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Inspector General

Office of the Inspector General

California City Correctional Facility
Medical Inspection Results
Cycle 5

June 2018

Fairness ◆ Integrity ◆ Respect ◆
Service ◆ Transparency

Office of the Inspector General
CALIFORNIA CITY CORRECTIONAL FACILITY
Medical Inspection Results
Cycle 5

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FOREWORD

Pursuant to California Penal Code Section 6126 et seq., 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 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.

In Cycle 5, for the first time, the OIG will be inspecting institutions delegated back to CDCR from the Receivership. There is no difference in the standards used for assessment of a delegated institution versus an institution not yet delegated. The Receiver delegated California City Correctional Facility back to CDCR in May 2017.

This fifth cycle of inspections will continue evaluating the areas addressed in Cycle 4, which included clinical case review, compliance testing, and a population-based metric comparison of selected Healthcare Effectiveness Data Information Set (HEDIS) measures. In agreement with stakeholders, the OIG made changes to both the case review and compliance components. The OIG found that in every inspection in Cycle 4, larger samples were taken than were needed to assess the adequacy of medical care provided. As a result, the OIG reduced the number of case reviews and sample sizes for compliance testing. Also, in Cycle 4, compliance testing included two secondary (administrative) indicators (*Internal Monitoring, Quality Improvement, and Administrative Operations*; and *Job Performance, Training, Licensing, and Certifications*). For Cycle 5, these have been combined into one secondary indicator, *Administrative Operations*.

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EXECUTIVE SUMMARY

OVERALL RATING:

Proficient

The OIG performed its Cycle 5 medical inspection at California City Correctional Facility (CAC) from October to December of 2017. The inspection included in-depth reviews of 42 patient files conducted by clinicians, as well as reviews of documents from 964 patient files, covering 83 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 12 health care quality indicators applicable to the institution. To conduct clinical case reviews, the OIG employs a clinician team consisting of a physician and a registered nurse consultant, while a team of registered nurses trained in monitoring medical policy compliance conducts compliance testing. Both case review clinicians and compliance inspectors rated six of the indicators; only case review clinicians rated three of the indicators; and only compliance inspectors scored three of the indicators. The *CAC Executive Summary Table* on the following page identifies the applicable individual indicators and scores for this institution. The OIG experts made a considered and measured overall opinion that the quality of health care at CAC was *proficient*.

CAC Executive Summary Table

Inspection Indicators	Case Review Rating	Compliance Rating	Cycle 5 Overall Rating	Cycle 4 Overall Rating
1—Access to Care	*Proficient*	*Proficient*	***Proficient***	*Proficient*
2—Diagnostic Services	*Proficient*	*Adequate*	***Adequate***	*Adequate*
3—Emergency Services	*Adequate*	Not Applicable	***Adequate***	*Adequate*
4—Health Information Management	*Proficient*	*Proficient*	***Proficient***	*Proficient*
5—Health Care Environment	Not Applicable	*Proficient*	***Proficient***	*Proficient*
6—Inter- and Intra-System Transfers	*Adequate*	*Proficient*	***Adequate***	*Proficient*
7—Pharmacy and Medication Management	*Proficient*	*Proficient*	***Proficient***	*Proficient*
8—Prenatal and Post-Delivery Services	Not Applicable	Not Applicable	Not Applicable	Not Applicable
9—Preventive Services	Not Applicable	*Proficient*	***Proficient***	*Proficient*
10—Quality of Nursing Performance	*Proficient*	Not Applicable	***Proficient***	*Adequate*
11—Quality of Provider Performance	*Adequate*	Not Applicable	***Adequate***	*Adequate*
12—Reception Center Arrivals	Not Applicable	Not Applicable	Not Applicable	Not Applicable
13—Specialized Medical Housing	Not Applicable	Not Applicable	Not Applicable	Not Applicable
14—Specialty Services	*Proficient*	*Proficient*	***Proficient***	*Proficient*
15—Administrative Operations (Secondary)	Not Applicable	*Adequate*	***Adequate***	*Inadequate**

*In Cycle 4, there were two secondary (administrative) indicators. This score reflects the average of those two scores.

Clinical Case Review and OIG Clinician Inspection Results

The clinicians' case reviews sampled patients with high medical needs and included a review of 664 patient care events.[1] As depicted on the summary table on page *iv*, of the 12 indicators applicable to CAC, 9 were evaluated by clinician case review; 6 were *proficient*, and 3 were *adequate.* 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's chief medical executive (CME) and chief physician and surgeon (CP&S) provided diligent appointment and scheduling oversight, including providing direct patient care when needed. Their active intervention helped CAC achieve a *proficient* rating for the *Access to Care* indicator.

- CAC performed well in the *Diagnostic Services* and *Health Information Management indicators.* CAC successfully implemented the new electronic health record system (EHRS) and used the system's new features to improve process shortcomings previously noted by the OIG in Cycle 4.

- CAC implemented a well-functioning sick call process. The institution's nurses reviewed all sick call requests the same day they received them, and triaged and assessed patients timely. The nurses' accurate assessments and appropriate interventions contributed to the *proficient* rating for the *Quality of Nursing Performance* indicator.

- CAC performed exceptionally well with the *Pharmacy and Medication Management* indicator. CAC's unique processes ensured all prescriptions were tracked and patients received their medications promptly and reliably.

Program Weaknesses — Clinical

- Nurses in the Triage and Treatment Area (TTA) did not record the exact times they performed assessments and interventions. During emergency medical responses, the nurses often recorded conflicting information, resulting in timeline discrepancies.

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

- CAC can improve in the continuity of medications for patients transferring into CAC and in the recording of vital information on the transfer form for patients transferring out of CAC.

- CAC's providers did not consistently address all their patients' problems and occasionally failed to review their patients' medical records appropriately.

Compliance Testing Results

Of the 12 health care indicators applicable to CAC, 9 were evaluated by compliance inspectors.[2] Of these, seven were *proficient* and two were *adequate.* There were 83 individual compliance questions within those nine indicators, generating 964 data points that tested CAC's compliance with California Correctional Health Care Services (CCHCS) policies and procedures.[3] Those 83 questions are detailed in *Appendix A — Compliance Test Results*.

Program Strengths — Compliance

The following are some of CAC's strengths based on its compliance scores on individual questions in the health care indicators:

- Nursing staff at CAC reviewed patients' health care service requests and completed face-to-face visits within the required time frames. Patients also received timely follow-up appointments after a specialty care service or upon discharge from community hospital.

- CAC's staff performed well with retrieving and scanning high-priority reports, routine specialty reports, and community hospital discharge documents timely.

- Nursing staff at medication line locations followed proper administrative controls and appropriate protocols during medication preparation and administration.

- The institution did an excellent job with offering and providing preventive medical services to patients including health screenings, administering immunizations, and monitoring patients on tuberculosis (TB) medications.

- Patients received high-priority and routine specialty service appointments timely.

[2] The OIG's compliance inspectors are trained 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.

Program Weaknesses — Compliance

The following are some of the weaknesses identified by CAC's compliance scores on individual questions in the health care indicators:

- The institution's providers performed poorly with reviewing pathology reports and communicating results to patients.
- Supervising nurses at CAC did not properly perform nursing reviews of subordinate staff.

Recommendations

The OIG recommends the following:

- CCHCS should examine CAC's excellent medication processes and consider replicating those processes statewide.

Population-Based Metrics

In general, the institution performed well as measured by population-based metrics. In comprehensive diabetes care, CAC outperformed most state and national health care plans in the five diabetic measures. However, CAC scored lower than two health care plans in monitoring diabetic blood pressure and lower than one in diabetic eye exams.

With regard to immunization measures, CAC scored higher than two health care plans in providing influenza immunizations to younger adults. Colorectal cancer screening scores were excellent; CAC outperformed all reporting health care entities.

Overall, CAC's population-based metrics performance reflected a well-functioning chronic care program, compared to the other state and national health care plans reviewed. The institution may improve its scores for influenza vaccinations to younger adults by educating patients on the benefits of these preventive services.

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INTRODUCTION

Pursuant to California Penal Code Section 6126 et seq., 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. The OIG conducted a clinical case review and a compliance inspection, ensuring a thorough, end-to-end assessment of medical care within CDCR.

California City Correctional Facility (CAC) was the 28th medical inspection of Cycle 5. During the inspection process, the OIG assessed the delivery of medical care to patients using the primary clinical health care indicators applicable to the institution. The *Administrative Operations* indicator is secondary because it does not reflect the actual clinical care provided.

ABOUT THE INSTITUTION

Located in California City, in Kern County, the California City Correctional Facility (CAC) opened in 2013. CAC primarily houses medium-security Level II and general population inmates. The institution operates multiple medical clinics where medical staff members handle non-urgent requests for medical services. In addition, CAC operates a triage and treatment area (TTA) for urgent or emergent patient care, a receiving and release (R&R) clinic for assessment of arriving and departing patients, and a specialty clinic. CCHCS has designated CAC as a "basic" health care institution. Basic care 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.

On August 21, 2017, the institution received national accreditation from the Commission on Accreditation for Corrections. This accreditation program is a professional peer review process based on national standards set by the American Correctional Association.

Based on staffing data the OIG obtained from the institution as identified in the *CAC Health Care Staffing Resources as of October 2017* table on the following page, CAC's vacancy rate was 8 percent among medical managers, primary care providers, supervisors, and rank-and-file nurses in October 2017, with the highest vacancy percentages among management at 20 percent.

CAC Health Care Staffing Resources as of October 2017

	Management		Primary Care Providers		Nursing Supervisors		Nursing Staff		Totals	
Description	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Authorized Positions	5	7%	4.7	7%	9.5	14%	50.8	73%	70	100%
Filled Positions	4	80%	4.7	100%	9	95%	47	93%	64.7	92%
Vacancies	1	20%	0	0%	0.5	5%	3.8	7%	5.3	8%
Recent Hires (within 12 months)	3	75%	1	21%	3	33%	12	26%	19	29%
Staff Utilized from Registry	0	0%	0	0%	0	0%	0	0%	0	0%
Redirected Staff (to Non-Patient Care Areas)	0	0%	0	0%	1	11%	0	0%	1	2%
Staff on Extended Leave	0	0%	0	0%	0	0%	1	2%	1	2%

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

As of October 2, 2017, the Master Registry for CAC showed that the institution had a total population of 2,501. Within that total population, none were designated as high medical risk, Priority 1 (High 1), and 0.2 percent was 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 laboratory results 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 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 table on the following page illustrates the breakdown of the institution's medical risk levels at the start of the OIG medical inspection.

CAC Master Registry Data as of October 2, 2017

Medical Risk Level	# of Patients	Percentage
High 1	0	0.0%
High 2	4	0.2%
Medium	365	14.6%
Low	2,132	85.2%
Total	**2,501**	**100.0%**

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 15 indicators (14 primary (clinical) indicators and one secondary (administrative) indicator) 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 indicator addresses the administrative functions that support a health care delivery system. The *CAC Executive Summary Table* on page *iv* of this report identifies these 15 indicators.

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 registered nurses. The case review results alone, the compliance test results alone, or a combination of both these information sources may influence an indicator's overall rating. For example, the OIG derives the ratings for the primary quality indicators *Quality of Nursing Performance* and *Quality of Provider Performance* entirely from the case review done by clinicians, while the ratings for the primary quality indicators *Health Care Environment* and *Preventive Services* are derived entirely from compliance testing done by registered nurse inspectors. As another example, primary quality indicators such as *Diagnostic Services* and *Specialty Services* receive ratings derived from both sources.

The OIG does not inspect for efficiency or cost-effectiveness of medical operations. Consistent with the OIG's agreement with the Receiver, this report only addresses the quality of CDCR's medical operations and its compliance with quality-related policies. Moreover, if the OIG learns of a 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, the OIG does not include specific identifying details related to any such cases in the 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 are not necessarily indicative of deficient medical care delivery.

CASE REVIEWS

The OIG added case reviews to the Cycle 4 medical inspections at the recommendation of its stakeholders, which continues in the Cycle 5 medical inspections. The following exhibit provides definitions that describe this process.

Exhibit 1. Case Review Definitions

Case = Sample = Patient
An appraisal of the medical care provided to one patient over a specific period, which can comprise detailed or focused case reviews.

Detailed Case Review
A review that includes all aspects of one patient's medical care assessed over a six-month period. This review allows the OIG clinicians to examine many areas of health care delivery, such as access to care, diagnostic services, health information management, and specialty services.

Focused Case Review
A review that focuses on one specific aspect of medical care. This review tends to concentrate on a singular facet of patient care, such as the sick call process or the institution's emergency medical response.

Case Review Event
A direct or indirect interaction between the patient and the health care system. Examples of direct interactions include provider encounters and nurse encounters. An example of an indirect interaction includes a provider reviewing a diagnostic test and placing additional orders.

Case Review Deficiency
A medical error in procedure or in clinical judgment. Both procedural and clinical judgment errors can result in policy non-compliance, elevated risk of patient harm, or both.

