CALIFORNIA MEDICAL FACILITY
MEDICAL INSPECTION RESULTS

BUREAU OF AUDITS AND INVESTIGATIONS

OFFICE OF THE INSPECTOR GENERAL

DAVID R. SHAW
INSPECTOR GENERAL

STATE OF CALIFORNIA

JANUARY 2009

January 30, 2009

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

Dear Mr. Kelso:

Enclosed is the Office of the Inspector General's final report on its inspection of medical care delivery at the California Medical Facility. Consistent with our agreement with the receiver, 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 19 components, the California Medical Facility received 72.4 percent of the total weighted points possible. The report contains a detailed breakdown of the institution's score in each of the 19 relevant categories, including the results of all 145 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 Nancy Faszer, Deputy Inspector General, In-Charge, at (916) 830-3600 if you have any questions.

Sincerely,

Dave Shaw

David R. Shaw
Inspector General

cc: Theresa Kimura-Yip, Associate Director, Support Operations Section, Plata Field Division
Joseph Bick, MD, Chief Deputy, Clinical Services, California Medical Facility
Kathleen Dickinson, Warden (A), California Medical Facility
Matthew Cate, Secretary, California Department of Corrections and Rehabilitation

Contents

Executive Summary **1**

Introduction **3**

Background **3**

About the Institution **4**

Objectives, Scope, and Methodology **4**

Medical Inspection Results **7**

California Prison Health Care Receivership Corporation's Response **29**

Office of the Inspector General's Comments On the Receiver's Response **33**

Executive Summary

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

Overall Score

72.4%

In October 2008, we inspected the California Medical Facility (CMF). Our medical inspection encompassed 19 components of medical delivery and comprised 145 questions. The questions are weighted based on their importance to the delivery of medical care to inmates. CMF received 72.4 percent of the total weighted points possible.

The following summary table lists the 19 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	**83.6%**	Examines how well the prison provided care and medication to inmates with specific chronic care conditions, which are those that affect (or have the potential to affect) an inmate's functioning and long-term prognosis for more than six months. Our inspection tests the following chronic care conditions: asthma, Coumadin therapy, diabetes, HIV (Human Immunodeficiency Virus), and hypertension.
Clinical Services	**87.1%**	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	**86.8%**	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	**42.6%**	Focuses on the prison's process for approving, denying, and scheduling services that are outside the specialties of the prison's medical staff. Common examples of these services include physical therapy, oncology services, podiatry consultations, and neurology services.
Urgent Services	**79.1%**	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	**72.1%**	Examines how well the prison responded to medical emergencies. Specifically, we focused on "man down" or "woman down" situations. Further, questions determine the adequacy of medical and staff response to a "man down" or "woman down" emergency drill.
Prenatal Care/Childbirth/Post-delivery	**N/A**	Focuses on the prenatal and post-delivery medical care provided to pregnant inmates. Not applicable at men's institutions.
Diagnostic Services	**72.2%**	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	**58.8%**	Addresses the prison's effectiveness in filing, storing, and retrieving medical records and medical-related information.
Outpatient Housing Unit	**85.5%**	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	**68.8%**	Focuses on the frequency of meetings held by the prison's Quality Management Committee (QMC) and Emergency Response Review Committee (ERRC) and whether key staff attended the meetings, the number of medical appeals filed, and the prison's death review process.
Inmate Transfers	**50.0%**	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	**82.8%**	Addresses the general operational aspects of the prison's facility clinics. Generally, the questions in this component relate to the overall cleanliness of the clinics, privacy afforded to inmates during nonemergency visits, use of priority ducats (slip of paper the inmate carries for scheduled medical appointments), and availability of health care request forms.
Preventive Services	**43.7%**	Focuses on inmate cancer screening and influenza immunizations.
Pharmacy Services	**75.9%**	Addresses whether the prison's pharmacy complies with various operational policies, such as conducting periodic inventory counts and maintaining the currency of medications in its night lockers, keeping signature cards on file for doctors, and having valid permits. In addition, this component also addresses whether the pharmacy has an effective process for screening medication orders for potential adverse reactions/interactions.
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	**31.6%**	Examines medical staff's monitoring of inmates participating in hunger strikes.
Chemical Agent Contraindications	**86.8%**	Addresses the prison's process of handling inmates who may be predisposed to an adverse outcome from calculated uses of force (cell extractions) involving Oleoresin Capsicum (OC), which is commonly referred to as "pepper spray." For example, this might occur if the inmate has asthma.
Staffing Levels and Training	**95.0%**	Examines the prison's medical staffing levels and training provided.
Nursing Policy	**35.7%**	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	**72.4%**	

Introduction

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

In October 2008, we inspected the California Medical Facility (CMF). Our medical inspection encompassed 19 components of medical delivery and comprised 145 questions. To help readers understand the medical risk associated with certain components of medical delivery—which pose a greater risk to an inmate-patient—we developed a weighting system and assigned points to each question. Consequently, we assigned more total points to more critical components, such as chronic care, clinical services, and health screening. We assigned fewer total points to less critical components, such as inmate hunger strikes, staffing levels and training, and chemical agent contraindications. (For a detailed description of the weighting system, see Objectives, Scope, and Methodology on the next page.)

