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Office of the Inspector General

California Rehabilitation Center
Medical Inspection Results
Cycle 4

July 2015

Fairness ◆ Integrity ◆ Respect ◆
Service ◆ Transparency

Office of the Inspector General
CALIFORNIA REHABILITATION CENTER
Medical Inspection Results
Cycle 4

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EXECUTIVE SUMMARY

As a result of the April 2001 *Plata v. Brown* federal court class action lawsuit, and under the authority of California Penal Code Section 6126, which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (CDCR), the OIG conducts a comprehensive inspection program to evaluate the delivery of medical care at each of CDCR's 35 adult prisons.

To further augment the breadth and quality of the OIG's medical inspection program, for this fourth cycle of inspections the OIG added a clinical case review component and significantly enhanced the compliance portion of the inspection process from that used in prior cycles. In addition, the OIG added a population-based metric comparison of selected Healthcare Effectiveness Data Information Set (HEDIS) measures from other State and national health care organizations and compared that data to similar results for California Rehabilitation Center (CRC).

From March to May 2015, the OIG performed its Cycle 4 medical inspection at CRC. The inspection included in-depth reviews of 61 inmate-patient files conducted by clinicians as well as reviews of documents from 389 inmate-patient files conducted by deputy inspectors general, covering 90 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 CRC using 14 health care quality indicators applicable to the institution, made up of 12 primary clinical indicators and 2 secondary administrative indicators. See the *Health Care Quality Indicators* table on page ii. Based on that analysis, OIG experts made a considered and measured overall opinion that the quality of health care was *adequate*.

Health Care Quality Indicators

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

Overall Assessment: Adequate

Overall Assessment Rating:

Adequate

Based on the clinical case reviews, compliance testing, and population-based metrics, the OIG's overall assessment rating for CRC was *adequate*. For the 12 primary (clinical) quality indicators applicable to CRC, the OIG found three *proficient*, seven *adequate,* and two *inadequate*. For the two secondary (administrative) quality indicators, the OIG found one *adequate* and one *inadequate*. To determine the overall assessment for CRC, the OIG considered individual clinical ratings and individual compliance question scores within each of the indicator categories, putting emphasis on the primary indicators. Based on that analysis, OIG experts made a considered and measured overall opinion about the quality of health care that was observed at CRC.

Clinical Case Review and OIG Clinician Inspection Results

The OIG's clinical case review results contributed to CRC's overall rating of *adequate*. The clinicians' case reviews sampled patients with high medical needs and included a review of more than 1,191 patient care events. For the 12 primary indicators applicable to CRC, 10 were evaluated by clinician case review; 2 were *proficient*, 7 were *adequate,* and 1 was *inadequate.* When determining the overall adequacy of care, the OIG placed extra emphasis on the clinical nursing and provider quality indicators, as adequate health care staff can sometimes overcome suboptimal processes and programs. The opposite is not true, however; inadequate health care staff cannot provide adequate care, even though the established processes and programs onsite may be adequate.

<u>Program Strengths</u>

- Medical management at CRC led with a strong commitment to excellence and continuous quality improvement. Providers felt they were well supported by their management team.

- The institution employed providers of sufficient quality to help mitigate many of the deficiencies identified in this report, especially with regard to health information management (HIM) and nursing performance.

- During the period of review, CRC provided excellent access to primary care services.

- During the period of review, CRC provided excellent diagnostic services, with diagnostic tests being performed, results being reviewed by providers, and patients being notified of results in a timely manner.

- CRC provided timely access to high quality emergency services.

- A number of specialty services were available onsite, including gastroenterology, ophthalmology, optometry, and podiatry.

Program Weaknesses

Some of the major shortcomings found by the OIG clinicians during this inspection were as follows:

- Health information management was inadequate. Specifically, there were numerous instances of mislabeled or misfiled records; hospital records and discharge summaries were sometimes absent or incomplete; hospital and specialty reports were scanned into the electronic Unit Health Record (eUHR) late; and certain providers' notes were illegible. These deficiencies markedly increased the risk of a lapse in care, especially when patients transfer to other care providers.

- Several indicators showed a pattern of incomplete patient assessment or incomplete documentation of health care records by nursing staff. Fortunately, provider performance and a lower-risk population mitigated this potential risk to patients. These deficiencies played a prominent role in at least three indicators' ratings of *adequate* rather than *proficient*.

- The annual nurse education and training for medication administration and management was inadequate.

- The institution lacked an adequate process for reporting medication errors.

- There was one Adverse/Sentinel Event. Nursing staff failed to follow a provider's order to continually re-test a patient's blood sugar on an hourly basis and administer insulin, as needed. Three hours later, the patient's blood sugar was extremely low. This adverse event is further described within the *Medical Inspection Results* section of this report. Because of the anecdotal description of these events, the OIG cautions against drawing inappropriate conclusions regarding the institution based solely on adverse events.

Compliance Testing Results

The OIG's compliance testing results contributed to CRC's overall rating of *adequate*. Of the 14 total indicators of health care applicable to CRC, 11 were evaluated by compliance inspectors. There were 90 individual compliance questions within those 11 indicators that tested CRC's

compliance with California Correctional Health Care Services (CCHCS) policies and procedures.[1] Those 90 questions are detailed in *Appendix A—Compliance Test Results*. The institution's inspection scores for the 11 applicable indicators ranged from 62.2 percent to 100 percent, with the primary (clinical) indicator *Health Care Environment* receiving the lowest score, and the primary (clinical) indicator *Specialized Medical Housing* receiving the highest. For the nine primary indicators applicable to compliance testing, the OIG rated six *proficient*, one *adequate*, and two *inadequate.* For the two secondary indicators, which involve administrative health care functions, one was rated *adequate* and the other *inadequate*.

Program Strengths

As the *CRC Executive Summary Table* on page ix indicates, the institution's compliance scores were in the *proficient* range for the following six indicators: *Access to Care* (95.4 percent), *Diagnostic Services* (91.1 percent), *Inter- and Intra-System Transfers* (95.3 percent), *Preventive Services* (86.0 percent), *Specialized Medical Housing* (100 percent), and *Specialty Services* (87.8 percent). The following are some of CRC's strengths based on its compliance scores for individual questions within all primary health care indicators:

- Nursing staff timely reviewed patient health service requests and timely completed face-to-face visits.

- For patients who transferred into CRC from another CDCR institution, nursing staff completed the initial health screening assessment on their day of arrival, and, for those patients referred by nursing staff to a primary care provider (PCP), the patients were timely seen by a PCP.

- Providers conducted timely follow-up appointments with patients who suffered from chronic care illnesses, patients who requested a sick call appointment, and patients who returned to the institution from a community hospital.

- The institution ensured that patients timely received their radiology, laboratory, and pathology diagnostic services. In addition, providers reviewed and communicated radiology and laboratory services test results to the patients within the required time frames.

- Non-dictated progress notes, initial health screening forms, and health care service request forms were timely scanned into patients' health record files, and for patients who returned to the institution from a community hospital, their discharge reports were complete and timely reviewed by a CRC provider.

[1] 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.

- Clinics demonstrated adequate bulk medical supply storage and management protocols. Also, clinical areas had sufficient quantities of hygiene supplies and properly sterilized invasive and non-invasive medical equipment.

- Nursing staff timely administered newly ordered prescriptions to patients and ensured that patients who transferred from one housing unit to another or who returned from a community hospital received their prescribed medications without interruption.

- When handling medication, nursing staff who prepare and administer medication to patients followed proper hand hygiene and administrative protocols.

- The main pharmacy properly stored refrigerated and non-refrigerated medications and maintained an accurate record of custody over narcotic medications.

- The institution timely administered anti-tuberculosis medication to patients sick with tuberculosis and was prompt in offering patients required preventive services screenings, such as influenza vaccinations and screenings for colorectal cancer. In addition, patients with chronic care illnesses were timely offered their required immunizations.

- For patients assigned to the Outpatient Housing Unit (OHU), nurses timely completed initial patient assessments. Also, providers timely completed patients' written history and physical examinations upon admission and timely completed additional evaluations of patients at required intervals.

- High-priority and routine specialty services appointments occurred timely and CRC's denials of providers' requests for specialty services were made timely.

Some of the strengths identified within the two secondary administrative indicators included the following:

- Monthly Quality Management Committee (QMC) meeting minutes were well documented and indicated the QMC took steps to evaluate both clinical performance and the accuracy of its Dashboard performance data.

- Providers, the pharmacist-in-charge (PIC), and the pharmacy had current licenses and registrations; nursing staff were current on required training requirements, licenses, and certifications.

Program Weaknesses

The institution received ratings in the *inadequate* range for the following primary indicators: *Health Information Management* (68.9 percent) and *Health Care Environment* (62.2 percent). The institution also received an *inadequate* rating in the secondary indicator *Job Performance, Training, Licensing, and Certifications* (74.4 percent). The following are some of the weaknesses identified, based on CRC's compliance scores for individual questions within all primary health care indicators:

- Providers did not always timely communicate the results of diagnostic pathology reports to the patient.

- Some health care documents were incorrectly labeled in patients' eUHRs. Also, the institution did not always timely scan specialty services consultant reports and transcribed provider progress notes into patients' eUHRs. Further, clinical staff did not always legibly sign or print their names on health care documents.

- Medical supply bulk storage locations in CRC's central health facility were inadequate.

- Clinic common areas and exam rooms were not disinfected and cleaned as frequently as required. In addition, clinics were missing equipment and supplies needed to properly manage contaminated waste. Emergency response bags were not always inventoried monthly and in some bags, essential items were either missing or expired. Also, the space or configuration of furniture in some exam rooms was not optimal for conducting clinical exams; one exam room did not provide auditory or visual privacy for patients. Finally, some clinicians followed poor hand hygiene practices during encounters with patients.

- At clinic and medication line locations, nursing staff did not always follow standard procedures when storing and administering non-narcotic medications. Further, nursing staff exhibited poor medication security controls over the custody of narcotic medications.

- The institution demonstrated poor general security in the main pharmacy by failing to keep all pharmacy doors locked. Also, when medication errors were reported, the PIC did not always timely complete a Medication Error Follow-Up Report upon notification of the error.

- Patients' annual tuberculosis screening results were read and documented by licensed vocational nurses rather than registered nurses, as required by policy. Also, nursing staff did not always monitor the treatment and condition of patients who received anti-tuberculosis medications.

- The institution did not always provide timely specialty service appointments to patients who transferred into CRC from other institutions that had previously approved or scheduled specialty service appointments.

Some of the weaknesses identified within the two secondary administrative indicators included the following:

- Emergency Medical Response Review Committee meeting minutes were not always signed by the warden and chief executive officer.

- Supervising nurses did not discuss the results of their nursing review evaluations with nursing staff.

- The institution did not always perform complete structured clinical performance appraisals for its PCPs.

- Not all custody managers maintained current medical emergency response certifications.

Population-Based Metrics

In general, CRC performed well for population-based metrics. For the comprehensive diabetes care measures, CRC outperformed other State and national organizations with its high percentage of diabetics considered to be under good control and low percentage of diabetics considered to be under poor control; as well as its high percentage of patients considered to have well-controlled blood pressure. Monitoring and eye exam rates for diabetic patients were similar to Kaiser Permanente (statewide) rates, typically one of the highest scoring health organizations in California.

With regard to immunization measures, CRC's rates were comparable to rates reported by Kaiser Permanente and national Commercial health plans (based on data obtained from health maintenance organizations). Although when compared to the Veterans Affairs (VA) rate for influenza shots for adults age 50 and older, CRC scored lower, the institution's lower performance was attributed to the high number of patient refusals. For pneumococcal immunizations, CRC matched the VA rate. With regard to colorectal cancer screening rates, CRC's rates were similar to Kaiser Permanente and VA rates, and significantly higher than the Commercial and Medicare rates. Overall, CRC's performance demonstrated by the population-based metrics indicated that the chronic care program was well-run and operating as intended.

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

CRC Executive Summary Table

Primary Indicators (Clinical)	Case Review Rating	Compliance Score	Overall Indicator Rating
Access to Care	Proficient	95.4%	Proficient
Diagnostic Services	Proficient	91.1%	Proficient
Emergency Services	Adequate	Not Applicable	Adequate
Health Information Management (Medical Records)	Inadequate	68.9%	Inadequate
Health Care Environment	Not Applicable	62.2%	Inadequate
Inter- and Intra-System Transfers	Adequate	95.3%	Adequate
Pharmacy and Medication Management	Adequate	80.0%	Adequate
Preventive Services	Not Applicable	86.0%	Proficient
Quality of Nursing Performance	Adequate	Not Applicable	Adequate
Quality of Provider Performance	Adequate	Not Applicable	Adequate
Specialized Medical Housing	Adequate	100.0%	Adequate
Specialty Services	Adequate	87.8%	Adequate

Note: *Prenatal and Post-Delivery Services*, and *Reception Center Arrivals* indicators did not apply to this institution.

Secondary Indicators (Administrative)	Case Review Rating	Compliance Score	Overall Indicator Rating
Internal Monitoring, Quality Improvement, and Administrative Operations	Not Applicable	84.5%	Adequate
Job Performance, Training, Licensing, and Certifications	Not Applicable	74.4%	Inadequate

Note: Ratings for quality indicators range from *proficient* (greater than 85.0 percent), *adequate* (75.0 percent to 85.0 percent), or *inadequate* (below 75.0 percent).

INTRODUCTION

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

The California Rehabilitation Center (CRC) was the third Cycle 4 medical inspection completed. During the inspection process, the OIG assessed the delivery of medical care to patients for 12 primary clinical health care indicators and 2 secondary administrative health care indicators applicable to the institution under inspection. It is important to note that while the primary quality indicators represent the clinical care being provided by the institution at the time of the inspection, the secondary quality indicators are purely administrative and are not reflective of the actual clinical care provided.

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

ABOUT THE INSTITUTION

California Rehabilitation Center primarily houses medium security general population Level II male inmates. The primary goal is to provide an atmosphere of safety and security to the public, visitors, staff, and inmates. In addition to staffing the facility, CRC provides over 100 correctional custody personnel to transport and guard patients sent out to Patton State Hospital. CRC also provides Fire Suppression, Conservation, and Community Service assistance to the public.

California Rehabilitation Center runs six medical clinics where the staff handle non-urgent requests for medical services. CRC also treats inmates needing urgent or emergency care in its triage and treatment area and provides inpatient care at its outpatient housing unit. In addition, patients who leave or arrive at the institution are screened in the prison's receiving and release clinic. CRC has been designated as a "basic care prison," located in a rural area away from tertiary care centers and specialty care providers whose services are likely to be used frequently by higher risk patients.

Based on staffing data the OIG obtained from the institution, CRC's vacancy rate among licensed medical managers, primary care providers (PCPs), supervisors, and rank and file nurses was 21 percent in February 2015, with the highest vacancy percentages among medical managers (40 percent) and nursing staff (24 percent). At the time of the OIG's inspection, both the Chief Nursing

Executive and Director of Nursing positions were vacant, which contributed to the high vacancy rate reflected for managers. Both positions have been subsequently filled. Of the 16.2 vacant nursing positions, 7.8 were Licensed Vocational Nurse (LVN) positions. These LVN positions have been allocated to CRC's Care Management Program to align with the new acuity-based nursing model, which has not yet been activated. As of February 2015, CRC had 88.2 budgeted health care positions, of which 69.5 (79 percent) were filled.

CRC Health Care Staffing Resources—February 2015

	Management		Primary Care Providers		Nursing Supervisors		Nursing Staff		Totals	
Description	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Authorized Positions	5	6%	7.5	9%	9.5	11%	66.2	75%	88.2	100%
Filled Positions	3	60%	7	93%	9.5	100%	50	76%	69.5	79%
Vacancies	2	40%	0.5	7%	0	0%	16.2	24%	18.7	21%
Recent Hires (within 12 months)	0	0%	0	0%	2	21%	4	8%	6	9%
Staff Utilized from Registry	0	0%	0	0%	0	0%	17	34%	17	24%
Redirected Staff (to Non-Patient Care Areas)	0	0%	0	0%	0	0%	0	0%	0	0%
Staff under Disciplinary Review	0	0%	0	0%	0	0%	9	18%	9	13%
Staff on Long-term Medical Leave	0	0%	0	0%	0	0%	2	4%	2	3%

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

As of June 15, 2015, California Correctional Health Care Services (CCHCS) data showed that CRC had 2,419 inmate-patients. Within that total population, 1.0 percent were designated as high-risk Level I, and 3.1 percent were designated as high-risk Level II. High-risk patients are at greater risk for poor health outcomes than average patients. The chart below illustrates the inmate-patient breakdown.