Adverse Deficiency
A medical error that increases the risk of, or results in, serious patient harm. Most health care organizations refer to these errors as *adverse events*.

The OIG's clinicians perform a retrospective case review of selected patient files to evaluate the care given by an institution's primary care providers and nurses. Retrospective case review is a well-established review process used by health care organizations that perform peer reviews and patient death reviews. Currently, CCHCS uses retrospective case review as part of its death review process and in its pattern-of-practice reviews. CCHCS also uses a more limited form of retrospective case review when performing appraisals of individual primary care providers.

Patient Selection for Retrospective Case Reviews

Because retrospective case review is time-consuming and requires qualified health care professionals to perform it, the OIG must carefully select a sample of patient records for clinician review. Accordingly, the group of patients the OIG targeted for case review carried the highest clinical risk and utilized the majority of medical services. The majority of patients selected for retrospective case review were high-utilizing patients with chronic care illnesses who were classified as high or medium risk. The reason the OIG targeted these patients for review is twofold:

1. The goal of retrospective case 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 is high-risk and accounts for more than half of the institution's pharmaceutical, specialty, community hospital, and emergency costs.

2. Selecting this target group for case 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 is more likely to provide 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 cases generated during death reviews, sentinel events (unexpected occurrences involving death or serious injury, or risk thereof), and hospitalizations are more likely to comprise high-risk patients.

Benefits and Limitations of Targeted Subpopulation Review

Because the patients selected utilize the broadest range of services offered by the health care system, the OIG's retrospective case review provides adequate data for a qualitative assessment of the most vital system processes (referred to as "primary quality indicators"). Retrospective case 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 institution's ability to *respond* with adequate medical 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 *respond* adequately 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.

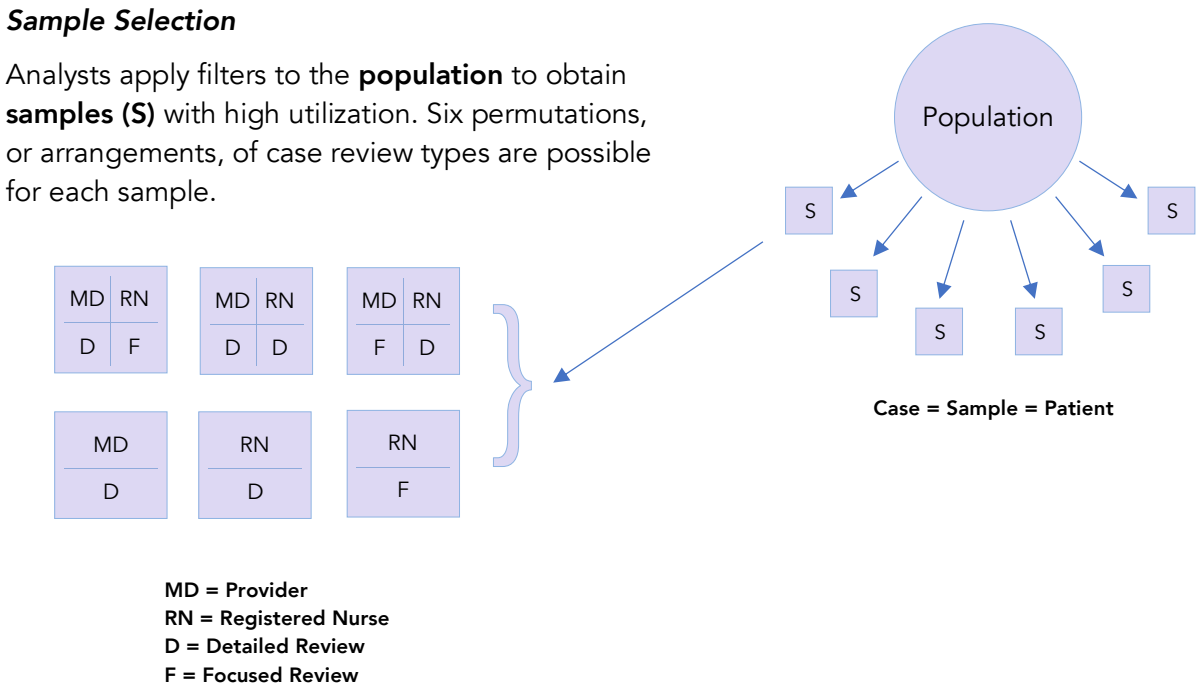
Since the targeted subpopulation does not represent the institution's general prison population, the OIG cautions against inappropriate extrapolation of medical *conditions* or *outcomes* from the retrospective case reviews to the general population. For example, if the high-risk diabetic patients reviewed have poorly controlled diabetes, one cannot conclude that all the diabetics' conditions are poorly controlled. Similarly, if the high-risk diabetic patients under review have poor outcomes, one cannot conclude that the entire diabetic population is having similarly poor outcomes. The OIG does not extrapolate *conditions* or *outcomes*, but instead extrapolates the institution's *response* for those patients needing the most care because the *response* yields valuable system information.

In the above example, if the institution responds by providing appropriate diabetic monitoring, medication therapy, and specialty referrals for the high-risk patients reviewed, then it is reasonable to infer that the institution is also responding appropriately to all the diabetics in the prison. However, if these same high-risk patients needing monitoring, medications, and referrals are not getting those needed services, it is likely that the institution is not providing appropriate diabetic services.

Case Review Sampling Methodology

Using a predefined case review sampling algorithm, OIG analysts apply various filters to each institution's patient population. The various filters include medical risk status, number of prescriptions, number of specialty appointments, number of clinic appointments, and other health-related data. The OIG uses these filters to narrow down the population to those patients with the highest utilization of medical resources (see Chart 1, next page). To prevent selection bias, the OIG ensures that the same clinicians who perform the case reviews do not participate in the sample selection process.

Chart 1. Case Review Sample Selection



The OIG's case sample size matched those of other qualitative research. The empirical findings, supported by expert statistical consultants, showed adequate conclusions after 10 to 15 cases had undergone comprehensive, or detailed, clinician review. In qualitative statistics, this phenomenon is known as "saturation." The OIG found the Cycle 4 medical inspection sample size of 30 for detailed physician reviews far exceeded the saturation point necessary for an adequate qualitative review. At the end of Cycle 4 inspections, the OIG re-analyzed the case review results using half the number of cases; there were no significant differences in the ratings. To improve inspection efficiency while preserving the quality of the inspection, the OIG reduced the number of the samples for Cycle 5 medical inspections to the current levels. For most basic institutions, the OIG samples 20 cases for detailed physician review. For intermediate institutions and several basic institutions with larger high-risk populations, the OIG samples 25 cases. For California Health Care Facility, the OIG samples 30 cases for detailed physician review.

Breadth of Case Reviews

As indicated in *Appendix B, Table B–1: CAC Sample Sets*, the OIG clinicians evaluated medical records for 42 unique cases. *Appendix B, Table B–4: CAC Case Review Sample Summary* clarifies that both nurses and physicians reviewed records for 12 of those cases, for 54 reviews in total. Physicians performed detailed reviews of 20 cases, and nurses performed detailed reviews of 13 cases, totaling 33 detailed case reviews. Nurses also performed focused reviews for an

additional 21 cases. These generated 664 clinical events for review (*Appendix B, Table B–3: CAC Event—Program*).

While the sample method specifically pulled only 4 chronic care patient records, i.e., 4 diabetes cases (*Appendix B, Table B–1: CAC Sample Sets*), the 42 unique cases sampled included patients with 110 chronic care diagnoses, including 11 additional cases with diabetes (for a total of 15), (*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 OIG did assess for adequacy the overall operation of the institution's system and staff.

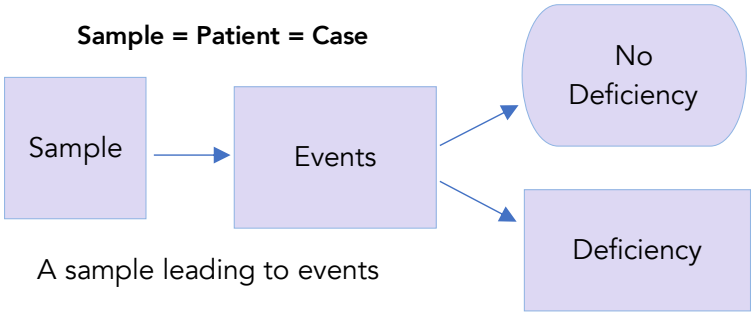
Case Review Testing Methodology

A physician, a nurse consultant, or both clinician inspectors review each case. The OIG clinician inspector can perform one of two different types of case review: detailed or focused (see Exhibit 1, p. 5, and Chart 1, p. 8). As the OIG clinician inspector reviews the medical record for each sample, the inspector records pertinent interactions between the patient and the health care system. These interactions are also known as case review *events*. When an OIG clinician inspector identifies a medical error, the inspector also records these errors as case review *deficiencies.* If a deficiency is of such magnitude that it caused, or had the potential to cause, serious patient harm, then the OIG clinician records it as an *adverse deficiency* (see Chart 2, next page).

Chart 2. Case Review Testing and Deficiencies

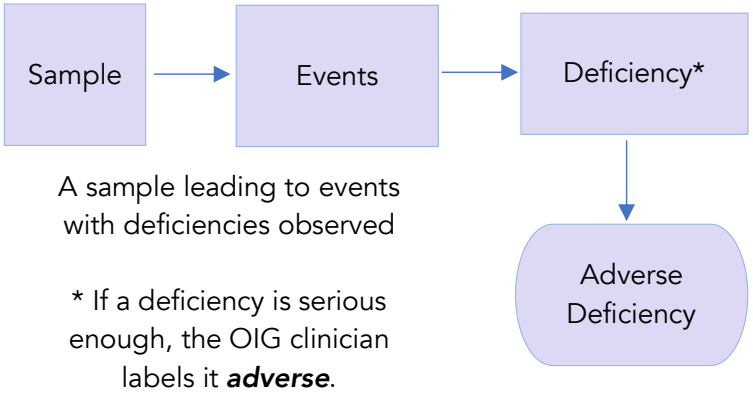
Case Review Testing

The OIG clinicians examine the chosen samples, performing a **detailed case review** or a **focused case review**, to determine the events that occurred.



Deficiencies

Not all events lead to deficiencies (medical errors); however, if there are errors, then the OIG clinicians determine whether any are **adverse**.



When the OIG clinician inspectors have reviewed all cases, they analyze the deficiencies. OIG inspectors search for similar types of deficiencies to determine if a repeating pattern of errors existed. When the same type of error occurs multiple times, the OIG inspectors identify those errors as findings. When the error is frequent, the likelihood is high that the error is regularly recurring at the institution. The OIG categorizes and summarizes these deficiencies in one or more health care quality indicators in this report to help the institution focus on areas for improvement.

Additionally, the OIG physicians also rate each of the detailed physician cases for adequacy based on whether the institution met the patient's medical needs and if it placed the patient at

significant risk of harm. The cumulative analysis of these cases gives the OIG clinicians additional perspective to help determine whether the institution is providing adequate medical services or not.[4]

Based on the collective results of clinicians' case reviews, the OIG clinicians rated each quality indicator *proficient* (excellent), *adequate* (passing), or *inadequate* (failing). A separate confidential *CAC Supplemental Medical Inspection Results: Individual Case Review Summaries* report details the case reviews the 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*.

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[4] Regarding individual provider performance, the OIG did not design the medical inspection to be a focused search for poorly performing providers; rather, the inspection assesses each institution's systemic health care processes. Nonetheless, while the OIG does not purposefully sample cases to review each provider at the institution, the cases usually involve most of the institutions' providers. Providers should only escape OIG case review if institutional managers assigned poorly performing providers the care of low-utilizing and low-risk patients, or if the institution had a relatively high number of providers.

COMPLIANCE TESTING

Sampling Methods for Conducting Compliance Testing

From October to December 2017, registered nurse inspectors obtained answers to 83 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 patients for whom the testing objectives were applicable and reviewed their electronic medical records. In some cases, inspectors used the same samples to conduct more than one test. In total, inspectors reviewed health records for 338 individual 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 October 16, 2017, registered nurse 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 964 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

After compiling the answers to the 83 questions for the nine applicable indicators for which compliance testing was applicable, the OIG compliance team derived a score for each quality indicator 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).

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 for this inspection 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 registered nurse inspectors 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 patients. Based on that analysis, OIG experts made a considered and measured overall opinion about the quality of health care observed.

