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Office of the Inspector General

California Men's Colony
Medical Inspection Results
Cycle 5

August 2018

Fairness ◆ Integrity ◆ Respect ◆
Service ◆ Transparency

Office of the Inspector General
CALIFORNIA MEN'S COLONY
Medical Inspection Results
Cycle 5

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FOREWORD

Pursuant to California Penal Code Section 6126 et seq., which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (CDCR), the OIG conducts a comprehensive inspection program to evaluate the delivery of medical care at each of CDCR's 35 adult prisons. The OIG **explicitly** makes no determination regarding the constitutionality of care in the prison setting. That determination is left to the Receiver and the federal court. The assessment of care by the OIG is just one factor in the court's determination whether care in the prisons meets constitutional standards.

The OIG's inspections are mandated by the Penal Code and not aimed at specifically resolving the court's questions on constitutional care. To the degree that they provide another factor for the court to consider, the OIG is pleased to provide added value to the taxpayers of California.

In Cycle 5, for the first time, the OIG will be inspecting institutions delegated back to CDCR from the Receivership. There is no difference in the standards used for assessment of a delegated institution versus an institution not yet delegated. California Men's Colony (CMC) was delegated back to the CDCR in May 2018. At the time of the Cycle 5 inspection of CMC, the Receiver had not yet delegated this institution back to the CDCR.

This fifth cycle of inspections will continue evaluating the areas addressed in Cycle 4, which included clinical case review, compliance testing, and a population-based metric comparison of selected Healthcare Effectiveness Data Information Set (HEDIS) measures. In agreement with stakeholders, the OIG made changes to both the case review and compliance components. The OIG found that in every inspection in Cycle 4, larger samples were taken than were needed to assess the adequacy of medical care provided. As a result, the OIG reduced the number of case reviews and sample sizes for compliance testing. Also, in Cycle 4, compliance testing included two secondary (administrative) indicators (*Internal Monitoring, Quality Improvement, and Administrative Operations*; and *Job Performance, Training, Licensing, and Certifications*). For Cycle 5, these have been combined into one secondary indicator, *Administrative Operations*.

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EXECUTIVE SUMMARY

The OIG completed the Cycle 5 medical inspection of California Men's Colony (CMC) in August 2018. The vast majority of our inspection findings were based on CMC's health care delivery between December 2016 and December 2017. Our policy compliance inspectors performed an onsite inspection in September 2017. After reviewing the institution's health care delivery, our case review clinicians performed an onsite inspection in March 2018.

OVERALL RATING:

Adequate

Our clinician team, consisting of expert physicians and nurse consultants, reviewed cases (patient medical records) and interpreted our policy compliance results to determine the quality of health care the institution provided. Our compliance team, consisting of registered nurses, monitored the institution's compliance with its medical policies by answering a predetermined set of policy compliance questions.

Our clinician team reviewed 75 cases that contained 1,636 patient-related events. Our compliance team tested 89 policy questions by observing CMC's processes and examining 442 patient records and 1,225 data points. We distilled the results from both the case review and compliance testing into 13 health care indicators, and have listed the individual indicators and ratings applicable for this institution in the *CMC Executive Summary Table* on the following page. Our experts made a considered and measured opinion that the overall quality of health care at CMC was ***adequate***.

CMC Executive Summary Table

Inspection Indicators	Case Review Rating	Compliance Rating	Cycle 5 Overall Rating	Cycle 4 Overall Rating
1—Access to Care	*Adequate*	*Adequate*	***Adequate***	*Adequate*
2—Diagnostic Services	*Proficient*	*Inadequate*	***Adequate***	*Adequate*
3—Emergency Services	*Inadequate*	Not Applicable	***Inadequate***	*Inadequate*
4—Health Information Management	*Adequate*	*Inadequate*	***Adequate***	*Inadequate*
5—Health Care Environment	Not Applicable	*Inadequate*	***Inadequate***	*Adequate*
6—Inter- and Intra-System Transfers	*Adequate*	*Adequate*	***Adequate***	*Proficient*
7—Pharmacy and Medication Management	*Adequate*	*Inadequate*	***Inadequate***	*Inadequate*
8—Prenatal and Post-Delivery Services	Not Applicable	Not Applicable	Not Applicable	Not Applicable
9—Preventive Services	Not Applicable	*Adequate*	***Adequate***	*Inadequate*
10—Quality of Nursing Performance	*Adequate*	Not Applicable	***Adequate***	*Adequate*
11—Quality of Provider Performance	*Adequate*	Not Applicable	***Adequate***	*Adequate*
12—Reception Center Arrivals	Not Applicable	Not Applicable	Not Applicable	Not Applicable
13—Specialized Medical Housing	*Adequate*	*Proficient*	***Adequate***	*Adequate*
14—Specialty Services	*Adequate*	*Inadequate*	***Inadequate***	*Adequate*
15—Administrative Operations (Secondary)	Not Applicable	*Proficient*	***Proficient***	*Adequate***

* In Cycle 4, there were two secondary (administrative) indicators. This score reflects the average of those two scores.

Expert Clinician Case Review Results

The clinicians' case reviews sampled patients with high medical needs and included a review of more than 1,636 patient care events.[1] The vast majority of our case review covered the period between February 2017 and December 2017. As depicted on the summary table on page *iv*, of the 13 indicators applicable to CMC, case reviewers evaluated 10; 1 was *proficient*, 8 were *adequate*, and 1 was *inadequate.* When determining the overall adequacy of care, the OIG paid particular attention to the clinical nursing and provider quality indicators, as adequate health care staff can sometimes overcome suboptimal processes and programs. However, the opposite is not true; inadequate health care staff cannot provide adequate care, even though the established processes and programs onsite may be adequate. The OIG clinicians identify inadequate medical care based on the risk of significant harm to the patient, not the actual outcome.

Program Strengths — Clinical

- According to CMC providers, the chief medical executive (CME) and chief physician and surgeon (CP&S) provided strong leadership and support, which fostered a friendly, close-knit, and collegial atmosphere.

- CMC providers developed strong relationships with specialty consultants, which enabled excellent communication between the providers and the specialists.

Program Weaknesses — Clinical

- CMC providers and nurses frequently provided poor emergency care, with many errors resulting from poor cardiovascular care.

- Nurses at CMC often made incomplete or poor assessments for patients returning from the hospital. Nursing plans were frequently insufficient and did not clearly describe patients' medical conditions.

Compliance Testing Results

Of the 13 health care indicators applicable to CMC, compliance inspectors evaluated 10.[2] Of these, two were *proficient*, three were *adequate*, and five were *inadequate*. The vast majority of our compliance testing was of medical care that occurred between December 2016 and August 2017. There were 89 individual compliance questions within those ten indicators, generating 1,225 data points that tested CMC's compliance with California Correctional Health Care Services (CCHCS)

[1] Each OIG clinician team includes a board-certified physician and registered nurse consultant with experience in correctional and community medical settings.
[2] The OIG's compliance inspectors are trained registered nurses with expertise in CDCR policies regarding medical staff and processes.

policies and procedures.[3] *Appendix A — Compliance Test Results* provides details for the 89 questions.

Program Strengths — Compliance

The following are some of CMC's strengths based on its compliance scores on individual questions in the applicable health care indicators:

- CMC staff excelled at completing timely nursing and provider assessments when they admitted patients to the correctional treatment center (CTC).
- The institution did well offering and providing health screenings and immunizations for their patients.
- CMC nursing staff completed initial health screening forms for newly transferred patients within the required time frames.
- CMC nursing staff received and reviewed health care services request (sick call) forms timely and saw their patients within one business day. Also, there were adequate supplies of health care services request forms in the CMC housing units.

Program Weaknesses — Compliance

The following are some of the weaknesses identified by CMC's compliance scores on individual questions in applicable health care indicators:

- Clinical staff at CMC did poorly in maintaining proper hand hygiene during patient encounters.
- CMC medical clinics did not properly maintain medical supplies. Medical clinics lacked the properly calibrated medical equipment needed to give standard medical care.
- The institution did not provide chronic care or specialty services follow-up appointments within required time frames.
- CMC providers did not sign radiology, laboratory, and pathology reports timely. Additionally, the providers did not communicate the results of these reports to the patients within required time frames.

[3] The OIG used its own clinicians to provide clinical expert guidance for testing compliance in certain areas where CCHCS policies and procedures did not specifically address an issue.

Recommendations

- The CEO should rectify the EMRRC review process because the committee failed to identify problems with the care provided by the TTA providers and nurses. The institution needs a properly functioning EMRRC to identify and correct its various lapses in emergency care.

- The CEO should analyze and adjust many of the pharmacy and nursing processes because the institution demonstrated poor compliance with most measures of medication administration, observed medication practices, and storage controls.

- The CEO should identify and correct several specialty services processes because of the institution's problems with scheduling urgent specialty referrals and providing follow-up specialty appointments.

- The CNE should analyze and correct the sick call processes because the CMC nurses did not see patients as promptly as medically necessary. Furthermore, when the nurses referred patients with sick calls to providers, the provider appointments sometimes occurred late or not at all.

Population-Based Metrics

In general, CMC performed well as measured by population-based metrics. In comprehensive diabetes care, CMC outperformed most state and national health care plans in all five diabetic measures. However, CMC scored lower than four health care plans for diabetic eye exams.

With regard to immunization measures, CMC scored higher than all other health care plans for influenza immunizations for younger adults. However, for influenza immunizations for older adults, CMC scored lower than two health care plans. When administering pneumococcal immunizations to older adults, CMC scored higher than Medicare, but lower than the United States Veterans Administration. CMC's colorectal cancer screening scores were higher than all reporting health care plans.

CMC performed well as measured by population-based metrics compared to the other health care plans reviewed. CMC may improve its scores for influenza vaccinations by reducing patient refusals through educating patients on the benefits of these preventive services.

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INTRODUCTION

Pursuant to California Penal Code Section 6126 et seq., which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (CDCR), and at the request of the federal Receiver, the OIG developed a comprehensive medical inspection program to evaluate the delivery of medical care at each of CDCR's 35 adult prisons. The OIG conducted a clinical case review and a compliance inspection, ensuring a thorough, end-to-end assessment of medical care within CDCR.

California Men's Colony (CMC) was the 25th medical inspection of Cycle 5. During the inspection process, the OIG assessed the delivery of medical care to patients using the primary clinical health care indicators applicable to the institution. The *Administrative Operations* indicator is secondary because it does not reflect the actual clinical care provided.

ABOUT THE INSTITUTION

Opened in 1945, the California Men's Colony (CMC) is located northwest of the city of San Luis Obispo, in San Luis Obispo County. The institution has two separate housing complexes, commonly referred to as "East" and "West." At both complexes, medical staff members run multiple clinics where patients are seen for non-urgent care. The east complex houses medium security and general population patients, and is divided into four facilities, including a triage and treatment area (TTA) where medical staff members see patients requiring urgent and emergent care, and a correctional treatment center (CTC) which provides inpatient care. The west complex houses minimum-security and general population patients.

CDCR has designated CMC as an intermediate care prison; these institutions are predominantly located in urban areas, close to tertiary care centers and specialty care providers for the most cost-effective care.

In April of 2015, CMC received accreditation from the Commission on Accreditation for Corrections, a professional peer review process based on national standards set by the American Correctional Association.

Based on staffing data the OIG obtained from the institution as identified in the *CMC Health Care Staffing Resources as of September 2017* table on the following page, CMC's vacancy rate among medical managers, primary care providers, supervisors, and rank-and-file nurses was only 3 percent overall in September 2017 with the highest vacancy percentages among nursing supervisors at 5 percent. At the time of the OIG's inspection, one health care staff member was on extended leave.

CMC Health Care Staffing Resources as of September 2017

	Management		Primary Care Providers		Nursing Supervisors		Nursing Staff		Totals	
Description	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Authorized Positions	5	3%	13.5	7%	19.5	10%	161.4	81%	199.4	100%
Filled Positions	5	100%	13.5	100%	18	92%	142	88%	178.5	90%
Vacancies	0	0%	0	0%	1.5	8%	19.4	12%	20.9	10%
Recent Hires (within 12 months)	1	20%	6	44%	3	17%	18	13%	28	16%
Staff Utilized from Registry	0	0%	0	0%	0	0%	4	3%	4	2%
Redirected Staff (to Non-Patient Care Areas)	0	0%	0	0%	0	0%	0	0%	0	0%
Staff on Extended Leave	0	0%	0	0%	0	0%	1	1%	1	1%

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

As of August 28, 2017, the Master Registry for CMC showed that the institution had a total population of 4,208. Within that total population, 5.6 percent was designated as high medical risk, Priority 1 (High 1), and 13.0 percent was designated as high medical risk, Priority 2 (High 2). Patients' assigned risk levels are based on the complexity of their required medical care related to their specific diagnoses, frequency of higher levels of care, age, and abnormal labs and procedures. High 1 has at least two high-risk conditions; High 2 has only one. Patients at high medical risk are more susceptible to poor health outcomes than those at medium or low medical risk. Patients at high medical risk also typically require more health care services than do patients with lower assigned risk levels. The chart on the next page illustrates the breakdown of the institution's medical risk levels at the start of the OIG medical inspection.

CMC Master Registry Data as of August 28, 2017

Medical Risk Level	Number of Patients	Percentage
High 1	237	5.6%
High 2	545	13.0%
Medium	1,763	41.9%
Low	1,663	39.5%
Total	**4,208**	**100.0%**

OBJECTIVES, SCOPE, AND METHODOLOGY

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

To maintain a metric-oriented inspection program that evaluates medical care delivery consistently at each state prison, the OIG identified 15 indicators (14 primary (clinical) indicators and one secondary (administrative) indicator) of health care to measure. The primary quality indicators cover clinical categories directly relating to the health care provided to patients, whereas the secondary quality indicator addresses the administrative functions that support a health care delivery system. The *CMC Executive Summary Table* on page *iv* of this report identifies these 15 indicators.

The OIG rates each of the quality indicators applicable to the institution under inspection based on case reviews conducted by OIG clinicians and compliance tests conducted by OIG registered nurses. The case review results alone, the compliance test results alone, or a combination of both these information sources may influence an indicator's overall rating. For example, the OIG derives the ratings for the primary quality indicators *Quality of Nursing Performance* and *Quality of Provider Performance* entirely from the case review done by clinicians, while the ratings for the primary quality indicators *Health Care Environment* and *Preventive Services* are derived entirely from compliance testing done by registered nurse inspectors. As another example, primary quality indicators such as *Diagnostic Services* and *Specialty Services* receive ratings derived from both sources.

The OIG does not inspect for efficiency or cost-effectiveness of medical operations. Consistent with the OIG's agreement with the Receiver, this report only addresses the quality of CDCR's medical operations and its compliance with quality-related policies. Moreover, if the OIG learns of a patient needing immediate care, the OIG notifies the chief executive officer of health care services and requests a status report. Additionally, if the OIG learns of significant departures from community standards, it may report such departures to the institution's chief executive officer or to CCHCS. Because these matters involve confidential medical information protected by state and federal privacy laws, the OIG does not include specific identifying details related to any such cases in the public report.

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

CASE REVIEWS

The OIG added case reviews to the Cycle 4 medical inspections at the recommendation of its stakeholders, which continues in the Cycle 5 medical inspections. The following exhibit provides definitions that describe this process.

Exhibit 1. Case Review Definitions

Case = Sample = Patient
An appraisal of the medical care provided to one patient over a specific period, which can comprise detailed or focused case reviews.

Detailed Case Review
A review that includes all aspects of one patient's medical care assessed over a six-month period. This review allows the OIG clinicians to examine many areas of health care delivery, such as access to care, diagnostic services, health information management, and specialty services.

Focused Case Review
A review that focuses on one specific aspect of medical care. This review tends to concentrate on a singular facet of patient care, such as the sick call process or the institution's emergency medical response.

Case Review Event
A direct or indirect interaction between the patient and the health care system. Examples of direct interactions include provider encounters and nurse encounters. An example of an indirect interaction includes a provider reviewing a diagnostic test and placing additional orders.

Case Review Deficiency
A medical error in procedure or in clinical judgment. Both procedural and clinical judgment errors can result in policy non-compliance, elevated risk of patient harm, or both.

Adverse Deficiency
A medical error that increases the risk of, or results in, serious patient harm. Most health care organizations refer to these errors as *adverse events*.

The OIG's clinicians perform a retrospective case review of selected patient files to evaluate the care given by an institution's primary care providers and nurses. Retrospective case review is a well-established review process used by health care organizations that perform peer reviews and patient death reviews. Currently, CCHCS uses retrospective case review as part of its death review process and in its pattern-of-practice reviews. CCHCS also uses a more limited form of retrospective case review when performing appraisals of individual primary care providers.

