



**PLEASANT VALLEY STATE PRISON  
MEDICAL INSPECTION RESULTS  
BUREAU OF AUDITS AND INVESTIGATIONS**

**OFFICE OF THE  
INSPECTOR GENERAL**

**DAVID R. SHAW  
INSPECTOR GENERAL**

**STATE OF CALIFORNIA**

**August 2009**



August 12, 2009

J. Clark Kelso, Receiver  
California Prison Health Care Receivership Corporation  
501 J Street, Suite 100  
Sacramento, California 95814

Dear Mr. Kelso:

Enclosed is the Office of the Inspector General's final report on its inspection of medical care delivery at Pleasant Valley State Prison. The purpose of our inspection was to evaluate and monitor the progress of medical care delivery to inmates at the institution.

The report finds that based on our weighted scoring system encompassing 18 components, Pleasant Valley State Prison received 64.5 percent of the total weighted points possible. The report contains a detailed breakdown of the institution's score in each of the 18 relevant categories, including the results of all 133 questions. A copy of the report can also be found on our website at [www.oig.ca.gov](http://www.oig.ca.gov).

Thank you for the courtesy and cooperation extended to my staff during the inspection. Please call Nancy Faszer, Deputy Inspector General, In-Charge, at (916) 830-3600 if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "David R. Shaw".

David R. Shaw  
Inspector General

Enclosure

cc: Theresa Kimura-Yip, Associate Director, Support Operations Section, Plata Field Division  
Felix Igbiosa, M.D., Chief Medical Officer, Pleasant Valley State Prison  
James A. Yates, Warden, Pleasant Valley State Prison  
Matthew Cate, Secretary, California Department of Corrections and Rehabilitation

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# Executive Summary

An April 2001 class action lawsuit filed by inmates represented by the Prison Law Office alleged that the state provided constitutionally inadequate medical care at California state prisons in violation of inmates’ constitutional rights. And, in October 2005, the U.S. Northern District Court of California declared that California’s delivery system for prison medical care was “broken beyond repair” and still not meeting constitutional standards. As a result, the federal court imposed a receivership to raise the delivery of medical care to constitutional standards. To evaluate and monitor the progress of medical care delivery to inmates, the receiver requested, and the Office of the Inspector General (OIG) agreed, to establish an objective, clinically appropriate, and metric-oriented medical program to annually inspect the delivery of medical care at each state prison.

<p><b>Overall Score 64.5%</b></p>
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In April 2009, we inspected Pleasant Valley State Prison (PVSP). Our medical inspection encompassed 18 components of medical delivery and comprised 133 questions. The questions are weighted based on their importance to the delivery of medical care to inmates. PVSP received 64.5 percent of the total weighted points possible.

The following summary table lists the components we inspected in order of importance (highest to lowest), with the institution’s score and the definitions of each inspection component. The detailed medical inspection results, with the questions for each component, begin on page 7 of this report. While we are committed to helping each institution achieve a higher level of medical care, it is not our intent to determine the percentage score needed by an institution to meet constitutional standards—that is a legal matter for the federal court to determine.

## Executive Summary Table

Component	Weighted Score	Definition
<i>Chronic Care</i>	56.9%	Examines how well the prison provided care and medication to inmates with specific chronic care conditions, which are those that affect (or have the potential to affect) an inmate’s functioning and long-term prognosis for more than six months. Our inspection tests the following chronic care conditions: asthma, Coumadin therapy, diabetes, HIV (Human Immunodeficiency Virus), and hypertension.
<i>Clinical Services</i>	46.7%	Evaluates the inmate’s access to primary health care services and focuses on inmates who recently received services from any of the prison’s facility or administrative segregation unit clinics. This component evaluates sick call processes (doctor or nurse line), medication management, and nursing.
<i>Health Screening</i>	67.1%	Focuses on the prison’s process for screening new inmates upon arrival to the institution for health care conditions that require treatment and monitoring, as well as ensuring inmates’ continuity of care.
<i>Specialty Services</i>	60.6%	Focuses on the prison’s process for approving, denying, and scheduling services that are outside the specialties of the prison’s medical staff. Common examples of these services include physical therapy, oncology services, podiatry consultations, and neurology services.
<i>Urgent Services</i>	80.5%	Addresses the care provided by the institution to inmates before and after they were sent to a community hospital.

<b>Component</b>	<b>Weighted Score</b>	<b>Definition</b>
<i>Emergency Services</i>	<b>82.8%</b>	Examines how well the prison responded to medical emergencies. Specifically, we focused on "man down" or "woman down" situations. Further, questions determine the adequacy of medical and staff response to a "man down" or "woman down" emergency drill.
<i>Prenatal Care/ Childbirth/Post-delivery</i>	<b>N/A</b>	Focuses on the prenatal and post-delivery medical care provided to pregnant inmates. Not applicable at men's institutions.
<i>Diagnostic Services</i>	<b>64.6%</b>	Addresses the timeliness of radiology (x-ray) and laboratory services and whether the prison followed up on clinically significant results.
<i>Access to Health Care Information</i>	<b>62.7%</b>	Addresses the prison's effectiveness in filing, storing, and retrieving medical records and medical-related information.
<i>Outpatient Housing Unit</i>	<b>N/A</b>	Determines whether the prison followed department policies and procedures when placing inmates in the outpatient housing unit. This component also evaluates whether the placement provided the inmate with adequate care and whether the physician's plan addressed the placement diagnosis.
<i>Internal Reviews</i>	<b>70.5%</b>	Focuses on the frequency of meetings held by the prison's Quality Management Committee (QMC) and Emergency Response Review Committee (ERRC) and whether key staff attended the meetings, the number of medical appeals filed, and the prison's death review process.
<i>Inmate Transfers</i>	<b>76.0%</b>	Focuses on inmates pending transfer to determine whether the sending institution documented medication and medical conditions to assist the receiving institution in providing continuity of care.
<i>Clinic Operations</i>	<b>92.7%</b>	Addresses the general operational aspects of the prison's facility clinics. Generally, the questions in this component relate to the overall cleanliness of the clinics, privacy afforded to inmates during nonemergency visits, use of priority ducats (slip of paper the inmate carries for scheduled medical appointments), and availability of health care request forms.
<i>Preventive Services</i>	<b>27.3%</b>	Focuses on inmate cancer screening and influenza immunizations.
<i>Pharmacy Services</i>	<b>72.4%</b>	Addresses whether the prison's pharmacy complies with various operational policies, such as conducting periodic inventory counts and maintaining the currency of medications in its night lockers, keeping signature cards on file for doctors, and having valid permits. In addition, this component also addresses whether the pharmacy has an effective process for screening medication orders for potential adverse reactions/interactions.
<i>Other Services</i>	<b>70.0%</b>	Examines additional areas that are not captured in the other components. The areas evaluated in this component include the prison's provision of therapeutic diets, its handling of inmates who display poor hygiene, and the availability of the current version of the department's Health Services Policies and Procedures.
<i>Inmate Hunger Strikes</i>	<b>36.8%</b>	Examines medical staff's monitoring of inmates participating in hunger strikes.
<i>Chemical Agent Contraindications</i>	<b>66.3%</b>	Addresses the prison's process of handling inmates who may be predisposed to an adverse outcome from calculated uses of force (cell extractions) involving Oleoresin Capsicum (OC), which is commonly referred to as "pepper spray." For example, this might occur if the inmate has asthma.
<i>Staffing Levels and Training</i>	<b>80.0%</b>	Examines the prison's medical staffing levels and training provided.
<i>Nursing Policy</i>	<b>100.0%</b>	Determines whether the prison maintains written policies and procedures for the safe and effective provision of quality nursing care. The questions in this component also determine whether nursing staff review their duty statements and whether supervisors periodically review the work of nurses to ensure they properly follow established nursing protocols.
<b>Overall Score</b>	<b>64.5%</b>	

# 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, and at the request of the federal receiver, the OIG developed a comprehensive inspection program to evaluate the delivery of medical care at each of the California Department of Corrections and Rehabilitation's 33 adult prisons.