Background

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

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

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

About the Institution

CMF was established in 1955 by the Legislature to provide a centrally located medical psychiatric institution for the health care needs of the male felon population in California's prisons. CMF houses a general acute care hospital, correctional treatment center (CTC), licensed elderly care unit, in-patient and out-patient psychiatric facilities, a hospice unit for terminally ill inmates, housing and treatment for inmates identified with AIDS/HIV, general population, and other special inmate housing. Along with clinics that handle urgent and non-urgent requests for medical services, CMF has a state-licensed standby emergency room. Additionally, the Department of Mental Health operates a licensed, acute care psychiatric hospital within CMF. As of October 15, 2008, the California Department of Corrections and Rehabilitation reported that CMF housed 3,086 male inmates.

Joseph Bick, M.D., who serves as the institution's chief deputy for clinical services, is responsible for CMF's entire health care program.

Objectives, Scope, and Methodology

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

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

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

Example Question: Institution X								
	Answers				***Weighting Points***		*N/A*	*Unk*
	Yes	*No*	*Yes + No*	*Yes %*	***Possible***	***Received***		
Is the clinical history adequate?	40	10	50	80%	**20**	**16**	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 response review committee met for a particular month. Therefore, when we evaluate whether meeting minutes document monthly meetings for a particular month, the institution would receive a "no" answer for that question. However, when we evaluate whether the meeting minutes document the warden's attendance at the meeting, the answer would be "unknown" so that the institution's score is not penalized twice for the same reason, not documenting the meeting.

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

In total, we reviewed 179 inmate medical files, which are referred to as unit health records. In addition, we reviewed staffing level reports, medical appeals summaries, nursing protocols, summaries of medical drills and emergencies, minutes from Quality Management Committee and Emergency Response Review Committee hearings, and assorted manual logs or tracking worksheets related to medical care delivery. We also conducted a live medical emergency drill and evaluated the adequacy of the responding staff's actions. Finally, we interviewed medical and custody staff members about the delivery of medical care to inmates, and we observed day-to-day medical delivery at the institution.

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

Consistent with our agreement with the receiver, our report only addresses the conditions found related to the medical care criteria. We do not discuss the causes of noncompliance, nor do we make specific recommendations in this report. However, if we learn of an inmate-patient who needs immediate care, we notify the chief medical officer and request a status report. Moreover, if we learn of significant departures from community standards, we may report such departures

to the institution's chief medical officer or quality management committee. 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.

During our inspection at CMF, the OIG inspectors identified circumstances that resulted in a referral to the Department of Corrections and Rehabilitation's Office of Internal Affairs. We have removed any sample items from this inspection report that could be unreliable as a result of these circumstances. The details of this event are confidential and are therefore not provided in this report.

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

Abbreviations used in this report

AED	Automatic External Defibrillator
BLS	Basic Life Support
CDCR	California Department of Corrections and Rehabilitation
CMO	Chief Medical Officer
CPR	Cardio-Pulmonary Resuscitation
CTC	Correctional Treatment Center
CTQ	Confined to Quarters
ER	Emergency Room
ERRC	Emergency Response Review Committee
FOBT	Fecal Occult Blood Test
FTF	Face-to-Face
GACH	General Acute Care Hospital
HCM	Health Care Manager
HIV	Human Immunodeficiency Virus
INH	Isoniazid (antituberculous medication)
LVN	Licensed Vocational Nurse
MD	Medical Doctor
MOD	Medical Officer of the Day
OB	Obstetrician
OC	Oleoresin Capsicum (pepper spray)
OHU	Outpatient Housing Unit
OIG	Office of the Inspector General
PCP	Primary Care Provider
QMC	Quality Management Committee
RN	Registered Nurse
SOAPE	Subjective, Objective, Assessment, Plan, Education
SRN	Supervising Registered Nurse
TB	Tuberculosis
TTA	Triage and Treatment Area
UHR	Unit Health Record
UM	Utilization Management

MEDICAL INSPECTION RESULTS

10/20/2008 - 10/23/2008

Overall Score:

72.4%

		Answers				Weighting Points			Questions Not Answered	
Component	**Page**	**Yes**	**No**	**Yes + No**	**Yes %**	**Points Possible**	**Points Received**	**Score %**	**Not Applicable**	**Unknown**
Chronic Care	*8*	163	38	201	81.1%	133	111.1	83.6%	6	0
Clinical Services	*9*	221	29	250	88.4%	95	82.7	87.1%	32	0
Health Screening	*11*	67	12	79	84.8%	52	45.1	86.8%	87	14
Specialty Services	*12*	45	58	103	43.7%	71	30.2	42.6%	14	1
Urgent Services	*13*	98	10	108	90.7%	51	40.4	79.1%	51	1
Emergency Services	*14*	29	10	39	74.4%	56	40.4	72.1%	10	2
Diagnostic Services	*16*	47	15	62	75.8%	52	37.5	72.2%	3	0
Access to Health Care Information	*17*	5	2	7	71.4%	51	30.0	58.8%	0	0
Outpatient Housing Unit	*18*	66	15	81	81.5%	48	41.1	85.5%	2	1
Internal Reviews	*19*	24	9	33	72.7%	40	27.5	68.8%	0	1
Inmate Transfers	*20*	7	6	13	53.8%	38	19.0	50.0%	1	1
Clinic Operations	*21*	24	4	28	85.7%	33	27.3	82.8%	0	0
Preventive Services	*22*	19	16	35	54.3%	30	13.1	43.7%	0	0
Pharmacy Services	*23*	28	3	31	90.3%	29	22.0	75.9%	0	0
Other Services	*24*	10	0	10	100.0%	11	11.0	100.0%	2	0
Inmate Hunger Strikes	*25*	1	2	3	33.3%	19	6.0	31.6%	0	0
Chemical Agent Contraindications	*26*	7	1	8	87.5%	17	14.8	86.8%	0	0
Staffing Levels and Training	*27*	7	1	8	87.5%	16	15.2	95.0%	1	0
Nursing Policy	*28*	5	10	15	33.3%	14	5.0	35.7%	0	0
Totals		**873**	**241**	**1114**	**78.4%**	**856**	**619.4**	**72.4%**	**209**	**21**

