicators. To conduct clinical case reviews, the OIG employs a clinician team consisting of a physician and a registered nurse consultant, while compliance testing is done by a team of deputy inspectors general and registered nurses trained in monitoring medical policy compliance. Of the 11 primary indicators, 6 were rated by both case review clinicians and compliance inspectors, 3 were rated by case review clinicians only, and 2 were rated by compliance inspectors only; both secondary indicators were rated by compliance inspectors only. See the *Health Care Quality Indicators* table on page *ii*. Based on that analysis, OIG experts made a considered and measured overall opinion that the quality of health care at CAC was ***proficient***.

Health Care Quality Indicators

Fourteen Primary Indicators (Clinical)	All Institutions–Applicability	CAC Applicability
1–Access to Care	All institutions	Both case review and compliance
2–Diagnostic Services	All institutions	Both case review and compliance
3–Emergency Services	All institutions	Case review only
4–Health Information Management (Medical Records)	All institutions	Both case review and compliance
5–Health Care Environment	All institutions	Compliance only
6–Inter- and Intra-System Transfers	All institutions	Both case review and compliance
7–Pharmacy and Medication Management	All institutions	Both case review and compliance
8–Prenatal and Post-Delivery Services	Female institutions only	Not Applicable
9–Preventive Services	All institutions	Compliance only
10–Quality of Nursing Performance	All institutions	Case review only
11–Quality of Provider Performance	All institutions	Case review only
12–Reception Center Arrivals	Institutions with reception centers	Not Applicable
13–Specialized Medical Housing (OHU, CTC, SNF, Hospice)	All institutions with an OHU, CTC, SNF, or Hospice	Not Applicable
14–Specialty Services	All institutions	Both case review and compliance
Two Secondary Indicators (Administrative)	**All Institutions–Applicability**	**CAC Applicability**
15–Internal Monitoring, Quality Improvement, and Administrative Operations	All institutions	Compliance only
16–Job Performance, Training, Licensing, and Certifications	All institutions	Compliance only

Overall Assessment: Proficient

Overall Assessment Rating:

Proficient

Based on the clinical case reviews and compliance testing, the OIG's overall assessment rating for CAC was *proficient*. Of the 11 primary (clinical) quality indicators applicable to CAC, the OIG found 7 *proficient*, 4 *adequate*, and none *inadequate*. Of the two secondary (administrative) quality indicators, the OIG found both *inadequate*. To determine the overall assessment for CAC, the OIG considered individual clinical ratings and individual compliance question scores within each of the indicator categories, putting emphasis on the primary indicators. Based on that analysis, OIG experts made a considered and measured overall opinion about the quality of health care observed at CAC.

Clinical Case Review and OIG Clinician Inspection Results

The clinicians' case reviews sampled patients with high medical needs and included a review of 860 patient care events.[1] Of the 11 primary indicators applicable to CAC, 9 were evaluated by clinician case review; 2 were *proficient*, 7 were *adequate*, and none was *inadequate.* When determining the overall adequacy of care, the OIG paid particular attention to the clinical nursing and provider quality indicators, as adequate health care staff can sometimes overcome suboptimal processes and programs. However, the opposite is not true; inadequate health care staff cannot provide adequate care, even though the established processes and programs onsite may be adequate. The OIG clinicians identify inadequate medical care based on the risk of significant harm to the patient, not the actual outcome.

Program Strengths — Clinical

- CAC providers delivered good care, making appropriate assessments and sound medical plans for most patients. The chief medical executive (CME) and the chief physician & surgeon (CP&S) were committed to patient care and quality improvement.

- CAC had an effective specialty services department, and staff had established an effective tracking process to ensure that patients received their appointments and diagnostic procedures timely.

- CAC provided effective access to care. Each of the three clinics had an office technician who ensured that all provider and nursing appointments were completed.

- CAC nursing staff and the interdisciplinary team had a valuable structured daily huddle. The teams worked cooperatively to provide integrated primary care to patients. Each clinic was

[1] Each OIG clinician team includes a board-certified physician and registered nurse consultant with experience in correctional and community medical settings.

adequately staffed with two registered nurses (RNs) and two licensed vocational nurse (LVN) care coordinators.

- CAC nursing staff, custody, and office technicians maintained positive morale and felt they had a constructive working relationship with nursing leadership. All the providers expressed general job satisfaction with their positions.

Program Weaknesses — Clinical

- There were two areas, the triage and treatment area (TTA) and the receiving and release clinic (R&R), where the CAC nursing leadership team showed room for improvement in monitoring and evaluating staff and improving the process of patient education and training. This was evident with patients returning from outside hospitals, such as those who had undergone invasive procedures, such as a cardiac catheterization. Some of these patients did not receive any aftercare instructions. The TTA staff received and reviewed requests for health care services, and there were cases in which nursing staff failed to recognize the need to intervene emergently, resulting in delays of treatment.

Compliance Testing Results

Of the 13 health care indicators applicable to CAC, 10 were evaluated by compliance inspectors.[2] There were 86 individual compliance questions within those 10 indicators, generating 981 data points, which tested CAC's compliance with California Correctional Health Care Services (CCHCS) policies and procedures.[3] Those 86 questions are detailed in *Appendix A — Compliance Test Results*. The institution's inspection scores in the 10 applicable indicators ranged from 58.3 percent to 95.0 percent, with the secondary indicator *Job Performance, Training, Licensing, and Certifications* receiving the lowest score, and the primary indicator *Preventive Services* receiving the highest. Of the eight primary indicators applicable to compliance testing, the OIG rated seven *proficient,* one *adequate,* and none *inadequate.* Of the two secondary indicators, which involve administrative health care functions, both were rated *inadequate*.

Program Strengths — Compliance

As the *CAC Executive Summary Table* on page *viii* indicates, the institution's compliance ratings were *proficient,* scoring above 85 percent, in the following seven primary indicators: *Access to Care*, *Health Information Management (Medical Records)*, *Health Care Environment*, *Inter- and Intra-System Transfers*, *Pharmacy and Medication Management*, *Preventive Services*, and *Specialty Services*. The following are some of CAC's strengths based on its compliance scores on individual questions in all the primary health care indicators:

[2] The OIG's compliance inspectors are trained deputy inspectors general and registered nurses with expertise in CDCR policies regarding medical staff and processes.

[3] The OIG used its own clinicians to provide clinical expert guidance for testing compliance in certain areas where CCHCS policies and procedures did not specifically address an issue.

- Patients had a standardized process to obtain and submit request forms for health care services; nursing staff timely reviewed patients' requests and timely completed face-to-face visits with patients.

- Providers conducted timely appointments with patients referred for a follow-up visit by a provider and with patients who were released from a community hospital and returned to the institution.

- Health records staff timely scanned Initial Health Screening forms (CDCR Form 7277), health care services request forms, handwritten progress notes, specialty reports, hospital discharge reports, and medication administration records into patients' electronic medical records.

- Providers timely reviewed hospital discharge reports when patients returned to the institution.

- All clinics were appropriately disinfected, cleaned, and sanitized, and each contained operable sinks and sufficient hand hygiene supplies. Clinical staff properly controlled exposure to blood-borne pathogens and contamination, and properly sterilized or disinfected medical equipment.

- The institution followed adequate protocols for managing and storing bulk medical supplies in its clinical areas and warehouse.

- For patients newly arriving at CAC from other CDCR institutions, nursing staff properly documented an assessment and disposition on the initial health screening forms, and signed and dated the form on the same day the patient arrived at the institution.

- Nursing staff ensured that patients transferred from CAC to other institutions with complete transfer packets and all applicable medications, and that specialty service appointments were identified on the Health Care Transfer Information form (CDCR Form 7371).

- Nursing staff timely delivered or administered prescribed medications without interruption for patients who suffered with chronic care conditions, patients with newly ordered medications, patients who returned to the institution from hospitals, and patients who transferred from one housing unit to another.

- Nurses employed appropriate administrative controls and followed proper protocols while preparing patients' medications.

- In its main pharmacy, CAC followed general security, organization, and cleanliness management protocols; properly stored and monitored refrigerated, frozen, and

non-refrigerated medications; properly accounted for narcotic medications; and followed key medication error reporting protocols.

- The institution timely offered or provided patients with required tuberculosis medications, immunizations, and colorectal cancer screenings.

- Patients at the highest risk of contracting valley fever were timely transferred out of the institution.

- When a specialty service was performed, providers timely reviewed the specialist's report; when providers' specialty services requests were denied, the denial occurred within the required time frame, and the provider timely communicated the denial to the patient.

The following are some of the strengths identified within the two secondary administrative indicators:

- CAC promptly processed patients' initial medical appeals during the most recent 12 months and addressed all appealed issues when responding to patients' second-level medical appeals.

- All nursing staff who administered medications possessed current clinical competency validations.

Program Weaknesses — Compliance

The institution received no ratings of *inadequate*, scoring below 75 percent, in the primary indicators, but did receive *inadequate* ratings in both secondary indicators, *Internal Monitoring, Quality Improvement, and Administrative Operations*; and *Job Performance, Training, Licensing, and Certifications*. The following are some of the weaknesses identified by CAC's compliance scores for individual questions in all the primary health care indicators:

- Providers did not always timely see newly arrived patients who were referred to them as a result of nurses' initial health care assessments.

- Most clinics were lacking some essential equipment and supplies in the common areas and exam rooms, and many clinics had exam rooms that did not have an environment conducive to providing adequate medical services.

- Sampled patients who transferred into CAC from other institutions with previously approved or scheduled specialty service appointments often received their appointments late.

The following are some of the weaknesses identified within the two secondary administrative indicators:

- Emergency Medical Response Review Committee incident review packages and emergency response drill packages lacked required documentation.
- Clinical supervisors did not complete structured performance appraisals of providers and appropriate periodic reviews of nursing staff.
- Nursing staff did not receive new employee orientation training within 30 days of being hired.

The *CAC Executive Summary Table* on the following page lists the quality indicators the OIG inspected and assessed during the clinical case reviews and objective compliance tests, and provides the institution's rating in each area. The overall indicator ratings were based on a consensus decision by the OIG's clinicians and non-clinical inspectors.

CAC Executive Summary Table

Primary Indicators (Clinical)	Case Review Rating	Compliance Rating	Overall Indicator Rating
Access to Care	*Proficient*	*Proficient*	*Proficient*
Diagnostic Services	*Adequate*	*Adequate*	*Adequate*
Emergency Services	*Adequate*	Not applicable	*Adequate*
Health Information Management (Medical Records)	*Adequate*	*Proficient*	*Proficient*
Health Care Environment	Not applicable	*Proficient*	*Proficient*
Inter- and Intra-System Transfers	*Adequate*	*Proficient*	*Proficient*
Pharmacy and Medication Management	*Adequate*	*Proficient*	*Proficient*
Preventive Services	Not applicable	*Proficient*	*Proficient*
Quality of Nursing Performance	*Adequate*	Not applicable	*Adequate*
Quality of Provider Performance	*Adequate*	Not applicable	*Adequate*
Specialty Services	*Proficient*	*Proficient*	*Proficient*

The *Prenatal and Post-Delivery Services, Reception Center Arrivals, and Specialized Medical Housing (OHU, CTC, SNF, and Hospice)* indicators did not apply to this institution.

Secondary Indicators (Administrative)	Case Review Rating	Compliance Rating	Overall Indicator Rating
Internal Monitoring, Quality Improvement, and Administrative Operations	Not applicable	*Inadequate*	*Inadequate*
Job Performance, Training, Licensing, and Certifications	Not applicable	*Inadequate*	*Inadequate*

Compliance results for quality indicators are *proficient* (greater than 85.0 percent), *adequate* (75.0 percent to 85.0 percent), or *inadequate* (below 75.0 percent).

Population-Based Metrics

The institution performed adequately as measured by population-based metrics. Statewide, the institution outperformed Medi-Cal in all five comprehensive diabetic care measures, and outperformed Kaiser in four of the five measures; CAC scored lower than Kaiser did in blood pressure control for diabetic patients. Nationally, CAC outperformed Medicaid, Medicare, and commercial health plans in all five diabetic measures; the institution outperformed or matched the United States Department of Veterans Affairs (VA) in three of the four applicable measures, and scored only 1 percentage point lower than the VA in diabetic patient eye exams.

With regard to influenza shots for younger adults, the institution performed more poorly than all statewide and national health care organizations. However, CAC offered the immunization to all patients sampled, but 55 percent of them refused it, which negatively affected the institution's score. The institution outperformed or matched all statewide and national health care organizations for colorectal cancer screenings.

Overall, CAC's performance calculated by population-based metrics demonstrated a generally adequate chronic care and preventive services program. The institution could improve some scores by making interventions to lower patients' refusal rates.

INTRODUCTION

Under the authority of California Penal Code Section 6126, which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (CDCR), and at the request of the federal Receiver, the OIG developed a comprehensive medical inspection program to evaluate the delivery of medical care at each of CDCR's 35 adult prisons. For this fourth cycle of inspections, the OIG augmented the breadth and quality of its inspection program used in prior cycles, adding a clinical case review component and significantly enhancing the compliance component of the program.

The California City Correctional Facility (CAC) was the 30th Medical Inspection of Cycle 4. During the inspection process, the OIG assessed the delivery of medical care to patients in 11 primary clinical health care indicators and 2 secondary administrative health care indicators applicable to the institution. It is important to note that while the primary quality indicators represent the clinical care being provided by the institution at the time of the inspection, the secondary quality indicators are purely administrative and are not reflective of the actual clinical care provided.

The OIG is committed to reporting on each institution's delivery of medical care to assist in identifying areas for improvement, but the federal court will ultimately determine whether any institution's medical care meets constitutional standards.

ABOUT THE INSTITUTION

The California City Correctional Facility was activated December 2013 and primarily houses low-level general population inmates. CAC is committed to protecting public safety, ensuring the safety of CDCR personnel, and providing proper care and supervision of all offenders under its jurisdiction while offering opportunities for successful reentry into society.

The institution operates seven clinics in which staff members handle non-urgent requests for medical services, including six facility clinics and a specialty clinic. CAC also conducts screenings in its receiving and release clinical area (R&R) and treats patients needing urgent or emergency care in its triage and treatment area (TTA). Patients who require a higher level of inpatient care are transferred to other nearby institutions. California Correctional Health Care Services (CCHCS) has designated CAC a "basic" care institution. Basic institutions are located in rural areas away from tertiary care centers and specialty care providers whose services would likely be used frequently by higher-risk patients. Basic institutions have the capability to provide limited specialty medical services and consultation for a generally healthy inmate-patient population.

At the time of this report, CAC had not yet received a review from the Commission on Accreditation for Corrections, a professional peer review process based on national standards set by the American Correctional Association. The institution's first review was planned for late November 2016.

Based on staffing data the OIG obtained from the institution, CAC's vacancy rate among medical managers, providers, nursing supervisors, and non-supervisory nurses was six percent in May 2016, with all the vacancies for non-supervisory nursing staff. As indicated below, CAC showed that two staff members were redirected to non-patient care areas as of May 2016. Those positions represented two staff members who were temporarily loaned to other institutions; both of them had returned to CAC by September 2016.

CAC Health Care Staffing Resources as of May 2016

	Management		Primary Care Providers		Nursing Supervisors		Nursing Staff		Totals	
Description	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Authorized Positions	5	8%	4.7	8%	8.3	13%	44.6	71%	62.6	100%
Filled Positions	5	100%	4.7	100%	8.3	100%	41	92%	59	94%
Vacancies	0	0%	0	0%	0	0%	3.6	8%	3.6	6%
Recent Hires (within 12 months)	4	80%	1	21%	2	24%	9	22%	16	27%
Staff Utilized from Registry	0	0%	0	0%	0	0%	0	0%	0	0%
Redirected Staff (to Non-Patient Care Areas)	1	20%	0	0%	1	12%	0	0%	2	3%
Staff on Long-term Medical Leave	1	20%	0	0%	0	0%	2	5%	3	5%

Note: CAC Health Care Staffing Resources data was not validated by the OIG.

As of May 9, 2016, the Master Registry for CAC showed that the institution had a total population of 1,828. Within that total population, zero percent were designated as high medical risk, Priority 1 (High 1), and 0.2 percent were designated as high medical risk, Priority 2 (High 2). Patients' assigned risk levels are based on the complexity of their required medical care related to their specific diagnoses, frequency of higher levels of care, age, and abnormal labs and procedures. High 1 has at least two high-risk conditions; High 2 has only one. Patients at high medical risk are more susceptible to poor health outcomes than are those at medium or low medical risk. Patients at high medical risk also typically require more health care services than do patients with lower assigned risk levels. The chart below illustrates the breakdown of the institution's medical risk levels at the start of the OIG medical inspection.