In April 2009, we inspected Pleasant Valley State Prison (PVSP). Our medical inspection encompassed 18 components of medical delivery and comprised 133 questions. To help readers understand the medical risk associated with certain components of medical delivery—which pose a greater risk to an inmate-patient—we developed a weighting system and assigned points to each question. Consequently, we assigned more total points to more critical components, such as chronic care, clinical services, and health screening. We assigned fewer total points to less critical components, such as inmate hunger strikes, staffing levels and training, and chemical agent contraindications. (For a detailed description of the weighting system, see Objectives, Scope, and Methodology on the next page.)

## Background

In April 2001, inmates represented by the Prison Law Office filed a class action lawsuit, known as *Plata v. Schwarzenegger*. The lawsuit alleged that the state provided constitutionally inadequate medical care at California state prisons in violation of inmates' constitutional rights. In June 2002, the parties entered into a Stipulation for Injunctive Relief, and the state agreed to implement over several years comprehensive new medical care policies and procedures at all institutions.

Nevertheless, the U.S. Northern District Court of California declared in October 2005 that California's delivery system for prison medical care was "broken beyond repair" and still not meeting constitutional standards. Thus, the federal court imposed a receivership to raise the delivery of medical care to constitutional standards. In essence, the court ordered the receiver to manage the state's delivery of medical care and restructure day-to-day operations to develop and sustain a system that provides constitutionally adequate medical care to inmates. The court stated that it would remove the receiver and return control to the state once the system is stable and provides for constitutionally adequate medical care.

To evaluate and monitor the progress of medical care delivery to inmates, the receiver requested that the OIG establish an objective, clinically appropriate, and metric-oriented medical inspection program. Toward that end, the Inspector General agreed to inspect annually each state prison until the state's delivery of medical care to inmates meets constitutional standards. We are committed to helping each institution achieve a higher level of medical care, but it is up to the federal court to determine the percentage score necessary for an institution to meet constitutional standards.

## About the Institution

The primary mission of Pleasant Valley State Prison is to provide long-term housing and services for minimum, medium, and maximum custody inmates. As of July 22, 2009, the California Department of Corrections and Rehabilitation reported that PVSP had custody over 4,884 male inmates. The institution provides academic classes, vocational instruction, and work programs to help inmates become more productive. PVSP is made up of one smaller facility for minimum security inmates and four large facilities for inmates requiring a higher security level. Each of these four facilities houses a medical clinic where staff handle non-urgent requests for medical services. PVSP also treats inmates needing urgent or emergency care in its triage and treatment area (TTA). According to information provided by the institution, PVSP's vacancy rate among licensed medical managers, primary care providers, supervisors, and rank and file nurses was 28.5 percent.

Felix Igbiosa, M.D., who serves as the prison's chief medical officer and acting health care manager, is responsible for PVSP's entire health care program.

## Objectives, Scope, and Methodology

In designing the medical inspection program, we reviewed the California Department of Corrections and Rehabilitation's policies and procedures, relevant court orders, guidelines developed by the department's Quality Medical Assurance Team, and guidance developed by the American Correctional Association. We also reviewed professional literature on correctional medical care, consulted with clinical experts, and met with stakeholders from the court, the receiver's office, the department, and the Prison Law Office to discuss the nature and scope of the inspection program. Based on input from these stakeholders, we developed a medical inspection program that evaluates medical care delivery. Within each of 20 components, we created "yes" or "no" questions designed to gauge performance.

To make the inspection results meaningful to both a medical expert and a lay reader, we worked with clinical experts to create a weighting system that factors the relative importance of each component compared to other components. Further, the program considers the relative importance of each question within a component to the other questions in that component. This weighting ensures that more critical components—such as those that pose the greatest medical risk to the inmate-patient—are given more weight compared to those considered less serious. For example, we assign a high number of possible points to the chronic care component because we consider this the most serious of all the components. Conversely, we assign very few points to the hygiene intervention component because we consider this the least serious inspection component.

Each inspection question is weighted and scored. The score is derived from the percentage of "yes" answers for each question from all items sampled. We then multiply the percentage of "yes" answers within a given question by the question's weight to arrive at a score. The following example shows how this scoring system works.

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**Example Question: Institution X**

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	<i>Answers</i>				<i>Weighting Points</i>				
	<i>Yes</i>	<i>No</i>	<i>Yes + No</i>	<i>Yes %</i>	<b>Possible</b>	<b>Received</b>	<b>Score %</b>	<i>N/A</i>	<i>Unk</i>
Is the clinical history adequate?	40	10	50	80%	<b>20</b>	<b>16</b>	<b>80.0%</b>	0	0

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If the institution receives 40 “yes” answers and 10 “no” answers, the percentage of “yes” answers to this question equals 80 percent. We calculate the number of points the institution would receive by multiplying the “yes” percent of 80 by the number of possible points for this question, which is 20, to arrive at 16 points.

To arrive at the total score, we add the points received for each question and then for each program component. Finally, we calculate the institution’s overall score by dividing the sum of the points received by the sum of the points possible. We do not include in the institution’s overall score the weight for questions that are not applicable or, in some cases, where a lack of documentation would result in numerous “no” answers for one deviation from policy (unknown). For instance, an institution may not be able to provide documentation that its emergency response review committee met for a particular month. Therefore, when we evaluate whether meeting minutes document monthly meetings for a particular month, the institution would receive a “no” answer for that question. However, when we evaluate whether the meeting minutes document the warden’s attendance at the meeting, the answer would be “unknown” so that the institution’s score is not penalized twice for the same reason, not documenting the meeting.

To evaluate the institution’s delivery of medical care, we obtained various electronic data files maintained by the institution for inmate medical scheduling and tracking, pharmacy, and census data. We used these electronic data files only to identify random samples of inmates receiving or requiring specific medical services. We then reviewed the medical file for each inmate in our sample. We did not rely on the medical care information contained in these data files.

Our medical inspection at PVSP encompassed 18 of the 20 components of medical delivery. Two of the components were not applicable during the period inspected. In total, we reviewed 178 inmate medical files, which are referred to as unit health records. In addition, we reviewed staffing level reports, medical appeals summaries, nursing policies and procedures, summaries of medical drills and emergencies, minutes from Quality Management Committee and Emergency Response Review Committee hearings, and assorted manual logs or tracking worksheets related to medical care delivery. We also conducted a live medical emergency drill and evaluated the adequacy of the responding staff’s actions. Finally, we interviewed medical and custody staff members about the delivery of medical care to inmates, and we observed day-to-day medical delivery at the institution.