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 the degree of control of the inmate's condition based on his or her prior visit?	20	3	23	87.0%	10	8.7	87.0%	0	0
03.077	Were key elements on Forms 7419 (Chronic Care Follow-Up Visit) and 7392 (Primary Care Flow Sheet) filled out completely for the inmate's two most recent visits?	21	2	23	91.3%	10	9.1	91.3%	0	0
03.082	Did the institution document that it provided the inmate with health care education?	17	6	23	73.9%	12	8.9	73.9%	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?	17	5	22	77.3%	18	13.9	77.3%	1	0
03.235	Is the clinical history adequate?	17	6	23	73.9%	18	13.3	73.9%	0	0
03.236	Is the focused clinical examination adequate?	22	1	23	95.7%	19	18.2	95.7%	0	0
03.237	Is the assessment adequate?	19	2	21	90.5%	19	17.2	90.5%	2	0
03.238	Is the plan adequate and consistent with the degree of control based on the chronic care program intervention and follow up requirements?	19	1	20	95.0%	19	18.1	95.0%	3	0
03.262	Is the inmate's Problem List complete and filed accurately in the inmate's unit health record (UHR)?	11	12	23	47.8%	8	3.8	47.8%	0	0
	Component Subtotals:	**163**	**38**	**201**	**81.1%**	**133**	**111.1**	**83.6%**	6	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?	24	1	25	96.0%	4	3.8	96.0%	0	0
01.027	If the RN determined a referral to a primary care physician (PCP) was necessary, was the inmate seen within the timelines specified by the RN during the FTF triage?	14	3	17	82.4%	8	6.6	82.4%	8	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	2	9	77.8%	7	5.4	77.8%	16	0
01.124	Sick Call Medication: Did the institution administer or deliver prescription medications (new orders) to the inmate within specified time frames?	20	5	25	80.0%	6	4.8	80.0%	0	0
01.025	RN FTF Documentation: Did the RN complete the face-to-face (FTF) triage within one (1) business day after the Form 7362 was reviewed?	21	4	25	84.0%	6	5.0	84.0%	0	0
01.246	Did documentation indicate that the RN reviewed all of the inmate's complaints listed on Form 7362 (Health Care Services Request Form)?	23	2	25	92.0%	5	4.6	92.0%	0	0
01.157	RN FTF Documentation: Did the RN's subjective note address the nature and history of the inmates primary complaint?	24	1	25	96.0%	7	6.7	96.0%	0	0
01.159	RN FTF Documentation: Did the RN's objective note include vital signs and a focused physical examination, and did it adequately address the problems noted in the subjective note?	13	4	17	76.5%	6	4.6	76.5%	0	0
01.244	RN FTF Documentation: Did the RN's objective note include allergies, weight, current medication, and where appropriate, medication compliance?	16	1	17	94.1%	3	2.8	94.1%	0	0
01.158	RN FTF Documentation: Did the RN's assessment provide conclusions based on subjective and objective data, were the conclusions formulated as patient problems, and did it contain applicable nursing diagnoses?	15	2	17	88.2%	6	5.3	88.2%	0	0

Reference Number	Clinical Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
01.162	RN FTF Documentation: Did the RN's plan include an adequate strategy to address the problems identified during the FTF triage?	16	1	17	94.1%	7	6.6	94.1%	0	0
01.163	RN FTF Documentation: Did the RN's education/instruction adequately address the problems identified during the FTF triage?	16	1	17	94.1%	5	4.7	94.1%	0	0
15.234	Are clinic response bags audited daily and do they contain essential items?	2	0	2	100.0%	5	5.0	100.0%	0	0
21.278	Was there adequate prior management of pre-existing medical conditions that contributed to the need for the TTA visit?	10	2	12	83.3%	20	16.7	83.3%	8	0
	Component Subtotals:	**221**	**29**	**250**	**88.4%**	**95**	**82.7**	**87.1%**	32	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?	19	0	19	100.0%	9	9.0	100.0%	0	1
02.020	Did the LVN/RN adequately document the tuberculin test or a review of signs and symptoms if the inmate had a previous positive tuberculin test?	14	6	20	70.0%	6	4.2	70.0%	0	0
02.015	Was a review of symptoms completed if the inmate's tuberculin test was positive, and were the results reviewed by the infection control nurse?	0	0	0	0.0%	0	0.0	0.0%	20	0
02.128	If the inmate had an existing medication order upon arrival at the institution, did the inmate receive the medications by the next calendar day, or did a physician explain why the medications were not to be continued?	7	1	8	87.5%	8	7.0	87.5%	11	1
02.007	Non-reception center: Does the health care transfer information form indicate that it was reviewed and signed by licensed health care staff within one calendar day of the inmate's arrival at the institution?	13	1	14	92.9%	7	6.5	92.9%	0	6
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%	16	4
02.111	Non-reception center: Did the inmate receive medical accommodations upon arrival, if applicable?	3	0	3	100.0%	6	6.0	100.0%	16	1
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?	5	4	9	55.6%	8	4.4	55.6%	11	0
02.018	If, during the assessment, the RN referred the inmate to a clinician, was the inmate seen within the time frame?	6	0	6	100.0%	8	8.0	100.0%	13	1
	Component Subtotals:	**67**	**12**	**79**	**84.8%**	**52**	**45.1**	**86.8%**	87	14

