CALIFORNIA CORRECTIONAL CENTER
MEDICAL INSPECTION RESULTS
CYCLE 3

OFFICE OF THE
INSPECTOR GENERAL

STATE OF CALIFORNIA

November 2012

November 29, 2012

J. Clark Kelso, Receiver
California Correctional Health Care Services
501 J Street, Suite 600
Sacramento, California 95814

Dear Mr. Kelso:

Enclosed is the Office of the Inspector General's final report on its third inspection of medical care delivery at the California Correctional Center. The purpose of our inspection was to evaluate and monitor the progress of medical care delivery to inmates at the institution.

The report finds that based on our weighted scoring system encompassing 17 components, the California Correctional Center received 89.2 percent of the total weighted points possible. This is a 0.3 percentage point decline under the score of 89.5 percent from our second inspection report of this prison issued in December 2011, and a 15.8 percentage point improvement over the score of 73.4 percent from our first inspection report of this prison issued in January 2010.

This report contains a detailed breakdown of the institution's score in each of the 17 relevant components, including the results of all 125 questions. A copy of the report can also be found on our website at www.oig.ca.gov.

Thank you for the courtesy and cooperation extended to my staff during the inspection. Please call Alicia Fernandez, Deputy Inspector General, Senior, at (916) 830-3607 if you have any questions.

Sincerely,

ROBERT A. BARTON
Inspector General

Enclosure

cc: Evelyn Matteucci, Director, Policy and Risk Management Services,
California Correctional Health Care Services
Charles E. Young, M.S., Chief Executive Officer, California Correctional Center
Robert Gower, Warden (A), California Correctional Center
Martin Hoshino, Secretary (A), California Department of Corrections and Rehabilitation

Contents

Executive Summary

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

Overall Score
89.2%

In August 2012, we inspected California Correctional Center (CCC) for the third time. Our medical inspection encompassed 17 components of medical delivery and comprised 125 questions. The questions are weighted based on their importance to the delivery of medical care to inmates. CCC received 89.2 percent of the total weighted points possible. This is a 0.3 percentage point decline under the score of 89.5 percent from our second inspection report of this prison issued in December 2011, and a 15.8 percentage point improvement over the score of 73.4 percent from our first inspection report of this prison issued in January 2010.

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

Executive Summary Table

Component	Weighted Score	Definition
Chronic Care	**78.3%**	Examines how well the prison provided care and medication to inmates with specific chronic care conditions, which are those that affect (or have the potential to affect) an inmate's functioning and long-term prognosis for more than six months. Our inspection tests anti-coagulation therapy and the following chronic care conditions: asthma, diabetes, HIV (Human Immunodeficiency Virus), and hypertension.
Clinical Services	**91.1%**	Evaluates the inmate's access to primary health care services and focuses on inmates who recently received services from any of the prison's facility or administrative segregation unit clinics. This component evaluates sick call processes (doctor or nurse line), medication management, and nursing.
Health Screening	**92.1%**	Focuses on the prison's process for screening new inmates upon arrival to the institution for health care conditions that require treatment and monitoring, as well as ensuring inmates' continuity of care.
Specialty Services	**89.7%**	Focuses on the prison's process for approving, denying, and scheduling services that are outside the specialties of the prison's medical staff. Common examples of these services include physical therapy, oncology services, podiatry consultations, and neurology services.
Urgent Services	**86.4%**	Addresses the care provided by the institution to inmates before and after they were sent to a community hospital.

Component	Weighted Score	Definition
Emergency Services	**85.9%**	Examines how well the prison responded to inmate medical emergencies.
Prenatal Care/Childbirth/Post-delivery	**N/A**	Focuses on the prenatal and post-delivery medical care provided to pregnant inmates. This component is not applicable at men's institutions.
Diagnostic Services	**94.6%**	Addresses the timeliness of radiology (x-ray) and laboratory services and whether the prison followed up on clinically significant results.
Access to Health Care Information	**80.4%**	Addresses the prison's effectiveness in filing, storing, and retrieving medical records and medical-related information.
Outpatient Housing Unit	**86.3%**	Determines whether the prison followed department policies and procedures when placing inmates in the outpatient housing unit. This component also evaluates whether the placement provided the inmate with adequate care and whether the physician's plan addressed the placement diagnosis.
Internal Reviews	**100.0%**	Focuses on the activities of the prison's Quality Management Committee and Emergency Medical Response Review Committee. This component also evaluates the timeliness of the inmates' medical appeals and the prison's use of inmate death reviews.
Inmate Transfers	**100.0%**	Focuses on inmates pending transfer to determine whether the sending institution documented medication and medical conditions to assist the receiving institution in providing continuity of care.
Clinic Operations	**97.6%**	Addresses the general operational aspects of the prison's facility clinics. Generally, the questions in this component relate to the overall cleanliness of the clinics, privacy afforded to inmates during non-emergency visits, use of priority ducats (slip of paper the inmate carries for scheduled medical appointments), and availability of health care request forms.
Preventive Services	**88.7%**	Focuses on inmate cancer screening, tuberculosis evaluation, and influenza immunizations.
Pharmacy Services	**100.0%**	Addresses whether the prison's pharmacy complies with various operational policies, such as conducting periodic inventory counts, maintaining the currency of medications in its crash carts and after-hours medication supplies, and having valid permits. In addition, this component also addresses whether the pharmacy has an effective process for screening medication orders for potential adverse reactions/interactions.
Other Services	**100.0%**	Examines additional areas that are not captured in the other components. The areas evaluated in this component include the prison's provision of therapeutic diets, its handling of inmates who display poor hygiene, and the availability of the current version of the department's Health Services Policies and Procedures.
Inmate Hunger Strikes	**N/A**	Examines medical staff's monitoring of inmates participating in hunger strikes lasting longer than three days. There were no inmate hunger strikes at CCC that met our testing criteria.
Chemical Agent Contraindications	**N/A**	Addresses the prison's process of handling inmates who may be predisposed to an adverse outcome during cell extractions involving Oleoresin Capsicum, which is commonly referred to as "pepper spray." For example, this might occur if the inmate has asthma. CCC did not have any calculated cell extractions during our review period.
Staffing Levels and Training	**100.0%**	Examines the prison's medical staffing levels and training provided.
Nursing Policy	**100.0%**	Determines whether the prison maintains written policies and procedures for the safe and effective provision of quality nursing care. The questions in this component also determine whether nursing staff review their duty statements and whether supervisors periodically review the work of nurses to ensure they properly follow established nursing protocols.
Overall Score	**89.2%**	