Patient Selection for Retrospective Case Reviews

Because retrospective case review is time consuming and requires qualified health care professionals to perform it, the OIG must carefully select a sample of patient records for clinician review. Accordingly, the group of patients the OIG targeted for case review carried the highest clinical risk and utilized the majority of medical services. The majority of patients selected for retrospective case review were high-utilizing patients with chronic care illnesses who were classified as high or medium risk. The reason the OIG targeted these patients for review is twofold:

1. The goal of retrospective case review is to evaluate all aspects of the health care system. Statewide, high-risk and high-utilization patients consume medical services at a disproportionate rate; 11 percent of the total patient population is high-risk and accounts for more than half of the institution's pharmaceutical, specialty, community hospital, and emergency costs.

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

Underlying the choice of high-risk patients for detailed case review, the OIG clinical experts made the following three assumptions:

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

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

3. Patient cases generated during death reviews, sentinel events (unexpected occurrences involving death or serious injury, or risk thereof), and hospitalizations are more likely to comprise high-risk patients.

Benefits and Limitations of Targeted Subpopulation Review

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

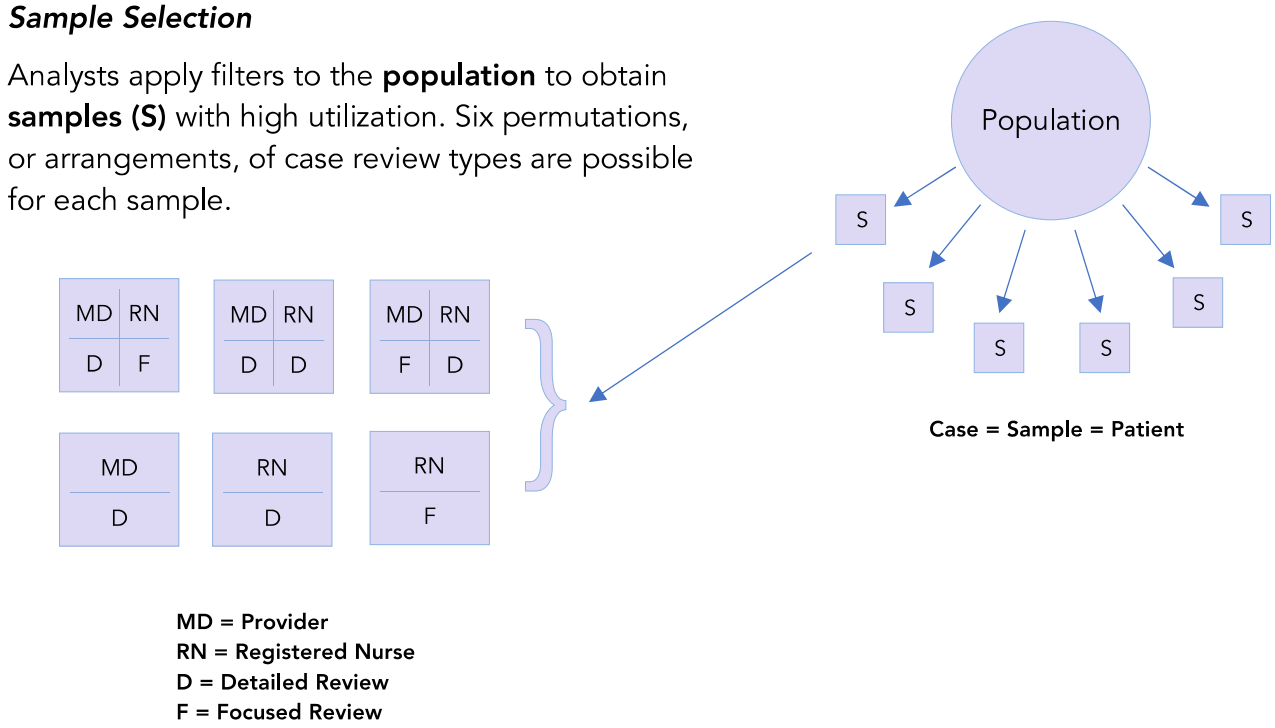
Since the targeted subpopulation does not represent the institution's general prison population, the OIG cautions against inappropriate extrapolation of medical *conditions* or *outcomes* from the retrospective case reviews to the general population. For example, if the high-risk diabetic patients reviewed have poorly controlled diabetes, one cannot conclude that all the diabetics' conditions are poorly controlled. Similarly, if the high-risk diabetic patients under review have poor outcomes, one cannot conclude that the entire diabetic population is having similarly poor outcomes. The OIG does not extrapolate *conditions* or *outcomes*, but instead extrapolates the institution's *response* for those patients needing the most care because the *response* yields valuable system information.

In the above example, if the institution responds by providing appropriate diabetic monitoring, medication therapy, and specialty referrals for the high-risk patients reviewed, then it is reasonable to infer that the institution is also responding appropriately to all the diabetics in the prison. However, if these same high-risk patients needing monitoring, medications, and referrals are not getting those needed services, it is likely that the institution is not providing appropriate diabetic services.

Case Review Sampling Methodology

Using a pre-defined case review sampling algorithm, OIG analysts apply various filters to each institution's patient population. The various filters include medical risk status, number of prescriptions, number of specialty appointments, number of clinic appointments, and other health-related data. The OIG uses these filters to narrow down the population to those patients with the highest utilization of medical resources (see Chart 1, next page). To prevent selection bias, the OIG ensures that the same clinicians who perform the case reviews do not participate in the sample selection process.

Chart 1. Case Review Sample Selection



The OIG's case sample sizes matched those of other qualitative research. The empirical findings, supported by expert statistical consultants, showed adequate conclusions after 10 to 15 cases had undergone comprehensive, or detailed, clinician review. In qualitative statistics, this phenomenon is known as "saturation." The OIG found the Cycle 4 medical inspection sample size of 30 for detailed physician reviews far exceeded the saturation point necessary for an adequate qualitative review. At the end of Cycle 4 inspections, the OIG re-analyzed the case review results using half the number of cases; there were no significant differences in the ratings. To improve inspection efficiency while preserving the quality of the inspection, the OIG reduced the number of the samples for Cycle 5 medical inspections to the current levels. For most basic institutions, the OIG samples 20 cases for detailed physician review. For intermediate institutions and several basic institutions with larger high-risk populations, the OIG samples 25 cases. For California Health Care Facility, the OIG samples 30 cases for detailed physician review.

Breadth of Case Reviews

As indicated in *Appendix B, Table B-1: CMC Sample Sets*, the OIG clinicians evaluated medical records for 75 unique cases. *Appendix B, Table B-4: CMC Case Review Sample Summary*, clarifies that both nurses and physicians reviewed 16 of those cases, for 91 reviews in total. Physicians performed detailed reviews of 25 cases, and nurses performed detailed reviews of 18 cases, totaling 43 detailed case reviews. Nurses and physicians also performed focused reviews

of an additional 48 cases. These reviews generated 1,636 case review events (*Appendix B, Table B-3: CMC Event–Program*).

While the sample method specifically pulled only 6 chronic care cases, i.e., 3 diabetes cases and 3 anticoagulation cases (*Appendix B, Table B-1: CMC Sample Sets*), the 75 unique cases sampled included 281 chronic care diagnoses, including 18 additional cases with diabetes (for a total of 21) and 8 additional anticoagulation cases (for a total of 11) (*Appendix B, Table B-2: CMC Chronic Care Diagnoses*). The OIG's sample selection tool allowed evaluation of many chronic care programs because the complex and high-risk patients selected from the different categories often had multiple medical problems. While the OIG did not evaluate every chronic disease or health care staff member, the OIG did assess the overall operation of the institution's system and staff.

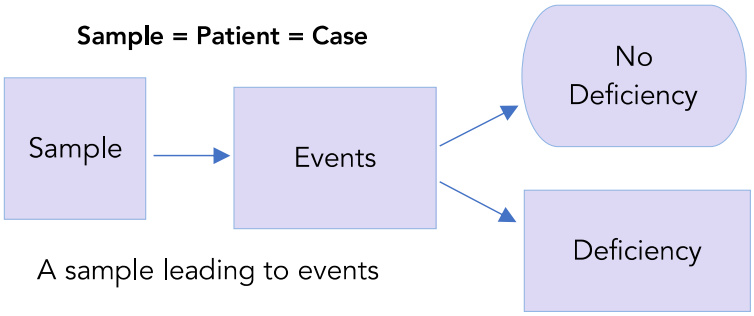
Case Review Testing Methodology

A physician, a nurse consultant, or both clinician inspectors review each case. The OIG clinician inspector can perform one of two different types of case review: detailed or focused (see Exhibit 1, page 5, and Chart 1, page 8). As the OIG clinician inspector reviews the medical record for each sample, the inspector records pertinent interactions between the patient and the health care system. These interactions are also known as case review *events*. When an OIG clinician inspector identifies a medical error, the inspector also records these errors as case review *deficiencies.* If a deficiency is of such magnitude that it caused, or had the potential to cause, serious patient harm, then the OIG clinician records it as an *adverse deficiency* (see Chart 2, next page).

Chart 2. Case Review Testing and Deficiencies

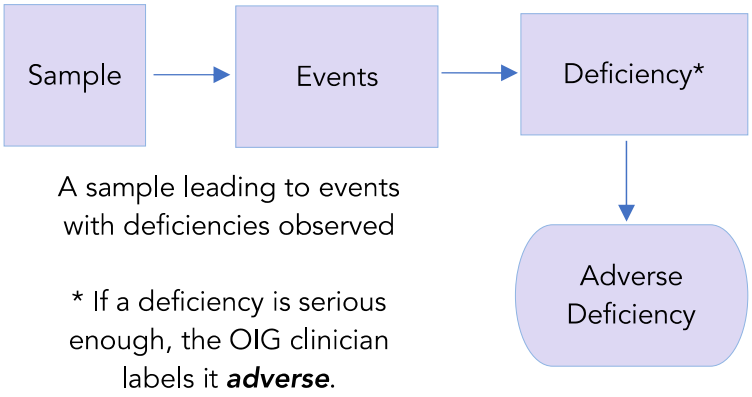
Case Review Testing

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



Deficiencies

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



When the OIG clinician inspectors have reviewed all cases, they analyze the deficiencies. OIG inspectors search for similar types of deficiencies to determine if a repeating pattern of errors existed. When the same type of error occurs multiple times, the OIG inspectors identify those errors as findings. When the error is frequent, the likelihood is high that the error is regularly recurring at the institution. The OIG categorizes and summarizes these deficiencies in one or more health care quality indicators in this report to help the institution focus on areas for improvement.

Additionally, the OIG physicians also rate each of the detailed physician cases for adequacy based on whether the institution met the patient's medical needs and if it placed the patient at significant risk of harm. The cumulative analysis of these cases gives the OIG clinicians additional perspective to help determine whether the institution is providing adequate medical services or not.[4]

Based on the collective results of clinicians' case reviews, the OIG clinicians rated each quality indicator *proficient* (excellent), *adequate* (passing), or *inadequate* (failing). A separate confidential *CMC Supplemental Medical Inspection Results: Individual Case Review Summaries* report details the case reviews the OIG clinicians conducted and is available to specific stakeholders. For further details regarding the sampling methodologies and counts, see *Appendix B — Clinical Data, Table B-1; Table B-2; Table B-3;* and *Table B-4*.

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[4] Regarding individual provider performance, the OIG did not design the medical inspection to be a focused search for poorly performing providers; rather, the inspection assesses each institution's systemic health care processes. Nonetheless, while the OIG does not purposefully sample cases to review each provider at the institution, the cases usually involve most of the institutions' providers. Providers should only escape OIG case review if institutional managers assigned poorly performing providers the care of low-utilizing and low-risk patients, or if the institution had a relatively high number of providers.

COMPLIANCE TESTING

Sampling Methods for Conducting Compliance Testing

Our nurse inspectors attained answers to 89 objective medical inspection test (MIT) questions designed to assess the institution's compliance with critical policies and procedures applicable to the delivery of medical care. To conduct most tests, inspectors randomly selected samples of patients for whom the testing objectives were applicable and reviewed their electronic medical records. In some cases, inspectors used the same samples to conduct more than one test. In total, inspectors reviewed health records for 442 individual patients and analyzed specific transactions within their records for evidence that critical events occurred. Inspectors also reviewed management reports and meeting minutes to assess certain administrative operations. In addition, during the week of September 11, 2017, registered nurse field inspectors conducted a detailed onsite inspection of CMC's medical facilities and clinics; interviewed key institutional employees; and reviewed employee records, logs, medical appeals, death reports, and other documents. This generated 1,225 scored data points to assess care.

In addition to the scored questions, the OIG obtained information from the institution that it did not score. This included, for example, information about CMC's plant infrastructure, protocols for tracking medical appeals and local operating procedures, and staffing resources.

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

Scoring of Compliance Testing Results

After compiling the answers to the 89 questions for the ten indicators for which compliance testing was applicable, the OIG compliance team derived a score for each quality indicator by calculating the percentage score of all *Yes* answers for each of the questions applicable to a particular indicator, then averaging those scores. Based on those results, the OIG assigned a rating to each quality indicator of *proficient* (greater than 85 percent), *adequate* (between 75 percent and 85 percent), or *inadequate* (less than 75 percent).

OVERALL QUALITY INDICATOR RATING FOR CASE REVIEWS AND COMPLIANCE TESTING

The OIG derived the final rating for each quality indicator by combining the ratings from the case reviews and from the compliance testing, as applicable. When combining these ratings, the case review evaluations and the compliance testing results usually agreed, but there were instances for this inspection when the rating differed for a particular quality indicator. In those

instances, the inspection team assessed the quality indicator based on the collective ratings from both components. Specifically, the OIG clinicians and registered nurse inspectors discussed the nature of individual exceptions found within that indicator category and considered the overall effect on the ability of patients to receive adequate medical care.

To derive an overall assessment rating of the institution's medical inspection, the OIG evaluated the various rating categories assigned to each of the quality indicators applicable to the institution, giving more weight to the rating results of the primary quality indicators, which directly relate to the health care provided to patients. Based on that analysis, OIG experts made a considered and measured overall opinion about the quality of health care observed.

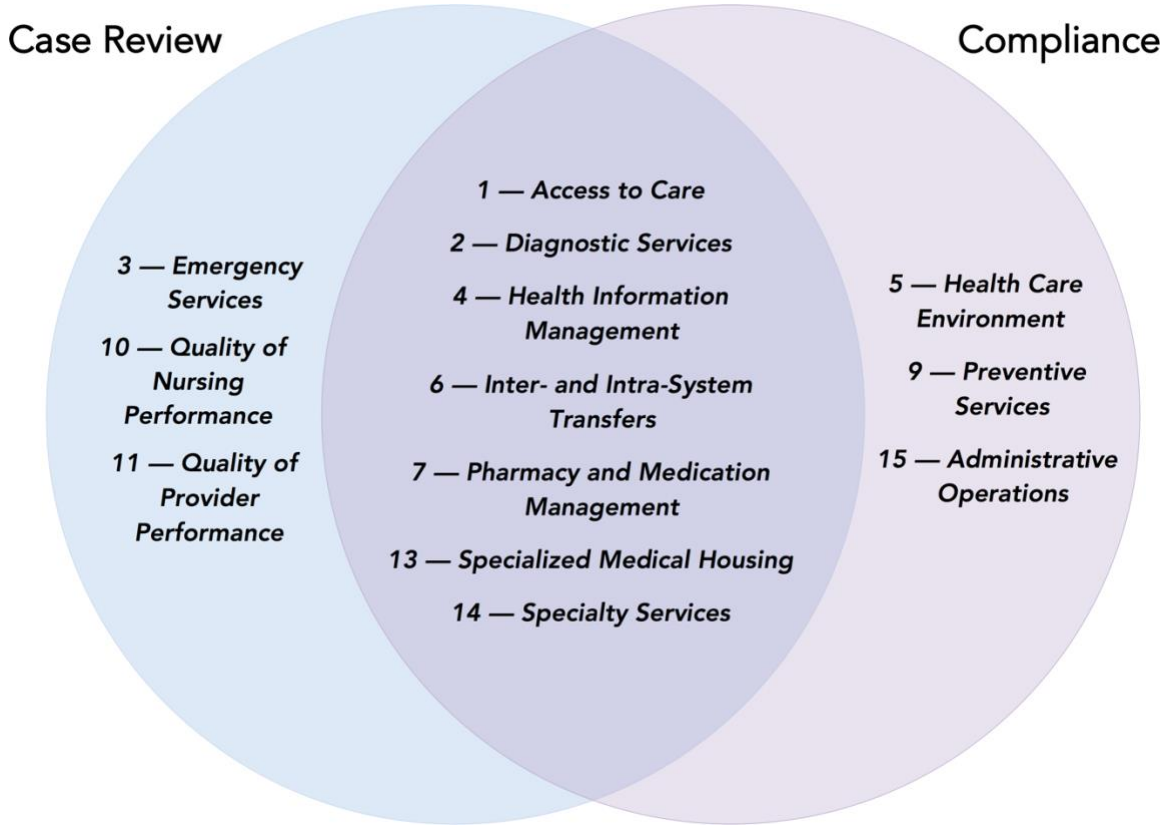
POPULATION-BASED METRICS

The OIG identified a subset of Healthcare Effectiveness Data Information Set (HEDIS) measures applicable to the CDCR patient population. To identify outcomes for CMC, the OIG reviewed some of the compliance testing results, randomly sampled additional patients' records, and obtained CMC data from the CCHCS Master Registry. The OIG compared those results to HEDIS metrics reported by other statewide and national health care organizations.