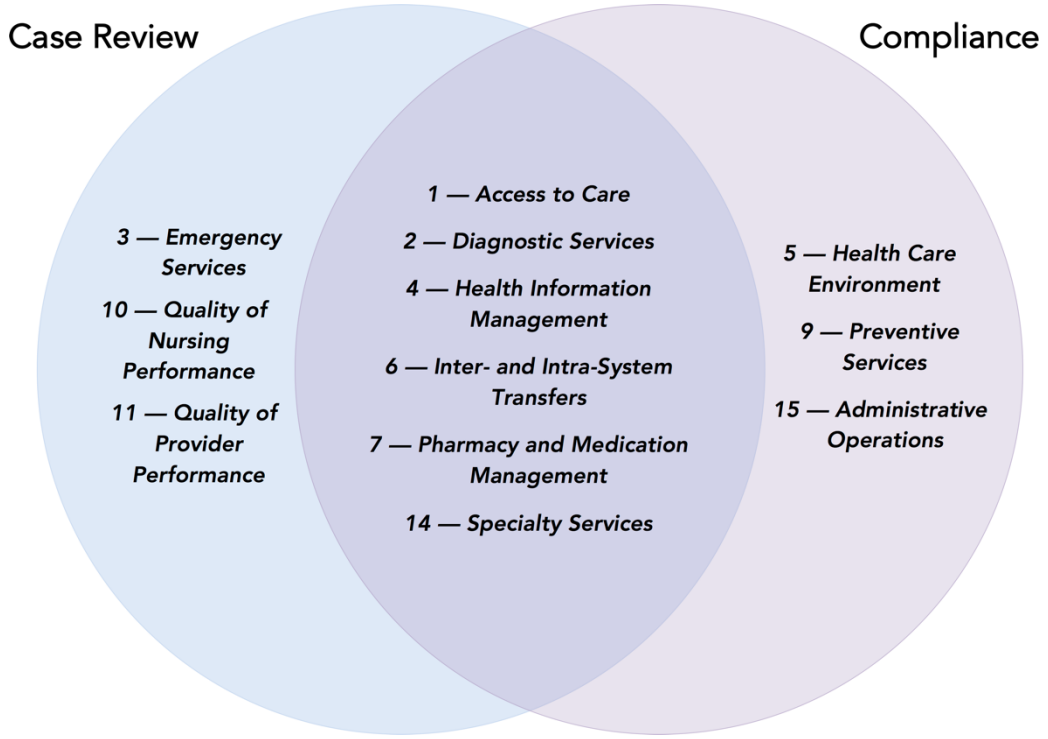
POPULATION-BASED METRICS

The OIG identified a subset of Healthcare Effectiveness Data Information Set (HEDIS) measures applicable to the CDCR patient population. To identify outcomes for CAC, the OIG reviewed some of the compliance testing results, randomly sampled additional 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

The OIG's case review and clinician teams use quality indicators to assess the clinical aspects of health care. The *CAC Executive Summary Table* on page *iv* of this report identifies the 12 indicators applicable to this institution. The following chart depicts their union and intersection:

Chart 3. Inspection Indicator Review Distribution



The *Administrative Operations* indicator is a secondary indicator; therefore, the OIG did not rely upon this indicator when determining the institution's overall score. Based on the analysis and results in all the primary indicators, the OIG experts made a considered and measured opinion that the quality of health care at CAC was ***proficient***.

Summary of Case Review Results: The clinical case review component assessed nine primary (clinical) indicators applicable to CAC. Of these nine indicators, OIG clinicians rated six *proficient* and three *adequate*.

The OIG physicians rated the overall adequacy of care for each of the 20 detailed case reviews they conducted. Of these 20 cases, 5 were *proficient*, 14 were *adequate*, and one was *inadequate*. In the 664 events reviewed, there were 67 deficiencies, 11 of which were considered to be of such magnitude that, if left unaddressed, they would likely contribute to patient harm.

Adverse Deficiencies Identified During Case Review: Adverse deficiencies are medical errors that markedly increased the risk of, or resulted in, serious patient harm. Medical care is a complex and dynamic process with many moving parts, subject to human error even within the best health care organizations. All major health care organizations typically identify and track adverse deficiencies for the purpose of quality improvement. Adverse deficiencies are not typically representative of medical care delivered by the organization. The OIG normally identifies adverse deficiencies for the dual purposes of quality improvement and the illustration of problematic patterns of practice found during the inspection. Because of the anecdotal nature of these deficiencies, the OIG cautions against drawing inappropriate conclusions regarding the institution based solely on adverse deficiencies. The OIG identified no adverse deficiencies in the case reviews at CAC.

Summary of Compliance Results: The compliance component assessed 9 of the 12 indicators applicable to CAC. Of these nine indicators, OIG inspectors rated seven *proficient* and two *adequate.* 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*.

1 — *ACCESS TO CARE*

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

Case Review Rating:
Proficient
Compliance Score:
Proficient
(94.6%)
Overall Rating:
Proficient

Case Review Results

The OIG clinicians reviewed 300 outpatient encounters with providers and nurses and identified six deficiencies, only four of which were significant. The OIG clinicians rated this indicator *proficient*.

RN Sick Call Access

The institution performed well with access to sick call. CAC scheduled sick call appointments timely, and nurses assessed the patients within one business day of the request's initial review. The OIG clinicians reviewed 35 sick call events and identified no nurse deficiencies.

Nurse-to-Provider Referrals

CCHCS policy requires sick call nurses to refer patients to a provider when their condition requires a higher level of care. CAC did well with this requirement. Nurse-to-provider appointments occurred timely and as scheduled. There were 136 outpatient-nursing encounters with no deficiencies identified.

Nursing Follow-up Appointments

Follow-up nursing appointments generated by providers and nurses took place as ordered, with one minor exception:

- In case 20, one of the five follow-up appointments ordered for wound care did not take place.

Provider to Provider Follow-up Appointments

Provider-to-provider follow-up appointments are important to access to care. The OIG reviewed 149 provider encounters. Provider-ordered follow-up appointments took place as ordered, with one significant deficiency:

- In case 20, a patient with several chronic care diagnoses refused his one-month new patient appointment, but CAC did not reschedule it. Several months later, the CP&S ordered a follow-up appointment, but it did not take place. During his entire stay at CAC, a provider did not see the patient. Fortunately, when he transferred to another facility, the patient appeared to have suffered no harm.

Provider Follow-up after Specialty Service

Providers evaluated patients timely after specialty services appointments.

Specialty Service Appointments

CAC performed sufficiently with specialty service appointments; however, in the OIG's review of 77 of these appointments, there were three deficiencies:

- In case 13, the patient with retinal damage had an urgent referral to see an eye doctor. Urgent specialty referrals must be seen within two weeks of the request. The patient's urgent referral took place two days late.

- In case 16, the institution canceled and failed to reschedule the patient's physical therapy appointment for back pain after the patient was sent to a community hospital for appendicitis.

- In case 17, the institution canceled and failed to reschedule a podiatry appointment for the patient because the podiatrist was unavailable.

Intra-System Transfer

OIG clinicians reviewed seven cases in which patients transferred into CAC from other institutions. For six of the seven patients, CAC nurses assessed the patients and appropriately referred them to providers who evaluated the patients timely. There was one significant deficiency in which the nurse did not do this:

- In case 20, the patient transferred from another institution back to CAC after admission for antibiotics to treat a serious leg infection. The patient's required one-week follow-up appointment with a provider did not occur. Instead, CAC scheduled the appointment one month after his return.

Follow-up After Hospitalization

OIG clinicians reviewed 24 hospital and outside emergency department events. Providers assessed all 24 returning patients timely and adequately.

Diagnostic Results

The OIG reviewed 84 diagnostic events. Providers followed up on all results without deficiency.

Clinician Onsite Inspection

OIG clinicians interviewed staff at CAC regarding 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 three clinics had no backlog. When asked about scheduling deficiencies, CAC staff pointed to a process in the new electronic health record system (EHRS) where scheduled appointments are canceled when a patient is sent out of the institution. The process requires the primary care provider to review and reorder any necessary appointments upon the patient's return to the institution. This process likely contributed to the missed appointments for three of the significant deficiencies in cases 16, 17, and 20.

Case Review Conclusion

CAC's access to care was excellent but its performance had declined slightly from the Cycle 4 medical inspection. In this inspection period, there were occasional occurrences of missed specialty appointments. Nonetheless, overall access to medical services was outstanding. The OIG clinicians rated the *Access to Care* indicator *proficient*.

Compliance Testing Results

The institution performed in the *proficient* range, with a score of 94.6 percent in the *Access to Care* indicator. The following tests earned scores in the *proficient* range:

- Inspectors sampled 30 health care services request forms submitted by patients across all facility clinics. Nursing staff reviewed all request forms on the same day they were received and completed timely face-to-face triage encounters for all 30 patients (MIT 1.003, 1.004).

- Of the eight sampled patients nursing staff referred to a provider, and for whom the provider subsequently ordered a follow-up appointment, all received their follow-up appointments timely (MIT 1.006).

- All 19 sampled patients received a follow-up appointment with a provider within five days of discharge from a community hospital (MIT 1.007).

- Among 25 patients sampled who transferred into CAC from other institutions and whom nurses referred to a provider based on their initial health care screening, 24 (96.0 percent) were seen within the required time frame. One patient's provider appointment occurred six days late (MIT 1.002).

- Among 16 health care services request forms sampled on which nursing staff referred the patient for a provider appointment, 15 patients (93.8 percent) received timely appointments. One patient received a routine appointment, but the patient's complaint was not addressed (MIT 1.005).

- Of the 30 sampled patients who received a high-priority or routine specialty service, 27 (90.0 percent) received a timely follow-up appointment with a provider. Two patients received their high-priority specialty service follow-up appointments three and eight days late. One patient's routine specialty service follow-up appointment was 77 days late (MIT 1.008).

- When the OIG reviewed recent appointments for 25 sampled patients with chronic care conditions, 22 patients (88.0 percent) received timely routine appointments. Three other patients received their chronic care appointments from 19 to 61 days late (MIT 1.001).

The institution received an *adequate* score on one test:

- Patients had access to health care services request forms at five of the six housing units inspected (83.3 percent). One housing unit did not have a supply of the forms available for patients (MIT 1.101).

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2 — *DIAGNOSTIC SERVICES*

Case Review Rating:
Proficient
Compliance Score:
Adequate
(75.6%)

Overall Rating:
Adequate

This indicator addresses several types of diagnostic services. Specifically, it addresses whether radiology and laboratory services were timely provided to patients, whether primary care providers timely reviewed results, and whether providers communicated results to the patient within 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.

In this indicator, the OIG case review and compliance review processes yielded different results, with the case review giving a *proficient* rating and the compliance review resulting in an *adequate* score. Compliance testing sampled significantly more pathology tests than case reviewers did in this medical inspection. Compliance testing identified problems with the communication of laboratory and pathology results to the patient. Most of these errors occurred because the providers neglected to specify the name of laboratory tests on their patient letter and sent pathology test notifications late. Because of the clinical importance of processing pathology reports, the OIG determined the overall rating of *adequate* was appropriate for this indicator.

Case Review Results

The OIG clinicians reviewed 84 diagnostic events and identified no deficiencies. The case review rating for this indicator was *proficient*.

Test Completion

CAC performed diagnostic tests flawlessly. CAC used the EHRS to track and complete diagnostic orders reliably within the ordered time frames. CAC completed all 84 events timely.

Health Information Management

CAC performed well with diagnostic tests. Providers timely reviewed and signed results for all reports and timely communicated the results to their patients.

Clinician Onsite Inspection

Staff explained that CAC provided time for training with the EHRS. The institution temporarily scheduled providers with fewer patient encounters to allow them to adjust to the new process. The EHRS notifies providers via electronic message when new laboratory results or other reports are available to review. CAC providers diligently reviewed their messages and test results and received a perfect record review score.

Case Review Conclusion

The OIG clinicians rated the *Diagnostic Services* indicator *proficient* with no deficiencies.

Compliance Testing Results

The institution received an *adequate* compliance score of 75.6 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

- The institution timely performed radiology services for all ten patients sampled (MIT 2.001). CAC providers timely reviewed and initialed the corresponding radiology reports for eight of the ten patients (80.0 percent); providers did not review radiology reports for two patients (MIT 2.002). Providers timely communicated test results to all ten patients sampled (MIT 2.003).

Laboratory Services

- All ten sampled patients received their provider-ordered laboratory services timely (MIT 2.004). The institution's providers also reviewed eight of the ten resulting laboratory services reports within the required time frame (80.0 percent); two reports were reviewed two days late (MIT 2.005). Providers timely communicated the results to only two of the ten patients sampled (20.0 percent). Seven patients received their tests results in a letter, but the letter did not indicate what specific tests were performed. For one other patient, the provider did not communicate the results (MIT 2.006).

Pathology Services

- Clinicians at CAC timely received the final pathology reports for eight of ten sampled patients (80.0 percent), but two patients' pathology reports were received four and five days late (MIT 2.007). Providers properly evidenced their review of pathology results for seven of ten sampled reports (70.0 percent). Providers reviewed two reports between 9 and 20 days late; and there was no evidence found that the provider reviewed the pathology result for one patient (MIT 2.008). Finally, providers timely communicated the final pathology results to five of the ten patients sampled (50.0 percent). Providers communicated the results for five other reports between 4 to 41 days late (MIT 2.009).