Introduction

Under the authority of California Penal Code section 6126, which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (CDCR), and at the request of the federal receiver, the OIG developed a comprehensive inspection program to evaluate the delivery of medical care at each of CDCR's 33 adult prisons.

In August 2012, we inspected California Correctional Center (CCC). Our medical inspection encompassed 17 components of medical delivery and comprised 125 questions. To help readers understand the medical risk associated with certain components of medical delivery—which pose a greater risk to an inmate-patient—we developed a weighting system and assigned points to each question. Consequently, we assigned more total points to more critical components, such as chronic care, clinical services, and health screening. We assigned fewer total points to less critical components, such as inmate hunger strikes, staffing levels and training, and chemical agent contraindications. (For a detailed description of the weighting system, see the Objectives, Scope, and Methodology section on the next page.)

Background

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

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

To evaluate and monitor the progress of medical care delivery to inmates, the receiver requested that the OIG establish an objective, clinically appropriate, and metric-oriented medical inspection program. To that end, the Inspector General agreed to inspect each state prison on a cycle basis. In June 2010, we completed the fieldwork for our first cycle of medical inspections of the state's 33 prisons and in December 2011, we completed the field work for our second cycle of the medical inspection reviews. This report presents the results of the third medical inspection conducted at this institution. The appendix to this report provides summary comparative data for the first, second, and third cycle inspections conducted at this institution. We are committed to helping each institution achieve a higher level of medical care, but it is up to the federal court to determine the percentage score necessary for an institution to meet constitutional standards.

About the Institution

The primary mission of CCC is to receive, house, and train minimum-custody inmates for placement into one of the institution's 18 Northern California conservation camps. These camps are strategically located throughout the northern part of the state to provide fire suppression crews and an organized labor force for public conservation projects and other emergency response needs of the State. The secondary mission of CCC is to provide work, training, and education programs for inmates who are not assigned to a conservation camp. As of November 7, 2012, CDCR reported that CCC had custody over 4,589 male inmates, including 1,804 inmates serving in conservation camps. CCC operates five medical clinics where staff handle non-urgent requests for medical services. CCC also treats inmates needing urgent or emergency care in its triage and treatment area. According to information provided by the institution, CCC's vacancy rate among licensed medical managers, primary care providers, nursing supervisors, and nursing staff was 8.6 percent.

Charles Young serves as the prison's chief executive officer for health care services while Dorothy Swingle, M.D., serves as the chief medical executive.

Objectives, Scope, and Methodology

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

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

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

Example Question: Institution X

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

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

To arrive at the total score, we add the points received for each question and then for each program component. Finally, we calculate the institution’s overall score by dividing the sum of the points received by the sum of the points possible. We do not include in the institution’s overall score the weight for questions that are not applicable or, in some cases, where a lack of documentation would result in numerous “no” answers for one deviation from policy (unknown). For instance, an institution may not be able to provide documentation that its Emergency Medical Response Review Committee met for a particular month. Therefore, when we evaluate whether meeting minutes document monthly meetings for a particular month, the institution would receive a “no” answer for that question. However, when we evaluate whether the meeting minutes document the warden’s attendance at the meeting, the answer would be “unknown” so that the institution’s score is not penalized twice for the same reason, not documenting the meeting. Further, we do not include a score for any question for which only one sample item is found to apply unless we know that the sample item represents the entire population related to the question in the time period under review. In these cases, the one sample item is identified as not applicable in our report and thereby not included in the inspection scores.

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

Our inspection program assumes that if a prison's medical staff does not document an event in an inmate's unit health record, the event in question did not happen. If an inmate's record does not show that the inmate received his medications on a specified date, for example, we assume that the inmate did not receive the medications. While it is possible that the inmate received his medications and the staff neglected to document the event, our program cannot assume that appropriate care was provided.

Our medical inspection at CCC encompassed 17 of the 20 components of medical delivery. Three of the components were not applicable during the period inspected. In total, we reviewed 185 inmate medical files, which are referred to as unit health records. In addition, we reviewed staffing level reports, medical appeals summaries, nursing policies and procedures, summaries of medical drills and emergencies, minutes from Quality Management Committee and Emergency Medical Response Review Committee hearings, contents of inmate transfer envelopes, and assorted manual logs or tracking worksheets related to medical care delivery. Finally, we interviewed medical and custody staff members about the delivery of medical care to inmates, and we observed day-to-day medical delivery at the institution.