MEDICAL INSPECTION RESULTS

The OIG's case review and clinician teams use quality indicators to assess the clinical aspects of health care. The *CMC Executive Summary Table* on page *iv* of this report identifies the 13 indicators applicable to this institution. The following chart depicts their union and intersection:

Chart 3. Inspection Indicator Review Distribution



The *Administrative Operations* indicator is a secondary indicator; therefore, the OIG did not rely upon this indicator when determining the institution's overall score. Based on the analysis and results in all the primary indicators, the OIG experts made a considered and measured opinion that the quality of health care at CMC was **adequate**.

Summary of Case Review Results: The clinical case review component assessed 10 of the 13 primary (clinical) indicators applicable to CMC. Of these ten indicators, OIG clinicians rated one *proficient*, eight *adequate* and one *inadequate*.

The OIG physicians rated the overall adequacy of care for each of the 25 detailed case reviews they conducted. Of these 25 cases, 2 were *proficient*, 21 were *adequate,* and 2 were *inadequate*.

In the 1,636 events reviewed, there were 283 deficiencies, 57 of which were considered to be of such magnitude that, if left unaddressed, they would likely contribute to patient harm.

Adverse Deficiencies Identified During Case Review: Adverse deficiencies are medical errors that markedly increased the risk of, or resulted in, serious patient harm. Medical care is a complex and dynamic process with many moving parts, subject to human error even within the best health care organizations. All major health care organizations typically identify and track adverse deficiencies for the purpose of quality improvement. Adverse deficiencies are not typically representative of medical care delivered by the organization. The OIG normally identifies adverse deficiencies for the dual purposes of quality improvement and the illustration of problematic patterns of practice found during the inspection. Because of the anecdotal nature of these deficiencies, the OIG cautions against drawing inappropriate conclusions regarding the institution based solely on adverse events. The OIG identified one adverse deficiency in the case reviews at CMC.

- In case 11, the patient had significant cardiac disease and two recent transfers to outside emergency departments for chest pain. After the patient experienced chest pain and almost fainted, CMC staff sent him to an emergency room. When the patient returned, the provider failed to review the emergency department records sufficiently. Also, the provider overlooked findings that were worrisome for significant heart disease and placed the patient at risk for a heart attack. The provider should have ordered an urgent cardiac stress test or a cardiology consultation for the patient. This error possibly contributed to the patient's death. The *Emergency Services* and *Quality of Provider Performance* indicators also discuss this case.

Summary of Compliance Results: The compliance component assessed 10 of the 13 indicators applicable to CMC. Of these ten indicators, OIG inspectors rated two *proficient*, three *adequate*, and five *inadequate*. *Appendix A* details the test questions used to assess compliance for each indicator.

1 — *ACCESS TO CARE*

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

Case Review Rating:
Adequate
Compliance Score:
Adequate
(76.4%)
Overall Rating:
Adequate

Case Review Results

The OIG clinicians reviewed 720 provider, nurse, specialty, and hospital events that required a follow-up appointment, and identified 28 deficiencies relating to access to care, 12 of which were significant. The case review rating for this indicator was *adequate*.

Provider-to-Provider Follow-up Appointments

CMC performed well with provider-ordered follow-up appointments. There were no deficiencies in this critical area.

RN Sick Call Access

The institution did not consistently provide patients who submitted sick call requests with timely access to a nurse. Of the 43 sick call requests reviewed, CMC did not provide patients with prompt access to sick call nursing appointments in cases 9, 18, 19, 41, 44, and 51. The *Quality of Nursing Performance* indicator discusses this performance further. There were significant deficiencies in the following two cases:

- In case 19, the nurse failed to see the diabetic patient with concerns of a new foot blister. For diabetic patients, nurses should evaluate blisters urgently because of the possibility of skin breakdown and infection.

- In case 51, the patient was awaiting elbow surgery and was complaining of constant pain and swelling. The nurse should have performed a face-to-face evaluation to examine the patient's condition.

RN-to-Provider Referrals

CMC performed poorly with providing patients timely access to a provider when a nurse referred a patient to a provider for a higher level of care. The OIG clinicians reviewed 57 nursing encounters that generated a provider follow-up referral and found provider appointments were delayed or did not occur in cases 1, 19, 46, 59, 66, and the following:

- In case 47, the nurse referred the patient to a provider for hearing loss. The appointment occurred 52 days late.

- In case 53, the nurse referred the patient to a provider for worsening back pain. The appointment occurred 33 days late.

- In case 69, the patient complained of having a kidney stone and bloody urine. The nurse referred the patient for a routine 14-day appointment after obtaining a urine sample. Although the patient's urine test showed evidence of infection, no provider intervened, and the provider appointment occurred 15 days late. No provider addressed the abnormal urine test until 29 days after the test.

RN Follow-up Appointments

Nurses performed satisfactorily with scheduling and completing registered nurse (RN) follow-up appointments that providers or nurses generated. Of the six RN follow-up appointments reviewed, there was only one occasion where the appointment did not occur:

- In case 58, the patient accidentally stuck himself with a sewing needle. The nurse scheduled an RN follow-up appointment, but it did not occur.

Provider Follow-up After Specialty Services

CMC performed well with ensuring provider follow-up appointments occurred after specialty services. The OIG clinicians reviewed 162 specialty services requiring follow-up appointments. Instances of provider follow-up not occurring or occurring late were rare (cases 11, 21, and 28), and did not affect the quality of the care provided.

Intra-System Transfers / Reception Center

CMC performed well with providing patients who transferred in from another CDCR facility with timely provider and RN appointments. All patients who transferred to CMC had provider and RN appointments within 30 days. Additionally, CMC timely scheduled all patients who transferred with pending specialty referrals.

Follow-up After Hospitalization

CMC did well at ensuring the providers followed up with their patients after an outside hospitalization or emergency department visit. CCHCS policy requires CMC to provide a follow-up appointment with the regular provider within five days of these visits. The clinicians reviewed 43 hospitalizations and outside emergency department events. There were two significant delays in the following cases:

- In case 9, the patient returned from hospitalization for abdominal pain. The on-call provider was concerned about the patient's condition and ordered a three-day provider follow-up. The appointment did not occur, and five days later the patient's severe abdominal pain came back, resulting in staff sending the patient back to the hospital.

- In case 25, the patient returned from hospitalization for a lung procedure. The provider follow-up occurred 27 days late.

Follow-up After Urgent/Emergent Care

When staff evaluated patients in the TTA and sent them back to regular housing, CMC performed well with ensuring provider follow-ups. CCHCS policy requires CMC to provide follow-up with the regular provider within five days of these visits. The OIG clinicians reviewed 59 TTA events. There were only two deficiencies, in cases 38 and 66.

Specialized Medical Housing

CMC providers saw patients in the correctional treatment center (CTC) timely. They performed history and physical exams on all newly admitted patients promptly. There were no deficiencies related to follow-up encounters from the CTC.

Specialty Access and Follow-up

CMC performed well with providing specialty consultations and specialty follow-up. The *Specialty Services* indicator also discusses performance in this area.

Diagnostic Results Follow-up

The providers routinely reviewed diagnostic studies and ordered follow-up appointments when abnormal tests indicated a medical appointment was necessary.

Clinician Onsite Inspection

During the onsite visit, clinic nurses reported seeing five to nine patients each day in the RN clinics, while the providers were seeing about 10 to 12 patients each day. Each clinic had an office technician who attended daily clinic huddles and coordinated with the providers to schedule all the follow-up appointments. The office technician reported that there were no significant backlogs in any of the clinics. The RNs in the east clinic were tracking the 14-day

provider referrals in a log but did not consistently identify the reason for delayed or missed appointments (such as the lack of provider availability). With the implementation of the electronic health record system (EHRS), the clinic RN was made responsible for ordering the provider and RN follow-ups, face-to-face sick call appointments, TTA follow-ups, and the out-to-medical returns provider follow-ups.

Case Review Conclusion

CMC performed well in many aspects of *Access to Care*, including most provider and RN follow-ups, as well as follow-ups after patients returned from offsite specialty services or hospitalizations. However, CMC was inconsistent with providing sick call access, as there were strong patterns of delays for sick call patients that needed to see a nurse as well as when a nurse referred the patient to a provider. Overall, the OIG clinicians rated the *Access to Care* indicator *adequate*.

Compliance Testing Results

The institution performed in the *adequate* range, with a score of 76.4 percent in the *Access to Care* indicator. The following tests earned scores in the *proficient* range:

- OIG inspectors sampled 30 health care services request forms that patients submitted across all facility clinics and found nursing staff reviewed all forms on the same day they were received (MIT 1.003).

- Patients had access to health care services request forms at all six housing units the OIG inspected (MIT 1.101).

- For 27 of the 30 sampled patients who submitted health care services request forms (90.0 percent), nursing staff conducted a face-to-face encounter with the patient within one business day of reviewing the form. For one patient, the nurse conducted the encounter two days late. For two other patients, a face-to-face encounter with a nurse did not occur (MIT 1.004).

Three tests received scores in the *adequate* range:

- Of the 14 applicable health care services request forms sampled for which the nurse referred the patient to a provider appointment, 11 patients (78.6 percent) received timely appointments. Three patients received their provider appointments from one to 28 days late (MIT 1.005).

- OIG inspectors tested 25 patients discharged from a community hospital to determine whether they received a provider follow-up appointment at CMC within five calendar days of their return to the institution. For 19 patients, a timely follow-up appointment occurred

(76.0 percent). Six patients received their appointments from one to 27 days late (MIT 1.007).

- Of the four applicable patients sampled whom nursing staff referred to a provider and for whom the provider subsequently ordered a follow-up appointment, three (75.0 percent) received their follow-up appointments timely. One patient received his appointment 12 days late (MIT 1.006).

The OIG inspectors found room for improvement in the following three tests:

- OIG inspectors sampled 25 patients who suffered from one or more chronic care conditions; only 11 patients timely received their provider-ordered follow-up appointments (44.0 percent). Twelve other patients received their appointments late as follows: ten patients' appointments were from 9 to 35 days late; two patients' appointments were from 59 to 88 days late. For two other patients, their appointments never occurred (MIT 1.001).

- Only 16 of 26 applicable sampled patients who received a high-priority or routine specialty service (61.5 percent) also received a timely follow-up appointment with a provider. Of those ten patients who did not receive a timely follow-up appointment, five patients' high-priority specialty service follow-up appointments were 2 to 35 days late, four patients' routine specialty service follow-up appointments were 2 to 17 days late, and one patient's appointment did not occur (MIT 1.008).

- Among 24 patients sampled who transferred into CMC from other institutions and whom nurses referred to a provider based on their initial health care screening, only 15 of them (62.5 percent) were seen timely. Six patients received their provider appointments from one to 20 days late. Two other patients received their appointments from 45 to 55 days late. For one final patient, there was no evidence found the appointment occurred at all (MIT 1.002).

2 — *DIAGNOSTIC SERVICES*

Case Review Rating:
Proficient
Compliance Score:
Inadequate
(62.2%)
Overall Rating:
Adequate

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

For this indicator, the case review and compliance review processes yielded different results, with the case review giving a *proficient* rating and the compliance review resulting in an *inadequate* score. The main reason for the *inadequate* compliance score was providers did not timely review radiology and laboratory reports. Also, CMC providers did not communicate laboratory and pathology results to the patient. Despite these errors, the providers usually performed a thorough review at the subsequent follow-up appointment and discussed the results with the patient, thus effectively mitigating potential harm. Nevertheless, CMC had room for improvement with its diagnostic report signature and patient notification processes. The overall rating for this indicator was *adequate*.

Case Review Results

The OIG clinicians reviewed 242 diagnostic events and identified only ten deficiencies, one of which was significant. The case review rating for this indicator was *proficient*.

Test Completion

CMC had effective laboratory and diagnostic test processes. There were no deficiencies because CMC completed all ordered laboratory and imaging tests timely.

Health Information Management

CMC staff retrieved and scanned laboratory and procedure reports into the electronic medical records appropriately. However, providers were not consistent in signing the reports or notifying their patients of the results, resulting in six of the ten deficiencies that occurred in this area, one of which was significant:

- In case 69, the patient's urine test showed evidence of a possible urinary tract infection. A provider did not sign or address the report. This error placed the patient at risk for complications from the infection. Fortunately, this error did not result in harm.

Although the providers sometimes neglected to sign or review reports, or notify their patients of the test results, the providers usually thoroughly reviewed the results with the patient during the subsequent provider encounter.

Clinician Onsite Inspection

The CMC diagnostic services team recently began scheduling all the imaging studies within the institution. Mobile units came to the institution twice a month to perform specialized imaging tests, such as magnetic resonance imaging (MRI), computed tomography (CT), and ultrasound scans. The institution performed imaging studies timely, and there was no backlog of patients. CMC providers had easy access to the test results, but occasionally had trouble viewing diagnostic images through the institution's computer system. The institution's laboratory team had a comprehensive workflow to ensure that they completed diagnostic tests and the providers reviewed the corresponding reports. Importantly, the laboratory team had good procedures for the proper management of critically important pathology and emergent laboratory results.

Case Review Conclusion

CMC completed diagnostic and laboratory services promptly. Diagnostic reports were readily available in the electronic medical record; however, providers did not consistently sign the reports or notify their patients of their tests results. Nevertheless, the providers had access to the diagnostic results and implemented suitable treatment plans successfully. The OIG clinicians rated the *Diagnostic Services* indicator *proficient*.

Compliance Testing Results

The institution received an *inadequate* compliance score of 62.2 percent in the *Diagnostic Services* indicator, which encompasses radiology, laboratory, and pathology services. For clarity, each type of diagnostic service is discussed separately below:

Radiology Services

- The institution timely performed radiology services for all ten sampled patients (MIT 2.001). CMC providers then timely reviewed the corresponding diagnostic services reports for only four of the ten sampled patients (40.0 percent), as the patients' designated primary care providers did not sign six of the reports (MIT 2.002). Other providers timely communicated the test results to seven of the ten sampled patients (70.0 percent). Providers communicated three patients' results 13 to 27 days late (MIT 2.003).

Laboratory Services

- All ten sampled patients received their provider-ordered laboratory services timely (MIT 2.004). The patient's designated primary care providers then signed five of the ten corresponding laboratory services reports within the required time frame (50.0 percent); five

reports were signed from one to five days late (MIT 2.005). Finally, providers timely communicated results to only one of the ten sampled patients (10.0 percent). For five patients, providers communicated the results from one to 26 days late; and the providers failed to communicate four patients' results (MIT 2.006).

Pathology Services

- CMC timely received final pathology reports for all ten patients sampled (MIT 2.007). Designated primary care providers then timely signed the pathology results for seven of those ten sampled patients (70.0 percent). The patients' designated providers signed three pathology results from four to seven days late (MIT 2.008). Finally, providers timely communicated the pathology results to only two of the ten patients sampled (20.0 percent). For eight patients, results were communicated one to 27 days late (MIT 2.009).

3 — *EMERGENCY SERVICES*

Case Review Rating:
Inadequate
Compliance Score:
Not Applicable
Overall Rating:
Inadequate

An emergency medical response system is essential to providing effective and timely emergency medical response, assessment, treatment, and transportation 24 hours per day. Provision of urgent/emergent care is based on a patient's emergency situation, clinical condition, and need for a higher level of care. The OIG reviews emergency response services including first aid, basic life support (BLS), and advanced cardiac life support (ACLS) consistent with the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care, and the provision of services by knowledgeable staff appropriate to each individual's training, certification, and authorized scope of practice.

