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# OIG | OFFICE of the INSPECTOR GENERAL

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Independent Prison Oversight

November 2021



## Cycle 6 Medical Inspection Report

*California Correctional  
Institution*

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Cover: Rod of Asclepius courtesy of [Thomas Shafee](#)

## Introduction

Pursuant to California Penal Code section 6126 et seq., the Office of the Inspector General (OIG) is responsible for periodically reviewing and reporting on the delivery of the ongoing medical care provided to incarcerated persons<sup>1</sup> in the California Department of Corrections and Rehabilitation (the department).<sup>2</sup>

In Cycle 6, the OIG continues to apply the same assessment methodologies used in Cycle 5, including clinical case review and compliance testing. These methods provide an accurate assessment of how the institution's health care systems function regarding patients with the highest medical risk who tend to access services at the highest rate. This information helps to assess the performance of the institution in providing sustainable, adequate care.<sup>3</sup>

We continue to review institutional care using 15 indicators, as in prior cycles. Using each of these indicators, our compliance inspectors collect data in answer to compliance- and performance-related questions as established in the medical inspection tool (MIT).<sup>4</sup> We determine a total compliance score for each applicable indicator and consider the MIT scores in the overall conclusion of the institution's performance. In addition, our clinicians complete document reviews of individual cases and also perform on-site inspections, which include interviews with staff.

In reviewing the cases, our clinicians examine whether providers used sound medical judgment in the course of caring for a patient. In the event we find errors, we determine whether such errors were clinically significant or led to a significantly increased risk of harm to the patient.<sup>5</sup> At the same time, our clinicians examine whether the institution's medical system mitigated the error. The OIG rates the indicators as *proficient*, *adequate*, or *inadequate*.

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1. In this report, we use the terms patient and patients to refer to incarcerated persons.

2. The OIG's medical inspections are not designed to resolve questions about the constitutionality of care, and the OIG explicitly makes no determination regarding the constitutionality of care the department provides to its population.

3. In addition to our own compliance testing and case reviews, the OIG continues to offer selected Healthcare Effectiveness Data and Information Set (HEDIS) measures for comparison purposes.

4. The department regularly updates its policies. The OIG updates our policy-compliance testing to reflect the department's updates and changes.

5. If we learn of a patient needing immediate care, we notify the institution's chief executive officer.

The OIG has adjusted Cycle 6 reporting in two ways. First, commencing with this reporting period, we interpret compliance and case review results together, providing a more holistic assessment of the care; and, second, we consider whether institutional medical processes lead to identifying and correcting provider or system errors. The review assesses the institution's medical care on both system and provider levels.

As in Cycle 5, our office continues to inspect both those institutions remaining under federal receivership and those delegated back to the department. There is no difference in the standards used for assessing a delegated institution versus an institution not yet delegated. At the time of the Cycle 6 inspection of the California Correctional Institution (CCI), the receiver had delegated this institution back to the department.

We completed our sixth inspection of CCI and herein present our assessment of the health care provided at CCI during the inspection period between May 2020 and October 2020.<sup>6</sup> Our case reviews encompassed patients during the COVID-19 pandemic. The inspection was otherwise completed with no further adjustments.

The California Correctional Institution (CCI) is located in Cummings Valley, west of the city of Tehachapi in Kern County. CCI consists of five separate facilities, housing incarcerated persons of varying security levels, from minimum to maximum security. The institution runs five medical clinics where staff members handle nonurgent requests for medical services. Each of the five facilities has a minor procedure room that functions as a triage and treatment area (TTA). The TTA is used for urgent and emergency care. CCI has been designated by California Correctional Health Care Services (CCHCS) as a *basic care institution*. Basic care institutions are located in rural areas, away from tertiary care centers and specialty care providers whose services would likely be used frequently by high-risk patients. Basic care institutions are capable of providing limited specialty medical services and consultation for a generally healthy patient population.

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6. Samples are obtained per case review methodology shared with stakeholders in prior cycles. The case reviews include death reviews that occurred between February 2020 and July 2020, emergency CPR reviews that occurred between January 2020 and June 2020, diabetes reviews that occurred between April 2020 and October 2020, transfer reviews that occurred between February 2020 and October 2020, and RN sick call reviews that occurred between April 2020 and November 2020.

## Summary

We completed the Cycle 6 inspection of the California Correctional Institution (CCI) in February 2021. OIG inspectors monitored the institution's delivery of medical care that occurred between May 2020 and October 2020.

The OIG rated the overall quality of health care at CCI as **inadequate**. We list the individual indicators and ratings applicable to this institution in Table 1 below.



Table 1. CCI Summary Table

Health Care Indicators	Cycle 6 Ratings			Change Since Cycle 5*
	Case Review	Compliance	Overall	
Access to Care	Inadequate	Inadequate	Inadequate	=
Diagnostic Services	Adequate	Inadequate	Adequate	=
Emergency Services	Adequate	N/A	Adequate	=
Health Information Management	Adequate	Proficient	Adequate	=
Health Care Environment	N/A	Inadequate	Inadequate	=
Transfers	Inadequate	Inadequate	Inadequate	=
Medication Management	Inadequate	Inadequate	Inadequate	=
Prenatal and Postpartum Care	N/A	N/A	N/A	N/A
Preventive Services	N/A	Inadequate	Inadequate	⇓
Nursing Performance	Inadequate	N/A	Inadequate	↓
Provider Performance	Inadequate	N/A	Inadequate	↓
Reception Center	N/A	N/A	N/A	N/A
Specialized Medical Housing	N/A	N/A	N/A	N/A
Specialty Services	Adequate	Inadequate	Inadequate	=
Administrative Operations <sup>†</sup>	N/A	Inadequate	Inadequate	⇓

\* The symbols in this column correspond to changes that occurred in indicator ratings between the medical inspections conducted during Cycle 5 and Cycle 6. The equals sign means there was no change in the rating. The single arrow means the rating rose or fell one level, and the double arrow means the rating rose or fell two levels (green, from *inadequate* to *proficient*; pink, from *proficient* to *inadequate*).

<sup>†</sup> **Administrative Operations** is a secondary indicator and is not considered when rating the institution's overall medical quality.

Source: The Office of the Inspector General medical inspection results.

To test the institution's policy compliance, our compliance inspectors (a team of registered nurses) monitored the institution's compliance with its medical policies by answering a standardized set of questions that measure specific elements of health care delivery. Our compliance inspectors examined 369 patient records and 1,071 data points and used the data to answer 83 policy questions. In addition, we observed CCI's processes during an on-site inspection in January 2021. Table 2 below lists CCI's average scores from Cycles 4, 5, and 6.

**Table 2. CCI Policy Compliance Scores**

		Scoring Ranges		
		100%–85.0%	84.9%–75.0%	74.9%–0
		Average Score		
Medical Inspection Tool (MIT)	Policy Compliance Category	Cycle 4	Cycle 5	Cycle 6
1	Access to Care	81.1%	70.1%	74.3%
2	Diagnostic Services	84.4%	69.4%	53.0%
4	Health Information Management	78.2%	75.5%	87.4%
5	Health Care Environment	84.4%	58.9%	66.7%
6	Transfers	84.1%	77.1%	53.8%
7	Medication Management	93.2%	61.7%	72.1%
8	Prenatal and Postpartum Care	N/A	N/A	N/A
9	Preventive Services	88.8%	87.1%	55.3%
12	Reception Center	N/A	N/A	N/A
13	Specialized Medical Housing	100%	89.2%	N/A
14	Specialty Services	85.7%	68.1%	61.4%
15	Administrative Operations	83.8%*	87.7%	74.0%

\* In Cycle 4, there were two secondary (administrative) indicators, and this score reflects the average of those two scores. In Cycle 5 and moving forward, the two indicators were merged into one, with only one score as the result.

Source: The Office of the Inspector General medical inspection results.



The OIG clinicians (a team of physicians and nurse consultants) reviewed 45 cases, which contained 761 patient-related events. After examining the medical records, our clinicians conducted a follow-up on-site inspection in February 2021 to verify their initial findings. The OIG physicians rated the quality of care for 20 comprehensive case reviews. Of these 20 cases, our physicians rated zero *proficient*, 12 *adequate*, and eight *inadequate*. Our physicians found no adverse deficiencies during this inspection.

The OIG then considered the results from both case review and compliance testing and drew overall conclusions, which we report in the 12 health care indicators.<sup>7</sup> Multiple OIG physicians and nurses performed quality control reviews; their subsequent collective deliberations ensured consistency, accuracy, and thoroughness. Our OIG clinicians acknowledged institutional structures that catch and resolve mistakes that may occur throughout the delivery of care. As noted above, we listed the individual indicators and ratings applicable to this institution in the CCI Summary Table.

In July 2020, the Health Care Services Master Registry showed that CCI had a total population of 2,970. A breakdown of the medical risk level of the CCI population as determined by the department is set forth in Table 3 below.<sup>8</sup>

**Table 3. CCI Master Registry Data as of December 2020**

Medical Risk Level	Number of Patients	Percentage
High 1	36	1.2%
High 2	141	4.7%
Medium	1,342	45.2%
Low	1,451	48.9%
<b>Total</b>	<b>2,970</b>	<b>100%</b>

Source: Data for the population medical risk level were obtained from the CCHCS Master Registry dated 12-12-20.

7. The indicators for **Reception Center** and **Prenatal Care** did not apply to CCI.

8. For a definition of medical risk, see CCHCS HCDOM 1.2.14, Appendix 1.9.

Based on staffing data the OIG obtained from California Correctional Health Care Services (CCHCS), as identified in Table 4 below, CCI had zero executive leadership vacancies, 1.5 vacant primary care provider positions, 0.2 vacant nursing supervisor positions, and 8.8 vacant nursing staff positions.

**Table 4. CCI Health Care Staffing Resources as of December 2020**

Positions	Executive Leadership*	Primary Care Providers	Nursing Supervisors	Nursing Staff †	Total
Authorized Positions	5	10	11.2	112.9	139.1
Filled by Civil Service	5	9.5	10	104.1	128.6
Vacant	0	1.5	0.2	8.8	10.5
Percentage Filled by Civil Service	100%	95.0%	89.0%	92.0%	92.0%
Filled by Telemedicine	0	2	0	0	2
Percentage Filled by Telemedicine	0	15.0%	0	0	1.0%
Filled by Registry	0	1	0	18	19
Percentage Filled by Registry	0	7.0%	0	13.0%	11.0%
<b>Total Filled Positions</b>	<b>5</b>	<b>13</b>	<b>11.2</b>	<b>130.9</b>	<b>160.1</b>
<b>Total Percentage Filled</b>	<b>100%</b>	<b>96.0%</b>	<b>2.0%</b>	<b>7.0%</b>	<b>7.0%</b>
Appointments in Last 12 Months	0	1	5	33	39
Redirected Staff	0	0	0	0	0
Staff on Extended Leave‡	0	0	2	7	9
<b>Adjusted Total: Filled Positions</b>	<b>5</b>	<b>13</b>	<b>9.2</b>	<b>123.9</b>	<b>151.1</b>
<b>Adjusted Total: Percentage Filled</b>	<b>100%</b>	<b>100%</b>	<b>82.0%</b>	<b>95.0%</b>	<b>94.0%</b>

\* Executive Leadership includes the Chief Physician and Surgeon.

† Nursing Staff includes the classifications of Senior Psychiatric Technician and Psychiatric Technician.

‡ In Authorized Positions.

Notes: The OIG does not independently validate staffing data received from the department. Positions are based on fractional time-base equivalents.

Source: Cycle 6 medical inspection preinspection questionnaire received December 2020, from California Correctional Health Care Services.

# Medical Inspection Results

## Deficiencies Identified During Case Review

Deficiencies are medical errors that increase the risk of patient harm. Deficiencies can be minor or significant, depending on the severity of the deficiency.

An adverse event occurs when the deficiency caused harm to the patient. All major health care organizations identify and track adverse events. We identify deficiencies and adverse events to highlight concerns regarding the provision of care and for the benefit of the institution's quality improvement program to provide an impetus for improvement.<sup>9</sup>

The OIG did not find any adverse events at CCI during the Cycle 6 inspection.

## Case Review Results

OIG case reviewers (a team of physicians and nurse consultants) assessed nine of the 12 indicators applicable to CCI. Of these nine indicators, OIG clinicians rated four **adequate** and five **inadequate**. The OIG physicians also rated the overall adequacy of care for each of the 20 detailed case reviews they conducted. Of these 20 cases, 12 were **adequate**, and eight were **inadequate**. In the 761 events reviewed, there were 296 deficiencies, 53 of which the OIG clinicians considered to be of such magnitude that, if left unaddressed, would likely contribute to patient harm.

Our clinicians found the following strengths at CCI:

- During urgent and emergent events, nurses responded quickly and provided prompt treatment of drug overdoses.
- In spite of the COVID-19 pandemic, nurses continued to evaluate patients' sick call requests.
- The pharmacy promptly filled medications and ensured delivery of the medications to the medication areas. In addition, the pharmacist-in-charge performed frequent safety measures to ensure controlled substances were accounted for.

Our clinicians found the following weaknesses at CCI:

- We found the executive team lacked cohesiveness and initiative.
- Medical providers did not consistently document communication with nurses regarding patient care plans.
- Nursing leadership did not stay abreast of COVID-19 policies and procedures and evaluate nurses to ensure competency.

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9. For a further discussion of an adverse event, see Table A-1.

- Providers did not directly care for patients who were in quarantine or isolation.

## Compliance Testing Results

Our compliance inspectors assessed nine of the 12 indicators applicable to CCI. Of these nine indicators, the compliance inspectors rated one proficient, and eight inadequate. We tested policy compliance in the **Health Care Environment**, **Preventative Services**, and **Administrative Operations** indicators, as these indicators do not have a case review component.

CCI demonstrated a high rate of policy compliance in the following area:

- The institution's staff scanned health care screening forms, community hospital discharge reports, and requests for health care services into patients' electronic medical records in a timely manner.

CCI demonstrated a low rate of policy compliance in the following areas:

- Providers at CCI did not often communicate the results of diagnostic services timely. Most patient letters communicating these results were missing the date of the diagnostic service, the date of the results, and whether the results were within normal limits.
- CCI staff frequently failed to maintain medication continuity for chronic care patients and patients discharged from a hospital. There was poor medication continuity for patients transferring into the institution and patients did not timely receive their newly ordered medications within specified time frames.
- CCI often did not ensure specialty service reports were received timely. Furthermore, providers often did not review those reports within the required time frames.

## Population-Based Metrics

In addition to our own compliance testing and case reviews, as noted above, the OIG presents selected measures from the Healthcare Effectiveness Data and Information Set (HEDIS) for comparison purposes. The HEDIS is a set of standardized quantitative performance measures designed by the National Committee for Quality Assurance to ensure that the public has the data it needs to compare the performance of health care plans. Because the Veterans Administration no longer publishes its individual HEDIS scores, we removed them from our comparison for Cycle 6. Likewise, Kaiser (commercial plan) no longer publishes HEDIS scores. However, through the California Department of Health Care Services' Medi-Cal Managed Care Technical Report, the OIG obtained Kaiser Medi-Cal HEDIS scores to use in conducting our analysis, and we present them here for comparison.

## HEDIS Results

We considered CCI's performance with population-based metrics to assess the macroscopic view of the institution's health care delivery. CCI's results compared favorably with those found in State health plans for diabetic care measures. We list the HEDIS measures in Table 5.

### Comprehensive Diabetes Care

When compared with statewide Medi-Cal programs (California Medi-Cal, Kaiser Northern California (Medi-Cal), and Kaiser Southern California (Medi-Cal), CCI outperformed the other health care systems in three of five diabetic measures: HbA1c screening, poor HbA1c control, and HbA1c control. CCI had the second highest percentage for blood pressure control, and scored lower than all three State health care programs for eye examinations.

### Immunizations

Statewide comparative data were not available for immunization measures; however, we include this data for informational purposes. CCI had a 65 percent influenza immunization rate for adults 18 to 64 years old and a 92 percent influenza immunization rate for adults 65 years of age and older. The pneumococcal vaccination rate was 88 percent.<sup>10</sup>

### Colorectal Cancer Screening

Statewide comparative data were not available for colorectal cancer screening; however, we include this data for informational purposes. CCI had a 90 percent colorectal cancer screening rate.

10. The pneumococcal vaccines administered are the 13 valent pneumococcal vaccine (PCV13) or the 23 valent pneumococcal vaccine (PPSV23), depending on the patient's medical conditions. For the adult population, the influenza or pneumococcal vaccine may have been administered at a different institution other than where the patient was housed during the inspection period.

**Table 5. CCI Results Compared With State HEDIS Scores**

HEDIS Measure	CCI Cycle 6 Results*	California Medi-Cal 2018†	California Kaiser NorCal Medi-Cal 2018†	California Kaiser SoCal Medi-Cal 2018†
HbA1c Screening	100%	88%	94%	95%
Poor HbA1c Control (> 9.0%)‡§	18%	34%	24%	20%
HbA1c Control (< 8.0%)‡	71%	55%	62%	70%
Blood Pressure Control (< 140/90)‡	81%	67%	75%	85%
Eye Examinations	14%	63%	77%	83%
Influenza—Adults (18–64)	65%	–	–	–
Influenza—Adults (65+)	92%	–	–	–
Pneumococcal—Adults (65+)	88%	–	–	–
Colorectal Cancer Screening	90%	–	–	–

*Notes and Sources*

\* Unless otherwise stated, data were collected in December 2020 by reviewing medical records from a sample of CCI's population of applicable patients. These random statistical sample sizes were based on a 95 percent confidence level with a 15 percent maximum margin of error.

† HEDIS Medi-Cal data were obtained from the California Department of Health Care Services publication titled, *Medi-Cal Managed Care External Quality Review Technical Report*, dated July 1, 2018–June 30, 2019 (published June 2020).

‡ For this indicator, the entire applicable CCI population was tested.

§ For this measure only, a lower score is better.

Source: Institution information provided by the California Department of Corrections and Rehabilitation. Health care plan data were obtained from the CCHCS Master Registry.

## Recommendations

As a result of our assessment of CCI's performance, we offer the following recommendations to the department:

### Access to Care

- Medical leadership should ensure all canceled appointments are rescheduled as soon as safely possible. In addition, providers should document the result of chart reviews to improve communication and collaboration with other primary health care team members. Furthermore, to improve patients' access to care, CCI should consider expanding its telemedicine utilization.
- Medical leadership should determine the cause(s) of untimely chronic care follow-up appointments with providers, clinician follow-up visits, and nurse-to-provider referrals and implement remedial measures as appropriate.

### Diagnostic Services

- Medical leadership should ascertain causative factors related to the untimely provision of laboratory services and implement remedial measures as appropriate.
- Medical leadership should determine the root cause(s) of challenges in reviewing and endorsing pathology reports timely and implement remedial measures as appropriate.

### Emergency Services

- Medical leadership should consider implementing periodic audits to ensure providers appropriately document patient care plans.
- Nursing leadership should ensure nurses are updated with the most current guidance, including COVID-19 symptoms and provide thorough patient screening.

### Health Information Management

- The department should consider developing and implementing a patient results letter template that autopopulates with all elements required per CCHCS policy.