CAC Master Registry Data as of May 9, 2016

Medical Risk Level	# of Inmate-Patients	Percentage
High 1	0	0.0%
High 2	3	0.2%
Medium	332	18.2%
Low	1,493	81.6%
Total	**1,828**	**100.0%**

Commonly Used Abbreviations

ACLS	Advanced Cardiovascular Life Support	**HIV**	Human Immunodeficiency Virus
AHA	American Heart Association	**HTN**	Hypertension
ASU	Administrative Segregation Unit	**INH**	Isoniazid (anti-tuberculosis medication)
BLS	Basic Life Support	**IV**	Intravenous
CBC	Complete Blood Count	**KOP**	Keep-on-Person (in taking medications)
CC	Chief Complaint	**LPT**	Licensed Psychiatric Technician
CCHCS	California Correctional Health Care Services	**LVN**	Licensed Vocational Nurse
CCP	Chronic Care Program	**MAR**	Medication Administration Record
CDCR	California Department of Corrections and Rehabilitation	**MRI**	Magnetic Resonance Imaging
CEO	Chief Executive Officer	**MD**	Medical Doctor
CHF	Congestive Heart Failure	**NA**	Nurse Administered (in taking medications)
CME	Chief Medical Executive	**N/A**	Not Applicable
CMP	Comprehensive Metabolic (Chemistry) Panel	**NP**	Nurse Practitioner
CNA	Certified Nursing Assistant	**OB**	Obstetrician
CNE	Chief Nurse Executive	**OHU**	Outpatient Housing Unit
C/O	Complains of	**OIG**	Office of the Inspector General
COPD	Chronic Obstructive Pulmonary Disease	**P&P**	Policies and Procedures (CCHCS)
CP&S	Chief Physician and Surgeon	**PA**	Physician Assistant
CPR	Cardio-Pulmonary Resuscitation	**PCP**	Primary Care Provider
CSE	Chief Support Executive	**POC**	Point of Contact
CT	Computerized Tomography	**PPD**	Purified Protein Derivative
CTC	Correctional Treatment Center	**PRN**	As Needed (in taking medications)
DM	Diabetes Mellitus	**RN**	Registered Nurse
DOT	Directly Observed Therapy (in taking medications)	**Rx**	Prescription
Dx	Diagnosis	**SNF**	Skilled Nursing Facility
EKG	Electrocardiogram	**SOAPE**	Subjective, Objective, Assessment, Plan, Education
ENT	Ear, Nose and Throat	**SOMS**	Strategic Offender Management System
ER	Emergency Room	**S/P**	Status Post
eUHR	electronic Unit Health Record	**TB**	Tuberculosis
FTF	Face-to-Face	**TTA**	Triage and Treatment Area
H&P	History and Physical (reception center examination)	**UA**	Urinalysis
HIM	Health Information Management	**UM**	Utilization Management

OBJECTIVES, SCOPE, AND METHODOLOGY

In designing the medical inspection program, the OIG reviewed CCHCS policies and procedures, relevant court orders, and guidance developed by the American Correctional Association. The OIG also reviewed professional literature on correctional medical care; reviewed standardized performance measures used by the health care industry; consulted with clinical experts; and met with stakeholders from the court, the Receiver's office, CDCR, the Office of the Attorney General, and the Prison Law Office to discuss the nature and scope of the OIG's inspection program. With input from these stakeholders, the OIG developed a medical inspection program that evaluates medical care delivery by combining clinical case reviews of patient files, objective tests of compliance with policies and procedures, and an analysis of outcomes for certain population-based metrics.

To maintain a metric-oriented inspection program that evaluates medical care delivery consistently at each State prison, the OIG identified 14 primary (clinical) and 2 secondary (administrative) quality indicators of health care to measure. The primary quality indicators cover clinical categories directly relating to the health care provided to patients, whereas the secondary quality indicators address the administrative functions that support a health care delivery system. The 14 primary quality indicators are *Access to Care*, *Diagnostic Services*, *Emergency Services*, *Health Information Management (Medical Records)*, *Health Care Environment*, *Inter- and Intra-System Transfers*, *Pharmacy and Medication Management*, *Prenatal and Post-Delivery Services*, *Preventive Services*, *Quality of Nursing Performance*, *Quality of Provider Performance*, *Reception Center Arrivals*, *Specialized Medical Housing (OHU, CTC, SNF, Hospice)*, and *Specialty Services*. The two secondary quality indicators are *Internal Monitoring, Quality Improvement, and Administrative Operations*; and *Job Performance, Training, Licensing, and Certifications*.

The OIG rates each of the quality indicators applicable to the institution under inspection based on case reviews conducted by OIG clinicians and compliance tests conducted by OIG deputy inspectors general and registered nurses. The ratings may be derived from the case review results alone, the compliance test results alone, or a combination of both these information sources. For example, the ratings for the primary quality indicators *Quality of Nursing Performance* and *Quality of Provider Performance* are derived entirely from the case review results, while the ratings for the primary quality indicators *Health Care Environment* and *Preventive Services* are derived entirely from compliance test results. As another example, primary quality indicators such as *Diagnostic Services* and *Specialty Services* receive ratings derived from both sources. At CAC, 13 of the quality indicators were applicable, consisting of 11 primary clinical indicators and 2 secondary administrative indicators. Of the 11 primary indicators, six were rated by both case review clinicians and compliance inspectors, three were rated by case review clinicians only, and two were rated by compliance inspectors only; both secondary indicators were rated by compliance inspectors only.

Consistent with the OIG's agreement with the Receiver, this report only addresses the conditions found related to medical care criteria. The OIG does not review for efficiency and economy of operations. Moreover, if the OIG learns of an inmate-patient needing immediate care, the OIG notifies the chief executive officer of health care services and requests a status report. Additionally, if the OIG learns of significant departures from community standards, it may report such departures to the institution's chief executive officer or to CCHCS. Because these matters involve confidential medical information protected by State and federal privacy laws, specific identifying details related to any such cases are not included in the OIG's public report.

In all areas, the OIG is alert for opportunities to make appropriate recommendations for improvement. Such opportunities may be present regardless of the score awarded to any particular quality indicator; therefore, recommendations for improvement should not necessarily be interpreted as indicative of deficient medical care delivery.

CASE REVIEWS

The OIG has added case reviews to the Cycle 4 medical inspections at the recommendation of its stakeholders. At the conclusion of Cycle 3, the federal Receiver and the Inspector General determined that the health care provided at the institutions was not fully evaluated by the compliance tool alone, and that the compliance tool was not designed to provide comprehensive qualitative assessments. Accordingly, the OIG added case reviews in which OIG physicians and nurses evaluate selected cases in detail to determine the overall quality of health care provided to the inmate-patients. The OIG's clinicians perform a retrospective chart review of selected patient files to evaluate the care given by an institution's primary care providers and nurses. Retrospective chart review is a well-established review process used by health care organizations that perform peer reviews and patient death reviews. Currently, CCHCS uses retrospective chart review as part of its death review process and in its pattern-of-practice reviews. CCHCS also uses a more limited form of retrospective chart review when performing appraisals of individual primary care providers.

PATIENT SELECTION FOR RETROSPECTIVE CASE REVIEWS

Because retrospective chart review is time consuming and requires qualified health care professionals to perform it, OIG clinicians must carefully sample patient records. Accordingly, the group of patients the OIG targeted for chart review carried the highest clinical risk and utilized the majority of medical services. As there were only three patients at PVSP classified by CCHCS as high-risk, the majority of the patients selected for retrospective chart review were patients with chronic care illnesses, including diabetes, that were classified as medium-risk. The reason the OIG targeted these patients for review is twofold:

1. The goal of retrospective chart review is to evaluate all aspects of the health care system. Statewide, high-risk and high-utilization patients consume medical services at a disproportionate rate; 11 percent of the total patient population are considered high-risk and

account for more than half of the institution's pharmaceutical, specialty, community hospital, and emergency costs.

2. Selecting this target group for chart review provides a significantly greater opportunity to evaluate all the various aspects of the health care delivery system at an institution.

Underlying the choice of high-risk patients for detailed case review, the OIG clinical experts made the following three assumptions:

1. If the institution is able to provide adequate clinical care to the most challenging patients with multiple complex and interdependent medical problems, it will be providing adequate care to patients with less complicated health care issues. Because clinical expertise is required to determine whether the institution has provided adequate clinical care, the OIG utilizes experienced correctional physicians and registered nurses to perform this analysis.

2. The health of less complex patients is more likely to be affected by processes such as timely appointment scheduling, medication management, routine health screening, and immunizations. To review these processes, the OIG simultaneously performs a broad compliance review.

3. Patient charts generated during death reviews, sentinel events (unexpected occurrences involving death or serious injury, or risk thereof), and hospitalizations are mostly of high-risk patients.

BENEFITS AND LIMITATIONS OF TARGETED SUBPOPULATION REVIEW

Because the selected patients utilize the broadest range of services offered by the health care system, the OIG's retrospective chart review provides adequate data for a qualitative assessment of the most vital system processes (referred to as "primary quality indicators"). Retrospective chart review provides an accurate qualitative assessment of the relevant primary quality indicators as applied to the targeted subpopulation of high-risk and high-utilization patients. While this targeted subpopulation does not represent the prison population as a whole, the ability of the institution to provide adequate care to this subpopulation is a crucial and vital indicator of how the institution provides health care to its whole patient population. Simply put, if the institution's medical system does not adequately care for those patients needing the most care, then it is not fulfilling its obligations, even if it takes good care of patients with less complex medical needs.

Since the targeted subpopulation does not represent the institution's general prison population, the OIG cautions against inappropriate extrapolation of conclusions from the retrospective chart reviews to the general population. For example, if the high-risk diabetic patients reviewed have poorly-controlled diabetes, one cannot conclude that the entire diabetic population is inadequately controlled. Similarly, if the high-risk diabetic patients under review have poor outcomes and require significant specialty interventions, one cannot conclude that the entire diabetic population is having similarly poor outcomes.

Nonetheless, the health care system's response to this subpopulation can be accurately evaluated and yields valuable systems information. In the above example, if the health care system is providing appropriate diabetic monitoring, medication therapy, and specialty referrals for the high-risk patients reviewed, then it can be reasonably inferred that the health care system is also providing appropriate diabetic services to the entire diabetic subpopulation. However, if these same high-risk patients needing monitoring, medications, and referrals are generally not getting those services, it is likely that the health care system is not providing appropriate diabetic services to the greater diabetic subpopulation.

CASE REVIEWS SAMPLED

As indicated in *Appendix B, Table B–1: CAC Sample Sets*, the OIG clinicians evaluated medical charts for 51 unique inmate-patients. *Appendix B, Table B–4: CAC Case Review Sample Summary*, clarifies that both nurses and physicians reviewed charts for 22 of those patients, for 73 reviews in total. Physicians performed detailed reviews of 30 charts, and nurses performed detailed reviews of 17 charts, totaling 47 detailed reviews. For detailed case reviews, physicians or nurses looked at all encounters occurring in approximately six months of medical care. Nurses also performed a limited or focused review of medical records for an additional 25 inmate-patients. These generated 860 clinical events for review (*Appendix B, Table B–3: CAC Event-Program*). The inspection tool provides details on whether the encounter was adequate or had significant deficiencies, and identifies deficiencies by programs and processes to help the institution focus on improvement areas.

While the sample method specifically pulled only 3 chronic care patient records, i.e., 3 diabetes patients (*Appendix B, Table B–1: CAC Sample Sets*), the 51 unique inmate-patients sampled included patients with 114 chronic care diagnoses, including 8 additional patients with diabetes, for a total of 11 (*Appendix B, Table B–2: CAC Chronic Care Diagnoses*). The OIG's sample selection tool allowed evaluation of many chronic care programs because the complex and high-risk patients selected from the different categories often had multiple medical problems. While the OIG did not evaluate every chronic disease or health care staff member, the overall operation of the institution's system and staff were assessed for adequacy. The OIG's case review methodology and sample size matched other qualitative research. The empirical findings, supported by expert statistical consultants, showed adequate conclusions after 10 to 15 charts had undergone full clinician review. In qualitative statistics, this phenomenon is known as "saturation." The OIG asserts that the physician sample size of 30 detailed reviews certainly far exceeds the saturation point necessary for an adequate qualitative review. With regard to reviewing charts from different providers, the case review is not intended to be a focused search for poorly performing providers; rather, it is focused on how the system cares for those patients who need care the most. Nonetheless, while not sampling cases by each provider at the institution, the OIG inspections adequately review most providers. Providers would only escape OIG case review if institutional management successfully mitigated patient risk by having the more poorly performing providers care for the less complicated,

low-utilizing, and lower-risk patients. The OIG's clinicians concluded that the case review sample size was more than adequate to assess the quality of services provided.

Based on the collective results of clinicians' case reviews, the OIG rated each quality indicator as either *proficient* (excellent), *adequate* (passing), *inadequate* (failing), or *not applicable*. A separate confidential *CAC Supplemental Medical Inspection Results: Individual Case Review Summaries* report details the case reviews OIG clinicians conducted and is available to specific stakeholders. For further details regarding the sampling methodologies and counts, see *Appendix B — Clinical Data, Table B–1; Table B–2; Table B–3;* and *Table B–4*.

COMPLIANCE TESTING

SAMPLING METHODS FOR CONDUCTING COMPLIANCE TESTING

From May to July 2016, deputy inspectors general and registered nurses attained answers to 86 objective medical inspection test (MIT) questions designed to assess the institution's compliance with critical policies and procedures applicable to the delivery of medical care. To conduct most tests, inspectors randomly selected samples of inmate-patients for whom the testing objectives were applicable and reviewed their electronic unit health records. In some cases, inspectors used the same samples to conduct more than one test. In total, inspectors reviewed health records for 318 individual inmate-patients and analyzed specific transactions within their records for evidence that critical events occurred. Inspectors also reviewed management reports and meeting minutes to assess certain administrative operations. In addition, during the week of May 23, 2016, field inspectors conducted a detailed onsite inspection of CAC's medical facilities and clinics; interviewed key institutional employees; and reviewed employee records, logs, medical appeals, death reports, and other documents. This generated 981 scored data points to assess care.

In addition to the scored questions, the OIG obtained information from the institution that it did not score. This included, for example, information about CAC's plant infrastructure, protocols for tracking medical appeals and local operating procedures, and staffing resources.

For details of the compliance results, see *Appendix A — Compliance Test Results*. For details of the OIG's compliance sampling methodology, see *Appendix C — Compliance Sampling Methodology*.

SCORING OF COMPLIANCE TESTING RESULTS

The OIG rated the institution in the following eight primary (clinical) and two secondary (administrative) quality indicators applicable to the institution for compliance testing:

- Primary indicators: *Access to Care, Diagnostic Services, Health Information Management (Medical Records), Health Care Environment, Inter- and Intra-System Transfers, Pharmacy*

and Medication Management, *Preventive Services*, and *Specialty Services (OHU, CTC, SNF, and Hospice)*.

- Secondary indicators: *Internal Monitoring, Quality Improvement, and Administrative Operations*; and *Job Performance, Training, Licensing, and Certifications*.

After compiling the answers to the 86 questions, the OIG derived a score for each primary and secondary quality indicator identified above by calculating the percentage score of all *Yes* answers for each of the questions applicable to a particular indicator, then averaging those scores. Based on those results, the OIG assigned a rating to each quality indicator of *proficient* (greater than 85 percent), *adequate* (between 75 percent and 85 percent), or *inadequate* (less than 75 percent).

DASHBOARD COMPARISONS

In the first ten medical inspection reports of Cycle 4, the OIG identified where similar metrics for some of the individual compliance questions were available within the CCHCS Dashboard, which is a monthly report that consolidates key health care performance measures statewide and by institution. However, there was not complete parity between the metrics due to differing time frames for data collecting and differences in sampling methods, rendering the metrics unable to be compared. The OIG has removed the Dashboard comparisons to eliminate confusion. Dashboard data is available on CCHCS's website, www.cphcs.ca.gov.

OVERALL QUALITY INDICATOR RATING FOR CASE REVIEWS AND COMPLIANCE TESTING

The OIG derived the final rating for each quality indicator by combining the ratings from the case reviews and from the compliance testing, as applicable. When combining these ratings, the case review evaluations and the compliance testing results usually agreed, but there were instances when the rating differed for a particular quality indicator. In those instances, the inspection team assessed the quality indicator based on the collective ratings from both components. Specifically, the OIG clinicians and deputy inspectors general discussed the nature of individual exceptions found within that indicator category and considered the overall effect on the ability of patients to receive adequate medical care.

To derive an overall assessment rating of the institution's medical inspection, the OIG evaluated the various rating categories assigned to each of the quality indicators applicable to the institution, giving more weight to the rating results of the primary quality indicators, which directly relate to the health care provided to inmate-patients. Based on that analysis, OIG experts made a considered and measured overall opinion about the quality of health care observed.

POPULATION-BASED METRICS

The OIG identified a subset of Healthcare Effectiveness Data Information Set (HEDIS) measures applicable to the CDCR inmate-patient population. To identify outcomes for CAC, the OIG reviewed some of the compliance testing results, randomly sampled additional inmate-patients' records, and obtained CAC data from the CCHCS Master Registry. The OIG compared those results to HEDIS metrics reported by other statewide and national health care organizations.

MEDICAL INSPECTION RESULTS

PRIMARY (CLINICAL) QUALITY INDICATORS OF HEALTH CARE

The primary quality indicators assess the clinical aspects of health care. As shown on the *Health Care Quality Indicators* table on page *ii* of this report, 11 of the OIG's primary indicators were applicable to CAC. Of those 11 indicators, six were rated by both the case review and compliance components of the inspection, three were rated by the case review component alone, and two were rated by the compliance component alone.