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

Case Review Results

The OIG clinicians reviewed 29 cases which yielded 61 urgent or emergent events. From these events, the OIG clinicians identified 41 deficiencies, 11 of which were significant. The case review rating for this indicator was *inadequate*.

CPR Response

The OIG clinicians reviewed eight emergency CPR cases and found the institution's response and interventions to be appropriate. The CMC medical staff provided appropriate and timely CPR and documentation. In five cases, custody officers started CPR immediately while waiting for medical staff to arrive. In the other three cases, custody staff waited for medical staff to perform CPR. In those cases, the medical staff arrived swiftly and started CPR within acceptable time frames.

Provider Performance

CMC's emergency provider performance was usually sufficient. The providers recognized patients with urgent medical conditions and triaged the patient appropriately. The providers appropriately sent sicker patients to the institution's specialized medical housing or to a community hospital. However, providers made errors in five cases, often involving cardiac care, which is a very important aspect of emergency services. The following are examples of poor provider care:

- In case 2, the diabetic patient was acutely ill with critically elevated blood sugar. The provider should have given the patient intravenous fluids but neglected to do so.

- In case 11, the patient with cardiac disease developed chest pain, but the provider failed to prescribe aspirin. On three occasions, providers did not intervene timely for this patient whose worsening chest pain warranted emergent treatment.

- In case 29, the provider did not perform a face-to-face evaluation of a patient with new complaints of multiple fainting episodes and instead sent the patient back to regular housing.

- In case 30, the patient came to the TTA for complaints of dizziness and chest discomfort. The provider sent the patient back to regular housing once the dizziness resolved and did not address the chest discomfort.

Nursing Performance

Emergency nursing care provided at CMC was poor, and nursing performance accounted for 28 deficiencies, of which 8 were significant. Five of the eight significant deficiencies involved poor nursing care for patients with chest or abdominal pain. Nurses did not recognize the potential urgency of the patients' symptoms and did not follow established nursing protocols. The cases below are examples of these deficiencies:

- In case 1, the patient had chest tightness and difficulty breathing. The TTA nurse determined the patient's breathing status was within normal limits and released him back to regular housing without addressing the patient's chest pain. Within one hour, the patient again returned to the TTA with chest pain. The nurse failed to administer aspirin or nitroglycerin (medication to open the heart vessels) for over a half an hour after the patient arrived at the TTA, placing the patient at increased risk of developing serious cardiac complications.

- In case 9, the patient with a history of intestinal blockage had abdominal pain and constipation. The TTA nurse released the patient to his housing unit without performing an acceptable abdominal examination and did not consult a provider or refer the patient for a follow-up appointment.

- Also in case 9, the nurse evaluated the patient for stomach pain, diarrhea, ankle pain, and an absent pulse in his foot. The nurse did not recognize the seriousness of the patient's condition and failed to notify a provider when the patient refused to go to the TTA. Six hours later, the patient developed severe lower leg pain and numbness in his toes. At an outside hospital, physicians diagnosed the patient with a pierced bowel. The patient died three days later.

- In case 11, the patient with cardiac disease had chest pain and had already taken two doses of nitroglycerin with no improvement, before arriving in the TTA. The TTA nurse did not give the patient a third dose of nitroglycerin and did not notify the provider at the time of the initial evaluation. Instead, the nurse waited over an hour before notifying the provider. Although the patient's electrocardiogram (EKG) revealed a concern for a possible heart attack, the nurse failed to follow chest pain protocol and did not provide continuous cardiac

monitoring. The nurse also failed to monitor the patient's consciousness or oxygen levels every five minutes as specified by the CCHCS protocol.

Emergency Medical Response Review Committee

Although the institution's EMRRC conducted regular reviews of urgent and emergent medical response cases, it did not identify many lapses in emergency care. The EMRRC did not identify the deficiencies in case 9 regarding the patient with abdominal pain and case 11 for the patient with unrelieved chest pain. Additionally, the EMRRC should have reviewed the care of a patient (case 4) who was unresponsive in his cell and died.

Clinician Onsite Inspection

CMC has two physically separate facilities, the east complex, and the west complex. The east complex has medical clinics for four yards in addition to the CTC and the TTA. The proximity of the TTA to the clinics was advantageous as it allowed for collegiality among medical staff and providers readily discussed patient care. However, during peak clinic hours the east complex was quite congested with patients, which had the potential to lead to chaos during a medical emergency. The west complex has nursing treatment areas, sick call areas, and medical clinics for four yards. The west complex was less congested and was orderly and quiet in comparison to the east complex. CMC staff anticipated an increase in congestion at the west complex because it experienced a nearly 20 percent increase in high-risk patients since last year.

The TTA had one dedicated provider along with nursing support staff. The medical staff felt the workload was reasonable and expressed a great affinity for the institution and leadership.

Case Review Conclusion

CMC's CPR response was satisfactory. On the other hand, CMC providers performed sub-optimally in the emergency setting, and TTA nurses often made critical assessment errors. Many of these deficiencies were in cardiac care, which is a critical component of a viable and well-functioning emergency services system. In its reviews, the EMRRC often did not identify lapses in care. The OIG clinicians rated the *Emergency Services* indicator *inadequate*.

4 — *HEALTH INFORMATION MANAGEMENT*

Case Review Rating: *Adequate* ***Compliance Score:*** *Inadequate (65.7%)* ***Overall Rating:*** *Adequate*

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

During the OIG's testing period, CMC had converted to the new electronic health record system (EHRS) in January 2017; therefore, most testing occurred in the EHRS, with a minor portion of the testing done in the electronic unit health record (eUHR).

For this indicator, the case review and compliance review processes yielded different results, with the case reviewers assigning an *adequate* rating and the compliance testing resulting in an *inadequate* score. The main reason for the inadequate score: CMC often improperly scanned, labeled, or filed documents. Also, CMC providers did not sign hospital discharge records timely. While the providers may not have signed the hospital reports within the required timeframe, they usually performed a thorough review at the subsequent follow-up appointment. Because the errors did not significantly increase the risk of harm, the overall rating for this indicator was *adequate*.

Case Review Results

The OIG clinicians reviewed 1,637 events and found only 35 deficiencies related to health information management, of which 3 were significant. CMC successfully retrieved and scanned medical documents into the electronic medical records timely. The case review rating for this indicator was *adequate*.

Hospital Records

As in Cycle 4, CMC providers occasionally did not sign specialty and hospital records. In nine cases, the provider did not sign the hospital records before they were scanned into the medical record (cases 1, 2, 3, 9, 11, 16, 21, 23, and 24). However, the providers thoroughly addressed these unsigned reports at the subsequent follow-up appointment.

Specialty Services

CMC scanned specialty notes into the electronic medical record without a provider review and signature. These errors might have led to missed information or lapses in care. These deficiencies occurred in cases 1, 2, 16, 29, and the following:

- In case 21, the provider did not review and sign the cancer specialist's report timely or at all on several occasions.

Diagnostic Reports

CMC retrieved and scanned diagnostic reports appropriately. However, providers did not consistently sign diagnostic reports and notify their patients of the results. The *Diagnostic Services* indicator also discusses this performance.

Urgent/Emergent Records

CMC performed well in this area. There were no deficiencies within this sub-indicator.

Scanning Performance

The OIG clinicians identified only five minor deficiencies of mislabeled or misfiled documentation.

Legibility

The reports were legible because providers either dictated or typed their progress notes.

Clinician Onsite Inspection

The institution's medical staff maintained open communication with each other and the community at large. According to staff, the open communication fostered rare community collegiality, which also resulted in timely retrieval and scanning of medical documentation. The institution's medical records staff had contacts within the community hospitals and with specialists that would reliably retrieve the outside medical documentation.

Case Review Conclusion

CMC did well with retrieving and scanning medical documents. CMC had some difficulty with their providers not reviewing and signing hospital records, specialty records, and diagnostic reports. Also, CMC providers did not reliably notify their patients of diagnostic test results. Nevertheless, CMC processes most health information sufficiently for the patient's medical needs. The case review rating for the *Health Information Management* indicator was *adequate*.

Compliance Testing Results

The institution scored in the *inadequate* range with a score of 65.7 percent in the *Health Information Management* indicator. The following tests were inadequate:

- CMC scored 4.2 percent in its labeling and filing of documents scanned into patients' electronic health care records. OIG inspectors identified a total of 23 incorrectly labeled documents (MIT 4.006).

- Among 25 sampled patients admitted to a community hospital who then returned to the institution, CMC providers timely reviewed 17 of the corresponding hospital discharge reports (68.0 percent) within three calendar days of the patient's discharge date. Eight of the sampled reports were reviewed one to five days late (MIT 4.007).

- Institution staff timely scanned five of seven sampled documents (71.4 percent), such as nursing initial health screening forms, and patient health care service request forms into the patient's electronic medical record within three calendar days of the patient encounter. Two documents were scanned two and five days late (MIT 4.001).

Two tests received *proficient* scores:

- The OIG tested 20 patients' discharge records to determine if staff timely scanned the records into the patients' electronic medical records. Nineteen records (95.0 percent) were compliant. One record was scanned seven days late (MIT 4.004).

- Institution staff timely scanned 18 of 20 specialty service consultant reports sampled (90.0 percent) into the patients' electronic health care records. The other two specialty reports were scanned five and eight days late (MIT 4.003).

5 — *HEALTH CARE ENVIRONMENT*

This indicator addresses the general operational aspects of the institution's clinics, including certain elements of infection control and sanitation, medical supplies, and equipment management, the availability of both auditory and visual privacy for patient visits, and the sufficiency of facility infrastructure to conduct comprehensive medical examinations. The OIG rates this component from the visual observations inspectors make at the institution during their onsite visit.

Case Review Rating:
Not Applicable
Compliance Score:
Inadequate
(67.6%)

Overall Rating:
Inadequate

The OIG evaluates this indicator by compliance testing only. There is no case review portion.

Compliance Testing Results

The institution received scores in the *inadequate* range on the following seven tests:

- Inspectors examined emergency response medical bags (EMRB) in ten applicable clinics to determine whether clinical staff inspected the bags daily and inventoried them monthly and whether the bags contained all essential items. Only three of the ten EMRBs were compliant (30.0 percent). The OIG noted one or more of the following deficiencies at the time of the inspection at seven clinic locations: crash cart was missing minimum par level of medical supplies randomly inspected; clinics were missing EMRB log entries to confirm staff had verified that the bag's compartments were sealed and intact; documentation did not indicate an inventory of the EMRB had been completed in the previous 30 days; and clinics stored EMRB medical supplies beyond the manufacturers' guidelines. Out of the seven clinic locations with deficiencies, the OIG found the following additional deficiencies: one clinic was missing nasal cannula and a glucose tube (*Figure 1*), and another clinic was missing a CPR micro-mask (MIT 5.111).

Figure 1:A second instant glucose tube was missing from the EMRB

- In only 6 of the 16 clinic examination rooms the OIG observed, (37.5 percent) inspectors found appropriate space, configuration, supplies, and equipment to allow clinicians to perform proper clinical examinations. In ten clinic locations, the following deficiencies were identified: patients lacked auditory privacy because they were examined in the same exam room at the same time; patients were unable to lie fully extended on the exam table due to physical obstructions; examination rooms had insufficient space *(Figure 2)*; and confidential patient records were accessible to inmate-porters (*Figure 3*) (MIT 5.110).

Figure 2: Insufficient patient examination space

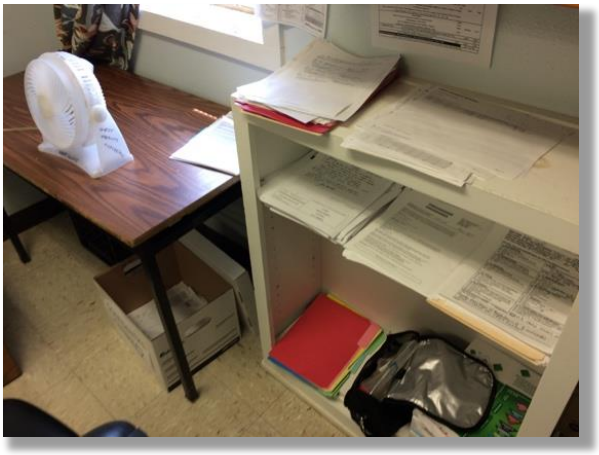


Figure 3: Confidential patient records accessible to inmate-porters

- In 8 of the 16 clinics inspected, the OIG found that staff followed appropriate medical supply storage and management protocols (50.0 percent). At the remaining eight clinics, the OIG found the following deficiencies: medical supplies were not clearly identifiable; medical supplies were stored inappropriately in the same area with personal items belonging to staff; and medical supplies were stored beyond manufacturers' guidelines (MIT 5.107).

- Eight of the 16 clinic locations (50.0 percent) met compliance requirements for essential core medical equipment and supplies. The remaining eight clinics were missing one or more functional pieces of medical equipment necessary to conduct a comprehensive exam. The missing items included: a demarcation line for the Snellen eye exam chart, disposable paper for the exam table, hemoccult cards, peak flow meter, and disposable tips. Also, several oto-ophthalmoscopes were found non-operational at the time of inspection. In addition, the following equipment did not have current calibration stickers: weight scale, automated external defibrillator (AED), digital thermometer, and pulse oximeter *(Figure 4)* (MIT 5.108).

Figure 4: Expired pulse oximeter calibration sticker

- Health care staff at 9 of 16 clinics followed proper protocols to mitigate exposure to blood-borne pathogens and contaminated waste (56.3 percent). Six other clinics did not have puncture-resistant containers in exam rooms for medical staff to discard expended needles and sharps. In another clinic, personal protective equipment was not readily accessible to clinical staff (MIT 5.105).

- Inspectors observed clinician encounters with patients in 16 clinics. Clinicians followed good hand hygiene practices in ten clinics (62.5 percent). At six clinic locations, clinicians failed to wash their hands before or after patient contact, or before applying gloves (MIT 5.104).

- Clinic common areas at seven of ten clinics (70.0 percent) had environments conducive to providing medical services. In the remaining three clinics, the location of triage and vital signs stations compromised patients' auditory privacy (MIT 5.109).

Four tests received scores in the *proficient* range:

- All 16 clinics were appropriately clean, disinfected, and sanitary. Also, cleaning logs were present and completed, indicating crews regularly cleaned the clinic (MIT 5.101).

- The non-clinic bulk medical supply storage areas met the supply management process and supported the needs of the medical health care program, earning CMC a score of 100 percent on this test (MIT 5.106).

- Clinical health care staff in 15 of the 16 applicable clinics (93.8 percent) properly sterilized or disinfected invasive and non-invasive medical equipment. One clinic did not properly process, package, or store a previously sterilized instrument (MIT 5.102).

- Of the 16 clinics inspected, 15 of them had operating sinks and sufficient quantities of hand hygiene supplies in examination areas (93.8 percent). One clinic did not have sufficient quantities of hand hygiene supplies, such as disposable hand towels (MIT 5.103).

Non-Scored Results

The OIG gathered information to determine if the institution maintained its physical infrastructure in a manner that supported health care management's ability to provide timely or adequate health care. The OIG does not score this question.

- When OIG inspectors interviewed health care managers, they did not identify any significant concerns. At the time of the OIG's medical inspection, CMC had several significant infrastructure projects underway, which included renovation of clinical areas, building a new pharmacy and laboratory, expanding medication distribution areas, and remodeling the TTA. These projects began in summer 2015, and the institution estimated they would complete the projects by spring 2019 (MIT 5.999).

6 — *INTER- AND INTRA-SYSTEM TRANSFERS*

Case Review Rating:
Adequate
Compliance Score:
Adequate
(76.9%)
Overall Rating:
Adequate

This indicator focuses on the management of patients' medical needs and continuity of patient care during the inter- and intra-system transfer process. The patients reviewed for this indicator include those received from, as well as those transferring out to, other CDCR institutions. The OIG review includes evaluation of the institution's ability to provide and document health screening assessments, initiation of relevant referrals based on patient needs, and the continuity of medication delivery to patients arriving from another institution. For those patients, the OIG clinicians also review the timely completion of pending health appointments, tests, and requests for specialty services. For patients who transfer out of the institution, the OIG evaluates the ability of the institution to document transfer information that includes pre-existing health conditions, pending appointments, tests and requests for specialty services, medication transfer packages, and medication administration before transfer. The OIG clinicians also evaluate the care provided to patients returning to the institution from an outside hospital and check to ensure appropriate implementation of the hospital assessment and treatment plans.