### Health Care Environment

- Nursing leadership should consider performing random spot checks to ensure staff follow equipment and medical supply management protocols.

- Nursing leadership should have each clinic nurse supervisor review the monthly EMRB logs to ensure EMRBs are regularly inventoried and sealed.

### Transfers

- The department should consider developing and implementing an electronic alert to ensure receiving and release (R&R) nurses properly and thoroughly complete initial health screening questions and follow up as needed.
- The department should consider defining a clear requirement regarding which fields within the EHRS transfer-out powerform must be completed for any patients transferring out.
- Health care leadership should identify why medication continuity was not maintained for newly arrived patients to the institution and for patients returning from hospitalizations or emergency rooms and implement remedial measures as appropriate.
- Nursing leadership should develop and implement internal staff auditing to ensure assessments are complete and thorough, and medications and hospital recommendations are reconciled for patients returning from hospitalizations and emergency room visits.

### Medication Management

- Nursing leadership should develop a process to ensure all newly prescribed keep-on-person (KOP) “as needed” medications are offered timely to patients and that the medications are included on their daily “pick-up” distribution lists. This new work flow should be audited and reported to the Medication Management Subcommittee.<sup>11</sup>
- CCI’s chief medical executive, chief nursing executive, and pharmacist-in-charge should ensure antipyretic medications to treat a fever are available in medical isolation areas when ordered. In addition, medical leadership should train staff to order that the course of these medications begin promptly when patients are symptomatic.
- The EHRS team should evaluate the KOP medication refill process to ensure medications appear on the nurses’ task list prior to exhaustion of medications.

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11. KOP means “keep on person” and refers to medications in which a patient can keep and self-administer according to the directions provided. PRN means “as needed” and the patient can take a medication as needed according to the directions provided. A medication can be ordered as both KOP and PRN.



- The institution should consider developing and implementing measures to ensure medications are made available and administered in a timely manner and that summaries are documented in the medication administration record (MAR) as described in CCHCS policies and procedures.

### **Preventive Services**

- Nursing leadership should consider developing and implementing measures to ensure nursing staff timely screen patients for tuberculosis (TB) and completely address signs and symptoms in their TB screening.
- Medical leadership should determine the cause(s) of untimely chronic care vaccinations.
- Nursing leadership should consider developing and implementing measures to ensure nursing staff document patient refusals on the correct forms.

### **Nursing Performance**

- The CEO should consider directing nursing leadership to effectively communicate and provide clear expectations for the nursing staff.
- Nursing leadership should work towards improving patient care coordination with medical providers.
- Nursing leadership should ensure patients are aware when newly prescribed PRN medications are available in the medication administration areas.

### **Provider Performance**

- Medical leadership should ensure providers document patient-related calls and management plans in the electronic medical health record for clear communication and collaboration with the patient care team and for the continuity of patient care.

### **Specialty Services**

- Medical leadership should consider expanding the telemedicine provision in each medical clinic to include specialty services.
- Medical leadership should review the causes of the untimely provider review of specialty reports; medical leadership should implement remedial measures as appropriate.

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## Access to Care

In this indicator, OIG inspectors evaluated the institution's ability to provide patients with timely clinical appointments. Our inspectors reviewed the scheduling and appointment timeliness for newly arrived patients, sick calls, and nurse follow-up appointments. We examined referrals to primary care providers, provider follow-ups, and specialists. Furthermore, we evaluated the follow-up appointments for patients who received specialty care or returned from an off-site hospitalization.

### Results Overview

Similar to Cycle 5, CCI performed poorly overall in providing access to care. Compliance testing showed low scores for provider chronic care appointments and nurse-to-provider referrals. Access to specialists was also poor. On the other hand, access to nurses was good. We recognize access to care was impacted by rescheduled appointments during the COVID-19 pandemic. However, some medically necessary appointments were not kept, which led to a delay in care. After reviewing all aspects of this indicator, the OIG rated it *inadequate*.

### Case Review and Compliance Testing Results

We reviewed 140 provider, nursing, specialty, and hospital events that required the institution to generate appointments. We identified 19 deficiencies relating to **Access to Care**, eight of which were significant.<sup>12</sup>

#### Access to Clinic Providers

CCI did not perform well in managing referrals to providers and requests for provider follow-up. Failure to ensure provider appointment availability can cause lapses in care. Compliance testing found that 60.0 percent of chronic care follow-up appointments occurred on time (MIT 1.001), 100 percent of provider-ordered follow-up sick call appointments occurred within the required time frame (MIT 1.006), and 62.5 percent of nurse-to-provider sick call referrals occurred within the required time frame (MIT 1.005). OIG clinicians reviewed 70 outpatient provider encounters in 25 cases and identified 12 deficiencies in 10 cases.<sup>13</sup> Two examples follow:

- In case 1, a provider requested a chronic care appointment with a clinic provider to occur in 46 days, but the appointment did not occur.
- In case 16, a provider requested a follow-up with a patient but the appointment did not occur.

12. Deficiencies occurred in cases 1, 2, 3, 4, 7, 10, 16, 17, 19, 21, 23, 26, and 28. Cases 1, 2, 7, 16, 23, and 28 had significant deficiencies.

13. Deficiencies occurred in cases 1, 3, 7, 10, 16, 17, 19, 21, 23, and 28.

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
**Inadequate**

Compliance  
Score  
**Inadequate  
(74.3%)**

### Access to Clinic Nurses

CCI performed well in providing access to nurse sick call and provider-to-nurse referrals. Compliance testing found that all nurse sick call requests were reviewed on the same day they were received (MIT 1.003, 100%) and nursing staff completed a face-to-face visit within one day of the request (MIT 1.004, 93.3%). OIG clinicians reviewed 63 nursing sick call requests in 30 cases and identified six deficiencies in five cases related to clinic nurse access.<sup>14</sup>

### Access to Specialty Services

CCI provided adequate specialty access. Compliance testing found that 86.7 percent of high-priority specialty appointments occurred within the required time frame (MIT 14.001), 66.7 percent of medium-priority specialty appointments occurred as requested (MIT 14.004), and 53.3 percent of the routine-priority specialty appointments occurred as requested (MIT 14.007). OIG clinicians reviewed 24 specialty events and identified no deficiencies related to access to specialty services.

### Follow-Up After Specialty Services

In general, CCI performed poorly in providing follow-up appointments with providers after specialty appointments (MIT 1.008, 65.8%). OIG clinicians reviewed 24 specialty events and patients attended provider follow-up appointments after specialty consultations in all but one case; in this case, the patient refused to see the provider and instead followed up with the specialist.<sup>15</sup>

### Follow-Up After Hospitalization

In general, CCI performed adequately in providing follow-up appointments with providers after patients returned from hospitalizations. Compliance testing found that most provider appointments occurred within the required time frame (MIT 1.007, 80.0%). OIG clinicians reviewed 19 hospital returns and identified three deficiencies.<sup>16</sup> The following is an example.

- In case 23, a patient returned from the hospital with COVID-19 pneumonia. However, the follow-up appointment with the clinic provider did not occur until 21 days later.

### Follow-Up After Urgent or Emergent Care (TTA)

CCI generally performed adequately in ensuring patients followed up with their clinic providers at the triage and treatment area (TTA) after

14. Deficiencies occurred in cases 2, 4, 19, 26, and 28.

15. The patient refused to see the clinic provider after the specialist visit in case 24.

16. Deficiencies occurred in cases 7 and 23.

receiving urgent or emergent care. OIG clinicians assessed 15 TTA events and did not identify any significant deficiencies.

### **Follow-Up After Transferring Into the Institution**

Compliance testing showed poor performance in providing appointments for newly arrived patients within the required time frames (MIT 1.002, 24.0%). In contrast, OIG clinicians reviewed 10 transfer-in events and identified one deficiency:

- In case 28, a patient transferred to CCI from another institution, but the provider appointment was canceled due to a provider shortage. The new-arrival appointment occurred over eight months later.

### **Clinician On-Site Inspection**

CCI has five main clinics: facilities A, B, C, D and E. Each clinic is staffed with two primary care providers. Medical leadership reported that at the beginning of the COVID-19 pandemic, one provider retired and another was on medical leave. The chief medical executive (CME) issued an institutional memorandum informing staff that there would be only one provider working on-site at each facility and that Facility B would have no provider working on-site on Fridays.<sup>17</sup> After normal clinic hours, Friday coverage for Facility B would be handled by the providers on-site and the provider on-call.

One provider worked on-site at each facility and the others performed telemedicine from home. While working remotely from home, the providers consulted by phone, checked messages in the electronic health record system (EHRS), reconciled medications, and reviewed charts. As a consequence, on-site provider availability was reduced.

Nurses were involved in direct patient monitoring for COVID-19 quarantine and isolation rounding, especially during outbreaks in the institution. Nursing leadership and scheduling supervisors reported that when nurses consulted a provider, an appointment was generated for the co-consult and was immediately completed even though the provider did not see the patient. This was a former practice that was no longer supported by nursing leadership.

### **Recommendations**

- Medical leadership should ensure all canceled appointments are rescheduled as soon as safely possible. In addition, providers should document the result of chart reviews to improve communication and collaboration with other primary health care team members. Furthermore, to improve patients' access to care, CCI should consider expanding its telemedicine utilization.

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17. Provider Schedule Change due to Social Distancing practices in response to COVID-19.

- Medical leadership should determine the cause(s) of untimely chronic care follow-up appointments with providers, clinician follow-up visits, and nurse-to-provider referrals and implement remedial measures as appropriate.

## Compliance Testing Results

**Table 6. Access to Care**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Chronic care follow-up appointments: Was the patient's most recent chronic care visit within the health care guideline's maximum allowable interval or within the ordered time frame, whichever is shorter? (1.001) *	15	10	0	60.0%
For endorsed patients received from another CDCR institution: Based on the patient's clinical risk level during the initial health screening, was the patient seen by the clinician within the required time frame? (1.002) *	6	19	0	24.0%
Clinical appointments: Did a registered nurse review the patient's request for service the same day it was received? (1.003) *	30	0	0	100%
Clinical appointments: Did the registered nurse complete a face-to-face visit within one business day after the CDCR Form 7362 was reviewed? (1.004) *	28	2	0	93.3%
Clinical appointments: If the registered nurse determined a referral to a primary care provider was necessary, was the patient seen within the maximum allowable time or the ordered time frame, whichever is the shorter? (1.005) *	5	3	22	62.5%
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? (1.006) *	1	0	29	100%
Upon the patient's discharge from the community hospital: Did the patient receive a follow-up appointment within the required time frame? (1.007) *	20	5	0	80.0%
Specialty service follow-up appointments: Did the clinician follow-up visits occur within required time frames? (1.008) *,†	25	13	7	65.8%
Clinical appointments: Do patients have a standardized process to obtain and submit health care services request forms? (1.101)	5	1	0	83.3%
<b>Overall percentage (MIT 1): 74.3%</b>				

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

† CCHCS changed its specialty policies in April 2019, removing the requirement for primary care physician follow-up visits following specialty services. As a result, we tested MIT 1.008 only for high-priority specialty services or when staff ordered follow-ups. The OIG continued to test the clinical appropriateness of specialty follow-ups through its case review testing.

Source: The Office of the Inspector General medical inspection results.

**Table 7. Other Tests Related to Access to Care**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For patients received from a county jail: If, during the assessment, the nurse referred the patient to a provider, was the patient seen within the required time frame? (12.003) *	N/A	N/A	N/A	N/A
For patients received from a county jail: Did the patient receive a history and physical by a primary care provider within seven calendar days? (12.004) *	N/A	N/A	N/A	N/A
For CTC and SNF only (effective 4/2019, include OHU): Was a written history and physical examination completed within the required time frame? (13.002) *	N/A	N/A	N/A	N/A
For OHU, CTC, SNF, and Hospice (applicable only for samples prior to 4/2019): Did the primary care provider complete the Subjective, Objective, Assessment, and Plan notes on the patient at the minimum intervals required for the type of facility where the patient was treated? (13.003) *,†	N/A	N/A	N/A	N/A
Did the patient receive the high-priority specialty service within 14 calendar days of the primary care provider order or the Physician Request for Service? (14.001) *	13	2	0	86.7%
Did the patient receive the subsequent follow-up to the high-priority specialty service appointment as ordered by the primary care provider? (14.003) *	7	1	7	87.5%
Did the patient receive the medium-priority specialty service within 15-45 calendar days of the primary care provider order or the Physician Request for Service? (14.004) *	10	5	0	66.7%
Did the patient receive the subsequent follow-up to the medium-priority specialty service appointment as ordered by the primary care provider? (14.006) *	5	4	6	55.6%
Did the patient receive the routine-priority specialty service within 90 calendar days of the primary care provider order or Physician Request for Service? (14.007) *	8	7	0	53.3%
Did the patient receive the subsequent follow-up to the routine-priority specialty service appointment as ordered by the primary care provider? (14.009) *	3	2	10	60.0%

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

† CCHCS changed its policies and removed mandatory minimum rounding intervals for patients located in specialized medical housing. After April 2, 2019, MIT 13.003 only applied to CTCs that still had state-mandated rounding intervals. OIG case reviewers continued to test the clinical appropriateness of provider follow-ups within specialized medical housing units through case reviews.

Source: The Office of the Inspector General medical inspection results.

Overall  
Rating  
**Adequate**

Case Review  
Rating  
**Adequate**

Compliance  
Score  
**Inadequate  
(53.0%)**

## Diagnostic Services

In this indicator, OIG inspectors evaluated the institution's ability to timely complete radiology, laboratory, and pathology tests. Our inspectors determined whether the institution properly retrieved the resultant reports and whether providers reviewed the results correctly. In addition, in Cycle 6, we examined the institution's ability to timely complete and review stat (immediate) laboratory tests.

### Results Overview

CCI's performance in this indicator was mixed. CCI performed adequately in completing and retrieving radiology tests. However, compliance testing showed poor performance in completing laboratory tests within the ordered time frames. Providers also performed poorly in notifying their patients of laboratory or radiology results. Case review noted that providers informed patients of test results with incomplete letters. Case review found CCI's performance in routine test completion to be adequate. Clinically, the deficiencies overall did not significantly impact patient care. Factoring compliance testing and case reviews, the OIG rated the **Diagnostic Services** indicator *adequate*.

### Case Review and Compliance Testing Results

OIG clinicians reviewed 157 diagnostic events and found 89 deficiencies, of which one was significant.<sup>18</sup> Eighty deficiencies were related to health information management; four involved delays in scheduling; two involved delays in the completion of diagnostic tests; and two were due to providers' failure to create patient notification letters after endorsing laboratory results.<sup>19</sup> Of the health information management deficiencies, one was related to late retrieval of reports, two were due to late endorsement by providers, one was due to providers' failure to endorse the report, and one occurred when the EHRS date of service was incorrect.<sup>20</sup>

For health information management, we considered test reports that were never retrieved or reviewed to be a problem as severe as tests that were never performed.

#### Test Completion

CCI performed excellently in completing radiology services (MIT 2.001, 100%), but less so in completing laboratory services within

18. Deficiencies occurred in cases 1, 2, 3, 5, 6, 7, 8, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24. Case 5 had minor and significant deficiencies.

19. Deficiencies related to health information management occurred in cases 1, 2, 5, 6, 7, 8, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24.

20. In case 8, a diagnostic report was retrieved late and scanned into the EHRS with an incorrect date of service. Diagnostic reports were signed late in cases 5, 16, and 24. A diagnostic report was not signed in case 24.



the required time frames (MIT 2.004, 30.0%). Case reviewers found seven deficiencies, with one significant deficiency related to test completion.<sup>21</sup>

- In case 5, a provider requested a time-sensitive INR monitoring laboratory test to be collected within one week; however, the test was performed one month later.<sup>22</sup>

There were no stat laboratory samples in compliance testing and OIG clinicians did not encounter any cases with stat laboratory tests.

### Health Information Management

Compliance testing showed excellent performance in the timely review and endorsement of x-rays (MIT 2.002, 90.0%) and routine laboratory results (MIT 2.005, 90.0%), and with the retrieval of pathology results (MIT 2.010, 90.0%). However, performance in pathology review was lower (MIT 2.011, 66.7%). Compliance testing identified that providers communicated results for radiology, laboratory, and pathology tests at rates of zero percent, 10.0 percent, and zero percent respectively (MIT 2.003, 2.006, and 2.012).

OIG clinicians reviewed 156 diagnostic events and identified 81 health information management deficiencies, which were nearly 50 percent of the events. Most of the deficiencies (68 out of 81) were due to incomplete information in patient notification letters.<sup>23</sup> However, OIG clinicians also identified other types of deficiencies in the following cases:

- In case 5, a provider reviewed and endorsed laboratory reports two days late.
- In case 8, an infection control registered nurse reported a negative COVID-19 test result, but the result was retrieved and scanned into the electronic health record system 10 months later.
- In case 16, a provider reviewed and endorsed laboratory reports three days late.

### Clinician On-Site Inspection

OIG clinicians interviewed leadership, providers, nurses, supervisors, and laboratory staff. The supervisor indicated the institution was short-staffed with phlebotomists, as the phlebotomists were unable to complete all the laboratory requests on the same day. In addition, the unique institutional layout that includes five facilities made it difficult for staff to complete the daily workload. Although all laboratory requests were completed, there were some delays.

21. Deficiencies related to test completion occurred in cases 1, 3, 5, and 26 and a significant deficiency occurred in case 5.

22. The INR is a laboratory test to measure how quickly the blood clots. This test is used to monitor patients who take blood thinning medications.

23. Deficiencies in completing patient notification letters occurred in cases 1, 2, 5, 6, 7, 8, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24.

## Recommendations

- Medical leadership should ascertain causative factors related to the untimely provision of laboratory services and implement remedial measures as appropriate.
- Medical leadership should determine the root cause(s) of challenges in reviewing and endorsing pathology reports timely and implement remedial measures as appropriate.

## Compliance Testing Results

**Table 8. Diagnostic Services**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Radiology: Was the radiology service provided within the time frame specified in the health care provider's order? (2.001) *	10	0	0	100%
Radiology: Did the ordering health care provider review and endorse the radiology report within specified time frames? (2.002) *	9	1	0	90.0%
Radiology: Did the ordering health care provider communicate the results of the radiology study to the patient within specified time frames? (2.003)	0	10	0	0
Laboratory: Was the laboratory service provided within the time frame specified in the health care provider's order? (2.004) *	3	7	0	30.0%
Laboratory: Did the health care provider review and endorse the laboratory report within specified time frames? (2.005) *	9	1	0	90.0%
Laboratory: Did the health care provider communicate the results of the laboratory test to the patient within specified time frames? (2.006)	1	9	0	10.0%
Laboratory: Did the institution collect the STAT laboratory test and receive the results within the required time frames? (2.007) *	N/A	N/A	N/A	N/A
Laboratory: Did the provider acknowledge the STAT results, OR did nursing staff notify the provider within the required time frames? (2.008) *	N/A	N/A	N/A	N/A
Laboratory: Did the health care provider endorse the STAT laboratory results within the required time frames? (2.009)	N/A	N/A	N/A	N/A
Pathology: Did the institution receive the final pathology report within the required time frames? (2.010) *	9	1	0	90.0%
Pathology: Did the health care provider review and endorse the pathology report within specified time frames? (2.011) *	6	3	1	66.7%
Pathology: Did the health care provider communicate the results of the pathology study to the patient within specified time frames? (2.012)	0	9	1	0
<b>Overall percentage (MIT 2): 53.0%</b>				

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.