We do not test the care provided in the licensed hospitals or correctional treatment centers because they are subject to inspections and oversight by other regulatory agencies.

Consistent with our agreement with the receiver, our report only addresses the conditions found related to the medical care criteria. We do not discuss the causes of noncompliance, nor do we make specific recommendations in this report. Further, we do not review for efficiency and economy of operations. However, if we learn of an inmate-patient who needs immediate care, we notify the chief executive officer of health care services and request a status report. Moreover, if we learn of significant departures from community standards, we may report such departures to the institution's chief executive officer or the receiver's office. Because these matters involve confidential medical information protected by state and federal privacy laws, specific details related to these cases are not included in our report.

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

Abbreviations used in this report

CEO	Chief Executive Officer
CME	Chief Medical Executive
FTF	Face-to-Face
INH	Isoniazid (antituberculous medication)
LVN	Licensed Vocational Nurse
MD	Medical Doctor
OB	Obstetrician
OHU	Outpatient Housing Unit
OIG	Office of the Inspector General
PCP	Primary Care Provider
RN	Registered Nurse
TB	Tuberculosis
TTA	Triage and Treatment Area
UHR	Unit Health Record

MEDICAL INSPECTION RESULTS

08/20/2012 – 09/07/2012

Overall Score: 89.2%

Component	Page	Answers				Weighting Points			Questions Not Answered	
		Yes	No	Yes + No	Yes %	Points Possible	Points Received	Score %	Not Applicable	Unknown
Chronic Care	8	150	35	185	81.1%	133	104.1	78.3%	12	0
Clinical Services	9	262	13	275	95.3%	100	91.1	91.1%	52	0
Health Screening	11	77	5	82	93.9%	47	43.3	92.1%	98	0
Specialty Services	12	98	14	112	87.5%	71	63.7	89.7%	65	0
Urgent Services	13	113	13	126	89.7%	59	51.0	86.4%	24	0
Emergency Services	14	34	5	39	87.2%	58	49.8	85.9%	1	0
Diagnostic Services	15	56	5	61	91.8%	52	49.2	94.6%	3	1
Access to Health Care Information	16	9	10	19	47.4%	51	41.0	80.4%	0	0
Outpatient Housing Unit	17	58	7	65	89.2%	48	41.4	86.3%	6	1
Internal Reviews	18	31	0	31	100.0%	40	40.0	100.0%	0	0
Inmate Transfers	19	19	0	19	100.0%	30	30.0	100.0%	6	0
Clinic Operations	20	22	1	23	95.7%	29	28.3	97.6%	2	0
Preventive Services	21	31	4	35	88.6%	30	26.6	88.7%	0	0
Pharmacy Services	22	11	0	11	100.0%	29	29.0	100.0%	0	0
Other Services	23	7	0	7	100.0%	9	9.0	100.0%	2	0
Staffing Levels and Training	24	8	0	8	100.0%	16	16.0	100.0%	1	0
Nursing Policy	25	15	0	15	100.0%	14	14.0	100.0%	0	0
Totals		**1001**	**112**	**1113**	**89.9%**	**816**	**727.5**	**89.2%**	**272**	**2**

Reference Number	Chronic Care	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
03.076	Was the inmate's most recent chronic care visit within the time frame required by policy?	17	6	23	73.9%	20	14.8	73.9%	0	0
03.082	Did the institution document that it provided the inmate with health care education?	23	0	23	100.0%	6	6.0	100.0%	0	0
03.175	Did the inmate receive his or her prescribed chronic care medications during the most recent three-month period or did the institution follow departmental policy if the inmate refused to pick up or show up for his or her medications?	11	7	18	61.1%	16	9.8	61.1%	5	0
03.235	Is the clinical history adequate?	16	7	23	69.6%	18	12.5	69.6%	0	0
03.236	Is the focused clinical examination adequate?	15	7	22	68.2%	16	10.9	68.2%	1	0
03.237	Is the assessment adequate?	15	7	22	68.2%	18	12.3	68.2%	1	0
03.238	Is the plan adequate?	17	1	18	94.4%	21	19.8	94.4%	5	0
03.262	Is the inmate's Problem List complete and filed accurately in the inmate's UHR?	23	0	23	100.0%	8	8.0	100.0%	0	0
03.293	Are immunizations current for the chronic care condition?	13	0	13	100.0%	10	10.0	100.0%	0	0
	Component Subtotals:	**150**	**35**	**185**	**81.1%**	**133**	**104.1**	**78.3%**	**12**	**0**