CRC Master Registry Data as of June 15, 2015

Risk Level	# of Inmate-Patients	Percentage
High I	24	1.0%
High II	76	3.1%
Medium	1,391	57.5%
Low	928	38.4%
Total	**2,419**	**100%**

For ease of reference, the following is a table of common abbreviations that may be used in this report.

Abbreviations Used in This Report

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

OBJECTIVES, SCOPE, AND METHODOLOGY

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

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

The OIG rates each of the quality indicators applicable to the institution under inspection based on case reviews conducted by OIG clinicians and compliance tests conducted by OIG deputy inspectors general. The ratings may be derived from the case review results alone, the compliance test results alone, or a combination of both these information sources. For example, the ratings for the primary quality indicators *Quality of Nursing Performance* and *Quality of Provider Performance* are derived entirely from the case review results, while the ratings for both of the secondary quality indicators are derived entirely from compliance test results. As another example, primary quality indicators such as *Diagnostic Services* and *Specialty Services* receive ratings derived from both sources.

Consistent with the OIG's agreement with the Receiver, the report only addresses the conditions found related to medical care criteria. The OIG does not review for efficiency and economy of operations. However, if the OIG learns of an inmate-patient needing immediate care, the OIG notifies the Chief Executive Officer of Healthcare Services and requests a status report. Similarly, if

the OIG learns of significant departures from community standards, it may report such departures to the institution's Chief Executive Officer or to CCHCS. Because these matters involve confidential medical information protected by State and federal privacy laws, specific identifying details related to any such cases are not included in the OIG's public report.

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

CASE REVIEWS

The OIG's Cycle 4 medical inspections have added case reviews in which OIG physicians and nurses evaluate selected cases in detail to determine the overall quality of health care provided to the inmate-patients. The OIG's clinicians perform a retrospective chart review of selected patient files to evaluate the care given by an institution's primary care providers (PCPs) and nurses. Retrospective chart review is a well-established review process used by health care organizations that perform peer reviews and patient death reviews. California Correctional Health Care Services currently uses retrospective chart review as part of its death review process and in its pattern-of-practice reviews; CCHCS uses a more limited form of retrospective chart review when performing appraisals of individual PCPs.

PATIENT SELECTION FOR RETROSPECTIVE CASE REVIEWS

Because retrospective chart review is time-consuming and requires qualified health care professionals to perform it, patient selection must be considered carefully. Accordingly, the group of patients the OIG targeted for chart review carried the highest clinical risk and utilized the majority of medical services. A majority of the patients selected for retrospective chart review were classified by CCHCS as high-risk patients. The reason the OIG targeted these patients for review is twofold:

1. The goal of retrospective chart review is to evaluate all aspects of the health care system. Statewide, high-risk/high-utilization patients consume medical services at a disproportionate rate; 9 percent of the patient population who are considered high-risk account for more than half of the institution's pharmaceutical, specialty, community hospital, and emergency costs.

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

Underlying the choice of high-risk patients for detailed case review are three assumptions:

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

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

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

BENEFITS AND LIMITATIONS OF TARGETED SUBPOPULATION REVIEW

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

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

Nonetheless, the health care system's response to this subpopulation can be accurately evaluated and yields valuable systems information. In the above example, if the health care system is providing appropriate diabetic monitoring, medication therapy, and specialty referrals for the

high-risk patients reviewed, then it can be reasonably inferred that the health care system is also providing appropriate diabetic services to the entire diabetic subpopulation. However, if these same high-risk patients needing monitoring, medications, and referrals are generally not getting those services, it is likely that the health care system is not providing appropriate diabetic services to the greater diabetic subpopulation.

CASE REVIEWS SAMPLED

As indicated in *Appendix B, Table B-4: CRC Case Review Sample Summary*, OIG clinicians evaluated medical charts for 61 unique inmate-patients. Charts for 18 of those patients were reviewed by both nurses and physicians, for 79 reviews. Physicians performed detailed reviews of 30 charts, and nurses performed detailed reviews of 21 charts, totaling 51 detailed reviews. For detailed case reviews, the clinicians looked at all encounters occurring in approximately six months of medical care. Nurses also performed a limited or focused review of medical records for an additional 28 inmate-patients. This generated 1,191 clinical events for review (*Appendix B, Table B-3: CRC Event—Program).*

For 61 sampled patients reviewed (*Appendix B, Table B-1: CRC Sample Sets*) and only 6 specific chronic care patient records pulled (five diabetes patients and one anticoagulation patient), the final samples included patients with 177 chronic care diagnoses (*Appendix B, Table B-2: CRC Chronic Care Diagnoses*). In addition, even though the process selected only 5 patients with diabetes, the case reviews included 21 patients with diabetes; 16 additional patients with diabetes were pulled from other sample requests. Many chronic care programs were evaluated with the OIG's sample selection tool because the complex and high-risk patients selected from the different categories often had multiple medical problems. While not every chronic disease or health care staff member was evaluated, the overall operation of the institution's system and staff were assessed for adequacy. The OIG's case review methodology and sample size matched other qualitative research. The empirical findings, supported by expert statistical consultants, showed adequate conclusions after 10 to 15 charts had undergone full clinician review. In qualitative statistics, this phenomenon is known as "saturation." The OIG asserts that the sample size of over 30 detailed reviews certainly far exceeds the saturation point necessary for an adequate qualitative review. With regard to reviewing charts from different providers, the case review is not intended to be a focused search for poorly performing providers; rather, it is focused on how the system cares for those patients who need care the most. Nonetheless, while not sampling cases by each provider at the institution, the OIG's pilot inspections adequately reviewed most providers. Providers would only escape OIG case review if institutional management successfully mitigated patient risk by having the more poorly performing PCPs care for the less complicated, low-utilizing, and lower-risk patients. The OIG's clinicians concluded the sample size was adequate to assess the quality of services provided.

Based on the collective results of clinicians' case reviews, the OIG rated each quality indicator as either *proficient* (excellent), *adequate* (passing), *inadequate* (failing), or *not applicable*. A separate

confidential *CRC Supplemental Medical Inspection Results: Individual Patient Case Review Summaries* report details the case reviews OIG clinicians conducted and is available to specific stakeholders. For further details regarding the sampling methodologies and counts, see *Appendix B—Clinical Data, Table B-1; Table B-2; Table B-3;* and *Table B-4*.

COMPLIANCE TESTING

SAMPLING METHODS FOR CONDUCTING COMPLIANCE TESTING

From March to May 2015, deputy inspectors general obtained answers to 90 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. The inspectors conducted these tests by reviewing individual inmate-patients' electronic health records and conducting an onsite inspection of CRC during the week of March 9, 2015. In total, inspectors reviewed health records for 389 inmate-patients and inspected various transactions within their records for evidence that critical events occurred. During the onsite inspection, field inspectors conducted detailed inspections of the institution's medical facilities and clinics; interviewed key institutional employees; and reviewed employee records, logs, medical appeals, death reports, and other documents.

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

SCORING OF COMPLIANCE TESTING RESULTS

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

- Primary indicators: *Access to Care*, *Diagnostic Services*, *Health Information Management (medical records)*, *Health Care Environment*, *Inter- and Intra-System Transfers*, *Pharmacy and Medication Management*, *Preventive Services*, *Specialized Medical Housing*, and *Specialty Services*.

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

After compiling the answers to the 90 questions, the OIG derived a score for each primary and secondary quality indicator identified above by calculating the percentage score of all *Yes* answers for each of the questions applicable to a particular indicator, then averaging those scores. Based on those results, the OIG assigned a rating to each quality indicator of *proficient*, *adequate*, or *inadequate*.

DASHBOARD COMPARISONS

For some of the individual compliance questions, the OIG identified where similar metrics were available within the CCHCS Dashboard. The OIG compared its compliance test results with the institution's Dashboard results and reported on that comparative data under various applicable quality indicators within the *Medical Inspection Results* section of this report.

OVERALL QUALITY INDICATOR RATING FOR CASE REVIEWS AND COMPLIANCE TESTING

The OIG derived the final rating for each quality indicator by combining the ratings from the case reviews and from the compliance testing, as applicable. When combining these ratings, the case review evaluations and the compliance testing results usually agreed, but there were instances when the rating differed for a particular quality indicator. In those instances, the inspection team assessed the quality indicator based on the collective ratings from both components. Specifically, the team 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 for 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 for the primary quality indicators, which directly relate to the health care provided to inmate-patients. Based on that analysis, OIG experts made a considered and measured overall opinion about the quality of health care that was observed.

POPULATION-BASED METRICS

The OIG identified a subset of HEDIS measures applicable to the CDCR inmate-patient population. To identify outcomes for CRC, the OIG reviewed some of the compliance testing results, randomly sampled additional inmate-patients' records, and obtained CRC data from the CCHCS Master Registry. The OIG compared those results to metrics reported by other State and federal agencies.

MEDICAL INSPECTION RESULTS

PRIMARY (CLINICAL) QUALITY INDICATORS OF HEALTH CARE

The primary quality indicators assess the clinical aspects of health care. As shown on the *Health Care Quality Indicators* table on page ii of this report, 12 of the OIG's primary indicators were applicable to CRC. Of those 12 indicators, 7 were rated by both the case review and compliance components of the inspection, 3 were rated by the case review component alone, and 2 were rated by the compliance component alone.

Summary of Case Review Results: Clinicians reviewed 30 cases, rating the adequacy of care for each case. Of these 30 cases, 3 were *proficient*, 22 were *adequate*, and 5 were *inadequate*. For 1,191 events reviewed, there were 385 deficiencies, of which the reviewer determined only 6 to be of such magnitude that, if left unaddressed, would likely contribute to patient harm. These deficiencies lacked a pattern of systemic errors.

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

There was one adverse event identified in the case reviews, but it was not reflective of the overall medical care provided at CRC.

In case 3, a nurse noted a provider's order to re-test the patient's blood sugar and administer sliding scale insulin every hour for a high blood sugar level (noted in the Medication Administration Record). This monitoring was performed twice, but there was no evidence that any further monitoring was performed. Three hours later, the patient's blood sugar was extremely low. This case is discussed in the *Pharmacy and Medication Management* and *Quality of Nursing Performance* indicators.

Compliance Results: The compliance component assessed 9 of the 12 primary (clinical) indicators that were applicable to CRC. The results of those assessments are summarized within this section of the report. The test questions used to assess compliance for each indicator are detailed in *Appendix A*.

ACCESS TO CARE

Case Review Rating:
Proficient
Compliance Score:
95.4%
Overall Rating:
Proficient

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

Case Review Results

The OIG clinicians reviewed over 740 provider and nurse encounters. Fourteen deficiencies were identified. Five deficiencies related to delays in specialty services; the other deficiencies varied. Within the nurse sick call process, the clinicians had concerns related to referrals to physicians without a face-to-face assessment by a nurse. This is addressed in the *Quality of Nursing Performance* indicator. Overall, the OIG found no significant problems with access to care. Appointments were timely in all aspects reviewed, including nurse-to-provider sick call referrals, triage and treatment area (TTA) and hospital follow-ups, intra-system transfers, specialty appointments, and outpatient provider follow-ups. CRC performed very well with regard to access to care; therefore, the indicator rating is *proficient*.

Compliance Testing Results

The institution received an overall score of 95.4 percent in the *Access to Care* indicator, scoring *proficient* in eight of the nine areas tested, including five scores of 100 percent, as described below:

- The OIG inspectors found that inmates had access to Health Care Services Request Forms (CDCR Form 7362) at all four housing units inspected (MIT 1.101).

- Inspectors sampled 32 Health Care Services Request Forms submitted by inmate-patients across all facility clinics. As documented on the service request (CDCR Form 7362), in all cases, nursing staff reviewed the request form on the same day it was received. Also, nursing staff completed a face-to-face encounter with each inmate-patient within one business day of reviewing (or receiving) the request (MIT 1.003, 1.004).

- For 14 health care service requests sampled where the nursing staff referred the inmate-patient for a PCP appointment, 12 (86 percent) of the inmate-patients received a timely appointment. The follow-up appointment occurred 18 days late for one patient and did not occur at all for another patient. In addition, all seven of the patients (100 percent) for whom the PCP ordered a follow-up sick call appointment received a timely appointment (MIT 1.005, 1.006).

- All 21 inmate-patients sampled (100 percent) who had been discharged from a community hospital received a timely follow-up appointment with a PCP (MIT 1.007).

- Inspectors found that 24 of the 25 inmate-patients sampled (96 percent) who transferred into CRC from another institution and were referred to a PCP for a routine appointment, based on nursing staff's initial health care screening, were seen timely. For one patient, the appointment was held one day late (MIT 1.002).

- When the OIG reviewed recent appointments for 30 inmate-patients with chronic care conditions, inspectors found that 28 of the patients (93 percent) received timely appointments. For one patient, the appointment occurred seven weeks late; for another patient, the appointment occurred two and one-half weeks late (MIT 1.001).

The institution scored within the *adequate* range for the following test:

- Inspectors sampled 30 inmate-patients who had received a specialty service and found that 25 of them (83 percent) received a timely follow-up appointment with a PCP. For three patients who received high-priority specialty services, their follow-up visits were 1, 4, and 16 days late. For two patients who received routine specialty services, inspectors could not find evidence that their follow-up appointments occurred at all (MIT 1.008).

CCHCS Dashboard Comparative Data

The Dashboard uses the average of eight medical access measure indicators to calculate the score for access to medical services. The OIG compared similar CRC compliance scores with that Dashboard average score.

As indicated in the following table, the OIG's comparative score for *Access to Care* was 95 percent and ranked only 1 percentage point lower than CRC's Dashboard score of 96 percent.

Access to Care—CRC Dashboard and OIG Compliance Results

CRC DASHBOARD RESULTS	OIG COMPLIANCE RESULTS
Scheduling & Access to Care: Medical Services March 2015	*Access to Care* (1.001, 1.004, 1.005, 1.007) *Diagnostic Services* (2.001, 2.004) *Specialty Services* (14.001, 14.003) March 2015
96%	**95%**

Note: The CCHCS Dashboard data includes access to care for inmate-patients returning from CDCR inpatient housing units and emergency departments. The OIG does not specifically test follow-up appointments for these patients.

Recommendation

The institution should take steps to ensure that inmate-patients who receive specialty services receive their follow-up appointments within required time frames.

DIAGNOSTIC SERVICES

Case Review Rating:
Proficient
Compliance Score:
91.1%

Overall Rating:
Proficient

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

Case Review Results

The OIG clinicians reviewed 138 diagnostic-related events and found 12 deficiencies. Most of the deficiencies were related to health information management (HIM) and are discussed in the *Health Information Management* indicator. The OIG found no significant problems with diagnostic services. Overall, diagnostic services were completed successfully and performed timely; reports were available and reviewed timely by the PCPs; and patients were notified of the test results

quickly. CRC performed very well with regard to diagnostic services; therefore, the indicator rating is *proficient*.

Compliance Testing Results

The institution received an overall score of 91.1 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

- For all ten of the radiology services sampled (100 percent), inspectors found the services were timely performed, the diagnostic report results were timely reviewed by the ordering provider, and the test results were timely communicated to the inmate-patients (MIT 2.001, 2.002, 2.003).

Laboratory Services

- Nine of ten laboratory service orders sampled (90 percent) were performed timely. The one exception was a routine order for which the diagnostic test results were provided seven days late (MIT 2.004). Also, nine of the ten diagnostic test result reports (90 percent) showed evidence that the test results were reviewed timely by a provider. For one patient, the provider reviewed the results 21 days late (MIT 2.005). In addition, inspectors found that providers timely communicated test results to the inmate-patient for nine of the ten samples (90 percent). For one patient, the OIG did not find evidence in the eUHR that the patient received any notification (MIT 2.006).

Pathology Services

- For all ten of the pathology services sampled (100 percent), the institution received the final diagnostic reports timely and providers reviewed the reports timely (MIT 2.007, 2.008). However, inspectors found that providers communicated those final pathology results timely to only five of the ten inmate-patients who received the service (50 percent). For five patients, the provider communicated the pathology test results from three to nine days late (MIT 2.009).

Recommendation

CRC should ensure that providers communicate the results of pathology reports to inmate-patients within two business days of receipt.

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 higher level of care. The OIG reviews emergency response services including first aid, basic life support (BLS), and advanced cardiac life support (ACLS) consistent with the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care, and the provision of services by knowledgeable staff appropriate to each individual's training, certification, and authorized scope of practice.