The *CAC Executive Summary Table* on page *viii* shows the case review and compliance ratings for each applicable indicator.

Summary of Case Review Results: The clinical case review component assessed 9 of the 11 primary (clinical) indicators applicable to CAC. Of these nine indicators, OIG clinicians rated two *proficient*, seven *adequate*, and none *inadequate*.

The OIG physicians rated the overall adequacy of care for each of the 30 detailed case reviews they conducted. Of these 30 cases, none was *proficient*, 29 were *adequate,* and one was *inadequate*. In the 860 events reviewed, there were 176 deficiencies, of which 20 were considered to be of such magnitude that, if left unaddressed, they would likely contribute to patient harm.

Adverse Events Identified During Case Review: Medical care is a complex dynamic process with many moving parts, subject to human error even within the best health care organizations. Adverse events are typically identified and tracked by all major health care organizations for the purpose of quality improvement. They are not generally representative of medical care delivered by the organization. The OIG identified adverse events for the dual purposes of quality improvement and the illustration of problematic patterns of practice found during the inspection. Because of the anecdotal description of these events, the OIG cautions against drawing inappropriate conclusions regarding the institution based solely on adverse events.

- There were no unsafe conditions or sentinel events identified in the case reviews at CAC.

Summary of Compliance Results: The compliance component assessed 8 of the 11 primary (clinical) indicators applicable to CAC. Of these eight indicators, OIG inspectors rated seven *proficient*, one *adequate,* and none *inadequate*. The results of those assessments are summarized within this section of the report. The test questions used to assess compliance for each indicator are detailed in *Appendix A.*

ACCESS TO CARE

This indicator evaluates the institution's ability to provide inmate-patients with timely clinical appointments. Areas specific to inmate-patients' access to care are reviewed, such as initial assessments of newly arriving inmates, acute and chronic care follow-ups, face-to-face nurse appointments when an inmate-patient requests to be seen, provider referrals from nursing lines, and follow-ups after hospitalization or specialty care. Compliance testing for this indicator also evaluates whether inmate-patients have Health Care Services Request forms (CDCR Form 7362) available in their housing units.

Case Review Rating:
Proficient
Compliance Score:
Proficient
(87.9%)
Overall Rating:
Proficient

Case Review Results

The OIG clinicians reviewed 455 outpatient provider and nursing encounters and identified eight minor deficiencies. CAC performed well with regard to *Access to Care*, and the OIG clinicians rated this indicator *proficient*.

Nurse-to-Provider Referrals

Sick call nurses were required to refer the patient to a provider when the condition required a higher level of care. Within the 232 outpatient nursing encounters reviewed, there were two instances in which provider appointments did not occur timely and one in which the appointment did not occur.

- In case 8, a nurse evaluated a patient for constipation and requested a provider appointment within 14 days. This appointment occurred more than two months later.
- In case 9, a nurse evaluated a patient for arm pain and requested a provider appointment in three to five days. The appointment occurred ten days later.
- In case 35, a nurse evaluated the patient for ear pain and requested a routine provider appointment. This appointment did not occur.

Nursing Follow-up Appointments

CAC performed well with nursing follow-up appointments, but there were two deficiencies:

- In case 9, a nurse treated cuts on the patient's feet. The requested follow-up in one week did not occur.
- In case 16, a nurse treated earwax impaction and requested that the patient follow up in 48 hours. The appointment did not occur.

Provider-to-Provider Follow-up Appointments

The institution performed well with provider-ordered follow-up appointments, which are among the most important aspects of the *Access to Care* indicator.

Provider Follow-up After Specialty Service

The providers generally evaluated their patients timely after specialty services appointments, but there was one delay:

- In case 16, the patient had an esophagogastroduodenoscopy (imaging of the esophagus and stomach). The 14-day provider follow-up appointment did not occur until six weeks later.

Specialty Service Appointments

CAC performed well with specialty service appointments, but there were two deficiencies, one of which was significant (case 42):

- In case 38, a provider requested a general surgery evaluation, but the patient was seen by an ear, nose, and throat (ENT) specialist.

- In case 42, a provider requested to have the patient, with gastrointestinal bleeding, follow up with the gastroenterologist in four weeks. The appointment occurred 11 weeks later.

Intra-System Transfer

Nurses at CAC assessed patients transferring in and appropriately referred them to a provider, and providers evaluated the patients timely.

Follow-up After Hospitalization

Fifteen hospital or outside emergency department events were reviewed. The providers timely assessed all patients returning from higher levels of care.

Clinician Onsite Inspection

The OIG clinicians interviewed CAC staff regarding issues with access to care. Each of the three clinics had an office technician who attended the morning huddles and used a tracking process to ensure provider follow-up appointments were completed. The providers reported seeing 15 patients each day, and the clinic nurses saw about six patients each day on the nurse line. There were no backlogs in the three clinics.

Conclusion

CAC performed well with regard to *Access to Care*. The case review rating for CAC in this indicator was *proficient.*

Compliance Testing Results

The institution performed in the *proficient* range in the *Access to Care* indicator, with a compliance score of 87.9 percent. CAC scored 100 percent on five of the six test areas, as described below:

- Inmates had access to health care services request forms at all six housing units inspected (MIT 1.101).

- Inspectors sampled 30 health care services request forms submitted by patients across all facility clinics. Nursing staff reviewed all forms on the same day they were received and completed a face-to-face encounter with all 30 patients within one business day of reviewing the request form (MIT 1.003, 1.004).

- All six patients sampled who were referred to and seen by a provider, and for whom the provider ordered a sick call follow-up appointment, received a timely follow-up appointment (MIT 1.006).

- CAC offered a follow-up appointment with a provider to patients within five days of discharge from a community hospital for all 12 patients sampled (MIT 1.007).

- Among seven health care services request forms sampled on which nursing staff referred the patient for a provider appointment, six patients (86 percent) received a timely appointment. One patient's form indicated a routine referral to a provider, but the related Nursing Assessment Protocol indicated no referral was needed. Inspectors did not find evidence that the patient was seen by a provider or that the patient refused the appointment (MIT 1.005).

The institution performed adequately in the two areas below:

- When the OIG reviewed recent appointments for 30 sampled patients with chronic care conditions, 25 patients (83 percent) received timely provider follow-up appointments. Four patients received chronic care appointments from 9 to 148 days late. For one patient, there was no evidence the appointment occurred at all (MIT 1.001).

- Inspectors sampled 24 patients who received a high-priority or routine specialty service; 19 of them (79 percent) received a timely follow-up appointment with a provider. Five patients received follow-up appointments from 6 to 20 days late (MIT 1.008).

The institution showed opportunity for improvement in the following test area:

- Among seven patients sampled who had transferred into CAC from another institution and been referred to a provider based on nursing staff's initial healthcare screening, only three (43 percent) received their follow-up appointments timely. Four patients received their follow-up appointments from 8 to 14 days late (MIT 1.002).

Recommendations

No specific recommendations.

DIAGNOSTIC SERVICES

Case Review Rating:
Adequate
Compliance Score:
Adequate
(77.3%)

Overall Rating:
Adequate

This indicator addresses several types of diagnostic services. Specifically, it addresses whether radiology and laboratory services were timely provided to inmate-patients, whether the primary care provider timely reviewed the results, and whether the results were communicated to the inmate-patient within the required time frames. In addition, for pathology services, the OIG determines whether the institution received a final pathology report and whether the provider timely reviewed and communicated the pathology results to the patient. The case reviews also factor in the appropriateness, accuracy, and quality of the diagnostic test(s) ordered and the clinical response to the results.

Case Review Results

The OIG clinicians reviewed 105 events in diagnostic services and found 12 minor deficiencies. Most deficiencies were related to the health information management process, and one was related to scheduling. Most reviewed tests were performed as ordered, reviewed timely by providers, and relayed quickly to patients. The case review rating for *Diagnostic Services* was adequate.

- Ten deficiencies occurred when x-ray reports were not retrieved or scanned into the eUHR. However, the providers were aware of the reports on follow-up visits, so this did not affect patient care.
- One laboratory report was not retrieved or scanned into the eUHR.
- One STAT lab (urgently done) was ordered but not done.

Conclusion

The OIG rated Diagnostic Services at CAC *adequate*, as the improperly processed diagnostic orders were infrequent.

Compliance Testing Results

The institution received an *adequate* compliance score of 77.3 percent in the *Diagnostic Services* indicator, which encompasses radiology, laboratory, and pathology services. For clarity, each type of diagnostic service is discussed separately below:

Radiology Services

- All ten of the radiology services sampled were timely performed (MIT 2.001). Providers properly evidenced their review of the radiology results for eight of the ten patients (80 percent). For two patients, there was no evidence the provider reviewed the reports (MIT 2.002). Providers communicated the radiology results timely to nine of the ten patients (90 percent); the provider communicated the results eight days late to one patient (MIT 2.003).

Laboratory Services

- Laboratory services were completed within the time frame specified in the provider's order for eight of ten patients sampled (80 percent). Two patients' laboratory services were performed one and seven days late (MIT 2.004). Providers' properly evidenced their review of laboratory test results for all ten patients sampled within two business days of receipt (MIT 2.005). Providers timely communicated laboratory test results to nine of the ten patients (90 percent); the provider communicated the results two days late to one patient (MIT 2.006).

Pathology Services

- CAC received the final pathology report timely for only five of nine inmate patients sampled (56 percent). Three reports were received from 15 to 158 days late, and one pathology report was not found in the eUHR for one patient (MIT 2.007). Providers timely reviewed the pathology test results for six of the seven applicable reports (86 percent). For one patient, the provider did not initial and date the report to evidence his timely of the results (MIT 2.008). Providers timely communicated the final pathology results to only one of the seven patients sampled (14 percent). Providers communicated the pathology results to four patients from 3 to 210 days late. For two patients, there was no evidence found in eUHR that the pathology results were communicated at all (MIT 2.009).

Recommendations

No specific recommendations**.**

EMERGENCY SERVICES

Case Review Rating:
Adequate
Compliance Score:
Not Applicable

Overall Rating:
Adequate

An emergency medical response system is essential to providing effective and timely emergency medical response, assessment, treatment, and transportation 24 hours per day. Provision of emergency care is based on a patient's emergent situation, clinical condition, and need for a higher level of care. The OIG reviews emergency response services including first aid, basic life support (BLS), and advanced cardiac life support (ACLS) consistent with the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care, and the provision of services by knowledgeable staff appropriate to each individual's training, certification, and authorized scope of practice.

The OIG evaluates this quality indicator entirely through clinicians' reviews of case files and conducts no separate compliance testing element.

Case Review Results

The OIG clinicians reviewed 20 urgent or emergent events and found 14 deficiencies, four significant (three in case 1 and one in case 32). The OIG rated *Emergency Services* at CAC *adequate.*

Provider Performance

The providers generally evaluated patients timely and made appropriate assessments and plans during urgent or emergent events. The OIG identified two minor deficiencies, which are also described in the *Quality of Provider Performance* indicator:

- In case 32, there was no provider progress note documenting an emergent event of chest pain.
- In case 41, there was no provider progress note documenting an emergent event when the patient presented at the TTA with fever, shortness of breath, and a productive cough.

Nursing Performance

The nursing care provided during emergency medical response incidents was generally adequate. There were 12 deficiencies in this area. While most nursing deficiencies were minor, some TTA encounters demonstrated inadequate assessment, response time delays, and insufficient interventions or monitoring. In several instances, assessment and monitoring by the first medical responder did not occur or was not documented. The following examples demonstrated these case review findings:

- In case 1, the TTA RN failed to refer the patient with testicular pain to a provider. Six days later, the patient was sent to a higher level of care.

- During another encounter in case 1, there was a significant delay of 30 minutes in transferring the patient to the TTA after the initial evaluation by the RN of a patient with facial and eye injuries. After the evaluation, the RN released the patient back to custody and failed to obtain vital signs, to assess the neurological status, and to document the reason the patient was released back to custody. When the patient was brought to the TTA, the severity of the multiple facial injuries and lacerations, bruising, swelling, and active bleeding to his eye required a transfer to a higher level of care. The patient was sent to the hospital and was diagnosed with a sub-conjunctival hemorrhage (small blood vessel breaks in the eye).

- In case 5, the RN did not assess the patient with severe abdominal pain and vomiting in the TTA. The RN called the provider and received telephone orders to administer medication and transfer the patient to a higher level of care. The RN should have included the assessment of the patient and specific roles and actions of medical and custody staff, and documented the time and the mode of transportation.

- In case 19, on two separate occurrences, the first responders did not document the initial notification of time or assessment. In one occurrence, the patient arrived in the TTA with complaints of dizziness. In the other occurrence, the RN and supervisor were the first responders and did not document the time of their arrival or what actions they took for a patient found down in the shower, with head and facial injuries, and impaired vision. The patient required a higher level of care.

- In case 27, the patient was transferred to the hospital with abdominal pain and vomiting. There was a delay of 35 minutes for TTA nursing staff to notify the physician on call.

- In case 32, significant deficiencies occurred. The RN assessed the patient with a one-week history of chest pain, but did not administer aspirin, nitroglycerin, or start an intravenous fluid access line. Also, the RN contacted the physician on call, but failed to document any orders.

- In case 43, the nurse failed to recheck the patient's vital signs for 81 minutes. In addition, there was a 21-minute delay notifying the on-call physician upon the patient's arrival to the TTA.

Emergency Medical Response Review Committee

CAC conducted timely EMRRC meetings with good attendance by custody and health care team representatives. CAC staff performed and analyzed routine emergency drills and identified areas for improvement. There was one deficient case:

- In case 1, the EMRRC failed to address the 30-minute delay of medical intervention, and did not request a rationale for the return back to his cell for a patient with significant injuries.

Onsite Clinical Inspection

The TTA was readily accessible from each yard. There were two nurses on each shift and one provider during business hours. The TTA had two beds and adequate space for patient evaluation, with working areas for both nurses and providers. The TTA also had ample lighting and was stocked well with medications and medical equipment, such as an automated external defibrillator (AED) and an emergency crash cart.

The TTA staff duties included responding to medical emergencies in the clinics. First watch RNs were responsible for collecting requests for health care services out in the housing units and reviewing them for severity of the complaints. According to the chief nurse executive (CNE) and supervising RN (SRNIII), nurses new to CCHCS and hired within the most recent four months were assigned to the TTA. These nurses did not have emergency nursing experience, and one of the nurses informed the OIG staff that her nursing background was in a skilled nursing facility. In addition, the new employees' education files lacked any specific TTA emergency training for these nurses. However, the CNE recognized the need to improve the emergency response at CAC. The CNE described quality improvement plans to provide trauma emergency training through the local ambulance company for all of the nursing staff.

Conclusion

Providers, nurses, and custody staff at CAC provided timely and appropriate urgent and emergent care in a coordinated process. The OIG clinicians rated *Emergency Services* at CAC *adequate.*

Recommendations

No specific recommendations.

HEALTH INFORMATION MANAGEMENT (MEDICAL RECORDS)

Case Review Rating:
Adequate
Compliance Score:
Proficient
(87.2%)

Overall Rating:
Proficient

Health information management is a crucial link in the delivery of medical care. Medical personnel require accurate information in order to make sound judgments and decisions. This indicator examines whether the institution adequately manages its health care information. This includes determining whether the information is correctly labeled and organized and available in the electronic unit health record (eUHR); whether the various medical records (internal and external, e.g., hospital and specialty reports and progress notes) are obtained and scanned timely into the inmate-patient's eUHR; whether records routed to clinicians include legible signatures or stamps; and whether hospital discharge reports include key elements and are timely reviewed by providers.

In this indicator, the OIG's case review and compliance review processes yielded different results, with the case review giving an *adequate* rating and the compliance review resulting in a *proficient* score. The OIG's internal review process considered those factors that led to both scores. The clinicians indicated some diagnostic reports were not retrieved or scanned into the eUHR; however, the providers were aware of the report results in most cases. As a result, the OIG's medical inspection team concluded that the appropriate overall score for this indicator should be *proficient*.

Case Review Results

The OIG clinicians identified 34 deficiencies related to health information management. The OIG clinicians rated this indicator *adequate*.

Hospital Records

Fifteen hospital or outside emergency department events were reviewed, and the hospital records were timely retrieved, reviewed, and scanned into the eUHR.

Missing Documents (Progress Notes and Forms)

Most pertinent documents, nursing and provider progress notes were scanned into the eUHR. There was one missing document. In case 48, a provider prescribed an antibiotic, and there was no keep-on-person (KOP) medication administration record indicating that the patient received the medication.

Scanning Performance

There were 14 misfiled documents. In case 40, a hospital discharge summary of a different patient was scanned into the eUHR. This was the only significant deficiency in this indicator.

Specialty Services Reports

Most specialty services reports were retrieved, reviewed, and scanned into the eUHR. However, there were five reports not retrieved or scanned into the eUHR. In case 43, a positron emission tomography (PET) scan and a computed tomography (CT) scan were not retrieved or scanned into the eUHR.

Diagnostic Reports

The OIG clinicians found 11 diagnostic reports were not retrieved or scanned into the eUHR. However, the providers documented reviewing the reports and addressed the findings on follow-up visits. There were ten x-ray reports not retrieved or scanned into the eUHR. This is also discussed in the *Diagnostic Services* indicator.