We do not test the care provided in the licensed hospitals or correctional treatment centers because they are subject to inspections and oversight by other regulatory agencies. Consistent with our agreement with the receiver, our report only addresses the conditions found related to the medical care criteria. We do not discuss the causes of noncompliance, nor do we make specific recommendations in this report. However, if we learn of an inmate-patient who needs immediate care, we notify the chief



medical officer and request a status report. Moreover, if we learn of significant departures from community standards, we may report such departures to the institution’s chief medical officer or the receiver’s office. Because these matters involve confidential medical information protected by state and federal privacy laws, specific details related to these cases are not included in our report.

For ease of reference, following is a table of abbreviations used in the remainder of this report.

<b>Abbreviations used in this report</b>	
AED	Automatic External Defibrillator
BLS	Basic Life Support
CMO	Chief Medical Officer
CTC	Correctional Treatment Center
CTQ	Confined to Quarters
ERRC	Emergency Response Review Committee
FTF	Face-to-Face
GACH	General Acute Care Hospital
HCM	Health Care Manager
INH	Isoniazid (antituberculous medication)
LVN	Licensed Vocational Nurse
MOD	Medical Officer of the Day
OB	Obstetrician
OC	Oleoresin Capsicum (pepper spray)
OHU	Outpatient Housing Unit
OIG	Office of the Inspector General
PCP	Primary Care Provider
QMC	Quality Management Committee
RN	Registered Nurse
SOAPE	Subjective, Objective, Assessment, Plan, Education
SRN	Supervising Registered Nurse
TB	Tuberculosis
TTA	Triage and Treatment Area
UHR	Unit Health Record
UM	Utilization Management



**MEDICAL INSPECTION RESULTS**

04/27/2009 – 04/30/2009

**Overall Score:**  
**64.5%**

Component	Page	Answers				Weighting Points			Questions Not Answered	
		Yes	No	Yes + No	Yes %	Points Possible	Points Received	Score %	Not Applicable	Unknown
<i>Chronic Care</i>	8	120	90	210	57.1%	133	75.7	56.9%	2	13
<i>Clinical Services</i>	9	166	178	344	48.3%	95	44.4	46.7%	40	3
<i>Health Screening</i>	11	63	25	88	71.6%	52	34.9	67.1%	90	2
<i>Specialty Services</i>	12	60	32	92	65.2%	71	43.0	60.6%	50	2
<i>Urgent Services</i>	13	113	40	153	73.9%	59	47.5	80.5%	45	2
<i>Emergency Services</i>	14	35	5	40	87.5%	58	48.0	82.8%	7	3
<i>Diagnostic Services</i>	16	35	21	56	62.5%	52	33.6	64.6%	7	2
<i>Access to Health Care Information</i>	17	4	4	8	50.0%	51	32.0	62.7%	0	0
<i>Internal Reviews</i>	18	30	4	34	88.2%	40	28.2	70.5%	0	0
<i>Inmate Transfers</i>	19	15	5	20	75.0%	30	22.8	76.0%	5	0
<i>Clinic Operations</i>	20	25	3	28	89.3%	33	30.6	92.7%	0	0
<i>Preventive Services</i>	21	6	29	35	17.1%	30	8.2	27.3%	0	0
<i>Pharmacy Services</i>	22	9	2	11	81.8%	29	21.0	72.4%	0	0
<i>Other Services</i>	23	6	1	7	85.7%	10	7.0	70.0%	2	0
<i>Inmate Hunger Strikes</i>	24	1	2	3	33.3%	19	7.0	36.8%	0	0
<i>Chemical Agent Contraindications</i>	25	2	1	3	66.7%	8	5.3	66.3%	3	0
<i>Staffing Levels and Training</i>	26	4	4	8	50.0%	16	12.8	80.0%	1	0
<i>Nursing Policy</i>	27	15	0	15	100.0%	14	14.0	100.0%	0	0
<b>Totals</b>		<b>709</b>	<b>446</b>	<b>1,155</b>	<b>61.4%</b>	<b>800</b>	<b>516</b>	<b>64.5%</b>	<b>252</b>	<b>27</b>

Reference Number	Chronic Care	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
03.076	Was the inmate's most recent chronic care visit within the time frame required by the degree of control of the inmate's condition based on his or her prior visit?	18	7	25	72.0%	10	7.2	72.0%	0	0
03.077	Were key elements on Forms 7419 (Chronic Care Follow-Up Visit) and 7392 (Primary Care Flow Sheet) filled out completely for the inmate's two most recent visits?	6	19	25	24.0%	10	2.4	24.0%	0	0
03.082	Did the institution document that it provided the inmate with health care education?	15	10	25	60.0%	12	7.2	60.0%	0	0
03.175	Did the inmate receive his or her prescribed chronic care medications during the most recent three-month period or did the institution follow departmental policy if the inmate refused to pick up or show up for his or her medications?	1	23	24	4.2%	18	0.8	4.2%	1	0
03.235	Is the clinical history adequate?	11	14	25	44.0%	18	7.9	44.0%	0	0
03.236	Is the focused clinical examination adequate?	18	7	25	72.0%	19	13.7	72.0%	0	0
03.237	Is the assessment adequate?	12	7	19	63.2%	19	12.0	63.2%	1	5
03.238	Is the plan adequate and consistent with the degree of control based on the chronic care program intervention and follow up requirements?	15	2	17	88.2%	19	16.8	88.2%	0	8
03.262	Is the inmate's Problem List complete and filed accurately in the inmate's unit health record (UHR)?	24	1	25	96.0%	8	7.7	96.0%	0	0
<b>Components Subtotals:</b>		<b>120</b>	<b>90</b>	<b>210</b>	<b>57.1%</b>	<b>133</b>	<b>75.7</b>	<b>56.9%</b>	<b>2</b>	<b>13</b>

Reference Number	Clinical Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
01.024	RN FTF Documentation: Did the inmate's request for health care get reviewed the same day it was received?	26	4	30	86.7%	4	3.5	86.7%	0	0
01.025	RN FTF Documentation: Did the RN complete the face-to-face (FTF) triage within one (1) business day after the Form 7362 was reviewed?	10	20	30	33.3%	6	2.0	33.3%	0	0
01.246	Did documentation indicate that the RN reviewed all of the inmate's complaints listed on Form 7362 (Health Care Services Request Form)?	20	10	30	66.7%	5	3.3	66.7%	0	0
01.157	RN FTF Documentation: Did the RN's subjective note address the nature and history of the inmates primary complaint?	15	15	30	50.0%	7	3.5	50.0%	0	0
01.159	RN FTF Documentation: Did the RN's objective note include vital signs and a focused physical examination, and did it adequately address the problems noted in the subjective note?	16	14	30	53.3%	6	3.2	53.3%	0	0
01.244	RN FTF Documentation: Did the RN's objective note include allergies, weight, current medication, and where appropriate, medication compliance?	10	20	30	33.3%	3	1.0	33.3%	0	0
01.158	RN FTF Documentation: Did the RN's assessment provide conclusions based on subjective and objective data, were the conclusions formulated as patient problems, and did it contain applicable nursing diagnoses?	10	20	30	33.3%	6	2.0	33.3%	0	0
01.162	RN FTF Documentation: Did the RN's plan include an adequate strategy to address the problems identified during the FTF triage?	19	11	30	63.3%	7	4.4	63.3%	0	0
01.163	RN FTF Documentation: Did the RN's education/instruction adequately address the problems identified during the FTF triage?	17	13	30	56.7%	5	2.8	56.7%	0	0
01.027	If the RN determined a referral to a primary care physician (PCP) was necessary, was the inmate seen within the timelines specified by the RN during the FTF triage?	9	10	19	47.4%	8	3.8	47.4%	11	0
01.247	Sick Call Follow-up: If the provider ordered a follow-up sick call appointment, did it take place within the time frame specified?	4	7	11	36.4%	7	2.5	36.4%	18	1