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

Case Review Results

The OIG clinicians reviewed over 70 urgent/emergent events and found 39 deficiencies, mainly in the areas of nursing care. These deficiencies were considered minor and did not significantly affect patient care. In general, CRC performed well with emergency response times, BLS care (no CPR events were noted to have occurred during the time frame reviewed), and 9-1-1 call activation times. Overall, despite the deficiencies noted, the case reviews showed that patients requiring urgent or emergent services received timely and adequate care in the majority of cases reviewed.

Provider Performance—Emergency Services

The TTA provider generally saw the patient in a timely manner and made adequate assessments. The triage decisions made were appropriate, and patients were sent to the appropriate levels of care, as necessary. The TTA provider also completed rounds on the patients in the Outpatient Housing Unit (OHU), and was the provider for the procedure clinic. The few provider care deficiencies relating to emergency services were mainly due to legibility issues.

Nursing Performance—Emergency Services

Emergency services nursing deficiencies often related to inadequate documentation.

- Nurses often failed to document the times of custody or ambulance notifications, arrivals, and departures. In case 7, this occurred on four separate occasions. This also occurred in cases 6, 17, 24, and 35.

- In case 15, a Code 1 medical transport occurred more than five hours after ordered; reassessment, monitoring, and departure times were not documented during that time.

- In case 8, oral glucose was inappropriately administered to a patient with an altered level of consciousness, which could have resulted in the patient aspirating the solution. In addition, the event timelines were not consistently documented. These deficiencies were not identified at the Emergency Medical Response Review Committee (EMRRC) meeting. Timeline documentation disparities were also identified in cases 9 and 15.

- In case 15, the EMRRC minutes incorrectly documented a seven-day hospital admission, when the patient actually returned on the day of departure.

- Urgent or emergent nursing encounters were often recorded on nursing sick call forms instead of Emergency Care Flow Sheets (CDCR Form 7403).

Onsite Clinician Inspection / Patient Care Environment

During the onsite visit, the OIG clinicians were informed the patient care environment in the TTA had recently been upgraded to two rooms. Each room appeared to be well stocked, neat, and orderly. The rooms were connected by a door, which could be closed for patient privacy, but would also allow for easy access to the other room by medical staff for times when there is a patient in each room.

Conclusion

CRC staff provided adequate emergency services to patients during the time frame reviewed. As noted above, the majority of deficiencies found relating to emergency services were due to inadequate assessment or documentation by nursing. Fortunately, there were no serious negative outcomes, likely due to a combination of CRC being a basic care institution with very few complex patients and the mitigation of risk by strong provider performance.

Recommendations

Although the OIG found emergency care *adequate* overall, there is room for improvement. Recommendations include:

- Audit the frequency and quality of nursing assessments, interventions, and documentation.

- Develop TTA-specific nursing expectations and ensure all nurses receive training.

- Ensure all custody and ambulance notifications, arrivals, and departures are recorded, patients are regularly assessed, and their care is documented up to their departure.

- Ensure EMRRC data is accurately represented.

HEALTH INFORMATION MANAGEMENT (MEDICAL RECORDS)

Case Review Rating:
Inadequate
Compliance Score:
68.9%

Overall Rating:
Inadequate

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

Case Review Results

The OIG clinicians identified a number of deficiencies related to health information management. Of the 384 deficiencies identified during the case reviews, 66 were related to HIM processes. These processes are subcategorized as follows.

Inter-Departmental Transmission

- There were only three deficiencies of intended orders not being carried through across various departments. Examples include laboratory tests being drawn despite orders to cancel them, ordered test results not being found in the eUHR (it is unclear if they were performed), and specialty visits having to be rescheduled.

Hospital Records

- There were 17 deficiencies related to hospital records. These deficiencies included absent or incomplete hospital records and discharge summaries (cases 3, 7, 8, 14, 33, 35, and 59) and delays in records or discharge summaries being reviewed by a provider and scanned into the eUHR (case 15: three weeks late; case 16: six weeks late; case 59: almost three weeks late). Fortunately, it appears the providers at CRC were aware of the hospital events and discharge recommendations, and no significant harm came to patients. Regardless, potential for harm increases when health care information is absent or incomplete.

Specialty Services

- The majority of the HIM deficiencies found relating to specialty services were due to reports not being signed by the ordering provider and scanned into the eUHR in a timely manner. There were also a few instances when specialty or diagnostic results were not available for specialists to review at the time of specialty appointments. These findings are also discussed in the *Specialty Services* indicator.

Diagnostic Reports

- The handful of HIM deficiencies relating to diagnostic reports were associated with reports not being signed by the ordering provider and scanned into the eUHR in a timely manner. There was one instance where the form notifying the patient of results (CDCR Form 7393) was not filled out completely, and a few instances where laboratory results were noted in progress notes but reports were not found in the eUHR.

Specialized Medical Housing

- The OIG found numerous issues with the filing of OHU records. Provider notes, nursing notes, and orders were routinely grouped or bundled together and filed under a date different from the date of service.

Urgent/Emergent Records

- Multiple incidents of incomplete or inconsistent documentation of timelines relating to urgent or emergent records were found. Also, these encounters were sometimes inappropriately documented on nursing sick call forms rather than TTA forms.

Scanning Performance

- While the scanning times for all documents were adequate overall, numerous deficiencies relating to scanning performance were found. The majority of these deficiencies were associated with the mislabeling or misfiling of documents, which hinders the medical staff's ability to find relevant clinical information. There were also a few instances of pages missing from a report and documents being filed in the wrong patient's chart.

Legibility

- Illegibility of notes and signatures (without name stamps) was an issue throughout this period of review for some of the providers. This can pose a significant medical risk to patients, especially when these notes are required to be reviewed by other staff, such as when a patient is transferred to another care team or another institution.

Miscellaneous

- There were a number of instances when provider and nursing notes and occasional other documents, such as referrals, were not found in the eUHR. With these notes absent from the eUHR, it was difficult for the OIG to ascertain whether they were lost prior to scanning or if they were written at all. A few deficiencies dealing with transcription errors (involving dates, dosages, etc.) were also noted.

Health care staff members at CRC, especially providers, have to contend with misfiled documents in the eUHR and illegible provider progress notes and orders. Combined with underlying human lapses and errors, these issues have the potential to increase medical risk. The mitigation of these additional deficiencies is dependent on each employee's computer expertise, personal efficiency, attention to detail, and ability to decipher illegible handwriting. These abilities vary among staff members.

Compliance Testing Results

The institution received an overall score of 68.9 percent in the *Health Information Management (Medical Records)* indicator and needs to improve in the following areas:

- The institution scored 33 percent in its labeling and filing of documents that were scanned into inmate-patients' eUHRs. The most common error was mislabeled documents where the health record encounter date did not match the actual date on the source document (MIT 4.006).

- When the OIG reviewed various medical documents such as hospital discharge reports, initial health screening forms, certain medication records, and specialty service reports to ensure that clinical staff legibly documented their names on the forms, inspectors found that only 11 of 32 samples (34 percent) demonstrated compliance (MIT 4.007).

- Specialty service consultant reports were scanned into the inmate-patient's eUHR file within five calendar days of the inmate-patient encounter for only 12 of the 20 documents reviewed (60 percent). One specialty report was scanned 43 days late, four were scanned between 9 and 16 days late, and three were scanned only 1 day late (MIT 4.003). Similarly, dictated or transcribed provider progress notes were not timely scanned into the inmate-patients' eUHR files. Only 14 of 20 sampled documents (70 percent) were scanned within required time frames. Six documents were scanned from one to nine days late (MIT 4.002).

- When the OIG reviewed Medication Administration Records (MARs), inspectors found that 15 of the 18 sampled records (83 percent) were timely scanned. Three MARs were scanned from one to four days late (MIT 4.005).

The institution performed well for the following tests:

- Most miscellaneous non-dictated documents, including providers' progress notes and inmate-patients' initial health screening forms and requests for health care services, were timely scanned. Of the 20 documents sampled, 19 (95 percent) were scanned into the patient's eUHR within three calendar days of the inmate-patient's encounter. One document was scanned only one day late (MIT 4.001). Similarly, community hospital discharge reports or treatment records were scanned into the inmate-patient's eUHR file within three calendar days of the hospital discharge for 17 of the 20 documents reviewed (85 percent). For the three exceptions, documents were scanned from one to three days late (MIT 4.004).

- The OIG reviewed the eUHR files for 21 sampled inmate-patients who were sent or admitted to the hospital. Inspectors found that the community hospital discharge records were complete and had been timely reviewed by a CRC provider for 19 of the patients (90 percent). For two patients, the documents were reviewed two days late (MIT 4.008).

CCHCS Dashboard Comparative Data

As indicated below, for all four comparative measures, the OIG's compliance results for CRC's availability of health information were inconsistent with the March 2015 CRC Dashboard results. However, as noted within the OIG's date range for each comparative measure, the OIG testing results were based on a review of current documents as well as documents dating up to nine months back; CRC's March Dashboard data reflects only the institution's February 2015 results. Using these variable time frames, OIG's compliance scores were much higher than the Dashboard results for miscellaneous non-dictated documents, dictated documents, and community hospital records. Conversely, for specialty notes, the Dashboard results were much higher than the OIG's results.

Health Information Management— CRC Dashboard and OIG Compliance Results

CRC DASHBOARD RESULTS	OIG COMPLIANCE RESULTS
Availability of Health Information: Non-Dictated Medical Documents March 2015	*Health Information Management* (4.001) Non-Dictated Medical Documents June 2014–February 2015
74%	**95%**

Note: The Dashboard results were obtained from the Non-Dictated Documents Drilldown data for "Medical Documents 3 Days."

CRC DASHBOARD RESULTS	OIG COMPLIANCE RESULTS
Availability of Health Information: Dictated Documents March 2015	*Health Information Management* (4.002) Dictated Documents July 2014–March 2015
60%	**70%**

Note: The Dashboard results were obtained from the Dictated Documents Drilldown data for "Medical Dictated Documents 5 Days."

CRC DASHBOARD RESULTS	OIG COMPLIANCE RESULTS
Availability of Health Information: Specialty Notes March 2015	*Health Information Management* (4.003) Specialty Documents June 2014–November 2014
88%	**60%**

Note: The Dashboard measure includes specialty notes from dental, optometry, and physical therapy appointments, which the OIG omits from its sample.

CRC DASHBOARD RESULTS	OIG COMPLIANCE RESULTS
Availability of Health Information: Community Hospital Records March 2015	*Health Information Management* (4.004) Community Hospital Discharge Documents July 2014–November 2014
64%	**85%**

Recommendations

Numerous issues were found related to health information management. California Rehabilitation Center should consider implementing processes that will correct these issues and ensure the following:

- Timely retrieval, review, signing, and scanning of documents, such as hospital and specialty reports, dictated or transcribed providers' progress notes, and medication administration records;

- Accurate and consistent labeling and filing of documents;

- Time-stamping of notes and orders; and

- Legibility of clinicians' signatures. Strong consideration should also be given to requiring dictation of all provider encounters.

HEALTH CARE ENVIRONMENT

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

Case Review Rating:
Not Applicable
Compliance Score:
62.2%

Overall Rating:
Inadequate

Compliance Testing Results

The institution received an overall score of 62.2 percent in the *Health Care Environment* indicator, and needs to improve in 7 of the 11 test areas, as described below:

- Non-clinical medical storage areas located in CRC's central health facility did not meet the supply management process and support needs of the medical health care program, resulting in a score of 0 percent. When inspectors observed two Conex storage boxes, they found one box was cluttered and disorganized and the other box, which stored temperature-sensitive medical supplies, had an air conditioning unit that was not working at the time of the OIG inspection (MIT 5.106).

- When the OIG inspected CRC's eight clinics during its onsite visit, all clinical areas appeared to be clean and well maintained. However, when inspectors reviewed cleaning logs for the eight clinics, they found that only three of the clinics were cleaned regularly. As a result, the institution received a score of 38 percent for this test. Cleaning logs for four of the clinics indicated that cleaning was not completed daily because rooms were not accessible. Cleaning logs for the receiving and release (R&R) clinic were not maintained at all (MIT 5.101).

- When inspecting for proper protocols to mitigate exposure to blood borne pathogens and contaminated waste, the OIG found only two of the eight clinics (25 percent) were

compliant. In five of the clinics, a sharps container was either not present in an exam room or not present anywhere in the clinic. Also, the R&R clinic did not have a biohazard waste can or bag available (MIT 5.105).

- Emergency response bags were examined to determine if they were inspected daily and inventoried monthly and whether they contained all essential items. Inspectors found that emergency response bags were compliant in only one of the four clinical locations where bags were stored (25 percent). Inspectors identified the following deficiencies in three clinics: emergency response bags that had not been inventoried within the prior 30 days, bags that were missing essential items or contained items that were expired, and oxygen tanks that were not fully charged (MIT 5.111).

- The OIG inspected exam rooms in the eight clinics to determine if appropriate space, configuration, supplies, and equipment allowed clinicians to perform proper clinical exams. Inspectors found exam rooms or treatment spaces in four clinics (50 percent) had deficiencies. As the photographs on this page illustrate, inspectors found various deficiencies in clinic exam rooms. For example, the layout and amount of furniture in one clinic's exam room made it difficult for a clinician to access the exam table and conduct an exam. Two other clinics had exam room tables with cracks in the vinyl cover, which could harbor infectious agents if not repaired. Also, inspectors found two problematic areas in the OHU exam rooms: audio and visual privacy for patients was compromised during provider exams, and confidential medical records designated for destruction were visible and accessible to inmates (MIT 5.110).

- The OIG inspectors observed clinicians' encounters with inmate-patients in seven of CRC's clinics and found that clinicians followed good hand hygiene practices in five of them (71 percent). In one clinic, an optometrist who had physical contact with three patients did not wear gloves and did not wash hands between patients. In another clinic, a phlebotomist who had contact with three patients changed gloves between patient encounters, but did not wash hands or use sanitizer between glove changes (MIT 5.104).

- In six of the eight clinics (75 percent), common areas and exam rooms contained essential supplies and core equipment necessary to conduct a comprehensive exam. However, the R&R exam room lacked an exam table and an oto-ophthalmoscope. In the TTA, some equipment had not been calibrated within the prior 12 months, and there was no permanent distance marker for the Snellen vision chart (MIT 5.108).

The institution received a score of 100 percent for the following four tests conducted in CRC's eight clinics:

- Clinical health care staff ensured reusable invasive and non-invasive medical equipment was properly sterilized or disinfected (MIT 5.102).

- All clinics had operable sinks and sufficient quantities of hygiene supplies in the clinical areas (MIT 5.103).

- All clinics followed adequate protocols for managing and storing bulk medical supplies (MIT 5.107).

- Clinic common areas had an adequate environment conducive to providing medical services (MIT 5.109).

Other Information Obtained from Non-Scored Results

The OIG gathered information to determine if the institution's physical infrastructure is maintained in a manner that supports health care management's ability to provide timely and adequate health care. This question is not scored and is only collected and reported for informational purposes. When OIG inspectors interviewed executive management and plant operations staff, they reported no ongoing or pending infrastructure projects and confirmed that no barriers or other hindrances to the delivery of medical services existed (MIT 5.999).

Recommendations

- The institution should ensure that non-clinic medical storage areas (Conex storage boxes) located in CRC's central health facility are maintained in an organized manner and are temperature controlled when storing temperature-sensitive medical supplies.

- CRC should take measures to ensure clinic areas and exam rooms are accessible for proper cleaning and disinfection, and that cleaning logs support the work completed. The institution

should properly maintain and stock its clinic areas to include sharps containers and biohazard waste cans or bags, exam tables, oto-ophthalmoscopes, and permanent distance markers for Snellen vision charts.

- Applicable equipment should be calibrated annually or more often, as needed.

- Exam rooms should be properly maintained to ensure the following: there is minimal clutter and sufficient space to conduct patient examinations; exam tables are in good repair; exam rooms provide audio and visual privacy to patients; and confidential medical records are not accessible to inmates.

- Clinical staff should ensure that emergency response bags are inventoried monthly and contain all essential items including glucose tubes, oral airways, and nasal cannulas; staff should also ensure that oxygen tanks are fully charged.

- All clinical staff must follow good hand sanitation practices both before and after coming in contact with patients.