3 — *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 urgent/emergent care is based on a patient's emergency 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

OIG clinicians reviewed 22 urgent or emergent events and identified nine deficiencies in the various aspects of emergency care. OIG clinicians considered two of the nine deficiencies significant, identified in cases 1 and 6. The case review rating for this indicator was *adequate*.

CPR Response

Custody staff initiated CPR and promptly notified health care staff. Nursing staff responded timely and provided appropriate care. The OIG found no delays in medical response times.

Provider Performance

Providers made appropriate triage decisions when patients presented emergently to the TTA and were available for consultation with the TTA nursing staff, with few exceptions. There were two minor deficiencies related to provider quality of emergency care:

- In case 2, the patient was acutely ill with unstable low blood pressure. The provider correctly ordered the patient be transferred to an outside emergency department but did not order intravenous fluids to stabilize the patient's blood pressure. Also, the provider's progress note did not adequately describe the acutely ill patient.

- In case 13, the provider on call ordered ibuprofen for the patient's rib pain. Although the community emergency department recommended this medication, ibuprofen could have aggravated the patient's recent gastritis (stomach inflammation and bleeding) and further impaired the patient's chronic kidney disease. The provider should have recognized these risks and should not have prescribed ibuprofen.

Nursing Performance

CAC nurses generally provided appropriate nursing assessments and interventions and contacted providers timely for urgent or emergent events. Of the 16 cases reviewed there were two deficiencies in the nursing performance, one of which was significant:

- In case 6, the patient was unresponsive, and the nurse did not assess the patient's mental status or response to interventions such as suctioning or the administration of oxygen and naloxone. Subsequent clinicians responsible for the care, as well as inspectors who subsequently reviewed the chart, could not determine if the interventions were effective. The patient was transferred from CAC to the community hospital where the patient was diagnosed with respiratory failure.

Nursing Documentation

Without proper documentation, health care staff often overlook changes in patient health, resulting in lapses in care. Also, the improper documentation makes it difficult for health care staff to assess the status of a patient's ongoing condition. Nursing documentation was problematic for CAC's emergency services. Nurses often struggled with the sequence of events and did not record the proper time of their assessments and interventions. OIG clinicians identified numerous documentation and timeline discrepancies in emergency medical response cases:

- In case 5, the nurse recorded numerous timeline entry discrepancies, such as the administration times of medications and oxygen.

- In case 6, the nurse caring for an unresponsive patient did not adequately record the assessment times.

- In case 7, the nurse recorded identical vital signs at various times throughout a medical emergency, which the OIG clinicians believe is extremely unlikely.

Emergency Medical Response Review Committee

The emergency medical response review committee (EMRRC) met regularly and discussed emergency events. The EMRRC determined that the first medical responders needed documentation training and planned to provide the training to nursing staff. EMRRC discussed stock levels for nasal naloxone and how to better encourage the nurses to use established nursing protocols when assessing their patients.

Clinician Onsite Inspection

During the onsite visit, OIG inspectors found CAC's two-bed TTA patient care area sufficient to provide emergent medical care. The TTA was staffed with two nurses but did not have a designated provider. Nurses notified the patient's primary care provider for all emergent events during clinic hours and the physician on call for all medical concerns after hours. CAC's TTA was adequately staffed and stocked with medical supplies and equipment. According to nursing staff, there was a good rapport and a collaborative working relationship with custody.

Case Review Conclusion

OIG clinicians rated the *Emergency Services* indicator *adequate.* There were deficiencies in nursing documentation that CAC should target with quality improvement strategies.

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4 — *HEALTH INFORMATION MANAGEMENT*

Case Review Rating:
Proficient
Compliance Score:
Proficient
(92.0%)

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 medical record; whether the various medical records (internal and external, e.g., hospital and specialty reports and progress notes) are obtained and scanned timely into the patient's electronic medical record; whether records routed to clinicians include legible signatures or stamps; and whether hospital discharge reports include key elements and are timely reviewed by providers.

During the OIG's testing period, CAC had converted to the new electronic health record system (EHRS) in October 2016; therefore, all testing was completed in the EHRS.

Case Review Results

OIG clinicians reviewed 664 events and found five deficiencies related to health information management, one of which was significant, in case 13. These deficiencies were isolated and without a pattern. The case review rating for this indicator was *proficient*.

Inter-Departmental Transmission

CAC communicated well between departments. With the implementation of the EHRS, providers were able to complete review of important documents, such as hospital records. According to staff in health information management, after they scan records requiring provider review, they send a message through the EHRS to notify the appropriate provider the record is ready for review. This process corrected a frequent deficiency identified during the Cycle 4 inspection.

Hospital Records

OIG clinicians reviewed 18 hospital or emergency department transfers. CAC timely retrieved, scanned, and reviewed hospital records. The OIG identified only one minor deficiency:

- In case 15, CAC did not scan a complete hospital record into the patient's electronic medical record; the second and fourth pages of the hospital gastroenterologist consultation report were missing.

Specialty Services

CAC retrieved, reviewed, and scanned most specialty services reports into the medical record. There was one significant deficiency:

- In case 13, CAC scanned the offsite gastroenterology consultation report into an incorrect EHRS location. This type of error makes retrieval and review difficult, if possible at all.

Diagnostic Reports

CAC showed improvement in this area compared to the Cycle 4 inspection. For the Cycle 5 inspection, OIG clinicians reviewed 84 events and identified no deficiencies. The EHRS messages prompting providers to review laboratory reports likely corrected many of the minor deficiencies noted in the Cycle 4 inspection. The *Diagnostic Services* indicator also evaluates this area.

Urgent/Emergent Records

The OIG reviewed 36 events and identified only one minor deficiency:

- In case 27, the nurse evaluated a patient transferred from another institution to CAC. The nurse transferred the patient to the TTA for further management of back and leg pain. The patient's electronic medical record in the TTA was incomplete regarding nurse or provider management.

Scanning Performance

Of the five deficiencies identified in the *Health Information Management* indicator, four related to incomplete scanning or scanning into an incorrect medical record. The three cases 13, 15, and 27 have already been described in this section. The fourth case is described below:

- In case 16, CAC incorrectly labeled the patient's refusal as an authorization.

Legibility

Most provider and nursing notes were legible or typed. There was one minor deficiency**:**

- In case 18, the nurse's signature on a patient's refusal form was illegible.

Clinician Onsite Inspection

The OIG clinicians noted improved health information performance at CAC compared to Cycle 4. According to staff in medical records, the message center in the EHRS notifies providers when a report requires provider review. This process led to an improvement over Cycle 4, when OIG clinicians determined that providers were not timely reviewing hospital and laboratory reports.

Case Review Conclusion

CAC's medical staff retrieved and scanned reports well. There were a few incomplete or incorrectly scanned documents. The institution showed clear improvement from the Cycle 4 medical inspection in the *Health Information Management* indicator. The OIG clinicians rated this indicator *proficient*.

Compliance Testing Results

The institution scored in the *proficient* range with a score of 92.0 percent in the *Health Information Management* indicator. The following tests received *proficient* scores:

- Institution staff timely scanned all five sampled documents, such as non-dictated provider progress notes, nursing initial health screening forms, and patient health care service request forms into the patient's electronic medical record within three days of the patient's encounter (MIT 4.001).

- Institution staff timely scanned all 20 specialty service consultant reports sampled into the patient's health record file within five calendar days (MIT 4.003).

- CAC's records management staff timely scanned all 19 sampled hospital discharge reports or treatment records into patients' health records (MIT 4.004).

- The institution scored 91.7 percent in its labeling and filing of documents scanned into patients' electronic medical records. For this test, the OIG bases its score on an allowable maximum of 24 mislabeled or misfiled documents. For the CAC medical inspection, inspectors identified two mislabeled documents (MIT 4.006).

The following test received an *inadequate* score:

- Among 19 applicable patients sampled who were admitted to a community hospital and then returned to the institution, CAC providers timely reviewed 13 patients' corresponding hospital discharge reports within three calendar days of their discharge (68.4 percent). For six other sampled patients, five discharge reports were reviewed from one to 15 days late, and one final report was missing key information regarding a patient's discharge date (MIT 4.007).

5 — *HEALTH CARE ENVIRONMENT*

Case Review Rating:
Not Applicable
Compliance Score:
Proficient
(87.0%)

Overall Rating:
Proficient

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 patient visits, and the sufficiency of facility infrastructure to conduct comprehensive medical examinations. The OIG rates this component entirely on the compliance testing results from the visual observations inspectors make at the institution during their onsite visit. This indicator is evaluated entirely by compliance testing. There is no case review portion.

Compliance Testing Results

The institution received a *proficient* score of 87.0 percent in the *Health Care Environment* indicator, with scores in the *proficient* range on the following tests:

- CAC's staff appropriately cleaned, disinfected, and sanitized all seven sampled clinics (MIT 5.101).
- Health care staff at all seven clinics followed proper protocols to mitigate exposure to blood-borne pathogens and contaminated waste (MIT 5.105).
- The bulk medical supply storage areas (outside of the clinics) met the supply management process and supported the needs of the medical health care program, earning CAC a score of 100 percent on this test (MIT 5.106).
- All seven clinic exam rooms the OIG inspected had appropriate space, configuration, supplies, and equipment to allow clinicians to perform a proper clinical examination (MIT 5.110).
- OIG inspectors examined emergency medical response bags (EMRBs) and the crash cart to determine whether institution staff inspected them daily, inventoried them monthly, and if they contained all essential items. EMRBs and the crash cart were compliant in all four applicable clinical locations (MIT 5.111).
- Clinical health care staff in six of the seven applicable clinics (85.7 percent) properly sterilized or disinfected reusable invasive and noninvasive medical equipment. At one clinic, clinical staff did not properly process medical equipment pending sterilization or store previously sterilized instruments (MIT 5.102).

- Six of the seven clinic locations inspected (85.7 percent) had operable sinks and sufficient quantities of hand hygiene supplies in the examination areas. One clinic's patient restroom did not have sufficient quantities of antiseptic soap and disposable hand towels (MIT 5.103).

- Six of the seven clinics (85.7 percent) the OIG inspected followed adequate medical supply storage and management protocols. In one clinic, the system to replenish medical supplies was inadequate, and the OIG found medical supplies stored beyond manufacturers' guidelines (MIT 5.107).

- Six of seven clinics (85.7 percent) maintained clinic common areas that were conducive to providing medical services. In one clinic, the location of the vital sign station compromised patients' auditory privacy (MIT 5.109).

Two tests received scores in the *inadequate* range:

- OIG inspectors observed clinician encounters with patients in seven clinics. Clinicians followed good hand hygiene practices in only three clinics (42.9 percent). At four clinics, however, clinicians failed to wash their hands before or after patient contact, or before applying gloves (MIT 5.104).

- Five of seven clinic locations (71.4 percent) met compliance requirements for essential core medical equipment and supplies. The remaining two clinics were missing one or more functional pieces of properly calibrated core equipment or other medical supplies necessary to conduct a comprehensive exam. One clinic was missing an oto-ophthalmoscope, and in the other clinic, the oto-ophthalmoscope was not operational at the time of the inspection (MIT 5.108).

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 timely or adequate health care. The OIG does not score this question.

- At the time of the OIG's medical inspection, CAC did not have any infrastructure improvement projects in progress, and there were no plans of beginning any infrastructure improvement changes in the near future (MIT 5.999).

6 — *INTER- AND INTRA-SYSTEM TRANSFERS*

Case Review Rating:
Adequate
Compliance Score:
Proficient
(85.2%)
Overall Rating:
Adequate

This indicator focuses on the management of patients' medical needs and continuity of patient care during the inter- and intra-system transfer process. The patients reviewed for this indicator include those received from, as well as those transferring out to, other CDCR institutions. 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 patients who transfer out of the institution, 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 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. OIG expert analysis of both results showed clinically significant areas for improvement: medication continuity for patients transferring into the institution and the notation of pending specialty appointments for patients transferring to other CDCR institutions. Because of the clinical significance of these areas, the OIG determined the overall rating of *adequate* was appropriate for this indicator.

Case Review Results

The OIG clinicians reviewed 69 inter- and intra-system events that related to the transfer processes. These included 18 hospitalizations and outside emergency room events, each of which resulted in a transfer back to the institution. There were 12 deficiencies, one of which was significant. The case review rating for this indicator was *adequate*.

Transfers In

CAC performed acceptably with the transfer-in process at the institution. CAC staff ensured medication continuity, and the nurses assessed the patients and appropriately referred them to the provider most of the time. Of the seven transfer-in cases reviewed, the OIG identified one significant deficiency:

- In case 20, the patient transferred from another CDCR institution back to CAC after receiving antibiotics for a serious leg infection. The patient's provider follow-up

appointment that should have occurred within seven days after arrival did not occur. Instead, medical staff did not schedule the patient for a provider follow-up appointment until one month after he arrived.

Transfers Out

The transfer-out process for CAC was satisfactory. In all six cases reviewed, nurses performed face-to-face evaluations before patients transferred out of the institution. CAC generally sent health care transfer information, medications, and health care equipment with the patient to the receiving institution. However, there was a pattern of minor deficiencies of incomplete transfer information noted in four of the six cases reviewed:

- In cases 3, 13, 18, and 29, the receiving and release (R&R) nurse did not indicate the institution to which the patient was transferring.