Legibility

Most provider and nursing progress notes were dictated or legible.

Clinician Onsite Inspection

CAC medical record staff were prompt in retrieving and scanning specialty reports and hospital discharge summaries. The reports were timely scanned into the eUHR after being reviewed by the providers.

Conclusion

CAC performed well with its retrieval of specialty reports and hospital discharge summaries. Although x-ray reports were not always retrieved or scanned into the eUHR, the providers were aware of the reports. The OIG clinicians rated this indicator *adequate.*

Compliance Testing Results

CAC scored in the *proficient* range in the *Health Information Management (Medical Records)* indicator, receiving a compliance score of 87.2 percent.

- On the following four tests, CAC scored 100 percent and timely scanned documents into the patient's eUHR file: all 20 sampled initial health screening forms, health care services request forms, and non-dictated progress notes (MIT 4.001); all 20 sampled MARs (MIT 4.005); all 20 sampled specialty service consultant reports (MIT 4.003); and all 11 sampled hospital discharge reports (MIT 4.004).

- The eUHR files for 11 out of 12 patients sent or admitted to the hospital were complete and reviewed by providers within three calendar days of discharge (92 percent). For one patient, there was no evidence a final discharge summary report was received; instead, the provider reviewed and signed a hospital admission progress report, which did not include key

elements of a discharge report, including the date of admission, diagnosis, discharge date, or medications ordered upon discharge (MIT 4.008).

The institution performed in the *adequate* range in the following area:

- CAC scored 75 percent in its labeling and filing of documents scanned into patients' eUHRs. For this test, the OIG bases its score on 12 mislabeled or misfiled documents; three documents were scanned under the wrong date (MIT 4.006).

The institution showed room for improvement in the following area:

- When the OIG reviewed various medical documents such as hospital discharge reports, initial health screening forms, certain medication records, and specialty services reports to ensure that clinical staff legibly documented their names on the forms, only 14 of 32 samples (44 percent) showed compliance. Eighteen of the samples did not include clinician name stamps, and the signatures were illegible (MIT 4.007).

Recommendations

No specific recommendation**s.**

HEALTH CARE ENVIRONMENT

This indicator addresses the general operational aspects of the institution's clinics, including certain elements of infection control and sanitation, medical supplies and equipment management, the availability of both auditory and visual privacy for inmate-patient visits, and the sufficiency of facility infrastructure to conduct comprehensive medical examinations. Rating of this component is based entirely on the compliance testing results from the visual observations inspectors make at the institution during their onsite visit.

Case Review Rating:
Not Applicable
Compliance Score:
Proficient
(86.4%)

Overall Rating:
Proficient

Clinician Comments

Although OIG clinicians did not rate the health care environment at CAC, they obtained the following information during their onsite visit:

- The three medical clinics were centrally located, had ample lighting, and were stocked well with medications and medical equipment.

- The TTA had two beds and adequate space for patient evaluation, with working areas for both nurses and providers. The TTA also had ample lighting and was sufficiently stocked with medications and medical equipment, such as an automated external defibrillator (AED) and an emergency crash cart.

Compliance Testing Results

The institution received a *proficient* compliance score of 86.4 percent in the *Health Care Environment* indicator. The institution performed at a *proficient* level in 8 of the indicator's 11 test areas, as described below:

- All nine clinics were appropriately disinfected, cleaned, and sanitized, and all had operable sinks and sufficient quantities of hygiene supplies in the clinical areas (MIT 5.101, 5.103).

- CAC was compliant at all nine clinics regarding mitigation of exposure to blood-borne pathogens and contaminated waste (MIT 5.105).

- The non-clinic medical storage area in CAC's main medical storage warehouse generally met the supply management process and support needs of the medical health care program. CAC scored 100 percent on this test (MIT 5.106).

- All nine clinics inspected followed adequate medical supply storage and management protocols in their clinical areas (MIT 5.107).

- Clinical health care staff at eight of the nine applicable clinics (89 percent) ensured that reusable invasive and non-invasive medical equipment was properly sterilized and disinfected. At one clinic, inspectors determined that various equipment items designated as sterilized and ready for use were not date stamped, included expired date stamps, or were stored in torn sealed packages, breaching the instruments' sterility (MIT 5.102).

- Clinicians adhered to universal hand hygiene protocols in eight of the nine clinics (89 percent). At one clinic, a nurse did not wash or sanitize her hands after patient contact (MIT 5.104).

- Clinic common areas at eight of nine clinics had an environment conducive to providing medical services (89 percent); one clinic did not provide auditory privacy at the blood draw station (MIT 5.109).

CAC received an *adequate* score in the following area:

- Inspectors examined emergency response bags to determine if institution staff inspected the bags daily and inventoried them monthly, and whether the bags contained all essential items. Emergency response bags were compliant at five of the six applicable clinical locations (83 percent). At one location, the inspector found the bag compartments unsealed prior to the inspection (MIT 5.111).

The institution showed room for improvement in the two areas below:

- Only six of nine clinic exam rooms observed (67 percent) had appropriate space, configuration, supplies, and equipment to allow clinicians to perform a proper clinical examination. Three clinics lacked auditory privacy by allowing two patients to be examined in the same exam room at the same time (*Figure 1*). In addition, in one of those three clinics, the otoscope was not easily accessible for use at the exam table (MIT 5.110).

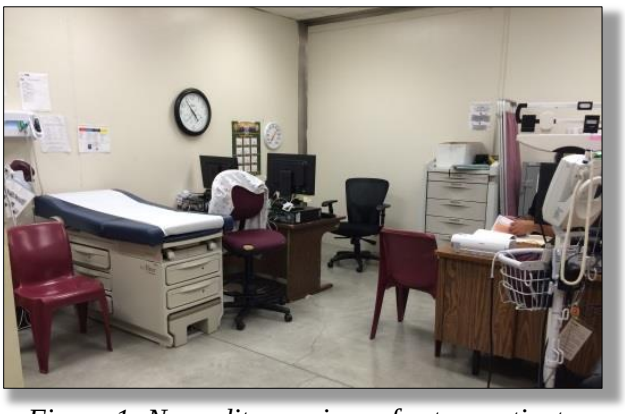

Figure 1: No auditory privacy for two patients examined at the same time.

- Some clinics' common areas and exam rooms were missing core equipment or other essential supplies necessary to conduct a comprehensive exam. As a result, only three of the nine clinic locations were compliant (33 percent). Equipment and supply deficiencies in six clinics' common areas or exam rooms consisted of the following: three clinics did not have a nebulization unit; two clinics lacked tongue depressors; one clinic lacked an otoscope and tips, hemoccult cards and developer, and lubricating jelly, and the thermometer lacked a calibration sticker; and the receiving and release (R&R) clinical area lacked an exam table and Snellen chart (MIT 5.108).

Other Information Obtained from Non-Scored Results

The OIG gathered information to determine if the institution's physical infrastructure was maintained in a manner that supported health care management's ability to provide adequate health care. The OIG did not score this question. When OIG inspectors interviewed health care managers, they did not express concerns about the facility's infrastructure or its effect on staff's ability to provide adequate health care. Pending lease approval, the institution had three proposed infrastructure projects: additional medical administrative space, dental area improvements, and a pharmacy area fume hood. Upon the lease approval, the estimated completion for all three projects is March 2017 (MIT 5.999).

Recommendation for CCHCS

The OIG recommends that CCHCS develop a statewide policy to identify required core equipment and supplies for each type of clinical setting, including primary care clinics, specialty clinics, TTAs, and R&Rs.

Recommendations for CAC

The OIG recommends that CAC develop local operating procedures that ensure the following:

- All clinical areas maintain a full complement of core medical equipment that includes nebulization units and a Snellen vision chart, and all exam rooms have an exam table in the immediate area, tongue depressors, an otoscope and tips, lubricating jelly, and hemoccult cards and developer.

- Staff members regularly monitor medical equipment to ensure applicable equipment is currently calibrated and reusable invasive medical equipment is properly sterilized.

INTER- AND INTRA-SYSTEM TRANSFERS

Case Review Rating:
Adequate
Compliance Score:
Proficient
(94.8%)

Overall Rating:
Proficient

This indicator focuses on the management of inmate-patients' medical needs and continuity of patient care during the inter- and intra-facility transfer process. The patients reviewed for *Inter- and Intra-System Transfers* include inmates received from other CDCR facilities and inmates transferring out of CAC to another CDCR facility. The OIG review includes evaluation of the institution's ability to provide and document health screening assessments, initiation of relevant referrals based on patient needs, and the continuity of medication delivery to patients arriving from another institution. For those patients, the OIG clinicians also review the timely completion of pending health appointments, tests, and requests for specialty services. For inmate-patients who transfer out of the facility, the OIG evaluates the ability of the institution to document transfer information that includes pre-existing health conditions, pending appointments, tests and requests for specialty services, medication transfer packages, and medication administration prior to transfer. The OIG clinicians also evaluate the care provided to patients returning to the institution from an outside hospital and check to ensure appropriate implementation of the hospital assessment and treatment plans.

In this indicator, the OIG's case review and compliance testing processes yielded different results, with the case review giving an *adequate* rating and the compliance review resulting in a *proficient* score. The OIG's internal review process considered those factors that led to both scores. The clinicians found a low number of deficiencies related to the assessment and disposition section of the transfer forms and determined that the compliance score of *proficient* was a more appropriate overall rating for this indicator.

Case Review Results

The OIG clinicians reviewed 22 encounters for *Inter- and Intra-System Transfers*. The OIG reviewed three encounters for inmates transferring out of CAC to other institutions, and four for inmates transferring into CAC from other institutions. The OIG reviewed 15 encounters for patients returning to CAC from a community hospital or emergency department. There were 14 deficiencies, two of which were significant (cases 1 and 24). In general, the transfer processes at CAC were *adequate*.

Transfers In

The OIG clinicians found a few minor deficiencies for inmates transferring into CAC from other CDCR institutions, primarily related to incomplete documentation and inadequate assessments.

- In case 21, the nurse failed to obtain the history of the patient's recent infection, the reason for the patient's current antibiotic regimen, and the patient's history of alcohol abuse. The nurse also failed to document the patient's denture appliances.

- In case 22, the nurse failed to assess the patient's elevated risk criteria for coccidioidomycosis (valley fever).

- In case 23, the nurse failed to document the patient had a positive tuberculosis (TB) skin test. The information was corrected two months later.

Transfers Out

Deficiencies found with patients transferring out of CAC were largely due to incomplete nursing documentation of significant medical information on the Health Care Transfer Information form (CDCR Form 7371). One significant deficiency occurred when there was a lapse in nursing assessment prior to transferring the patient, which placed the patient at a risk of harm (case 24).

- In case 24, the nurse failed to assess the patient on the day of transfer. The receiving institution sent the patient to the TTA with possible TB, after discovery of a cough for six days and prior TB. In this same case, the nurse failed to document the date of the last chest x-ray and a significant food allergy to mustard on the health care transfer form.

- In case 25, the nurse did not document the TB code, date of the last chest x-ray, and lab results on the health care transfer form.

- In case 32, the nurse did not document the next provider visit date, the specialty service appointment, and the reason for twice-per-week nursing visits on the health care transfer form.

Hospitalizations

Patients returning from hospitalizations are some of the highest-risk encounters due to two factors. First, these patients are generally hospitalized for a severe illness or injury. Second, they are at risk due to potential lapses in care that can occur during any transfer. The R&R and TTA RNs processed patients who were discharged from the hospital upon their return to CAC. The majority of the patients were processed in the TTA.

Most hospital reports were retrieved and scanned into the eUHR within acceptable time frames. However, some were not received timely or not received at all (further discussed in *Health Information Management* and *Specialty Services*). In the majority of cases, RNs appropriately reviewed the discharge medications and plans of care and obtained physician orders.

The quality of most nursing care was adequate. However, there were cases that illustrated how the lack of attention to detail can result in transfer errors or risk of harm for patients returning from the hospital.

- In case 1, the patient returned from the hospital with facial injuries and required dressing changes to his eye. The RN failed to adequately assess the severity of the injuries, failed to educate the patient on wound care, and failed to obtain antibiotic orders from the provider.

- In case 2, the RN failed to adequately assess the patient with an abnormal heart rhythm upon the patient's return from an outside medical facility. The nurse failed to document medications or the discharge plan.

- In case 4, the patient returned from the hospital with significant facial and eye swelling and a broken nose. The nurse in the TTA failed to follow hospital recommendations, which were to help the patient keep his head elevated and to apply ice to the swollen area. The next day his condition had worsened, he complained of a severe headache and dizziness, and his eye was swollen shut. This resulted in readmission to the hospital and an overnight stay.

Onsite Visit

There were two nurses assigned to the R&R, with one on second watch and one on third. These nurses were responsible for assessing intra-system transfers and patients returning from offsite medical specialty service appointments.

The R&R nurses indirectly referred patients to the providers via the chronic care nurses in the clinic. The providers were notified of the new patient arrivals during the morning huddle. The OIG's case reviews showed this process to work well, as patients were seen timely by providers.

When patients transferred out, all medications were accounted for and verified prior to transferring. If a medication was not received, the nurse retrieved the medication from the Omnicell (electronic storage). All medication orders were processed timely.

During the onsite visit, the R&R nurse could not describe the new CCHCS transfer policy for a medical hold.

Compliance Testing Results

The institution obtained a *proficient* compliance score of 94.8 percent in the *Inter- and Intra-System Transfers* indicator. The institution scored in the *proficient* range on all five tests, as follows:

- CAC scored 100 percent when the OIG tested one patient who transferred out of CAC during the OIG's onsite inspection to determine whether his transfer package included the required medications and related documentation. Although three inmates transferred out on the testing day, only one was prescribed medications (MIT 6.101).

- The OIG tested 30 patients who transferred into CAC from another CDCR institution; nursing staff completed an initial health screening assessment form on the same day of the patient's arrival for 29 of the patients (97 percent). In one instance, nursing staff neglected to answer all applicable questions on the patient's initial health screening form (MIT 6.001). Nursing staff timely completed the assessment and disposition sections of the screening form for 29 of 30 patients (97 percent). For one patient, nursing staff failed to answer if a provider referral was required (MIT 6.002).

- Inspectors tested 20 patients who transferred out of CAC to another CDCR institution to determine whether their scheduled specialty service appointments were listed on the health care transfer form. CAC nursing staff identified the scheduled appointments on the transfer forms for 19 of the samples tested (95 percent). For one patient, nursing staff did not document a pending specialty service on the transfer form (MIT 6.004).

- Of seven sampled patients who transferred into CAC with an existing medication order, six (86 percent) received their medications without interruption upon arriving at CAC. One patient did not receive his prescribed KOP medication, which did not arrive until the next day (MIT 6.003).

Recommendation

The OIG recommends that CAC provide training for all TTA, R&R, and utilization management staff on the CCHCS revision of the health care transfer medical hold policy.

PHARMACY AND MEDICATION MANAGEMENT

Case Review Rating:
Adequate
Compliance Score:
Proficient
(92.1%)

Overall Rating:
Proficient

This indicator is an evaluation of the institution's ability to provide appropriate pharmaceutical administration and security management, encompassing the process from the written prescription to the administration of the medication. By combining both a quantitative compliance test with case review analysis, this assessment identifies issues in various stages of the medication management process, including ordering and prescribing, transcribing and verifying, dispensing and delivering, administering, and documenting and reporting. Because effective medication management is affected by numerous entities across various departments, this assessment considers internal review and approval processes, pharmacy, nursing, health information systems, custody processes, and actions taken by the prescriber, staff, and patient.

In this indicator, the OIG's case review and compliance review processes yielded different results, with the case review giving an *adequate* rating and the compliance review resulting in a *proficient* score. The OIG's internal review process considered those factors that led to both scores. Case reviews focused on medication administration as secondary processes, while compliance reviewers considered medication administration as well as medication storage, pharmacy protocols, and other factors to arrive at a rating for this indicator. As a result, the compliance review rating of *proficient* was deemed a more appropriate reflection of the overall indicator rating.

Case Review Results

The OIG clinicians evaluated pharmacy and medication management as secondary processes as they related to the quality of clinical care provided. From a clinical perspective, pharmacy performance and medication administration were *adequate*. There were 49 medication and pharmacy events reviewed. There were 16 deficiencies, one of which was significant (case 39). Medication errors found during case reviews were rare.

Medication administration

During their onsite visit, the OIG clinicians met with medical and nursing representatives regarding case review findings. The majority of the patients received self-administered medications. Nurse-administered (NA) and direct observation therapy (DOT) medications were given at pill lines, where there were 40 to 50 patients in the morning and evening lines but just one or two patients in the noon lines. The medication staff stated that they received copies of orders timely. The nurse educators were able to provide staff education files that demonstrated competency testing in medication management for a random selection of nursing staff. However, the following deficiencies were found during case review:

Documentation

- In case 13, the nurse failed to document the dosage of the vaccine and the method of its administration.

- In case 21, the nurse documented that the patient received a meningitis vaccine, but the provider had ordered a pneumonia vaccine.

- In case 42, the nurse illegibly documented the date the patient received the medication.