INTER- AND INTRA-SYSTEM TRANSFERS

Case Review Rating:
Adequate
Compliance Score:
95.3%

Overall Rating:
Adequate

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

Case Review Results

Twenty-eight encounters were reviewed relating to *Inter- and Intra-System Transfers*, including information from both the sending and receiving institutions. Over 50 hospitalization events were reviewed, each of which resulted in a transfer back to the institution. In general, the inter- and intra-system transfer processes at CRC were adequate, with the majority of transferring inmates receiving timely continuity of health care services.[2] Although there were rarely any major issues found in the cases reviewed, there were deficiencies found in nursing assessment documentation, thorough completion of transfer forms, and HIM. Specific examples of case review findings are listed below.

Transfers In

- In case 29, the patient transferred from a community hospital directly into CRC's Outpatient Housing Unit (OHU); the patient's Initial Health Screening form (CDCR Form 7227) was not completed.

Transfers Out

Deficiencies found with inmates transferring out of CRC were largely due to incomplete nursing documentation of significant medical information on the Health Care Transfer Information form (CDCR Form 7371).

- In case 24, the RN did not document the due dates of specialty appointments or the patient's mental health status.

- In case 32, the RN did not document the patient's history of migraine headaches and hypothyroidism; the due dates of his chronic care program appointment and pending maxillofacial CT scan were also omitted.

- In case 33, the RN did not document the patient's history of chronic kidney disease and high blood pressure, the due dates of his chronic care appointment, or any weekly lab draws.

Hospitalizations

Patients returning from hospitalizations are some of the highest risk encounters due to two factors: these patients are of higher acuity since they have just been hospitalized for a severe illness in most cases, and these patients are doubly at risk due to the potential lapses that can occur during any handoff in care. At CRC, hospital return patients were processed by an RN, and the PCP followed up with the patients in a timely manner. This process worked well for the majority of hospitalization

[2] The OIG case review rating is applicable only to CRC's existing, nursing-only inter- and intra-system transfer processes. The rating is not applicable to the CCHCS systemwide transfer process, which the OIG has significant concerns with and which is discussed within this section.

events reviewed. However, some deficiencies were identified in nursing assessment documentation and HIM:

- In case 59, upon the patient's return from the hospital, the nurse documented an oxygen saturation of 88 percent but did not document physician notification, noted buttock wounds but did not provide a thorough description, and failed to indicate the area of pain and provide a corresponding assessment.

- In case 24, the patient returned from the hospital hypoxic (having low oxygen saturation) and short of breath. The nurse failed to increase the oxygen and failed to document reassessment of the patient for 40 minutes.

- In cases 3, 8, 15, and 17, upon the patients' return to CRC, instead of listing each medication or checking them off on the medication reconciliation form, orders were given to "continue all prior medications." This practice creates the potential for medication errors. This is also noted in the *Pharmacy and Medication Management* indicator.

- In several cases, community hospital records or discharge summaries were not found in the eUHR. This is further discussed in the Health Information Management indicator.

Onsite Visit

During the onsite visit, the clinicians observed R&R nurses at CRC tracking and reviewing medications to ensure medication continuity at the time of transfers. For example, when patients transferred out of CRC, the institution ensured essential medications transferred with the patient. When patients arrived at CRC without medications, the institution notified the sending institutions' chief nursing executives. These efforts stood out as an effective means of ensuring medication continuity throughout the transfer process.

Systemwide Transfer Challenges

In reviewing *Inter- and Intra-System Transfers*, the OIG acknowledges systemwide challenges common to all institutions regarding pending specialty services referrals and reports and the potential for delay in needed follow-up and services. Nurses are responsible for accurately communicating pertinent information, identifying health care conditions that need treatment and monitoring, and facilitating continuity of care during the transfer process. While this is sufficient for most inmate-patients, it has not been adequate for patients with complex medical conditions or patients referred for complex specialty care. Often, the CDCR Form 7371 transfer forms are initiated by nurses who are not familiar with the patient's care or are not part of the primary care team. In addition, providers are often left out of the transfer process altogether, and patients are transferred without the provider's knowledge. Without a sending and receiving provider, the risk for lapses in care increases significantly.

Compliance Testing Results

California Rehabilitation Center obtained a *proficient* score of 95.3 percent in the *Inter- and Intra-System Transfers* indicator, scoring above 90 percent in four of the five tests, as described below:

- The institution received a score of 93 percent when the OIG tested 30 patients who transferred into CRC from another CDCR institution to determine whether they received a complete initial health screening assessment from nursing staff on their day of arrival. Nursing staff timely completed the assessment for 28 of the patients; for the 2 other patients, nursing staff neglected to document additional information required to supplement the answer to one question (MIT 6.001).

- For all 30 of the patients sampled (100 percent), inspectors found that CRC's registered nurses completed the assessment and disposition sections of the Initial Health Screening form (CDCR Form 7277) on the same day staff completed an initial screening of the patient (MIT 6.002).

- The institution scored 100 percent when the OIG tested 19 inmate-patients who transferred out of CRC to another CDCR institution to determine whether their scheduled specialty service appointments were listed on the Health Care Transfer Information form (CDCR Form 7371) (MIT 6.004).

- The institution scored 100 percent when the OIG tested one inmate-patient who transferred out of the institution during the onsite inspection to determine whether his transfer package included required medications and related documentation. Although a total of five inmate-patients transferred out on the day tested, the sample was limited because medications had been prescribed for only one of them (MIT 6.101).

The institution scored within the *adequate* range for the following test:

- Twenty-four of the sampled inmate-patients who transferred into CRC had an existing medication order upon arrival. Inspectors tested those patients' records to determine if they received their medications without interruption and found that 20 of the 24 patients (83 percent) received their medications timely. Two patients received their medications one day late, and two other patients did not receive intermittent dosages of their required medications. For two of those four patients, inspectors noted that the Initial Health Screening form (CDCR Form 7277) indicated the medication had arrived with the patient (MIT 6.003).

Recommendations

Recommendations for CCHCS

With regard to systemwide transfers (not specific to CRC), the majority of patients who do not have complex medical conditions or who do not require complex specialty care would be well served by the existing nursing-only transfer process. However, CCHCS should create a process to identify patients who require special transfer handling that includes the following steps:

- Those patients should not be allowed to transfer without physician involvement, as a nursing-only transfer process is insufficient.

- The transfer process should include a clear disposition, including the specific yard to which the patient is being transferred and the primary care physician who will be directly responsible for the patient's continued care.

- The transferring physician should dictate or type a transfer summary to be communicated to the accepting physician prior to transfer. Transfer should only occur after the accepting physician has reviewed the summary, has had an opportunity to discuss the case with the sending physician, and has formally accepted the transfer.

- The coordination of utilization management nurses should be comprehensive and key information documented in the eUHR.

The OIG understands that these recommendations would place a significant logistical and staffing burden on both sending and receiving institutions, and that these measures are not practiced in the outpatient community generally. However, the volume and transfer rate within CDCR is much higher than in the outpatient community and needs to be accounted for when designing an adequate transfer system. The OIG understands CCHCS is currently working to revise the transfer policy with its Patient Management Care Coordination Initiative and looks forward to reviewing that new policy once it is finalized.

Recommendations for CRC

With regard to hospitalizations, CRC can improve the return process for medication continuity. The OIG suggests the following:

- Create a special hospital return medication order that discontinues all prior outpatient medications and specifies the medication, dose, route, frequency, duration, and start time for each new prescription. When given verbally, nurses can be expected to verify each prescription in detail with read-back with the ordering physician.

- Audit the orders to ensure completeness by both physicians and nurses.

- Pre-hospitalization medication administration records should be removed from the medication binder, or pre-hospital medications clearly marked as discontinued.

CRC should also consider the following recommendations:

- Nurses who complete the Initial Health Screening form (CDCR Form 7277) for newly arrived patients must ensure all form questions are answered and that they include complete, detailed responses, such as the listing out of complete medication names when called for by the form's instructions.

- Medical staff should ensure patients transferring out of the facility have pending and scheduled specialty services appointments properly identified on the Health Care Transfer Information form (CDCR Form 7371).

- Implement formal training, along with audits and competency testing, for nurses who complete the forms identified above.

- Nursing should ensure that inmate-patients who transfer into the institution receive all medications without interruption.

PHARMACY AND MEDICATION MANAGEMENT

***Case Review Rating**:*
Adequate
***Compliance Score**:*
80.0%

Overall Rating:
Adequate

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

Based on results from pilot inspections, the OIG has found that the most accurate evaluation of this indicator is derived largely from a detailed analysis of the OIG compliance scores in addition to the clinical case reviews. The case reviews often add specific examples of the findings revealed by the compliance scores and identify problems in other processes that may not be evident when viewed solely from a compliance standpoint.

Case Review Results

The OIG clinicians evaluate *Pharmacy and Medication Management* as secondary processes as they relate to the quality of clinical care provided. Compliance testing is a more targeted approach and factors heavily into the overall rating for this indicator.

Case review found that for the majority of cases, patients received their medications timely and as prescribed. Most of the deficiencies found occurred in the OHU and were related to incomplete documentation in the medication administration record (this is also noted in the *Specialized Medical Housing* indicator).

In most cases reviewed, CRC adequately maintained medication continuity for patients returning from a hospitalization. However, the OIG clinicians noted a pattern of providers ordering to "continue all prior medications" rather than listing each medication or checking them off on a medication reconciliation form. This practice creates the potential for medication errors (e.g., missing changed dosages, continuing medications discontinued by the hospital physician, or failing to continue or begin medications prescribed by the hospital physician) and places the patient at unnecessary risk.

One significant medication error was identified in the outpatient area:

- In case 3, the patient was seen by nursing with a blood sugar level of 491. The nurse noted the provider's order to perform a urine ketone test, re-test the blood sugar level, and administer insulin according to the sliding scale every hour. After the nurse administered insulin twice, there was no documentation until three hours later, when the nurse noted an extremely low blood sugar level of 36 (which was treated appropriately). This medication error was not identified by staff at the institution (this case is also noted in the *Quality of Nursing Performance* indicator).

Conclusion

The OIG rated overall pharmacy and medication administration performance as *adequate*, although specific concerns are noted above.

Compliance Testing Results

The institution received an *adequate* score of 80.0 percent overall for the *Pharmacy and Medication Management* indicator. For discussion purposes below, this indicator is divided into three sub-indicators: Medication Administration, Medication Preparation and Administration Controls, and Pharmacy Protocols.

Medication Administration

For this sub-indicator, the institution scored an average of 92 percent and performed particularly well in the following areas:

- The OIG found that CRC's compliance with the administration of new medication orders was high, scoring 97 percent. One of the 30 new medication orders sampled was delivered to the inmate-patient two days late (MIT 7.002).

- CRC also performed well in ensuring that inmate-patients who transferred from one housing unit to another received their medications without interruption, receiving a score of 97 percent for this test. One of the 30 patients sampled did not receive his medication for one day following a housing unit move (MIT 7.005).

- The institution timely provided hospital discharge medications to 20 of 21 patients sampled who had returned from a community hospital (95 percent). For one patient, medication was administered two days late (MIT 7.003).

The institution scored within the *adequate* range in the following medication administration area:

- The institution timely dispensed chronic care medications to 22 of the 28 inmate-patients sampled, scoring 79 percent for this test. For six patients, inspectors could not find evidence in the eUHR that the patients received their keep-on-person (KOP) chronic care medications for one or more months during the three-month test period (MIT 7.001).

Medication Preparation and Administration Controls

For this sub-indicator, the institution scored an average of 77 percent. As described below, CRC scored 100 percent in two areas but needs to improve in four others:

- At each of the seven medication preparation and medication administration locations inspectors observed, nursing staff followed proper hand hygiene contamination control protocols (100 percent), and practiced appropriate administrative controls and protocols during medication preparation (100 percent) (MIT 7.104, 7.105).

- The institution employed strong medication security controls over narcotic medications in only three of its five clinic and medication line locations that stored narcotics (60 percent). During OIG's inspection of one pill-line administration area, the nurse left her key in the lock of the narcotics locker, essentially leaving the locker unsecured for the duration of the medication pass. For another pill preparation area, there were four keys available for the narcotics locker, which custody staff maintained at the entrance gate to the yard. Each shift, nursing staff had to retrieve a narcotics locker key from custody staff at the gate. After the OIG inspectors discussed the issue with the CEO, the institution relocated custody of the keys from the yard entrance gate to nursing services and issued the keys to the supervising nurse in the TTA (MIT 7.101).

- The institution properly stored non-narcotic medications that do not require refrigeration at only four of the six sampled clinics (67 percent) and medication line storage locations. During their review, inspectors noted expired medications at two storage locations. In addition, one of the two locations also possessed medications prescribed to inmates who were no longer housed at the institution (MIT 7.102).

- The institution properly stored non-narcotic medications that required refrigeration at five of eight sampled clinics (63 percent) and medication line storage locations. In one of the clinics, the nurse did not have knowledge of CRC's current local policy and procedure to separate and refrigerate medication for return to the pharmacy. Additionally, when inspectors tested daily temperature logs for refrigerators and freezers that store medications, they found one location with incomplete temperature logs and a second location with

temperature logs indicating the refrigerator temperature had dropped to freezing six times in a recent two-month period (MIT 7.103).

- When observing the medication distribution process at seven pill-line locations, inspectors found that only five (71 percent) were compliant with appropriate administrative controls and protocols. At one pill-line location, inspectors observed an LVN administer directly observed therapy (DOT) medications to at least seven patients without requesting the patients demonstrate they successfully swallowed the medication. At another pill-line location, patients who waited outside to receive their medications had no overhang or shade protection to protect them during extreme or inclement weather conditions (MIT 7.106).

Pharmacy Protocols

For this sub-indicator, the institution scored an average of 74 percent, comprised of scores received at the institution's main pharmacy. As described below, CRC scored 100 percent in three areas but needs improvement in two areas.

- In its main pharmacy, the institution properly stored non-refrigerated, refrigerated, and frozen medications, and maintained adequate controls of and properly accounted for narcotic medications. The institution scored 100 percent in each of these tests (MIT 7.108, 7.109, 7.110).

- The OIG found that the main pharmacy did not employ and follow general security, organization, and cleanliness management protocols. Specifically, the door to the pharmacy, which is accessible by inmates and staff, was unlocked. According to the pharmacist-in-charge (PIC), the door has a lock, but it is not used. As a result, the institution received a score of 0 percent for this test (MIT 7.107).

- The OIG also found that the institution failed to follow key medication error reporting protocols in 7 of 25 cases sampled (72 percent). In all cases, the PIC did not complete the medication error follow-up report within five business days from when the error was originally reported by staff (MIT 7.111).

Other Information Obtained from Non-Scored Results

As part of the *Pharmacy and Medication Management* indicator, the OIG evaluates and presents two areas that are not scored but provided for information purposes only. Specifically, during the eUHR compliance testing and case reviews, the OIG identifies any significant medication errors and determines whether they were properly identified and reported by the institution (MIT 7.998). Also, inspectors determine whether inmate-patients in isolation housing units have immediate

access to their KOP prescribed rescue inhalers and nitroglycerin medications (MIT 7.999). At CRC, neither of these situations was present. The OIG did not find any significant medication errors not properly managed, and CRC does not have isolation housing units located at the institution. CRC houses its administratively segregated inmates at the California Institution for Men (CIM); those inmate-patients who are prescribed rescue inhalers and nitroglycerin medications will be tested during the CIM inspection, which is scheduled for later this year.

CCHCS Dashboard Comparative Data

Medication Administration: The CCHCS Dashboard uses five indicators from the Medication Administration Process Improvement Program (MAPIP) audit tool to calculate the average score for medication administration. The OIG compared CRC compliance scores with three of the five applicable Dashboard indicators. As indicated below, both the CRC Dashboard and the OIG scores indicate a high level of compliance with regard to medication administration.

Pharmacy and Medication Management— CRC Dashboard and OIG Compliance Results

CRC DASHBOARD RESULTS	OIG COMPLIANCE RESULTS
Medication Management: Medication Administration March 2015	Medication Administration (7.001, 7.002) (Chronic Care & New Meds) *Preventive Services* (9.001) (Administering INH Medication) March 2015
100%	**92%**

Note: The Dashboard results were obtained from the Medication Administration Drilldown data for Chronic Care Meds—Medical, New Outpatient Orders—Medical, and Administration—TB Medications. Variances may exist because CCHCS includes medication administration of KOP medications only for the first two drilldown measures, while the OIG tests KOP, DOT, and nurse administered (NA) medication administration.

Recommendations

Recommendations regarding hospital return medication continuity are discussed in the *Inter- and Intra-System Transfers* indicator. The OIG also makes the following recommendations:

- Nursing leadership should perform regular medication competencies; and review medication administration records for errors, ensure medication errors are promptly recorded and tracked, and implement measures to prevent future errors.