## Emergency Services

In this indicator, OIG clinicians evaluated the quality of emergency medical care. Our clinicians reviewed emergency medical services by examining the timeliness and appropriateness of clinical decisions made during medical emergencies. Our evaluation included examining the emergency medical response, cardiopulmonary resuscitation (CPR) quality, triage and treatment area (TTA) care, provider performance, and nursing performance. Our clinicians also evaluated the Emergency Medical Response Review Committee's (EMRRC) ability to identify problems with its emergency services. The OIG assessed the institution's emergency services through case review only; we did not perform compliance testing for this indicator.

### Results Overview

CCI delivered satisfactory emergency care. Nurses timely responded to medical emergencies and activated emergency medical services appropriately. However, OIG clinicians identified a pattern of incomplete nursing assessments, documentation, and interventions. While providers were available for consultation in person or by phone, they often they did not document the communication. Although we identified opportunities for improvement, most deficiencies were not clinically significant. We rated this indicator *adequate*.

### Case Review and Compliance Testing Results

We reviewed 18 urgent and emergent events and found 30 emergency care deficiencies. Of these 30 deficiencies, five were significant.<sup>24</sup>

#### Emergency Medical Response

CCI staff responded promptly to emergencies throughout the institution. They initiated CPR, activated emergency medical services (EMS), and notified TTA staff in a timely manner. One opportunity for improvement was identified and is noted below.

- In case 10, custody staff initiated CPR and activated a medical alarm. However, EMS was not requested until five minutes after CPR was initiated. The first medical responding nurse arrived promptly in three minutes.

#### Provider Performance

CCI providers performed adequately in urgent and emergent situations. For patients who presented emergently in the TTA, providers made appropriate decisions. Providers were available for consultation with TTA staff. However, we noted in 12 of the 18 urgent and emergent events,

Overall  
Rating  
**Adequate**

Case Review  
Rating  
**Adequate**

Compliance  
Score  
**(N/A)**

<sup>24</sup> Deficiencies occurred in cases 1, 2, 3, 6, 7, 8, 9, 10, 11, 15, 19, 20, 21, 22, and 23. Cases 1, 2, 15, and 19 had significant deficiencies.

providers did not document information such as communication with the nurse, the decision-making rationale, and the plan of management. Although documentation-related deficiencies are considered minor, complete and accurate documentation is an essential part of patient care. Detailed documentation can also support and ensure the accuracy of providers' decisions.

### **Nursing Performance**

CCI's nurses promptly responded to emergent events and appropriately initiated interventions for opioid overdoses. However, on several occasions, nurses did not thoroughly assess patients, initiate appropriate interventions, or consult with providers.

- In case 2, a patient complained of shortness of breath and nausea. A nurse responded to the housing unit but did not obtain vital signs, perform a physical assessment, or arrange a follow-up. This is concerning, as these symptoms arose during the COVID-19 pandemic.
- In case 15, a patient was in quarantine due to the COVID-19 pandemic and had shortness of breath and elevated blood pressure. A nurse did not assess for additional signs of COVID-19, initiate isolation, reassess the elevated blood pressure, or consult a provider.

### **Nursing Documentation**

Although nursing documentation at the institution was acceptable, it was not always thorough. We found opportunities for improvement in six of the 18 cases,<sup>25</sup> including the following two examples:

- In case 3, a nurse responded to an alert from a housing unit where a patient was found hanging with a noose around the neck. The nurse did not document the neck's appearance.
- In case 11, a patient had an altered mental state and was suspected of a drug overdose. A nurse did not document the amount of oxygen administered to the patient.

### **Emergency Medical Response Review Committee**

CCI staff regularly conducted clinical reviews of nonscheduled emergency transports. The supervising registered nurse frequently conducted the initial review on the day of the event. In addition, the Emergency Medical Response Review Committee (EMRRC) reviewed the cases and identified most of the opportunities for improvement.

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<sup>25</sup>. Documentation deficiencies occurred in cases 3, 7, 9, 11, 20, and 22.

### **Clinician On-Site Inspection**

At CCI, each facility has a designated area that serves as a minor treatment room and also functions as a TTA. An RN is present on each shift and responds to medical emergencies. Due to the unique institutional layout, in addition to responding to medical emergencies, RNs evaluate patients arriving from other institutions or returning after community hospitalizations, emergency room evaluations, and off-site specialist appointments. Each treatment area is equipped with an automated external defibrillator, a well-stocked emergency crash cart, and a gurney. Most of the minor treatment rooms are located within the medical clinics. During business hours, nurses consult the medical clinic provider. During the height of the COVID-19 pandemic, staff were able to reach providers for phone consultation. After hours, one on-call provider managed the entire institution.

### ***Recommendations***

- Medical leadership should consider implementing a periodic audit to ensure providers are appropriately documenting patient care plans.
- Nursing leadership should ensure nurses are updated with the most current guidance, including COVID-19 symptoms, and provide thorough patient screening.

Overall  
Rating  
**Adequate**

Case Review  
Rating  
**Adequate**

Compliance  
Score  
**Proficient**  
(87.4%)

## Health Information Management

In this indicator, OIG inspectors evaluated the flow of health information, a crucial link in high-quality medical care delivery. Our inspectors examined whether the institution retrieved and scanned critical health information (progress notes, diagnostic reports, specialist reports, and hospital-discharge reports) into the medical record in a timely manner. Our inspectors also tested whether clinicians adequately reviewed and endorsed those reports. In addition, our inspectors checked whether staff labeled and organized documents in the medical record correctly.

### Results Overview

The OIG found that CCI staff generally retrieved and scanned hospital discharge records and specialty reports timely. However, providers did not always document progress notes in the electronic health record system, and did not include all elements required by CCHCS policy in patient notification results letters. This will be discussed further in the **Provider Performance** indicator. Although the case reviewers and compliance team had different ratings, we took all factors into account and rated this indicator *adequate*.

### Case Review and Compliance Testing Results

The OIG clinicians reviewed 761 events and found 84 deficiencies related to health information management, none of which were significant.<sup>26</sup>

#### Hospital Discharge Reports

CCI staff performed well in retrieving and scanning hospital records. Compliance testing found that CCI staff retrieved and scanned hospital discharge records within the required time frames (MIT 4.003, 90.0%) and providers reviewed the records within five calendar days of a patient's discharge (MIT 4.005, 96.0%). OIG clinicians reviewed 19 off-site emergency department and hospital records and identified two minor deficiencies due to delays in retrieving hospital records, of which none were significant.<sup>27</sup>

- In case 23, a patient was discharged from a hospital and the discharge records were retrieved and scanned into the EHRS one day late.

#### Specialty Reports

CCI performed poorly in managing specialty reports. Although compliance testing showed staff retrieved specialty reports adequately

26. Deficiencies occurred in cases 1, 2, 5, 6, 7, 8, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24.

27. Deficiencies occurred in cases 8 and 23.

(MIT 4.002, 80.0%), providers received and reviewed specialty service reports within the required time frame for high-priority specialty reports at a rate of 66.7 percent (MIT 14.002), medium-priority specialty reports at a rate of 46.2 percent (MIT 14.005), and routine-priority specialty reports at a rate of 41.7 percent (MIT 14.008). OIG clinicians reviewed 23 specialty reports and identified only one minor deficiency in scanning a specialty report.

We also discuss these findings in the **Specialty Services** indicator.

### **Diagnostic Reports**

CCI performed poorly in managing diagnostic reports. Compliance testing found providers did not communicate the results of pathology studies to patients in a timely manner (MIT 2.012, zero). Providers did not always review pathology reports within the specified time frames (MIT 2.011, 66.7%). There were no stat laboratory cases in compliance testing (MIT 2.008, n/a) or in case review. OIG clinicians reviewed 179 diagnostic events and identified 81 diagnostic health information management deficiencies, of which none were significant. Most deficiencies (67 of 81 deficiencies) were related to missing elements in patient notification letters and others were related to delays in provider endorsements.

These deficiencies are further discussed in the **Diagnostic Services** indicator.

### **Urgent and Emergent Records**

OIG clinicians reviewed 37 emergency care events and found that communication between nurses and providers was not well documented. In addition, providers did not always document progress notes. This is further discussed in the **Emergency Services** indicator. One example is listed below:

- In case 1, a TTA nurse consulted with a provider regarding a patient, but the provider did not document their recommended plan of care in the EHRS.

### **Scanning Performance**

CCI's scanning performance was mixed. Compliance testing found that staff did not always properly scan, label, or place medical records in the correct patients' files (MIT 4.004, 70.8%). OIG clinicians did not identify any mislabeled or misfiled records during the case reviews.

### **Clinician On-Site Inspection**

We discussed health information management processes with CCI office technicians, the health information management supervisor, utilization management staff, diagnostic staff, nurses, and providers. The medical records supervisor described the processes of retrieving

on-site and off-site reports. Health information management staff collected medical records during regular hours on weekdays. Utilization management nursing staff retrieved hospital and specialty records. During the construction of Facility B, the outpatient housing unit (OHU) was temporarily closed. Prior to the closure, stat laboratory results were phoned to the OHU RN. Staff reported that because of the closure, the after-hours stat laboratory results were faxed to the nurse scheduling office instead of being reported directly to nursing staff by phone. Having stat laboratory results faxed to a nonclinical area may lead to a delay in handling after-hours stat laboratory results because nonclinical staff may not understand the significance of the laboratory result.

### Recommendations

- The department should consider developing and implementing a patient results letter template that autopopulates with all elements required per CCHCS policy.

## Compliance Testing Results

**Table 9. Health Information Management**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Are health care service request forms scanned into the patient's electronic health record within three calendar days of the encounter date? (4.001)	20	0	10	100%
Are specialty documents scanned into the patient's electronic health record within five calendar days of the encounter date? (4.002) *	24	6	15	80.0%
Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge? (4.003) *	18	2	5	90.0%
During the inspection, were medical records properly scanned, labeled, and included in the correct patients' files? (4.004) *	17	7	0	70.8%
For patients discharged from a community hospital: Did the preliminary or final hospital discharge report include key elements and did a provider review the report within five calendar days of discharge? (4.005) *	24	1	0	96.0%
<b>Overall percentage (MIT 4): 87.4%</b>				

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.



**Table 10. Other Tests Related to Health Information Management**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Radiology: Did the ordering health care provider review and endorse the radiology report within specified time frames? (2.002) *	9	1	0	90.0%
Laboratory: Did the health care provider review and endorse the laboratory report within specified time frames? (2.005) *	9	1	0	90.0%
Laboratory: Did the provider acknowledge the STAT results, OR did nursing staff notify the provider within the required time frame? (2.008) *	N/A	N/A	N/A	N/A
Pathology: Did the institution receive the final pathology report within the required time frames? (2.010) *	9	1	0	90.0%
Pathology: Did the health care provider review and endorse the pathology report within specified time frames? (2.011) *	6	3	1	66.7%
Pathology: Did the health care provider communicate the results of the pathology study to the patient within specified time frames? (2.012)	0	9	1	0
Did the institution receive and did the primary care provider review the high-priority specialty service consultant report within the required time frame? (14.002) *	10	5	0	66.7%
Did the institution receive and did the primary care provider review the medium-priority specialty service consultant report within the required time frame? (14.005) *	6	7	2	46.2%
Did the institution receive and did the primary care provider review the routine-priority specialty service consultant report within the required time frame? (14.008) *	5	7	3	41.7%

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
(N/A)

Compliance  
Score  
**Inadequate**  
(66.7%)

## Health Care Environment

In this indicator, OIG compliance inspectors tested clinics' waiting areas, infection control, sanitation procedures, medical supplies, equipment management, and examination rooms. Inspectors also tested clinics' ability to maintain auditory and visual privacy for clinical encounters. Compliance inspectors asked the institution's health care administrators to comment on their facility's infrastructure and its ability to support health care operations. The OIG rated this indicator solely on the compliance score, using the same scoring thresholds as in the Cycle 4 and Cycle 5 medical inspections. Our case review clinicians do not rate this indicator.

### Results Overview

For this indicator, CCI's performance improved slightly compared with its performance in Cycle 5. In the present cycle, multiple aspects of CCI's health care environment needed improvement: multiple clinics and the medical warehouse contained expired or compromised medical supplies; and emergency medical response bag (EMRB) logs either were missing staff verification or inventory was not performed. These factors resulted in an **inadequate** rating for this indicator.

## Compliance Testing Results

### Outdoor Waiting Areas

We inspected CCI's outdoor patient waiting areas. Only one clinic had an outdoor waiting area (see Photo 1, below). Health care and custody staff reported the existing outdoor waiting area had sufficient seating capacity. However, the main waiting area did not have an overhang to protect patients from inclement weather.

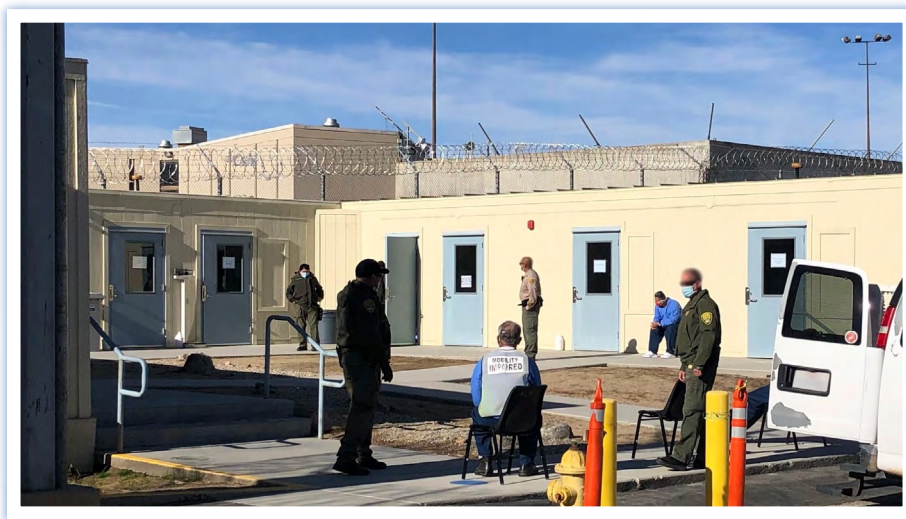


Photo 1. Facility B clinic main outdoor waiting area (photographed on January 6, 2021).

Custody staff reported that during inclement weather they escort patients to a secondary waiting area that is fully covered (see Photo 2, right).

Photo 2. Facility B clinic secondary waiting area (photographed on January 6, 2021).



Photo 3. Facility E indoor waiting area (photographed on January 8, 2021).

### Indoor Waiting Areas

We inspected CCI's indoor waiting areas. Health care and custody staff reported the existing indoor waiting areas had sufficient seating capacity that provided patients protection from inclement weather (see Photo 3, left). Custody staff reported they bring in a few patients at a time to prevent overcrowding the indoor waiting areas and to maintain safe social distancing during the pandemic. During our inspection, we did not observe overcrowding in the clinics' waiting areas.

## Clinic Environment

All clinic environments were sufficiently conducive for medical care, providing reasonable auditory privacy, appropriate waiting areas, wheelchair accessibility, and nonexamination room workspace (MIT 5.109, 100%).

Of the 10 clinics we observed, eight contained appropriate space, configuration, supplies, and equipment to allow clinicians to perform proper clinical examinations (MIT 5.110, 80.0%). In one clinic, examination rooms have open ventilation between rooms, which allowed sound from one office to disrupt conversations during patient encounters (see Photo 4, below). The remaining clinic lacked an examination room for each clinician on shift.

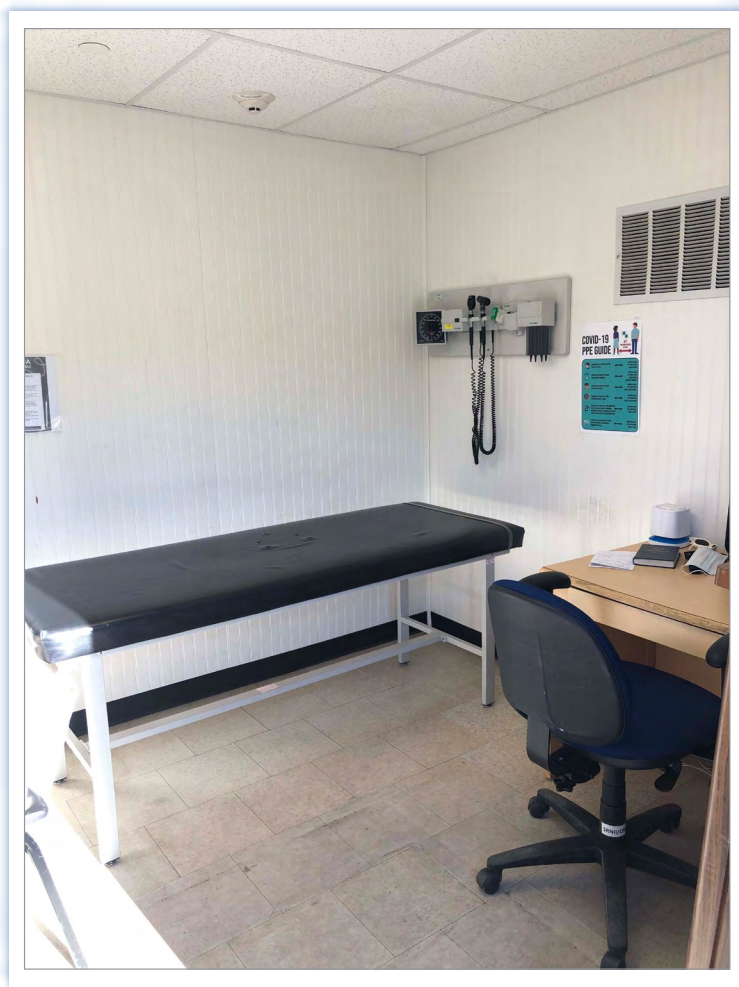


Photo 4. Facility B examination room with ventilation (photographed on January 6, 2021).



Photo 5. Medical supply with an expiration date of September 2020 (photographed on January 7, 2021).

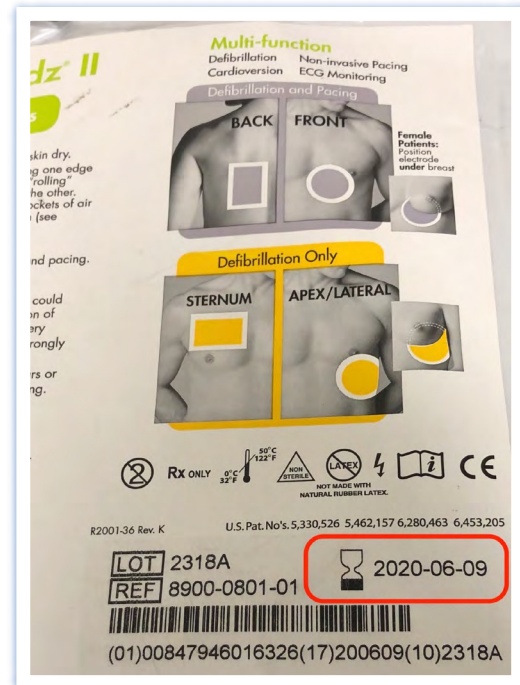


Photo 6. Medical supply with an expiration date of June 9, 2020 (photographed on January 8, 2021).