Case Review Results

The OIG clinicians reviewed 10 patients who transferred into the institution, 3 patients who transferred out of the institution, and 18 patients that returned from a hospitalization or emergency department (ED). These reviews yielded 96 transfer events. For inter- and intra-system transfers, the OIG clinicians reviewed information from both the sending and receiving institutions. For hospital returns, the OIG clinicians reviewed the nursing assessments upon the patient's return to CMC to determine whether the nurse notified the provider, implemented the hospital discharge recommendations, ensured medication continuity, and facilitated the plan of care. The OIG identified 34 deficiencies in the transfer events at CMC, of which four were significant. The case review rating for this indicator was *adequate*.

Transfers In

CMC performed well with patients transferring into the institution. The OIG clinicians reviewed ten patients who transferred into CMC and identified 12 deficiencies, only one of which was significant. Most deficiencies identified were minor and were related to incomplete nursing evaluations, slight lapses in medication therapy, or small delays in scheduling provider appointments for patients. These deficiencies occurred in cases 7, 8, 23, 31, and 32. In one case, there was a significant deficiency.

- In case 33, the patient with chronic abdominal pain arrived at CMC complaining of ear and abdominal pain. The nurse was aware the patient had arrived with a prescription for antibiotics but failed to examine the patient's ear and abdomen. Also, the patient answered

"yes" to the tuberculosis (TB) screening risk factors of fever, night sweats, chills, and loss of appetite. However, the nurse did not address these symptoms. The transfer was suboptimal because the patient may have needed further evaluation in the triage and treatment area (TTA) after his arrival to CMC. The failure to transfer the newly-arrived patient to the TTA was a significant transfer deficiency.

Transfers Out

The OIG clinicians reviewed three patients who transferred out of CMC to other CDCR institutions and found nursing performance questionable. Nurses did not always perform face-to-face evaluations before patients transferred. Nurses sometimes failed to send patients to the receiving institution with their healthcare transfer information and medications, such as in the following example:

- In case 34, the patient was transferred from the CMC's correctional treatment center (CTC) to another CDCR institution, due to his worsening respiratory infection. The CMC nurse did not assess the patient prior to the transfer and did not complete the discharge summary. The nurse did not document the patient had refused his morning medications at the time of transfer or that he repeatedly refused to have his vital signs checked. The nurse also did not document that the patient had symptoms of coughing up blood and shortness of breath, and thus failed to communicate these issues to the staff at the receiving institution. Finally, the nurse failed to provide the patient with his rescue inhaler during the transport in case he developed shortness of breath.

Hospitalizations

Patients returning from hospitalizations are some of the highest-risk encounters due to two factors. First, these patients are usually admitted to the hospital for a severe illness or injury. Second, they are at risk due to potential lapses in care that can occur during any transfer.

Out of 18 cases the OIG reviewed, there were 59 events where patients returned to CMC from an offsite hospital or emergency department (ED), and the OIG identified 21 deficiencies. Though overall performance in this area was acceptable for many of the patients, CMC had significant room for improvement for patients returning from a hospital or ED:

- In cases 9 and 25, CMC did not ensure that the patient saw his provider within five days of his return from the hospital.

- In cases 26 and 43, medication continuity was broken due to hospitalizations.

- In cases 1, 3, 9, 11, 21, 23, and 26, providers did not sign hospital records.

- In case 24, the nurse did not perform an assessment or evaluation of the patient when he returned from the hospital.

- In case 26, the patient had a prolonged hospitalization for respiratory failure that included the use of a ventilator (a machine that provides mechanical breaths for the patient). After the patient returned to CMC, the TTA nurse incorrectly documented the patient had clear lungs, failed to measure the patient's baseline airflows, and released the patient back to regular housing without informing the TTA provider. The patient developed shortness of breath two hours later and had to be transferred back to the TTA urgently. The patient was subsequently admitted to the CTC to further monitor his breathing.

Clinician Onsite Inspection

CMC has two receiving and release (R&R) areas, one on the west side, and the other on the east side of the institution. According to the institution's nurses, the transfer process at CMC was challenging due to the increasing numbers of high-risk patients who were arriving with more complex conditions. The institution's transition to the EHRS created some new challenges for nurses, which may have resulted in many of the deficiencies present in the Cycle 5 inspection.

In response to the OIG questions about the deficiencies that occurred during the R&R and hospitalization return processes, the chief nursing executive (CNE) expressed a desire to improve communication between medical staff concerning patients returning from the hospital or offsite specialty care. The chief physician and surgeon (CP&S) said that the communication between the utilization management (UM) nurse and the providers was excellent; the UM nurse always kept providers abreast of their hospitalized patients and their need for further care when they returned from the hospital.

Case Review Conclusion

CMC's performance for patients transferring in to the institution was acceptable but was inconsistent for patients transferring out of the institution. CMC did not always evaluate patients before they transferred out, send transfer information to the receiving institution, or provide patients with essential medications during their transfer. For patients returning from an outside hospital, nurses occasionally made errors with assessment, and providers did not consistently review and sign the discharge reports. Nevertheless, for most patients, the transfer process was acceptable, and the patients transferred without significant risk. The OIG clinicians rated the *Inter- and Intra-system Transfers* indicator *adequate*.

Compliance Testing Results

The institution obtained an *adequate* compliance score of 76.8 percent in the Inter- and Intra-System Transfers indicator, and received *proficient* scores on the following tests:

- The OIG inspected the transfer packages of ten patients who were transferring out of the institution to determine whether the packages included required medications and support documentation. All ten transfer packages were compliant (MIT 6.101).

- For 24 of 25 sampled patients who transferred into CMC (96.0 percent), nursing staff timely completed the assessment and disposition sections of the Initial Health Screening forms (CDCR Form 7277) on the same day staff performed the patients' initial health screenings. For one patient, nursing staff failed to complete the assessment and disposition sections (MIT 6.002).

CMC showed room for improvement on the following tests:

- Of 25 sampled patients who transferred into CMC, 16 had an existing medication order upon arrival; 9 of those 16 patients (56.0 percent) received their medications without interruption. Six patients incurred medication interruptions of one or two dosing periods and for one patient, there was no evidence found that he received one of his ordered medications (MIT 6.003).

- Among 20 sampled health care transfer forms for patients who transferred from CMC to other CDCR institutions, only 12 (60.0 percent) had all ordered specialty services appointments properly included on the form. Eight transfer forms sampled did not have all of the patients' specialty services appointments listed (MIT 6.004).

- The OIG tested 25 patients who transferred into CMC from other CDCR institutions to determine whether they received a complete initial health screening assessment from nursing staff on their day of arrival. CMC received a score of 72.0 percent for this test; nursing staff timely completed the assessment for only 18 of the sampled patients. For seven patients, nurses neglected to answer one or more of the screening form questions (MIT 6.001).

7 — *PHARMACY AND MEDICATION MANAGEMENT*

Case Review Rating:
Adequate
Compliance Score:
Inadequate
(62.8%)
Overall Rating:
Inadequate

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

For this indicator, the case review and compliance review processes yielded different results, with the case review assigning an *adequate* rating and the compliance review resulting in an *inadequate* score. The main reason for the inadequate score during the compliance review was the institution's poor performance in most areas of medication administration. CMC did not administer newly ordered medications correctly and did not maintain medication continuity for patients in the chronic care program, patients returning from the hospital, or transferring patients that had a layover at CMC on the way to another CDCR institution. The institution failed all but one test of its medication practices and storage controls. The compliance results were more representative of CMC's performance in this indicator as the compliance tests comprised a more comprehensive approach to testing the processes involved. The overall rating for this indicator was *inadequate*.

Case Review Results

The OIG clinicians evaluated 131 events related to medications and found 16 deficiencies, 6 of which were significant. The case review rating for this indicator was *adequate*.

Medication Continuity

CMC usually ensured patients received their chronic care medications on time and without interruption. However, there was one significant deficiency which occurred when the provider reordered a medication:

- In case 11, the patient experienced an unexpected break in medication continuity, which increased the patient's risk for medical complications.

Medication Administration

CMC nurses were sometimes unable to administer prescribed medications timely and accurately. Nurses documented various reasons for not administering medications, such as the patient was

not at the medication line to receive his monthly keep-on-person (KOP) medications, or the medications were not available upon hospital or specialty return. Nurses did not administer medications timely in cases 11, 26, 73, and in the following example:

- In case 24, the patient was on anticoagulation therapy following a recent hospitalization. The provider prescribed a blood thinner for the patient. However, the patient received the blood thinner one week late, which was a significant lapse in anticoagulation therapy for this patient because he had a prosthetic aortic valve and therefore, an increased risk of developing a blood clot. Furthermore, when the patient was discharged from the CTC, he did not receive a prescribed antibiotic until two days later.

Pharmacy Errors

CMC had one error in the pharmacy process:

- In case 21, the pharmacy ran out of immunotherapy medication for a cancer patient. The patient missed a total of nine doses before receiving the medication.

Clinician Onsite Inspection

During the onsite visit, the OIG clinicians met with the providers, nursing staff, and the pharmacist to discuss the case review findings. CMC staff acknowledged the deficiencies and provided information regarding the medication delays and errors. The medication nurses were knowledgeable regarding medication preparation and administration processes and procedures.

Case Review Conclusion

CMC performed well with chronic care medication continuity; however, the institution was inconsistent with administering medications. Nonetheless, most patients received their medications without excessive delay; thus, the indicator rating was *adequate*.

Compliance Testing Results

The institution received an *inadequate* compliance score of 62.3 percent in the *Pharmacy and Medication Management* indicator. For discussion purposes below, this indicator is divided into three sub-indicators: medication administration, observed medication practices and storage controls, and pharmacy protocols.

Medication Administration

In this sub-indicator, the institution received a score of 53.3 percent. The following tests were *inadequate*:

- Clinical staff timely provided prescribed new and previously prescribed medications to only 6 of 25 sampled patients (24.0 percent) who were discharged from a community hospital and

then returned to the institution. Seventeen patients' medications were either provided or administrated later or were ordered outside of the required time frame. One other patient received one of his KOP medications from 7 to 23 days late, and there was no evidence found that he ever received his other KOP medication, a newly prescribed nitroglycerin. For one final patient, there was no evidence he ever received his ordered KOP inhaler (MIT 7.003).

- Nursing staff administered medications without interruption to only three of ten patients sampled (30.0 percent) who were transported from one institution to another and had a temporary layover at CMC. For seven patients, there was no medical record evidence their medications were administered as ordered (MIT 7.006).

- The institution timely administered or delivered new medication orders to 15 of the 25 patients sampled (60.0 percent). Nine patients received their nurse-administered or KOP medications from one to 30 days late. Another patient failed to report to the medication line, and nursing staff did not properly document the failure as required by CCHCS policy (MIT 7.002).

- Among 22 sampled patients, 16 of them (72.7 percent) timely received their ordered chronic care medications. For two patients, there was no evidence found if patients received or refused chronic care medications. Two other patients' refusals were not properly documented per CCHCS policy. Finally, two patients received their KOP medications 30 or more days late; one of those had multiple KOP medication supplies refilled within a shorter than normal replenishment time frame (MIT 7.001).

One test earned a score in the *adequate* range:

- Of the 25 sampled patients at CMC who transferred from one housing unit to another, 20 of them (80.0 percent) received their prescribed nurse-administered medications without interruption. Five patients did not receive their medication at the next dosing interval after the transfer occurred (MIT 7.005).

Observed Medication Practices and Storage Controls

The institution scored 50.3 percent in this sub-indicator, with the following tests scoring in the *inadequate* range:

- Nursing staff at all six of the inspected medication preparation and administration areas did not demonstrate appropriate administrative controls and protocols, resulting in a score of zero on this test. One or more of the following deficiencies were identified in the six locations inspected: the medication nurse did not always ensure that patients swallowed direct observation therapy medication; and patients waiting to receive their medications did not have sufficient outdoor cover to protect them from heat or inclement weather (MIT 7.106).

- The institution employed adequate security controls over narcotic medications in three of the nine applicable clinic and medication line locations where narcotics were stored

(33.3 percent). At six locations, the narcotics logbook showed no evidence, for multiple dates, that two licensed nursing staff had performed a controlled substance inventory (MIT 7.101).

- The OIG inspectors observed the medication preparation and administration processes at six applicable medication line locations. Nursing staff were compliant regarding proper hand hygiene and contamination control protocols at three locations (50.0 percent). At three other locations, not all nursing staff washed or sanitized their hands when required, such as before putting on gloves or before each subsequent re-gloving (MIT 7.104).

- The institution properly stored non-narcotic refrigerated medications at five of the eight clinics and medication line storage locations (62.5 percent). Three locations did not have a designated area for refrigerated medications to be returned to the pharmacy (MIT 7.103).

- CMC properly stored non-narcotic medications not requiring refrigeration in 8 of the 11 applicable clinic and medication line storage locations (72.7 percent). In three locations, one or more of the following deficiencies were observed: the medication area lacked a designated area for return-to-pharmacy medications; multi-use medication was not labeled with the date it was opened; and medications were stored in the same area with personal food items and staff belongings (MIT 7.102).

One test received a score of *adequate:*

- Nursing staff at five of the six inspected medication line locations (83.3 percent) employed appropriate administrative controls and followed appropriate protocols during medication preparation. At one medication line location, nursing staff did not have a system to validate if newly received medications were correct through reconciling those medications with the physician's orders (MIT 7.105).

Pharmacy Protocols

CMC scored 87.2 percent in this sub-indicator, with the following tests earning *proficient* scores:

- CMC's main and satellite pharmacy locations followed general security, organization, and cleanliness management protocols; properly stored non-refrigerated and refrigerated medications; and maintained adequate controls over and properly accounted for narcotic medications (MIT 7.107, 7.108, 7.109, 7.110).

The following tests received *inadequate* scores:

- The institution's pharmacist in charge (PIC) followed required protocols for 9 of the 25 medication error reports and monthly statistical reports reviewed (36.0 percent). For 11 medication error reports, the PIC completed medication error follow-up review reports from

one to 24 days late. For five other reports, the PIC did not submit the monthly medication error statistical report for June 2017 (MIT 7.111).

Non-Scored Tests

- In addition to the OIG's testing of reported medication errors, inspectors follow up on any significant medication errors found during compliance testing to determine whether CMC properly identified and reported errors. The OIG provides those results for information purposes only. At CMC, the OIG did not find any applicable medication errors (MIT 7.998).

- The OIG interviewed patients in isolation units to determine whether they had immediate access to their prescribed KOP rescue inhalers and nitroglycerin medications. All ten of the sampled patients had access to their rescue inhalers or nitroglycerin medications (MIT 7.999).

8 — *PRENATAL AND POST-DELIVERY SERVICES*

This indicator evaluates the institution's capacity to provide timely and appropriate prenatal, delivery, and postnatal services to pregnant patients. This includes the ordering and monitoring of indicated screening tests, follow-up visits, referrals to higher levels of care, e.g., high-risk obstetrics clinic, when necessary, and postnatal follow-up.

As CMC does not have female patients, this indicator does not apply.

Case Review Rating:
Not Applicable
Compliance Score:
Not Applicable
Overall Rating:
Not Applicable

9 — *PREVENTIVE SERVICES*

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

Case Review Rating:
Not Applicable
Compliance Score:
Adequate
(77.4%)
Overall Rating:
Adequate

The OIG rates this indicator entirely through the compliance testing component; the case review process does not include a separate qualitative analysis for this indicator.

Compliance Testing Results

The institution scored in the *adequate* range for this indicator at 77.4 percent. The following four tests were in the *proficient* range:

- All 25 patients sampled timely received or were offered influenza vaccinations during the most recent influenza season (MIT 9.004).
- The OIG found that 29 of the 30 patients sampled (96.7 percent) received annual tuberculosis (TB) screenings during their birth month as required by current CCHCS policy. Nursing staff did not properly complete the annual TB screening form for one patient (MIT 9.003).
- CMC offered colorectal cancer screenings to 22 of the 25 sampled patients (88.0 percent) subject to the annual screening requirement. For three patients, there was no medical record evidence that health care staff offered a colorectal cancer screening within the previous 12 months or that the patient had a normal colonoscopy within the last ten years (MIT 9.005).
- CMC scored 87.5 percent for the timely administration of TB medications to its patients. Of 24 sampled patients, 21 of them received their medication timely, while 3 patients missed one or more scheduled doses and did not receive provider counseling regarding their missed doses (MIT 9.001).