- In case 37, the patient refused vaccination, but the vaccination form showed that the patient received the vaccination.

Failure to Administer or Notify

- In case 6, the licensed psychiatric technician failed to administer insulin on two different dates; on another occasion, another licensed psychiatric technician did not evaluate the patient for signs and symptoms of elevated blood glucose and failed to report it to or notify the registered nurse.

- In case 15, a medication administration record for phenytoin (seizure medication) was incorrectly filed.

- In case 22, there was a three-day delay in the patient receiving self-administered medications.

- In case 26, the pharmacy failed to deliver a prescribed medication, and the nursing staff failed to verify the patient's medications and identify that this medication had not been delivered.

- In case 31, the provider discontinued a medication, but the nurse did not verify the patient's new prescription order and continued to administer the medication.

- In case 35, the nurse failed to inform the provider that the patient did not show up for the medication on multiple days.

- In case 37, the nurse failed to address the patient's request for a renewal of diabetic medication, causing a lapse in medication continuity.

- In case 39, after returning from an offsite hospitalization for severe constipation, the patient did not receive his prescribed medication. This placed the patient at risk of requiring another hospitalization.

Conclusion

The OIG clinicians rated the *Pharmacy and Medication Management* indicator *adequate*.

Compliance Testing Results

The institution received a *proficient* compliance score of 92.1 percent in the *Pharmacy and Medication Management* indicator. For discussion purposes below, this indicator is divided into three sub indicators: medication administration, observed medication practices and storage controls, and pharmacy protocols.

Medication Administration

This sub indicator consists of four applicable questions in which the institution received a *proficient* score of 97.0 percent and scored in the *proficient* range in each of the following areas:

- CAC timely administered or delivered new medication orders to all 30 patients sampled (MIT 7.002).

- The institution ensured that all 21 patients sampled received their medications without interruption when they transferred from one housing unit to another (MIT 7.005).

- Nursing staff timely dispensed long-term chronic care medications to 28 of the 29 patients sampled (97 percent). One patient did not receive one month of his KOP medication during the OIG's three-month testing period (MIT 7.001).

- CAC timely provided new and previously prescribed medications to 11 of 12 sampled patients upon their return to the institution from a community hospital (92 percent). One patient received his medication one day late (MIT 7.003).

Observed Medication Practices and Storage Controls

In this sub-indicator, the institution received an *adequate* average score of 82 percent, but scored a *proficient* 100 percent in the following test:

- Nursing staff at all four of the sampled medication preparation and administration locations employed appropriate administrative controls and protocols when preparing patients' medication (MIT 7.105).

CAC scored in the *adequate* range in the five tests below:

- The OIG interviewed nursing staff and inspected narcotics storage areas at six applicable clinic and pill line locations to assess narcotic security controls. Nursing staff had strong medication security controls over narcotic medications at five locations (83 percent). For

one clinic, on the day of inspection, the narcotics logbook was not counter-signed by two nursing staff during the shift change (MIT 7.101).

- CAC properly stored non-narcotic medications that did not require refrigeration at eight of the ten applicable clinics and medication line storage locations sampled (80 percent). Inspectors found the following deficiencies: the crash cart seal number did not correspond to the crash cart logbook at one location; at a second location, a bottle of hydrogen peroxide was not labeled with the date the bottle was opened (MIT 7.102).

- Nursing staff followed appropriate administrative controls and protocols when distributing medications to patients at four of five applicable medication preparation and administrative locations (80 percent). At one location, nursing staff did not discontinue a patient's medications per the provider's order (MIT 7.106).

- Non-narcotic refrigerated medications were properly stored in six of eight clinics and medication line storage locations (75 percent). Two locations stored batteries in the refrigeration unit against the battery manufacturer's recommendation (MIT 7.103).

- Nursing staff at only three of the four sampled medication preparation and administration locations (75 percent) followed proper hand hygiene contamination control protocols during the medication preparation and administrative processes. At one location, nursing staff did not have access to non-latex gloves during medication administration (MIT 7.104).

Pharmacy Protocols

For this sub-indicator, the institution scored 100 percent in each of the five test areas:

- In its main pharmacy, CAC followed general security, organization, and cleanliness management protocols; properly stored and monitored non-narcotic medications that required refrigeration and those that did not; and maintained adequate controls and properly accounted for narcotic medications (MIT 7.107, 7.108, 7.109, 7.110).

- CAC's pharmacist in charge timely processed all 26 inspector-sampled medication error reports (MIT 7.111).

Non-Scored Tests

- In addition to testing reported medication errors, OIG inspectors follow up on any significant medication errors found during the case reviews or compliance testing to determine whether the errors were properly identified and reported. The OIG provides those results for information purposes only. At CAC, the OIG did not find any applicable medication errors subject to this test (MIT 7.998).

- The OIG tested patients housed in isolation units to determine if they had immediate access to their prescribed KOP rescue asthma inhalers and nitroglycerin medications. One applicable patient confirmed he had physical possession of his rescue medication (MIT 7.999).

Recommendations

No specific recommendations.

PREVENTIVE SERVICES

This indicator assesses whether various preventive medical services are offered or provided to inmate-patients. These include cancer screenings, tuberculosis screenings, and influenza and chronic care immunizations. This indicator also assesses whether certain institutions take preventive actions to relocate inmate-patients identified as being at higher risk for contracting coccidioidomycosis (valley fever).

Case Review Rating:
Not Applicable
Compliance Score:
Proficient
(95.0%)

Overall Rating:
Proficient

The OIG rates this indicator entirely through the compliance testing component; the case review process does not include a separate qualitative analysis for this indicator.

Compliance Testing Results

The institution performed in the *proficien*t range in the *Preventive Services* indicator, with a compliance score of 95.0 percent. Six test areas scored in the *proficient* range, including five scores of 100 percent, as described below:

- CAC timely administered tuberculosis medications to all four sampled patients with tuberculosis (MIT 9.001).
- The institution was compliant in offering annual influenza vaccinations to all 30 sampled patients (MIT 9.004).
- CAC offered colorectal cancer screenings to all 30 sampled patients subject to the annual screening requirement (MIT 9.005).
- The OIG tested whether CAC offered vaccinations for influenza, pneumonia, and hepatitis to patients who suffered from a chronic care condition; all eight sampled patients received recommended vaccinations at the required interval (MIT 9.008).
- The OIG tested five patients at high risk for contracting coccidioidomycosis infection (valley fever), identified as medically restricted and ineligible to reside at CAC, to determine if they were transferred out of the institution within 60 days from the time they were deemed ineligible. Inspectors found that CAC timely transferred all five patients (MIT 9.009).
- The institution scored 90 percent for conducting annual tuberculosis (TB) screenings. CAC timely screened all 30 sampled patients for tuberculosis within the prior year. All 15 of the patients classified as Code 22 (requiring a TB skin test in addition to signs and symptoms screenings) were properly tested. In addition to the sampled Code 22 patients, inspectors sampled 15 patients classified as Code 34 (those who had previously tested for TB and

subject only to an annual signs and symptoms screening). For three patients, nursing staff did not complete the history section of the Tuberculin Testing/Evaluation Report (CDCR Form 7331) (MIT 9.003).

The institution scored in the *adequate* range in the following area:

- Three of the four patients sampled (75 percent) were properly monitored while taking TB medications. One patient's required TB monitoring evaluation form was completed but it was not timely scanned into their eUHR after the evaluation occurred (MIT 9.002).

Recommendations

No specific recommendations.

QUALITY OF NURSING PERFORMANCE

***Case Review Rating**:*
Adequate
***Compliance Score**:*
Not Applicable

Overall Rating:
Adequate

The *Quality of Nursing Performance* indicator is a qualitative evaluation of the institution's nursing services. The evaluation is completed entirely by OIG nursing clinicians within the case review process, and, therefore, does not have a score under the compliance testing component. The OIG nurses conduct case reviews that include reviewing face-to-face encounters related to nursing sick call requests identified on the Health Care Services Request form (CDCR Form 7362), urgent walk-in visits, referrals for medical services by custody staff, RN case management, RN utilization management, clinical encounters by licensed vocational nurses (LVNs) and licensed psychiatric technicians (LPTs), and any other nursing service performed on an outpatient basis. The OIG case review also includes activities and processes performed by nursing staff that are not considered direct patient encounters, such as the initial receipt and review of health care services request forms and follow-up with primary care providers and other staff on behalf of the patient. Key focus areas for evaluation of outpatient nursing care include appropriateness and timeliness of patient triage and assessment, identification and prioritization of health care needs, use of the nursing process to implement interventions including patient education and referrals, and documentation that is accurate, thorough, and legible. Nursing services provided in the triage and treatment area (TTA) or related to emergency medical responses are reported under *Emergency Services*.

Case Review Results

OIG nursing clinicians rated the *Quality of Nursing Performance* at CAC *adequate*. The OIG evaluated 860 events during case review. Of these, approximately 210 were outpatient encounters from sick call requests and primary care clinic nurse follow-up visits. In general, nursing performed well. In all, 72 deficiencies were found in outpatient nursing services, the majority of which were minor and unlikely to contribute to patient harm. Nevertheless, these deficient areas are clearly established in CCHCS policy as requirements for nursing care and practice and, therefore, require quality improvement strategies. Eight cases had significant deficiencies with the potential for adverse outcomes or unnecessary delays in needed health care services.

Nursing Sick Call

The majority of sick call RNs appropriately assessed complaints and symptoms, and provided necessary interventions for patients presenting with medical issues in the outpatient nurse clinics. There were 8 significant deficiencies (two in case 44 and one each in cases 18, 27, 30, 31, 36, and 41). The quality of nursing performance was affected by patterns of deficiencies in the form of lacking assessments or providing inadequate assessments. There was also improper implementation of or delays in interventions based on assessment.

The following examples demonstrated intervention delays and either no assessment or inadequate assessment:

- In case 18, the patient had a painful, red eye and blurry vision. The nurse did not perform an adequate assessment, and instructed the patient to complete a sick call request to be seen by the clinic nurse. The nurse also failed to contact the provider emergently. When the patient was seen the following day, he was transferred by the provider to an offsite eye center for an eye infection.

- In case 19, on several different encounters, the sick call nurse failed to assess the patient for symptoms such as dizziness or toothache.

Nurses also failed to assess patients with medical symptoms in cases 13, 16, and 39. Incomplete nursing assessment also occurred in cases 10, 11, 15, 20, 22, 32, 37, 38, and 42.

- In case 6, the licensed psychiatric technician failed to evaluate a patient with elevated blood sugar readings, and did not contact the RN.

- In case 41, the patient submitted a sick call request for immediate help for lack of energy and feelings of passing out. The nurse reviewed the sick call request form and inappropriately deferred to the clinic nurse two days later. The next day, the patient was sent to the TTA with an elevated temperature, cough, and body aches. The patient was transferred to the hospital, where he underwent eight days of care for pneumonia.

- In case 43, the nurse saw the patient for a rash, possibly related to an allergic reaction. The nurse failed to contact the provider for consultation. Five days later, the patient submitted another sick call request form, and the nurse failed to adequately assess the severity of the rash and integrity of the skin. One month later, the provider saw the patient for cellulitis (skin infection) and ordered wound checks by the nurse for seven days. The nurse failed to check the wound on two of the seven days, and on two other days, the nurse failed to adequately assess and describe the measurement of the wound.

- In case 44, the nurse failed to notify the provider of abnormal vital signs and wheezing in a patient with a cough and uncontrolled diabetes. The patient was given the nursing protocol medications of acetaminophen and chlorpheniramine (allergy medication) for viral rhinitis (common cold), and sent back to his housing unit.

The following case involved a patient death, which was not preventable:

- In case 27, the nurse inadequately assessed the patient with severe abdominal pain and vomiting, sent him back to his housing unit, and made a routine referral to the provider. The nurse failed to intervene and immediately notify the provider at the time of the sick call visit. Twelve hours later, the patient was taken to the TTA and sent out to the hospital. The patient

had sepsis (infection in the blood system), acute pancreatitis, and kidney failure. The patient died at the hospital ten days later. The OIG review felt this deficiency did not affect the patient outcome, and the death was not preventable.

The failure to refer or notify the provider of significant abnormal findings or vital signs was also found in cases 8, 23, and 40.

At times, nurses failed to provide an adequate assessment upon a patient's return from an offsite specialty service procedure, as illustrated in the following examples:

- In case 16, the nurse failed to assess the patient after the patient returned from a specialty service, an endoscopic stomach biopsy, that was performed offsite.

- In case 33, the nurse failed to assess the patient after return from another endoscopic biopsy.

- In case 30, upon return from an offsite intravenous cardiac catheterization angiogram (procedure to view the heart's arteries), the nurse did not examine the intravenous site and did not instruct the patient on post-procedure care.

- In case 31, the patient had an MRI (magnetic resonance imaging) examination with contrast dye. The nurse failed to reinforce specific discharge instructions about drinking water every hour. Failure of nurses to ensure that all post-procedure instructions are reinforced and that supplies are available can place patients at risk of harm and complications. This patient also had two sick call encounters, and the nurse failed to notify the provider of severe leg pain. The nurse did not refer the patient urgently to the provider. Six days later, the patient transferred to the hospital for leg swelling from poor circulation of the leg veins. In addition, the nurse failed to contact the provider upon the patient's return from the hospital to discuss the type of housing for the patient.

Clinical Onsite Visit

The OIG clinicians visited all yard clinics. The clinics were clean and organized. The main medical clinic, which was separate from the clinic yards, was in a central location. This clinic was staffed with physicians, LVNs, RNs, medication nurses, and supervisors. It was observed that the physicians and nursing staff had excellent medical equipment, with new Welch-Allen diagnostic wall units (instruments for eye and ear examinations) for the nurses and the providers. The OIG clinicians attended the morning huddle during their onsite visit. The entire medical and support staff attended and discussed specific patient panels as outlined in the huddle script. All huddles were brief and succinct.

The clinics were well staffed. The two RNs in each clinic conducted the face-to-face sick call visits and routine primary care management visits for chronic care patients. The LVN care coordinators completed wound care, blood pressure checks, and care coordination reviews for preventive vaccinations and patient education needs; and obtained laboratory results, diagnostic reports, and

other information needed for the RN visits. At the time of the onsite inspection, in clinics A and B, one RN shared an office with two LVNs and did not have a private and confidential space to assess patients, and used a folding screen when necessary. The other RN had a private office down the hall.

At CAC, the providers and clinical staff frequently communicated via e-mail. In some instances, this was ineffective and, as a result, wound care and medication orders did not always occur. In addition, blood pressure checks were not communicated to the provider as requested. When staff was asked about this communication gap, they could not explain or give a reason. The nurses onsite were asked to explain how referrals were tracked. On Yard B, the nurse stated that referrals were documented on the daily appointment sheet, and informed the patient to return to the clinic if he did not receive a ducat (appointment slip) for the appointment. On Yard C, appointments were confirmed through the Strategic Offender Management System database. The schedulers in the main medical clinic stated Med-SATS (scheduling and aging tracking system) was used to schedule and check referrals and appointments.

Conclusion

The outpatient nursing care at CAC was *adequate*. Although some cases lacked adequate nursing assessment, intervention, and documentation, strategies for ongoing quality improvement and monitoring of nursing services was evident.

Recommendations

The OIG recommends that CAC management implement the following:

- Evaluate the processes currently in place for orienting, mentoring, and monitoring the performance of nursing staff at all levels.

- Develop quality improvement projects that include ongoing education, monitoring, evaluation, and feedback methods to ensure that nurses at all levels are aware of and involved in improving nursing performance and services.

QUALITY OF PROVIDER PERFORMANCE

In this indicator, the OIG physicians provide a qualitative evaluation of the adequacy of provider care at the institution. Appropriate evaluation, diagnosis, and management plans are reviewed for programs including, but not limited to, nursing sick call, chronic care programs, TTA, and specialty services. The assessment of provider care is performed entirely by OIG physicians. There is no compliance testing component associated with this quality indicator.

Case Review Rating:
Adequate
Compliance Score:
Not Applicable

Overall Rating:
Adequate

Case Review Results

OIG clinicians reviewed 224 medical provider encounters and identified 25 deficiencies related to provider performance. Of those 25 deficiencies, three were considered significant deficiencies (two in case 44 and one in case 46). As a whole, CAC provider performance was rated a strong *adequate,* bordering proficient.

Assessment and Decision-Making

In most cases, CAC providers made appropriate assessments and sound medical plans. There was one significant deficiency:

- In case 46, the provider documented that the patient had a calculated 19.2 percent 10-year risk of heart disease or stroke but did not prescribe the recommended high intensity cholesterol lowering medication. The failure to prescribe a statin placed the patient at risk for cardiovascular events.

Emergency Care

Providers generally made appropriate triage decisions when patients presented emergently to the TTA. In addition, the providers generally were available for consultation with the TTA nursing staff. However, there were two minor deficiencies identified related to the quality of provider care in emergency services. The cases below are also discussed in the *Emergency Services* indicator:

- In case 32, there was no provider progress note documenting the emergent event for a patient with chest pain.

- In case 41, there was no provider progress note documenting the emergent event for a patient in the TTA with fever, shortness of breath, and productive cough.

Hospital Return

CAC providers properly signed hospital discharge summaries and timely addressed all the recommendations.