Reference Number	Clinical Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
01.124	Sick Call Medication: Did the institution administer or deliver prescription medications (new orders) to the inmate within specified time frames?	3	24	27	11.1%	6	0.7	11.1%	3	0
15.234	Are clinic response bags audited daily and do they contain essential items?	2	0	2	100.0%	5	5.0	100.0%	0	0
21.278	Was there adequate prior management of pre-existing medical conditions that contributed to the need for the TTA visit?	5	10	15	33.3%	20	6.7	33.3%	8	2
<b>Components Subtotals:</b>		<b>166</b>	<b>178</b>	<b>344</b>	<b>48.3%</b>	<b>95</b>	<b>44.4</b>	<b>46.7%</b>	40	3

Reference Number	Health Screening	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
02.016	Did the institution complete the initial health screening on the same day the inmate arrived at the institution?	13	7	20	65.0%	9	5.9	65.0%	0	0
02.017	If yes was answered to any of the questions on the initial health screening form(s), did the RN provide an assessment and disposition on the date of arrival?	7	3	10	70.0%	8	5.6	70.0%	10	0
02.018	If, during the assessment, the RN referred the inmate to a clinician, was the inmate seen within the time frame?	5	2	7	71.4%	8	5.7	71.4%	13	0
02.020	Did the LVN/RN adequately document the tuberculin test or a review of signs and symptoms if the inmate had a previous positive tuberculin test?	17	3	20	85.0%	6	5.1	85.0%	0	0
02.015	Was a review of symptoms completed if the inmate's tuberculin test was positive, and were the results reviewed by the infection control nurse?	0	0	0	0.0%	0	0.0	0.0%	20	0
02.128	If the inmate had an existing medication order upon arrival at the institution, did the inmate receive the medications by the next calendar day, or did a physician explain why the medications were not to be continued?	0	9	9	0.0%	8	0.0	0.0%	10	1
02.007	Non-reception center: Does the health care transfer information form indicate that it was reviewed and signed by licensed health care staff within one calendar day of the inmate's arrival at the institution?	18	1	19	94.7%	7	6.6	94.7%	0	1
02.014	Non-reception center: If the inmate was scheduled for a specialty appointment at the sending institution, did the receiving institution schedule the appointment within 30 days of the original appointment date?	0	0	0	0.0%	0	0.0	0.0%	20	0
02.111	Non-reception center: Did the inmate receive medical accommodations upon arrival, if applicable?	3	0	3	100.0%	6	6.0	100.0%	17	0
<b>Components Subtotals:</b>		<b>63</b>	<b>25</b>	<b>88</b>	<b>71.6%</b>	<b>52</b>	<b>34.9</b>	<b>67.1%</b>	<b>90</b>	<b>2</b>

Reference Number	Specialty Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
07.037	Did the institution approve or deny the PCP's request for specialty services within the specified time frames?	19	3	22	86.4%	8	6.9	86.4%	0	0
07.038	Did the PCP see the inmate between the date the PCP ordered the service and the date the inmate received it, in accordance with specified time frames?	1	11	12	8.3%	8	0.7	8.3%	9	1
07.035	Did the inmate receive the specialty service within specified time frames?	11	5	16	68.8%	9	6.2	68.8%	5	1
07.090	Physical therapy services: Did the physical therapist assess the inmate and document the treatment plan and treatment provided to the inmate?	2	0	2	100.0%	8	8.0	100.0%	20	0
07.043	Did the PCP review the consultant's report and see the inmate for a follow-up appointment after the specialty services consultation within specified time frames?	5	9	14	35.7%	9	3.2	35.7%	8	0
07.260	Was the institution's denial of the PCP's request for specialty services consistent with the "medical necessity" requirement?	5	0	5	100.0%	9	9.0	100.0%	0	0
07.259	Was there adequate documentation of the reason for the denial of specialty services?	3	2	5	60.0%	5	3.0	60.0%	0	0
07.270	Did the specialty provider provide timely findings and recommendations or did an RN document that he or she called the specialty provider to ascertain the findings and recommendations?	14	0	14	100.0%	6	6.0	100.0%	8	0
07.261	Is the institution scheduling high-priority (urgent) specialty services within 14 days?	0	2	2	0.0%	9	0.0	0.0%	0	0
<b>Components Subtotals:</b>		<b>60</b>	<b>32</b>	<b>92</b>	<b>65.2%</b>	<b>71</b>	<b>43.0</b>	<b>60.6%</b>	<b>50</b>	<b>2</b>

Reference Number	Urgent Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
21.248	Upon the inmate's discharge from the community hospital, did the triage and treatment area (TTA) registered nurse document that he or she reviewed the inmate's discharge plan and completed a face-to-face assessment of the inmate?	22	3	25	88.0%	7	6.2	88.0%	0	0
21.250	Upon the inmate's discharge from the community hospital, did the inmate's Primary Care Provider (PCP) provide orders for appropriate housing for the inmate?	24	1	25	96.0%	7	6.7	96.0%	0	0
21.251	Upon the inmate's discharge from the community hospital, did the Registered Nurse intervene if the inmate was housed in an area that was inappropriate for nursing care based on the primary care provider's (PCP) housing orders?	1	0	1	100.0%	7	7.0	100.0%	24	0
21.249	Upon the inmate's discharge from the community hospital, did the inmate receive a follow-up appointment with his or her primary care provider (PCP) within five calendar days of discharge?	14	10	24	58.3%	7	4.1	58.3%	1	0
21.281	Upon the inmate's discharge from a community hospital, did the institution administer or deliver all prescribed medications to the inmate within specified time frames?	3	20	23	13.0%	6	0.8	13.0%	2	0
21.275	Was the documentation of the clinical care provided in the TTA adequate?	20	5	25	80.0%	10	8.0	80.0%	0	0
21.276	While the patient was in the TTA, was the clinical care rendered by the attending provider adequate and timely?	23	1	24	95.8%	7	6.7	95.8%	0	1
21.279	For patients managed by telephone consultation alone, was the provider's decision not to come to the TTA appropriate?	6	0	6	100.0%	8	8.0	100.0%	18	1
<b>Components Subtotals:</b>		<b>113</b>	<b>40</b>	<b>153</b>	<b>73.9%</b>	<b>59</b>	<b>47.5</b>	<b>80.5%</b>	<b>45</b>	<b>2</b>