Photo 7. Disorganized and unlabeled medical supplies (photographed on January 6, 2021).

### Clinic Supplies

Five of the 12 clinics followed adequate medical supply storage and management protocols (MIT 5.107, 41.7%). We found one or more of the following deficiencies in seven clinics: expired medical supplies (see Photos 5 and 6, above), unidentified medical supplies, inaccurately identified medical supplies, medical supplies stored directly on the floor, disorganized medical supplies (see Photo 7, left), and food belonging to staff stored with medical supplies.

Three of the 12 clinics met the requirements for essential core medical equipment and supplies (MIT 5.108, 25.0%). The remaining nine clinics lacked medical supplies or contained improperly calibrated or nonfunctional equipment. One examination room had missing items, such as an examination table and hemocult cards. Staff had not properly calibrated an automated vital sign machine, nebulizer unit, oto-ophthalmoscope, and electrocardiogram. We found a nonfunctional oto-ophthalmoscope and expired hemocult cards, and we found the Snellen chart was either not placed on the wall or did not have an identified distance line on the floor or wall. In addition, staff had failed to log results of the defibrillator performance test within the preceding 30 days.

We examined emergency medical response bags (EMRBs) to determine whether they contained all essential items. We checked if staff inspected the bags daily and inventoried them monthly. Only two of the five EMRBs passed our test (MIT 5.111, 40.0%). In one location, staff had not inventoried EMRBs when the seal tags were replaced. In two locations, crash carts contained expired medical supplies and did not meet the minimum inventory level (see Photo 8, below).



Photo 8. Expired crash cart supply dated November 2020 (photographed on January 7, 2021).

## Medical Supply Management

None of the medical supply storage areas located outside the medical clinics stored medical supplies adequately (MIT 5.106, zero). We found medical supplies with compromised sterile packaging (see Photos 9 and 10, below).



Photos 9 and 10. Medical supply with compromised sterile packaging (photographed on January 5, 2021).

According to the chief executive officer (CEO), and the medical warehouse manager, the institution did not have any concerns about the medical supply process. Every Monday, health care staff in each clinic performs an inventory of medical supplies and submits a form via email to the medical warehouse manager requesting any necessary medical supplies. Those medical supplies are then delivered to the clinics every Wednesday of the same week. If any medical supplies are needed urgently, health care staff calls the warehouse and the supplies are delivered immediately or on the same day. Health care managers expressed no concerns about the medical supply chain or their communication process with the existing system in place.

### **Infection Control and Sanitation**

Staff appropriately cleaned, sanitized, and disinfected all clinics (MIT 5.101, 100%).

Staff in eight of nine clinics (MIT 5.102, 88.9%) properly sterilized or disinfected medical equipment. In one clinic, staff did not change the examination table paper between patient encounters.

We found operating sinks and hand hygiene supplies in the examination rooms in seven of 12 clinics (MIT 5.103, 58.3%). We found one or both of the following deficiencies in five clinics: patient restrooms lacked antiseptic soap and disposable towels and health care staff did not have access to an operational sink in the examination room or within a reasonable proximity.

We observed patient encounters in five clinics. Clinicians followed good hand hygiene practices in all clinics (MIT 5.104, 100%).

Health care staff in twelve clinics followed proper protocols to mitigate exposure to blood-borne pathogens and contaminated waste (MIT 5.105, 100%).

### **Physical Infrastructure**

We gathered information to determine if the institution's physical infrastructure was maintained in a manner that supported health care management's ability to provide timely and adequate health care. When we interviewed health care managers, they did not have concerns about the facility's infrastructure or its effect on staff's ability to provide adequate health care. At the time of inspection, CCI had three infrastructure projects underway, which management staff felt would improve the delivery of care at the institution:

- The Facility A primary care clinic renovation began in 2015 and is expected to be completed by February 2022.
- The Facility B primary care and specialty clinic renovations began in 2015 and are expected to be completed by September 2021.



- The Facility A and B medication distribution room construction began in 2020 and was completed by the time of our tour. However, at that time of the inspection, the institution was waiting for the fire alarm system to be repaired and was pending the fire marshal's approval. The CEO did not believe this delay would negatively impact the institution's ability to provide good patient care (MIT 5.999).

### *Recommendations*

- Nursing leadership should consider performing random spot checks to ensure that staff follow equipment and medical supply management protocols.
- Nursing leadership should have each clinic nurse supervisor review the monthly EMRB logs to ensure that the EMRBs are regularly inventoried and sealed.

## Compliance Testing Results

**Table 11. Health Care Environment**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Infection control: Are clinical health care areas appropriately disinfected, cleaned, and sanitary? (5.101)	12	0	1	100%
Infection control: Do clinical health care areas ensure that reusable invasive and noninvasive medical equipment is properly sterilized or disinfected as warranted? (5.102)	8	1	4	88.9%
Infection control: Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies? (5.103)	7	5	1	58.3%
Infection control: Does clinical health care staff adhere to universal hand hygiene precautions? (5.104)	5	0	8	100%
Infection control: Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste? (5.105)	12	0	1	100%
Warehouse, conex, and other nonclinic storage areas: Does the medical supply management process adequately support the needs of the medical health care program? (5.106)	0	1	0	0
Clinical areas: Does each clinic follow adequate protocols for managing and storing bulk medical supplies? (5.107)	5	7	1	41.7%
Clinical areas: Do clinic common areas and exam rooms have essential core medical equipment and supplies? (5.108)	3	9	1	25.0%
Clinical areas: Are the environments in the common clinic areas conducive to providing medical services? (5.109)	10	0	3	100%
Clinical areas: Are the environments in the clinic exam rooms conducive to providing medical services? (5.110)	8	2	3	80.0%
Clinical areas: Are emergency medical response bags and emergency crash carts inspected and inventoried within required time frames, and do they contain essential items? (5.111)	2	3	8	40.0%
Does the institution's health care management believe that all clinical areas have physical plant infrastructures that are sufficient to provide adequate health care services? (5.999)	This is a nonscored test. Please see the indicator for discussion of this test.			
<b>Overall percentage (MIT 5): 66.7%</b>				

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.

## Transfers

In this indicator, OIG inspectors examined the transfer process for patients who transferred into the institution, as well as for those who transferred to other institutions. For newly arrived patients, our inspectors assessed the quality of health screenings and the continuity of provider appointments, specialist referrals, diagnostic tests, and medications. For patients who transferred out of the institution, inspectors checked whether staff reviewed patient medical records and determined the patient's need for medical holds. They also assessed if staff transferred patients with their medical equipment and gave correct medications before patients left. In addition, our inspectors evaluated the ability of staff to communicate vital health transfer information, such as preexisting health conditions, pending appointments, tests, and specialty referrals; and inspectors confirmed if staff sent complete medication transfer packages to the receiving institution. For patients who returned from off-site hospitals or emergency rooms, inspectors reviewed whether staff appropriately implemented the recommended treatment plans, administered necessary medications, and scheduled appropriate follow-up appointments.

### Results Overview

CCI performed poorly in this indicator. Compared with Cycle 5, our case reviewers identified more significant deficiencies. For patients transferring into the institution, compliance testing revealed nurses did not thoroughly complete initial health screening forms, did not ensure medication continuity, and did not ensure patients were seen timely for preapproved specialty appointments. Case review clinicians found that patients were seen timely during the transfer-in process but found lapses in medication continuity. In addition, case review clinicians found there were minor opportunities for improvement in assessments and documentation. Case review clinicians identified significant deficiencies in transfer-out cases. Both compliance and case review found problems when patients returned from the hospital. Considering all components of the transfer process, we rated the **Transfers** indicator *inadequate*.

### Case Review and Compliance Testing Results

OIG clinicians reviewed 60 events in 21 cases in which patients transferred into or out of the institution or returned from an off-site hospital or emergency room. Of the 60 events, case reviewers identified 34 deficiencies, 12 of which were significant.<sup>28</sup>

#### Transfers In

Compliance testing showed nursing staff did not complete initial health screenings or answer all screening questions within the required time

<sup>28</sup>. Deficiencies occurred in cases 3, 4, 6, 7, 8, 19, 21, 22, 23, 28, 40, 41, 43, 44, and 45. Cases 6, 7, 8, 19, 21, 23, 28, and 45 had significant deficiencies.

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
**Inadequate**

Compliance  
Score  
**Inadequate**  
(53.8%)

frames (MIT 6.001, zero). Nursing staff did not address the signs and symptoms of fatigue when screening for TB, complete initial health screenings within the required time frame, and follow up with additional health care screening questions regarding conditions requiring explanation, such as mental illness. However, case review clinicians found newly arrived patients were evaluated within the required time frames and usually received appropriate assessments. We identified minor deficiencies related to incomplete vital signs, and in one case, a nurse did not follow up with additional health care screening questions.

For patients who transferred in from another departmental institution, medication continuity was poor. Compliance testing found CCI did not administer or deliver medications without interruption (MIT 6.003, 61.5%). Analysis of compliance data shows that while medications were ordered, nurses did not administer them in a timely manner. Case review clinicians found similar deficiencies.

In compliance testing, CCI scored low in managing patients transferring into CCI with preapproved specialty appointments (MIT 14.010, 22.2%). Our case review clinicians did not find any specialty transfer-in deficiencies.

OIG clinicians found most newly arrived patients were evaluated within the required time frames and received appropriate assessments. However, we identified one significant deficiency related to a provider follow-up appointment not occurring.

- In case 28, a patient transferred into CCI. A nurse requested that a provider evaluate the patient within 30 days, but the appointment did not occur within the requested time frame.

### Transfers Out

CCI's transfer-out process was not observed by the compliance team because no patients transferred out on the day of the OIG compliance on-site inspection (MIT 6.101, n/a).

Our clinicians reviewed three transfer-out events and found none of the transfer forms were thoroughly completed by R&R nurses.<sup>29</sup> Below is an example:

- In case 45, nursing staff did not complete a transfer screening. At the time of transfer, the nurse did not document the patient's two pending specialist appointments on the transfer forms and did not assess vital signs.

### Hospitalizations

Patients returning from an off-site hospitalization or emergency room are at high risk for lapses in care. These patients typically experience severe illness or injury. They require more care and place strain on

<sup>29</sup>. Deficiencies in the transfer-out process occurred in cases 43, 44, and 45.

the institution's resources. Also, because these patients have complex medical issues, the successful transfer of health information is critical for good quality care. Any lapse can result in serious consequences for these patients.

Our clinicians reviewed 19 hospital or emergency room returns in 16 cases.<sup>30</sup> We identified 24 deficiencies, 10 of which were significant.<sup>31</sup> We found multiple areas of concern. First, CCI providers and nurses did not always thoroughly review hospital discharge records. Consequently, specialty care recommendations were overlooked. In addition, because providers and nurses did not consistently reconcile new and previously prescribed medications, there were delays and breaks in continuity. Lastly, hospital follow-up appointments, which were recommended by the hospital providers, were inappropriately canceled or delayed. Notwithstanding the COVID-19 pandemic, these cases required follow-up that did not occur or was delayed.

- In case 23, a patient was discharged from the hospital for pneumonia and evaluated by a nurse. The nurse ordered a provider follow-up appointment to occur in three days. However, the provider canceled the appointment. The patient was eventually seen nine days later, which caused a delay in care.

In most cases, hospital discharge documents were scanned into the patient's electronic health record within three calendar days of discharge (MIT 4.003, 90.0%). Compliance testing also found providers routinely reviewed and endorsed documents in a timely manner (MIT 4.005, 96.0%).

In contrast, compliance testing showed CCI had room for improvement in medication continuity and hospital discharge recommendations. Ordered medications were administered, made available, or delivered to patients within the required time frames 54.2 percent of the time (MIT, 7.003). Both clinical case reviews and compliance testing found lapses in the continuity of essential medications. Our clinicians identified significant deficiencies in medication continuity and in addressing hospital discharge recommendations. Transfer medication continuity is also discussed in the **Pharmacy and Medication Management** indicators. Examples are listed below:

- In case 6, a patient returned from a community hospital with recommendations for specialist care, diagnostic testing, and a medication to be discontinued. The provider did not address any of these recommendations.
- In case 7, a patient returned from a hospital admission for COVID-19. A provider partially addressed the hospital provider's medication recommendations but did not order an antiviral medication or document the reason why the medication was

30. Hospitalization/ER return deficiencies occurred in cases 2, 3, 4, 6, 7, 8, 10, 11, 19, 20, 21, 22, 23, and 24.

31. Hospitalization/ER return deficiencies occurred in cases 3, 6, 7, 8, 19, 21, 22, and 23. Significant deficiencies occurred in cases 6, 7, 8, 19, 21, and 23.

not continued. During the same encounter, the provider ordered a blood thinner with instructions to administer it on the same day; the pharmacy promptly delivered the medication to the administration area, but the nurse did not administer it until the next day. In addition, a hospital follow-up with the provider was scheduled to occur within five days but did not occur for three weeks.

- In case 8, a patient was discharged from a community hospital and had new medication orders for an antibiotic and Tylenol. The pharmacy filled and delivered both medications to the medication administration nurses, but the medications were not administered to the patient.
- In case 19, a patient was discharged from a hospital with COVID-19 pneumonia. The hospital discharge summary included recommendations to start an antiviral medication. However, the receiving nurse incorrectly documented the antiviral medication did not need to be continued.

### **Clinician On-Site Inspection**

The clinician team met with the receiving and release (R&R) nurse who evaluates patients departing from Facility B. We learned that CCI's transfer process was unique in that CCI does not have a central R&R; instead, each facility processes new patients. As a result, the TTA RN at each facility evaluates newly arrived patients from other institutions and patients returning from community hospitals. The day shift R&R nurse's primary role was to ensure paroling patients had their prescribed medications and transferring patients had their durable medical equipment and transfer envelopes complete with medications and the patient care summary form. The nurse indicated that, prior to the patient's transfer, vital signs were obtained and the patient care summary was completed. While one R&R nurse completes the paperwork, another R&R nurse on a different shift is responsible for completing the transfer. The institution divides tasks among several staff rather than delegating them to a single person. Doing so causes incomplete documentation and verification prior to transfers.

OIG clinicians also interviewed several nurses who evaluate patients returning from a higher level of care. The nurses reported patients generally returned to the institution with hospital discharge documentation following a hospital admission. However, when patients returned from an emergency room evaluation, emergency room records were sometimes not received. The nurses reported that during business hours, hospital paperwork was taken to the clinic provider for review except in Facility B, where the nurse and provider were not in close proximity. In Facility B, the nurse would call the provider instead. After hours for all facilities, nurses contacted the provider-on-call to review the hospital recommendations.

### *Recommendations*

- The department should consider developing and implementing an electronic alert to ensure the receiving and release (R&R) nurses properly and thoroughly complete the initial health screening questions and follow up as needed.
- The department should consider defining a clear requirement regarding which fields within the EHRS transfer-out powerform must be completed for any patients transferring out.
- Health care leadership should identify why medication continuity was not maintained for newly arriving patients to the institution and patients returning from hospitalizations or emergency rooms and implement remedial measures as appropriate.
- Nursing leadership should develop and implement internal auditing to ensure assessments are complete and thorough, and medication and hospital recommendations are reconciled for patients returning from hospitalizations and emergency room visits.

## Compliance Testing Results

**Table 12. Transfers**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For endorsed patients received from another CDCR institution or COCF: Did nursing staff complete the initial health screening and answer all screening questions within the required time frame? (6.001) *	0	25	0	0
For endorsed patients received from another CDCR institution or COCF: When required, did the RN complete the assessment and disposition section of the initial health screening form; refer the patient to the TTA if TB signs and symptoms were present; and sign and date the form on the same day staff completed the health screening? (6.002)	25	0	0	100%
For endorsed patients received from another CDCR institution or COCF: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption? (6.003) *	8	5	12	61.5%
For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer packet required documents? (6.101) *	N/A	N/A	N/A	N/A
<b>Overall percentage (MIT 6): 53.8%</b>				

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.



**Table 13. Other Tests Related to Transfers**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For endorsed patients received from another CDCR institution: Based on the patient's clinical risk level during the initial health screening, was the patient seen by the clinician within the required time frame? (1.002) *	6	19	0	24.0%
Upon the patient's discharge from the community hospital: Did the patient receive a follow-up appointment with a primary care provider within the required time frame? (1.007) *	20	5	0	80.0%
Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge? (4.003) *	18	2	5	90.0%
For patients discharged from a community hospital: Did the preliminary or final hospital discharge report include key elements and did a provider review the report within five calendar days of discharge? (4.005) *	24	1	0	96.0%
Upon the patient's discharge from a community hospital: Were all ordered medications administered, made available, or delivered to the patient within required time frames? (7.003) *	13	11	1	54.2%
Upon the patient's transfer from one housing unit to another: Were medications continued without interruption? (7.005) *	19	6	0	76.0%
For patients en route who lay over at the institution: If the temporarily housed patient had an existing medication order, were medications administered or delivered without interruption? (7.006) *	N/A	N/A	N/A	N/A
For endorsed patients received from another CDCR institution: If the patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames? (14.010) *	2	7	1	22.2%

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
**Inadequate**

Compliance  
Score  
**Inadequate**  
(72.1%)

## Medication Management

In this indicator, OIG inspectors evaluated the institution's ability to administer prescription medications on time and without interruption. The inspectors examined this process from the time a provider prescribed medication until the nurse administered the medication to the patient. When rating this indicator, the OIG strongly considered the compliance test results, which tested medication processes to a much greater degree than case review testing. In addition to examining medication administration, our compliance inspectors also tested many other processes, including medication handling, storage, error reporting, and other pharmacy processes.

### Results Overview

CCI performed poorly in this indicator. Areas for improvement included new medication prescriptions, chronic care medication continuity, hospital discharge medications, and transfer medication continuity. In addition, nurses did not always administer keep-on-person (KOP) medications timely and utilize the Omnicell when medications were not available.<sup>32</sup> Both compliance and case review rated this indicator *inadequate*.

### Case Review and Compliance Testing Results

We reviewed 28 cases related to medication management and found 25 medication management deficiencies,<sup>33</sup> five of which were significant.<sup>34</sup>

#### New Medication Prescriptions

Compliance testing showed newly prescribed medications were frequently provided late (MIT 7.002, 68.0%). OIG clinicians found four significant delays<sup>35</sup> in newly prescribed medications. An example is listed below.

- In case 4, a newly prescribed inhaler (Dulera) was not issued to a patient.