Reference Number	Clinical Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
01.024	RN FTF Documentation: Did the inmate's request for health care get reviewed the same day it was received?	25	0	25	100.0%	6	6.0	100.0%	0	0
01.025	Did the RN complete a FTF visit within one business day after Form 7362 (Health Care Services Request) was reviewed?	25	0	25	100.0%	10	10.0	100.0%	0	0
01.027	If the RN determined a referral to a PCP was necessary, was the inmate seen within the timelines specified by the RN during the FTF triage?	9	0	9	100.0%	10	10.0	100.0%	16	0
01.246	Did documentation indicate that the RN reviewed all of the inmate's clinically significant complaints listed on Form 7362?	25	0	25	100.0%	4	4.0	100.0%	0	0
01.157	RN FTF Documentation: Did the RN's subjective note address the nature and history of the inmate's clinically significant complaint(s)?	25	0	25	100.0%	6	6.0	100.0%	0	0
01.159	RN FTF Documentation: Did the RN's objective note include vital signs and a focused physical examination, and did it adequately address the clinically significant problems noted in the subjective note?	24	1	25	96.0%	5	4.8	96.0%	0	0
01.244	RN FTF Documentation: Did the RN's objective note include allergies, weight, current medication, and where appropriate, medication compliance?	23	2	25	92.0%	3	2.8	92.0%	0	0
01.158	RN FTF Documentation: For the clinically significant complaints, did the RN's assessment provide appropriate conclusions based on subjective and objective data?	22	3	25	88.0%	5	4.4	88.0%	0	0
01.162	RN FTF Documentation: Did the RN's plan include an adequate strategy to address the clinically significant problems identified during the FTF triage?	25	0	25	100.0%	6	6.0	100.0%	0	0
01.163	RN FTF Documentation: Did the RN's education/instruction adequately address the clinically significant problems identified during the FTF triage?	25	0	25	100.0%	4	4.0	100.0%	0	0
01.247	Sick Call Follow-up: If the provider ordered a follow-up sick call appointment, did it take place within the time frame specified?	7	0	7	100.0%	5	5.0	100.0%	18	0

Reference Number	Clinical Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
01.124	Sick Call Medication: Did the institution administer or deliver prescription medications (new orders) to the inmate within specified time frames?	17	4	21	81.0%	6	4.9	81.0%	4	0
15.234	Are clinic response bags audited daily and do they contain essential items?	2	0	2	100.0%	5	5.0	100.0%	0	0
21.278	If pre-existing medical conditions contributed to the need for the TTA visit, was there adequate prior management of those conditions?	8	3	11	72.7%	25	18.2	72.7%	14	0
	Component Subtotals:	**262**	**13**	**275**	**95.3%**	**100**	**91.1**	**91.1%**	**52**	**0**

Reference Number	Health Screening	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
02.016	Did the institution complete the initial health screening on the same day the inmate arrived at the institution?	20	0	20	100.0%	9	9.0	100.0%	0	0
02.017	If "Yes" was answered to any of the questions on the initial health screening form(s), did the RN provide an assessment and disposition on the date of arrival?	8	0	8	100.0%	8	8.0	100.0%	12	0
02.018	If, during the assessment, the RN referred the inmate to a clinician, was the inmate seen within the time frame?	7	5	12	58.3%	9	5.3	58.3%	8	0
02.020	Did the LVN/RN adequately document the tuberculin test and timely reading of the test results; or, if the inmate did not have a TB test because of a previous positive TB test, was a review of signs and symptoms completed?	20	0	20	100.0%	6	6.0	100.0%	0	0
02.015	Was a review of symptoms completed if the inmate's tuberculin test was positive, and were the results reviewed by the infection control nurse or the public health nurse?	0	0	0	0.0%	0	0.0	0.0%	20	0
02.128	If the inmate had an existing medication order upon arrival at the institution, did the inmate receive the medications within specified timeframes, or did a physician document why the medications were not to be continued?	2	0	2	100.0%	8	8.0	100.0%	18	0
02.007	Non-reception center: Does the health care transfer information form indicate that it was reviewed and signed by licensed health care staff within one calendar day of the inmate's arrival at the institution?	20	0	20	100.0%	7	7.0	100.0%	0	0
02.014	Non-reception center: If the inmate was scheduled for a specialty appointment at the sending institution, did the receiving institution schedule the appointment within 30 days of the original appointment date?	0	0	0	0.0%	0	0.0	0.0%	20	0
02.111	Non-reception center: Did the inmate receive medical accommodations upon arrival, if applicable?	0	0	0	0.0%	0	0.0	0.0%	20	0
	Component Subtotals:	**77**	**5**	**82**	**93.9%**	**47**	**43.3**	**92.1%**	**98**	**0**

Reference Number	Specialty Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
07.037	Did the institution approve or deny the PCP's request for specialty services within the specified time frames?	25	2	27	92.6%	8	7.4	92.6%	0	0
07.035	Did the inmate receive the specialty service within specified time frames?	17	0	17	100.0%	9	9.0	100.0%	10	0
07.090	Physical therapy services: Did the physical therapist assess the inmate and document the treatment plan and treatment provided to the inmate?	2	0	2	100.0%	2	2.0	100.0%	25	0
07.043	Did the PCP review the specialist's report and see the inmate for a follow-up appointment within specified timelines following completion of the specialty service?	9	4	13	69.2%	10	6.9	69.2%	14	0
07.260	Was the institution's denial of the PCP's request for specialty services consistent with the "medical necessity" requirement?	6	0	6	100.0%	15	15.0	100.0%	4	0
07.273	Was information provided on the request for services sufficient for the Medical Authorization Review Committee to make a medical necessity determination?	6	4	10	60.0%	4	2.4	60.0%	0	0
07.259	Was there adequate documentation of the reason for the denial of specialty services?	10	0	10	100.0%	4	4.0	100.0%	0	0
07.270	Did the specialty provider provide timely findings and recommendations or did an RN document that he or she called the specialty provider to ascertain the findings and recommendations?	17	0	17	100.0%	6	6.0	100.0%	10	0
07.261	Is the institution scheduling high-priority (urgent) specialty services within 14 days?	2	0	2	100.0%	9	9.0	100.0%	0	0
07.288	At the first PCP visit following the denial, was the patient informed of the denial and was the condition that gave rise to the specialty service request appropriately managed?	4	4	8	50.0%	4	2.0	50.0%	2	0
	Component Subtotals:	**98**	**14**	**112**	**87.5%**	**71**	**63.7**	**89.7%**	**65**	**0**