Hospitalizations

Patients returning from hospitalizations are some of the highest-risk encounters due to two factors. First, these patients usually require hospitalization for a severe illness or injury, and second, they are at risk due to potential lapses in care that can occur during any transfer.

CAC also performed well in all 18 cases reviewed where the patient returned from a hospital or emergency department. There was no lapse in care or medications. The nurses provided good nursing assessments, interventions, and education for patients upon their return. The utilization management (UM) nurse updated the plan of care in the EHRS daily while patients were at the hospital. Additionally, the UM nurse followed up with a face-to-face evaluation after patients returned. Medical staff scheduled a provider follow-up appointment for patients within five days, and retrieved, reviewed, and signed the hospital discharge summaries in most cases reviewed.

Clinician Onsite Inspection

The R&R nurses were knowledgeable about their job duties and the transfer process. These nurses also processed patients returning from specialty appointments or the hospital. They completed patient assessments and consistently reviewed hospital discharge recommendations with the provider.

Case Review Conclusion

Overall, the institution performed acceptably for patients transferring into the institution and for patients returning from hospitals. However, for patients transferring to other institutions, the R&R nurses often did not indicate the facility to which the patient was transferring. This is an area for CAC to target for quality improvement. The *Inter- and Intra-System Transfers* indicator was *adequate*.

Compliance Testing Results

The institution earned a *proficient* rating for this indicator, with a score of 85.2 percent. CAC received *proficient* scores on the following tests:

- For all 25 sampled patients who transferred into CAC from another CDCR institution, nursing staff completed initial health screening assessments on the day the patient arrived (MIT 6.001).

- The OIG inspected the transfer packages of four applicable patients who transferred out of CAC to determine whether their transfer packages included required medications and related documentation. All four transfer packages were compliant (MIT 6.101).

- Nursing staff timely completed the assessment and disposition sections of the initial health screening forms for 24 of the 25 sampled patients who transferred into CAC from another CDCR institution (96.0 percent). For one patient, however, nursing staff did not complete the assessment and disposition sections of the form (MIT 6.002).

One test received a score in the *adequate* range:

- OIG inspectors tested five patients who transferred out of CAC to another CDCR institution to determine whether their previously scheduled specialty service appointments were listed on the health care transfer form. CAC nursing staff identified these scheduled appointments on the transfer forms for four of five samples tested (80.0 percent). For one patient, nursing staff did not list their pending specialty services (MIT 6.004).

One test received an *inadequate* score:

- OIG inspectors examined health records for six patients who transferred into CAC from another CDCR institution that had medications requiring administration or delivery at the next dosing interval after arrival. Three of the six patients sampled (50.0 percent) received their medications timely. Three other patients received their medications between one and three days late (MIT 6.003).

7 — *PHARMACY AND MEDICATION MANAGEMENT*

Case Review Rating:
Proficient
Compliance Score:
Proficient
(87.2%)
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 numerous entities across various departments affect medication management, this assessment considers internal review and approval processes, pharmacy, nursing, health information systems, custody processes, and actions taken by the prescriber, staff, and patient.

Case Review Results

The OIG clinicians evaluated 52 events related to medications and found no deficiencies. The case review rating for this indicator was *proficient*.

Medication Continuity

CAC performed well ensuring medication continuity for patients who transferred into CAC from other CDCR institutions and for patients who returned from community hospitals. Patients received their medications timely as scheduled without any lapses. There were no deficiencies identified.

Medication Administration

The pharmacist dispensed antibiotics on the same day that providers prescribed them and dispensed all other routine medications within three days. The nurses administered medications accurately, timely, and as prescribed to patients. Additionally, patients received their KOP (keep-on-person) medications timely. The OIG identified no deficiencies.

Medication Reconciliation

Medication reconciliation is a process of creating the most accurate list possible of all medications a patient is taking including drug name, dosage, frequency, time, and route. Medication reconciliation is required when a patient transfers between medical facilities. CAC nurses compared this list against physicians' orders to provide the correct medications. CAC nurses performed well with this process.

Pharmacy Errors

The OIG identified no deficiencies in this area.

Clinician Onsite Inspection

The OIG clinicians met with the pharmacy and nursing staff and inquired about their medication management process and systems. There was a designated medication nurse assigned to issue KOP medications to patients twice a day. Once the pharmacy delivered the medications to the medication nurse, that nurse would then scan the medications into the EHRS to record the receipt of the medications. This process ensured none of the pharmacy-dispensed medications were missing. The pharmacist informed the OIG clinicians that pharmacy staff reconciled orders daily to ensure that staff filled and dispensed all medications timely. Pharmacy and nursing staff both reported that implementation of the EHRS decreased their medication errors once they became familiar with the system. The medication nurses were knowledgeable regarding the medication preparation and administration process.

Case Review Conclusion

CAC did an outstanding job ensuring medication continuity and with administering and reconciling medications. Overall, the institution performed well in the *Pharmacy and Medication Management* indicator. The OIG rated this indicator *proficient*.

Compliance Testing Results

The institution received a *proficient* score of 87.2 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

For this sub-indicator, the institution received a *proficient* score of 95.4 percent, scoring in the *proficient* range on the following tests:

- CAC provided ordered medications without interruption to all 25 patients sampled who transferred from one housing unit to another (MIT 7.005).

- CAC staff timely provided chronic care medications for 18 of the 19 sampled patients (94.7 percent). One patient, who refused his chronic care medications on several occasions, did not receive the required counseling for missed doses (MIT 7.001).

- Clinical staff timely provided new and previously prescribed medications to 18 of 19 patients sampled who had been discharged from a community hospital and returned to the institution (94.7 percent). One patient received his nurse-administered medication five days late (MIT 7.003).

- CAC timely administered or delivered new medication orders to 23 of 25 patients sampled (92.0 percent). Two patients received their medication one day late (MIT 7.002).

Observed Medication Practices and Storage Controls

The institution received a *proficient* score of 87.8 percent in this sub-indicator. The following tests scored 100 percent in the *proficient* range:

- The OIG interviewed nursing staff and inspected areas where narcotics were stored at seven applicable locations to assess whether strong security controls existed. All seven areas were adequately controlled (MIT 7.101).

- The institution properly stored non-narcotic refrigerated medications at all six applicable clinics and medication line locations (MIT 7.103).

- Nursing staff at all six inspected medication line locations employed appropriate administrative controls and followed appropriate protocols during medication preparation (MIT 7.105).

Two tests received *adequate* scores:

- The OIG inspectors observed the medication preparation and administration processes at six applicable medication line locations. Nursing staff were compliant regarding proper hand hygiene and contamination control protocols at five of the six locations sampled (83.3 percent). At one location, not all nursing staff washed or sanitized their hands when required, such as before medication preparation, putting on gloves, or before each subsequent re-gloving (MIT 7.104).

- Five of six inspected medication preparation and administration areas demonstrated appropriate administrative controls and protocols (83.3 percent). At one location, the following deficiencies were identified: the medication nurse was not able to verbalize the appropriate medication incident error reporting process; the medication nurse did not always ensure that patients swallowed direct observation therapy medications, and the medication nurse did not verify blood glucose reading prior to administering insulin medication to patients (MIT 7.106).

One test received an *inadequate* score:

- CAC properly stored non-narcotic medications that did not require refrigeration in three of the five applicable clinics and medication line storage locations (60.0 percent). In two locations, one or more of the following deficiencies were identified: there was no established system to return expired medication prescriptions to the pharmacy, and multi-use medication was not labeled with the date it was opened (MIT 7.102).

Pharmacy Protocols

In this sub-indicator, CAC received an adequate score of 80.0 percent, composed of scores received at the institution's main pharmacy, with *proficient* scores of 100 percent on the following tests:

- CAC's main pharmacy followed general security, organization, and cleanliness management protocols. In addition, the institution, properly stored non-refrigerated and refrigerated medications in the main pharmacy (MIT 7.107, 7.108, 7.109).

- The OIG inspectors examined 25 medication error reports and five of the monthly statistical reports generated by the institution's pharmacist in charge (PIC). All 25 reports were timely and correctly processed (MIT 7.111).

The following test received an *inadequate* score:

- The institution's PIC did not properly account for narcotic medications stored in CAC's pharmacy or review monthly inventories of controlled substances in the institution's clinical and medication line storage locations. As a result, the institution received a score of zero on this test. Also, the monthly physical inventory of all controlled substances in the pharmacy were not routinely logged, and staff responsible for completing the medication area inspection checklist did not document the results on the form (MIT 7.110).

Non-Scored Tests

- In addition to the OIG's testing of reported medication errors, inspectors follow up on any significant medication errors that were found during the 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 (MIT 7.998).

- The OIG interviewed patients in isolation units to determine if they had immediate access to their prescribed KOP rescue inhalers. All four of the sampled patients had access to their asthmatic inhalers (MIT 7.999).

8 — *PRENATAL AND POST-DELIVERY SERVICES*

This indicator evaluates the institution's capacity to provide timely and appropriate prenatal, delivery, and postnatal services to pregnant patients. This includes the ordering and monitoring of indicated screening tests, follow-up visits, referrals to higher levels of care, e.g., high-risk obstetrics clinic, when necessary, and postnatal follow-up.

As CAC does not have female patients, this indicator did not apply.

Case Review Rating:
Not Applicable
Compliance Score:
Not Applicable

Overall Rating:
Not Applicable

9 — *PREVENTIVE SERVICES*

This indicator assesses whether the institution offered or provided various preventive medical services to 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 patients identified as being at higher risk for contracting coccidioidomycosis (valley fever).

Case Review Rating:
Not Applicable
Compliance Score:
Proficient
(92.7%)

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 scored in the *proficient* range for this indicator at 92.7 percent. The following five tests were in the *proficient* range:

- All 30 sampled patients received annual tuberculosis screenings (MIT 9.003).
- All 25 patients sampled timely received or were offered influenza vaccinations during the most recent influenza season (MIT 9.004).
- All six patients at high risk for contracting coccidioidomycosis infection (valley fever) who were identified as medically restricted and ineligible to reside at CAC were transferred out of the institution within 60 days from the time they were deemed ineligible (MIT 9.009).
- CAC offered colorectal cancer screenings to 24 of 25 sampled patients subject to the annual screening requirement (96.0 percent). For one patient, however, his medical record showed no evidence he had received results of a normal colonoscopy within the past ten years or that the institution offered him a colorectal cancer screening within the past 12-month period (MIT 9.005).
- The OIG tested whether CAC offered required influenza, pneumonia, and hepatitis vaccinations to patients who suffered from a chronic condition; 13 of the 14 applicable sampled patients (92.9 percent) were offered the vaccinations timely. For one patient, OIG inspectors found no evidence that the patient had received or refused the pneumococcal immunization within the last five years (MIT 9.008).

Two tests received *adequate* scores on the following two tests:

- CAC scored 85.0 percent for the timely administration of tuberculosis (TB) medications to its patients. Of 20 sampled patients, 17 received their medication timely. For three patients,

nursing staff did not document if the patients received or refused TB medications (MIT 9.001).

- The OIG reviewed CAC's monitoring of 20 sampled patients who received TB medications and found the institution properly monitored 15 patients (75.0 percent). Two patients did not receive their required weekly monitoring. Two other patients did not have their weight documented. One final patient did not receive his required monthly monitoring (MIT 9.002).

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10 — *QUALITY OF NURSING PERFORMANCE*

Case Review Rating:
Proficient
Compliance Score:
Not Applicable
Overall Rating:
Proficient

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 does not have a score under the OIG compliance testing component. Case reviews include face-to-face encounters and indirect activities performed by nursing staff on behalf of the patient. Review of nursing performance includes all nursing services performed onsite, such as outpatient, inpatient, urgent/emergent, patient transfers, care coordination, and medication management. The key focus areas for evaluation of 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, and accurate, thorough, and legible documentation. Although the OIG reports nursing services provided in specialized medical housing units in the *Specialized Medical Housing* indicator, and those provided in the TTA or related to emergency medical responses in the *Emergency Services* indicator, this *Quality of Nursing Performance* indicator summarizes all areas of nursing services.

Case Review Results

The OIG clinicians reviewed 238 nursing encounters, of which 136 were in the outpatient setting. Most outpatient nursing encounters were for sick call requests, walk-in visits, and RN follow-up visits. In all, there were 37 deficiencies identified related to nursing care performance, only one of which was significant. The case review rating for this indicator was *proficient*.

Nursing Assessment and Intervention

A major component of high-quality nursing care is the nursing assessment, which includes both subjective and objective evaluations. Most CAC nurses included both of these elements in their nursing assessments. In progress notes, nurses properly reflected the patient's condition and the care provided. Nurses demonstrated familiarity and competency with their patients. Although CAC nurses provided good care, the OIG identified a pattern of deficiencies in 7 of 22 applicable cases in which outpatient nurses recorded incomplete assessments and interventions. These deficiencies usually occurred when nurses omitted vital signs, but the OIG clinicians considered these deficiencies minor and unlikely to contribute to patient harm.