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?	10	12	22	45.5%	8	3.6	45.5%	0	0
07.038	Did the PCP see the inmate between the date the PCP ordered the service and the date the inmate received it, in accordance with specified time frames?	5	11	16	31.3%	8	2.5	31.3%	0	1
07.035	Did the inmate receive the specialty service within specified time frames?	6	11	17	35.3%	9	3.2	35.3%	0	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	1	3	66.7%	8	5.3	66.7%	14	0
07.043	Did the PCP review the consultant's report and see the inmate for a follow-up appointment after the specialty services consultation within specified time frames?	5	12	17	29.4%	9	2.6	29.4%	0	0
07.260	Was the institution's denial of the PCP's request for specialty services consistent with the "medical necessity" requirement?	3	2	5	60.0%	9	5.4	60.0%	0	0
07.259	Was there adequate documentation of the reason for the denial of specialty services?	4	1	5	80.0%	5	4.0	80.0%	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?	10	7	17	58.8%	6	3.5	58.8%	0	0
07.261	Is the institution scheduling high-priority (urgent) specialty services within 14 days?	0	1	1	0.0%	9	0.0	0.0%	0	0
	Component Subtotals:	**45**	**58**	**103**	**43.7%**	**71**	**30.2**	**42.6%**	14	1

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 triage and treatment area (TTA) registered nurse document that he or she reviewed the inmate's discharge plan and completed a face-to-face assessment of the inmate?	18	2	20	90.0%	7	6.3	90.0%	0	0
21.250	Upon the inmate's discharge from the community hospital, did the inmate's Primary Care Provider (PCP) provide orders for appropriate housing for the inmate?	8	2	10	80.0%	7	5.6	80.0%	10	0
21.251	Upon the inmate's discharge from the community hospital, did the Registered Nurse intervene if the inmate was housed in an area that was inappropriate for nursing care based on the primary care provider's (PCP) housing orders?	0	2	2	0.0%	7	0.0	0.0%	18	0
21.249	Upon the inmate's discharge from the community hospital, did the inmate receive a follow-up appointment with his or her primary care provider (PCP) within five calendar days of discharge?	17	3	20	85.0%	7	6.0	85.0%	0	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?	17	0	17	100.0%	6	6.0	100.0%	3	0
21.275	Was the TTA documentation adequate for evaluating the clinical care provided?	19	1	20	95.0%	10	9.5	95.0%	0	0
21.276	While the patient was in the TTA, was the clinical care rendered by the attending provider adequate and timely?	19	0	19	100.0%	7	7.0	100.0%	0	1
21.279	For patients managed by telephone consultation alone, was the provider's decision not to come to the TTA appropriate?	0	0	0	0.0%	0	0.0	0.0%	20	0
	Component Subtotals:	**98**	**10**	**108**	**90.7%**	**51**	**40.4**	**79.1%**	51	1

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%	5	5.0	100.0%	0	0
08.241	Did the first responder provide adequate basic life support (BLS) prior to medical staff arriving?	2	3	5	40.0%	6	2.4	40.0%	0	0
08.184	Did the medical emergency responder arrive at the location of the medical emergency within five (5) minutes of initial notification?	5	0	5	100.0%	4	4.0	100.0%	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 his or her license?	5	0	5	100.0%	7	7.0	100.0%	0	0
08.242	Did licensed health care staff call 911 without unnecessary delay after a life-threatening condition was identified by a licensed health care provider or peace officer?	1	0	1	100.0%	6	6.0	100.0%	4	0
08.187	Did the institution provide adequate preparation for the ambulance's arrival, access to the inmate, and departure?	1	0	1	100.0%	4	4.0	100.0%	4	0
08.186	Were both the first responder (if peace officer or licensed health care staff) and the medical emergency responder basic life support (BLS) certified at the time of the incident?	5	0	5	100.0%	4	4.0	100.0%	0	0
08.222	Were the findings of the institution's Emergency Response Review Committee (ERRC) supported by the documentation and completed within 30 days?	0	3	3	0.0%	7	0.0	0.0%	0	2
15.256	Emergency Medical Response Drill: Did the responding officer properly perform an assessment on the patient for responsiveness?	0	1	1	0.0%	1	0.0	0.0%	0	0
15.257	Emergency Medical Response Drill: Did the responding officer properly perform CPR?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.258	Emergency Medical Response Drill: Did the responding officer begin CPR without unecessary delay?	0	1	1	0.0%	2	0.0	0.0%	0	0
15.282	Emergency Medical Response Drill: Did medical staff arrive on scene in five minutes or less?	1	0	1	100.0%	2	2.0	100.0%	0	0

Reference Number	Emergency Services	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
15.283	Emergency Medical Response Drill: Did the emergency medical responders arrive with proper equipment (ER bag, bag-valve-mask, AED)?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.284	Emergency Medical Response Drill: Did the responding officer provide accurate information to responding medical staff?	0	1	1	0.0%	1	0.0	0.0%	0	0
15.285	Emergency Medical Response Drill: Did emergency medical responders continue basic life support?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.286	Emergency Medical Response Drill: Did medical staff continue with CPR without transporting the patient until the arrival of ambulance personnel? If the patient was transported, was this decision justified?	0	0	0	0.0%	0	0.0	0.0%	1	0
15.287	Emergency Medical Response Drill: Was 911 called without unnecessary delay?	0	0	0	0.0%	0	0.0	0.0%	1	0
15.240	Emergency Medical Response Drill: Did the responding officer activate the emergency response system by providing the pertinent information to the relevant parties, immediately and without delay?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.255	Emergency Medical Response Drill: Did the responding officer carry and use the proper equipment (protective shield or micro-mask, gloves) required by the department?	0	1	1	0.0%	1	0.0	0.0%	0	0
	Component Subtotals:	**29**	**10**	**39**	**74.4%**	**56**	**40.4**	**72.1%**	10	2