Reference Number	Emergency Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
08.183	Was the medical emergency responder notified of the medical emergency without delay?	3	0	3	100.0%	5	5.0	100.0%	1	1
08.241	Did the first responder provide adequate basic life support (BLS) prior to medical staff arriving?	4	0	4	100.0%	6	6.0	100.0%	0	1
08.184	Did the medical emergency responder arrive at the location of the medical emergency within five (5) minutes of initial notification?	3	1	4	75.0%	4	3.0	75.0%	0	1
08.185	Did the medical emergency responder use proper equipment to address the emergency and was adequate medical care provided within the scope of his or her license?	5	0	5	100.0%	7	7.0	100.0%	0	0
08.242	Did licensed health care staff call 911 without unnecessary delay after a life-threatening condition was identified by a licensed health care provider or peace officer?	3	0	3	100.0%	6	6.0	100.0%	2	0
08.187	Did the institution provide adequate preparation for the ambulance's arrival, access to the inmate, and departure?	3	0	3	100.0%	4	4.0	100.0%	2	0
08.186	Were both the first responder (if peace officer or licensed health care staff) and the medical emergency responder basic life support (BLS) certified at the time of the incident?	5	0	5	100.0%	4	4.0	100.0%	0	0
08.222	Were the findings of the institution's Emergency Response Review Committee (ERRC) supported by the documentation and completed within 30 days?	0	3	3	0.0%	7	0.0	0.0%	2	0
15.240	Emergency Medical Response Drill: Did the responding officer activate the emergency response system by providing the pertinent information to the relevant parties, immediately and without delay?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.255	Emergency Medical Response Drill: Did the responding officer carry and use the proper equipment (protective shield or micro-mask, gloves) required by the department?	1	0	1	100.0%	1	1.0	100.0%	0	0

Reference Number	Emergency Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
15.256	Emergency Medical Response Drill: Did the responding officer properly perform an assessment on the patient for responsiveness?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.257	Emergency Medical Response Drill: Did the responding officer properly perform CPR?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.258	Emergency Medical Response Drill: Did the responding officer begin CPR without unnecessary delay?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.282	Emergency Medical Response Drill: Did medical staff arrive on scene in five minutes or less?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.283	Emergency Medical Response Drill: Did the emergency medical responders arrive with proper equipment (ER bag, bag-valve-mask, AED)?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.284	Emergency Medical Response Drill: Did the responding officer provide accurate information to responding medical staff?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.285	Emergency Medical Response Drill: Did emergency medical responders continue basic life support?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.287	Emergency Medical Response Drill: Was 911 called without unnecessary delay?	0	1	1	0.0%	2	0.0	0.0%	0	0
<b>Components Subtotals:</b>		<b>35</b>	<b>5</b>	<b>40</b>	<b>87.5%</b>	<b>58</b>	<b>48.0</b>	<b>82.8%</b>	<b>7</b>	<b>3</b>

Reference Number	Diagnostic Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
06.049	Radiology order: Was the radiology service provided within the time frame specified in the physician's order?	4	1	5	80.0%	7	5.6	80.0%	0	0
06.245	Radiology order: Was the diagnostic report received by the institution within 14 days?	5	0	5	100.0%	8	8.0	100.0%	0	0
06.200	Radiology order: Did the primary care provider (PCP) review the diagnostic report and initiate written notice to the inmate within two (2) business days of the date the institution received the diagnostic reports?	0	5	5	0.0%	7	0.0	0.0%	0	0
06.188	All laboratory orders: Was the specimen collected within the applicable time frames of the physician's order?	7	3	10	70.0%	6	4.2	70.0%	0	0
06.191	All diagnostic services: Did the PCP document the clinically significant diagnostic test results on Form 7230 (Interdisciplinary Progress Notes)?	8	3	11	72.7%	7	5.1	72.7%	4	0
06.263	All diagnostic services: Did the PCP adequately manage clinically significant test results?	10	0	10	100.0%	10	10.0	100.0%	3	2
06.202	All laboratory orders: Did the PCP review the diagnostic reports and initiate written notice to the inmate within two (2) business days of the date the institution received the diagnostic reports?	1	9	10	10.0%	7	0.7	10.0%	0	0
<b>Components Subtotals:</b>		<b>35</b>	<b>21</b>	<b>56</b>	<b>62.5%</b>	<b>52</b>	<b>33.6</b>	<b>64.6%</b>	<b>7</b>	<b>2</b>

Reference Number	Access to Health Care Information	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
19.150	Is the medical records office current with its loose filing?	0	1	1	0.0%	9	0.0	0.0%	0	0
19.169	Did medical records staff make unit health records (UHR) available to clinic staff for the inmates ducated for medical appointments the next day?	2	0	2	100.0%	15	15.0	100.0%	0	0
19.243	Was the institution able to account for the OIG's requested UHR files?	1	0	1	100.0%	12	12.0	100.0%	0	0
19.266	Does the institution properly file inmates' medical information?	0	1	1	0.0%	5	0.0	0.0%	0	0
19.271	While reviewing unit health records (UHR) as part of the OIG's inspection, were the OIGs RN and MD inspectors able to locate all relevant documentation of health care provided to inmates?	1	0	1	100.0%	5	5.0	100.0%	0	0
19.272	Does the institution promptly file blood pressure logs in unit health records (UHR)?	0	2	2	0.0%	5	0.0	0.0%	0	0
<b>Components Subtotals:</b>		<b>4</b>	<b>4</b>	<b>8</b>	<b>50.0%</b>	<b>51</b>	<b>32.0</b>	<b>62.7%</b>	<b>0</b>	<b>0</b>

Reference Number	Internal Reviews	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
17.221	Did the institution complete a medical emergency response drill for each watch and include participation from each medical facility during the most recent full quarter?	0	1	1	0.0%	5	0.0	0.0%	0	0
17.174	Did the institution promptly process inmate medical appeals during the most recent 12 months?	0	1	1	0.0%	5	0.0	0.0%	0	0
17.136	For each death sampled, did the institution complete the death review process?	4	1	5	80.0%	5	4.0	80.0%	0	0
17.132	Do the Emergency Response Review Committee (ERRC) meeting minutes document monthly meetings for the last six (6) months?	6	0	6	100.0%	5	5.0	100.0%	0	0
17.138	Do the Emergency Response Review Committee (ERRC) meeting minutes document the warden's (or his or her designee's) attendance?	5	1	6	83.3%	5	4.2	83.3%	0	0
17.118	Do the Quality Management Committee (QMC) meeting minutes document monthly meetings for the last six (6) months?	6	0	6	100.0%	5	5.0	100.0%	0	0
17.119	Did the Quality Management Committee (QMC) report its findings to the HCM/CMO each of the last six (6) meetings?	6	0	6	100.0%	5	5.0	100.0%	0	0
17.135	Did the last three Quality Management Committee (QMC) meeting minutes reflect findings and strategies for improvement?	3	0	3	100.0%	5	5.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>30</b>	<b>4</b>	<b>34</b>	<b>88.2%</b>	<b>40</b>	<b>28.2</b>	<b>70.5%</b>	<b>0</b>	<b>0</b>