Nursing Documentation

Complete and accurate nursing documentation is another essential component of patient care. Without proper documentation, health care staff often overlook changes in patient health resulting in lapses in care. Also, the improper documentation makes it difficult for health care staff to assess the status of a patient's ongoing condition. Overall, the nursing documentation in

all areas of nursing services was good, except documentation in emergency services and for transfer-out patients. Four of the six emergency medical response cases reviewed contained documentation deficiencies (cases 5, 6, 7, and 8). Additionally, four of the six transfer-out cases reviewed contained incomplete documentation (cases 3, 13, 18, and 20). The R&R nurse did not document the facilities to which the patients were transferring. These errors are discussed further in the *Emergency Services* and *Inter- and-Intra-System Transfers* indicators.

Nursing Sick Call

The OIG clinicians reviewed 35 sick call requests. The nurses facilitated an organized sick call process. CAC's nurses reviewed all sick call requests on the same day they received them. The nurses triaged the patients timely, performed face-to-face assessments within one business day for patients with symptoms, and provided suitable nursing assessments and interventions.

Urgent/Emergent Care

The institution's nurses provided acceptable emergency nursing care. This performance is further discussed in the *Emergency Services* indicator.

Post-Hospital Returns

Nurses at CAC provided good assessments, interventions, and education to patients returning from the hospital. The utilization management (UM) nurse recorded daily updates for patients that were in the hospital. Additionally, the UM nurse performed face-to-face evaluations with every patient after they returned to CAC. There was no pattern of deficiencies identified.

Intra-System Transfers

The nurses provided effective nursing care for patients arriving at CAC. Most nurses appropriately referred patients to providers; however, there was one significant deficiency. Nursing transfer performance is further discussed in the *Inter- and-Intra-System Transfers* indicator.

Offsite Specialty Services and Telemedicine

Most nurses made suitable nursing assessments for patients returning from offsite specialty appointments. Nursing staff properly reviewed the specialists' recommendations and communicated pertinent information to the providers. Of the 11 cases in which nurses assessed a patient who returned from a specialty appointment, 2 contained minor deficiencies for incomplete nursing assessments:

- In case 4, the nurse did not assess the patient's pain when the patient returned from a prostate biopsy.
- In case 13, the nurse did not reassess the patient who had moderately high blood pressure.

Clinician Onsite Inspection

The OIG clinicians visited several clinical areas, including R&R, outpatient clinics, specialty services, utilization management, medication lines, and the TTA. CAC's huddles which were very organized and included various members of the multi-disciplinary team who actively participated in the discussion. The institution's sick call nurses averaged seven patients per day, and at the time of the onsite medical inspection, there was no backlog. Most nurses reported good morale, felt appreciated, and enjoyed working at the institution. Nursing managers were organized and prepared for the onsite questions. They reported using the OIG inspection as a tool for auditing and monitoring purposes.

Case Review Conclusion

The areas for CAC to target for quality improvement are emergency services and transfer documentation, and outpatient nursing assessments and interventions. Overall, CAC nurses provided very good quality nursing care. The OIG rated this indicator *proficient*.

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11 — *QUALITY OF PROVIDER PERFORMANCE*

In this indicator, the OIG physicians provide a qualitative evaluation of the adequacy of provider care at the institution. The case review clinicians review the provider care regarding appropriate evaluation, diagnosis, and management plans for programs including, but not limited to, nursing sick call, chronic care programs, TTA, specialized medical housing, and specialty services. OIG physicians alone assess provider care. 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 149 medical provider encounters and identified 17 deficiencies related to provider performance, 4 of which were significant. Of the 20 detailed cases reviewed, OIG clinicians rated 5 *proficient,* 14 *adequate*, and the care of one patient *inadequate*. Overall, the OIG clinicians rated the *Quality of Provider Performance* indicator *adequate.*

Assessment and Decision-Making

CAC providers made appropriate assessments and sound medical plans in most cases. In four of the 20 cases reviewed, OIG clinicians identified nine deficiencies related to assessment and decision-making (cases 2, 10, 13, and 16). Most deficiencies occurred with patients who were seen for multiple problems, in which one of the problems was not adequately managed:

- In case 2, the patient described new symptoms of a headache, neck stiffness, and chills. The provider failed to examine or make a diagnosis of the patient's symptoms.

- In case 13, the patient was seen at an outside hospital for bleeding from his stomach. A computed tomography (CT) scan of the abdomen showed the patient had a markedly enlarged bladder, which was a finding unrelated to his bleeding. When the patient returned to CAC, the provider noted the finding of the patient's enlarged bladder, but he failed to include the finding on the patient's problem list and did not check the patient to see if the problem was still present. The degree of bladder enlargement seen on the CT scan was significant and alone should have prompted additional testing or intervention.

- On another visit in case 13, the patient continued to have abdominal pain. The provider failed to consider the distended bladder as a cause of the patient's abdominal pain. Fortunately, testing showed the bladder distention had resolved several months later.

Emergency Care

Generally, providers made appropriate triage decisions in the TTA and were available for consultation with the TTA nursing staff. Two minor deficiencies with provider performance in emergency care were identified and are detailed in the *Emergency Services* indicator.

Review of Records

With few exceptions, CAC providers managed medical records sufficiently and performed flawlessly in signing diagnostic reports. However, providers did not always review their patient's medical records appropriately; they either failed to proofread reports or did not carefully review the medical record when they saw the patient. These deficiencies occurred in 4 of the 20 cases reviewed (cases 4, 13, 16, and 38). One of these deficiencies was significant:

- In case 4, the provider saw the patient for intestinal bleeding, but the provider failed to review the record of the patient's prior colonoscopy (viewing the large intestine). As a result, the provider incorrectly recorded that the patient had a benign mass removed by a specialist, when the actual findings were the patient had simple hemorrhoids.

Hospital Return

CAC providers electronically signed hospital discharge summaries and timely addressed all the recommendations. No deficiencies were identified.

Chronic Care

Chronic care performance was appropriate, and continuity of provider care was good. Most providers managed patients with hypertension, hepatitis C infections, and cardiovascular disease very well. However, some providers failed to timely manage patients with deteriorating conditions. Four deficiencies were identified in the chronic care program, one of which was significant:

- In case 16, the provider failed to note or respond to a patient whose asthma status had worsened. At the patient's next six-month follow-up visit, the same provider managed an ingrown toenail for the patient but failed to address the patient's asthma.

Specialty Services

Providers timely referred their patients to specialists when needed. There were no deficiencies.

Health Information Management

Providers at CAC generally documented outpatient and TTA encounters the same day they occurred. With a few exceptions, handwritten progress notes were legible. There were four minor deficiencies, three of which attributed to the provider failing to proofread the note to correct typos or charting errors.

Clinician Onsite Inspection

CAC is classified as a basic institution by CCHCS and has only two high-risk or medically complex patients. At the time of the OIG inspection, there were no provider vacancies, compared to the one provider vacancy CAC experienced during the previous year. CAC managed that vacancy by having one provider work double coverage, as well as having the chief medical executive (CME) and the chief physician and surgeon (CP&S) see patients in clinics. The additional coverage during the vacancy provided good access to care for patients. However, leadership noted the provider with the additional patient population, at times, had suboptimal documentation and the notes lacked detail or diagnostic assessments of some complaints. CAC leadership also identified a few deficiencies in provider care, such as not addressing mildly abnormal vital signs or laboratory results. CAC's annual review of providers addressed these problems and noted CAC provided focused training for these problems. The deficiencies CAC identified matched most of the deficiencies that OIG clinicians identified. Before the OIG onsite visit, CAC leadership reported the corrective actions that had already been implemented for the identified deficiencies.

All CAC providers were enthusiastic about their work and expressed satisfaction with specialty services, nursing, and diagnostic services. To ensure continuity of care, CAC assigned each provider primarily to only one clinic. Three clinics were centrally located which allowed providers to consult with each other easily. The OIG noted one potential barrier to care; nurses performed face-to-face triage care at a location remote from the central clinic, distant from the providers.

Morning huddles were productive, led by providers, and attended by nurses, the care coordinator, custody staff, leadership, and office technicians. While the huddles were thorough, the primary focus was ensuring patients were seen timely. The CME and CP&S were committed to patient care and quality improvement. A unique finding for CAC was the frequency of direct patient care performed by both the CME and the CP&S with the few complex medical patients, for patients assigned to the mid-level provider, or for patients nearing compliance deadlines for appointments and their primary provider had an unplanned absence from the institution.

Case Review Conclusion

CAC providers delivered good care for the majority of the physician cases reviewed by OIG clinicians. The institution's CME and CP&S provided strong leadership in guiding providers, as well as direct patient care when needed. For the detailed physician case reviews, 5 were *proficient*, 14 were *adequate*, and one was *inadequate*. The areas CAC can improve include the need for providers to address all their patients' problems and to review their patients' medical records thoroughly. Despite these problems, the OIG rated the *Quality of Provider Performance* indicator *adequate*.

12 — *RECEPTION CENTER ARRIVALS*

Case Review Rating:
Not Applicable
Compliance Score:
Not Applicable
Overall Rating:
Not Applicable

This indicator focuses on the management of medical needs and continuity of care for patients arriving from outside the CDCR system. The OIG review includes evaluation of the ability of the institution to provide and document initial health screenings, initial health assessments, continuity of medications, and completion of required screening tests; address and provide significant accommodations for disabilities and health care appliance needs; and identify health care conditions needing treatment and monitoring. The patients reviewed for reception center cases are those received from non-CDCR facilities, such as county jails.

CAC does not have a reception center; therefore, this indicator does not apply.

13 — *SPECIALIZED MEDICAL HOUSING*

This indicator addresses whether the institution follows appropriate policies and procedures when admitting patients to onsite inpatient facilities, including completion of timely nursing and provider assessments. The case review assesses all aspects of medical care related to these housing units, including quality of provider and nursing care.

CAC does not have a specialized medical housing unit; therefore, this indicator does not apply.

Case Review Rating:
Not Applicable
Compliance Score:
Not Applicable
Overall Rating:
Not Applicable

14 — *SPECIALTY SERVICES*

Case Review Rating:
Proficient
Compliance Score:
Proficient
(96.9%)
Overall Rating:
Proficient

This indicator focuses on specialist care from the time a physician completes a request for services or a physician's order for specialist care 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 the 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 provider updates the patient on the plan of care.

Case Review Results

OIG clinicians reviewed 110 events related to specialty services, which included specialty consultations and procedures. CAC health care staff provided excellent specialty care in four challenging cases despite frequent offsite specialty consultations and procedures (cases 21, 22, 23, and 24). Specialty services deficiencies were rare, and the case review rating for this indicator was *proficient*.

Access to Specialty Services

CAC performed well with appointments and scheduling. The OIG identified three deficiencies, two of which were significant:

- In case 16, the provider referred the patient to physical therapy for back pain. CAC canceled and did not reschedule this appointment after they sent the patient to the hospital for appendicitis.
- In case 17, the provider referred the patient to a podiatrist (foot specialist) for a wound. The appointment was canceled because the podiatrist was not available that day. The appointment was not rescheduled.

Nursing Performance

Most nurses provided good assessments, interventions, and documentation for patients returning from offsite specialty and telemedicine appointments. Additionally, the nurses informed the provider of the specialist findings and recommendations, obtained orders, and scheduled provider follow-up appointments. The OIG identified two minor nursing deficiencies:

- In case 4, the nurse evaluated the patient who returned from a prostate biopsy but did not evaluate the patient for pain following this surgical procedure.

- In case 13, the nurse did not evaluate the patient who had moderately high blood pressure.

Provider Performance

CAC's providers performed well, and appropriately referred and managed patients requiring specialty health care services. No deficiencies were identified.

Health Information Management

In the previous year, CAC had successfully implemented the EHRS. There was only one significant deficiency, also discussed in the *Health Information Management* indicator:

- In case 13, CAC staff scanned the patient's offsite gastroenterology consultation report into an incorrect area of the EHRS. This scanning error made it difficult, if not impossible, to find the report.

Clinician Onsite Inspection

According to CAC's leadership and providers, they were supported well by specialty services. The OIG agreed; the case reviews showed no occurrences in which CAC patients had problems obtaining timely onsite or offsite consultations.

Case Review Conclusion

Nearly all specialty appointments occurred timely, with very few deficiencies. Nurses usually assessed patients and arranged appropriate follow-up. Providers referred their patients to specialists when needed and reviewed the consultants' reports. Significant deficiencies were infrequent and usually related to the scheduling of specialty appointments. The OIG rated the *Specialty Services* indicator *proficient*, despite the rare lapses in care.

Compliance Testing Results

The institution received a *proficient* score of 96.9 percent in this indicator, with the following six tests scoring in the *proficient* range:

- For 15 sampled patients, all had high-priority specialty services appointments occur within 14 calendar days of the provider's order (MIT 14.001).