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	1	5	80.0%	7	5.6	80.0%	0	0
06.245	Radiology order: Was the diagnostic report received by the institution within 14 days?	4	1	5	80.0%	8	6.4	80.0%	0	0
06.200	Radiology order: Did the primary care provider (PCP) review the diagnostic report and initiate written notice to the inmate within two (2) business days of the date the institution received the diagnostic reports?	1	4	5	20.0%	7	1.4	20.0%	0	0
06.188	All laboratory orders: Was the specimen collected within the applicable time frames of the physician's order?	9	1	10	90.0%	6	5.4	90.0%	0	0
06.191	All diagnostic services: Did the PCP document the clinically significant diagnostic test results on Form 7230 (Interdisciplinary Progress Notes)?	13	2	15	86.7%	7	6.1	86.7%	0	0
06.263	All diagnostic services: Did the PCP adequately manage clinically significant test results?	11	1	12	91.7%	10	9.2	91.7%	3	0
06.202	All laboratory orders: Did the PCP review the diagnostic reports and initiate written notice to the inmate within two (2) business days of the date the institution received the diagnostic reports?	5	5	10	50.0%	7	3.5	50.0%	0	0
	Component Subtotals:	**47**	**15**	**62**	**75.8%**	**52**	**37.5**	**72.2%**	3	0

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?	0	1	1	0.0%	9	0.0	0.0%	0	0
The institution's main medical records area had approximately 6 1/2 inches of loose filing.										
19.169	Did medical records staff make unit health records (UHR) available to clinic staff for the inmates ducated for medical appointments the next day?	2	0	2	100.0%	15	15.0	100.0%	0	0
19.243	Was the institution able to account for the OIG's requested UHR files?	0	1	1	0.0%	12	0.0	0.0%	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 unit health records (UHR) as part of the OIG's inspection, were the OIGs RN and MD inspectors able to locate all relevant documentation of health care provided to inmates?	1	0	1	100.0%	5	5.0	100.0%	0	0
19.272	Does the institution promptly file blood pressure logs in unit health records (UHR)?	1	0	1	100.0%	5	5.0	100.0%	0	0
	Component Subtotals:	**5**	**2**	**7**	**71.4%**	**51**	**30.0**	**58.8%**	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?	10	0	10	100.0%	5	5.0	100.0%	0	0
04.051	Did the primary care provider (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 (SOAPE) at a minimum of every 14 days?	7	2	9	77.8%	4	3.1	77.8%	1	0
04.054	Did the utilization management (UM) nurse assess the inmate within one week of the inmate's placement and every 30 days thereafter?	1	8	9	11.1%	4	0.4	11.1%	1	0
04.112	Was the PCP's initial evaluation adequate for the problem(s) requiring OHU placement?	9	1	10	90.0%	5	4.5	90.0%	0	0
04.230	Was the PCP's initial assessment (or diagnoses) appropriate for the findings in the initial evaluation?	9	1	10	90.0%	5	4.5	90.0%	0	0
04.056	Did the PCP's plan adequately address the initial assessment?	9	1	10	90.0%	5	4.5	90.0%	0	0
04.208	Was the level of care available in the OHU appropriate to the patient's clinical presentation?	9	0	9	100.0%	9	9.0	100.0%	0	1
15.103	In the outpatient housing unit (OHU), are patient call buttons operational or does medical staff make rounds every 30 minutes?	2	0	2	100.0%	3	3.0	100.0%	0	0
15.225	Does the OHU use disinfectant daily in common patient areas?	2	0	2	100.0%	3	3.0	100.0%	0	0
	Component Subtotals:	**66**	**15**	**81**	**81.5%**	**48**	**41.1**	**85.5%**	2	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 from each medical facility during the most recent full quarter?	0	1	1	0.0%	5	0.0	0.0%	0	0
17.174	Did the institution promptly process inmate medical appeals during the most recent 12 months?	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?	5	0	5	100.0%	5	5.0	100.0%	0	0
17.132	Do the Emergency Response Review Committee (ERRC) meeting minutes document monthly meetings for the last six (6) months?	5	1	6	83.3%	5	4.2	83.3%	0	0
17.138	Do the Emergency Response Review Committee (ERRC) meeting minutes document the warden's (or his or her designee's) attendance?	0	5	5	0.0%	5	0.0	0.0%	0	1
17.118	Do the Quality Management Committee (QMC) meeting minutes document monthly meetings for the last six (6) months?	5	1	6	83.3%	5	4.2	83.3%	0	0
17.119	Did the Quality Management Committee (QMC) report its findings to the HCM/CMO each of the last six (6) meetings?	5	1	6	83.3%	5	4.2	83.3%	0	0
17.135	Did the last three Quality Management Committee (QMC) meeting minutes reflect findings and strategies for improvement?	3	0	3	100.0%	5	5.0	100.0%	0	0
	Component Subtotals:	**24**	**9**	**33**	**72.7%**	**40**	**27.5**	**68.8%**	0	1