One test received an *adequate* score:

- The OIG tested whether CMC offered required influenza, pneumonia, and hepatitis vaccinations to patients who suffered from a chronic condition; 12 of the 16 sampled patients (75.0 percent) were timely offered the vaccinations. For the other four patients, the OIG found no evidence the patients had been offered or evidence the patients had received one or more of the required vaccinations (MIT 9.008).

Two tests were *inadequate*:

- The OIG tested 20 patients who during the testing period were medically restricted and ineligible to reside at CMC because of their elevated risk of contracting the coccidioidomycosis infection (valley fever) to determine if the patients were transferred out of the institution within 60 days from the time they were initially determined to be ineligible. The institution transferred 8 of the 20 sampled patients (40.0 percent) from the institution timely. Of the other 12 patients that were not timely transferred out of the institution, three patients were transferred between 52 and 247 days late, one patient was transferred 659 days late, one patient was transferred 1,309 days late, and seven patients were still housed at CMC at the time of the inspection (MIT 9.009).

- The institution scored poorly in monitoring patients receiving TB medications. Only 12 of 22 patients sampled (54.6 percent) received monitoring at all required intervals. For ten other patients, staff either failed to complete monitoring at all required intervals or failed to timely scan monitoring forms into the patient's medical record (MIT 9.002).

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10 — *QUALITY OF NURSING PERFORMANCE*

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

The *Quality of Nursing Performance* indicator is a qualitative evaluation of the institution's nursing services. The evaluation is completed entirely by OIG nursing clinicians within the case review process and does not have a score under the OIG compliance testing component. Case reviews include face-to-face encounters and indirect activities performed by nursing staff on behalf of the patient. Review of nursing performance includes all nursing services performed onsite, such as outpatient, inpatient, urgent/emergent, patient transfers, care coordination, and medication management. The key focus areas for evaluation of nursing care include appropriateness and timeliness of patient triage and assessment, identification and prioritization of health care needs, use of the nursing process to implement interventions, and accurate, thorough, and legible documentation. Although the OIG reports nursing services provided in specialized medical housing units in the *Specialized Medical Housing* indicator, and those provided in the TTA or related to emergency medical responses in the *Emergency Services* indicator, this *Quality of Nursing Performance* indicator summarizes all areas of nursing services.

Case Review Results

The OIG clinicians reviewed 437 nursing encounters, 194 of which were in the outpatient setting. Most outpatient nursing encounters were for sick call requests, walk-in visits, and RN follow-up visits. In all, there were 145 deficiencies identified related to nursing performance, 21 of which were significant. The case review rating for this indicator was *adequate*.

Nursing Assessment and Intervention

Most nurses at the institution performed appropriate patient evaluations, which included both subjective and objective assessments. Nurses usually identified serious conditions and made appropriate interventions. Most deficiencies the OIG clinicians identified were minor, but the following cases are examples of significantly inadequate nursing assessment:

- In case 33, the patient, who had prior bowel obstructions, complained of stomach pain. The licensed vocational nurse (LVN) failed to check the patient's vital signs and did not ask if the patient had any associated nausea, vomiting, or diarrhea. The LVN provided the patient a note to excuse him from work or school for two days but did not inform the RN or provider of the patient's condition. The next day, the patient had to be transferred to an outside hospital for bowel obstruction. The LVN's failure to perform a complete assessment significantly increased the patient's risk of developing a bowel perforation and a severe infection.

- In case 43, the patient had back pain, a severe headache, and severely elevated blood pressure. The nurse mistakenly used the joint pain protocol to evaluate the patient instead of the headache treatment protocol, which would have led the nurse to evaluate the patient for signs of stroke and prompted the nurse to refer the patient to a provider urgently. Instead, the nurse failed to address the patient's severely elevated blood pressure and headache and sent the patient back to his housing unit with instructions to follow up in two weeks. This error significantly increased the patient's risk of developing a heart attack or a stroke. Six days later, the patient required an emergency transfer to an outside hospital. Had the nurse chosen the correct treatment protocol and notified a provider about the patient's condition, the patient's transfer might have been prevented.

Nursing Documentation

Nursing documentation was satisfactory; OIG clinicians identified only minor nursing deficiencies for incomplete documentation that were not likely to increase the risk of harm.

Nursing Sick Call

The OIG clinician reviewed 131 nursing sick call encounters. In most cases, CMC nurses reviewed sick call requests timely and evaluated patients the same day or the next business day. Although most of the nursing sick call encounters were satisfactory, nursing deficiencies were frequent and minor. However, the following are two significant deficiencies that may have contributed to preventable hospitalizations:

- In case 23, the patient complained of pain with breathing and shortness of breath for the past two days. The nurse did not immediately examine the patient, and the next day the patient required hospitalization for pneumonia and fluid around his lung. By failing to examine the patient, the nurse increased the patient's risk of pneumonia complications.

- In case 67, the patient was coughing up green sputum and using his inhalers frequently. After reviewing the patient's sick call slip, the nurse failed to urgently see the patient that same day and instead scheduled a follow-up appointment for the next day. Later that afternoon, the patient developed respiratory distress and required hospitalization for pneumonia.

Urgent/Emergent Care

When faced with a cardiac arrest, CMC staff provided adequate CPR response. However, in many other urgent situations, the TTA nurses made critical assessment errors. The *Emergency Services* indicator discusses this performance further.

Care Management

CMC had RN care managers assigned in each clinic. Their main responsibility was to ensure the high-risk and chronic care patients were receiving care promptly. The west side of the institution had four RN care managers, and the east side had two care managers. According to the nurses,

their interventions and daily patient follow-ups were not always documented in the electronic medical record, which may explain why the OIG rarely observed care management during this review period.

Inter- and Intra-System Transfers

CMC nurses appropriately coordinated patient care during the transfer process. The TTA nurse appropriately evaluated patients after they returned from an outside hospital. The *Inter- and Intra-System Transfers* indicator discusses this performance further.

Specialized Medical Housing

While nursing performance was satisfactory in the CTC, a few nursing deficiencies occurred. The *Specialized Medical Housing* indicator discusses this performance in more detail.

Offsite Specialty Services Returns

CMC nurses provided appropriate care to patients returning from offsite specialty appointments. This is discussed more in the *Specialty Services* indicator.

Medication Management

The institution's nurses usually provided timely administration and delivery of medications to patients; however, OIG clinicians identified some delays in several cases reviewed. These delays are discussed in more detail in the *Pharmacy and Medication Management* indicator.

Clinician Onsite Inspection

The OIG clinicians met with CMC's CNE and RN supervisors to discuss the case reviews and onsite findings. CMC's medical leadership were aware most case reviews were performed during the EHRS implementation and noted their nursing staff was challenged with learning this new system. Also, the OIG clinicians observed morning huddles that were organized, in which the staff made appropriate interdisciplinary care plans for their patients. The overall morale of CMC's medical staff was good. According to clinic staff, RN supervisors were supportive and communicated with them daily.

Case Review Conclusion

While the OIG clinicians identified frequent deficiencies in nursing assessments and with sick call, most of the deficiencies did not severely increase the risk of patient harm, with the exception of emergency services. The institution's nursing staff provided care that was timely and appropriate; therefore, the *Quality of Nursing Performance* indicator was *adequate*.

11 — *QUALITY OF PROVIDER PERFORMANCE*

In this indicator, the OIG physicians provide a qualitative evaluation of the adequacy of provider care at the institution. The case review clinicians review the provider care regarding appropriate evaluation, diagnosis, and management plans for programs including, but not limited to, nursing sick call, chronic care programs, TTA, specialized medical housing, and specialty services.

OIG physicians alone assess provider care. There is no compliance testing component associated with this quality indicator.

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

Case Review Results

The OIG clinicians reviewed 379 medical provider encounters and identified 58 deficiencies related to provider performance, 17 of which were significant. Of the 25 cases reviewed, 2 received *proficient* ratings, 21 cases received *adequate* ratings, and 2 cases were *inadequate*. CMC provider performance was *adequate* overall.

Assessment and Decision-Making

CMC providers usually made sound assessments and good decisions. Overall performance in this area helped CMC deliver quality care to its patients. However, CMC providers were not always consistent with their assessments or decisions and made these errors with high frequency. There were problems with CMC providers' assessments or decisions in nearly all cases reviewed by OIG physicians. Nonetheless, most of the deficiencies were minor and did not significantly increase the risk of harm to the patients. The following are some rare exceptions:

- In case 27, the provider did not address the new finding of the patient's low blood pressure. The patient had been vomiting and was not eating or drinking. The patient might have been dehydrated, but the provider ignored the findings. The provider should have obtained orthostatic blood pressure checks (tests performed while the patient was lying, sitting, and standing to determine if the patient was dehydrated). The provider should have performed a physical examination to determine if the patient required intervention and should have scheduled a close follow-up. Instead, the provider did not sufficiently examine the patient and ordered a 6-month follow-up. Fortunately, these errors did not result in harm.

- In case 29, the patient complained of his throat closing and choking when he ate. The provider did not examine the patient. Fortunately, another provider examined him a few days later and ensured that the patient received the care he needed.

Review of Records

CMC had a multitude of complex patients requiring specialty consultations and transfers to higher levels of care. The providers usually reviewed those reports thoroughly and implemented the needed care. However, providers occasionally did not review the available medical records sufficiently to implement their patient's plan of care properly. Eight of these deficiencies occurred in cases 1, 16, 27, 30, 69, and the following:

- In case 11, the patient had significant cardiac disease and two recent transfers to outside emergency departments for chest pain. After experiencing chest pain and almost fainting, the patient was sent to an emergency room. The provider failed to review the emergency department records sufficiently and overlooked findings that were worrisome for significant heart disease and placed the patient at risk for a heart attack. The provider should have ordered an urgent cardiac stress test or a cardiology consult.

- In case 15, the provider did not review the patient's consistently elevated blood sugars. This mistake contributed to the provider's inaccurate assessment and prolonged the period of poor blood sugar control for the patient.

- In case 24, the provider noted the patient was taking an important anticoagulation medication. However, the provider had not reviewed the records appropriately, as the patient's medication had been stopped three days prior.

Chronic Care

CMC providers excelled in nearly all aspects of chronic care. Providers regularly monitored, assessed, and treated the medically complex patients appropriately. The providers referred their patients to specialists and transferred their patients to higher levels of care when warranted.

Despite the overall good performance, CMC providers had occasional difficulty with some chronic conditions. Providers often did not request follow-up appointments at appropriate intervals for their patients with uncontrolled diabetes:

- In case 15, the provider did not review the patient's blood sugars, which indicated poorly controlled diabetes. Even after reviewing a separate laboratory report that also showed uncontrolled diabetes, the provider requested a lengthy 90-day follow-up for the patient.

- In case 17, the provider ordered a lengthy 60-day follow-up for a patient with out-of-control diabetes.

- In case 19, the patient was having recurrent hypoglycemic (low blood sugar) episodes while he was taking new diabetic medications. The provider ordered a follow-up with a lengthy interval, placing the patient at risk for recurrent hypoglycemia and its possible serious side effects.

Specialty Services

CMC specialty care was excellent. The providers requested specialty consultations appropriately and reviewed the specialty reports timely. CMC managed anticoagulation patients well; the providers monitored their patients closely to minimize the risk of adverse side effects from the blood thinner medications.

Emergency Care

Emergency care was satisfactory. CMC providers often made appropriate triage decisions when patients arrived emergently at the TTA. The mistakes providers did make were usually in the management of cardiovascular care. The *Emergency Services* indicator also discusses performance in this area.

Specialized Medical Housing

CMC providers excelled in specialized medical housing. There were several documentation deficiencies, most of which were minor. CMC providers saw their CTC patients daily, monitored their patients' conditions, and formulated appropriate plans for their sicker patients.

Clinician Onsite Inspection

The OIG found that CMC providers were completely satisfied with their work and ancillary services. Providers felt supported by their medical leadership and described their environment as close-knit and collegial. At CMC, providers valued learning and practicing evidence-based medicine. Access to specialty care was readily available. The providers described good relationships with specialists. These relationships were built and maintained through effective communication and mutual respect.

Case Review Conclusion

Provider care was appropriate most of the time. Although, providers could be more consistent with their assessments and decisions, as well as ensure they review records thoroughly. For emergency services, the providers should follow standards of cardiac care closer. For chronic care, the providers should see their patients with poorly controlled diabetes more often. Nonetheless, when CMC providers made errors, they were usually minor and they usually corrected them quickly. Overall, CMC providers delivered good medical care. Considering all factors, the OIG rated the *Quality of Provider Care* indicator *adequate*.

12 — *RECEPTION CENTER ARRIVALS*

Case Review Rating:
Not Applicable
Compliance Score:
Not Applicable
Overall Rating:
Not Applicable

This indicator focuses on the management of medical needs and continuity of care for patients arriving from outside the CDCR system. The OIG review includes evaluation of the ability of the institution to provide and document initial health screenings, initial health assessments, continuity of medications, and completion of required screening tests; address and provide significant accommodations for disabilities and health care appliance needs; and identify health care conditions needing treatment and monitoring. The patients reviewed for reception center cases are those received from non-CDCR facilities, such as county jails.

CMC does not have a reception center; therefore, this indicator does not apply.

13 — *SPECIALIZED MEDICAL HOUSING*

This indicator addresses whether the institution follows appropriate policies and procedures when admitting patients to onsite inpatient facilities, including completion of timely nursing and provider assessments. The case review assesses all aspects of medical care related to these housing units, including quality of provider and nursing care. CMC's only specialized medical housing unit is a correctional treatment center (CTC).

Case Review Rating:
Adequate
Compliance Score:
Proficient
(90.0%)
Overall Rating:
Adequate

For this indicator, our case review and compliance testing yielded different results, with the case reviewers assigning an *adequate* rating and the compliance testing resulting in a *proficient* score. In this indicator, there were only four compliance tests which marginally affected the quality of patient care. Therefore, we heavily relied upon the case review rating for the overall rating of this indicator, which was *adequate*.

Case Review Results

CMC has a 37-bed CTC, of which only seven beds were occupied during the OIG onsite inspection. The OIG clinicians reviewed 269 events, including 89 provider events and 82 nursing events. There were 36 deficiencies identified, including seven minor provider deficiencies and 22 nursing deficiencies, two of which were significant. The case review rating for this indicator was *adequate*.

Provider Performance

Provider care within the CTC was excellent. The OIG clinicians reviewed 99 provider encounters in the CTC and identified only seven minor deficiencies. The providers saw their patients often and reviewed nursing notes for changes in the patient's medical condition. The diligence of the providers ensured they delivered good care for their patients.

Nursing Performance

Nurses usually provided good care in the CTC. Most nursing encounters included appropriate nursing assessments, timely treatment interventions, and good documentation. Although, some nursing assessments were problematic and resulted in deficiencies in cases 24, 73, 74, and the following:

- In case 26, the patient returned from a hospitalization for pneumonia. The patient fell and sustained a rib injury while in the hospital. When the patient was admitted to the CTC, the nurse did not assess the patient's risk for falls.

- Also in case 26, during a different CTC admission, the patient had a surgical wound where his chest tube was removed. Nursing staff did not evaluate this wound for nine days. Additionally, the patient had an intravenous (IV) catheter to administer medications and

fluids. The CTC nurses did not change the patient's IV site for eight days, even though the standard is to change IV sites every 72-96 hours (or sooner if signs of infection occur). Furthermore, failure to change IV sites appropriately places the patient at increased risk of developing vein inflammation or infection. The nursing care plan did not include patient-specific goals and interventions for the patient's IV site care and compromised respiratory status.

The nursing care plan is an essential tool to communicate a patient's health care needs and to provide consistent and individualized patient care. CTC nurses frequently did well in initiating nursing care plans. However, nurses did not initiate care plans to address patients' health care needs in cases 24, 26, 73, and 74.

The OIG clinicians identified a nurse's response to an encounter in the CTC that exemplifies good nursing performance:

- In case 24, the patient returned from an 11-day hospitalization for a surgical prosthetic valve replacement. The patient had been in the CTC for one day, when he began to perspire, became cool to touch, and developed abnormally low blood pressure of 75/82 (normal 120/80). The nurse immediately contacted the provider, lowered the head of the bed which elevated the patient's legs to increase circulation to the brain and heart, and started an intravenous line to administer fluids. The nurse performed an EKG (electrocardiogram) and the results indicated a possible a heart attack. The nurse's prompt and efficient interventions helped transfer the patient to a community hospital immediately, where he was diagnosed with an internal bleed.

Medication Management

Medication management in the CTC was sufficient. Deficiencies occurred in cases 73, 74, and the following cases:

- In case 24, there was a significant lapse in medication therapy. The provider ordered anticoagulation (blood thinning medication) treatment, but the patient did not receive the medication for seven days. Fortunately, the lapse in anticoagulation treatment medication did not cause a bad outcome.