Reference Number	Inmate Transfers	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
05.108	Did Receiving and Release have the inmate's UHR and transfer envelope?	5	0	5	100.0%	7	7.0	100.0%	0	0
05.109	If the inmate was scheduled for any upcoming specialty services, were the services noted on Form 7371 (Health Care Transfer Information)?	0	0	0	0.0%	0	0.0	0.0%	5	0
05.110	Do all appropriate forms in the transfer envelope identify all medications ordered by the physician, and are the medications in the transfer envelope?	4	1	5	80.0%	8	6.4	80.0%	0	0
05.171	Did an RN accurately complete all applicable sections of Form 7371 (Health Care Transfer Information) based on the inmate's UHR?	1	4	5	20.0%	7	1.4	20.0%	0	0
05.172	Did the Health Records Department maintain a copy of the inmate's Form 7371 (Health Care Transfer Information) and Form 7231A (Outpatient Medication Administration Record) when the inmate transferred?	5	0	5	100.0%	8	8.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>15</b>	<b>5</b>	<b>20</b>	<b>75.0%</b>	<b>30</b>	<b>22.8</b>	<b>76.0%</b>	<b>5</b>	<b>0</b>

Reference Number	Clinic Operations	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
14.023	Does the institution make the Form 7362 (Health Care Services Request Form) available to inmates?	5	1	6	83.3%	4	3.3	83.3%	0	0
14.164	Are areas available to ensure privacy during RN face-to-face assessments and doctors' examinations for non-emergencies?	3	0	3	100.0%	3	3.0	100.0%	0	0
14.166	Was the medication stored in a sealed container if food was present in the clinic refrigerator?	2	0	2	100.0%	2	2.0	100.0%	0	0
14.131	Do medication nurses understand that medication is to be administered by the same licensed staff member who prepares it and on the same day?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.106	Does clinical staff wash their hands (either with soap or hand sanitizer) or change gloves between patients?	3	1	4	75.0%	4	3.0	75.0%	0	0
14.033	Does the institution have an adequate process to ensure inmates who are moved to a new cell still receive their medical ducats?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.032	Does medical staff understand the institution's priority ducat process?	2	0	2	100.0%	2	2.0	100.0%	0	0
14.160	Does the institution have a process to identify, review, and address urgent appointments if a doctor's line is canceled?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.029	Does medical staff in the facility clinic know which inmates are on modified program or confined to quarters (CTQ) and does staff have an adequate process to ensure those inmates receive their medication?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.165	Are the clinic floors, waiting room chairs, and equipment cleaned with a disinfectant daily?	2	1	3	66.7%	2	1.3	66.7%	0	0
<b>Components Subtotals:</b>		<b>25</b>	<b>3</b>	<b>28</b>	<b>89.3%</b>	<b>33</b>	<b>30.6</b>	<b>92.7%</b>	<b>0</b>	<b>0</b>

Reference Number	Preventive Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
10.228	Inmates prescribed INH: Did the institution properly administer the medication to the inmate?	1	4	5	20.0%	6	1.2	20.00%	0	0
10.232	Inmates prescribed INH: Did the institution monitor the inmate monthly for the most recent three months he or she was on the medication?	0	5	5	0.0%	6	0.0	0.0%	0	0
10.229	Inmates with TB code 34: Was the inmate evaluated for signs and symptoms of TB within the previous 12 months?	5	0	5	100.0%	7	7.0	100.0%	0	0
10.086	All inmates age 66 or older: Did the inmate receive an influenza vaccination within the previous 12 months or was the inmate's refusal documented?	0	10	10	0.0%	6	0.0	0.0%	0	0
10.085	Male inmates age 51 or older: Did the inmate receive a fecal occult blood test (FOBT) within the previous 12 months or was the inmate's refusal documented?	0	10	10	0.0%	5	0.0	0.0%	0	0
<b>Components Subtotals:</b>		<b>6</b>	<b>29</b>	<b>35</b>	<b>17.1%</b>	<b>30</b>	<b>8.2</b>	<b>27.3%</b>	<b>0</b>	<b>0</b>



Reference Number	Pharmacy Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
13.139	Does the institution conspicuously post a valid permit in its pharmacies?	1	0	1	100.0%	2	2.0	100.0%	0	0
13.141	Does the institution properly maintain its emergency crash cart medications?	2	0	2	100.0%	2	2.0	100.0%	0	0
13.252	Does the institution properly maintain medications in its drug night locker(s)?	0	1	1	0.0%	2	0.0	0.0%	0	0
13.253	Does the institution conduct monthly inspections of its emergency cart and drug night locker(s)?	3	0	3	100.0%	1	1.0	100.0%	0	0
13.142	Is the Pharmacist in Charge's license current?	1	0	1	100.0%	5	5.0	100.0%	0	0
13.144	Does the institution have information to ensure that medications are prescribed by licensed health-care providers lawfully authorized to do so?	0	1	1	0.0%	6	0.0	0.0%	0	0
13.145	Does the pharmacist in charge have an effective process for screening new medication orders for potential adverse reactions?	1	0	1	100.0%	7	7.0	100.0%	0	0
13.148	Does the pharmacist in charge monitor the quantity of medications on hand, and does the pharmacy conduct an annual inventory to ensure that the quantity of medications in the system matches the quantity of medications on hand?	1	0	1	100.0%	4	4.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>9</b>	<b>2</b>	<b>11</b>	<b>81.8%</b>	<b>29</b>	<b>21.0</b>	<b>72.4%</b>	<b>0</b>	<b>0</b>

Reference Number	Other Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
15.059	Did the institution properly provide therapeutic diets to inmates?	0	0	0	0.0%	0	0.0	0.0%	1	0
20.092	Hygiene Intervention: Did custody staff understand the department's policies and procedures for identifying and evaluating inmates displaying inappropriate hygiene management?	4	0	4	100.0%	4	4.0	100.0%	0	0
15.058	If the institution does not offer therapeutic diets, does staff know the department's procedures for transferring inmates who are determined to require a therapeutic diet?	0	1	1	0.0%	3	0.0	0.0%	0	0
15.134	Did the institution properly respond to all active cases of TB discovered in the last six months?	0	0	0	0.0%	0	0.0	0.0%	1	0
15.265	Is the most current version of the CDCR Health Services Policies and Procedures available in the institution's law library?	2	0	2	100.0%	3	3.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>6</b>	<b>1</b>	<b>7</b>	<b>85.7%</b>	<b>10</b>	<b>7.0</b>	<b>70.0%</b>	<b>2</b>	<b>0</b>

Reference Number	Inmate Hunger Strikes	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
11.097	Did the RN conduct a face-to-face triage of the inmate within two (2) business days of receipt of the Form 128-B and document the inmate's reasons for the hunger strike, most recent recorded weight, current weight, vital signs, and physical condition?	0	1	1	0.0%	6	0.0	0.0%	0	0
11.099	After the first 48 hours, did an RN or PCP complete daily assessments documenting the inmate's weight, physical condition, emotional condition, vital signs, and hydration status?	0	1	1	0.0%	6	0.0	0.0%	0	0
11.100	After the first 72 hours, did a physician perform a physical examination and order a metabolic panel and a urinalysis of the inmate?	1	0	1	100.0%	7	7.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>33.3%</b>	<b>19</b>	<b>7.0</b>	<b>36.8%</b>	<b>0</b>	<b>0</b>

Reference Number	Chemical Agent Contraindications	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
12.062	Did the institution document that it consulted with an RN or primary care provider (PCP) before a calculated use of OC?	0	0	0	0.0%	0	0.0	0.0%	3	0
12.064	Did the institution record how it decontaminated the inmate and did it follow the decontamination policy?	2	1	3	66.7%	8	5.3	66.7%	0	0
<b>Components Subtotals:</b>		<b>2</b>	<b>1</b>	<b>3</b>	<b>66.7%</b>	<b>8</b>	<b>5.3</b>	<b>66.3%</b>	<b>3</b>	<b>0</b>