#### Chronic Medication Continuity

Compliance testing found patients did not receive most of their chronic care medications within the required time frames (MIT 7.001, 5.3%). We found patients received their KOP medications every 30 days; however, patients usually did not receive their refill medications at least

32. An Omnicell is an automated medication dispensing cabinet system.

33. Deficiencies occurred in cases 1, 2, 3, 4, 6, 7, 8, 18, 19, 20, 21, 22, 29, 40, and 41.

34. Significant deficiencies were found in cases 4, 7, 8, 19, and 21.

35. Significant delays were identified in cases 4, 7, 8, and 19.

one business day prior to exhaustion. OIG clinicians did not identify significant lapses in chronic care medication continuity.

### **Hospital Discharge Medications**

CCI performed poorly in ensuring patients received their needed medications when they returned from an off-site hospital or emergency room. Our clinicians reviewed 19 hospital returns and found five significant deficiencies.<sup>36</sup> Below are examples:

- In case 8, a patient returned to CCI after a five-day hospital admission. An antibiotic and acetaminophen were ordered and delivered to the pill line but not issued to the patient.
- In case 21, a patient returned to CCI after an eight-day hospital admission. The discharge summary included the recommendation that the patient continue on several medications. However, the medications were not ordered.

Compliance testing also found hospital-recommended medications were frequently not ordered timely or at all. (MIT 7.003, 54.2%).

### **Transfer Medications**

For transfer medications, CCI showed opportunity for improvement. When patients arrived, interruptions in medication continuity were identified in both clinical and compliance reviews (MIT 6.003, 61.5%). Medication continuity was also interrupted when patients transferred from yard to yard (MIT 7.005, 76.0%).

During our review period, patients did not transfer from CCI to other institutions and layovers from other institutions did not occur. Subsequently, MITs 6.101 and 7.006 were not tested.

### **Medication Administration**

CCI performed excellently in administering TB medications (MIT 9.001, 100%). However, nurses did not monitor patients' prescribed TB medications (MIT 9.002, zero).

### **Clinician On-Site Inspection**

During our visit we met with the pharmacist in-charge (PIC), an acting supervising registered nurse III, and an acting chief nurse executive to discuss some of our case review findings. We discussed specific cases with medication-related deficiencies. The PIC verified medications were promptly provided to nurses for administration. However, those medications were not always administered or provided to patients timely. The pharmacist also stated newly ordered KOP, "as needed" medications were filled by the pharmacy. However, we learned the nurses did not

36. Significant deficiencies were identified in cases 6, 7, 8, and 21.

issue those “as needed” medications unless patients came to the window and requested them. Nursing leadership indicated that because the provider should educate the patient when prescribing a new medication, the patient should come to the window and request the medication. Medications prescribed KOP “as needed” were also not provided to patients unless patients requested them; after three days, they were returned to the pharmacy. Unfortunately, those sealed medications were then disposed of.

We visited medication administration areas and found nurses were knowledgeable about the medication administration process. Nurses also mentioned a newly implemented process to inform patients of the need to pick up essential medications. Each day, the nurse created a list of patients with KOP medications to pick up. The list was issued to the housing unit officers, who notified the patients to collect their medications. However, this list did not include medications prescribed “as-needed.”

## Compliance Testing Results

### Medication Practices and Storage Controls

The institution adequately stored and secured narcotic medications in all clinic and medication line locations (MIT 7.101, 100%).

CCI appropriately stored and secured nonnarcotic medications in 10 of 11 clinic and medication line locations (MIT 7.102, 90.9%). In one location, we found an opened bottle of over-the-counter medication stored in a medication cart and there was no identifiable area designated for refrigerated medications to be returned to the pharmacy.

Staff kept medications protected from physical, chemical, and temperature contamination in three of the 11 clinic and medication line locations (MIT 7.103, 27.3%). In eight locations we found one or both of the following deficiencies: staff’s personal food items were stored with medications and staff did not store oral and topical medications separately.

Staff successfully stored valid, unexpired medications in nine of the 11 applicable medication line locations (MIT 7.104, 81.8%). In one location, we found expired medication syringes. In another location, medication nurses did not label multi-use medication.

Nurses exercised proper hand hygiene and contamination control protocols in five of six locations (MIT 7.105, 83.3%). In one location, some nurses neglected to wash or sanitize their hands when required, such as before regloving and before and after touching a patient’s skin.

Staff in five of six medication preparation and administration areas demonstrated appropriate administrative controls and protocols (MIT 7.106, 83.3%). In one location, nurses did not maintain unissued medications in their original, labeled packaging.

In five of six medication areas, staff used appropriate administrative controls and protocols when distributing medications to their patients (MIT 7.107, 83.3%). In one location, medication nurses did not reliably observe patients while they either swallowed direct observation therapy medications or did not ensure sublingual medications dissolved completely before patients left the medication line.

### Pharmacy Protocols

Pharmacy staff followed general security, organization, and cleanliness management protocols in its pharmacy (MIT 7.108, 100%). Staff properly stored nonrefrigerated (MIT 7.109, 100%) and refrigerated medications (MIT 7.110, 100%).

The PIC did not correctly review monthly inventories of controlled substances in the institution's clinic and medication storage locations. Specifically, the PIC and staff did not correctly complete several medication area inspection checklists (CDCR Form 7477) and neglected to record the names, signatures, or dates on each inventory record. These errors resulted in a score of zero percent in this test (MIT 7.111).

We examined 25 medication error reports. The PIC timely and correctly processed all of these reports (MIT 7.112, 100%).

### Nonscored Tests

In addition to testing the institution's self-reported medication errors, our inspectors followed up on any significant medication errors found during compliance testing. We did not score this test; we provide these results for informational purposes only. At CCI, the OIG did not find any applicable medication errors (MIT 7.998).

The OIG interviewed patients in isolation units to determine whether they had immediate access to their prescribed asthma rescue inhalers or nitroglycerin medications. All of the 10 patients interviewed indicated they had access to their rescue medications (MIT 7.999).

### Recommendations

- CCI nursing leadership should develop a process to ensure all newly prescribed keep-on-person (KOP) "as needed" (PRN) medications are offered timely to patients and include them in their daily "pick up" distribution lists. This new work flow should be audited and reported to the Medication Management Subcommittee.
- CCI's chief medical executive, chief nursing executive, and pharmacist in-charge should ensure antipyretic medications to treat a fever are available in medical isolation areas when ordered. In addition, medical leadership should train staff to order these medications to begin promptly when patients are symptomatic.

- The EHRS team should evaluate the KOP medication refill process to ensure medications appear on the nurse's tasks list prior to exhaustion of medications.
- The institution should consider developing and implementing measures to ensure medications are made available and administered in a timely manner and that summaries are documented in the medication administration record (MAR) as described in CCHCS policies and procedures.

**Table 14. Medication Management**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Did the patient receive all chronic care medications within the required time frames or did the institution follow departmental policy for refusals or no-shows? (7.001) *	1	18	6	5.3%
Did health care staff administer, make available, or deliver new order prescription medications to the patient within the required time frames? (7.002)	17	8	0	68.0%
Upon the patient's discharge from a community hospital: Were all ordered medications administered, made available, or delivered to the patient within required time frames? (7.003) *	13	11	1	54.2%
For patients received from a county jail: Were all medications ordered by the institution's reception center provider administered, made available, or delivered to the patient within the required time frames? (7.004) *	N/A	N/A	N/A	N/A
Upon the patient's transfer from one housing unit to another: Were medications continued without interruption? (7.005) *	19	6	0	76.0%
For patients en route who lay over at the institution: If the temporarily housed patient had an existing medication order, were medications administered or delivered without interruption? (7.006) *	N/A	N/A	N/A	N/A
All clinical and medication line storage areas for narcotic medications: Does the institution employ strong medication security controls over narcotic medications assigned to its storage areas? (7.101)	11	0	2	100%
All clinical and medication line storage areas for nonnarcotic medications: Does the institution properly secure and store nonnarcotic medications in the assigned storage areas? (7.102)	10	1	2	90.9%
All clinical and medication line storage areas for nonnarcotic medications: Does the institution keep nonnarcotic medication storage locations free of contamination in the assigned storage areas? (7.103)	3	8	2	27.3%
All clinical and medication line storage areas for nonnarcotic medications: Does the institution safely store nonnarcotic medications that have yet to expire in the assigned storage areas? (7.104)	9	2	2	81.8%
Medication preparation and administration areas: Do nursing staff employ and follow hand hygiene contamination control protocols during medication preparation and medication administration processes? (7.105)	5	1	7	83.3%
Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when <i>preparing</i> medications for patients? (7.106)	5	1	7	83.3%
Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when <i>administering</i> medications to patients? (7.107)	5	1	7	83.3%
Pharmacy: Does the institution employ and follow general security, organization, and cleanliness management protocols in its main and remote pharmacies? (7.108)	1	0	0	100%
Pharmacy: Does the institution's pharmacy properly store nonrefrigerated medications? (7.109)	1	0	0	100%
Pharmacy: Does the institution's pharmacy properly store refrigerated or frozen medications? (7.110)	1	0	0	100%
Pharmacy: Does the institution's pharmacy properly account for narcotic medications? (7.111)	0	1	0	0
Pharmacy: Does the institution follow key medication error reporting protocols? (7.112)	25	0	0	100%
Pharmacy: For Information Purposes Only: During compliance testing, did the OIG find that medication errors were properly identified and reported by the institution? (7.998)	This is a nonscored test. Please see the indicator for discussion of this test.			
Pharmacy: For Information Purposes Only: Do patients in restricted housing units have immediate access to their KOP prescribed rescue inhalers and nitroglycerin medications? (7.999)	This is a nonscored test. Please see the indicator for discussion of this test.			
<b>Overall percentage (MIT 7): 72.1%</b>				

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.

**Table 15. Other Tests Related to Medication Management**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For endorsed patients received from another CDCR institution or COCF: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption? (6.003) *	8	5	12	61.5%
For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer-packet required documents? (6.101) *	N/A	N/A	N/A	N/A
Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed? (9.001) *	12	0	0	100%
Patients prescribed TB medication: Did the institution monitor the patient per policy for the most recent three months he or she was on the medication? (9.002) *	0	12	0	0
Upon the patient's admission to specialized medical housing: Were all medications ordered, made available, and administered to the patient within required time frames? (13.004) *	N/A	N/A	N/A	N/A

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.



## Preventive Services

In this indicator, OIG compliance inspectors tested whether the institution offered or provided cancer screenings, tuberculosis (TB) screenings, influenza vaccines, and other immunizations. The OIG rated this indicator solely based on the compliance score, using the same scoring thresholds as in the Cycle 4 and Cycle 5 medical inspections. Our case review clinicians do not rate this indicator.

### Results Overview

CCI staff had a mixed performance in preventive services. Staff performed well in administering TB medications to patients and offering colorectal cancer screening for all patients ages 50 through 75. However, they faltered in monitoring patients who were taking prescribed TB medication, screening patients annually for TB, offering influenza vaccines to patients, and offering required immunizations to chronic care patients. These findings are set forth in the table on the next page. We rated this indicator *inadequate*.

## Case Review and Compliance Testing Results

### Recommendations

- Nursing leadership should consider developing and implementing measures to ensure that nursing staff timely screen patients for tuberculosis (TB) and thoroughly address signs and symptoms in their TB screening.
- Medical leadership should determine the root cause(s) of untimely chronic care vaccinations.
- Nursing leadership should consider developing and implementing measures to ensure that nursing staff document patient immunization refusals on the correct forms.

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
(N/A)

Compliance  
Score  
**Inadequate**  
(55.3%)

**Table 16. Preventive Services**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed? (9.001)	12	0	0	100%
Patients prescribed TB medication: Did the institution monitor the patient per policy for the most recent three months he or she was on the medication? (9.002) †	0	12	0	0
Annual TB screening: Was the patient screened for TB within the last year? (9.003)	5	20	0	20.0%
Were all patients offered an influenza vaccination for the most recent influenza season? (9.004)	16	9	0	64.0%
All patients from the age of 50 through the age of 75: Was the patient offered colorectal cancer screening? (9.005)	23	2	0	92.0%
Female patients from the age of 50 through the age of 74: Was the patient offered a mammogram in compliance with policy? (9.006)	N/A	N/A	N/A	N/A
Female patients from the age of 21 through the age of 65: Was patient offered a pap smear in compliance with policy? (9.007)	N/A	N/A	N/A	N/A
Are required immunizations being offered for chronic care patients? (9.008)	5	4	16	55.6%
Are patients at the highest risk of coccidioidomycosis (valley fever) infection transferred out of the facility in a timely manner? (9.009)	N/A	N/A	N/A	N/A
<b>Overall percentage (MIT 9): 55.3%</b>				

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

† In April 2020, after our review but before this report was published, CCHCS reported adding the symptom of *fatigue* into the electronic health record system (EHR) powerform for tuberculosis (TB)-symptom monitoring.

Source: The Office of the Inspector General medical inspection results.

## Nursing Performance

In this indicator, the OIG clinicians evaluated the quality of care delivered by the institution's nurses, including registered nurses (RNs), licensed vocational nurses (LVNs), psychiatric technicians (PTs), and certified nursing assistants (CNAs). Our clinicians evaluated nurses' ability to make timely and appropriate assessments and interventions. We also evaluated the institution's nurses' documentation for accuracy and thoroughness. Clinicians reviewed nursing performance in many clinical settings and processes, including sick call, outpatient care, care coordination and management, emergency services, specialized medical housing, hospitalizations, transfers, specialty services, and medication management. The OIG assessed nursing care through case review only and performed no compliance testing for this indicator.

When summarizing overall nursing performance, our clinicians understand that nurses perform numerous aspects of medical care. As such, specific nursing quality issues are discussed in other indicators, such as **Emergency Services**, **Specialty Services**, and **Specialized Medical Housing**.

### Results Overview

Nursing care was poor overall. It was apparent, despite the assistance of registry staff, that the pandemic put strain on CCI's nursing operations. While nurses continued to evaluate patients, nursing leadership did not ensure nurses understood and followed the department's COVID-19 guidelines.<sup>37</sup> Consequently, abnormal clinical findings were not always recognized. Nurses' assessments and interventions were often incomplete. Furthermore, nurses did not always contact providers regarding a patient's worsening symptoms and arrange for an evaluation when warranted. In addition, nurses did not always communicate to patients when new medications were available for pick-up. After evaluating CCI's nursing response during the pandemic, and taking all things into consideration, the OIG rated this indicator *inadequate*.

### Case Review Results

We reviewed 250 nursing encounters in 44 cases. Of the nursing encounters we reviewed, 165 were in the outpatient setting. We identified 102 nursing performance deficiencies, 23 of which were significant.<sup>38</sup>

### Nursing Assessments and Interventions

Correctional nurses have a critical role in patient care. Often in correctional settings, nurses serve as the liaison between the patient, the

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
**Inadequate**

Compliance  
Score  
**(N/A)**

37. See CCHCS, [COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers](#).

38. Deficiencies were identified in cases 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 30, 32, 33, 35, 37, 39, 40, 41, 43, 44, and 45. Cases 2, 6, 7, 15, 18, 19, 20, 21, 23, 25, 30, 32, 33, 35, and 45 had significant deficiencies.

primary care provider, and community health care services. Therefore, thorough assessments are critical to ensure patients receive necessary interventions and care.

At CCI, we identified a pattern of deficiencies involving incomplete nursing assessments in multiple areas. However, most of these deficiencies occurred in the outpatient areas, including both clinics and housing units. Of the 44 cases our clinicians reviewed, 21 had deficiencies.<sup>39</sup> Most significant deficiencies also occurred in the outpatient areas, often related to the management of COVID-19. The following are examples:

- In cases 6, 19, and 22, on several days, COVID-19 quarantine rounds were not completed at least once.
- In case 7, a patient was isolated for COVID-19 infection. For several days, the patient had symptoms of a fever and a low oxygen saturation level. Despite the abnormal findings, nurses did not listen to the patient's lungs and notify a provider of the abnormal findings.

In case 19, a nurse conducted COVID-19 quarantine rounds and documented that a patient had an elevated temperature. The nurse did not follow the CCHCS COVID-19 interim guidance related to abnormal temperatures; therefore, the patient was not isolated and tested for COVID-19.<sup>40</sup>

- In case 20, a patient complained of abdominal pain and vomiting of blood. However, a nurse did not examine the patient's abdomen for distention. Later, the same patient was isolated for COVID-19 infection and complained of headaches. The nurse did not assess this complaint, provide an intervention, and educate the patient.
- In case 21, a 72-year-old COVID-19-positive patient was isolated in a housing unit. An RN conducting rounds consulted the supervising registered nurse (SRN) about the patient's decreased oxygen saturation level and worsening symptoms. The SRN noted the patient was evaluated by a provider two days prior and inappropriately advised the nurse that immediate interventions were not indicated. The patient's lung sounds were not auscultated, oxygen was not administered, and education was not provided. Instead, the patient was inappropriately advised to submit a sick call request, which delayed his care. The next day, the patient required a transfer to a community hospital and was admitted for oxygen deprivation and COVID-19 pneumonia.

39. Deficiencies occurred in cases 2, 3, 4, 6, 7, 10, 11, 12, 15, 16, 17, 18, 19, 20, 21, 23, 25, 30, 32, 33, and 35.

40. See CCHCS, [COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers..](#)

## Nursing Documentation

Complete and accurate documentation is an essential component of patient care. Without proper documentation, health care staff may overlook changes in patients' conditions and the ability to assess care quality becomes challenging. At CCI, nursing documentation deficiencies were identified in multiple areas. The following are examples:

- In case 11, a first medical responder nurse did not document the amount of oxygen administered to a patient.
- In case 15, during COVID-19 quarantine rounds, on multiple days, multiple nurses did not document assessing patients for all COVID-19 symptoms.
- In case 19, a sick call nurse evaluated a patient but did not document the patient's vital signs.
- In case 41, a patient transferred to CCI and complained of arm pain. The R&R nurse did not document which of the patient's arms had pain.

## Nursing Sick Call

Our clinicians reviewed 63 sick call requests in 29 cases. The sick call triage process improved from our Cycle 5 report, as symptomatic patients were evaluated the next business day. However, during face-to-face evaluations, we found nurses did not always consult or refer patients to their primary care providers within an appropriate time frame when warranted.<sup>41</sup>

The following examples demonstrate opportunities for improvement:

- In case 2, a patient was quarantined and submitted a sick call for shortness of breath. Despite, the correlation between the patient's symptom and COVID-19, the sick call nurse did not assess for other symptoms of COVID-19, did not isolate the patient, and did not consult a provider.
- In case 20, a sick call nurse evaluated a patient who had a persistent, red, swollen eye with tearing and irritation for two weeks. Instead of consulting with a provider, the nurse inappropriately initiated a two-week follow-up.
- In case 35, a patient had fluid around the heart (pericardial effusion), a history of heart palpitations, and a recent abnormal blood test. A sick call nurse performed an evaluation for complaints of lightheadedness. However, the nurse did not perform a sufficient assessment, consult the provider, or initiate an urgent appointment.

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41. Cases 2, 20, 30, 32, 33, and 35.

### Care Management/Coordinator

At CCI, each primary care clinic RN served as the care manager and an LVN provided patients with chronic care education. We reviewed the LVN clinical care coordinator's performance in providing chronic care education in six visits. We found these visits to be comprehensive, thorough, and well-documented.