- In case 26, the patient did not receive his chronic care medications until two days after he was admitted to the CTC.

Clinician Onsite Inspection

Due to construction work on the first floor, only patients who could independently use the stairs were housed on the second floor of the CTC. The CTC had two negative pressure rooms. At the time of the OIG inspection, some CTC patients were undergoing antibiotic or cancer treatments and had various intravenous access devices. A dedicated provider cared for the CTC patients and

rounded on the patients daily. There were two RNs and one charge nurse caring for seven patients in the CTC. No patients were in isolation for infection control precautions. The patients did not have complex conditions. They had pneumonia, required a special diet for wired jaws, or needed wound care. The medical staff knew their patients' conditions well and expressed satisfaction with all aspects of the delivery of medical services to patients in the CTC.

Case Review Conclusion

The CMC providers and nurses performed well with respect to CTC care. Most deficiencies were minor and did not place patients at serious risk of harm. The CTC nurses could be more consistent in making careful assessments and ensuring proper medication administration. The overall medical care provided to patients in the CTC was appropriate; therefore, the case review rating for this indicator was *adequate.*

Compliance Testing Results

The institution received a score of 90.0 percent in this indicator. Three tests earned scores in the *proficient* range:

- Nursing staff timely completed an initial health assessment for all ten patients sampled on the day the patient entered the CTC (MIT 13.001).
- Providers evaluated all ten patients sampled within 24 hours of admission to the CTC and also completed the required history and physical (MIT 13.002).
- When OIG inspectors observed the condition of call buttons in the CTC patient rooms, they found those that were tested all worked properly. Also, according to staff members interviewed, custody officers and clinicians could expeditiously access patients' locked rooms when emergent events occurred (MIT 13.101).

One test did indicate room for improvement:

- When OIG inspectors tested whether providers had completed their Subjective, Objective, Assessment, Plan, and Education (SOAPE) notes at the required three-day intervals, they found that providers timely completed SOAPE notes for six of the ten sampled patients (60.0 percent). Provider notes were one day late for four patients (MIT 13.003).

14 — *SPECIALTY SERVICES*

Case Review Rating:
Adequate
Compliance Score:
Inadequate
(59.0%)
Overall Rating:
Inadequate

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

In this indicator, the OIG case review and compliance review processes yielded different results, with the case reviewers assigning an *adequate* rating and the compliance testing resulting in an *inadequate* score. Both compliance testing and case reviewers agreed CMC performed well with routine specialty referrals. However, the reasons for the *inadequate* compliance score included: CMC's inability to meet high-priority specialty referral time frames, poor compliance with the requirement to sign and review specialty reports, and CMC's inability to provide specialty services for newly-arrived patients with preapproved specialty referrals. The case review samples had limited numbers of these important situations, with the most concerning being the delayed high-priority specialty referrals. The OIG experts relied heavily upon compliance scores for the overall rating of this indicator and rated this indicator *inadequate*.

Case Review Results

The OIG clinicians reviewed 264 events related to specialty services, the majority of which were specialty consultations and procedures. Twenty-five deficiencies occurred in this category, three of which were significant. The case review rating for this indicator was *adequate*.

Access to Specialty Services

Access to specialty services at CMC was good. Only two minor deficiencies were identified, and they did not affect the overall care of the patient or delay services provided.

Nursing Performance

Nursing performance in specialty services at CMC was poor. The OIG clinicians found a pattern of failures of CMC nurses to review recommendations from the specialist thoroughly or to inform the provider of these recommendations. This pattern occurred in cases 21, 27, 57, and 73. At times, the nurses failed to perform proper face-to-face evaluations when the patient returned from their offsite specialty appointments. The following are a few examples of poor nursing performance:

- In case 21, the nurse did not perform a face-to-face evaluation of the patient who had returned from seeing the oncologist (a cancer doctor). Also, the nurse failed to review or process the oncologist's recommendations to perform further imaging tests, resulting in a one-week delay before CMC staff performed the CT scan.

- In case 57, the offsite oncologist recommended restarting the patient on prednisone (a steroid medication used to treat some cancers). The nurse failed to thoroughly review these recommendations and started the patient on prednisone four days later than the date requested by the oncologist, which was a significant lapse in nursing care.

Provider Performance

CMC providers performed well with specialty services. The providers appropriately identified medical ailments that required specialty consultation and addressed these concerns efficiently and judiciously. There were only four minor deficiencies. On several occasions, the providers did not sign the specialty reports; however, the providers reviewed the reports thoroughly and discussed the recommendations with their patients at the subsequent specialty follow-up appointment.

Health Information Management

CMC handled specialty reports well. The OIG found several minor deficiencies resulting from providers not always signing those reports. The two significant deficiencies that occurred did not suggest there were any problems with the specialty report handling process. CMC staff appropriately retrieved and scanned nearly all the specialty documentation into the EHRS.

Clinician Onsite Inspection

CMC's specialty department was separated into three divisions: telemedicine, onsite consultation services, and offsite consultation services. The providers reported close relationships with the offsite specialists. These specialists were readily available by phone to clarify or elaborate on the patient's medical concerns. The relationships providers had with the community specialists were collegial. Onsite specialists included one physiatrist (a specialist that treats injuries to the muscles, bones, ligaments, or nervous system). This physiatrist was a unique and highly-valued provider at CMC because this provider managed many patients with chronic pain efficiently and without the need to send the patients offsite. Medical staff and leadership were very pleased with the access and quality of specialty services.

Case Review Conclusion

CMC performed well with specialty access and with retrieving specialty reports. Providers ordered specialty consultations appropriately but did not always sign the specialty reports. CMC nurses often did not carefully examine their patients when they returned from the offsite consultations. The OIG clinicians rated the *Specialty Services* indicator *adequate.*

Compliance Testing Results

The institution received a score of 59.0 percent in this indicator, with the following five tests scoring in the *inadequate* range:

- When patients are approved or scheduled for specialty services at one institution and then transfer to another, CCHCS policy requires that the receiving institution reschedule and provide the patient's appointment within a required time frame. Only 2 of the 20 applicable patients sampled (10.0 percent) who transferred to CMC with approved specialty services received their appointments within the required time frame. The institution held four patients' appointments from 10 to 44 days late, and one patient's more than three months late. For 14 other patients, there was no evidence they ever received their appointments (MIT 14.005).

- Of the 15 patients sampled, 6 of them (40.0 percent) received or refused their high-priority specialty services appointment or service within 14 calendar days of the provider's order. Nine patients received their specialty service from 4 to 27 days late (MIT 14.001).

- Providers timely received and reviewed 8 of the 15 routine specialists' reports that inspectors sampled (53.3 percent). For three patients, providers reviewed the reports from 8 to 14 days late; for four other patients, OIG inspectors found no medical record evidence providers reviewed their reports (MIT 14.004).

- Among 19 applicable patients sampled for whom CMC's health care management denied a specialty service, only 12 of them (63.2 percent) received timely notification of the service denial, including a provider meeting with the patient within 30 days to discuss alternate treatment strategies. For three patients, the providers' follow-up visits occurred one, three, and ten days late; three other patients' visits occurred 25, 52, and 82 days late. For one final patient, there was no provider follow-up to discuss the denial (MIT 14.007).

- Providers timely received and reviewed the specialists' reports for 11 of the 15 patients sampled (73.3 percent). CMC retrieved one report four days late; a provider signed another report 32 days late. Two other reports were not found in the electronic medical records (MIT 14.002).

One test received an *adequate* score:

- CMC denied providers' specialty services requests timely in 16 of 20 sampled patients (80.0 percent). The institution denied four specialty services requests between one and four days late (MIT 14.006).

One test earned a *proficient* score:

- CMC provided routine priority specialty service appointments to 14 of 15 patients sampled (93.3 percent) within the required time frame. One patient received his appointment 40 days late (MIT 14.003).

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15 — *ADMINISTRATIVE OPERATIONS (SECONDARY)*

Case Review Rating:
Not Applicable
Compliance Score:
Proficient (88.5%)
Overall Rating:
Proficient

This indicator focuses on the institution's administrative health care oversight functions. The OIG evaluates whether the institution promptly processes patient medical appeals and addresses all appealed issues. Inspectors also verify that the institution follows reporting requirements for adverse/sentinel events and patient deaths. The OIG verifies that the Emergency Medical Response Review Committee (EMRRC) performs required reviews and that staff perform required emergency response drills. Inspectors also assess whether the Quality Management Committee (QMC) meets regularly and adequately addresses program performance. For those institutions with licensed facilities, inspectors also verify that required committee meetings are held. In addition, the OIG examines whether the institution adequately manages its health care staffing resources by evaluating whether job performance reviews are completed as required; specified staff possess current, valid credentials and professional licenses or certifications; nursing staff receive new employee orientation training and annual competency testing, and clinical and custody staff have current emergency medical response certifications. The *Administrative Operations* indicator is a secondary indicator; therefore, it was not relied on for the institution's overall score.

Compliance Testing Results

The institution received a *proficient* score of 88.5 percent in this indicator, with multiple tests scoring in the *proficient* range:

- The institution promptly processed all patient medical appeals in each of the most recent 12 months (MIT 15.001).
- CMC's QMC met monthly, evaluated program performance, and took action when management identified areas for improvement opportunities (MIT 15.003).
- CMC took adequate steps to ensure the accuracy of its Dashboard data reporting (MIT 15.004).
- The OIG inspectors reviewed the last 12 months of CMC's local governing body (LGB) meeting minutes and determined the LGB met at least quarterly and exercised responsibility for the quality management of patient heath care each quarter, as documented in the meeting minutes (MIT 15.006).
- The OIG inspectors reviewed drill packages for three emergency medical response drills conducted during the prior quarter and found they were all properly completed. Also, the drills included participation by both health care and custody staff (MIT 15.101).

- Based on a sample of ten second-level medical appeals, the institution's responses addressed all of the patients' appealed issues (MIT 15.102).

- The OIG reviewed performance evaluation packets for CMC's 12 providers, and CMC met all performance review requirements for them (MIT 15.106).

- All providers at the institution were current with their professional licenses. Similarly, all nursing staff and the pharmacist in charge were current with their professional licenses and certification requirements (MIT 15.107, 15.109).

- All nurses and active-duty providers were current with their emergency response certifications (MIT 15.108).

- All pharmacy staff and providers who prescribed controlled substances had current Drug Enforcement Agency registrations (MIT 15.110).

- All nursing staff hired within the last year had received new employee orientation training promptly (MIT 15.111).

One test earned an *adequate* score:

- The OIG examined 12 of the institution's Emergency Medical Response Review Committee (EMRRC) incident packages for emergency medical responses during the prior six-month period. Nine of the 12 packages (75 percent) complied with policy. Three of the packages contained incomplete checklists (MIT 15.005).

Three tests earned scores in the *inadequate* range:

- The OIG inspected records from July 2017 for five nurses to determine whether their nursing supervisors properly completed monthly performance reviews. Inspectors identified the following deficiencies for the five nurses' monthly nursing reviews (MIT 15.104):

    - The supervisor's review did not summarize aspects that were well done for five nurses;

    - The supervisor's review did not summarize aspects that needed improvement for two nurses.

- Seven of the ten nurses sampled (70.0 percent) were current with their clinical competency validations. Three nurses did not receive a clinical competency validation within the required time frame (MIT 15.105).

- Seven patient deaths occurred at CMC during the OIG's sample test period. Medical staff reviewed and timely submitted the Initial Inmate Death Report (CDCR Form 7229A) to

CCHCS' Death Review Unit for five patient deaths, resulting in a score of 71.4 percent. For two patient deaths, the institution did not use the correct form to report the deaths, and for one of those deaths, the notification to the CCHCS' Death Review Unit was one day late (MIT 15.103).

Non-Scored Results

- The OIG gathered non-scored data regarding the CCHCS Death Review Committee (DRC) completing its death review reports. Seven unexpected (Level 1) deaths occurred during the OIG's review period. The DRC was required to complete its death review summary reports within 60 calendar days from the dates of death and submit these reports to the institution's CEO within seven calendar days after that. None of the death review reports at CMC met CCHCS reporting guidelines. The DRC timely completed one report but submitted it to CMC's CEO 269 days late. Three reports were completed 21, 57, and 68 days late and submitted to CMC's CEO 43, 59, and 74 days late. For three other reports, there was no evidence found that final death review summaries had been completed at the time of the OIG's inspection (MIT 15.998).

- The OIG discusses the institution's health care staffing resources in the *About the Institution* section of this report (MIT 15.999).

RECOMMENDATIONS

- The CEO should rectify the EMRRC review process because the committee failed to identify problems with the care provided by the TTA providers and nurses. The institution needs a properly functioning EMRRC to identify and correct its various lapses in emergency care.

- The CEO should analyze and adjust many of the pharmacy and nursing processes because the institution demonstrated poor compliance with most measures of medication administration, observed medication practices, and storage controls.

- The CEO should identify and correct several specialty services processes because of the institution's problems with scheduling urgent specialty referrals and providing follow-up specialty appointments.

- The CNE should analyze and correct the sick call processes because the CMC nurses did not see patients as promptly as medically necessary. Furthermore, when the nurses referred patients with sick calls to providers, the provider appointments sometimes occurred late or not at all.

POPULATION-BASED METRICS

The compliance testing and the case reviews give an accurate assessment of how the institution's health care systems are functioning with regard to the patients with the highest risk and utilization. This information is vital to assess the capacity of the institution to provide sustainable, adequate care. However, one significant limitation of the case review methodology is that it does not give a clear assessment of how the institution performs for the entire population. For better insight into this performance, the OIG has turned to population-based metrics. For comparative purposes, the OIG has selected several Healthcare Effectiveness Data and Information Set (HEDIS) measures for disease management to gauge the institution's effectiveness in outpatient health care, especially chronic disease management.

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

Methodology

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

Comparison of Population-Based Metrics

For the California Men's Colony, nine HEDIS measures were selected and are listed in the following *CMC Results Compared to State and National HEDIS Scores* table. Multiple health plans publish their HEDIS performance measures at the state and national levels. The OIG has provided selected results for several health plans in both categories for comparative purposes.

Results of Population-Based Metric Comparison

Comprehensive Diabetes Care

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

When compared statewide, CMC outperformed Medi-Cal in all five diabetic measures, and the institution outperformed Kaiser in four of the five diabetic measures. The institution scored lower than Kaiser (North and South) with regard to diabetic eye exams.

When compared nationally, CMC outperformed Medicaid and commercial health plans in all five diabetic measures but scored lower than Medicare and the Department of Veteran's Affairs (VA) with respect to diabetic eye exams, and lower than the VA in HbA1c testing (a blood test that determines a patient's average blood sugar levels over the past three months).

Immunizations

Comparative data for immunizations was only fully available for the VA and partially available for Kaiser, commercial plans, Medicaid, and Medicare. With respect to administering influenza vaccinations to younger adults, CMC outperformed all state and national health care entities. When administering influenza vaccinations to older adults, CMC scored slightly lower than Medicare and the VA. With regard to administering pneumococcal vaccines to older adults, CMC scored higher than Medicare but slightly lower than the VA.

Cancer Screening

With respect to colorectal cancer screening, CMC outperformed all health care plans.

Summary

CMC's population-based metrics performance indicated a higher score for most of the clinical measures tested compared to the other state and national health care entities reviewed. The institution may improve its scores for influenza vaccinations by reducing patient refusals through patient education about the benefits of these preventive services.

CMC Results Compared to State and National HEDIS Scores

Clinical Measures	California					National		
	CMC Cycle 5 Results[1]	HEDIS Medi-Cal 2015[2]	HEDIS Kaiser (No. CA) 2016[3]	HEDIS Kaiser (So. CA) 2016[3]	HEDIS Medicaid 2016[4]	HEDIS Com-mercial 2016[4]	HEDIS Medicare 2016[4]	VA Average 2015[5]
Comprehensive Diabetes Care								
HbA1c Testing (Monitoring)	**97%**	87%	94%	94%	87%	91%	94%	99%
Poor HbA1c Control (>9.0%)[6, 7]	**12%**	38%	20%	23%	43%	33%	26%	18%
HbA1c Control (<8.0%)[6]	**78%**	52%	70%	63%	47%	56%	63%	-
Blood Pressure Control (<140/90)[6]	**85%**	63%	83%	83%	60%	62%	64%	76%
Eye Exams	**67%**	57%	68%	81%	55%	54%	70%	89%
Immunizations								
Influenza Shots - Adults (18–64)	**65%**	-	56%	57%	39%	48%	-	52%
Influenza Shots - Adults (65+)	**68%**	-	-	-	-	-	71%	72%
Immunizations: Pneumococcal	**92%**	-	-	-	-	-	74%	93%
Cancer Screening								
Colorectal Cancer Screening	**83%**	-	79%	82%	-	62%	67%	82%

1. Unless otherwise stated, data was collected in August 2017 by reviewing medical records from a sample of CMC's population of applicable patients. These random statistical sample sizes were based on a 95 percent confidence level with a 15 percent maximum margin of error.