- Providers timely received and reviewed the high-priority specialists' reports for all 15 patients sampled (MIT 14.002).

- For 15 sampled patients, all had routine specialty services appointments occur within the required time frame (MIT 14.003).

- CAC scored 100 percent when tested for timeliness of denials of provider specialty services requests. For four sampled patients, denials of their specialty services requests occurred timely. Providers also timely informed patients of the denials so the patients could consider alternate treatment options (MIT 14.006, 14.007).

- Providers timely received and reviewed 14 of the 15 sampled routine specialists' reports (93.3 percent); one report was not reviewed timely (MIT 14.004).

One test received a score in the *adequate* range:

- When patients are approved or scheduled for specialty services at one institution and then transfer to another, CCHCS policy requires that the receiving institution reschedule and provide the patient's appointment within the required time frame. Of 20 patients sampled, 17 (85.0 percent) received their appointments timely. Three patients received their appointments between 16 and 211 days late (MIT 14.005).

15 — *ADMINISTRATIVE OPERATIONS (SECONDARY)*

Case Review Rating:
Not Applicable
Compliance Score:
Adequate
(85.0%)
Overall Rating:
Adequate

This indicator focuses on the institution's administrative health care oversight functions. The OIG evaluates whether the institution promptly processes patient medical appeals and addresses all appealed issues. Inspectors also verify that the institution follows reporting requirements for adverse/sentinel events and patient deaths. 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. In addition, 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 emergency medical response certifications. The *Administrative Operations* indicator is a secondary indicator; therefore, it was not relied on for the institution's overall score.

Compliance Testing Results

The institution received an *adequate* score of 85.0 percent in this indicator, with 11 tests scoring in the *proficient* range:

- The institution's Quality Management Committee (QMC) met monthly, evaluated program performance, and took action when management identified areas for improvement opportunities (MIT 15.003).
- CAC took appropriate steps to ensure the accuracy of its Dashboard data reporting (MIT 15.004).
- The OIG inspectors reviewed three emergency medical response drill packages conducted during the prior quarter. All three of the drill packages contained the required summary reports and related documentation. Additionally, the drills included participation by both health care and custody staff (MIT 15.101).
- Based on a sample of 10 second-level medical appeals, the institution's responses addressed all of the patients' appealed issues (MIT 15.102).
- Medical staff promptly submitted the initial Inmate Death Report (CDCR Form 7229A) to CCHCS's Death Review Unit for the two applicable deaths that occurred at CAC in the prior 12-month period (MIT 15.103).

- All ten nurses sampled were current with their clinical competency validations (MIT 15.105).

- All providers at CAC were current with their professional licenses. Similarly, all nursing staff and the PIC were current with their professional licenses and certification requirements (MIT 15.107, 15.109).

- All active duty providers and nurses were current with their emergency response certifications (MIT 15.108).

- All pharmacy staff and providers who prescribed controlled substances had current Drug Enforcement Agency registrations (MIT 15.110).

- All nursing staff hired within the last year had timely received new employee orientation training (MIT 15.111).

Two tests earned *adequate* scores:

- The OIG inspectors reviewed data received from the institution to determine whether CAC timely processed at least 95 percent of its monthly patient medical appeals during the most recent 12-month period. CAC timely processed 10 of the 12 months of patient appeals reviewed (83.3 percent). Two months had between 5 to 7 percent of patient medical appeals in overdue status (MIT 15.001).

- Five of the six providers at CAC had a proper clinical performance appraisal completed by their supervisor (83.3 percent). For one provider, a clinical appraisal was completed, but the results were not discussed with the provider (15.106).

Two tests earned scores in the *inadequate* range:

- The OIG inspected records from August 2017 for five nurses to determine if supervisors properly completed monthly performance reviews. Inspectors identified the following deficiencies for the monthly nursing reviews (MIT 15.104):

    - The supervisor did not complete the required number of reviews for one nurse;

    - The supervisor's review did not summarize aspects that were well done, or for any needed improvements, for all five nurses.

- The OIG reviewed 12 of the institution's Emergency Medical Response Review Committee (EMRRC) incident packages for emergency medical responses during the prior six-month period. Only one of the 12 sampled incident packages complied with policy. The EMRRC minutes did not document discussion of all three required questions for 11 of the incidents. As a result, CAC received a score of 8.3 percent on this test (MIT 15.005).

Non-Scored Results

- The OIG gathered non-scored data regarding the completion of death review reports by CCHCS's Death Review Committee (DRC). Two deaths occurred at CAC during the OIG's review period, both were unexpected (Level 1) deaths. CCHCS policy requires the DRC to complete its death review summary report within 60 days from the date of death and submit the report to the institution's chief executive officer (CEO) within seven calendar days thereafter. For one patient, the DRC was completed timely, and the institution's CEO was notified of the death review summary within the required time frames. For the other patient, the DRC was completed 119 days late, and no evidence was found that the CEO was notified of the death review summary (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

The OIG recommends the following:

- CCHCS should examine CAC's excellent medication processes and consider replicating those processes statewide.

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. HEDIS 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 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 electronic medical record, 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 California City Correctional Facility (CAC), seven HEDIS measures were selected 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 to produce optimal results. CAC performed very well with its management of diabetes.

When compared statewide, CAC outperformed most other reporting entities in all five diabetic measures. However, the institution scored one percentage point lower than Kaiser, North and South regions, for diabetic blood pressure control. When compared nationally, CAC outperformed Medicaid, Medi-Cal, Medicare, and commercial health care plans in all five diabetic measures. CAC outperformed the United State Department of Veterans Affairs (VA), and both Kaiser plans in four applicable measures.

Immunizations

Comparative data for immunizations was only fully available for the VA and partially available for Kaiser, commercial plans, Medicaid, and Medicare. Concerning administering influenza vaccinations to younger adults, CAC scored higher than Medicaid and commercial plans but scored lower than Kaiser and the VA. The patient refusal rate for younger adults was 45 percent, which negatively affected the institution's score. CAC only had one patient over the age of 65; therefore, the sample was omitted from the comparative analysis.

Cancer Screening

Concerning colorectal cancer screening, CAC greatly outperformed all reporting health care entities. Relative to the HEDIS in Cycle 4, CAC was able to reduce patient refusals within Cycle 5 greatly.

Summary

CAC's population-based metrics performance reflected a well-functioning chronic care program, compared to the other state and national health care entities reviewed. The institution may improve its scores for immunizations by reducing patient refusals through patient education.

CAC Results Compared to State and National HEDIS Scores

Clinical Measures	California					National		
	CAC Cycle 5 Results[1]	HEDIS Medi-Cal 2016[2]	HEDIS Kaiser (No. CA) 2016[3]	HEDIS Kaiser (So. CA) 2016[3]	HEDIS Medicaid 2016[4]	HEDIS Com-mercial 2016[4]	HEDIS Medicare 2016[4]	VA Average 2015[5]
Comprehensive Diabetes Care								
HbA1c Testing (Monitoring)	**100%**	86%	94%	94%	86%	90%	93%	98%
Poor HbA1c Control (>9.0%)[6, 7]	**7%**	39%	20%	23%	45%	34%	27%	19%
HbA1c Control (<8.0%)[6]	**90%**	49%	70%	63%	46%	55%	63%	-
Blood Pressure Control (<140/90)[6]	**82%**	63%	83%	83%	59%	60%	62%	74%
Eye Exams	**87%**	53%	68%	81%	53%	54%	69%	89%
Immunizations								
Influenza Shots - Adults (18–64)	**52%**	-	56%	57%	39%	48%	-	55%
Influenza Shots - Adults (65+)[8]	**N/A**	-	-	-	-	-	72%	76%
Immunizations: Pneumococcal[8]	**N/A**	-	-	-	-	-	71%	93%
Cancer Screening								
Colorectal Cancer Screening	**95%**	-	79%	82%	-	63%	67%	82%

1. Unless otherwise stated, data was collected in October 2017 by reviewing medical records from a sample of CAC's population of applicable 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 *2016 HEDIS Aggregate Report for Medi-Cal Managed Care*.

3. Data was obtained from Kaiser Permanente November 2016 reports for the Northern and Southern California regions.

4. National HEDIS data for Medicaid, commercial plans, and Medicare was obtained from the *2016 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. Population limited to only one patient over the age of 65; therefore, sample omitted from the comparative analysis.

APPENDIX A—COMPLIANCE TEST RESULTS

California City Correctional Facility Range of Summary Scores: 75.6% - 96.9%	
Indicator	**Compliance Score (Yes %)**
1–*Access to Care*	94.6%
2–*Diagnostic Services*	75.6%
3–*Emergency Services*	Not Applicable
4–*Health Information Management (Medical Records)*	92.0%
5–*Health Care Environment*	87.0%
6–*Inter- and Intra-System Transfers*	85.2%
7–*Pharmacy and Medication Management*	87.2%
8–*Prenatal and Post-Delivery Services*	Not Applicable
9–*Preventive Services*	92.7%
10–*Quality of Nursing Performance*	Not Applicable
11–*Quality of Provider Performance*	Not Applicable
12–*Reception Center Arrivals*	Not Applicable
13–*Specialized Medical Housing (OHU, CTC, SNF, Hospice)*	Not Applicable
14–*Specialty Services*	96.9%
15–*Administrative Operations*	85.0%

Reference Number	1–*Access to Care*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
1.001	Chronic care follow-up appointments: Was the 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?	22	3	25	88.0%	0
1.002	For endorsed patients received from another CDCR institution: If the nurse referred the patient to a provider during the initial health screening, was the patient seen within the required time frame?	24	1	25	96.0%	0
1.003	Clinical appointments: Did a registered nurse review the patient's request for service the same day it was received?	30	0	30	100.0%	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	100.0%	0
1.005	Clinical appointments: If the registered nurse determined a referral to a primary care provider was necessary, was the patient seen within the maximum allowable time or the ordered time frame, whichever is the shorter?	15	1	16	93.8%	14
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?	8	0	8	100.0%	22
1.007	Upon the patient's discharge from the community hospital: Did the patient receive a follow-up appointment within the required time frame?	19	0	19	100.0%	0
1.008	Specialty service follow-up appointments: Do specialty service primary care physician follow-up visits occur within required time frames?	27	3	30	90.0%	0
1.101	Clinical appointments: Do patients have a standardized process to obtain and submit health care services request forms?	5	1	6	83.3%	0
Overall percentage:					**94.6%**	

Reference Number	2–*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	100.0%	0
2.002	Radiology: Did the primary care provider review and initial the diagnostic report within specified time frames?	8	2	10	80.0%	0
2.003	Radiology: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	10	0	10	100.0%	0
2.004	Laboratory: Was the laboratory service provided within the time frame specified in the provider's order?	10	0	10	100.0%	0
2.005	Laboratory: Did the primary care provider review and initial the diagnostic report within specified time frames?	8	2	10	80.0%	0
2.006	Laboratory: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	2	8	10	20.0%	0
2.007	Pathology: Did the institution receive the final diagnostic report within the required time frames?	8	2	10	80.0%	0
2.008	Pathology: Did the primary care provider review and initial the diagnostic report within specified time frames?	7	3	10	70.0%	0
2.009	Pathology: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	5	5	10	50.0%	0
Overall percentage:					**75.6%**	

3–*Emergency Services*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

Reference Number	4–*Health Information Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
4.001	Are non-dictated healthcare documents (provider progress notes) scanned within 3 calendar days of the patient encounter date?	5	0	5	100.0%	0
4.002	Are dictated/transcribed documents scanned into the patient's electronic health record within five calendar days of the encounter date?	0	0	0	NA	25
4.003	Are High-Priority specialty notes (either a Form 7243 or other scanned consulting report) scanned within the required time frame?	20	0	20	100.0%	0
4.004	Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge?	19	0	19	100.0%	0
4.005	Are medication administration records (MARs) scanned into the patient's electronic health record within the required time frames?	0	0	0	NA	25
4.006	During the inspection, were medical records properly scanned, labeled, and included in the correct patients' files?	22	2	24	91.7%	0
4.007	For patients discharged from a community hospital: Did the preliminary hospital discharge report include key elements and did a primary care provider review the report within three calendar days of discharge?	13	6	19	68.4%	0
Overall percentage:					**92.0%**	

Reference Number	5–*Health Care Environment*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
5.101	Are clinical health care areas appropriately disinfected, cleaned and sanitary?	7	0	7	100.0%	0
5.102	Do clinical health care areas ensure that reusable invasive and non-invasive medical equipment is properly sterilized or disinfected as warranted?	6	1	7	85.7%	0
5.103	Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies?	6	1	7	85.7%	0
5.104	Does clinical health care staff adhere to universal hand hygiene precautions?	3	4	7	42.9%	0
5.105	Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste?	7	0	7	100.0%	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	100.0%	0
5.107	Does each clinic follow adequate protocols for managing and storing bulk medical supplies?	6	1	7	85.7%	0
5.108	Do clinic common areas and exam rooms have essential core medical equipment and supplies?	5	2	7	71.4%	0
5.109	Do clinic common areas have an adequate environment conducive to providing medical services?	6	1	7	85.7%	0
5.110	Do clinic exam rooms have an adequate environment conducive to providing medical services?	7	0	7	100.0%	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?	4	0	4	100.0%	3
Overall percentage:					**87.0%**	