### Emergency Services

Nurses responded promptly to emergencies and provided urgent and emergency care. We identified 15 deficiencies, two of which were significant.<sup>42</sup> In both of the cases with significant deficiencies, nurses did not contact a provider, plan for isolation, and conduct COVID-19 screenings for patients with shortness of breath. Opportunities for improvement are discussed in the **Emergency Services** indicator.

### Hospital Returns

We reviewed 16 cases involving patients who returned from a community hospital or emergency room. CCI nurses evaluated patients, but we found incomplete documentation and incomplete assessments. The poor documentation made it difficult to determine which information the nurses communicated to providers. Furthermore, nurses did not always thoroughly review and document hospital discharge recommendations. Additional information can be found in the **Transfers** indicator.

### Transfers

Overall, CCI nurses performed acceptably in managing patients transferring into the institution. However, for patients transferring out of the institution, nurses did not ensure transfer documentation was thorough and accurate. Similar findings were identified in our Cycle 5 report. Additional information is discussed in the **Transfers** indicator.

### Specialty Services

CCI nurses provided good nursing care for patients returning from off-site specialty appointments. Most nurses performed appropriate nursing assessments, reviewed specialist recommendations properly, and communicated pertinent information to providers. The **Specialty Services** indicator provides further information.

### Medication Management

OIG clinicians examined 110 events involving medication management and administration and identified 25 deficiencies. Of these

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<sup>42</sup>. Cases 2, 3, 6, 7, 9, 10, 11, 15, 20, 21, and 22 had deficiencies. Significant deficiencies were identified in cases 2 and 15.

deficiencies, 18 were related to nursing.<sup>43</sup> Four of the five significant deficiencies were related to nurses not administering prescribed medications or reconciling essential medications.<sup>44</sup> Examples are listed below. Additional information can be found in the **Medication Management** indicator.

- In case 1, the pharmacy filled an order for a rescue inhaler for an asthmatic patient and delivered it to the medication administration area. However, the inhaler was never issued to the patient.
- In case 7, nurses incorrectly documented administering medications to a patient admitted at a community hospital.
- In case 8, a patient returned from a community hospital admission. An antibiotic was ordered, filled by the pharmacy, and delivered to the medication administration area. However, the medication was never issued to the patient.
- In case 40, a patient transferred to CCI with prescribed medications. However, upon arrival to CCI, the R&R nurse did not administer one of the prescribed medications on the day of the transfer.

### Clinician On-Site Inspection

During our CCI on-site visit, we met with medical executives, nursing supervisors, custody staff, and medical staff. In addition, we met with the COVID-19 incident management team, who explained CCI's operations during the institution's outbreak and the associated impacts.

CCI's COVID-19 surge began in late June 2020. In each of the institution's five separate facilities, COVID-19 isolation and quarantine areas were established. However, many of these originally designated areas changed. OIG clinicians visited a quarantine and isolation area, located in Facility E. Both isolation and quarantine patients were housed in the same building. The upper-level cells were reserved for COVID-19-positive or symptomatic patients and the lower tier was reserved for quarantined patients; both tiers had cells with doors. At the time of our visit, three patients were quarantined on the bottom tier. These three patients walked together to the pill line to receive their medications. However, nurses stated medication administration for patients in isolation were conducted at cell-side.

We met the acting chief nurse executive (CNE) to discuss general nursing operations and some of the OIG clinicians' findings; we also spent a considerable amount of time discussing CCI's COVID-19 operations. While the acting CNE had assumed this new role only two weeks prior to our visit, she was familiar with the institution due to her prior role as

43. Cases 1, 4, 6, 7, 18, 19, 21, 22, 40, and 41 had medication-related nursing deficiencies.

44. Significant medication-related nursing deficiencies were identified in cases 7, 18, 19, and 21.

a supervising registered nurse III. The acting CNE reported that shortly after CCI's COVID-19 outbreak began, sixty registry crisis staff arrived. These registry staff consisted of registered nurses, licensed vocational nurses and certified nursing assistants who were trained by the regional CCHCS nursing team. The four-hour training consisted of education on nursing COVID-19 charting and prison safety. Due to limited training, registry and licensed vocational nurses only performed COVID-19 related operations, such as isolation and quarantine rounds. However, the CNE explained that when patients required additional care, registry staff were instructed to contact the emergency response or TTA RN for further care.

Nursing leadership reported that CCI followed a different temperature parameter than the department's COVID-19 guidance.<sup>45</sup> At CCI, nurses did not consider a patient's temperature to be elevated unless it was above 100.4 degrees Fahrenheit to isolate for COVID-19. In contrast, the department's guidance considered a person with a temperature greater than 100.0 degrees Fahrenheit or with symptoms of influenza-like illness as requiring further nursing actions, such as isolation and testing.

The acting CNE stated a patient's oxygen saturation results were not considered low until they decreased to 92 percent or less, regardless of the patient's normal or baseline oxygen levels. The CNE also noted nurses were not expected to review patients' recent oxygen levels to identify changes and they were not expected to auscultate lung sounds, subjectively assess for shortness of breath, and contact a provider until the patient's oxygen saturation results were 92 percent or less. When an OIG clinician asked about the rationale for deviating from the department's COVID-19 guidance, nursing leadership stated they were unaware of the differences in both peripheral oxygen saturation and body temperature parameters.

OIG clinicians attended three virtual morning huddles, which were well-attended by medical, mental health, and dental staff. A nurse presented pertinent information and followed a scripted format. Clinic nurses' appointments varied each day and staff reported no backlog.

We also visited several of CCI's medical clinics. In Facility B, the medical clinic was temporarily displaced due to the construction of a new clinic. The outpatient housing unit (OHU) was also closed due to construction and staff assigned to the OHU were reassigned to other nursing areas. CCI had also recently completed and opened a new medical clinic in Facility C.

The OIG interviewed staff nurses. In the outpatient areas, the nurses stated COVID-19 information and education was disseminated by email and was overwhelming. The nurses also expressed frustration with the number of providers teleworking, as it led to an increased nursing workload. The nurses stated many providers began teleworking in March 2020 but had recently returned to their prior work schedule

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45. See CCHCS, [COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers](#).



in February 2021. The absence of providers and the increased nursing demands appeared to have caused poor nursing morale.

### *Recommendations*

- The CEO should consider directing nursing leadership to effectively communicate and provide clear expectations for the nursing staff.
- Nursing leadership should work towards improving patient care coordination with medical providers.
- Nursing leadership should ensure patients are aware when newly prescribed, PRN medications are available in the medication administration areas.

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
**Inadequate**

Compliance  
Score  
(N/A)

## Provider Performance

In this indicator, OIG case review clinicians evaluated the quality of care the institution's providers (physicians, physician assistants, and nurse practitioners) delivered. Our clinicians assessed the institution's providers' ability to evaluate, diagnose, and manage their patients properly. We examined provider performance across several clinical settings and programs, including sick call, emergency services, outpatient care, chronic care, specialty services, intake, transfers, hospitalizations, and specialized medical housing. The OIG assessed provider care through case review only and performed no compliance testing for this indicator.

### Results Overview

CCI providers' performance was poor. Although they generally delivered acceptable care in outpatient and emergency settings, they did not always document progress notes in the EHRs. When providers did not follow specialists' recommendations, they did not document their rationale. In addition, providers did not always examine patients and order appropriate tests. Finally, providers' diabetes care needed improvement. Therefore, the OIG rated this indicator **inadequate**.

### Case Review Results

OIG clinicians reviewed 79 medical provider encounters and identified 57 deficiencies related to provider performance. Of these, 16 were significant.<sup>46</sup> In addition, OIG clinicians examined care quality in 20 comprehensive case reviews. Of these 20 cases, 12 were rated **adequate**, and eight were rated **inadequate**.<sup>47</sup>

### Assessment and Decision-Making

CCI providers did not always examine patients, document findings, and order appropriate tests when delivering care. We identified five cases with inadequate assessments and decision-making.<sup>48</sup> Two examples follow:

- In case 16, a provider evaluated a patient for bowel incontinence but did not perform a thorough examination, consider a broader differential diagnosis, and order further diagnostic tests to determine the cause of the incontinence.
- In case 23, a provider did not address a patient with a very high triglyceride cholesterol level. The provider did not perform a

46. Deficiencies occurred in cases 1, 2, 4, 5, 6, 7, 8, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, and 33. Cases 1, 2, 6, 13, 14, 16, 18, and 23 had minor and significant deficiencies.

47. Inadequate care quality ratings in comprehensive case reviews occurred in cases 2, 6, 12, 13, 14, 16, 18, and 23.

48. Inadequate assessment and decision-making events occurred in cases 1, 13, 16, 20, and 23.

further evaluation with follow-up laboratory testing, did not prescribe medication, and did not order a follow-up appointment to reassess the high triglyceride cholesterol level.

### Review of Records

CCI providers did not always review medical records carefully and did not document the rationale for not following specialists' recommendations. OIG clinicians identified 10 deficiencies in the cases we reviewed.<sup>49</sup> The review of records is a very important part of patient care; this was especially the case during the COVID-19 pandemic, when patient movement was limited to minimize the spread of COVID-19 and patients were seen less frequently based on their chart reviews.

- In case 6, a patient was seen in the local hospital multiple times with an altered mental status and possible seizure activity. A provider did not thoroughly review the hospital discharge records and follow discharge recommendations.
- In case 18, a provider did not thoroughly review a prostate biopsy pathology report to be aware that the biopsy result was suspicious for cancer. The provider also did not follow the pathologist's recommendation.
- In case 21, a provider did not thoroughly review a hospital discharge record and did not order the recommended discharge medications for COVID-19 pneumonia.

### Emergency Care

CCI providers appropriately managed patients with urgent and emergent conditions in the TTA. Although providers did not always document consult notes, they were available for consultation with TTA nursing staff either in person or by telephone. When patients in the TTA required higher levels of care, CCI providers appropriately referred them to the community hospital.

### Chronic Care

Generally, CCI providers appropriately managed patients' chronic health conditions such as hypertension, asthma, hepatitis C infection, and cardiovascular disease, including chronic atrial fibrillation and valvular heart disease with anticoagulation therapy.<sup>50</sup> However, OIG clinicians identified that providers did not thoroughly follow CCHCS guidelines and strategies when managing diabetes.<sup>51</sup>

49. Deficiencies occurred in cases 2, 6, 7, 18, 21, and 23.

50. Atrial fibrillation is an abnormal heart rhythm that often requires a blood thinner medication to prevent stroke. Anticoagulation therapy is treatment with a blood thinner medication.

51. See [CCHCS Care Guide: Type 2 Diabetes](#).

- In case 12, a patient had persistently high blood sugar levels and providers ordered multiple regular insulin doses; however, they did not document high sugar levels and treatment plans and did not order urgent provider follow-up appointments.
- In case 13, a provider reviewed a laboratory finding of elevated hemoglobin A1c, indicating that the patient's diabetes was not well-controlled; however, the provider did not follow up on the patient timely.<sup>52</sup> Although the provider saw the patient three months later, the provider did not consider additional interventions for the elevated hemoglobin A1c level.
- In case 14, a provider reviewed a laboratory finding of elevated hemoglobin A1c, indicating the patient's diabetes was not well-controlled; however, the provider did not manage the diabetes care with a timely follow-up and instead saw the patient five months later.

### Specialty Services

Generally, CCI providers appropriately referred patients for specialty consultations when needed. However, when specialists made recommendations, providers did not always follow those recommendations and did not document the rationale.

- In case 23, a provider assessed a patient for follow-up after a consultation with a cardiology specialist. The cardiologist recommended further imaging studies. However, the provider did not document why the specialist's recommendation was not followed. Also in this case, the patient was seen by a general surgeon who recommended sitz baths.<sup>53</sup> However, the provider did not follow this recommendation for the patient.

### Documentation Quality

CCI providers did not always document notes when consulted by nursing staff during outpatient visits, TTA encounters, COVID-19 roundings and on-call coverage. Documentation is vital for care coordination, quality management, and safe and effective treatment, especially during the COVID-19 pandemic. OIG clinicians identified 27 events in which providers did not document notes in the EHRS when nursing staff consulted them.<sup>54</sup>

- In case 2, a TTA RN assessed a patient for leg pain with swelling and consulted a provider. However, the provider did not document a treatment plan. Later that day, the patient presented

52. The hemoglobin A1C laboratory test is a blood test that measures the patient's average blood sugar level for three months.

53. A sitz bath is a bath in which a person sits in water to the hips to relieve discomfort and pain.

54. There was lack of documentation for consult encounters in cases 1, 2, 4, 6, 7, 8, 12, 18, 20, 21, 22, 23, and 33.

with an overdose of hypertensive medications; the TTA RN notified the provider, who ordered the patient to be transferred for higher level of care. The provider did not document a consultation note.

- In case 8, a TTA RN assessed a patient who was not breathing. Staff initiated CPR with supplemental oxygen and administered multiple doses of Narcan, an opioid overdose reversal medication. The RN consulted the provider on-call and transferred the patient to the local hospital. However, the provider-on-call did not document a progress note.
- In case 20, a TTA RN consulted the provider-on-call after assessing a patient who presented twice to the TTA with acute abdominal pain. During the second TTA evaluation, the provider recommended the patient be transferred to a local community hospital. However, the provider did not document progress notes for both encounters.

### **Provider Continuity**

Generally, CCI offered good provider continuity. Providers were assigned to specified clinics to ensure continuity of patient care. When there was a shortage of clinic providers during the COVID-19 pandemic, the providers continued to deliver medical care via telemedicine and consulted with other clinic providers when an in-person examination was required. Patients received care from a designated primary care team during the pandemic.

### **Clinician On-Site Inspection**

During the COVID-19 pandemic, CCI providers conducted provider meetings and daily morning huddles via teleconference. OIG clinicians attended three clinic huddles where medical staff discussed events that occurred overnight, such as TTA events and patient returns from the hospital or specialty appointments. The daily huddles were well-attended by the chief physician and surgeon (CP&S), providers, nurses, and ancillary staff.

During the pandemic, only one provider was available on-site at each clinic. Two providers withdrew their services, one due to retirement and the other due to illness. At Yard B, only one telemedicine provider was available four days a week, and the other days were covered by providers from other clinics. Providers stated that due to the shortage of providers and the increased workload, documentation was not completed at all times. Along with the nursing staff, mid-level providers participated in mass COVID-19 testing. The CP&S affirmed the importance of documentation in patient care, including complete progress notes and consultation notes. He also affirmed that all canceled appointments would be rescheduled as soon as safely possible and that health care staff would continue to see and treat patients through the sick call process during the COVID-19 pandemic.

### *Recommendations*

- Medical leadership should ensure providers document patient related calls and management plans in the electronic medical health record for clear communication and collaboration with the patient care team and for the continuity of patient care.

## Specialized Medical Housing

CCI's outpatient housing unit (OHU) was temporarily closed due to construction; therefore, we were not able to review specialized medical housing this cycle. During the on-site visit, we learned that patients in the specialized medical housing unit who needed care were transferred to other institutions.

Overall  
Rating  
**N/A**

Case Review  
Rating  
**N/A**

Compliance  
Score  
**N/A**

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
**Adequate**

Compliance  
Score  
**Inadequate  
(61.4%)**

## Specialty Services

In this indicator, OIG inspectors evaluated the quality of specialty services. The OIG clinicians focused on the institution's ability to provide needed specialty care. Our clinicians also examined specialty appointment scheduling, providers' specialty referrals, and medical staff's retrieval, review, and implementation of any specialty recommendations.

### Results Overview

CCI's performance in this indicator was mixed. Although CCI provided good access to high-priority specialty requests, they faltered in providing access to medium and routine-priority specialty requests. In addition, CCI did not always provide timely follow-up appointments with providers and specialists. Many reports were not retrieved and scanned timely and providers did not review them timely. Due to the COVID-19 pandemic, there were movement restrictions and some delays in face-to-face consultations. However, factoring compliance testing and case reviews, we rated this indicator **inadequate**.

### Case Review and Compliance Testing Results

We reviewed 38 events related to specialty services; twenty-three were specialty consultations and procedures. OIG clinicians found nine deficiencies in this category, one of which was significant.<sup>55</sup>

#### Access to Specialty Services

Compliance testing showed that CCI completed high-priority, medium-priority, and routine-priority specialty appointments at a rate of 86.7, 66.7, and 53.3 percent, respectively (MIT 14.001, MIT 14.004, and MIT 14.007). However, there was poor continuity of specialty services due to poor performance in timely scheduling specialty services appointments for patients transferring from other institutions (MIT 14.010, 22.2%).

#### Provider Performance

CCI providers generally referred patients appropriately, reviewed specialty reports within the recommended time frames, and addressed specialists' recommendations. We identified three deficiencies in which providers did not follow specialists' recommendations, of which one was significant.<sup>56</sup>

- In case 23, a provider assessed a patient after a cardiology specialist consultation; however, the provider did not thoroughly

55. Deficiencies occurred in cases 1, 2, 20, and 23. Case 23 had a significant deficiency.

56. Deficiencies occurred in cases 2 and 23. Case 23 had significant deficiencies.



follow the specialist's recommendation to order further testing for peripheral vascular disease.<sup>57</sup>

This deficiency is discussed in the **Provider Performance** indicator. Compliance testing showed the follow-up visit with the provider after a specialty consultation occurred within the required time frames 65.8 percent of the time (MIT 1.008).

### **Nursing Performance**

CCI nurses' performance in providing specialty services was adequate. Nurses generally evaluated patients properly upon their return from off-site appointments. OIG clinicians reviewed 15 nursing encounters related to specialty services and identified four minor deficiencies related to the documentation of patient assessments, but none were significant.<sup>58</sup>

- In case 23, when a patient returned from off-site specialist visits, nursing staff did not document physical assessments in the EHRS on three occasions.

### **Health Information Management**

Although health information management staff scanned specialty notes into the EHRS within the required time frame most of the time (MIT 4.002, 80.0%), CCI providers did not always review specialty reports timely. Compliance testing found that providers reviewed the consultant reports within the required time frame at a rate of 66.7 percent for high-priority referrals, 46.2 percent for medium-priority referrals, and 41.7 percent for routine-priority referrals (MIT 14.002, MIT 14.005, and MIT 14.008).

### **Clinician On-Site Inspection**

OIG clinicians discussed specialty referral management with managers, supervisors, providers, and utilization nursing staff. Providers reviewed the charts to determine the urgency and necessity of specialty consultations, weighing the risk of possible exposure and COVID-19 infection. Providers indicated some of the specialists' recommendations were not followed after COVID-19 risk assessment. Movement restrictions imposed due to COVID-19 affected access to specialist care for some patients. We were informed that some off-site specialists required a telemedicine appointment before a face-to-face consultation.

### **Recommendations**

- Medical leadership should consider expanding the telemedicine provision in each medical clinic to include specialty services.

<sup>57</sup>. Peripheral vascular disease is a disease or disorder of the circulatory system, often affecting blood vessels.

<sup>58</sup>. Deficiencies occurred in cases 20 and 23.

- Medical leadership should review the causes of the untimely provider review of specialty reports; medical leadership should implement remedial measures as appropriate.