- Nursing staff would benefit from training on protocols for controlling and administering medications. For example, nurses should ensure that narcotic medication storage areas remain locked at all times, return medications to the pharmacy if expired or prescribed to patients who have transferred out of the prison, and take steps to provide assurance patients are swallowing their DOT medications.

- Nursing staff should ensure that patients who suffer from chronic care illnesses receive their KOP medications within the required intervals.

- The PIC should complete medication error follow-up reports within five business days and lock the door to the pharmacy at all times.

PREVENTIVE SERVICES

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

Case Review Rating:
Not Applicable
Compliance Score:
86.0%

Overall Rating:
Proficient

Compliance Testing Results

The institution performed in the *proficient* range in the *Preventive Services* indicator, with an overall score of 86 percent. The institution scored at the *proficient* level in four of the six tests. The stronger areas are described below:

- The institution scored 100 percent for administering anti-tuberculosis medications (INH) to inmate-patients with tuberculosis. Inspectors reviewed the records of 30 patients for the most recent three-month period, and all 30 patients sampled received all required doses of INH medication timely (MIT 9.001).

- When the OIG tested CRC's influenza screenings, inspectors found that all 30 patients sampled (100 percent) either received or were offered an annual influenza vaccination (MIT 9.004).

- CRC offered colorectal cancer screenings to 29 of 30 sampled inmate-patients subject to the annual screening requirement (97 percent). There was one patient whose records contained

no evidence that he was either offered a fecal occult blood test (FOBT) within the previous twelve months or received a normal colonoscopy within the previous ten years (MIT 9.005).

- The OIG tested whether inmate-patients who suffer from a chronic care condition were offered vaccinations for influenza, Pneumovax, and hepatitis. The institution scored in the *proficient* range; 13 of the 14 sampled chronic care inmate-patients (93 percent) received all recommended vaccinations at the required interval (MIT 9.008).

The institution scored at the *inadequate* level in two of the six tests, as described below:

- The institution scored 53 percent for conducting annual tuberculosis screenings. All 30 inmate-patients sampled were screened for tuberculosis within the prior year. However, 14 inmate-patients identified as code 22 (requiring a tuberculosis skin test in addition to screening of signs and symptoms) had their tuberculosis test results read by a licensed vocational nurse, in violation of CCHCS 2013 policy, which requires that a registered nurse read and document the test results (MIT 9.003).

- When the OIG reviewed the eUHR for 30 patients who received anti-tuberculosis medications (INH), inspectors found the institution did not always monitor their condition and treatment. Of the 30 patients sampled, only 22 (73 percent) received their required monthly monitoring during a three-month review period. Seven of the eight inmate-patients were not monitored during December 2014, and one other patient was not monitored during January and February 2015 (MIT 9.002).

CCHCS Dashboard Comparative Data

As indicated below, the OIG's *proficient* compliance results for colon cancer screening were consistent with the data reported within the CCHCS Dashboard for CRC.

Preventive Services—CRC Dashboard and OIG Compliance Results

CRC Dashboard Results	OIG Compliance Results
Colon Cancer Screening March 2015	Colon Cancer Screening (9.005) March 2015
96%	**97%**

Recommendations

While the institution performed well in this indicator, improvement is needed in the following areas:

- To follow current CCHCS policies and procedures, ensure that registered nurses read and document inmate-patients' tuberculosis skin test results.

- Ensure that all inmate-patients receiving anti-tuberculosis medications are monitored monthly for the duration of their treatment period.

QUALITY OF NURSING PERFORMANCE

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

Overall Rating:
Adequate

This indicator is a qualitative evaluation of nursing services performed entirely by OIG nursing clinicians within the case review process. There is no compliance testing component associated with this quality indicator. The OIG nurses conduct case reviews that include face-to-face encounters related to nursing sick call requests identified on the Health Care Services Request Form (CDCR Form 7362), urgent walk-in visits, referrals for medical services by custody staff, RN case management, RN utilization management, clinical encounters by Licensed Vocational Nurses (LVNs) and Licensed Psychiatric Technicians (LPTs), and any other nursing service performed on an outpatient basis.

The OIG case review also includes activities and processes performed by nursing staff that are not considered direct patient encounters, such as the initial receipt and review of CDCR Form 7362 service requests and follow-up with primary care providers and other staff on behalf of the patient. Key focus areas for evaluation of outpatient nursing care include appropriateness and timeliness of patient triage and assessment, identification and prioritization of health care needs, use of the nursing process to implement interventions including patient education and referrals, and documentation that is accurate, thorough, and legible. Nursing services provided in the OHU, CTC, or other inpatient units are reported under *Specialized Medical Housing*. Nursing services provided in the TTA or related to emergency medical responses are reported under *Emergency Services*.

Case Review Results

A total of 379 nursing encounters were evaluated for CRC case reviews; 132 of these were outpatient-nursing encounters.

Case review findings demonstrated most triage RNs provided necessary interventions for patients presenting with medical issues in the outpatient RN clinics. However, case review also revealed patterns of deficiencies that affected the quality of nursing performance in the areas of nursing assessment and documentation. The *Quality of Nursing Performance* deficiencies include the following:

Nursing Assessment/Documentation

- In cases 5, 10, 11, and 12, the nurses failed to perform face-to-face assessments. While paper triages were performed, patients' visits were deferred to the providers. Fortunately, patient outcomes were not affected, likely due to the low risk nature of the complaints and frequency of provider visits.

- In cases 5, 9, 10, 12, 15, 16, and 58, the "subjective" or "objective" portions of nursing notes, or both, were incomplete.

- In cases 10, 12, 17, and 49, patients with symptomatic complaints were not evaluated the next business day, as required by CCHCS policy.

- In case 3, the pill line LVN failed to transcribe a telephone order and administered an unsafe amount of insulin. This resulted in a dangerously low blood sugar level. This significant medication error was not identified by medical staff at CRC. This case is also discussed in the *Pharmacy and Medication Management* indicator.

- In case 2, the nurse failed to contact a physician when blood sugars were low at 36 and 49 milligrams.

Recommendations

Although the case reviews revealed outpatient nursing care was *adequate*, there is room for improvement in the following areas:

- Nursing sick call audits should be reviewed by nursing leadership, as the current system does not identify the lack in assessment, documentation, and deferred face-to-face encounters.

- Nurses should also conduct focused subjective and objective nursing assessments that are based on both the patient's current complaints and his health history, and perform timely face-to-face assessments.

- CRC should evaluate the needs of nursing staff and implement periodic training and education to include medication administration safety and management. There should be ongoing monitoring activities to include compliance and competency evaluations for medication administration by nurses.

QUALITY OF PROVIDER PERFORMANCE

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

Case Review Rating:
Adequate
Compliance Score:
Not Applicable

Overall Rating:
Adequate

Case Review Results

The OIG clinicians reviewed over 361 CRC medical provider encounters and identified 89 deficiencies related to provider performance. Of those 89 deficiencies, only 3 were considered likely to contribute to patient harm (cases 2, 16, and 61). The OIG rated CRC provider performance *adequate* overall.

Assessment and Decision-Making

The large majority of provider encounters reviewed demonstrated adequate assessment and sound medical decision-making. However, some patterns emerged during the case review regarding the quality of provider care.

- Providers sometimes ordered follow-up appointments at inappropriate intervals. This was seen in cases 14, 36, and 60.

- In cases 10 and 35, pain medications were continued despite the patient reporting the medications were not effective.

Review of Records

Providers generally reviewed diagnostic reports, specialty reports, and hospital reports in a timely manner when available, and with adequate thoroughness (this is discussed more in the *Health Information Management* indicator). However, there were a few notable exceptions:

- In case 3, a specialist recommended the discontinuation of all acetaminophen (Tylenol) products due to elevated liver enzymes. This recommendation was not ordered (by a CRC provider) until ten days later.

- In case 59, a hospital discharge recommendation included that amiodarone (a medication to control heart rhythm) be continued for only one month unless the patient reverted back to atrial fibrillation (heart arrhythmia). This was not specified or noted by the CRC provider.

- CRC providers did not always review the eUHR during each patient encounter. In cases 2, 12, 17, 60, and 61) important nursing visits (e.g., visits for low blood sugar levels, other lab, and other complaints) or blood sugar logs were not noted. As a result, proper interventions were not made.

Emergency Care

Providers made appropriate triage decisions when patients presented emergently to the TTA. The TTA was also used for physician-performed minor procedures and wound care management. The emergency care provided was adequate overall.

Chronic Care

Chronic care performance was adequate overall. Appropriate monitoring, assessments, and interventions were the rule, rather than the exception. Sometimes, providers did not order appropriate chronic care follow-up intervals. A few other patterns emerged:

- The management of diabetes was sometimes inadequate, specifically as it related to the use of insulin. In cases 3, 8, and 60, the types and dosages of insulin utilized were not always logical.

- The provider continued levofloxacin and ziprasidone despite the contraindicated combination due to increased QT interval prolongation of the EKG (case 16).

- The documentation of asthma symptoms was sometimes inadequate. In cases 12, 16, 57, and 61, the providers failed to indicate how often the patient was utilizing his rescue inhaler.

Specialty Services

Reviews of the specialty services referrals revealed that CRC providers generally requested specialty services appropriately. When patients were seen by providers for follow-up after specialty services, the providers reviewed the reports satisfactorily and took appropriate actions. There was one notable exception:

- In case 21, a referral for a lymph node biopsy should have been submitted as "urgent" rather than "routine." Fortunately, this was changed during the approval process.

Health Information Management (HIM)

The OIG found illegibility with certain providers' notes in multiple cases. There were also instances when telephone encounters, progress notes, referrals, and orders were not found in the eUHR. This is further discussed in the *Health Information Management* indicator. Other minor issues included failure to record the time on orders or progress notes and failure to review transcriptions adequately.

Onsite Inspection

The OIG found the CRC providers generally content with their work, leadership, and ancillary services. The institution held regular provider meetings to discuss difficult cases and significant events from the prior day and to review medical guidelines.

Pharmacy and Medication Management

While medication continuity for patients returning from a hospitalization was satisfactorily maintained in most cases reviewed, the OIG clinicians noted a pattern of CRC providers ordering to "continue all prior medications." This practice creates the potential for medications errors (e.g., missing changed dosages, continuing medications discontinued by the hospital attending, failing to continue or begin medications prescribed by the hospital physician) and places the patient at unnecessary risk. A better practice would be to list each medication or check them off on a medication reconciliation form (this is also noted in the *Pharmacy and Medication Management* indicator).

Conclusion

The overall care provided by CRC medical providers was found to be *adequate*. Of the 30 cases reviewed, 3 were found to be *proficient*, 22 were *adequate*, and 5 were *inadequate*. Although a few significant deficiencies were noted, this was the exception rather than the rule, and did not represent the large majority of high level or quality care that was delivered. After taking all factors into consideration, the OIG rated CRC provider performance *adequate*.

Recommendations

Provider performance recommendations include the following:

- Certain CRC providers could benefit from continuing medical education for the management of diabetes, specifically in the utilization of the various types of insulin.

- All providers should be reminded of their responsibility and role in ordering follow-up at appropriate intervals and ordering specialty services within time frames appropriate for their patients' medical conditions.

- All providers should be encouraged to review interim nursing visits, and thoroughly review hospital and specialty reports and recommendations.

- When patients return from an outside hospital, providers should be reminded to review all medications individually rather than ordering to "continue all prior medications."

- CRC should take steps to ensure legibility of all progress notes and signatures.

SPECIALIZED MEDICAL HOUSING

This indicator addresses whether the institution follows appropriate policies and procedures when admitting inmate-patients to onsite inpatient facilities, including completion of timely nursing and provider assessments. The chart review assesses all aspects of medical care related to these housing units, including quality of provider and nursing care. CRC's only specialized medical housing unit is the outpatient housing unit (OHU).

***Case Review Rating**:*
Adequate
***Compliance Score**:*
100%

Overall Rating:
Adequate

Case Review Results

CRC has a ten-bed OHU on site. More than 230 events relating to *Specialized Medical Housing* were reviewed in 19 cases that included admissions (or short stays to prepare patients for procedures) to the OHU. This included a total of 94 provider encounters and 131 nursing encounters. Eighty-five deficiencies were found, most of which were related to inadequate nursing assessment or documentation. Provider deficiencies were mainly due to legibility issues. The deficiencies are categorized as follows:

Provider Performance—Specialized Medical Housing

The OIG found in its case review that patients in the OHU were seen and cared for adequately by providers at CRC. While a handful of provider performance deficiencies related to patient care, the majority were due to legibility issues.

Nursing Performance—Specialized Medical Housing

Nurses in the OHU provided timely assessments during each shift. However, assessments often lacked complete documentation, physicians were not always notified when warranted, patient care plans were not always implemented or documented, and medication administration records (MARs) were not always complete.

- In case 59, the patient had decubitus ulcers and edema (swelling), but a nurse care plan was not documented. Nurses sometimes failed to document wound assessments or the degree of edema.

- In case 7, a physician was not informed when blood pressures remained consistently elevated (175/91, 162/90, and 164/90).

- In cases 24 and 26, the medication administration records were incomplete.

Health Information Management—Specialized Medical Housing

- Issues with the filing of OHU records were identified. Various records were routinely bundled together in the eUHR, which makes it difficult for medical staff to retrieve and review specific records. This issue is also addressed in the *Health Information Management* indicator.

Pharmacy and Medication Management—Specialized Medical Housing

- The OIG noted a number of deficiencies relating to pharmacy and medication management within the OHU, mainly due to lack of documentation. This is also noted in the *Pharmacy and Medication Management* indicator.

While the OIG found numerous deficiencies relating to specialized medical housing, this indicator received an *adequate* rating for the following reasons: While the majority of nursing performance deficiencies were due to incomplete assessments or documentation, the providers' performance compensated for this; the provider performance deficiencies found were mainly due to legibility issues, and patient care was not compromised; and the nature of deficiencies relating to HIM and pharmacy and medication did not negatively affect patient outcome, as discussed in greater detail in their respective indicator sections.

Compliance Testing Results

The institution received a *proficient* score of 100 percent for the *Specialized Medical Housing* indicator, which focused on the institution's Outpatient Housing Unit (OHU). The following comprised the five test results for this indicator:

- For all ten inmate-patients sampled, nursing staff timely completed an initial assessment on the day the patient was admitted to the OHU (MIT 13.001).

- Providers evaluated all ten inmate-patients within 24 hours of admission and completed a history and physical within 72 hours of admission (MIT 13.002, 13.003). Providers also completed their Subjective, Objective, Assessment, Plan, and Education (SOAPE) notes at required 14-day intervals for all ten patients (MIT 13.004).

- Call buttons were in good working condition in OHU patient rooms, based on a sampling conducted during the OIG's review. Also, according to knowledgeable staff working in the OHU, custody officers and clinicians respond and access inmate-patients' rooms in less than one minute when an emergent event occurs (MIT 13.101).

Recommendations

Although patient care within the OHU was adequate overall, there is room for improvement. Recommendations for nursing leadership include:

- Audit the quality of nursing assessments, interventions, and documentation, and educate nurses based on the audit findings.

- Develop OHU-specific nursing expectations and ensure all nurses receive training on those expectations.

- Ensure that medications are administered as ordered and that MARs are audited.

SPECIALTY SERVICES

***Case Review Rating**:*
Adequate
***Compliance Score**:*
87.8%

Overall Rating:
Adequate

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

Case Review Results

The OIG clinicians reviewed at least 132 events related to *Specialty Services*, the majority of which were specialty consultations and procedures. Sixty-four deficiencies were found in this category, with more than half relating to nursing performance.

Access to Specialty Services

- Case review found that urgent and routine specialty services were generally timely and adequate, although there were occasional minor delays in specialty follow-up appointments.

Provider Performance—Specialty Services

- Four provider deficiencies were identified: two related to legibility issues (also addressed in the *Health Information Management* indicator); one due to a specialty follow-up being ordered for three months instead of two months; and one due to a referral being requested as "routine" rather than "urgent" (which was corrected at the time of approval).

Nursing Performance—Specialty Services

- The OIG's review revealed 40 deficiencies relating to nursing performance in the area of specialty services. The vast majority of these deficiencies were due to incomplete (or absent) assessment or documentation of the patient upon return from specialty appointments. This included failing to document receipt and review of specialist records or recommendations.