Reference Number	Urgent Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
21.248	Upon the inmate's discharge from the community hospital, did the TTA RN document that he or she reviewed the inmate's discharge plan and complete a FTF assessment of the inmate?	24	0	24	100.0%	6	6.0	100.0%	1	0
21.249	Upon the inmate's discharge from the community hospital, did the inmate receive a follow-up appointment with his or her PCP within five calendar days of discharge?	21	3	24	87.5%	8	7.0	87.5%	1	0
21.281	Upon the inmate's discharge from a community hospital, did the institution administer or deliver all prescribed medications to the inmate within specified time frames?	9	1	10	90.0%	7	6.3	90.0%	15	0
21.275	Was the TTA nursing clinical care and documentation adequate?	17	7	24	70.8%	15	10.6	70.8%	1	0
21.276	While the patient was in the TTA, did the provider render adequate and timely clinical care, and adequately document that care?	18	2	20	90.0%	19	17.1	90.0%	5	0
21.250	Upon the inmate's return from the community hospital, was the inmate placed in housing appropriate for his or her clinical status?	24	0	24	100.0%	4	4.0	100.0%	1	0
	Component Subtotals:	**113**	**13**	**126**	**89.7%**	**59**	**51.0**	**86.4%**	**24**	**0**

Reference Number	Emergency Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
08.183	Was the medical emergency responder notified of the medical emergency without delay?	5	0	5	100.0%	7	7.0	100.0%	0	0
08.241	Did the first responder provide adequate basic life support prior to medical staff arriving?	5	0	5	100.0%	8	8.0	100.0%	0	0
08.184	Did the medical emergency responder arrive at the location of the medical emergency within eight minutes of initial notification?	4	1	5	80.0%	6	4.8	80.0%	0	0
08.185	Did the medical emergency responder use proper equipment to address the emergency and was adequate medical care provided within the scope of their license?	3	2	5	60.0%	9	5.4	60.0%	0	0
08.242	Did staff call 911 without unnecessary delay after a life-threatening condition was identified by a licensed health care provider or peace officer?	4	1	5	80.0%	8	6.4	80.0%	0	0
08.187	Did the institution provide adequate preparation for the ambulance's arrival, access to the inmate, and departure?	4	0	4	100.0%	6	6.0	100.0%	1	0
08.186	Were both the first responder (if peace officer or licensed health care staff) and the medical emergency responder basic life support certified at the time of the incident?	5	0	5	100.0%	5	5.0	100.0%	0	0
08.222	Were the findings of the institution's Emergency Medical Response Review Committee supported by the documentation and completed within 30 days?	4	1	5	80.0%	9	7.2	80.0%	0	0
	Component Subtotals:	**34**	**5**	**39**	**87.2%**	**58**	**49.8**	**85.9%**	**1**	**0**

Reference Number	Diagnostic Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
06.049	Radiology order: Was the radiology service provided within the time frame specified in the physician's order?	4	0	4	100.0%	7	7.0	100.0%	0	1
06.245	Radiology order: Was the diagnostic report received by the institution within 14 days?	5	0	5	100.0%	6	6.0	100.0%	0	0
06.200	Radiology order: Did the PCP review the diagnostic report and initiate written notice to the inmate within two business days of the date the institution received the diagnostic reports?	5	0	5	100.0%	7	7.0	100.0%	0	0
06.188	All laboratory orders: Was the specimen collected within the applicable time frames of the physician's order?	10	0	10	100.0%	6	6.0	100.0%	0	0
06.191	All diagnostic services: At the next clinic visit following report of a clinically significant abnormal diagnostic test result, did the PCP document the abnormal test result in the progress note?	12	3	15	80.0%	7	5.6	80.0%	0	0
06.263	All diagnostic services: At the next clinic visit following the report of a clinically significant abnormal diagnostic test, was the result adequately managed?	12	0	12	100.0%	12	12.0	100.0%	3	0
06.202	All laboratory orders: Did the PCP review the diagnostic reports and initiate written notice to the inmate within two business days of the date the institution received the diagnostic reports?	8	2	10	80.0%	7	5.6	80.0%	0	0
	Component Subtotals:	**56**	**5**	**61**	**91.8%**	**52**	**49.2**	**94.6%**	**3**	**1**

Reference Number	Access to Health Care Information	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
19.150	Is the medical records office current with its loose filing?	1	0	1	100.0%	9	9.0	100.0%	0	0
19.169	Are Unit Health Records (UHR) available to clinic staff for the inmates ducated for medical appointments?	2	0	2	100.0%	15	15.0	100.0%	0	0
19.243	Is the electronic Unit Health Record (UHR) maintained in a manner that allows providers to efficiently locate and use specific medical documents?	2	10	12	16.7%	12	2.0	16.7%	0	0
19.266	Does the institution properly file inmates' medical information?	1	0	1	100.0%	5	5.0	100.0%	0	0
19.271	While reviewing UHRs as part of the OIG's inspection, were the OIG's RN and MD inspectors able to locate all relevant documentation of health care provided to inmates?	1	0	1	100.0%	5	5.0	100.0%	0	0
19.272	Does the institution promptly file blood pressure logs in UHRs?	2	0	2	100.0%	5	5.0	100.0%	0	0
	Component Subtotals:	**9**	**10**	**19**	**47.4%**	**51**	**41.0**	**80.4%**	**0**	**0**