Chronic Care

Chronic care performance was adequate as most providers demonstrated good care in regard to hypertension, asthma, hepatitis C infection, and cardiovascular disease. The providers' thorough documentation showed sound assessments and plans.

The OIG clinicians identified the following deficiencies in the chronic care program:

- In case 34, the oversight committee had recommended hepatitis C virus treatment. The provider evaluating the patient more than a month later failed to review and address the recommendation.

- In case 36, the provider ordered blood pressure checks for two weeks. On the follow-up visit, the provider did not address the elevated blood pressure readings. In addition, the provider documented that the patient's previously ordered cholesterol lowering medication should be continued, but the medication had expired five days prior to the visit and was not renewed.

- In case 52, the provider did not address two elevated blood pressure readings during a patient visit.

The management of diabetes was adequate. Most providers demonstrated excellent diabetic management skills. However, the OIG clinicians identified the following two significant deficiencies in diabetic care:

- In case 44, the patient had poorly controlled diabetes with average fasting blood glucose of 174 mg/dL. The provider failed to adjust the basal insulin, and the 90-day follow-up was too long for a diabetic patient not at goal.

- Also in case 44, a nurse consulted a provider for a critical high blood glucose level of 479 mg/dL; the provider should have ordered a next-day follow-up appointment, requesting that a provider conduct a thorough evaluation and assessment of diabetic control.

Specialty Services

CAC providers generally referred appropriately and reviewed specialty reports timely. Not all the reports were properly signed by the providers; however, all specialist recommendations were timely addressed. There was one minor deficiency:

- In case 30, after reviewing a normal cardiac catheterization, indicating that chest pain was not due to coronary artery disease, the provider inappropriately requested cardiology follow-up for chest pain.

Health Information Management

The providers generally documented outpatient and TTA encounters on the same day. Most progress notes were dictated and generally legible.

Clinician Onsite Inspection

At the time of the OIG inspection, there was no provider vacancy. All CAC providers were enthusiastic about their work and expressed satisfactions with nursing, specialty, and diagnostic services. Each provider was mainly assigned to one clinic to ensure continuity of care. The three clinics were centrally located, and this enabled the providers to easily consult with each other. Morning huddles were productive, and led by providers, attended by nurses, care coordinators, custody staff, and office technicians. The chief medical executive (CME) and chief physician and surgeon were committed to patient care and quality improvement. All the providers expressed general job satisfaction with their positions, and morale was good overall.

Conclusion

The providers at CAC delivered good care in the majority of the physician-reviewed cases. Among the 30 cases, 29 were *adequate*, and one was *inadequate*. The OIG rates CAC provider performance as *adequate*.

Recommendations

No specific recommendations.

SPECIALTY SERVICES

Case Review Rating:
Proficient
Compliance Score:
Proficient
(88.6%)

Overall Rating:
Proficient

This indicator focuses on specialist care from the time a request for services or physician's order for specialist care is completed to the time of receipt of related recommendations from specialists. This indicator also evaluates the providers' timely review of specialist records and documentation reflecting the patients' care plans, including course of care when specialist recommendations were not ordered, and whether the results of specialists' reports are communicated to the patients. For specialty services denied by the institution, the OIG determines whether the denials are timely and appropriate, and whether the inmate-patient is updated on the plan of care.

Case Review Results

The OIG clinicians reviewed 90 events regarding S*pecialty Services.* There were just eight deficiencies in this category, only one of which was significant (case 42). Most of the deficiencies were related to the health information management process. The case review rating for *Specialty Services* was *proficient*.

Provider Performance

Case review showed that patients were generally referred to specialists appropriately by the providers, except on one occasion; this episode is discussed further in the *Quality of Provider Performance* indicator. The providers also timely reviewed and addressed specialists' recommendations.

Specialty Access

On one occasion, a specialty service did not occur within the requested time frame:

- In case 42, a provider requested to have the patient follow-up with the gastroenterologist in four weeks for an evaluation of anemia (a low blood count), but the appointment occurred 11 weeks later.

On one occasion, specialty services appointments did not occur:

- In case 38, a provider requested for a general surgery evaluation, but the patient was actually seen by an ear, nose, and throat (ENT) specialist.

Health Information Management

The OIG identified five specialty reports that were not retrieved or scanned into the eUHR; however, providers were aware of the reports during follow-up visits.

Clinician Onsite Inspection

At the time of the OIG inspection, the specialty services staff had established an effective tracking process to ensure that patients received their necessary specialty appointments and diagnostic procedures timely. CAC also had an effective process to ensure specialty reports were retrieved and scanned into the eUHR.

Conclusion

Missed or delayed specialty appointments were rare, and most specialty reports were retrieved and available for review. The OIG clinicians rated the *Specialty Services* indicator at CAC *proficient.*

Compliance Testing Results

The institution received a *proficient* compliance score of 88.6 percent in the *Specialty Services* indicator. CAC scored 100 percent for five of the six test areas, as described below:

- Providers timely received and reviewed the specialists' reports for all patients who received a routine and high-priority specialty service (MIT 14.002, 14.004).

- For all 12 patients sampled, denials of providers' specialty services requests occurred within the required time frame and the providers timely communicated the denial status for the requested services to the patients (MIT 14.006, 14.007).

- All 15 patients sampled received their routine specialty services appointment within 90 calendar days of the provider's order. For 13 of the 15 patients sampled (87 percent), the high-priority specialty services appointment occurred within 14 calendar days of the provider's order. One patient received the service appointment two days late. While another patient refused the specialty appointment but it was scheduled 12 days late (MIT 14.003, 14.001).

The institution scored within the *inadequate* range on the following test:

- When patients are approved or scheduled for specialty services appointments at one institution and then transfer to another institution, policy requires that the receiving institution timely schedule and hold the patient's appointment. Two of the six patients sampled who transferred to CAC with an approved specialty service appointment (33 percent) received it within the required time frame. Four patients received their specialty appointments from 2 to 39 days late (MIT 14.005).

Recommendations

No specific recommendations.

SECONDARY (ADMINISTRATIVE) QUALITY INDICATORS OF HEALTH CARE

The last two quality indicators (*Internal Monitoring, Quality Improvement, and Administrative Operations*; and *Job Performance, Training, Licensing, and Certifications*) involve health care administrative systems and processes. Testing in these areas applies only to the compliance component of the process. Therefore, there is no case review assessment associated with either of the two indicators. As part of the compliance component of the first of these two indicators, the OIG does not score several questions. Instead, the OIG presents the findings for informational purposes only. For example, the OIG describes certain local processes in place at CAC.

To test both the scored and non-scored areas within these two secondary quality indicators, OIG inspectors interviewed key institutional employees and reviewed documents during their onsite visit to CAC in May 2016. They also reviewed documents obtained from the institution and from CCHCS prior to the start of the inspection. Of these two secondary indicators, OIG compliance inspectors rated both *inadequate*. The test questions used to assess compliance for each indicator are detailed in *Appendix A.*

INTERNAL MONITORING, QUALITY IMPROVEMENT, AND ADMINISTRATIVE OPERATIONS

Case Review Rating:
Not Applicable
Compliance Score:
Inadequate
(68.8%)

Overall Rating:
Inadequate

This indicator focuses on the institution's administrative health care oversight functions. The OIG evaluates whether the institution promptly processes inmate-patient medical appeals and addresses all appealed issues. Inspectors also verify that the institution follows reporting requirements for adverse/sentinel events and inmate deaths, and whether the institution is making progress toward its Performance Improvement Work Plan initiatives. In addition, the OIG verifies that the Emergency Medical Response Review Committee (EMRRC) performs required reviews and that staff perform required emergency response drills. Inspectors also assess whether the Quality Management Committee (QMC) meets regularly and adequately addresses program performance. For those institutions with licensed facilities, inspectors also verify that required committee meetings are held.

Compliance Testing Results

The institution scored within the *inadequate* range in the *Internal Monitoring, Quality Improvement, and Administrative Operations* indicator, receiving a compliance score of 68.8 percent, showing need for improvement in the following three areas:

- The OIG reviewed documentation for 12 emergency medical response incidents addressed by the institution's Emergency Medical Response Review Committee (EMRRC) during the prior six-month period and found that the required EMRRC Event Checklist forms were either not fully completed or not available at all. Further, the committee minutes did not document discussion of all of the three required questions for the 12 incidents. As a result, CAC received a score of zero on this test (MIT 15.007).

- Emergency response drill packages for three medical emergency response drills conducted in the prior quarter did not include required documentation; none of the three drill packages contained a Medical Report of Injury or Unusual Occurrence (CDCR Form 7219) and one of the drill packages did not list the CPR initiation time. As a result, CAC received a score of zero on this test (MIT 15.101).

- Inspectors reviewed six recent months' Quality Management Committee (QMC) meeting minutes and confirmed that the QMC evaluated program performance and took action when the committee identified improvement opportunities. Three of the six meeting were scheduled monthly (50 percent); due to scheduling conflicts, the other three meetings were each scheduled one week late (MIT 15.003).

The institution scored in the *proficient* range with 100 percent scores on each of the following five tests:

- The institution promptly processed all inmate medical appeals in each of the most recent 12 months (MIT 15.001). In addition, based on a sample of ten second-level medical appeals, the institution's responses addressed all of the patients' appealed issues (MIT 15.102).

- CAC took adequate steps to ensure the accuracy of its Dashboard data reporting (MIT 15.004).

- CAC reached targeted performance objectives for all of the three quality improvement initiatives identified in its 2015 Performance Improvement Work Plan (MIT 15.005).

- Medical staff promptly submitted the Initial Inmate Death Report (CDCR Form 7229A) to CCHCS's Death Review Unit for the one applicable death that occurred at CAC in the prior 12-month period (MIT 15.103).

Other Information Obtained from Non-Scored Areas

- The OIG gathered non-scored data regarding the completion of death review reports. CCHCS's Death Review Committee timely completed its death review summary for the one death that occurred during the testing period. For any inmate deaths that occurred prior to November 1, 2015, the CCHCS Death Review Committee (DRC) was required to complete a death review summary within 30 business days of the death and submit it to the institution's chief executive officer (CEO) five business days later. The DRC timely completed both the death review summary and the subsequent CEO notification (MIT 15.996).

- Inspectors met with the institution's CEO and chief support executive (CSE) to inquire about CAC's protocols for tracking appeals. The health care appeals coordinator provided monthly appeals summary reports to the appropriate management staff. The reports addressed statistics on appeal issues by subject area (medical, dental, mental health, medication, and staff complaints) and the area the appeals were assigned. Management discussed issues at the Quality Management Committee meetings, and evaluated trends and any hotspot areas. In the six months preceding the OIG's inspection, management did not identify any critical problems through medical appeals (MIT 15.997).

- Non-scored data regarding the institution's practices for implementing local operating procedures (LOPs) indicated that the institution had an effective process in place for revising existing LOPs and developing new ones. When new or revised policies and procedures were received from CCHCS, the health program specialist (HPS) distributed them to appropriate subject matter experts (SME) assigned by management. The SME reviewed the new policy and returned to the HPS for review by the respective sub-committee and Quality Management committee. Once approved, training on the new or revised LOPs was provided to impacted staff within 30 days. At the time of the OIG's inspection in May 2016, CAC had

implemented, or was developing, 25 of the 29 stakeholder-recommended LOPs (86 percent) (MIT 15.998).

- The OIG discusses the institution's health care staffing resources in the *About the Institution* section of this report (MIT 15.999).

Recommendations

No specific recommendations.

JOB PERFORMANCE, TRAINING, LICENSING, AND CERTIFICATIONS

In this indicator, the OIG examines whether the institution adequately manages its health care staffing resources by evaluating whether job performance reviews are completed as required; specified staff possess current, valid credentials and professional licenses or certifications; nursing staff receive new employee orientation training and annual competency testing; and clinical and custody staff have current medical emergency response certifications.

Case Review Rating:
Not Applicable
Compliance Score:
Inadequate
(58.3%)

Overall Rating:
Inadequate

Compliance Testing Results

The institution received an *inadequate* compliance score of 58.3 percent in the *Job Performance, Training, Licensing, and Certifications* indicator. The following four areas displayed opportunities for improvement:

- The OIG inspected records from March 2016 for five nurses, to determine if their nursing supervisors properly completed monthly performance reviews. Inspectors identified the following deficiencies for the five nurses' monthly nursing reviews (MIT 16.101):
    - The supervisor did not complete the required number of reviews for two nurses;
    - The supervisor's review did not summarize aspects that were well done for four nurses;
    - The documentation did not confirm that the supervising nurse discussed the findings with two nurses.
- None of the institution's five providers who required a structured clinical performance appraisal appropriately received one. One provider had not received a performance evaluation since he was hired in 2013, and four received their last annual performance appraisal from six months to almost four years late. Also, all five providers' most recent performance appraisal package lacked a Unit Health Record Clinical Appraisal, and four applicable providers lacked both a 360-Degree Evaluation and a Core Competency-Based Evaluation (MIT 16.103).
- CAC hired seven nurses within the last 12 months, and not one of them received a timely new employee orientation training. Six nurses received their orientation six to eight weeks late and one nurse had still not received an orientation at the time of the inspection (over eight months late) (MIT 16.107).

- The OIG tested provider, nursing, and custody staff records to determine if the institution ensured that those staff members had current emergency response certifications. The institution's provider and nursing staff were all compliant, but custody managers were not. While the California Penal Code exempts custody managers who primarily perform managerial duties from medical emergency response certification training, CCHCS policy does not allow for such an exemption. As a result, the institution received a score of 67 percent on this test (MIT 16.104).

The institution received a *proficient* score of 100 percent in the following four test areas:

- All providers were current with their professional licenses, and nursing staff and the pharmacist in charge were current with their professional licenses and certification requirements (MIT 16.001, 16.105).

- All ten nurses sampled were current with their clinical competency validations (MIT 16.102).

- The institution's pharmacy and providers who prescribed controlled substances were current with their Drug Enforcement Agency registrations (MIT 16.106).

Recommendations

No specific recommendations.

POPULATION-BASED METRICS

The compliance testing and the case reviews give an accurate assessment of how the institution's health care systems are functioning with regard to the patients with the highest risk and utilization. This information is vital to assess the capacity of the institution to provide sustainable, adequate care. However, one significant limitation of the case review methodology is that it does not give a clear assessment of how the institution performs for the entire population. For better insight into this performance, the OIG has turned to population-based metrics. For comparative purposes, the OIG has selected several Healthcare Effectiveness Data and Information Set (HEDIS) measures for disease management to gauge the institution's effectiveness in outpatient health care, especially chronic disease management.

The Healthcare Effectiveness Data and Information Set is a set of standardized performance measures developed by the National Committee for Quality Assurance with input from over 300 organizations representing every sector of the nation's health care industry. It is used by over 90 percent of the nation's health plans as well as many leading employers and regulators. It was designed to ensure that the public (including employers, the Centers for Medicare and Medicaid Services, and researchers) has the information it needs to accurately compare the performance of health care plans. Healthcare Effectiveness Data and Information Set data is often used to produce health plan report cards, analyze quality improvement activities, and create performance benchmarks.

Methodology

For population-based metrics, the OIG used a subset of HEDIS measures applicable to the CDCR inmate-patient population. Selection of the measures was based on the availability, reliability, and feasibility of the data required for performing the measurement. The OIG collected data utilizing various information sources, including the eUHR, the Master Registry (maintained by CCHCS), as well as a random sample of patient records analyzed and abstracted by trained personnel. Data obtained from the CCHCS Master Registry and Diabetic Registry was not independently validated by the OIG and is presumed to be accurate. For some measures, the OIG used the entire population rather than statistically random samples. While the OIG is not a certified HEDIS compliance auditor, the OIG uses similar methods to ensure that measures are comparable to those published by other organizations.

Comparison of Population-Based Metrics

For the California City Correctional Facility, seven of the nine HEDIS measures were applicable for comparison and are listed in the following CAC *Results Compared to State and National HEDIS Scores* table. Multiple health plans publish their HEDIS performance measures at the State and national levels. The OIG has provided selected results for several health plans in both categories for comparative purposes.

Results of Population-Based Metric Comparison

Comprehensive Diabetes Care

For chronic care management, the OIG chose measures related to the management of diabetes. Diabetes is the most complex common chronic disease requiring a high level of intervention on the part of the health care system in order to produce optimal results. CAC performed well with its management of diabetes.

When compared statewide, CAC significantly outperformed Medi-Cal in all five diabetic measures. CAC also outperformed Kaiser Permanente in four of the five diabetic measures. However, CAC's scores were lower than Kaiser's, both the North and South regions, for diabetic patients' blood pressure control by 6 and 7 percentage points, respectively.

When compared nationally, CAC significantly outperformed Medicaid, Medicare, and commercial health plans (based on data obtained from health maintenance organizations) in all five of the diabetic measures listed. In addition, CAC performed better than the U.S. Department of Veterans Affairs (VA) in two of the four applicable measures, matched the VA for diabetic patients' blood pressure control, and scored only one percentage point lower for eye exams.

Immunizations

For influenza shots for younger adults, CAC scored much lower than all other entities reporting data did in this measure (Kaiser, commercial plans, and the VA). However, the institution's low score was largely due to patient refusals. CAC offered the immunization to all sampled patients, but 55 percent of them refused the offers, which adversely affected the institution's score. CAC had no patients over the age of 65.