## Compliance Testing Results

**Table 17. Specialty Services**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Did the patient receive the high-priority specialty service within 14 calendar days of the primary care provider order or the Physician Request for Service? (14.001) *	13	2	0	86.7%
Did the institution receive and did the primary care provider review the high-priority specialty service consultant report within the required time frame? (14.002) *	10	5	0	66.7%
Did the patient receive the subsequent follow-up to the high-priority specialty service appointment as ordered by the primary care provider? (14.003) *	7	1	7	87.5%
Did the patient receive the medium-priority specialty service within 15-45 calendar days of the primary care provider order or Physician Request for Service? (14.004) *	10	5	0	66.7%
Did the institution receive and did the primary care provider review the medium-priority specialty service consultant report within the required time frame? (14.005) *	6	7	2	46.2%
Did the patient receive the subsequent follow-up to the medium-priority specialty service appointment as ordered by the primary care provider? (14.006) *	5	4	6	55.6%
Did the patient receive the routine-priority specialty service within 90 calendar days of the primary care provider order or Physician Request for Service? (14.007) *	8	7	0	53.3%
Did the institution receive and did the primary care provider review the routine-priority specialty service consultant report within the required time frame? (14.008) *	5	7	3	41.7%
Did the patient receive the subsequent follow-up to the routine-priority specialty service appointment as ordered by the primary care provider? (14.009) *	3	2	10	60.0%
For endorsed patients received from another CDCR institution: If the patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames? (14.010) *	2	7	1	22.2%
Did the institution deny the primary care provider's request for specialty services within required time frames? (14.011)	10	2	0	83.3%
Following the denial of a request for specialty services, was the patient informed of the denial within the required time frame? (14.012)	8	4	0	66.7%
<b>Overall percentage (MIT 14): 61.4%</b>				

\* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results.

**Table 18. Other Tests Related to Specialty Services**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Specialty service follow-up appointments: Did the clinician follow-up visits occur within required time frames? (1.008) <sup>*,†</sup>	25	13	7	65.8%
Are specialty documents scanned into the patient's electronic health record within five calendar days of the encounter date? (4.002) *	24	6	15	80.0%

\* The OIG clinicians considered these compliance tests along with their own case review findings when determining the quality rating for this indicator.

† CCHCS changed its specialty policies in April 2019, removing the requirement for primary care physician follow-up visits following most specialty services. As a result, we test 1.008 only for high-priority specialty services or when the staff orders PCP or PC RN follow-ups. The OIG continues to test the clinical appropriateness of specialty follow-ups through its case review testing.

Source: The Office of the Inspector General medical inspection results.

Overall  
Rating  
**Inadequate**

Case Review  
Rating  
(N/A)

Compliance  
Score  
**Inadequate**  
(74.0%)

## Administrative Operations

In this indicator, OIG compliance inspectors evaluated health care administrative processes. Our inspectors examined the timeliness of the medical grievance process and checked whether the institution followed reporting requirements for adverse or sentinel events and patient deaths. Inspectors checked whether the Emergency Medical Response Review Committee (EMRRC) met and reviewed incident packages. We investigated and determined if the institution conducted the required emergency response drills. Inspectors also assessed whether the Quality Management Committee (QMC) met regularly and addressed program performance adequately. In addition, the inspectors examined if the institution provided training and job performance reviews for its employees. They checked whether staff possessed current, valid professional licenses, certifications, and credentials. The OIG rated this indicator solely based on the compliance score, using the same scoring thresholds as in the Cycle 4 and Cycle 5 medical inspections. Our case review clinicians do not rate this indicator.

Because none of the tests in this indicator affected clinical patient care directly (it is a secondary indicator), the OIG did not consider this indicator's rating when determining the institution's overall quality rating.

### Results Overview

CCI's performance worsened compared with Cycle 5. Although CCI scored 100 percent in some applicable testing areas, it struggled with others. Emergency drill packages did not include the required documents. Staff did not utilize the correct forms for the initial death reports. The physician managers only sometimes completed the annual performance appraisals in a timely manner. These findings are set forth in the table on the following page. We rated this indicator ***inadequate***.

### Nonscored Results

At CCI, the OIG did not have any applicable adverse sentinel events requiring root-cause analysis during the inspection period (MIT 15.001). We obtained CCHCS Death Review Committee (DRC) reporting data. Five unexpected (Level 1) deaths occurred during our review period. The DRC must complete its death review summary report within 60 calendar days of a death. When the DRC completes the death review summary report, it must submit the report to the institution's CEO within seven calendar days of completion. In our inspection, we found the DRC did not complete any death review reports promptly; the DRC finished five reports between 16 and 112 days late, and submitted them to the institution's CEO between nine and 105 days after that (MIT 15.998).

### Recommendations

The OIG offers no specific recommendations for this indicator.

**Table 19. Administrative Operations**

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For health care incidents requiring root cause analysis (RCA): Did the institution meet RCA reporting requirements? (15.001) *	N/A	N/A	N/A	N/A
Did the institution's Quality Management Committee (QMC) meet monthly? (15.002)	5	1	0	83.3%
For Emergency Medical Response Review Committee (EMRRC) reviewed cases: Did the EMRRC review the cases timely, and did the incident packages the committee reviewed include the required documents? (15.003)	9	3	0	75.0%
For institutions with licensed care facilities: Did the Local Governing Body (LGB) or its equivalent meet quarterly and discuss local operating procedures and any applicable policies? (15.004)	N/A	N/A	N/A	N/A
Did the institution conduct medical emergency response drills during each watch of the most recent quarter, and did health care and custody staff participate in those drills? (15.101)	0	3	0	0
Did the responses to medical grievances address all of the inmates' appealed issues? (15.102)	10	0	0	100%
Did the medical staff review and submit initial inmate death reports to the CCHCS Death Review Unit on time? (15.103)	5	0	0	100%
Did nurse managers ensure the clinical competency of nurses who administer medications? (15.104)	10	0	0	100%
Did physician managers complete provider clinical performance appraisals timely? (15.105)	3	7	0	30.0%
Did the providers maintain valid state medical licenses? (15.106)	15	0	0	100%
Did the staff maintain valid Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS), and Advanced Cardiac Life Support (ACLS) certifications? (15.107)	2	0	1	100%
Did the nurses and the pharmacist-in-charge (PIC) maintain valid professional licenses and certifications, and did the pharmacy maintain a valid correctional pharmacy license? (15.108)	6	0	1	100%
Did the pharmacy and the providers maintain valid Drug Enforcement Agency (DEA) registration certificates? (15.109)	1	0	0	100%
Did nurse managers ensure their newly hired nurses received the required onboarding and clinical competency training? (15.110)	0	1	0	0
Did the CCHCS Death Review Committee process death review reports timely? (15.998)	This is a nonscored test. Please refer to the discussion in this indicator.			
What was the institution's health care staffing at the time of the OIG medical inspection? (15.999)	This is a nonscored test. Please refer to Table 4 for CCHCS-provided staffing information.			
<b>Overall percentage (MIT 15): 74.0%</b>				

\* Effective March 2021, this test was for informational purposes only.

Source: The Office of the Inspector General medical inspection results.

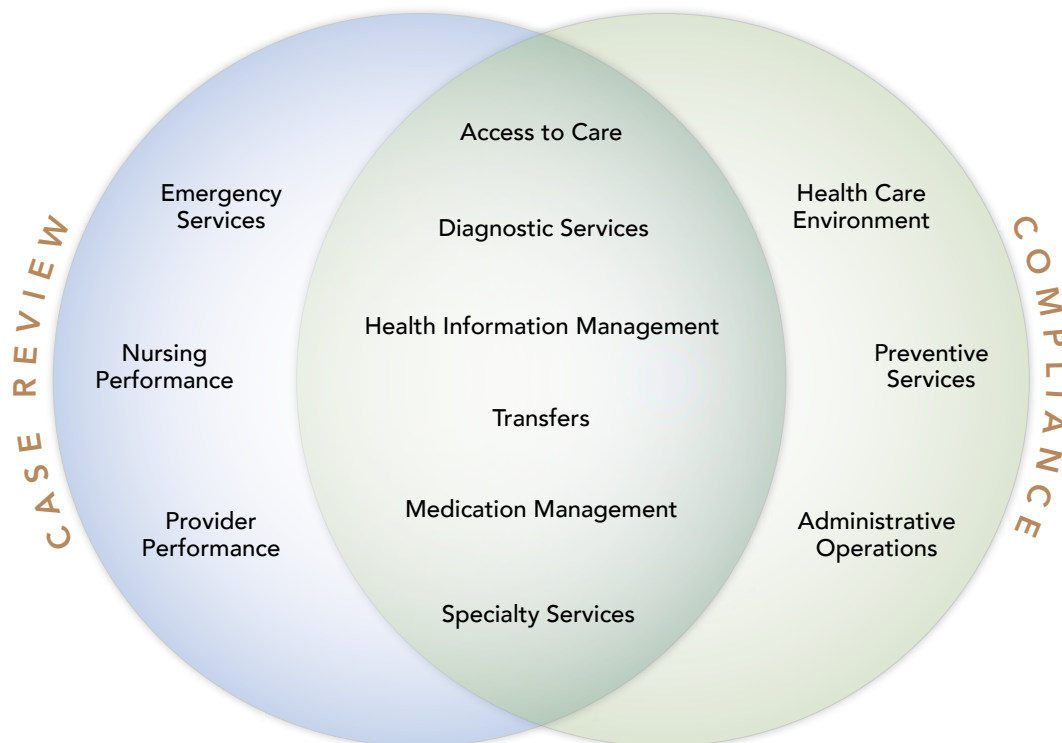
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## Appendix A: Methodology

In designing the medical inspection program, the OIG met with stakeholders to review CCHCS policies and procedures, relevant court orders, and guidance developed by the American Correctional Association. We 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, the department, the Office of the Attorney General, and the Prison Law Office to discuss the nature and scope of our inspection program. With input from these stakeholders, the OIG developed a medical inspection program that evaluates the delivery of medical care 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.

We rate each of the quality indicators applicable to the institution under inspection based on case reviews conducted by our clinicians or compliance tests conducted by our registered nurses. Figure A-1 below depicts the intersection of case review and compliance.

**Figure A-1. Inspection Indicator Review Distribution for CCI**



Source: The Office of the Inspector General medical inspection results.

## Case Reviews

The OIG added case reviews to the Cycle 4 medical inspections at the recommendation of its stakeholders, which continues in the Cycle 6 medical inspections. Below, Table A-1 provides important definitions that describe this process.

**Table A-1. Case Review Definitions**

<b>Case, Sample, or Patient</b>	The medical care provided to one patient over a specific period, which can comprise detailed or focused case reviews.
<b>Comprehensive Case Review</b>	A review that includes all aspects of one patient's medical care assessed over a six-month period. This review allows the OIG clinicians to examine many areas of health care delivery, such as access to care, diagnostic services, health information management, and specialty services.
<b>Focused Case Review</b>	A review that focuses on one specific aspect of medical care. This review tends to concentrate on a singular facet of patient care, such as the sick call process or the institution's emergency medical response.
<b>Event</b>	A direct or indirect interaction between the patient and the health care system. Examples of direct interactions include provider encounters and nurse encounters. An example of an indirect interaction includes a provider reviewing a diagnostic test and placing additional orders.
<b>Case Review Deficiency</b>	A medical error in procedure or in clinical judgment. Both procedural and clinical judgment errors can result in policy noncompliance, elevated risk of patient harm, or both.
<b>Adverse Event</b>	An event that caused harm to the patient.



The OIG eliminates case review selection bias by sampling using a rigid methodology. No case reviewer selects the samples he or she reviews. Because the case reviewers are excluded from sample selection, there is no possibility of selection bias. Instead, nonclinician analysts use a standardized sampling methodology to select most of the case review samples. A randomizer is used when applicable.

For most basic institutions, the OIG samples 20 comprehensive physician review cases. For institutions with larger high-risk populations, 25 cases are sampled. For the California Health Care Facility, 30 cases are sampled.

### *Case Review Sampling Methodology*

We obtain a substantial amount of health care data from the inspected institution and from CCHCS. Our analysts then apply filters to identify clinically complex patients with the highest need for medical services. These filters include patients classified by CCHCS with high medical risk, patients requiring hospitalization or emergency medical services, patients arriving from a county jail, patients transferring to and from other departmental institutions, patients with uncontrolled diabetes or uncontrolled anticoagulation levels, patients requiring specialty services or who died or experienced a sentinel event (unexpected occurrences resulting in high risk of, or actual, death or serious injury), patients requiring specialized medical housing placement, patients requesting medical care through the sick call process, and patients requiring prenatal or postpartum care.

After applying filters, analysts follow a standardized protocol and select samples for clinicians to review. Samples are obtained per the case review methodology shared with stakeholders in prior cycles. Our physician and nurse reviewers test the samples by performing comprehensive or focused case reviews.

### *Case Review Testing Methodology*

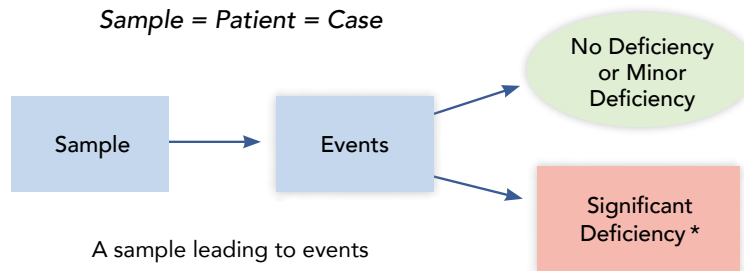
An OIG physician, a nurse consultant, or both review each case. As the clinicians review medical records, they record pertinent interactions between the patient and the health care system. We refer to these interactions as case review *events*. Our clinicians also record medical errors, which we refer to as case review *deficiencies*.

Deficiencies can be minor or significant, depending on the severity of the deficiency. If a deficiency caused serious patient harm, we classify the error as an *adverse event*. On the next page, Figure A-2 depicts the scenarios that can lead to these different events.

After the clinician inspectors review all the cases, they analyze the deficiencies, then summarize their findings in one or more of the health care indicators in this report.

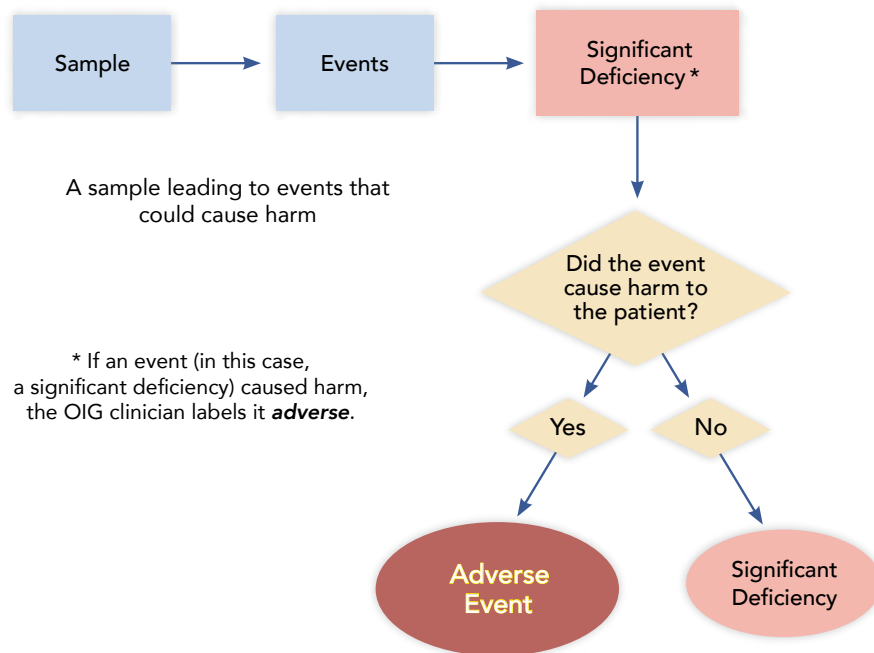
## Figure A-2. Case Review Testing

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



### Deficiencies

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



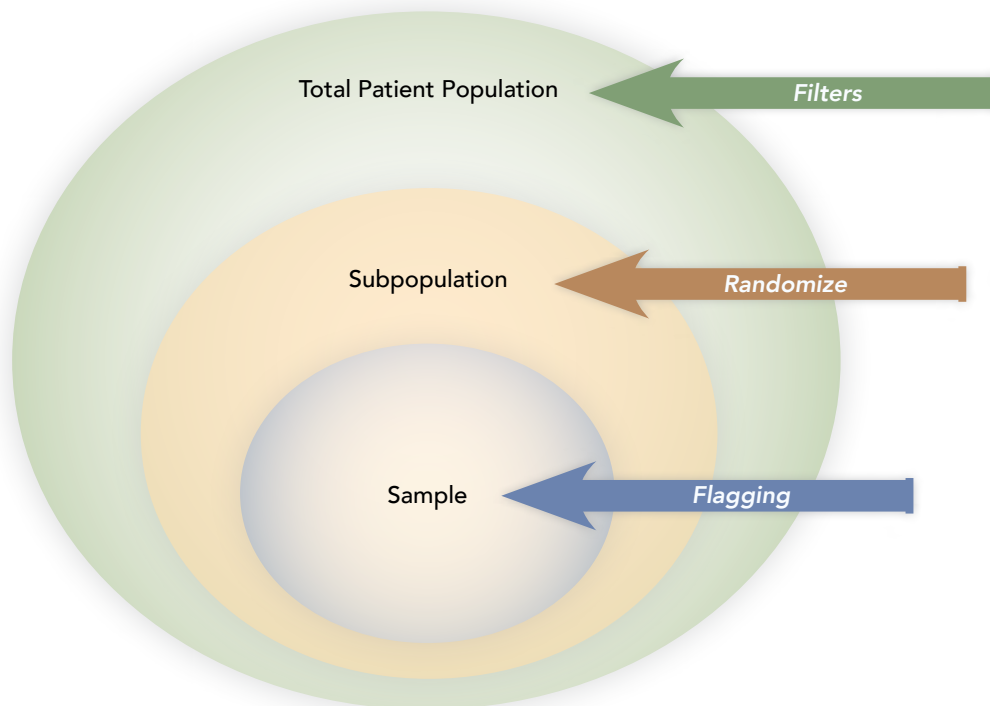
Source: The Office of the Inspector General medical inspection analysis.

## Compliance Testing

### *Compliance Sampling Methodology*

Our analysts identify samples for both our case review inspectors and compliance inspectors. Analysts follow a detailed selection methodology. For most compliance questions, we use sample sizes of approximately 25 to 30. Figure A-3 below depicts the relationships and activities of this process.

**Figure A-3. Compliance Sampling Methodology**



Source: The Office of the Inspector General medical inspection analysis.

### *Compliance Testing Methodology*

Our inspectors answer a set of predefined medical inspection tool (MIT) questions to determine the institution's compliance with CCHCS policies and procedures. Our nurse inspectors assign a *Yes* or a *No* answer to each scored question.