Reference Number	Outpatient Housing Unit	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
04.052	Did the RN complete an initial assessment of the inmate on the day of placement?	9	1	10	90.0%	5	4.5	90.0%	0	0
04.051	Did the PCP evaluate the inmate within one calendar day after placement?	8	2	10	80.0%	5	4.0	80.0%	0	0
04.053	While the inmate was placed in the OHU, did the PCP complete the Subjective, Objective, Assessment, Plan and Education at a minimum of every 14 days?	5	0	5	100.0%	4	4.0	100.0%	5	0
04.112	Was the PCP's initial evaluation adequate for the problem(s) requiring OHU placement?	7	3	10	70.0%	7	4.9	70.0%	0	0
04.230	Was the PCP's initial assessment (or diagnoses) appropriate for the findings in the initial evaluation?	9	0	9	100.0%	7	7.0	100.0%	0	1
04.056	Did the PCP's plan adequately address the patient's medical needs?	9	0	9	100.0%	7	7.0	100.0%	1	0
04.208	Was the level of care available in the OHU adequate for the patient's clinical needs?	10	0	10	100.0%	7	7.0	100.0%	0	0
15.103	In the OHU, are patient call buttons operational or does medical staff make rounds every 30 minutes?	1	0	1	100.0%	3	3.0	100.0%	0	0
15.225	Does the OHU use disinfectant daily in common patient areas?	0	1	1	0.0%	3	0.0	0.0%	0	0
	Component Subtotals:	**58**	**7**	**65**	**89.2%**	**48**	**41.4**	**86.3%**	**6**	**1**

Reference Number	Internal Reviews	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
17.221	Did the institution complete a medical emergency response drill for each watch and include participation of health care and custody staff during the most recent full quarter?	1	0	1	100.0%	5	5.0	100.0%	0	0
17.174	Did the institution promptly process inmate medical appeals during the most recent 12 months?	1	0	1	100.0%	5	5.0	100.0%	0	0
17.136	For each death sampled, did the institution complete the death review process?	2	0	2	100.0%	5	5.0	100.0%	0	0
17.132	Do the Emergency Medical Response Review Committee meeting minutes document monthly meetings for the last six months?	6	0	6	100.0%	5	5.0	100.0%	0	0
17.138	Do the Emergency Medical Response Review Committee meeting minutes document the warden's (or his or her designee's) attendance?	6	0	6	100.0%	5	5.0	100.0%	0	0
17.118	Do the Quality Management Committee meeting minutes document monthly meetings for the last six months?	6	0	6	100.0%	5	5.0	100.0%	0	0
17.119	Did the Quality Management Committee (QMC) report its findings to the CEO/CME for each of the last six (6) meetings?	6	0	6	100.0%	5	5.0	100.0%	0	0
17.135	Did the last three Quality Management Committee meeting minutes reflect findings and strategies for improvement?	3	0	3	100.0%	5	5.0	100.0%	0	0
	Component Subtotals:	**31**	**0**	**31**	**100.0%**	**40**	**40.0**	**100.0%**	**0**	0

Reference Number	Inmate Transfers	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
05.108	Did Receiving and Release have the inmate's UHR and transfer envelope?	5	0	5	100.0%	7	7.0	100.0%	0	0
05.109	If the inmate was scheduled for any upcoming specialty services, were the services noted on Form 7371 (Health Care Transfer Information)?	0	0	0	0.0%	0	0.0	0.0%	5	0
05.110	Do all appropriate forms in the transfer envelope identify all medications ordered by the physician, and are the medications in the transfer envelope?	4	0	4	100.0%	8	8.0	100.0%	1	0
05.171	Did an RN accurately complete all applicable sections of Form 7371 (Health Care Transfer Information) based on the inmate's UHR?	5	0	5	100.0%	7	7.0	100.0%	0	0
05.172	Did the Health Records Department maintain a copy of the inmate's Form 7371 and Form 7231A (Outpatient Medication Administration Record) when the inmate transferred?	5	0	5	100.0%	8	8.0	100.0%	0	0
	Component Subtotals:	**19**	**0**	**19**	**100.0%**	**30**	**30.0**	**100.0%**	**6**	**0**