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?	3	0	3	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	2	2	0.0%	8	0.0	0.0%	1	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?	1	1	2	50.0%	8	4.0	50.0%	0	1
05.171	Did an RN complete all applicable sections of Form 7371 (Health Care Transfer Information) based on the inmate's UHR?	0	3	3	0.0%	7	0.0	0.0%	0	0
05.172	Did the Health Records Department maintain a copy of the inmate's Form 7371 (Health Care Transfer Information) and Form 7231A (Outpatient Medication Administration Record) when the inmate transferred?	3	0	3	100.0%	8	8.0	100.0%	0	0
	Component Subtotals:	**7**	**6**	**13**	**53.8%**	**38**	**19.0**	**50.0%**	1	1

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?	6	0	6	100.0%	4	4.0	100.0%	0	0
14.165	Are the clinic floors, waiting room chairs, and equipment cleaned with a disinfectant daily?	2	1	3	66.7%	2	1.3	66.7%	0	0
14.164	Are areas available to ensure privacy during RN face-to-face assessments and doctors' examinations for non-emergencies?	0	2	2	0.0%	3	0.0	0.0%	0	0
14.166	Was the medication stored in a sealed container if food was present in the clinic refrigerator?	1	0	1	100.0%	2	2.0	100.0%	0	0
14.131	Do medication nurses understand that medication is to be administered by the same licensed staff member who prepares it and on the same day?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.106	Does clinical staff wash their hands (either with soap or hand sanitizer) or change gloves between patients?	4	0	4	100.0%	4	4.0	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?	4	0	4	100.0%	4	4.0	100.0%	0	0
14.032	Does medical staff understand the institution's priority ducat process?	2	0	2	100.0%	2	2.0	100.0%	0	0
14.160	Does the institution have a process to identify, review, and address urgent appointments if a doctor's line is canceled?	1	1	2	50.0%	4	2.0	50.0%	0	0
14.029	Does medical staff in the facility clinic know which inmates are on modified program or confined to quarters (CTQ) and does staff have an adequate process to ensure those inmates receive their medication?	2	0	2	100.0%	4	4.0	100.0%	0	0
	Component Subtotals:	**24**	**4**	**28**	**85.7%**	**33**	**27.3**	**82.8%**	0	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?	4	1	5	80.0%	6	4.8	80.0%	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?	0	5	5	0.0%	6	0.0	0.0%	0	0
10.229	Inmates with TB code 34: Was the inmate evaluated for signs and symptoms of TB within the previous 12 months?	0	5	5	0.0%	7	0.0	0.0%	0	0
10.086	All inmates age 66 or older: Did the inmate receive an influenza vaccination within the previous 12 months or was the inmate's refusal documented?	8	2	10	80.0%	6	4.8	80.0%	0	0
10.085	Male inmates age 51 or older: Did the inmate receive a fecal occult blood test (FOBT) within the previous 12 months or was the inmate's refusal documented?	7	3	10	70.0%	5	3.5	70.0%	0	0
	Component Subtotals:	**19**	**16**	**35**	**54.3%**	**30**	**13.1**	**43.7%**	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 pharmacies?	1	0	1	100.0%	2	2.0	100.0%	0	0
13.141	Does the institution properly maintain its emergency crash cart medications?	9	0	9	100.0%	2	2.0	100.0%	0	0
13.252	Does the institution properly maintain medications in its drug night locker(s)?	2	2	4	50.0%	2	1.0	50.0%	0	0
13.253	Does the institution conduct monthly inspections of its emergency cart and drug night locker(s)?	13	0	13	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 pharmacist in charge maintain a valid signature card that contains the required information for all primary care providers (PCP)?	0	1	1	0.0%	6	0.0	0.0%	0	0
13.145	Does the pharmacist in charge have an effective process for screening new medication orders for potential adverse reactions?	1	0	1	100.0%	7	7.0	100.0%	0	0
13.148	Does the pharmacist in charge monitor the quantity of medications on hand, and does the pharmacy conduct an annual inventory to ensure that the quantity of medications in the system matches the quantity of medications on hand?	1	0	1	100.0%	4	4.0	100.0%	0	0
	Component Subtotals:	**28**	**3**	**31**	**90.3%**	**29**	**22.0**	**75.9%**	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?	5	0	5	100.0%	4	4.0	100.0%	0	0
15.058	If the institution does not offer therapeutic diets, does staff follow the department's procedures for transferring inmates who are determined to require a therapeutic diet?	0	0	0	0.0%	0	0.0	0.0%	1	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?	1	0	1	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:	**10**	**0**	**10**	**100.0%**	**11**	**11.0**	**100.0%**	2	0

Reference Number	Inmate Hunger Strikes	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
11.097	Did the RN conduct a face-to-face triage of the inmate within two (2) business days of receipt of the Form 128-B and document the inmate's reasons for the hunger strike, most recent recorded weight, current weight, vital signs, and physical condition?	1	0	1	100.0%	6	6.0	100.0%	0	0
11.099	After the first 48 hours, did an RN or PCP complete daily assessments documenting the inmate's weight, physical condition, emotional condition, vital signs, and hydration status?	0	1	1	0.0%	6	0.0	0.0%	0	0
11.100	After the first 72 hours, did a physician perform a physical examination and order a metabolic panel and a urinalysis of the inmate?	0	1	1	0.0%	7	0.0	0.0%	0	0
	Component Subtotals:	**1**	**2**	**3**	**33.3%**	**19**	**6.0**	**31.6%**	0	0