Cancer Screening

For colorectal cancer screenings, CAC scored the same as, or better than, all other entities that reported data (Kaiser, commercial plans, Medicare, and the VA). Similar to influenza immunization results, the institution offered cancer screenings to all patients sampled, but 18 percent of them refused the offers, negatively affecting CAC's scores.

Summary

The population-based metrics performance for CAC reflects an adequate chronic care program, further corroborated by the institution's *adequate* score in the *Quality of Provider Performance* and *Quality of Nursing Performance* indicators, and its *proficient* score in the *Access to Care* and *Preventive Services* indicators. For influenza immunizations, and cancer screening measures, CAC has an opportunity to improve its scores by placing an emphasis on educating patients regarding their refusal of these preventive services.

CAC Results Compared to State and National HEDIS Scores

Clinical Measures	California				National			
	CAC Cycle 4 Results[1]	HEDIS Medi-Cal 2015[2]	HEDIS Kaiser (No. CA) 2015[3]	HEDIS Kaiser (So.CA) 2015[3]	HEDIS Medicaid 2015[4]	HEDIS Com-mercial 2015[4]	HEDIS Medicare 2015[4]	VA Average 2014[5]
Comprehensive Diabetes Care								
HbA1c Testing (Monitoring)	**100%**	86%	95%	94%	86%	91%	93%	99%
Poor HbA1c Control (>9.0%)[6, 7]	**3%**	39%	18%	24%	44%	31%	25%	19%
HbA1c Control (<8.0%)[6]	**92%**	49%	70%	62%	47%	58%	65%	-
Blood Pressure Control (<140/90)[6]	**78%**	63%	84%	85%	62%	65%	65%	78%
Eye Exams	**89%**	53%	69%	81%	54%	56%	69%	90%
Immunizations								
Influenza Shots - Adults (18–64)	**45%**	-	54%	55%	-	50%	-	58%
Influenza Shots - Adults (65+)[8]	-	-	-	-	-	-	72%	76%
Immunizations: Pneumococcal[8]	-	-	-	-	-	-	70%	93%
Cancer Screening								
Colorectal Cancer Screening	**82%**	-	80%	82%	-	64%	67%	82%

1. Unless otherwise stated, data was collected in May 2016 by reviewing medical records from a sample of CAC's population of applicable inmate-patients. These random statistical sample sizes were based on a 95 percent confidence level with a 15 percent maximum margin of error.

2. HEDIS Medi-Cal data was obtained from the California Department of Health Care Services *2015 HEDIS Aggregate Report for Medi-Cal Managed Care*.

3. Data was obtained from Kaiser Permanente November 2015 reports for the Northern and Southern California regions.

4. National HEDIS data for Medicaid, commercial plans, and Medicare was obtained from the 2015 *State of Health Care Quality Report*, available on the NCQA website: www.ncqa.org. The results for commercial plans were based on data received from various health maintenance organizations.

5. The Department of Veterans Affairs (VA) data was obtained from the VA's website, www.va.gov.
For the Immunizations: Pneumococcal measure only, the data was obtained from the *VHA Facility Quality and Safety Report - Fiscal Year 2012 Data*.

6. For this indicator, the entire applicable CAC population was tested.

7. For this measure only, a lower score is better. For Kaiser, the OIG derived the Poor HbA1c Control indicator using the reported data for the <9.0% HbA1c control indicator.

8. There were no patients over the age of 65 in the population at CAC; therefore, these measures were omitted from the comparative analysis.

APPENDIX A — COMPLIANCE TEST RESULTS

California City Correctional Facility **Range of Summary Scores: 58.33% - 95.00%**	
Indicator	**Overall Score (Yes %)**
Access to Care	87.90%
Diagnostic Services	77.28%
Emergency Services	Not Applicable
Health Information Management (Medical Records)	87.20%
Health Care Environment	86.36%
Inter- and Intra-System Transfers	94.81%
Pharmacy and Medication Management	92.10%
Prenatal and Post-Delivery Services	Not Applicable
Preventive Services	95.00%
Quality of Nursing Performance	Not Applicable
Quality of Provider Performance	Not Applicable
Reception Center Arrivals	Not Applicable
Specialized Medical Housing (OHU, CTC, SNF, Hospice)	Not Applicable
Specialty Services	88.57%
Internal Monitoring, Quality Improvement, and Administrative Operations	68.75%
Job Performance, Training, Licensing, and Certifications	58.33%

Reference Number	*Access to Care*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
1.001	**Chronic care follow-up appointments:** Was the inmate-patient's most recent chronic care visit within the health care guideline's maximum allowable interval or within the ordered time frame, whichever is shorter?	25	5	30	83.33%	0
1.002	**For endorsed inmate-patients received from another CDCR institution:** If the nurse referred the inmate-patient to a provider during the initial health screening, was the inmate-patient seen within the required time frame?	3	4	7	42.86%	23
1.003	**Clinical appointments:** Did a registered nurse review the inmate-patient's request for service the same day it was received?	30	0	30	100.00%	0
1.004	**Clinical appointments:** Did the registered nurse complete a face-to-face visit within one business day after the CDCR Form 7362 was reviewed?	30	0	30	100.00%	0
1.005	**Clinical appointments:** If the registered nurse determined a referral to a primary care provider was necessary, was the inmate-patient seen within the maximum allowable time or the ordered time frame, whichever is the shorter?	6	1	7	85.71%	23
1.006	**Sick call follow-up appointments:** If the primary care provider ordered a follow-up sick call appointment, did it take place within the time frame specified?	6	0	6	100.00%	24
1.007	**Upon the inmate-patient's discharge from the community hospital:** Did the inmate-patient receive a follow-up appointment within the required time frame?	12	0	12	100.00%	0
1.008	**Specialty service follow-up appointments:** Do specialty service primary care physician follow-up visits occur within required time frames?	19	5	24	79.17%	6
1.101	**Clinical appointments:** Do inmate-patients have a standardized process to obtain and submit health care services request forms?	6	0	6	100.00%	0
Overall Percentage:					**87.90%**	

Reference Number	*Diagnostic Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
2.001	**Radiology:** Was the radiology service provided within the time frame specified in the provider's order?	10	0	10	100.00%	0
2.002	**Radiology:** Did the primary care provider review and initial the diagnostic report within specified time frames?	8	2	10	80.00%	0
2.003	**Radiology:** Did the primary care provider communicate the results of the diagnostic study to the inmate-patient within specified time frames?	9	1	10	90.00%	0
2.004	**Laboratory:** Was the laboratory service provided within the time frame specified in the provider's order?	8	2	10	80.00%	0
2.005	**Laboratory:** Did the primary care provider review and initial the diagnostic report within specified time frames?	10	0	10	100.00%	0
2.006	**Laboratory:** Did the primary care provider communicate the results of the diagnostic study to the inmate-patient within specified time frames?	9	1	10	90.00%	0
2.007	**Pathology:** Did the institution receive the final diagnostic report within the required time frames?	5	4	9	55.56%	0
2.008	**Pathology:** Did the primary care provider review and initial the diagnostic report within specified time frames?	6	1	7	85.71%	2
2.009	**Pathology:** Did the primary care provider communicate the results of the diagnostic study to the inmate-patient within specified time frames?	1	6	7	14.29%	2
Overall Percentage:					**77.28%**	

Emergency Services	Scored Answers
Assesses reaction times and responses to emergency situations. The OIG RN clinicians will use detailed information obtained from the institution's incident packages to perform focused case reviews.	**Not Applicable**

Reference Number	*Health Information Management (Medical Records)*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
4.001	Are non-dictated progress notes, initial health screening forms, and health care services request forms scanned into the eUHR within three calendar days of the inmate-patient encounter date?	20	0	20	100.00%	0
4.002	Are dictated / transcribed documents scanned into the eUHR within five calendar days of the inmate-patient encounter date?	Not Applicable				
4.003	Are specialty documents scanned into the eUHR within the required time frame?	20	0	20	100.00%	0
4.004	Are community hospital discharge documents scanned into the eUHR within three calendar days of the inmate-patient date of hospital discharge?	11	0	11	100.00%	0
4.005	Are medication administration records (MARs) scanned into the eUHR within the required time frames?	20	0	20	100.00%	0
4.006	During the eUHR review, did the OIG find that documents were correctly labeled and included in the correct inmate-patient's file?	9	3	12	75.00%	0
4.007	Did clinical staff legibly sign health care records, when required?	14	18	32	43.75%	0
4.008	**For inmate-patients discharged from a community hospital:** Did the preliminary hospital discharge report include key elements and did a PCP review the report within three calendar days of discharge?	11	1	12	91.67%	0
Overall Percentage:					**87.20%**	

Reference Number	*Health Care Environment*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
5.101	**Infection Control:** Are clinical health care areas appropriately disinfected, cleaned and sanitary?	9	0	9	100.00%	0
5.102	**Infection control:** Do clinical health care areas ensure that reusable invasive and non-invasive medical equipment is properly sterilized or disinfected as warranted?	8	1	9	88.89%	0
5.103	**Infection Control:** Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies?	9	0	9	100.00%	0
5.104	**Infection control:** Does clinical health care staff adhere to universal hand hygiene precautions?	8	1	9	88.89%	0
5.105	**Infection control:** Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste?	9	0	9	100.00%	0
5.106	**Warehouse, Conex and other non-clinic storage areas:** Does the medical supply management process adequately support the needs of the medical health care program?	1	0	1	100.00%	0
5.107	**Clinical areas:** Does each clinic follow adequate protocols for managing and storing bulk medical supplies?	9	0	9	100.00%	0
5.108	**Clinical areas:** Do clinic common areas and exam rooms have essential core medical equipment and supplies?	3	6	9	33.33%	0
5.109	**Clinical areas:** Do clinic common areas have an adequate environment conducive to providing medical services?	8	1	9	88.89%	0
5.110	**Clinical areas:** Do clinic exam rooms have an adequate environment conducive to providing medical services?	6	3	9	66.67%	0
5.111	**Emergency response bags:** Are TTA and clinic emergency medical response bags inspected daily and inventoried monthly, and do they contain essential items?	5	1	6	83.33%	3
5.999	**For Information Purposes Only:** Does the institution's health care management believe that all clinical areas have physical plant infrastructures sufficient to provide adequate health care services?	Information Only				
Overall Percentage:					**86.36%**	

Reference Number	*Inter- and Intra-System Transfers*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
6.001	**For endorsed inmate-patients received from another CDCR institution or COCF:** Did nursing staff complete the initial health screening and answer all screening questions on the same day the inmate-patient arrived at the institution?	29	1	30	96.67%	0
6.002	**For endorsed inmate-patients received from another CDCR institution or COCF:** When required, did the RN complete the assessment and disposition section of the health screening form; refer the inmate-patient to the TTA, if TB signs and symptoms were present; and sign and date the form on the same day staff completed the health screening?	29	1	30	96.67%	0
6.003	**For endorsed inmate-patients received from another CDCR institution or COCF:** If the inmate-patient had an existing medication order upon arrival, were medications administered or delivered without interruption?	6	1	7	85.71%	23
6.004	**For inmate-patients transferred out of the facility:** Were scheduled specialty service appointments identified on the Health Care Transfer Information Form 7371?	19	1	20	95.00%	0
6.101	**For inmate-patients transferred out of the facility:** Do medication transfer packages include required medications along with the corresponding Medication Administration Record (MAR) and Medication Reconciliation?	1	0	1	100.00%	2
Overall Percentage:					**94.81%**	

Reference Number	*Pharmacy and Medication Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
7.001	Did the inmate-patient receive all chronic care medications within the required time frames or did the institution follow departmental policy for refusals or no-shows?	28	1	29	96.55%	1
7.002	Did health care staff administer or deliver new order prescription medications to the inmate-patient within the required time frames?	30	0	30	100.00%	0
7.003	**Upon the inmate-patient's discharge from a community hospital:** Were all medications ordered by the institution's primary care provider administered or delivered to the inmate-patient within one calendar day of return?	11	1	12	91.67%	0
7.004	**For inmate-patients received from a county jail:** Were all medications ordered by the institution's reception center provider administered or delivered to the inmate-patient within the required time frames?	Not Applicable				
7.005	**Upon the inmate-patient's transfer from one housing unit to another:** Were medications continued without interruption?	21	0	21	100.00%	0
7.006	**For inmate-patients en route who lay over at the institution:** If the temporarily housed inmate-patient had an existing medication order, were medications administered or delivered without interruption?	Not Applicable				
7.101	**All clinical and medication line storage areas for narcotic medications:** Does the institution employ strong medication security controls over narcotic medications assigned to its clinical areas?	5	1	6	83.33%	7
7.102	**All clinical and medication line storage areas for non-narcotic medications:** Does the institution properly store non-narcotic medications that do not require refrigeration in assigned clinical areas?	8	2	10	80.00%	3
7.103	**All clinical and medication line storage areas for non-narcotic medications:** Does the institution properly store non-narcotic medications that require refrigeration in assigned clinical areas?	6	2	8	75.00%	5
7.104	**Medication preparation and administration areas:** Do nursing staff employ and follow hand hygiene contamination control protocols during medication preparation and medication administration processes?	3	1	4	75.00%	9
7.105	**Medication preparation and administration areas:** Does the institution employ appropriate administrative controls and protocols when preparing medications for inmate-patients?	4	0	4	100.00%	9
7.106	**Medication preparation and administration areas:** Does the institution employ appropriate administrative controls and protocols when distributing medications to inmate-patients?	4	1	5	80.00%	8

Reference Number	*Pharmacy and Medication Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
7.107	**Pharmacy:** Does the institution employ and follow general security, organization, and cleanliness management protocols in its main and satellite pharmacies?	1	0	1	100.00%	0
7.108	**Pharmacy:** Does the institution's pharmacy properly store non-refrigerated medications?	1	0	1	100.00%	0
7.109	**Pharmacy:** Does the institution's pharmacy properly store refrigerated or frozen medications?	1	0	1	100.00%	0
7.110	**Pharmacy:** Does the institution's pharmacy properly account for narcotic medications?	1	0	1	100.00%	0
7.111	**Pharmacy:** Does the institution follow key medication error reporting protocols?	26	0	26	100.00%	4
7.998	**For Information Purposes Only:** During eUHR compliance testing and case reviews, did the OIG find that medication errors were properly identified and reported by the institution?	Information Only				
7.999	**For Information Purposes Only:** Do inmate-patients in isolation housing units have immediate access to their KOP prescribed rescue inhalers and nitroglycerin medications?	Information Only				
Overall Percentage:					**92.10%**	

Prenatal and Post-Delivery Services	**Scored Answers**
This indicator is not applicable to this institution.	**Not Applicable**

Reference Number	*Preventive Services*	Scored Answers				
		Yes	**No**	**Yes + No**	**Yes %**	**N/A**
9.001	**Inmate-patients prescribed TB medications:** Did the institution administer the medication to the inmate-patient as prescribed?	4	0	4	100.00%	0
9.002	**Inmate-patients prescribed TB medications:** Did the institution monitor the inmate-patient monthly for the most recent three months he or she was on the medication?	3	1	4	75.00%	0
9.003	**Annual TB Screening:** Was the inmate-patient screened for TB within the last year?	27	3	30	90.00%	0
9.004	Were all inmate-patients offered an influenza vaccination for the most recent influenza season?	30	0	30	100.00%	0
9.005	**All inmate-patients from the age of 50 through the age of 75:** Was the inmate-patient offered colorectal cancer screening?	30	0	30	100.00%	0
9.006	**Female inmate-patients from the age of 50 through the age of 74:** Was the inmate-patient offered a mammogram in compliance with policy?	Not Applicable				
9.007	**Female inmate-patients from the age of 21 through the age of 65:** Was the inmate-patient offered a pap smear in compliance with policy?	Not Applicable				
9.008	Are required immunizations being offered for chronic care inmate-patients?	8	0	8	100.00%	22
9.009	Are inmate-patients at the highest risk of coccidioidomycosis (valley fever) infection transferred out of the facility in a timely manner?	5	0	5	100.00%	0
Overall Percentage:					**95.00%**	

Quality of Nursing Performance	Scored Answers
The quality of nursing performance will be assessed during case reviews, conducted by OIG clinicians, and is not applicable for the compliance portion of the medical inspection. The methodologies OIG clinicians use to evaluate the quality of nursing performance are presented in a separate inspection document entitled OIG MIU Retrospective Case Review Methodology.	**Not Applicable**

Quality of Provider Performance	Scored Answers
The quality of provider performance will be assessed during case reviews, conducted by OIG clinicians, and is not applicable for the compliance portion of the medical inspection. The methodologies OIG clinicians use to evaluate the quality of provider performance are presented in a separate inspection document entitled OIG MIU Retrospective Case Review Methodology.	**Not Applicable**

Reception Center Arrivals	Scored Answers
This indicator is not applicable to this institution.	**Not Applicable**

Specialized Medical Housing (OHU, CTC, SNF, Hospice)	Scored Answers
This indicator is not applicable to this institution.	**Not Applicable**