OIG headquarters nurse inspectors review medical records to obtain information, allowing them to answer most of the MIT questions. Our regional nurses visit and inspect each institution. They interview health care staff, observe medical processes, test the facilities and clinics, review employee records, logs, medical grievances, death reports, and other documents, and also obtain information regarding plant infrastructure and local operating procedures.

### *Scoring Methodology*

Our compliance team calculates the percentage of all *Yes* answers for each of the questions applicable to a particular indicator, then averages the scores. The OIG continues to rate these indicators based on the average compliance score using the following descriptors: *proficient* (85.0 percent or greater), *adequate* (between 84.9 percent and 75.0 percent), or *inadequate* (less than 75.0 percent).

## Indicator Ratings and the Overall Medical Quality Rating

To reach an overall quality rating, our inspectors collaborate and examine all the inspection findings. We consider the case review and the compliance testing results for each indicator. After considering all the findings, our inspectors reach consensus on an overall rating for the institution.

## Appendix B: Case Review Data

**Table B–1. CCI Case Review Sample Sets**

<b>Sample Set</b>	<b>Total</b>
Anticoagulation	3
CTC/OHU	0
Death Review/Sentinel Events	2
Diabetes	3
Emergency Services – CPR	4
Emergency Services – Non-CPR	2
High Risk	4
Hospitalization	4
Intrasystem Transfers In	3
Intrasystem Transfers Out	3
RN Sick Call	15
Specialty Services	2
	<b>45</b>

**Table B–2. CCI Case Review Chronic Care Diagnoses**

<b>Diagnosis</b>	<b>Total</b>
Anticoagulation	4
Arthritis/Degenerative Joint Disease	3
Asthma	4
COVID-19	5
Cardiovascular Disease	3
Chronic Kidney Disease	1
Chronic Pain	12
Cirrhosis/End-Stage Liver Disease	3
Coccidioidomycosis	1
Deep Venous Thrombosis/Pulmonary Embolism	1
Diabetes	6
Gastroesophageal Reflux Disease	5
Hepatitis C	15
Hyperlipidemia	14
Hypertension	18
Mental Health	21
Migraine Headaches	1
Seizure Disorder	1
Sleep Apnea	1
Substance Abuse	16
	<b>135</b>

**Table B–3. CCI Case Review Events by Program**

<b>Diagnosis</b>	<b>Total</b>
Diagnostic Services	179
Emergency Care	51
Hospitalization	37
Intrasystem Transfers In	17
Intrasystem Transfers Out	6
Not Specified	2
Outpatient Care	419
Specialized Medical Housing	0
Specialty Services	50
	<b>761</b>

**Table B–4. CCI Case Review Sample Summary**

MD Reviews Detailed	21
MD Reviews Focused	0
RN Reviews Detailed	8
RN Reviews Focused	25
Total Reviews	54
Total Unique Cases	45
Overlapping Reviews (MD & RN)	9

## Appendix C: Compliance Sampling Methodology

### California Correctional Institution

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Access to Care</i>				
MIT 1.001	Chronic Care Patients	25	Master Registry	<ul style="list-style-type: none"> <li>Chronic care conditions (at least one condition per patient—any risk level)</li> <li>Randomize</li> </ul>
MIT 1.002	Nursing Referrals	25	OIG Q: 6.001	<ul style="list-style-type: none"> <li>See Transfers</li> </ul>
MITs 1.003–006	Nursing Sick Call (6 per clinic)	30	Clinic Appointment List	<ul style="list-style-type: none"> <li>Clinic (each clinic tested)</li> <li>Appointment date (2–9 months)</li> <li>Randomize</li> </ul>
MIT 1.007	Returns From Community Hospital	25	OIG Q: 4.005	<ul style="list-style-type: none"> <li>See Health Information Management (Medical Records) (returns from community hospital)</li> </ul>
MIT 1.008	Specialty Services Follow-Up	45	OIG Q: 14.001, 14.004 & 14.007	<ul style="list-style-type: none"> <li>See Specialty Services</li> </ul>
MIT 1.101	Availability of Health Care Services Request Forms	6	OIG on-site review	<ul style="list-style-type: none"> <li>Randomly select one housing unit from each yard</li> </ul>
<i>Diagnostic Services</i>				
MITs 2.001–003	Radiology	10	Radiology Logs	<ul style="list-style-type: none"> <li>Appointment date (90 days–9 months)</li> <li>Randomize</li> <li>Abnormal</li> </ul>
MITs 2.004–006	Laboratory	10	Quest	<ul style="list-style-type: none"> <li>Appt. date (90 days–9 months)</li> <li>Order name (CBC or CMPs only)</li> <li>Randomize</li> <li>Abnormal</li> </ul>
MITs 2.007–009	Laboratory STAT	0	Quest	<ul style="list-style-type: none"> <li>Appt. date (90 days–9 months)</li> <li>Order name (CBC or CMPs only)</li> <li>Randomize</li> <li>Abnormal</li> </ul>
MITs 2.010–012	Pathology	10	InterQual	<ul style="list-style-type: none"> <li>Appt. date (90 days–9 months)</li> <li>Service (pathology related)</li> <li>Randomize</li> </ul>



Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Health Information Management (Medical Records)</i>				
MIT 4.001	Health Care Services Request Forms	30	OIG Qs: 1.004	<ul style="list-style-type: none"> <li>• Nondictated documents</li> <li>• First 20 IPs for MIT 1.004</li> </ul>
MIT 4.002	Specialty Documents	45	OIG Qs: 14.002, 14.005 & 14.008	<ul style="list-style-type: none"> <li>• Specialty documents</li> <li>• First 10 IPs for each question</li> </ul>
MIT 4.003	Hospital Discharge Documents	25	OIG Q: 4.005	<ul style="list-style-type: none"> <li>• Community hospital discharge documents</li> <li>• First 20 IPs selected</li> </ul>
MIT 4.004	Scanning Accuracy	24	Documents for any tested inmate	<ul style="list-style-type: none"> <li>• Any misfiled or mislabeled document identified during OIG compliance review (24 or more = No)</li> </ul>
MIT 4.005	Returns From Community Hospital	25	CADDIS off-site Admissions	<ul style="list-style-type: none"> <li>• Date (2–8 months)</li> <li>• Most recent 6 months provided (within date range)</li> <li>• Rx count</li> <li>• Discharge date</li> <li>• Randomize</li> </ul>
<i>Health Care Environment</i>				
MITs 5.101–105 MITs 5.107–111	Clinical Areas	13	OIG inspector on-site review	<ul style="list-style-type: none"> <li>• Identify and inspect all on-site clinical areas.</li> </ul>
<i>Transfers</i>				
MITs 6.001–003	Intrasystem Transfers	25	SOMS	<ul style="list-style-type: none"> <li>• Arrival date (3–9 months)</li> <li>• Arrived from (another departmental facility)</li> <li>• Rx count</li> <li>• Randomize</li> </ul>
MIT 6.101	Transfers Out	0	OIG inspector on-site review	<ul style="list-style-type: none"> <li>• R&amp;R IP transfers with medication</li> </ul>

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Pharmacy and Medication Management</i>				
MIT 7.001	Chronic Care Medication	25	OIG Q: 1.001	See Access to Care <ul style="list-style-type: none"> <li>At least one condition per patient—any risk level</li> <li>Randomize</li> </ul>
MIT 7.002	New Medication Orders	25	Master Registry	<ul style="list-style-type: none"> <li>Rx count</li> <li>Randomize</li> <li>Ensure no duplication of IPs tested in MIT 7.001</li> </ul>
MIT 7.003	Returns From Community Hospital	25	OIG Q: 4.005	<ul style="list-style-type: none"> <li>See Health Information Management (Medical Records) (returns from community hospital)</li> </ul>
MIT 7.004	RC Arrivals—Medication Orders	N/A at this institution	OIG Q: 12.001	<ul style="list-style-type: none"> <li>See Reception Center</li> </ul>
MIT 7.005	Intrafacility Moves	25	MAPIP transfer data	<ul style="list-style-type: none"> <li>Date of transfer (2–8 months)</li> <li>To location/from location (yard to yard and to/from ASU)</li> <li>Remove any to/from MHCB</li> <li>NA/DOT meds (and risk level)</li> <li>Randomize</li> </ul>
MIT 7.006	En Route	0	SOMS	<ul style="list-style-type: none"> <li>Date of transfer (2–8 months)</li> <li>Sending institution (another departmental facility)</li> <li>Randomize</li> <li>NA/DOT meds</li> </ul>
MITs 7.101–103	Medication Storage Areas	Varies by test	OIG inspector on-site review	<ul style="list-style-type: none"> <li>Identify and inspect clinical &amp; med line areas that store medications</li> </ul>
MITs 7.104–107	Medication Preparation and Administration Areas	Varies by test	OIG inspector on-site review	<ul style="list-style-type: none"> <li>Identify and inspect on-site clinical areas that prepare and administer medications</li> </ul>
MITs 7.108–111	Pharmacy	1	OIG inspector on-site review	<ul style="list-style-type: none"> <li>Identify &amp; inspect all on-site pharmacies</li> </ul>
MIT 7.112	Medication Error Reporting	25	Medication error reports	<ul style="list-style-type: none"> <li>All medication error reports with Level 4 or higher</li> <li>Select total of 25 medication error reports (recent 12 months)</li> </ul>
MIT 7.999	Restricted Unit KOP Medications	10	On-site active medication listing	<ul style="list-style-type: none"> <li>KOP rescue inhalers &amp; nitroglycerin medications for IPs housed in restricted units</li> </ul>

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Prenatal and Postpartum Care</i>				
MITs 8.001–007	Recent Deliveries	N/A at this institution	OB Roster	<ul style="list-style-type: none"> <li>• Delivery date (2–12 months)</li> <li>• Most recent deliveries (within date range)</li> </ul>
	Pregnant Arrivals	N/A at this institution	OB Roster	<ul style="list-style-type: none"> <li>• Arrival date (2–12 months)</li> <li>• Earliest arrivals (within date range)</li> </ul>
<i>Preventive Services</i>				
MITs 9.001–002	TB Medications	12	Maxor	<ul style="list-style-type: none"> <li>• Dispense date (past 9 months)</li> <li>• Time period on TB meds (3 months or 12 weeks)</li> <li>• Randomize</li> </ul>
MIT 9.003	TB Evaluation, Annual Screening	25	SOMS	<ul style="list-style-type: none"> <li>• Arrival date (at least 1 year prior to inspection)</li> <li>• Birth month</li> <li>• Randomize</li> </ul>
MIT 9.004	Influenza Vaccinations	25	SOMS	<ul style="list-style-type: none"> <li>• Arrival date (at least 1 year prior to inspection)</li> <li>• Randomize</li> <li>• Filter out IPs tested in MIT 9.008</li> </ul>
MIT 9.005	Colorectal Cancer Screening	25	SOMS	<ul style="list-style-type: none"> <li>• Arrival date (at least 1 year prior to inspection)</li> <li>• Date of birth (51 or older)</li> <li>• Randomize</li> </ul>
MIT 9.006	Mammogram	N/A at this institution	SOMS	<ul style="list-style-type: none"> <li>• Arrival date (at least 2 yrs. prior to inspection)</li> <li>• Date of birth (age 52–74)</li> <li>• Randomize</li> </ul>
MIT 9.007	Pap Smear	N/A at this institution	SOMS	<ul style="list-style-type: none"> <li>• Arrival date (at least three yrs. prior to inspection)</li> <li>• Date of birth (age 24–53)</li> <li>• Randomize</li> </ul>
MIT 9.008	Chronic Care Vaccinations	25	OIG Q: 1.001	<ul style="list-style-type: none"> <li>• Chronic care conditions (at least 1 condition per IP—any risk level)</li> <li>• Randomize</li> <li>• Condition must require vaccination(s)</li> </ul>
MIT 9.009	Valley Fever (number will vary)	0	Cocci transfer status report	<ul style="list-style-type: none"> <li>• Reports from past 2–8 months</li> <li>• Institution</li> <li>• Ineligibility date (60 days prior to inspection date)</li> <li>• All</li> </ul>

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Reception Center</i>				
MITs 12.001–008	RC	N/A at this institution	SOMS	<ul style="list-style-type: none"> <li>• Arrival date (2–8 months)</li> <li>• Arrived from (county jail, return from parole, etc.)</li> <li>• Randomize</li> </ul>
<i>Specialized Medical Housing</i>				
MITs 13.001–004	Specialized Health Care Housing Unit	N/A at this institution	CADDIS	<ul style="list-style-type: none"> <li>• Admit date (2–8 months)</li> <li>• Type of stay (no MH beds)</li> <li>• Length of stay (minimum of 5 days)</li> <li>• Rx count</li> <li>• Randomize</li> </ul>
MIT 13.101–102	Call Buttons	N/A at this institution	OIG inspector on-site review	<ul style="list-style-type: none"> <li>• Specialized Health Care Housing</li> <li>• Review by location</li> </ul>
<i>Specialty Services</i>				
MITs 14.001–003	High-Priority Initial and Follow-Up RFS	15	Specialty Service Appointments	<ul style="list-style-type: none"> <li>• Approval date (3–9 months)</li> <li>• Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, and radiology services</li> <li>• Randomize</li> </ul>
MITs 14.004–006	Medium-Priority Initial and Follow-Up RFS	15	Specialty Service Appointments	<ul style="list-style-type: none"> <li>• Approval date (3–9 months)</li> <li>• Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, and radiology services</li> <li>• Randomize</li> </ul>
MITs 14.007–009	Routine-Priority Initial and Follow-Up RFS	15	Specialty Service Appointments	<ul style="list-style-type: none"> <li>• Approval date (3–9 months)</li> <li>• Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, and radiology services</li> <li>• Randomize</li> </ul>

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MIT 14.010	Specialty Services Arrivals	10	Specialty Services Arrivals	<ul style="list-style-type: none"> <li>Arrived from (other departmental institution)</li> <li>Date of transfer (3–9 months)</li> <li>Randomize</li> </ul>
MITs 14.011–012	Denials	12	InterQual	<ul style="list-style-type: none"> <li>Review date (3–9 months)</li> <li>Randomize</li> </ul>
		N/A	IUMC/MAR Meeting Minutes	<ul style="list-style-type: none"> <li>Meeting date (9 months)</li> <li>Denial upheld</li> <li>Randomize</li> </ul>
<i>Administrative Operations</i>				
MIT 15.001	Adverse/sentinel events (ASE)	0	Adverse/sentinel events report	<ul style="list-style-type: none"> <li>Adverse/Sentinel events (2–8 months)</li> </ul>
MIT 15.002	QMC Meetings	6	Quality Management Committee meeting minutes	<ul style="list-style-type: none"> <li>Meeting minutes (12 months)</li> </ul>
MIT 15.003	EMRRC	12	EMRRC meeting minutes	<ul style="list-style-type: none"> <li>Monthly meeting minutes (6 months)</li> </ul>
MIT 15.004	LGB	0	LGB meeting minutes	<ul style="list-style-type: none"> <li>Quarterly meeting minutes (12 months)</li> </ul>
MIT 15.101	Medical Emergency Response Drills	3	On-site summary reports & documentation for ER drills	<ul style="list-style-type: none"> <li>Most recent full quarter</li> <li>Each watch</li> </ul>
MIT 15.102	Institutional Level Medical Grievances	10	On-site list of grievances/closed grievance files	<ul style="list-style-type: none"> <li>Medical grievances closed (6 months)</li> </ul>
MIT 15.103	Death Reports	5	Institution-list of deaths in prior 12 months	<ul style="list-style-type: none"> <li>Most recent 10 deaths</li> <li>Initial death reports</li> </ul>
MIT 15.104	Nursing Staff Validations	10	On-site nursing education files	<ul style="list-style-type: none"> <li>On duty one or more years</li> <li>Nurse administers medications</li> <li>Randomize</li> </ul>
MIT 15.105	Provider Annual Evaluation Packets	10	On-site provider evaluation files	<ul style="list-style-type: none"> <li>All required performance evaluation documents</li> </ul>
MIT 15.106	Provider Licenses	15	Current provider listing (at start of inspection)	<ul style="list-style-type: none"> <li>Review all</li> </ul>
MIT 15.107	Medical Emergency Response Certifications	All	On-site certification tracking logs	<ul style="list-style-type: none"> <li>All staff <ul style="list-style-type: none"> <li>Providers (ACLS)</li> <li>Nursing (BLS/CPR)</li> </ul> </li> <li>Custody (CPR/BLS)</li> </ul>
MIT 15.108	Nursing Staff and Pharmacist in Charge Professional Licenses and Certifications	All	On-site tracking system, logs, or employee files	<ul style="list-style-type: none"> <li>All required licenses and certifications</li> </ul>

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Administrative Operations</i>				
MIT 15.109	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations	All	On-site listing of provider DEA registration #s & pharmacy registration document	<ul style="list-style-type: none"> <li>All DEA registrations</li> </ul>
MIT 15.110	Nursing Staff New Employee Orientations	All	Nursing staff training logs	<ul style="list-style-type: none"> <li>New employees (hired within last 12 months)</li> </ul>
MIT 15.998	Death Review Committee	5	OIG summary log: deaths	<ul style="list-style-type: none"> <li>Between 35 business days &amp; 12 months prior</li> <li>California Correctional Health Care Services death reviews</li> </ul>

# California Correctional Health Care Services' Response

September 29, 2021

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

Dear Mr. Wesley:

The Office of the Receiver has reviewed the draft report of the Office of the Inspector General (OIG) Medical Inspection Results for California Correctional Institution (CCI) conducted from May to October 2020. California Correctional Health Care Services (CCHCS) acknowledges the OIG findings.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in CCHCS operations. If you have any questions or concerns, please contact me at (916) 691-3557.

Sincerely,

**Erin Hoppin**  
Digitally signed by Erin Hoppin  
Date: 2021.09.29 14:31:23 -0700



Erin Hoppin  
Associate Director  
Risk Management Branch  
California Correctional Health Care Services

cc: Diana Toche, D.D.S., Undersecretary, Health Care Services, CDCR  
Clark Kelso, Receiver  
Richard Kirkland, Chief Deputy Receiver  
Directors, CCHCS  
Roscoe Barrow, Chief Counsel, CCHCS Office of Legal Affairs  
Jackie Clark, Deputy Director (A), Institution Operations, CCHCS  
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS  
Renee Kanan, M.D., Deputy Director, Medical Services, CCHCS  
Barbara Barney-Knox, R.N., Deputy Director, Nursing Services, CCHCS  
Annette Lambert, Deputy Director, Quality Management, CCHCS  
Regional Health Care Executive, Region III, CCHCS  
Regional Deputy Medical Executive, Region III, CCHCS  
Regional Nursing Executive, Region III, CCHCS  
Chief Executive Officer, CCI  
Katherine Tebrock, Chief Assistant Inspector General, OIG  
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Misty Polasik, Staff Services Manager I, OIG



CALIFORNIA CORRECTIONAL  
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**Cycle 6**  
**Medical Inspection Report**

*for*

**California Correctional  
Institution**

OFFICE *of the*  
INSPECTOR GENERAL

*Roy W. Wesley*  
Inspector General

*Bryan B. Beyer*  
Chief Deputy Inspector General

STATE *of* CALIFORNIA  
November 2021

**OIG**