Reference Number	Clinic Operations	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
14.023	Does the institution make the Form 7362 (Health Care Services Request Form) available to inmates?	5	0	5	100.0%	4	4.0	100.0%	0	0
14.164	Are areas available to ensure audio and visual privacy during RN face-to-face assessments and doctors' examinations for non-emergencies?	3	0	3	100.0%	3	3.0	100.0%	0	0
14.166	Were refrigerated drugs stored without food in the refrigerator, or were the drugs stored in a sealed container if food was present?	2	0	2	100.0%	2	2.0	100.0%	0	0
14.131	Do medication nurses understand that the licensed staff member who prepares the medication, must also administer it on the day it is prepared?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.106	Does clinical staff wash their hands (either with soap or hand sanitizer) or change gloves between patients?	4	0	4	100.0%	6	6.0	100.0%	0	0
14.033	Does the institution have an adequate process to ensure inmates who are moved to a new cell still receive their medical ducats?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.160	Does the institution have a process to identify, review, and address urgent appointments if a doctor's line is canceled?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.029	Does medical staff in the facility clinic know which inmates are on modified program or confined to quarters (CTQ) and does staff have an adequate process to ensure those inmates receive their medication?	0	0	0	0.0%	0	0.0	0.0%	2	0
14.165	Are the clinic floors, waiting room chairs, and equipment cleaned with a disinfectant daily?	2	1	3	66.7%	2	1.3	66.7%	0	0
	Component Subtotals:	**22**	**1**	**23**	**95.7%**	**29**	**28.3**	**97.6%**	**2**	**0**

Reference Number	Preventive Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
10.228	Inmates prescribed INH: Did the institution properly administer the medication to the inmate?	3	2	5	60.0%	6	3.6	60.0%	0	0
10.232	Inmates prescribed INH: Did the institution monitor the inmate monthly for the most recent three months he or she was on the medication?	5	0	5	100.0%	6	6.0	100.0%	0	0
10.229	Annual TB Screening: Was the inmate appropriately screened for TB within the last year?	10	0	10	100.0%	7	7.0	100.0%	0	0
10.086	All inmates age 65 and older: Did the inmate receive an influenza vaccination for the most recent influenza season?	5	0	5	100.0%	6	6.0	100.0%	0	0
10.085	All inmates from the age of 51 through the age of 75: Did the inmate appropriately receive colorectal cancer screening?	8	2	10	80.0%	5	4.0	80.0%	0	0
	Component Subtotals:	**31**	**4**	**35**	**88.6%**	**30**	**26.6**	**88.7%**	**0**	**0**

Reference Number	Pharmacy Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
13.139	Does the institution conspicuously post a valid permit in its pharmacy(ies)?	1	0	1	100.0%	2	2.0	100.0%	0	0
13.141	Does the institution properly maintain its emergency crash cart medications?	1	0	1	100.0%	2	2.0	100.0%	0	0
13.252	Does the institution properly maintain medications in its after-hours medication supply(ies)?	2	0	2	100.0%	2	2.0	100.0%	0	0
13.253	Does the institution conduct monthly inspections of its emergency crash cart and after-hours medication supply(ies)?	3	0	3	100.0%	1	1.0	100.0%	0	0
13.142	Is the pharmacist-in-charge's license current?	1	0	1	100.0%	5	5.0	100.0%	0	0
13.144	Does the institution have information to ensure that medications are prescribed by licensed health-care providers lawfully authorized to do so?	1	0	1	100.0%	6	6.0	100.0%	0	0
13.145	Does the pharmacist-in-charge have an effective process for screening new medication orders for potential adverse reactions?	1	0	1	100.0%	7	7.0	100.0%	0	0
13.148	Does the pharmacist-in-charge monitor the quantity of medications on hand?	1	0	1	100.0%	4	4.0	100.0%	0	0
	Component Subtotals:	**11**	**0**	**11**	**100.0%**	**29**	**29.0**	**100.0%**	**0**	**0**

Reference Number	Other Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
15.059	Did the institution properly provide therapeutic diets to inmates?	0	0	0	0.0%	**0**	**0.0**	**0.0%**	1	0
15.058	If the institution does not offer therapeutic diets, does staff know the department's procedures for transferring inmates who are determined to require a therapeutic diet?	1	0	1	100.0%	**2**	**2.0**	**100.0%**	0	0
15.134	Did the institution properly respond to all active cases of TB discovered in the last six months?	0	0	0	0.0%	**0**	**0.0**	**0.0%**	1	0
15.265	Is the most current version of the CDCR Health Services Policies and Procedures available in the institution's law library?	2	0	2	100.0%	**3**	**3.0**	**100.0%**	0	0
20.092	Hygiene Intervention: Did custody staff understand the department's policies and procedures for identifying and evaluating inmates displaying inappropriate hygiene management?	4	0	4	100.0%	**4**	**4.0**	**100.0%**	0	0
	Component Subtotals:	**7**	**0**	**7**	**100.0%**	**9**	**9.0**	**100.0%**	2	0

Reference Number	Staffing Levels and Training	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
18.002	Information purposes only: Calculate the institution's average vacancy percentages, the number of health care staff starting within six (6) months of the OIG visit, and the number of health care staff hired from the registry. *The institution provided vacancy statistics within four medical classifications: (1) management; (2) primary care providers; (3) nursing supervisors; and (4) nursing staff.* *Total number of filled positions: 46* *Total number of vacancies: 4.34* *Total number of positions: 50.34* *Vacancy percentage: 8.62%* *Number of staff hired within last six months: 4* *Total number of registry staff: 0*	0	0	0	0.0%	**0**	**0.0**	**0.0%**	1	0
18.004	Did the institution have an RN available on-site 24 hours a day, seven days a week, for emergency care?	1	0	1	100.0%	**4**	**4.0**	**100.0%**	0	0
18.005	Did the institution have a physician on-site, a physician on-call, or a medical officer of the day available 24 hours a day, seven days a week, for the last 30 days?	1	0	1	100.0%	**4**	**4.0**	**100.0%**	0	0
18.006	Does the institution's orientation program for all newly hired nursing staff include a module for sick call protocols that require an FTF triage?	1	0	1	100.0%	**4**	**4.0**	**100.0%**	0	0
18.001	Are licensed health care staff current with their certifications and did they attend required training?	5	0	5	100.0%	**4**	**4.0**	**100.0%**	0	0
	Component Subtotals:	**8**	**0**	**8**	**100.0%**	**16**	**16.0**	**100.0%**	**1**	0