Reference Number	*Specialty Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
14.001	Did the inmate-patient receive the high-priority specialty service within 14 calendar days of the PCP order?	13	2	15	86.67%	0
14.002	Did the PCP review the high priority specialty service consultant report within the required time frame?	13	0	13	100.00%	2
14.003	Did the inmate-patient receive the routine specialty service within 90 calendar days of the PCP order?	15	0	15	100.00%	0
14.004	Did the PCP review the routine specialty service consultant report within the required time frame?	15	0	15	100.00%	0
14.005	**For endorsed inmate-patients received from another CDCR institution:** If the inmate-patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames?	2	4	6	33.33%	0
14.006	Did the institution deny the primary care provider request for specialty services within required time frames?	12	0	12	100.00%	0
14.007	Following the denial of a request for specialty services, was the inmate-patient informed of the denial within the required time frame?	12	0	12	100.00%	0
Overall Percentage:					**88.57%**	

Reference Number	*Internal Monitoring, Quality Improvement, and Administrative Operations*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
15.001	Did the institution promptly process inmate medical appeals during the most recent 12 months?	12	0	12	100.00%	0
15.002	Does the institution follow adverse/sentinel event reporting requirements?	Not Applicable				
15.003	Did the institution Quality Management Committee (QMC) meet at least monthly to evaluate program performance, and did the QMC take action when improvement opportunities were identified?	3	3	6	50.00%	0
15.004	Did the institution's Quality Management Committee (QMC) or other forum take steps to ensure the accuracy of its Dashboard data reporting?	1	0	1	100.00%	0
15.005	For each initiative in the Performance Improvement Work Plan (PIWP), has the institution performance improved or reached the targeted performance objective(s)?	3	0	3	100.00%	1
15.006	**For institutions with licensed care facilities:** Does the Local Governing Body (LGB), or its equivalent, meet quarterly and exercise its overall responsibilities for the quality management of patient health care?	Not Applicable				
15.007	Does the Emergency Medical Response Review Committee perform timely incident package reviews that include the use of required review documents?	0	12	12	0.00%	0
15.101	Did the institution complete a medical emergency response drill for each watch and include participation of health care and custody staff during the most recent full quarter?	0	3	3	0.00%	0
15.102	Did the institution's second level medical appeal response address all of the inmate-patient's appealed issues?	10	0	10	100.00%	0
15.103	Did the institution's medical staff review and submit the initial inmate death report to the Death Review Unit in a timely manner?	1	0	1	100.00%	0
15.996	**For Information Purposes Only:** Did the CCHCS Death Review Committee submit its inmate death review summary to the institution timely?	Information Only				
15.997	**For Information Purposes Only:** Identify the institution's protocols for tracking medical appeals.	Information Only				
15.998	**For Information Purposes Only:** Identify the institution's protocols for implementing health care local operating procedures.	Information Only				
15.999	**For Information Purposes Only:** Identify the institution's health care staffing resources.	Information Only				
Overall Percentage:					**68.75%**	

Reference Number	*Job Performance, Training, Licensing, and Certifications*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
16.001	Do all providers maintain a current medical license?	7	0	7	100.00%	0
16.101	Does the institution's Supervising Registered Nurse conduct periodic reviews of nursing staff?	0	5	5	0.00%	0
16.102	Are nursing staff who administer medications current on their clinical competency validation?	10	0	10	100.00%	0
16.103	Are structured clinical performance appraisals completed timely?	0	5	5	0.00%	2
16.104	Are staff current with required medical emergency response certifications?	2	1	3	66.67%	0
16.105	Are nursing staff and the Pharmacist-in-Charge current with their professional licenses and certifications?	5	0	5	100.00%	1
16.106	Do the institution's pharmacy and authorized providers who prescribe controlled substances maintain current Drug Enforcement Agency (DEA) registrations?	1	0	1	100.00%	0
16.107	Are nursing staff current with required new employee orientation?	0	1	1	0.00%	0
Overall Percentage:					**58.33%**	

APPENDIX B — CLINICAL DATA

Table B-1: CAC Sample Sets	
Sample Set	**Total**
Death Review/Sentinel Events	1
Diabetes	3
Emergency Services — Non-CPR	5
High Risk	11
Hospitalization	5
Intra-System Transfers In	3
Intra-System Transfers Out	3
RN Sick Call	15
Specialty Services	5
	51

Table B-2: CAC Chronic Care Diagnoses	
Diagnosis	**Total**
Anemia	2
Arthritis/Degenerative Joint Disease	5
Asthma	5
Cardiovascular Disease	3
Chronic Pain	10
Cirrhosis/End-Stage Liver Disease	1
Diabetes	11
Diagnosis	19
Gastroesophageal Reflux Disease	10
Gastrointestinal Bleed	1
Hepatitis C	14
Hyperlipidemia	11
Hypertension	20
Mental Health	1
Seizure Disorder	1
	114

Table B-3: CAC Event — Program	
Program	**Total**
Diagnostic Services	105
Emergency Care	28
Hospitalization	26
Intra-System Transfers In	12
Intra-System Transfers Out	11
Outpatient Care	567
Specialized Medical Housing	0
Specialty Services	111
	860

Table B-4: CAC Case Review Sample Summary	
	Total
MD Reviews, Detailed	30
MD Reviews, Focused	1
RN Reviews, Detailed	17
RN Reviews, Focused	25
Total Reviews	73
Total Unique Cases	51
Overlapping Reviews (MD & RN)	22

APPENDIX C — COMPLIANCE SAMPLING METHODOLOGY

California City Correctional Facility			
Quality Indicator	**Sample Category (number of samples)**	**Data Source**	**Filters**
Access to Care			
MIT 1.001	Chronic Care Patients (30)	Master Registry	• Chronic care conditions (at least one condition per inmate-patient—any risk level) • **Randomize**
MIT 1.002	Nursing Referrals (30)	OIG Q: 6.001	• See ***Intra-system Transfers***
MITs 1.003-006	Nursing Sick Call (5 per clinic) 30	MedSATS	• Clinic (each clinic tested) • Appointment date (2–9 months) • **Randomize**
MIT 1.007	Returns from Community Hospital (12)	OIG Q: 4.008	• See ***Health Information Management (Medical Records)*** (returns from community hospital)
MIT 1.008	Specialty Services Follow-up (30)	OIG Q: 14.001 & 14.003	• See ***Specialty Services***
MIT 1.101	Availability of Health Care Services Request Forms (6)	OIG onsite review	• Randomly select one housing unit from each yard
Diagnostic Services			
MITs 2.001–003	Radiology (10)	Radiology Logs	• Appointment date (90 days–9 months) • **Randomize** • Abnormal
MITs 2.004–006	Laboratory (10)	Quest	• Appt. date (90 days–9 months) • Order name (CBC or CMPs only) • **Randomize** • Abnormal
MITs 2.007–009	Pathology (9)	InterQual	• Appt. date (90 days–9 months) • Service (pathology related) • **Randomize**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Health Information Management (Medical Records)			
MIT 4.001	Timely Scanning (20)	OIG Qs: 1.001, 1.002, & 1.004	• Non-dictated documents • 1st 10 IPs MIT 1.001, 1st 5 IPs MITs 1.002, 1.004
MIT 4.002	(0)	OIG Q: 1.001	• Dictated documents • First 20 IPs selected
MIT 4.003	(20)	OIG Qs: 14.002 & 14.004	• Specialty documents • First 10 IPs for each question
MIT 4.004	(11)	OIG Q: 4.008	• Community hospital discharge documents • First 20 IPs selected
MIT 4.005	(20)	OIG Q: 7.001	• MARs • First 20 IPs selected
MIT 4.006	(12)	Documents for any tested inmate	• Any misfiled or mislabeled document identified during OIG compliance review (12 or more = No)
MIT 4.007	Legible Signatures & Review (32)	OIG Qs: 4.008, 6.001, 6.002, 7.001, 12.001, 12.002 & 14.002	• First 8 IPs sampled • One source document per IP
MIT 4.008	Returns From Community Hospital (12)	Inpatient claims data	• Date (2–8 months) • Most recent 6 months provided (within date range) • Rx count • Discharge date • **Randomize** (each month individually) • First 5 inmate-patients from each of the 6 months (if not 5 in a month, supplement from another, as needed)
Health Care Environment			
MIT 5.101-105 MIT 5.107–111	Clinical Areas (9)	OIG inspector onsite review	• Identify and inspect all onsite clinical areas.
Inter- and Intra-System Transfers			
MIT 6.001-003	Intra-System Transfers (30)	SOMS	• Arrival date (3–9 months) • Arrived from (another CDCR facility) • Rx count • **Randomize**
MIT 6.004	Specialty Services Send-Outs (20)	MedSATS	• Date of transfer (3–9 months) • **Randomize**
MIT 6.101	Transfers Out (3)	OIG inspector onsite review	• R&R IP transfers with medication

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Pharmacy and Medication Management			
MIT 7.001	Chronic Care Medication (30)	OIG Q: 1.001	*See* ***Access to Care*** • At least one condition per inmate-patient—any risk level • **Randomize**
MIT 7.002	New Medication Orders (30)	Master Registry	• Rx count • **Randomize** • Ensure no duplication of IPs tested in MIT 7.001
MIT 7.003	Returns from Community Hospital (12)	OIG Q: 4.008	• See ***Health Information Management (Medical Records)*** *(returns from community hospital)*
MIT 7.004	RC Arrivals – Medication Orders *N/A at this institution*	OIG Q: 12.001	• See ***Reception Center Arrivals***
MIT 7.005	Intra-Facility Moves (21)	MAPIP transfer data	• Date of transfer (2–8 months) • To location/from location (yard to yard and to/from ASU) • Remove any to/from MHCB • NA/DOT meds (and risk level) • **Randomize**
MIT 7.006	En Route (0)	SOMS	• Date of transfer (2–8 months) • Sending institution (another CDCR facility) • **Randomize** • NA/DOT meds
MITs 7.101-103	Medication Storage Areas (varies by test)	OIG inspector onsite review	• Identify and inspect clinical & med line areas that store medications
MITs 7.104–106	Medication Preparation and Administration Areas (13)	OIG inspector onsite review	• Identify and inspect onsite clinical areas that prepare and administer medications
MITs 7.107-110	Pharmacy (1)	OIG inspector onsite review	• Identify & inspect all onsite pharmacies
MIT 7.111	Medication Error Reporting (30)	Monthly medication error reports	• All monthly statistic reports with Level 4 or higher • Select a total of 5 months
MIT 7.999	Isolation Unit KOP Medications (1)	Onsite active medication listing	• KOP rescue inhalers & nitroglycerin medications for IPs housed in isolation units
Prenatal and Post-Delivery Services			
MIT 8.001-007	Recent Deliveries *N/A at this institution*	OB Roster	• Delivery date (2–12 months) • **Most recent** deliveries (within date range)
	Pregnant Arrivals *N/A at this institution*	OB Roster	• Arrival date (2–12 months) • **Earliest** arrivals (within date range)

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Preventive Services			
MITs 9.001–002	TB Medications (4)	Maxor	• Dispense date (past 9 months) • Time period on TB meds (3 months or 12 weeks) • **Randomize**
MIT 9.003	TB Code 22, Annual TST (15)	SOMS	• Arrival date (at least 1 year prior to inspection) • TB Code (22) • **Randomize**
	TB Code 34, Annual Screening (15)	SOMS	• Arrival date (at least 1 year prior to inspection) • TB Code (34) • **Randomize**
MIT 9.004	Influenza Vaccinations (30)	SOMS	• Arrival date (at least 1 year prior to inspection) • **Randomize** • Filter out IPs tested in MIT 9.008
MIT 9.005	Colorectal Cancer Screening (30)	SOMS	• Arrival date (at least 1 year prior to inspection) • Date of birth (51 or older) • **Randomize**
MIT 9.006	Mammogram *N/A at this institution*	SOMS	• Arrival date (at least 2 yrs prior to inspection) • Date of birth (age 52–74) • **Randomize**
MIT 9.007	Pap Smear *N/A at this institution*	SOMS	• Arrival date (at least three yrs prior to inspection) • Date of birth (age 24–53) • **Randomize**
MIT 9.008	Chronic Care Vaccinations (30)	OIG Q: 1.001	• Chronic care conditions (at least 1 condition per IP—any risk level) • **Randomize** • Condition must require vaccination(s)
MIT 9.009	Valley Fever (number will vary) (5)	Cocci transfer status report	• Reports from past 2–8 months • Institution • Ineligibility date (60 days prior to inspection date) • **All**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Reception Center Arrivals			
MITs 12.001–008	RC *N/A at this institution*	SOMS	• Arrival date (2–8 months) • Arrived from (county jail, return from parole, etc.) • **Randomize**
Specialized Medical Housing			
MITs 13.001–004	CTC *N/A at this institution*	CADDIS	• Admit date (1–6 months) • Type of stay (no MH beds) • Length of stay (minimum of 5 days) • **Randomize**
MIT 13.101	Call Buttons CTC *N/A at this institution*	OIG inspector onsite review	• Review by location
Specialty Services Access			
MITs 14.001–002	High-Priority (15)	MedSATS	• Approval date (3–9 months) • **Randomize**
MITs 14.003–004	Routine (15)	MedSATS	• Approval date (3–9 months) • Remove optometry, physical therapy or podiatry • **Randomize**
MIT 14.005	Specialty Services Arrivals (6)	MedSATS	• Arrived from (other CDCR institution) • Date of transfer (3–9 months) • **Randomize**
MIT 14.006-007	Denials (2)	InterQual	• Review date (3–9 months) • **Randomize**
	(10)	IUMC/MAR Meeting Minutes	• Meeting date (9 months) • Denial upheld • **Randomize**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Internal Monitoring, Quality Improvement, & Administrative Operations			
MIT 15.001	Medical Appeals (all)	Monthly medical appeals reports	• Medical appeals (12 months)
MIT 15.002	Adverse/Sentinel Events (0)	Adverse/sentinel events report	• Adverse/sentinel events (2–8 months)
MITs 15.003–004	QMC Meetings (6)	Quality Management Committee meeting minutes	• Meeting minutes (12 months)
MIT 15.005	Performance Improvement Work Plans (PIWP) (4)	Institution PIWP	• PIWP with updates (12 months) • Medical initiatives
MIT 15.006	LGB *N/A at this institution*	LGB meeting minutes	• Quarterly meeting minutes (12 months)
MIT 15.007	EMRRC (12)	EMRRC meeting minutes	• Monthly meeting minutes (6 months)
MIT 15.101	Medical Emergency Response Drills (3)	Onsite summary reports & documentation for ER drills	• Most recent full quarter • Each watch
MIT 15.102	2nd Level Medical Appeals (10)	Onsite list of appeals/closed appeals files	• Medical appeals denied (6 months)
MIT 15.103	Death Reports (1)	Institution-list of deaths in prior 12 months	• Most recent 10 deaths • Initial death reports
MIT 15.996	Death Review Committee (1)	OIG summary log - deaths	• Between 35 business days & 12 months prior • CCHCS death reviews
MIT 15.998	Local Operating Procedures (LOPs) (all)	Institution LOPs	• All LOPs

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Job Performance, Training, Licensing, and Certifications			
MIT 16.001	Provider licenses (7)	Current provider listing (at start of inspection)	• Review all
MIT 16.101	RN Review Evaluations (5)	Onsite supervisor periodic RN reviews	• RNs who worked in clinic or emergency setting six or more days in sampled month • **Randomize**
MIT 16.102	Nursing Staff Validations (10)	Onsite nursing education files	• On duty one or more years • Nurse administers medications • **Randomize**
MIT 16.103	Provider Annual Evaluation Packets (7)	OIG Q:16.001	• All required performance evaluation documents

MIT 16.104	Medical Emergency Response Certifications
	(all)
		Onsite certification tracking logs	• All staff
			  ○ Providers (ACLS)
			  ○ Nursing (BLS/CPR)
			  ○ Custody (CPR/BLS)

MIT 16.105	Nursing staff and Pharmacist in Charge Professional Licenses and Certifications (all)	Onsite tracking system, logs, or employee files	• All required licenses and certifications
MIT 16.106	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations (all)	Onsite listing of provider DEA registration #s & pharmacy registration document	• All DEA registrations
MIT 16.107	Nursing Staff New Employee Orientations (all)	Nursing staff training logs	• New employees (hired within last 12 months)

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES' RESPONSE

January 10, 2017

Robert A. Barton, Inspector General
Office of the Inspector General
10111 Old Placerville Road, Suite 110
Sacramento, CA 95827

Dear Mr. Barton:

The purpose of this letter is to inform you that the Office of the Receiver has reviewed the draft report of the Office of the Inspector General (OIG) Medical Inspection Results for California City Correctional Facility (CAC) conducted from May 2016 to July 2016. California Correctional Health Care Services (CCHCS) acknowledges all OIG findings.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in CCHCS operations. If you have any questions or concerns, please contact me at (916) 691-9573.

Sincerely,

Janet Lewis

JANET LEWIS
Deputy Director
Policy and Risk Management Services
California Correctional Health Care Services

cc: Clark Kelso, Receiver
Diana Toche, D.D.S., Undersecretary, Health Care Services, CDCR
Richard Kirkland, Chief Deputy Receiver
Roy Wesley, Chief Deputy Inspector General, OIG
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