Health Information Management—Specialty Services

- Sixteen of the deficiencies found in specialty services were related to health information management (HIM). As noted in the HIM indicator summary, a good portion of the deficiencies were related to scanning issues. Eight of these deficiencies were due to a delay in specialty reports being retrieved, reviewed by a provider, or scanned into the eUHR. In two instances, a report was either absent or missing pages. Two reports were mislabeled or misfiled. Two reports were for a different patient. Two deficiencies were related to a study or report not being available to a specialist at the time of a specialty visit. These deficiencies are also noted in the *Health Information Management* indicator.

Overall, patients had adequate access to specialty visits/procedures. The majority of deficiencies found relating to specialty services were due to inadequate nursing performance. Importantly, however, the numerous deficiencies found in *Specialty Services* were mitigated by providers being aware of and implementing consultants' recommendations.

Compliance Testing Results

The institution received a *proficient* score of 87.8 percent in the *Specialty Services* indicator. CRC performed well in four of the seven test areas, performed within the *adequate* range in two test areas, and needs to improve in one other test area.

As indicated below, CRC scored proficiently in four areas, achieving 100 percent in two of the areas tested:

- The institution received a score of 100 percent when the OIG tested the timeliness of CRC's denials of providers' specialty services requests for 20 inmate-patients (MIT 14.006).

- For 14 of the 15 inmate-patients sampled (93 percent), a high-priority specialty service appointment or service occurred within 14 calendar days of the provider's order. The one exception was an inmate-patient who received his specialty service one day late. (MIT 14.001).

- For all 15 of the inmate-patients sampled (100 percent), a routine specialty service appointment or service occurred within 90 calendar days of the provider's order (MIT 14.003). The OIG also found that providers reviewed the specialists' reports within three business days for 13 of the patients (87 percent). For two of the patients, the provider reviewed the specialist's report 11 days late and 16 days late, respectively (MIT 14.004).

The institution performed adequately in the following areas:

- The OIG found that when the institution denied a request for specialty services, providers did not always communicate the denial status to the inmate-patient within 30 calendar days. Denials were timely communicated to the patient for 16 of the 19 specialty service denials sampled (84 percent). The three exceptions were denials communicated 5, 23, and 62 days late (MIT 14.007).

- The OIG also found that providers reviewed the specialists' reports for high-priority services within three business days for 10 of 13 patients sampled (77 percent). For three patients, providers reviewed the reports between six and nine days late (MIT 14.002).

The institution needs to improve in the following key area:

- When inmate-patients are approved or scheduled for specialty services appointments from one institution and then transfer to another institution, policy requires that the receiving institution ensure that a patient's appointment is timely rescheduled or scheduled, and held. Only 14 of the 19 patients sampled (74 percent) received their specialty service appointment within the required action date. Although three inmate-patients received their appointments from 5 to 34 days late, the OIG found no conclusive evidence that the two other patients received their appointments at all (MIT 14.005).

Recommendations

The OIG recommends CRC implement the following:

- Review the deficiencies identified in this indicator and perform quality improvement training, specifically in the area of nursing performance. Training should ensure completeness of patient assessment upon return from specialty appointments, including documentation of the receipt and review of specialist records or recommendations.

- With regard to HIM, take steps to ensure specialty reports are retrieved and reviewed timely, and that studies and reports are available to specialists at the time of a specialty visit.

- Ensure that providers communicate the status of a denied specialty service request to the inmate-patient timely. In addition, ensure that inmate-patients who transfer to CRC with a previously approved specialty service request receive their appointments within the required time frame.

SECONDARY (ADMINISTRATIVE) QUALITY INDICATORS OF HEALTH CARE

The last two quality indicators involve health care administrative systems and processes. Testing in these areas applies only to the compliance component of the process. Therefore, there is no case review assessment associated with either of the two indicators. As part of the compliance component for the first indicator below, the OIG did not score several questions. Instead, the OIG presented the findings for informational purposes only. For example, the OIG described certain local processes in place at CRC.

To test both the scored and non-scored areas within these two secondary quality indicators, OIG inspectors interviewed key institutional employees and reviewed documents during their onsite visit to CRC in March 2015. The OIG inspectors also reviewed documents obtained from the institution and from CCHCS prior to the start of the inspection.

INTERNAL MONITORING, QUALITY IMPROVEMENT, AND ADMINISTRATIVE OPERATIONS

Case Review Rating:
Not Applicable
Compliance Score:
84.5%

Overall Rating:
Adequate

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

Compliance Testing Results

The institution scored within the *adequate* range in the *Internal Monitoring, Quality Improvement, and Administrative Operations* indicator, receiving an overall score of 84.5 percent and a score of 100 percent in four of the seven tests. CRC performed well in the following areas:

- The OIG inspectors reviewed six recent months of QMC meeting minutes and confirmed that the institution's QMC met monthly, evaluated program performance, and took action when improvement opportunities were identified. The institution also took adequate steps to ensure the accuracy of its Dashboard data reporting (MIT 15.003, 15.004).

- For all three of the medical emergency response drills conducted in the prior quarter, inspectors found that the institution included all required documentation and that both health care staff and custody staff participated in the drills (MIT 15.101).

- When the OIG sampled ten second-level medical appeals, inspectors found that the institution's response addressed all of the patients' appealed issues (MIT 15.102).

- Inspectors reviewed the institution's medical appeal data and found that CRC promptly processed inmate medical appeals timely in 11 of the 12 most recent months (92 percent). Based on data received from the institution, CRC did not promptly process 9 percent of its medical appeals in May 2014 (MIT 15.001).

The institution needs to improve in the following areas:

- When the OIG inspected documentation for 12 emergency medical response incidents reviewed by the EMRRC during the prior six-month period, inspectors found CRC reviewed the packets timely and included required forms and documentation. However, the meeting minutes were signed by the warden and chief executive officer (CEO) for only 4 of the 12 incident packets discussed (33 percent). The warden's designee signed the meeting minutes for six incidents and the CEO's designee signed the meeting minutes for two incidents (MIT 15.007).

- When the OIG reviewed CRC's 2014 Performance Improvement Work Plan, inspectors found that the institution improved or reached its performance objectives for only two of its three quality improvement initiatives, resulting in a score of 67 percent (MIT 15.005).

Other Information Obtained From Non-Scored Areas

- Inspectors met with the institution's coordinator for health care appeals and CEO to inquire about CRC's protocols for tracking appeals. The coordinator provides a monthly workload report to management staff and meets regularly with the CEO to discuss and resolve any issues. The monthly reports break down the number of appeals and each appeal's category and status. The CEO also monitors second-level appeals to identify potential trends or problem areas (MIT 15.997).

- Informational data gathered regarding the institution's practices for implementing local operating procedures (LOPs) indicated that the institution has a process in place for developing LOPs. Applicable department managers review statewide (CCHCS) policies and procedures and determine if they impact an existing LOP or require a new LOP. After the manager modifies the existing LOP or develops a new LOP, he or she submits it to

executive management for approval. Once approved, the LOP is communicated to all department managers, and to the warden, chief deputy warden, and health care captain. Currently, CRC has implemented only 10 percent of the 49 applicable stakeholder recommended LOPs. According to the CEO, the institution is utilizing CCHCS's policies and procedures until staff update existing LOPs or develop new LOPs (MIT 15.998).

- The OIG discusses the institution's health care staffing resources in the *About the Institution* section on page 2 (MIT 15.999).

CCHCS Dashboard Comparative Data

Both the CCHCS Dashboard and the OIG testing results show that CRC has a high level of compliance for processing medical appeals.

Internal Monitoring, Quality Improvement, and Administrative Operations— CRC Dashboard and OIG Compliance Results

CRC DASHBOARD RESULTS	OIG COMPLIANCE RESULTS
Timely Appeals March 2015	Medical Appeals—Timely Processing (15.001) 12-months ending January 2015
100%	**92%**

Note: The CCHCS Dashboard data includes appeal data for: American Disability Act (ADA), mental health, dental, and staff complaint areas, whereas the OIG excluded these appeal areas.

Recommendation

The institution should ensure that all Emergency Medical Response Review Committee (EMRRC) meeting minutes are signed by the warden and CEO, instead of a designee.

JOB PERFORMANCE, TRAINING, LICENSING, AND CERTIFICATIONS

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

***Case Review Rating**:*
Not Applicable
***Compliance Score**:*
74.4%

Overall Rating:
Inadequate

Compliance Testing Results

The institution received an overall score of 74.4 percent in the *Job Performance, Training, Licensing, and Certifications* indicator.

The institution needs to improve in three areas, as described below:

- Although nursing supervisors had completed the required number of nursing reviews for five nurses the OIG sampled, there was no evidence that the supervisor discussed the results of the review with the nurse. Consequently, the institution received a score of 0 percent for this test (MIT 16.101).

- The institution did not always perform complete structured clinical performance appraisals for its primary care providers (PCPs). The OIG reviewed performance evaluation packets for the institution's seven providers and found that CRC did not complete required 360-Degree Evaluations for four of the PCPs, all of whom are all subject to the requirement. For another PCP, the institution last conducted a performance appraisal over 13 months earlier, and did not include a Performance Appraisal Summary (Std. Form 637) or a Core Competency-Based Evaluation in the appraisal. As a result, the institution scored 29 percent for this test (MIT 16.103).

- The OIG reviewed provider, nursing, and custody staff records to determine if the institution ensures that those staff members have current emergency response certifications. While the institution's provider and nursing staff were all compliant, custody staff was not. Specifically, none of the custody managers had a current certification on file. Although the California Penal Code exempts those custody managers who primarily perform managerial duties from medical emergency response certification training, CCHCS policy does not allow for such an exemption. The institution received a score of 67 percent for this test (MIT 16.104).

The institution received 100 percent for all five of the remaining tests, which included the following assessments:

- All providers were current with their professional licenses. Similarly, all nursing staff and the PIC were current with their professional license and certification requirements (MIT 16.001, 16.105).
- All ten nursing staff who administer medications had current clinical competency validations. In addition, all nursing staff hired within the last year timely received new employee orientation training (MIT 16.102, 16.107).
- The institution's pharmacy and providers who prescribe controlled substances were current with their Drug Enforcement Agency registration (MIT 16.106).

Recommendations

The OIG recommends that CRC implement the following:

- Nursing supervisors who evaluate a nurse's clinical performance should ensure all review results are discussed with the nurse who received the evaluation.
- Managers or supervisors who evaluate a provider's clinical performance should conduct appraisals at least annually, and ensure that all appraisals include a 360-Degree Evaluation, Performance Appraisal Summary, and Core Competency-Based Evaluation as part of the provider's evaluation packet.
- Management should ensure that all custody staff, including custody managers, receive and maintain a current emergency response certification.

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.

What is HEDIS?

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

Methodology

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

Comparison of Population-Based Metrics

For CRC, nine HEDIS measures were selected and are listed in *Table 1—CRC Results Compared to State and National HEDIS Scores*. Multiple health plans publish their HEDIS performance measures at both the State and national levels. The OIG has provided selected results for several health plans in both categories for comparative purposes. In addition, the OIG selected California's Medi-Cal Managed Care Program as the population most similar to that of the CDCR inmate population. As indicated in *Table 2—CRC Results Compared to Medi-Cal Minimum and Maximum Performance*, the California Department of Health Care Services annually establishes a minimum performance level (MPL) and a high performance level (HPL) for each of its required performance measures. Where applicable, the OIG compared CRC's results to the Medi-Cal MPL and HPL results.

Results of Population-Based Metric Comparison

Comprehensive Diabetes Care

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

When compared statewide, CRC significantly outperformed the Medi-Cal average scores (Table 1) and exceeded the Medi-Cal HPL scores (Table 2) in each of the five diabetic measures selected. With regard to Kaiser Permanente (Table 1), CRC outperformed Kaiser scores in four of the five measures, including measures for diabetic patients whose diabetes was considered to be under poor control and patients whose diabetes was considered to be under good control. The only measure where CRC did not outperform Kaiser was diabetic patient eye exams.

When compared nationally (Table 1), CRC outperformed averages for Medicaid, Medicare, and Commercial health plans (based on data obtained from health maintenance organizations) in each of the five selected diabetic measures listed. When compared to the U.S. Department of Veterans Affairs (VA), the institution underperformed in eye exams by 13 percentage points, but either outperformed or almost matched the VA in the three remaining comparative measures.

Immunizations

Comparative data for immunizations (Table 1) was only fully available for the VA, and partially available for Kaiser Permanente (statewide) and Commercial (national). With respect to administering influenza shots to adults aged 50 to 64, CRC's score was similar to the scores for Kaiser (statewide) and Commercial (national). However, when compared to the VA, CRC scored significantly lower for administering flu shots to both adults aged 50 to 64 and adults aged 65 and older. But, the institution's low performance can be attributed to patient refusals. For example, 45 percent of CRC's sampled patients aged 50 to 64, and 43 percent of sampled patients aged 65 and older, were offered the immunization but refused it. With respect to pneumococcal vaccinations, the institution performed much better; both CRC and the VA scored 93 percent for this measure.

Cancer Screening

With respect to colorectal cancer screening (Table 1), CRC's score was similar to Kaiser's statewide scores. Nationally, CRC performed significantly higher than both Commercial and Medicare, but performed 4 percentage points lower than the VA. However, the OIG found that an additional 11 percent of CRC's sampled patients were offered the colorectal cancer screening but refused it.

Summary

California Rehabilitation Center's population-based performance exceeded or matched all State and national results for four of the nine comparative measures. Compared statewide, CRC outperformed Medi-Cal in all diabetic measures and outperformed Kaiser Permanente scores in all diabetic measures, except diabetic patient eye exams. The institution's scores were similar to Kaiser's scores for influenza shots and colorectal cancer screenings. On a national level, CRC outperformed the Medicaid, Commercial, and Medicare performance levels in all measures, but underperformed the VA in five measures. Most notably, CRC scored significantly lower than the VA in measures related to diabetic patient eye exams and influenza immunizations.

Overall, CRC's performance reflects a high-performing chronic care program, corroborated by the institution's *adequate* ratings in the *Quality of Provider Performance* and *Quality of Nursing Performance* indicators, and its *proficient* ratings in the *Access to Care* and *Preventive Services* indicators. With regard to CRC's performance in influenza immunizations and colorectal cancer screenings, the institution should make interventions to lower the rate of patient refusals.

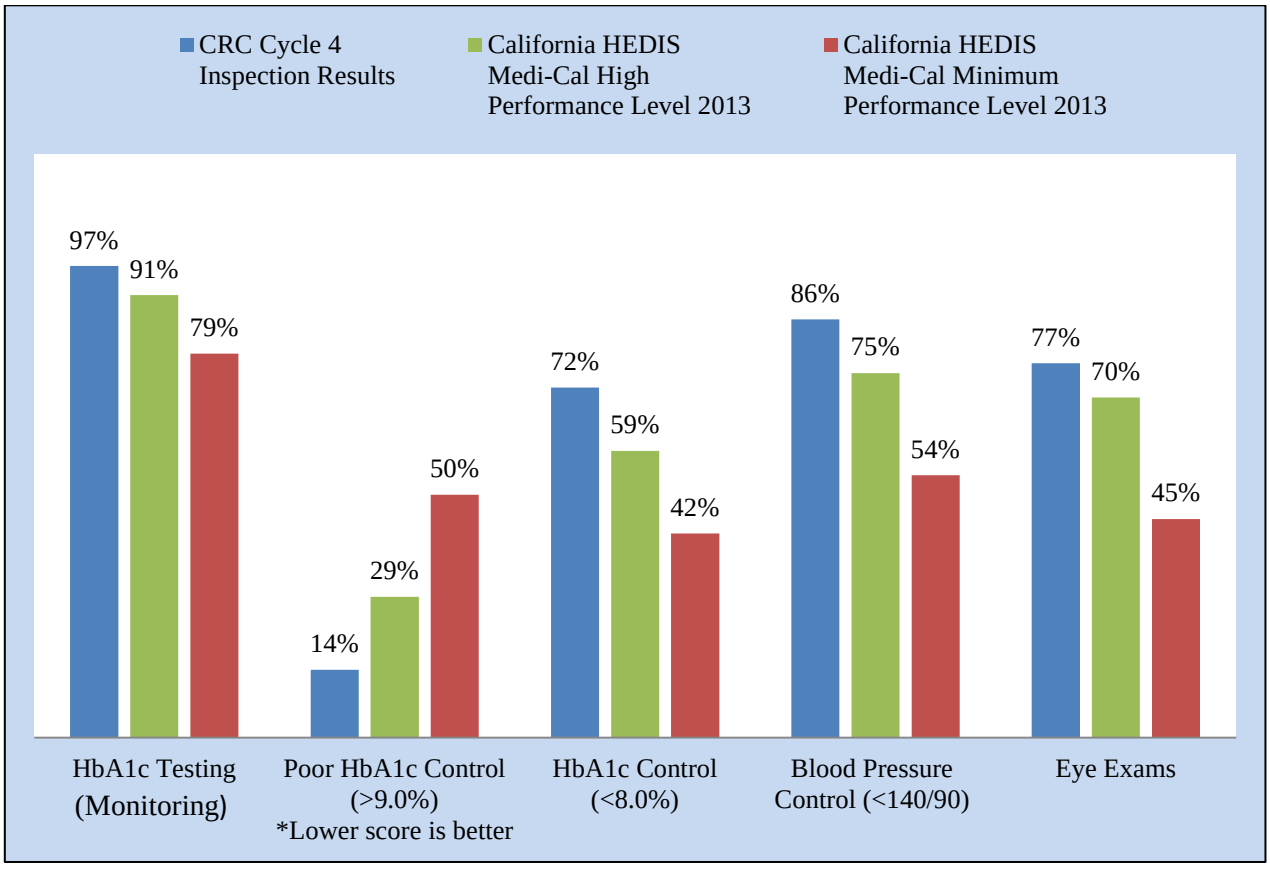
Table 1—CRC Results Compared to State and National HEDIS Scores