Reference Number	Chemical Agent Contraindications	Answers				Weighting Points				
		Yes	No	Yes + No	Yes %	Possible	Received	Score %	N/A	Unk
12.062	Did the institution document that it consulted with an RN or primary care provider (PCP) before a calculated use of OC?	3	1	4	75.0%	9	6.8	75.0%	0	0
12.064	Did the institution record how it decontaminated the inmate and did it follow the decontamination policy?	4	0	4	100.0%	8	8.0	100.0%	0	0
	Component Subtotals:	**7**	**1**	**8**	**87.5%**	**17**	**14.8**	**86.8%**	0	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.	0	0	0	0.0%	**0**	**0.0**	**0.0%**	1	0
	The institution provided vacancy statistics within four licensed medical staffing groups: (1) management; (2) primary care providers; (3) RN supervision; and (4) rank and file nursing. *Total number of filled positions: 229* *Total number of vacancies: 5* *Total number of positions: 234* *Vacancy percentage: 2.14%* *Number of staff hired within last six months: 27* *Total number of registry staff: 25*									
18.004	Did the institution have a registered nurse (RN) available on site 24 hours a day, seven days a week, for emergency care?	1	0	1	100.0%	**4**	**4.0**	**100.0%**	0	0
18.005	Did the institution have a physician on site, a physician on call, or an MOD available 24 hours a day, seven days a week, for the last 30 days?	1	0	1	100.0%	**4**	**4.0**	**100.0%**	0	0
18.006	Does the institution's orientation program for all newly hired nursing staff include a module for sick call protocols that require face-to-face triage?	1	0	1	100.0%	**4**	**4.0**	**100.0%**	0	0
18.001	Are licensed health care staff current with their certifications and did they attend required training?	4	1	5	80.0%	**4**	**3.2**	**80.0%**	0	0
	Component Subtotals:	**7**	**1**	**8**	**87.5%**	**16**	**15.2**	**95.0%**	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?	0	5	5	0.0%	5	0.0	0.0%	0	0
16.154	Does the institution have written nursing policies and procedures that adhere to the department's guidelines?	5	0	5	100.0%	5	5.0	100.0%	0	0
16.254	Does the institution's supervising registered nurse (SRN) conduct periodic reviews of nursing staff?	0	5	5	0.0%	4	0.0	0.0%	0	0
	Component Subtotals:	**5**	**10**	**15**	**33.3%**	**14**	**5.0**	**35.7%**	0	0

California Prison Health Care Receivership Corporation's Response

CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.

J. Clark Kelso
Receiver

January 13, 2009

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

Dear Mr. Shaw,

The purpose of this letter is to inform you that the Office of the Receiver has received and reviewed the draft report and subsequent revisions of the Office of the Inspector General's (OIG) Medical Inspection Results (MIR) for the October 2008 inspection of the California Medical Facility (CMF), Vacaville. At this time we would like to address the following conditions raised as a result of the MIR.

Chronic Care Reference Number 03.235, 03.236, 03.237, 03.238: Hypertension

The chart review revealed this was a chronic care visit for seizures, diabetes, and hypertension. The physical examination and remainder of progress note are extensively documented. The blood pressure is documented to be within normal range (127/81). The doctor wrote that the patient's hypertension was stable. The patient does not have a history of coronary artery disease and was, therefore, not asked about this. The medication profile was attached to the note and filed appropriately in the medical record.

Outpatient Housing Unit (OHU) – Reference Number 04.054

CMF's review has determined that this evaluation did take place for all patients by staff other than the Utilization Management (UM) nurse.

Recognizing the importance of the efficient utilization of the OHU beds, CMF developed an alternate method to accomplish this goal. The Chief Physician/Surgeon (P/S) who oversees the OHU, Correctional Treatment Center (CTC), and General Acute Care Hospital (GACH) is responsible for providing medical authorization for all movement in and out of these medical settings. This clinician has the clinical expertise to ensure that these beds are optimally utilized.

Interdisciplinary meetings are chaired by the Chief P/S every Wednesday morning. These meetings are attended by the OHU Primary Care Physician (PCP), mental health clinicians, nursing, dietary staff, the UM nurse, if available, and custody. This meeting addresses all aspects of the ongoing care needs of all patients in medical housing. Each patient is evaluated upon admission and then no less than every thirty days. CMF believes the intent of this policy is met utilizing alternative staff.

501 J Street P.O. Box 4038 Sacramento, CA 95812-4038
Tel 916.323.1923 – Fax 916.323.1257

Diagnostic Services – Reference Number 06.200 & 06.202 – Radiology and Lab Orders

CMF implemented the written feedback procedure several years ago. CMF serves as a referral facility for many of the California Department of Correction and Rehabilitation's (CDCR) most medically and mentally infirm patients. The CMF patient population has a higher prevalence of severely mentally ill, otherwise cognitively impaired, and blind inmates than does any other facility. In addition, a large number of CMF inmates are either functionally illiterate or do not read English. For all of these reasons, CMF discovered that the written notification process was not appropriate for our complex patient population. Instead, a policy was implemented that required each provider to personally discuss the results of all diagnostic studies with the patient. At the time that a lab or radiologic study is ordered, the clinician also orders a follow-up visit. During that visit, the clinician discusses the results with the patient. We have found that this process is superior to the written notification process, and has been extremely well received by our patient population.

Specialty Services – Reference Number 07.037, 07.038, 07.035, 07.261 – Timeframes

CMF carefully monitors all specialty consultation requests and does everything possible to ensure these services are provided within medically reasonable and necessary time frames. Unfortunately, CMF's role as a medical referral facility for the CDCR contributes to a volume of requests that exceeds available resources in the community.

Contracting for certain specialty services has been centralized to Headquarters. CMF is no longer authorized to independently pursue or enter into any contractual agreements for specialty contractor services. As a result of all of the above factors, some specialty services continue to experience waiting times that are beyond the PCP's clinical recommendations.