Reference Number	Staffing Levels and Training	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
18.002	Information purposes only: Calculate the institution's average vacancy percentages, the number of health care staff starting within six (6) months of the OIG visit, and the number of health care staff hired from the registry.  <i>The institution provided vacancy statistics within four licensed medical staffing groups: (1) management; (2) primary care providers; (3) supervision; and (4) rank and file nursing.</i>  <i>Total number of filled positions: 67</i> <i>Total number of vacancies: 26.71</i> <i>Total number of positions: 93.71</i> <i>Vacancy percentage: 28.50%</i> <i>Number of staff hired within last six months: 14</i> <i>Total number of registry staff: 67</i>	0	0	0	0.0%	0	0.0	0.0%	1	0
18.004	Did the institution have a registered nurse (RN) available on site 24 hours a day, seven days a week, for emergency care?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.005	Did the institution have a physician on site, a physician on call, or an MOD available 24 hours a day, seven days a week, for the last 30 days?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.006	Does the institution's orientation program for all newly hired nursing staff include a module for sick call protocols that require face-to-face triage?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.001	Are licensed health care staff current with their certifications and did they attend required training?	1	4	5	20.0%	4	0.8	20.0%	0	0
<b>Components Subtotals:</b>		<b>4</b>	<b>4</b>	<b>8</b>	<b>50.0%</b>	<b>16</b>	<b>12.8</b>	<b>80.0%</b>	<b>1</b>	<b>0</b>

Reference Number	Nursing Policy	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
16.231	Does the institution ensure that nursing staff review their duty statements?	5	0	5	100.0%	5	5.0	100.0%	0	0
16.154	Does the institution have written nursing policies and procedures that adhere to the department's guidelines?	5	0	5	100.0%	5	5.0	100.0%	0	0
16.254	Does the institution's supervising registered nurse (SRN) conduct periodic reviews of nursing staff?	5	0	5	100.0%	4	4.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>15</b>	<b>0</b>	<b>15</b>	<b>100.0%</b>	<b>14</b>	<b>14.0</b>	<b>100.0%</b>	<b>0</b>	<b>0</b>

# California Prison Health Care Receivership Corporation's Response



July 9, 2009

David R. Shaw, Inspector General  
Office of the Inspector General  
P.O. Box 348780  
Sacramento, CA 95834-8780

Dear Mr. Shaw,

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's (OIG) Medical Inspection Results (MIR) for the April 2009 inspection of Pleasant Valley State Prison (PVSP). At this time, we would like to address the following conditions raised as a result of the MIR.

**Chronic Care- Reference Numbers - 03.077, 03.082 and 03.235**

The OIG found the key elements on Form 7419 (Chronic Care Follow-up Visit) and Form 7392 (Primary Care Flow Sheet) were not filled out completely. PVSP continues to experience high turn-over of Primary Care Providers (PCP) as a result of heavy usage of registry staff to fill vacant state positions. Every effort is made to ensure that all PCPs (Including Registry) receive orientation and mentoring. PVSP will continue to utilize the peer review process to aid in the development of providers. Training is on-going for the PCPs for accurate and thorough completion of appropriate CDCR Forms.

**Chronic Care - Reference Number 03.175**  
**Urgent Services – Reference Number 21.281**

The OIG found the institution did not administer or deliver prescription medications to the patient-inmates within specified timeframes outlined in the Policy and Procedure (P&P). The Medication Administration Record (MAR) and Prescription Data reviewed during the course of the OIG inspection were reviewed by PVSP personnel for additional information. The nurse educator is scheduling continued training for all nursing staff to address MAR documentation. Pursuant to policy, all Keep on Person (KOP) MARs are to be dated and signed by the patient-inmate upon receipt of his medication(s). Direct Observation Therapy (DOT) MARs are to be used pursuant to policy and nursing staff shall appropriately document refusals on the back of the MAR. In addition, the Medication Licensed Vocational Nurse (LVN) shall complete the CDC 7225-Refusal of Examination and/or Treatment and have the patient-inmate sign. PVSP shall continue to utilize a weekly medication audit tool to verify the accuracy and completion of the MAR. The weekly medication audit tool will also verify refusals and no shows.



**Clinical Services - Reference Numbers 01.025**

The OIG found the Registered Nurse (RN) did not complete the Face-to-Face (FTF) triage within one business day after Form 7362 was reviewed. RN shortages and lack of available confidential consulting rooms in the medical clinics contributed to the delay in RN FTF triage. With the recent activation of the Health Care Access Unit, additional custody positions were created for medical escorting and medical clinic coverage. In addition, with the recent implementation of the Primary Care Model, the RNs and Office Technicians (OT) can verify timeliness of the 7362's in the daily huddle. In-service training has been initiated and PVSP plans for ongoing training in completing the 7362s, addressing the patient-inmates complaint, and problems identified during FTF triage.

**Clinical Services - Reference Numbers 01.157, 01.158, 01.163**

The OIG found that during FTF triage, the RN did not consistently document the patient-inmate's primary complaint, vital signs, focused physical examination, allergies, weight, current medication, medication allergies and medication compliance. In addition, the RN assessment should provide conclusions, education and instruction based on subjective and objective data. PVSP is providing in-service training to address specific areas and plan for ongoing training in completing the 7362s.

**Clinical Services -Reference Numbers 01.027, 01.247**

The OIG found that patient-inmates were not seen within the specified timeframes outlined in the P&P. The medical schedulers make every effort to schedule patient-inmates as ordered. However, inadequate clinical space and provider shortages continue to limit efforts to schedule all patient-inmates within the specified timeframes. Since the implementation of the Primary Care Model, the medical schedulers, providers, and RNs meet daily in the huddle to discuss ways to ensure patient-inmates are seen within the appropriate timeframes.

**Clinical Services -Reference Number 01.124**

The OIG found the institution did not administer or deliver prescription medications to the patient-inmates within the specified timeframes outlined in the P&P. PVSP was experiencing a high volume of nursing staff turnover. Due to the nursing staffing issues, many of the vacancies were filled with registry personnel. In addition to the nursing staffing issues, the lack of available medical space hindered their ability to administer or deliver prescriptions within the required timeframes. At this time, the Medical Sub-Committee has chartered two Quality Improvement Teams (QITs) to address the timeliness of medication refills and administration. PVSP will continue to provide medication delivery training and education.

### **Urgent Services - Reference Number 21.278**

PVSP continues to struggle with PCP shortages and inadequate clinical space. Vacant state positions are filled with registry providers causing a high turnover rate. Due to the instability of PCPs, continuity of care is often compromised. PVSP recently implemented the Primary Care Model and the Primary Care Teams are attending their daily huddles to address chronic care issues, continuity of care, specialty appointments, TTA Visits, Hospital Discharges, etc. PVSP will continue to use quality improvement tools including peer review, death review, grand rounds, high risk review and Medication Administration Review Committee (MARC) meetings to monitor the quality and quantity of care patient-inmates are receiving.