Clinical Measures	California				National			
	CRC Cycle 4 Results [1]	HEDIS Medi-Cal 2013 [2]	Kaiser (No.CA) HEDIS Scores 2014 [3]	Kaiser (So.CA) HEDIS Scores 2014 [3]	HEDIS Medicaid 2013 [4]	HEDIS Comm-ercial 2013 [4]	HEDIS Medicare 2013 [4]	VA Average 2012 [5]
Comprehensive Diabetes Care								
HbA1c Testing (Monitoring)	**97%**	83%	95%	94%	84%	90%	92%	99%
Poor HbA1c Control (>9.0%) [6,7]	**14%**	40%	18%	21%	46%	31%	25%	19%
HbA1c Control (<8.0%) [6]	**72%**	49%	70%	67%	46%	59%	66%	-
Blood Pressure Control (<140/90) [6]	**86%**	63%	82%	85%	60%	65%	66%	80%
Eye Exams	**77%**	51%	69%	82%	54%	56%	69%	90%
Immunizations								
Influenza Shots - Adults (50–64) [8]	**55%**	-	59%	55%	-	50%	-	65%
Influenza Shots - Adults (65+)	**57%**	-	-	-	-	-	-	76%
Immunizations: Pneumococcal	**93%**	-	-	-	-	-	-	93%
Cancer Screening								
Colorectal Cancer Screening	**78%**	-	78%	80%	-	63%	64%	82%

1. Unless otherwise stated, data was collected in March 2015 by reviewing medical records from a sample of CRC's population of applicable inmate-patients. These random statistical sample sizes were based on a 95 percent confidence level with a 15 percent maximum margin of error.
2. HEDIS Medi-Cal data was obtained from the California Department of Health Care Services 2013 *HEDIS Aggregate Report for the Medi-Cal Managed Care Program*.
3. Data was obtained from Kaiser Permanente November 2014 reports for the Northern and Southern California regions.
4. National HEDIS data for Medicaid, Commercial, and Medicare was obtained from the 2014 *State of Health Care Quality Report*, available on the NCQA website: www.ncqa.org. The results for Commercial were based on data received from various health maintenance organizations.
5. The Department of Veterans Affairs (VA) data was obtained from the *VHA Facility Quality and Safety Report - Fiscal Year 2012 Data*.
6. For this indicator, the entire applicable CRC 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. The Kaiser and Commercial HEDIS data is for the age range 18–64.

Table 2—CRC Results Compared to Medi-Cal Minimum and Maximum Performance

Clinical Measures	**CRC** Cycle 4 Inspection Results	California HEDIS Medi-Cal High Performance Level 2013	California HEDIS Medi-Cal Minimum Performance Level 2013
Comprehensive Diabetes Care			
HbA1c Testing (Monitoring)	**97%**	91%	79%
Poor HbA1c Control (>9.0%) **Lower score is better*	**14%**	29%	50%
HbA1c Control (<8.0%)	**72%**	59%	42%
Blood Pressure Control (<140/90)	**86%**	75%	54%
Eye Exams	**77%**	70%	45%



APPENDIX A—COMPLIANCE TEST RESULTS

California Rehabilitation Center Range of Summary Scores: 62.2%–100%	
Indicator	**Overall Score (Yes %)**
Access to Care	95.4%
Diagnostic Services	91.1%
Emergency Services	Not Applicable
Health Information Management (Medical Records)	68.9%
Health Care Environment	62.2%
Inter- and Intra-System Transfers	95.3%
Pharmacy and Medication Management	80.0%
Prenatal and Post-Delivery Services	Not Applicable
Preventive Services	86.0%
Quality of Nursing Performance	Not Applicable
Quality of Provider Performance	Not Applicable
Reception Center Arrivals	Not Applicable
Specialized Medical Housing (OHU, CTC, SNF, Hospice)	100.0%
Specialty Services	87.8%
Internal Monitoring, Quality Improvement, and Administrative Operations	84.5%
Job Performance, Training, Licensing, and Certifications	74.4%

Reference Number	*Access to Care*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
1.001	**Chronic care follow-up appointments:** Was the inmate-patient's most recent chronic care visit within the health care guideline's maximum allowable interval or within the ordered time frame, whichever is the shorter?	28	2	30	93.33%	0
1.002	**For endorsed inmate-patients received from another CDCR institution:** If the nurse referred the inmate-patient to a provider during the initial health screening, was the inmate-patient seen within the required time frame?	24	1	25	96.00%	5
1.003	**Clinical appointments:** Did a registered nurse review the inmate-patient's request for service the same day it was received?	32	0	32	100%	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?	32	0	32	100%	0
1.005	**Clinical appointments:** If the registered nurse determined a referral to a primary care provider was necessary, was the inmate-patient seen within the maximum allowable time or the ordered time frame, whichever is the shorter?	12	2	14	85.71%	18
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?	7	0	7	100%	25
1.007	**Upon the inmate-patient's discharge from the community hospital:** Did the inmate-patient receive a follow-up appointment with a primary care provider within the required time frame?	21	0	21	100%	0
1.008	**Specialty service follow-up appointments:** Do specialty service primary care physician follow-up visits occur within required time frames?	25	5	30	83.33%	0
1.101	**Clinical appointments:** Do inmate-patients have a standardized process to obtain and submit Health Care Services Request Forms?	4	0	4	100%	2
	Overall percentage:				**95.38%**	

Reference Number	*Diagnostic Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
2.001	**Radiology orders:** Was the radiology service provided within the time frame specified in the provider's order?	10	0	10	100%	0
2.002	**Radiology orders:** Did the primary care provider review and initial the diagnostic report within specified time frames?	10	0	10	100%	0
2.003	**Radiology orders:** Did the primary care provider communicate the results of the diagnostic study to the inmate-patient within specified time frames?	10	0	10	100%	0
2.004	**Laboratory orders:** Was the laboratory service provided within the time frame specified in the provider's order?	9	1	10	90.00%	0
2.005	**Laboratory orders**: Did the primary care provider review and initial the diagnostic report within specified time frames?	9	1	10	90.00%	0
2.006	**Laboratory orders:** Did the primary care provider communicate the results of the diagnostic study to the inmate-patient within specified time frames?	9	1	10	90.00%	0
2.007	**Pathology:** Did the institution receive the final diagnostic report within the required time frames?	10	0	10	100%	0
2.008	**Pathology:** Did the primary care provider review and initial the diagnostic report within specified time frames?	10	0	10	100%	0
2.009	**Pathology:** Did the primary care provider communicate the results of the diagnostic study to the inmate-patient within specified time frames?	5	5	10	50.00%	0
	Overall percentage:				**91.11%**	

Reference Number	*Emergency Services*	Scored Answers Yes	No	Yes + No	Yes %	N/A
3	Assesses reaction times and responses to emergency situations. The OIG RN clinicians will use detailed information obtained from the institution's incident packages to perform focused case reviews.	**Not Applicable**				

Reference Number	*Health Information Management (Medical Records)*	Scored Answers Yes	No	Yes + No	Yes %	N/A
4.001	Are non-dictated progress notes, initial health screening forms, and health care service request forms scanned into the eUHR within three calendar days of the inmate-patient encounter date?	19	1	20	95.00%	0
4.002	Are dictated/transcribed documents scanned into the eUHR within five calendar days of the inmate-patient encounter date?	14	6	20	70.00%	0
4.003	Are specialty documents scanned into the eUHR within five calendar days of the inmate-patient encounter date?	12	8	20	60.00%	0
4.004	Are community hospital discharge documents scanned into the eUHR within three calendar days of the inmate-patient date of hospital discharge?	17	3	20	85.00%	0
4.005	Are medication administration records (MARs) scanned into the eUHR within the required time frames?	15	3	18	83.33%	0
4.006	During the eUHR review, did the OIG find that documents were correctly labeled and included in the correct inmate-patient's file?	4	8	12	33.33%	0
4.007	Did clinical staff legibly sign health care records, when required?	11	21	32	34.38%	0
4.008	**For inmate-patients discharged from a community hospital:** Did the preliminary hospital discharge report include key elements, and did a provider review the report within three calendar days of discharge?	19	2	21	90.48%	0
	Overall percentage:				**68.94%**	

Reference Number	*Health Care Environment*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
5.101	**Infection control:** Are clinical health care areas appropriately disinfected, clean, and sanitary?	3	5	8	37.50%	0
5.102	**Infection control:** Do clinical health care areas ensure that reusable invasive and non-invasive medical equipment is properly sterilized or disinfected as warranted?	6	0	6	100%	2
5.103	**Infection control:** Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies?	8	0	8	100%	0
5.104	**Infection control:** Do clinical health care staff adhere to universal hand hygiene precautions?	5	2	7	71.43%	1
5.105	**Infection control**: Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste?	2	6	8	25.00%	0
5.106	**Warehouse, Conex, and other non-clinic storage areas:** Does the medical supply management process adequately support the needs of the medical health care program?	0	1	1	0.0%	7
5.107	**Clinical areas:** Does each clinic follow adequate protocols for managing and storing bulk medical supplies?	8	0	8	100%	0
5.108	**Clinical areas:** Do clinic common areas and exam rooms have essential core medical equipment and supplies?	6	2	8	75.00%	0
5.109	**Clinical areas:** Do clinic common areas have an adequate environment conducive to providing medical services?	8	0	8	100%	0
5.110	**Clinical areas:** Do clinic exam rooms have an adequate environment conducive to providing medical services?	4	4	8	50.00%	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?	1	3	4	25.00%	4
5.999	**For Information Purposes Only:** Does the institution's health care management believe that all clinical areas have physical plant infrastructures sufficient to provide adequate health care services?	Information Only				
	Overall percentage:				**62.18%**	

Reference Number	*Inter- and Intra-System Transfers*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
6.001	**For endorsed inmate-patients received from another CDCR institution:** Did nursing staff complete the initial health screening and answer all screening questions on the same day the inmate-patient arrived at the institution?	28	2	30	93.33%	0
6.002	**For endorsed inmate-patients received from another CDCR institution:** When required, did the RN complete the assessment and disposition section of the health screening form; refer the inmate-patient to the TTA, if TB signs and symptoms were present; and sign and date the form on the same day staff completed the health screening?	30	0	30	100%	0
6.003	**For endorsed inmate-patients received from another CDCR institution:** If the inmate-patient had an existing medication order upon arrival, were medications administered or delivered without interruption?	20	4	24	83.33%	6
6.004	**For inmate-patients transferred out of the facility:** Were scheduled specialty service appointments identified on the Health Care Transfer Information Form 7371?	19	0	19	100%	0
6.101	**For inmate-patients transferred out of the facility:** Do medication transfer packages include required medications along with the corresponding Medical Administration Record and Medication Reconciliation?	1	0	1	100%	4
	Overall percentage:				**95.33%**	

Reference Number	*Pharmacy and Medication Management*	Scored Answers Yes	No	Yes + No	Yes %	N/A
7.001	Did the inmate-patient receive all chronic care medications within the required time frames, or did the institution follow departmental policy for refusals or no-shows?	22	6	28	78.57%	2
7.002	Did health care staff administer or deliver new order prescription medications to the inmate-patient within the required time frames?	29	1	30	96.67%	0
7.003	**Upon the inmate-patient's discharge from a community hospital:** Were all medications ordered by the institution's primary care provider administered or delivered to the inmate-patient within one calendar day of return?	20	1	21	95.24%	0
7.004	**For inmate-patients received from a county jail or COCF:** Were all medications ordered by the institution's reception center provider administered or delivered to the inmate-patient within the required time frames?	Not Applicable				
7.005	**Upon the inmate-patient's transfer from one housing unit to another:** Were medications continued without interruption?	29	1	30	96.67%	0
7.006	**For en route inmate-patients who lay over at the institution:** If the temporarily housed inmate-patient had an existing medication order, were medications administered or delivered without interruption?	Not Applicable				
7.101	**All clinical and medication line storage areas for narcotic medications:** Does the institution employ strong medication security controls over narcotic medications assigned to its clinical areas?	3	2	5	60.00%	10
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?	4	2	6	66.67%	9
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?	5	3	8	62.50%	7
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?	7	0	7	100%	8
7.105	**Medication preparation and administration areas:** Does the institution employ appropriate administrative controls and protocols when preparing medications for inmate-patients?	7	0	7	100%	8

7.106	**Medication preparation and administration areas:** Does the institution employ appropriate administrative controls and protocols when administering medications to inmate-patients?	5	2	7	71.43%	8
7.107	**Pharmacy:** Does the institution employ and follow general security, organization, and cleanliness management protocols in its main and satellite pharmacies?	0	1	1	0.0%	0
7.108	**Pharmacy:** Does the institution's pharmacy properly store non-refrigerated medications?	1	0	1	100%	0
7.109	**Pharmacy:** Does the institution's pharmacy properly store refrigerated or frozen medications?	1	0	1	100%	0
7.110	**Pharmacy:** Does the institution's pharmacy properly account for narcotic medications?	1	0	1	100%	0
7.111	**Pharmacy:** Does the institution follow key medication error reporting protocols?	18	7	25	72.00%	0
7.998	**For Information Purposes Only—Medication Errors:** During eUHR compliance testing and case reviews, did the OIG find that medication errors were properly identified and reported by the institution?	Information Only				
7.999	**For Information Purposes Only—Pharmacy:** Do inmate-patients in isolation housing units have immediate access to their KOP prescribed rescue inhalers and nitroglycerin medications?	Information Only				
	Overall percentage:				**79.98%**	

Reference Number	***Prenatal and Post-Delivery Services***	Scored Answers: Yes	No	Yes + No	Yes %	N/A
8	This indicator is not applicable to this institution.	**Not Applicable**				

Reference Number	*Preventive Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
9.001	**Inmate-patients prescribed INH:** Did the institution administer the medication to the inmate-patient as prescribed?	30	0	30	100%	0
9.002	**Inmate-patients prescribed INH:** Did the institution monitor the inmate-patient monthly for the most recent three months he or she was on the medication?	22	8	30	73.33%	0
9.003	**Annual TB screening:** Was the inmate-patient screened for TB within the last year?	16	14	30	53.33%	0
9.004	Were all inmate-patients offered an influenza vaccination for the most recent influenza season?	30	0	30	100%	0
9.005	**All inmate-patients from the age of 50 through the age of 75:** Was the inmate-patient offered colorectal cancer screening?	29	1	30	96.67%	0
9.006	**Female inmate-patients from the age of 50 through the age of 74:** Was the inmate-patient offered a mammogram in compliance with policy?	Not Applicable				
9.007	**Female inmate-patients from the age of 21 through the age of 65:** Was the inmate-patient offered a pap smear in compliance with policy?	Not Applicable				
9.008	Are required immunizations being offered for chronic care inmate-patients?	13	1	14	92.86%	0
9.009	Are inmate-patients at the highest risk of coccidioidomycosis (valley fever) infection transferred out of the facility in a timely manner?	Not Applicable				
	Overall percentage:				**86.03%**	

Reference Number	*Quality of Nursing Performance*	Scored Answers: Yes	No	Yes + No	Yes %	N/A
10	The quality of nursing performance will be assessed during case reviews, conducted by OIG clinicians, and is not applicable for the compliance portion of the medical inspection. The methodologies OIG clinicians use to evaluate the quality of nursing performance are presented in a separate inspection document entitled *OIG MIU Retrospective Case Review Methodology*.	**Not Applicable**				