Pharmacy Services – Reference Number 13.144 – Signature Cards for Providers

The OIG audit reported 5 of 30 providers lacked some element on their signature cards, in fact, the signature cards were missing. The Pharmacist In Charge reported that all of the signature cards have been accounted for at the time of this writing.

Nursing Policy – Reference Number 16.254 – Nursing Protocols

The CDCR has implemented standardized nursing protocols for the management of some common medical complaints. These protocols allow nursing staff to evaluate patients based upon their signs and symptoms, and in some cases, administer medications without involving a clinician.

CMF houses over 1600 patients who have been determined by the CDCR to be medically "high risk". The majority of the remaining patients have at least one chronic medical condition. Relying solely on nursing protocols in this setting could lead to adverse medical outcomes in this extremely medically fragile patient population.

Because it operates a licensed acute care hospital, CMF maintains an emergency room that is staffed 24/7 by medical and psychiatric physicians. This on-site medical coverage allows CMF nursing staff to triage patients who need medical intervention, and bring them immediately to the attention of clinicians who can then make a decision regarding treatment. This provides a higher level of care to the medically complex and fragile patient population than would be provided by relying on the nursing protocols.

Access to Health Care Information – Reference Number 19.243 and 19.150

The draft audit accurately reports that there were six inches of loose filing waiting to be filed. What the report fails to mention is that CMF files on average ten inches of loose filing in the medical records department. Six inches of filing represents less than one day's work. It is not uncommon for documents to be sent to the medical records unit for filing from either within the institution or outside that are several days old. This does not reflect a delay in filing of records in the medical records unit.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in the California Prison Health Care Services operations. Should you have any questions or concerns, please contact Theresa Kimura-Yip, Associate Director, Policy and Field Operations at (916) 327-1205.

Sincerely,

John Hagar
Chief of Staff

cc: J. Clark Kelso, Receiver
Starr Babcock, Special Assistant to the Court
Dr. Terry Hill, Chief Executive Officer, Medical Services
Tim Rougeux, Chief Operating Officer, Medical Services
Dr. Joseph Bick, Health Care Manager, CMF
Theresa Kimura-Yip, Associate Director, Policy and Field Operations
Olga Durette, Health Program Manager II, Policy and Field Operations

Office of the Inspector General's Comments on the Receiver's Response

Chronic Care Reference Numbers 03.235, 03.236, 03.237, and 03.238: Hypertension

After reviewing the receiver's response and related documentation, the OIG's M.D. reviewer made no changes to his initial assessment. The OIG agrees that the sample item evaluated was for a chronic care patient with seizures, diabetes, and hypertension. Although the receiver's response characterizes the exam documentation and progress note to be extensive, the chronic care visit documentation lacks critical information. Specifically, during our review we found no indication that the provider reviewed the pharmacy profile or current medications. Further, the provider did not document recent history of symptoms related to diabetes or hypertension. Moreover, based on the provider's documentation of his assessment, our M.D. reviewer was not able to ascertain the degree of control for the patient's hypertension, diabetes, and seizures. The provider's indication that the status of these conditions was stable does not provide insight into the degree of control.

Outpatient Housing Unit (OHU) – Reference Number 04.054

We agree that the intent of the policy may be met using alternative staff. However, the institution was unable to provide documentation that it completed the assessment required by department policy for all inmates in our sample. Specifically, the institution provided meeting minutes documenting discussion of just one of the nine inmates for which this question applied. Therefore, the institution received eight "No" answers for this question.

Diagnostic Services – Reference Numbers 06.200 and 06.202 – Radiology and Lab Orders

Questions 06.200 and 06.202 evaluate the institution's compliance with a court-approved, statewide policy requiring providers to notify inmates in writing of diagnostic test results within two business days. The policy does not specify any exceptions based on inmate population. While it is commendable that CMF providers schedule appointments to tell inmates of diagnostic test results, it is still necessary to notify the inmate in writing and document that notification in the inmate's health record. Therefore, we stand by the results of our testing related to questions 06.200 and 06.202.

Specialty Services – Reference Numbers 07.037, 07.038, 07.035, and 07.261 – Time Frames

The OIG has no comment to the receiver's response.

Pharmacy Services – Reference Number 13.144 – Signature Cards for Providers

The OIG has no comment to the receiver's response.

Nursing Policy – Reference Number 16.254 – Nursing Protocols

The receiver and the institution have misunderstood our inspection results. We did not take exception with CMF's use of nursing protocols. Rather, the "No" answers for question 16.254 reflect the fact that the institution's supervising registered nurses did not conduct required periodic reviews of nursing staff. Since our inspection, the institution has informed us that the director of nurses is implementing a program to periodically review the work of nursing staff, including a review of charts, logs, medication records, and other documentation. However, the new program does not change our answers for the period of our review.

Access to Health Care Information – Reference Numbers 19.243 and 19.150

While the OIG provides the reader of our report a measurement of the quantity of loose filing found on a particular day in the medical records department, we do not base the answer to question 19.150 on this information. Instead, we review the date of service on the medical records found in loose filing to determine if there are medical records more than four calendar days old. This criterion is more lenient than the department's requirement to file all loose documents into the medical record no later than the close of business each day. In addition, the answer for question 19.243 is based on the institution's ability to identify the location of all medical files requested during the OIG inspection. CMF was unable to identify the location of multiple medical records requested during our inspection. For example, from one list of files the OIG requested, the institution did not provide, nor identify a reason for not providing, eight of the requested files.