Reference Number	Nursing Policy	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
16.231	Does the institution ensure that nursing staff review their duty statements?	5	0	5	100.0%	2	2.0	100.0%	0	0
16.154	Does the institution have written nursing local operating procedures that adhere to the department's policies and procedures?	5	0	5	100.0%	5	5.0	100.0%	0	0
16.254	Does the institution's supervising registered nurse conduct periodic reviews of nursing staff?	5	0	5	100.0%	7	7.0	100.0%	0	0
	Component Subtotals:	**15**	**0**	**15**	**100.0%**	**14**	**14.0**	**100.0%**	**0**	0

APPENDIX

COMPARATIVE MEDICAL INSPECTION SCORES
CALIFORNIA CORRECTIONAL CENTER

The following table shows the institution's medical inspection scores earned during the three completed reviews of the Office of the Inspector General's medical inspection program. As detailed in the footnotes below, the inspection program questions changed slightly between the cycle one and cycle two medical inspections. The changes were deemed to have a minimal impact on the institution's overall final score. As a result, the scores are no longer recalculated as was done in the cycle two report.

Component	Cycle One Final [1]	Cycle Two Final [2]	Cycle Three Final [3]
Chronic Care	45.7 %	80.8 %	78.3 %
Clinical Services	65.9	92.5	91.1
Health Screening	80.6	78.7	92.1
Specialty Services	70.7	89.6	89.7
Urgent Services	83.7	82.7	86.4
Emergency Services	89.7	100.0	85.9
Diagnostic Services	70.8	80.8	94.6
Access to Health Care Information	77.5	100.0	80.4
Outpatient Housing Unit	82.3	97.1	86.3
Internal Reviews	85.5	83.2	100.0
Inmate Transfers	92.6	86.0	100.0
Clinic Operations	97.0	100.0	97.6
Preventive Services	36.7	90.0	88.7
Pharmacy Services	69.0	100.0	100.0
Other Services	100.0	100.0	100.0
Inmate Hunger Strikes	68.4	N/A	N/A
Chemical Agent Contraindications	100.0	N/A	N/A
Staffing Levels and Training	100.0	100.0	100.0
Nursing Policy	94.3	100.0	100.0
Overall Score	**73.4 %**	**89.5 %**	**89.2 %**

For copies of the cycle one and cycle two reports or the dates they were originally issued, visit the Office of the Inspector General's website at www.oig.ca.gov.

[1] **Cycle One Final:** These are the institution's scores from the cycle one medical inspection report. Following completion of the first cycle of 33 prison medical inspections in June 2010, the OIG evaluated the medical inspection program for improvement opportunities with input from the stakeholders involved with the *Plata v. Brown* litigation. As a result, we made a limited number of revisions. These revisions included eliminating a medical emergency drill, adding five questions and eliminating seven others, and adjusting the weighting of certain questions.

[2] **Cycle Two Final:** These are the institution's scores reported in the cycle two medical inspection. As noted in the footnote above, the questions or related weighting factor used to generate the component or final overall score were slightly modified beginning in cycle two.

[3] **Cycle Three Final:** These are the institution's scores reported in the body of this report and include results from all questions applicable in cycle three. The questions and weighting used for the cycle three medical inspection report remained unchanged from cycle two.

California Correctional Health Care Services' Response

November 13, 2012

Robert A. Barton, Inspector General
Office of Inspector General
P.O. Box 348780
Sacramento, CA 95834-8780

Dear Mr. Barton,

The purpose of this letter is to inform you that the Office of the Receiver has reviewed the draft report of the Office of the Inspector General's (OIG) Medical Inspection Results (MIR) for the August 2012 inspection of California Correctional Center (CCC). At this time, we would like to acknowledge that CCC accepts all OIG findings and will develop and submit a Performance Improvement Plan containing specific strategies and actions that focus on core processes and causes for each of the deficiencies noted that were rated 75% or less.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in the California Correctional Health Care Services operations. Should you have any questions or concerns, please contact Avis Donahue, Health Program Manager II (A), Program Compliance Section at (916) 322-7669.

Sincerely,

Evelyn M. Matteucci

EVELYN M. MATTEUCCI, Director
Policy and Risk Management Services
California Correctional Health Care Services

cc: J. Clark Kelso, Receiver
Dave Runnels, Chief Deputy, Office of the Receiver
Steven Tharratt, M.D., M.P.V.M, Statewide Chief Medical Executive
Steven Ritter, D.O., Assistant Statewide Chief Medical Executive
Karen Rea, Statewide Chief Nurse Executive
Starr Babcock, Special Assistant to the Court
Ellen Greenman, M.D., Deputy Medical Executive
Charles Young, Chief Executive Officer, HDSP
Dorothy Swingle, Chief Medical Executive, HDSP
Steve Fama, Attorney, Prison Law Office

Alicia Fernandez, Deputy Inspector General Senior
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Johnny Hui, Chief of Internal Audits, CCHCS
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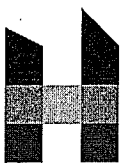

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