### **Health Screening - Reference Number 02.128**

The OIG found that medications were not delivered within the specified timeframes for patient-inmates that arrived through Receiving and Release (R&R). Pursuant to Operations Procedure 101-Medication Management, all patient-inmate medications are to be honored through R&R until the patient-inmate is seen by his PCP at the initial evaluation. Due to the implementation of the Guardian Program (Official Roll-Out Date: 1/20/09) at PVSP, the institution has experienced delays in meeting the 24-hour requirement. The Medical Sub-Committee has chartered two QITs to address the timeliness of medication refills and administration.

### **Specialty Services - Reference Numbers 07.038, 07.043**

The OIG found the patient-inmates were not seen within the specified timeframes outlined in the P&P. At the time of the OIG Audit, PVSP was operating at 56% of position authority (including Registry Staff). Due to the PCP shortages, many of the facilities experienced backlogs. With the introduction of the InterQual System, PVSP has seen a reduction in the number of approved Referral for Services (RFS). In addition, the Health Care Access Unit was recently activated at PVSP thus providing additional resources for the medical department. With the recent implementation of the Primary Care Model, all On-Site Specialty Appointments, Off-Site Specialty Appointments, TTA Visits and Hospital Discharges are discussed the following morning in the daily huddle. PVSP will continue to make every effort to ensure patient-inmates are seen within the required timeframes.

### **Specialty Services - Reference Numbers 07.259**

The OIG found the institution did not adequately document the reason for the denial of specialty services. Prior to the implementation of InterQual, PVSP kept records of cases reviewed by MARC, but did not keep lengthy details of the denials. With the June 2009 implementation of InterQual, there is a specific process that clearly explains why a specialty service is denied. InterQual criteria are applied to all RFS at PVSP.

### **Emergency Services - Reference Number 08.222**

The OIG found the institutions Emergency Response Review Committee (ERRC) findings were not supported by the documentation and were not completed within 30 days. The ERRC was meeting every 30 days (as was done in prior practice) to review cases from prior months. PVSP will adjust the calendar to ensure cases are reviewed within 30 days of the incident date.

### **Emergency Services - Reference Number 15.287**

The OIG found the institution did not initiate a simulated 911 call during an emergency medical response drill as required by policy. In-service training will be conducted regarding Operations Procedure 115-Urgent/Emergent Response and will address the appropriate criteria and guidelines for calling 911.

### **Diagnostic Services - Reference Number 06.200 and 06.202**

The OIG found the institution did not review diagnostic reports for Radiology and Laboratory orders and initiate written notice to the patient-inmate within the specified timeframes as outlined in the P&P. PVSP has implemented a new tracking and PCP review system. Radiology and Laboratory personnel are currently delivering reports to the medical records department. An OT in medical records is responsible for completing the CDC 7393-Notification of Diagnostic Results. The CDC 7393, radiology and laboratory reports, are placed in a designated area by Yard. The PCP for every yard is required to stop by medical records each morning to review the diagnostic results and sign off on the CDC 7393. Upon completion of the CDC 7393, medical records staff sends a copy to the patient-inmate and schedulers. The original CDC 7393, radiology, and laboratory report is filed in the Unit Health Record (UHR).

### **Access to Health Care Information - Reference Number 19.150**

The OIG found the Medical Records Office was not current with its loose filing. With the implementation of the Guardian Program (Pharmacy), the amount of loose filing has increased by 300%. Medical Records staff continues to work overtime in an attempt to reduce the backlog of loose filing.

### **Internal Reviews - Reference Number 17.221**

The OIG found the institution did not complete the required forms as outlined in the P&P. PVSP follows Chapter 12-A1, subsection IV of the Emergency Medical Response Program Policy and Procedures (2008) which includes participation of healthcare staff and custody during medical emergency response drills. As noted, a Medical Emergency Response Drill for each watch was conducted during the most recent quarter. Although the drills were conducted, the appropriate documentation was not completed as required in Chapter 12-A1. PVSP shall conduct additional

in-service training with staff to ensure compliance with the Emergency Medical Response Program Policy.

**Inmate Transfers - Reference Number 05.171**

The OIG found the institution did not accurately complete all applicable sections of Form 7371 (Health Care Transfer Form) based on the UHR. In-service training shall be provided to ensure accuracy in completing all applicable sections of the CDC 7371.

**Preventive Service - Reference Number 10.228**

The OIG found the institution did not properly administer the prescribed INH medication to the patient-inmate. In-Service training will continue to be provided to nursing staff on proper medication administration.

**Preventive Services - Reference Number 10.232**

The OIG found the institution did not properly monitor the patient-inmates monthly as outlined in the P&P. In-service training shall be provided to the medical staff to ensure patient-inmates are monitored monthly when prescribed INH therapy.

**Pharmacy Services - Reference Number 13.252**

The OIG found expired medications in the night drug locker. The pharmacy staff continues to complete regular audits of the drug night locker. The Pharmacist in Charge or designee shall double check the audits of the drug night lockers to ensure accuracy and accountability.

**Inmate Hunger Strike - Reference Numbers 11.097, 11.099**

The OIG found the institution did not conduct FTF triage within two business days or document the reason for the hunger strike. Also, the patient-inmate's, weight, physical condition, emotional condition, vital signs and hydration status were not documented. The Nurse Instructor provided in-service training regarding hunger-strike protocol and the SRNs shall ensure all staff members are trained and the hunger strike protocol is followed.

**Staffing Levels and Training - Reference Number 18.001**

The OIG found the institution staff had not completed New Employee Orientation (NEO) or Health Care New Employee Orientation (HCNEO). PVSP managers will ensure all state employees attend NEO or HCNEO as a condition of employment.

David R. Shaw, Inspector General

July 13, 2009

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In addition to the items identified above, the OIG draft report contains other findings with a low reported rate of compliance. A number of findings are being addressed by statewide initiatives or other resources designed to achieve a constitutional level of health care. For those items that are not addressed by a statewide initiative, California Prison Health Care Services (CPHCS) staff will work with the institution to develop a Corrective Action Plan (CAP). Once a CAP is submitted and approved, CPHCS staff will monitor and follow-up on any corrective action identified.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in the CPHCS operations. Should you have any questions or concerns, please contact Theresa Kimura-Yip, Associate Director, Medical Policy and Program Compliance Branch at (916) 327-1205.

Sincerely,



Brenda Epperly-Ellis, Director  
Policy, Planning and Evaluation Programs  
California Prison Health Care Services

cc: J. Clark Kelso, Receiver  
Elaine Bush, Chief Deputy, Office of the Receiver  
Starr Babcock, Special Assistant to the Court  
Felix Igbiosa, Health Care Manager, Pleasant Valley State Prison  
Felix Igbiosa, Chief Medical Officer, Pleasant Valley State Prison  
Theresa Kimura-Yip, Associate Director, Medical Policy and Program Compliance Branch  
Olga Durette, Health Program Manager II, Program Compliance Section  
Steve Fama, Attorney, Prison Law Office  
Gabriela Maleszewski, Central Regional Administrator  
John Zweifler, M.D., Central Regional Medical Director  
Nancy Faszler, Deputy Inspector General In-Charge  
Bernie Fernandez, Deputy Inspector General Senior  
Rob Hughes, Deputy Inspector General  
Dwight Winslow, M.D., Chief Medical Officer (A), California Prison Health Care Services  
Larry Schmidt, Central Regional Chief Nurse Executive