Reference Number	6–*Inter- and Intra-System Transfers*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
6.001	For endorsed 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 patient arrived at the institution?	25	0	25	100.0%	0
6.002	For endorsed 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 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?	24	1	25	96.0%	0
6.003	For endorsed patients received from another CDCR institution or COCF: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption?	3	3	6	50.0%	19
6.004	For patients transferred out of the facility: Were scheduled specialty service appointments identified on the patient's health care transfer information form?	4	1	5	80.0%	0
6.101	For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer packet required documents?	4	0	4	100.0%	0
Overall percentage:					**85.2%**	

Reference Number	*7–Pharmacy and Medication Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
7.001	Did the patient receive all chronic care medications within the required time frames or did the institution follow departmental policy for refusals or no-shows?	18	1	19	94.7%	6
7.002	Did health care staff administer, make available, or deliver new order prescription medications to the patient within the required time frames?	23	2	25	92.0%	0
7.003	Upon the patient's discharge from a community hospital: Were all ordered medications administered, made available, or delivered to the patient within required time frames?	18	1	19	94.7%	0
7.004	For patients received from a county jail: Were all medications ordered by the institution's reception center provider administered, made available, or delivered to the patient within the required time frames?	Not Applicable				
7.005	Upon the patient's transfer from one housing unit to another: Were medications continued without interruption?	25	0	25	100.0%	0
7.006	For patients en route who lay over at the institution: If the temporarily housed 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 over narcotic medications assigned to its clinical areas?	7	0	7	100.0%	2
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?	3	2	5	60.0%	4
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	0	6	100.0%	3
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?	5	1	6	83.3%	3
7.105	Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when preparing medications for patients?	6	0	6	100.0%	3
7.106	Medication preparation and administration areas: Does the Institution employ appropriate administrative controls and protocols when distributing medications to patients?	5	1	6	83.3%	3
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	100.0%	0

Reference Number	7–*Pharmacy and Medication Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
7.108	Pharmacy: Does the institution's pharmacy properly store non-refrigerated medications?	1	0	1	100.0%	0
7.109	Pharmacy: Does the institution's pharmacy properly store refrigerated or frozen medications?	1	0	1	100.0%	0
7.110	Pharmacy: Does the institution's pharmacy properly account for narcotic medications?	0	1	1	0.0%	0
7.111	Does the institution follow key medication error reporting protocols?	25	0	25	100.0%	0
Overall percentage:					**87.2%**	

8–*Prenatal and Post-Delivery Services*

The institution has no female patients, so this indicator is not applicable.

Reference Number	9–*Preventive Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
9.001	Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed?	17	3	20	85.0%	0
9.002	Patients prescribed TB medication: Did the institution monitor the patient monthly for the most recent three months he or she was on the medication?	15	5	20	75.0%	0
9.003	Annual TB Screening: Was the patient screened for TB within the last year?	30	0	30	100.0%	0
9.004	Were all patients offered an influenza vaccination for the most recent influenza season?	25	0	25	100.0%	0
9.005	All patients from the age of 50 - 75: Was the patient offered colorectal cancer screening?	24	1	25	96.0%	0
9.006	Female patients from the age of 50 through the age of 74: Was the patient offered a mammogram in compliance with policy?	Not Applicable				
9.007	Female patients from the age of 21 through the age of 65: Was patient offered a pap smear in compliance with policy?	Not Applicable				
9.008	Are required immunizations being offered for chronic care patients?	13	1	14	92.9%	11
9.009	Are patients at the highest risk of coccidioidomycosis (valley fever) infection transferred out of the facility in a timely manner?	6	0	6	100.0%	0
Overall percentage:					**92.7%**	

10–*Quality of Nursing Performance*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

11–*Quality of Provider Performance*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

12–*Reception Center Arrivals*

The institution has no reception center, so this indicator is not applicable.

13–*Specialized Medical Housing*

The institution has no specialized medical housing, so this indicator is not applicable.

Reference Number	14–*Specialty Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
14.001	Did the patient receive the high priority specialty service within 14 calendar days of the primary care provider order or the Physician Request for Service?	15	0	15	100.0%	0
14.002	Did the primary care provider review the high priority specialty service consultant report within the required time frame?	15	0	15	100.0%	0
14.003	Did the patient receive the routine specialty service within 90 calendar days of the primary care provider order or Physician Request for Service?	15	0	15	100.0%	0
14.004	Did the primary care provider review the routine specialty service consultant report within the required time frame?	14	1	15	93.3%	0
14.005	For endorsed patients received from another CDCR institution: If the 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?	17	3	20	85.0%	0
14.006	Did the institution deny the primary care provider request for specialty services within required time frames?	4	0	4	100.0%	0
14.007	Following the denial of a request for specialty services, was the patient informed of the denial within the required time frame?	4	0	4	100.0%	0
Overall percentage:					**96.9%**	

Reference Number	15–*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?	10	2	12	83.3%	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?	6	0	6	100.0%	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	100.0%	0
15.005	Does the Emergency Medical Response Review Committee perform timely incident package reviews that include the use of required review documents?	1	11	12	8.3%	0
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				
15.101	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?	3	0	3	100.0%	0
15.102	Did the institution's second level medical appeal response address all of the patient's appealed issues?	10	0	10	100.0%	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?	2	0	2	100.0%	0
15.104	Does the institution's Supervising Registered Nurse conduct periodic reviews of nursing staff?	0	5	5	0.0%	0
15.105	Are nursing staff who administer medications current on their clinical competency validation?	10	0	10	100.0%	0
15.106	Are structured clinical performance appraisals completed timely?	5	1	6	83.3%	0
15.107	Do all providers maintain a current medical license?	7	0	7	100.0%	0
15.108	Are staff current with required medical emergency response certifications?	2	0	2	100.0%	1
15.109	Are nursing staff and the Pharmacist-in-Charge current with their professional licenses and certifications, and is the pharmacy licensed as a correctional pharmacy by the California State Board of Pharmacy?	6	0	6	100.0%	1

Reference Number	15–*Administrative Operations*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
15.110	Do the institution's pharmacy and authorized providers who prescribe controlled substances maintain current Drug Enforcement Agency (DEA) registrations?	1	0	1	100.0%	0
15.111	Are nursing staff current with required new employee orientation?	1	0	1	100.0%	0
Overall percentage:					**85.0%**	

APPENDIX B — CLINICAL DATA

Table B-1: CAC Sample Sets

	Total
Death Review/Sentinel Events	2
Diabetes	4
Emergency Services – CPR	4
Emergency Services – Non-CPR	2
High Risk	2
Hospitalization	6
Intra-System Transfers in	3
Intra-System Transfers out	3
RN Sick Call	12
Specialty Services	4
	42

Table B-2: CAC Chronic Care Diagnoses

	Total
Anemia	3
Arthritis/Degenerative Joint Disease	6
Asthma	6
COPD	2
Cancer	1
Cardiovascular Disease	2
Chronic Kidney Disease	3
Chronic Pain	9
Diabetes	15
Gastroesophageal Reflux Disease	9
Hepatitis C	15
Hyperlipidemia	14
Hypertension	21
Seizure Disorder	2
Thyroid Disease	2
	110

Table B-3: CAC Event – Program

	Total
Diagnostic Services	84
Emergency Care	35
Hospitalization	48
Intra-System Transfers in	20
Intra-System Transfers out	8
Outpatient Care	359
Specialty Services	110
	664

Table B-4: CAC Review Sample Summary

	Total
MD Reviews Detailed	20
MD Reviews Focused	0
RN Reviews Detailed	13
RN Reviews Focused	21
Total Reviews	54
Total Unique Cases	42
Overlapping Reviews (MD & RN)	12

APPENDIX C — COMPLIANCE SAMPLING METHODOLOGY

California City Correctional Facility (CAC)

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Access to Care			
MIT 1.001	Chronic Care Patients (25)	Master Registry	• Chronic care conditions (at least one condition per patient—any risk level) • **Randomize**
MIT 1.002	Nursing Referrals (25)	OIG Q: 6.001	• See ***Intra-system Transfers***
MITs 1.003-006	Nursing Sick Call (10 per clinic) (30)	MedSATS	• Clinic (each clinic tested) • Appointment date (2–9 months) • **Randomize**
MIT 1.007	Returns from Community Hospital (19)	OIG Q: 4.007	• 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 (10)	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 (5)	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	(19)	OIG Q: 4.007	• Community hospital discharge documents • First 20 IPs selected
MIT 4.005	(0)	OIG Q: 7.001	• MARs • First 20 IPs selected
MIT 4.006	(2)	Documents for any tested inmate	• Any misfiled or mislabeled document identified during OIG compliance review (24 or more = No)
MIT 4.007	Returns From Community Hospital (19)	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 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 (7)	OIG inspector onsite review	• Identify and inspect all onsite clinical areas.
Inter- and Intra-System Transfers			
MIT 6.001-003	Intra-System Transfers (25)	SOMS	• Arrival date (3–9 months) • Arrived from (another CDCR facility) • Rx count • **Randomize**
MIT 6.004	Specialty Services Send-Outs (5)	MedSATS	• Date of transfer (3–9 months) • **Randomize**
MIT 6.101	Transfers Out (10)	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 (25)	OIG Q: 1.001	*See* ***Access to Care*** • At least one condition per patient—any risk level • **Randomize**
MIT 7.002	New Medication Orders (25)	Master Registry	• Rx count • **Randomize** • Ensure no duplication of IPs tested in MIT 7.001
MIT 7.003	Returns from Community Hospital (19)	OIG Q: 4.007	• See ***Health Information Management (Medical Records)*** *(returns from community hospital)*
MIT 7.004	RC Arrivals – Medication Orders *(N/A at this institution)* or	OIG Q: 12.001	• See ***Reception Center Arrivals***
MIT 7.005	Intra-Facility Moves (25)	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 (varies by test)	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 (25)	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 (4)	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 (20)	Maxor	• Dispense date (past 9 months) • Time period on TB meds (3 months or 12 weeks) • **Randomize**
MIT 9.003	TB Evaluation, Annual Screening (30)	SOMS	• Arrival date (at least 1 year prior to inspection) • Birth Month • **Randomize**
MIT 9.004	Influenza Vaccinations (25)	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 (25)	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 (25)	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) (6)	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			
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 (20)	MedSATS	• Arrived from (other CDCR institution) • Date of transfer (3–9 months) • **Randomize**
MIT 14.006-007	Denials (1)	InterQual	• Review date (3–9 months) • **Randomize**
	(3)	IUMC/MAR Meeting Minutes	• Meeting date (9 months) • Denial upheld • **Randomize**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
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	EMRRC (12)	EMRRC meeting minutes	• Monthly meeting minutes (6 months)
MIT 15.006	LGB (0)	LGB meeting minutes	• Quarterly meeting minutes (12 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 (2)	Institution-list of deaths in prior 12 months	• Most recent 10 deaths • Initial death reports
MIT 15.104	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 15.105	Nursing Staff Validations (10)	Onsite nursing education files	• On duty one or more years • Nurse administers medications • **Randomize**
MIT 15.106	Provider Annual Evaluation Packets (6)	Onsite provider evaluation files	• All required performance evaluation documents
MIT 15.107	Provider licenses (7)	Current provider listing (at start of inspection)	• Review all

MIT 15.108	Medical Emergency Response Certifications (all)	Onsite certification tracking logs	• All staff
			  ○ Providers (ACLS)
			  ○ Nursing (BLS/CPR)
			• Custody (CPR/BLS)

MIT 15.109	Nursing staff and Pharmacist in Charge Professional Licenses and Certifications (all)	Onsite tracking system, logs, or employee files	• All required licenses and certifications

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Administrative Operations			
MIT 15.110	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations (all)	Onsite listing of provider DEA registration #s & pharmacy registration document	• All DEA registrations
MIT 15.111	Nursing Staff New Employee Orientations (all)	Nursing staff training logs	• New employees (hired within last 12 months) •
MIT 15.998	Death Review Committee (2)	OIG summary log - deaths	• Between 35 business days & 12 months prior • CCHCS death reviews

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES' RESPONSE

June 12, 2018

Roy Wesley, Inspector General
Office of the Inspector General
10111 Old Placerville Road, Suite 110
Sacramento, CA 95827

Dear Mr. Wesley:

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 October 2017 to January 2018. California Correctional Health Care Services (CCHCS) acknowledges the 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) 691-3704.

Sincerely,

LARA SAICH
Deputy Director
Policy and Risk Management Services
California Correctional Health Care Services

cc: Diana Toche, D.D.S., Undersecretary, Health Care Services, CDCR
Clark Kelso, Receiver
Richard Kirkland, Chief Deputy Receiver
Stephen Tseng, M.D., Chief of Medical Inspections, OIG
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