Reference Number	*Quality of Provider Performance*	Scored Answers: Yes	No	Yes + No	Yes %	N/A
11	The quality of provider performance will be assessed during case reviews, conducted by OIG clinicians, and is not applicable for the compliance portion of the medical inspection. The methodologies OIG clinicians use to evaluate the quality of provider performance are presented in a separate inspection document entitled *OIG MIU Retrospective Case Review Methodology*.	**Not Applicable**				

Reference Number	*Reception Center Arrivals*	Scored Answers: Yes	No	Yes + No	Yes %	N/A
12	This indicator is not applicable to this institution.	**Not Applicable**				

Reference Number	*Specialized Medical Housing (OHU, CTC, SNF, Hospice)*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
13.001	**For all higher level care facilities:** Did the registered nurse complete an initial assessment of the inmate-patient on the day of admission, or within eight hours of admission to CMF's Hospice?	10	0	10	100%	0
13.002	**For OHU, CTC, and SNF only:** Did the primary care provider for OHU or attending physician for CTC & SNF evaluate the inmate-patient within 24 hours of admission?	10	0	10	100%	0
13.003	**For OHU, CTC, and SNF only:** Was a written history and physical examination completed within 72 hours of admission?	10	0	10	100%	0
13.004	**For all higher level care facilities:** Did the primary care provider complete the Subjective, Objective, Assessment, Plan, and Education (SOAPE) notes on the inmate-patient at the minimum intervals required for the type of facility where the inmate-patient was treated?	10	0	10	100%	0
13.101	**For OHU and CTC Only:** Do inpatient areas either have a properly working call system in its OHU, CTC & GACH or are 30-minute patient welfare checks performed; and do medical staff have reasonably unimpeded access to enter inmate-patient's cells?	1	0	1	100%	0
	Overall percentage:				**100%**	

Reference Number	*Specialty Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
14.001	Did the inmate-patient receive the high-priority specialty service within 14 calendar days of the PCP order?	14	1	15	93.33%	0
14.002	Did the PCP review the high-priority specialty service consultant report within three business days after the service was provided?	10	3	13	76.92%	2
14.003	Did the inmate-patient receive the routine specialty service within 90 calendar days of the PCP order?	15	0	15	100%	0
14.004	Did the PCP review the routine specialty service consultant report within three business days after the service was provided?	13	2	15	86.67%	0
14.005	**For endorsed inmate-patients received from another CDCR institution:** If the inmate-patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames?	14	5	19	73.68%	1
14.006	Did the institution deny the primary care provider request for specialty services within required time frames?	20	0	20	100%	0
14.007	Following the denial of a request for specialty services, was the inmate-patient informed of the denial within the required time frame?	16	3	19	84.21%	1
	Overall percentage:				**87.83%**	

Reference Number	*Internal Monitoring, Quality Improvement, and Administrative Operations*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
15.001	Did the institution promptly process inmate medical appeals during the most recent 12 months?	11	1	12	91.67%	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
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
15.005	For each initiative in the Performance Improvement Work Plan (PIWP), has the institution performance improved or reached the targeted performance objective(s)?	2	1	3	66.7%	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				0
15.007	Does the Emergency Medical Response Review Committee perform timely incident package reviews that include the use of required review documents?	4	8	12	33.33%	0
15.101	Did the institution complete a medical emergency response drill for each watch and include participation of health care and custody staff during the most recent full quarter?	3	0	3	100%	0
15.102	Did the institution's second level medical appeal response address all of the inmate-patient's appealed issues?	10	0	10	100%	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?	Not Applicable				
15.996	**For Information Purposes Only:** Did the CCHCS Death Review Committee submit its inmate Death Review Summary to the institution timely?	Information Only				
15.997	**For Information Purposes Only:** Identify the institution's protocols for tracking medical appeals.	Information Only				
15.998	**For Information Purposes Only:** Identify the institution's protocols for implementing health care local operating procedures (LOPs).	Information Only				
15.999	**For Information Purposes Only:** Identify the institution's health care staffing resources.	Information Only				
	Overall percentage:				**84.52%**	

Reference Number	*Job Performance, Training, Licensing, and Certifications*	Scored Answers				
		Yes	No	Yes + No	Yes %	N/A
16.001	Do all providers maintain a current medical license?	9	0	9	100%	0
16.101	Does the institution's Supervising Registered Nurse conduct periodic reviews of nursing staff?	0	5	5	0.0%	0
16.102	Are nursing staff who administer medications current on their clinical competency validation?	10	0	10	100%	0
16.103	Are structured clinical performance appraisals completed timely?	2	5	7	28.57%	0
16.104	Are staff current with required medical emergency response certifications?	2	1	3	66.67%	0
16.105	Are nursing staff and the pharmacist-in-charge current with their professional licenses and certifications?	4	0	4	100%	2
16.106	Do the institution's pharmacy and authorized providers who prescribe controlled substances maintain current Drug Enforcement Agency (DEA) registrations?	1	0	1	100%	0
16.107	Are nursing staff current with required new employee orientation?	1	0	1	100%	0
Overall percentage:					**74.40%**	

APPENDIX B—CLINICAL DATA

Table B-1: CRC Sample Sets	
Sample Set	**Total**
Anticoagulation	1
Diabetes	5
Emergency Services - Non-CPR	5
CTC/OHU	5
High Risk	7
Hospitalization	6
Intra-system Transfers-In	3
Intra-system Transfers-Out	3
RN Sick Call	20
Specialty Services	6
	61

Table B-2: CRC Chronic Care Diagnoses	
Diagnosis	**Total**
Anemia	7
Anticoagulation	1
Arthritis/Degenerative Joint Disease	3
Asthma	10
COPD	5
Cancer	5
Cardiovascular Disease	6
Chronic Kidney Disease	2
Chronic Pain	8
Cirrhosis/End Stage Liver Disease	1
Diabetes	21
Gastroesophageal Reflux Disease	9
Gastrointestinal Bleed	1
HIV	3
Hepatitis C	20
Hyperlipidemia	22
Hypertension	35
Mental Health	10
Migraine Headaches	1
Seizure Disorder	3
Sleep Apnea	2
Thyroid Disease	2
	177

Table B-3: CRC Event—Program	
Program	**Total**
Diagnostic Services	138
Emergency Care	84
Hospitalization	104
Intra-system Transfers-In	18
Intra-system Transfers-Out	5
Outpatient Care	446
Specialized Medical Housing	237
Specialty Services	159
	1,191

Table B-4: CRC Case Review Sample Summary	
	Total
MD Reviews Detailed	30
MD Reviews Focused	0
RN Reviews Detailed	21
RN Reviews Focused	28
Total Reviews	79
Total Unique Cases	61
Overlapping Reviews (MD & RN)	18

APPENDIX C—COMPLIANCE SAMPLING METHODOLOGY

California Rehabilitation Center			
Quality Indicator	**Sample Category (number of patients)**	**Data Source**	**Filters**
Access to Care	Chronic Care (30—Basic Level) (40—Inter Level)	Master Registry	• Chronic care conditions (at least one condition per inmate-patient—any risk level) • **Randomize**
	Nursing Sick Call (5 per clinic) (minimum of 30)	MedSATS	• Clinic (each clinic tested) • Appt. date (2–9 months) • **Randomize**
	Returns from Community Hospital (30)	Inpatient Claims Data	• See ***Health Information Management (Medical Records)*** *(returns from community hospital)*
Diagnostic Services	Radiology (10)	Radiology Logs	• Appt. Date (90 days–9 months) • **Randomize** • Abnormal
	Laboratory (10)	Quest	• Appt. date (90 days–9 months) • Order name (CBC or CMPs only) • **Randomize** • Abnormal
	Pathology (10)	InterQual	• Appt. date (90 days–9 months) • Service (pathology related) • **Randomize**
Health Information Management (Medical Records)	Timely Scanning (20 each)	OIG Qs: 1.001, 1.002, 1.006, & 9.004	• Non-dictated documents • First 5 inmate-patients selected for each question
		OIG Q: 1.001	• Dictated documents • First 20 inmate-patients selected
		OIG Qs: 14.002 & 14.004	• Specialty documents • First 10 inmate-patients selected for each question
		OIG Q: 4.008	• Community hospital discharge documents • First 20 inmate-patients selected for the question
		OIG Q: 7.001	• MARs • First 20 inmate-patients selected
	Legible Signatures and Review (40)	OIG Qs: 4.008, 6.001/6.002, 7.001, 12.001/12.002, & 14.002	• First 8 inmates sampled • One source document per inmate-patient
	Complete and Accurate Scanning	Documents for any tested inmate	• Any incorrectly scanned eUHR document identified during OIG eUHR file review, e.g., mislabeled, misfiled, illegibly scanned, or missing
	Returns from Community Hospital (30)	Inpatient Claims Data	• Date (2–8 months) • Most recent 6 months provided (within date range) • Rx count • Discharge date • **Randomize** (each month individually) • First 5 inmate-patients from each of the 6 months (if not 5 in a month, supplement from another, as needed)

Quality Indicator	Sample Category (number of patients)	Data Source	Filters
Health Care Environment	Clinical Areas (number varies by institution)	OIG Inspector Onsite Review	• Identify and inspect all onsite clinical areas.
Inter- and Intra-System Transfers	Intra-System transfers (30)	SOMS	• Arrival date (3–9 months) • Arrived from (another CDCR facility) • Rx count • **Randomize**
	Specialty Service Send-outs (20)	MedSATS	• Date of Transfer (3–9 months) • **Randomize**
Pharmacy and Medication Management	Chronic Care Medication (30—Basic Level) (40—Inter Level)	OIG Q: 1.001	*See **Access to Care*** • (At least one condition per inmate-patient—any risk level) • **Randomize**
	New Medication Orders (30—Basic Level) (40—Inter Level)	Master Registry	• Rx Count • **Randomize** • Ensure no duplication of inmate-patients tested in chronic care medications
	Intra-Facility moves (30)	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 (high–low)–*inmate-patient must have NA/DOT meds to qualify for testing* • **Randomize**
	En Route (10) *N/A at this institution*	SOMS	• Date of transfer (2–8 months) • Sending institution (another CDCR facility) • **Randomize** • Length of stay (minimum of 2 days) • NA/DOT meds
	Returns from Community Hospital (30)	*Inpatient Claims Data*	• See ***Health Information Management (Medical Records)*** *(returns from community hospital)*
	Medication Preparation and Administration Areas	OIG Inspector Onsite Review	• Identify and inspect onsite clinical areas that prepare and administer medications
	Pharmacy	OIG Inspector Onsite Review	• Identify and inspect onsite pharmacies
	Medication Error Reporting	OIG Inspector Review	• Any medication error identified during OIG eUHR file review, e.g., case reviews and/or compliance testing
Prenatal and Post-delivery Services	Recent Deliveries (5) *N/A at this institution*	OB Roster	• Delivery date (2–12 months) • **Most recent** deliveries (within date range)
	Pregnant Arrivals (5) *N/A at this institution*	OB Roster	• Arrival date (2–12 months) • **Earliest** arrivals (within date range)

Quality Indicator	Sample Category (number of patients)	Data Source	Filters
Preventive Services	Chronic Care Vaccinations (30—Basic Level) (40—Inter Level) *Not all conditions require vaccinations*	OIG Q: 1.001	• Chronic care conditions (at least 1 condition per inmate-patient—any risk level) • **Randomize** • Condition must require vaccination(s)
	INH (all applicable up to 30)	Maxor	• Dispense date (past 9 months) • Time period on INH (at least a full 3 months) • **Randomize**
	Colorectal Screening (30)	SOMS	• Arrival date (at least 1 year prior to inspection) • Date of birth (51 or older) • **Randomize**
	Influenza Vaccinations (30)	SOMS	• Arrival date (at least 1 year prior to inspection) • **Randomize** • Filter out inmate-patients tested in chronic care vaccination sample
	TB Code 22, annual TST (15)	SOMS	• Arrival date (at least 1 year prior to inspection) • TB Code (22) • **Randomize**
	TB Code 34, annual screening (15)	SOMS	• Arrival date (at least 1 year prior to inspection) • TB Code (34) • **Randomize**
	Mammogram (30) *N/A at this institution*	SOMS	• Arrival date (at least 2 years prior to inspection) • Date of birth (age 52–74) • **Randomize**
	Pap Smear (30) *N/A at this institution*	SOMS	• Arrival date (at least three years prior to inspection) • Date of birth (age 24–53) • **Randomize**
	Valley Fever (number will vary) *N/A at this institution*	Cocci Transfer Status Report	• Reports from past 2–8 months • Institution • Ineligibility date (60 days prior to inspection date) • **All**
Reception Center Arrivals	RC (20) *N/A at this institution*	SOMS	• Arrival date (2–8 months) • Arrived from (county jail, return from parole, etc.) • **Randomize**
Specialized Medical Housing	OHU, CTC, SNF, Hospice (10 per housing area)	CADDIS	• Admit date (1–6 months) • Type of stay (no MH beds) • Length of stay (minimum of 5 days) • **Randomize**

Quality Indicator	Sample Category (number of patients)	Data Source	Filters
Specialty Services Access	High-Priority (10)	MedSATS	• Appt. date (3–9 months) • **Randomize**
	Routine (10)	MedSATS	• Appt. date (3–9 months) • Remove optometry, physical therapy or podiatry • **Randomize**
	Specialty Service Arrivals (20)	MedSATS	• Sending institution • Date of transfer (3–9 months) • Sent to (another CDCR facility) • **Randomize**
	Denials (20)* **Ten InterQual* *Ten MARs*	InterQual	• Review date (3–9 months) • **Randomize**
		IUMC/MAR Meeting Minutes	• Meeting date (9 months) • Denial upheld • **Randomize**
Internal Monitoring, Quality Improvement, and Administrative Operations	Medical Appeals (all)	Monthly Medical Appeals Reports	• Medical appeals (12 months)
	Adverse/Sentinel Events (5)	Adverse/Sentinel Events Report	• Adverse/sentinel events (2–8 months)
	QMC Meetings (12)	Quality Management Committee Meeting Minutes	• Meeting minutes (12 months)
	Performance Improvement Plans (12)	Performance Improvement Work Plan	• Performance Improvement Work Plan with updates (12 months)
	Local Governing Body (12)	Local Governing Body Meeting Minutes	• Meeting minutes (12 months)
	EMRRC (6)	EMRRC Meeting Minutes	• Meeting minutes (6 months)
	Medical Emergency Response Drills (3)	OIG Inspector Onsite Review	• Most recent full quarter • Each watch
	2nd Level Medical Appeals (10)	OIG Inspector Onsite Review	• Medical appeals denied (6 months)
	Death Reports (10)	OIG Inspector Onsite Review	• Death reports (12 months)
	Local Operating Procedures (all)	OIG Inspector Onsite Review	• Review all

Quality Indicator	Sample Category (number of patients)	Data Source	Filters
Job Performance and Training, Licensing, and Certifications	RN Review Evaluations (5)	OIG Inspector Onsite Review	• Current Supervising RN reviews
	Nursing Staff Validations (10)	OIG Inspector Onsite Review	• Review annual competency validations • **Randomize**
	Provider Annual Evaluation Packets (all)	OIG Inspector Onsite Review	• All required performance evaluation documents
	Medical Emergency Response Certifications (all)	OIG Inspector Onsite Review	• All staff o Providers (ACLS) o Nursing (BLS/CPR) o Custody (CPR/BLS)
	Nursing staff and Pharmacist-in-charge Professional Licenses and Certifications (all)	OIG Inspector Onsite Review	• All licenses and certifications
	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations (all)	OIG Inspector Onsite Review	• All current DEA registrations
	Nursing Staff New Employee Orientations (all)	OIG Inspector Onsite Review	• New employees (within the last 12 months)

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES' RESPONSE

June 11, 2015

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

Dear Mr. Barton,

The purpose of this letter is to inform you that the Office of the Receiver has reviewed the draft report of the Office of the Inspector General (OIG) Medical Inspection Results for California Rehabilitation Center (CRC) conducted from March 2015 to May 2015. California Correctional Health Care Services (CCHCS) acknowledges and accepts all OIG findings. Noted deficiencies will be incorporated into the CRC Performance Improvement Work Plan which includes specific strategies and actions that focus on core processes and root causes for each of the deficiencies noted.

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

Sincerely,

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

cc: Clark Kelso, Receiver
Diana Toche, Undersecretary, California Department of Corrections and Rehabilitation
Richard Kirkland, Chief Deputy Receiver
Jared Goldman, Counsel to the Receiver
Christine Berthold, Deputy Inspector General, Senior, OIG
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