2. HEDIS Medi-Cal data was obtained from the California Department of Health Care Services *2015 HEDIS Aggregate Report for Medi-Cal Managed Care*.

3. Data was obtained from Kaiser Permanente November 2016 reports for the Northern and Southern California regions.

4. National HEDIS data for Medicaid, commercial plans, and Medicare was obtained from the 2016 *State of Health Care Quality Report*, available on the NCQA website: www.ncqa.org. The results for commercial plans were based on data received from various health maintenance organizations.

5. The Department of Veterans Affairs (VA) data was obtained from the VA's website, www.va.gov. For the Immunizations: Pneumococcal measure only, the data was obtained from the *VHA Facility Quality and Safety Report - Fiscal Year 2012 Data*.

6. For this indicator, the entire applicable CMC population was tested.

7. For this measure only, a lower score is better. For Kaiser, the OIG derived the Poor HbA1c Control indicator using the reported data for the <9.0% HbA1c control indicator.

APPENDIX A — COMPLIANCE TEST RESULTS

California Men's Colony Range of Summary Scores: 59.0% – 90.0%	
Indicator	**Compliance Score (Yes %)**
1 – ***Access to Care***	76.4%
2 – ***Diagnostic Services***	62.2%
3 – ***Emergency Services***	Not Applicable
4 – ***Health Information Management (Medical Records)***	65.7%
5 – ***Health Care Environment***	67.6%
6 – ***Inter- and Intra-System Transfers***	76.9%
7 – ***Pharmacy and Medication Management***	62.8%
8 – ***Prenatal and Post-Delivery Services***	Not Applicable
9 – ***Preventive Services***	77.4%
10 – ***Quality of Nursing Performance***	Not Applicable
11 – ***Quality of Provider Performance***	Not Applicable
12 – ***Reception Center Arrivals***	Not Applicable
13 – ***Specialized Medical Housing (OHU, CTC, SNF, Hospice)***	90.0%
14 – ***Specialty Services***	59.0%
15 – ***Administrative Operations***	88.5%

Reference Number	1 – *Access to Care*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
1.001	Chronic care follow-up appointments: Was the patient's most recent chronic care visit within the health care guideline's maximum allowable interval or within the ordered time frame, whichever is shorter?	11	14	25	44.0%	0
1.002	For endorsed patients received from another CDCR institution: If the nurse referred the patient to a provider during the initial health screening, was the patient seen within the required time frame?	15	9	24	62.5%	1
1.003	Clinical appointments: Did a registered nurse review the patient's request for service the same day it was received?	30	0	30	100.0%	0
1.004	Clinical appointments: Did the registered nurse complete a face-to-face visit within one business day after the CDCR Form 7362 was reviewed?	27	3	30	90.0%	0
1.005	Clinical appointments: If the registered nurse determined a referral to a primary care provider was necessary, was the patient seen within the maximum allowable time or the ordered time frame, whichever is the shorter?	11	3	14	78.6%	16
1.006	Sick call follow-up appointments: If the primary care provider ordered a follow-up sick call appointment, did it take place within the time frame specified?	3	1	4	75.0%	26
1.007	Upon the patient's discharge from the community hospital: Did the patient receive a follow-up appointment within the required time frame?	19	6	25	76.0%	0
1.008	Specialty service follow-up appointments: Do specialty service primary care physician follow-up visits occur within required time frames?	16	10	26	61.5%	4
1.101	Clinical appointments: Do patients have a standardized process to obtain and submit health care services request forms?	6	0	6	100.0%	0
Overall percentage:					**76.4%**	

Reference Number	2 – *Diagnostic Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
2.001	Radiology: Was the radiology service provided within the time frame specified in the provider's order?	10	0	10	100.0%	0
2.002	Radiology: Did the primary care provider review and initial the diagnostic report within specified time frames?	4	6	10	40.0%	0
2.003	Radiology: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	7	3	10	70.0%	0
2.004	Laboratory: Was the laboratory service provided within the time frame specified in the provider's order?	10	0	10	100.0%	0
2.005	Laboratory: Did the primary care provider review and initial the diagnostic report within specified time frames?	5	5	10	50.0%	0
2.006	Laboratory: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	1	9	10	10.0%	0
2.007	Pathology: Did the institution receive the final diagnostic report within the required time frames?	10	0	10	100.0%	0
2.008	Pathology: Did the primary care provider review and initial the diagnostic report within specified time frames?	7	3	10	70.0%	0
2.009	Pathology: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	2	8	10	20.0%	0
Overall percentage:					**62.2%**	

3 – *Emergency Services*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

Reference Number	4 – *Health Information Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
4.001	Are non-dictated healthcare documents (provider progress notes) scanned within 3 calendar days of the patient encounter date?	5	2	7	71.4%	0
4.002	Are dictated/transcribed documents scanned into the patient's electronic health record within five calendar days of the encounter date?	Not Applicable				
4.003	Are High-Priority specialty notes (either a Form 7243 or other scanned consulting report) scanned within the required time frame?	18	2	20	90.0%	0
4.004	Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge?	19	1	20	95.0%	0
4.005	Are medication administration records (MARs) scanned into the patient's electronic health record within the required time frames?	Not Applicable				
4.006	During the inspection, were medical records properly scanned, labeled, and included in the correct patients' files?	1	23	24	4.2%	0
4.007	For patients discharged from a community hospital: Did the preliminary hospital discharge report include key elements and did a primary care provider review the report within three calendar days of discharge?	17	8	25	68.0%	0
Overall percentage:					**65.7%**	

Reference Number	5 – *Health Care Environment*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
5.101	Are clinical health care areas appropriately disinfected, cleaned and sanitary?	16	0	16	100.0%	0
5.102	Do clinical health care areas ensure that reusable invasive and non-invasive medical equipment is properly sterilized or disinfected as warranted?	15	1	16	93.8%	0
5.103	Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies?	15	1	16	93.8%	0
5.104	Does clinical health care staff adhere to universal hand hygiene precautions?	10	6	16	62.5%	0
5.105	Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste?	9	7	16	56.3%	0
5.106	Warehouse, Conex and other non-clinic storage areas: Does the medical supply management process adequately support the needs of the medical health care program?	1	0	1	100.0%	0
5.107	Does each clinic follow adequate protocols for managing and storing bulk medical supplies?	8	8	16	50.0%	0
5.108	Do clinic common areas and exam rooms have essential core medical equipment and supplies?	8	8	16	50.0%	0
5.109	Do clinic common areas have an adequate environment conducive to providing medical services?	7	3	10	70.0%	6
5.110	Do clinic exam rooms have an adequate environment conducive to providing medical services?	6	10	16	37.5%	0
5.111	Emergency response bags: Are TTA and clinic emergency medical response bags inspected daily and inventoried monthly, and do they contain essential items?	3	7	10	30.0%	6
Overall percentage:					**67.6%**	

Reference Number	6 – *Inter- and Intra-System Transfers*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
6.001	For endorsed patients received from another CDCR institution or COCF: Did nursing staff complete the initial health screening and answer all screening questions on the same day the patient arrived at the institution?	18	7	25	72.0%	0
6.002	For endorsed patients received from another CDCR institution or COCF: When required, did the RN complete the assessment and disposition section of the health screening form; refer the patient to the TTA, if TB signs and symptoms were present; and sign and date the form on the same day staff completed the health screening?	24	1	25	96.0%	0
6.003	For endorsed patients received from another CDCR institution or COCF: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption?	9	7	16	56.3%	9
6.004	For patients transferred out of the facility: Were scheduled specialty service appointments identified on the patient's health care transfer information form?	12	8	20	60.0%	0
6.101	For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer packet required documents?	10	0	10	100.0%	2
Overall percentage:					**76.9%**	

Reference Number	7 – *Pharmacy and Medication Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
7.001	Did the patient receive all chronic care medications within the required time frames or did the institution follow departmental policy for refusals or no-shows?	16	6	22	72.7%	3
7.002	Did health care staff administer, make available, or deliver new order prescription medications to the patient within the required time frames?	15	10	25	60.0%	0
7.003	Upon the patient's discharge from a community hospital: Were all ordered medications administered, made available, or delivered to the patient within required time frames?	6	19	25	24.0%	0
7.004	For patients received from a county jail: Were all medications ordered by the institution's reception center provider administered, made available, or delivered to the patient within the required time frames?	Not Applicable				
7.005	Upon the patient's transfer from one housing unit to another: Were medications continued without interruption?	20	5	25	80.0%	0
7.006	For patients en route who lay over at the institution: If the temporarily housed patient had an existing medication order, were medications administered or delivered without interruption?	3	7	10	30.0%	0
7.101	All clinical and medication line storage areas for narcotic medications: Does the Institution employ strong medication security over narcotic medications assigned to its clinical areas?	3	6	9	33.3%	7
7.102	All clinical and medication line storage areas for non-narcotic medications: Does the Institution properly store non-narcotic medications that do not require refrigeration in assigned clinical areas?	8	3	11	72.7%	5
7.103	All clinical and medication line storage areas for non-narcotic medications: Does the institution properly store non-narcotic medications that require refrigeration in assigned clinical areas?	5	3	8	62.5%	8
7.104	Medication preparation and administration areas: Do nursing staff employ and follow hand hygiene contamination control protocols during medication preparation and medication administration processes?	3	3	6	50.0%	10
7.105	Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when preparing medications for patients?	5	1	6	83.3%	10
7.106	Medication preparation and administration areas: Does the Institution employ appropriate administrative controls and protocols when distributing medications to patients?	0	6	6	0.0%	10
7.107	Pharmacy: Does the institution employ and follow general security, organization, and cleanliness management protocols in its main and satellite pharmacies?	3	0	3	100.0%	0

Reference Number	7 – *Pharmacy and Medication Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
7.108	Pharmacy: Does the institution's pharmacy properly store non-refrigerated medications?	3	0	3	100.0%	0
7.109	Pharmacy: Does the institution's pharmacy properly store refrigerated or frozen medications?	3	0	3	100.0%	0
7.110	Pharmacy: Does the institution's pharmacy properly account for narcotic medications?	2	0	2	100.0%	1
7.111	Does the institution follow key medication error reporting protocols?	9	16	25	36.0%	0
Overall percentage:					**62.8%**	

8 – *Prenatal and Post-Delivery Services*

The institution had no female patients, so this indicator was not applicable.

Reference Number	9 – *Preventive Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
9.001	Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed?	21	3	24	87.5%	0
9.002	Patients prescribed TB medication: Did the institution monitor the patient monthly for the most recent three months he or she was on the medication?	12	10	22	54.6%	2
9.003	Annual TB Screening: Was the patient screened for TB within the last year?	29	1	30	96.7%	0
9.004	Were all patients offered an influenza vaccination for the most recent influenza season?	25	0	25	100.0%	0
9.005	All patients from the age of 50 - 75: Was the patient offered colorectal cancer screening?	22	3	25	88.0%	0
9.006	Female patients from the age of 50 through the age of 74: Was the patient offered a mammogram in compliance with policy?	Not Applicable				
9.007	Female patients from the age of 21 through the age of 65: Was patient offered a pap smear in compliance with policy?	Not Applicable				
9.008	Are required immunizations being offered for chronic care patients?	12	4	16	75.0%	9
9.009	Are patients at the highest risk of coccidioidomycosis (valley fever) infection transferred out of the facility in a timely manner?	8	12	20	40.0%	0
Overall percentage:					**77.4%**	

10 – *Quality of Nursing Performance*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

11 – *Quality of Provider Performance*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

12 – *Reception Center Arrivals*

The institution had no reception center, so this indicator was not applicable.

Reference Number	13 – *Specialized Medical Housing*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
13.001	For OHU, CTC, and SNF: Did the registered nurse complete an initial assessment of the patient on the day of admission, or within eight hours of admission to CMF's Hospice?	10	0	10	100.0%	0
13.002	For CTC and SNF only: Was a written history and physical examination completed within the required time frame?	10	0	10	100.0%	0
13.003	For OHU, CTC, SNF, and Hospice: Did the primary care provider complete the Subjective, Objective, Assessment, Plan, and Education (SOAPE) notes on the patient at the minimum intervals required for the type of facility where the patient was treated?	6	4	10	60.0%	0
13.101	For OHU and CTC only: Do inpatient areas either have properly working call systems in its OHU & CTC or are 30-minute patient welfare checks performed; and do medical staff have reasonably unimpeded access to enter patient's cells?	2	0	2	100.0%	0
Overall percentage:					**90.0%**	

Reference Number	14 – *Specialty Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
14.001	Did the patient receive the high priority specialty service within 14 calendar days of the primary care provider order or the Physician Request for Service?	6	9	15	40.0%	0
14.002	Did the primary care provider review the high priority specialty service consultant report within the required time frame?	11	4	15	73.3%	0
14.003	Did the patient receive the routine specialty service within 90 calendar days of the primary care provider order or Physician Request for Service?	14	1	15	93.3%	0
14.004	Did the primary care provider review the routine specialty service consultant report within the required time frame?	8	7	15	53.3%	0
14.005	For endorsed patients received from another CDCR institution: If the patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames?	2	18	20	10.0%	0
14.006	Did the institution deny the primary care provider request for specialty services within required time frames?	16	4	20	80.0%	0
14.007	Following the denial of a request for specialty services, was the patient informed of the denial within the required time frame?	12	7	19	63.2%	1
Overall percentage:					**59.0%**	

Reference Number	15 – *Administrative Operations*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
15.001	Did the institution promptly process inmate medical appeals during the most recent 12 months?	12	0	12	100.0%	0
15.002	Does the institution follow adverse / sentinel event reporting requirements?	Not Applicable				
15.003	Did the institution Quality Management Committee (QMC) meet at least monthly to evaluate program performance, and did the QMC take action when improvement opportunities were identified?	6	0	6	100.0%	0
15.004	Did the institution's Quality Management Committee (QMC) or other forum take steps to ensure the accuracy of its Dashboard data reporting?	1	0	1	100.0%	0
15.005	Does the Emergency Medical Response Review Committee perform timely incident package reviews that include the use of required review documents?	9	3	12	75.0%	0
15.006	For institutions with licensed care facilities: Does the Local Governing Body (LGB), or its equivalent, meet quarterly and exercise its overall responsibilities for the quality management of patient health care?	4	0	4	100.0%	0
15.101	Did the institution complete a medical emergency response drill for each watch and include participation of health care and custody staff during the most recent full quarter?	3	0	3	100.0%	0
15.102	Did the institution's second level medical appeal response address all of the patient's appealed issues?	10	0	10	100.0%	0
15.103	Did the institution's medical staff review and submit the initial inmate death report to the Death Review Unit in a timely manner?	5	2	7	71.4%	0
15.104	Does the institution's Supervising Registered Nurse conduct periodic reviews of nursing staff?	0	5	5	0.0%	0
15.105	Are nursing staff who administer medications current on their clinical competency validation?	7	3	10	70.0%	0
15.106	Are structured clinical performance appraisals completed timely?	12	0	12	100.0%	0
15.107	Do all providers maintain a current medical license?	15	0	15	100.0%	0
15.108	Are staff current with required medical emergency response certifications?	2	0	2	100.0%	1
15.109	Are nursing staff and the Pharmacist-in-Charge current with their professional licenses and certifications, and is the pharmacy licensed as a correctional pharmacy by the California State Board of Pharmacy?	6	0	6	100.0%	1

Reference Number	15 – *Administrative Operations*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
15.110	Do the institution's pharmacy and authorized providers who prescribe controlled substances maintain current Drug Enforcement Agency (DEA) registrations?	2	0	2	100.0%	0
15.111	Are nursing staff current with required new employee orientation?	1	0	1	100.0%	0
Overall percentage:					**88.5%**	

APPENDIX B — CLINICAL DATA

Table B-1: CMC Sample Sets

Sample Set	Total
Anticoagulation	3
CTC/OHU	3
Death Review/Sentinel Events	3
Diabetes	3
Emergency Services - CPR	5
Emergency Services - Non-CPR	3
High Risk	5
Hospitalization	4
Intra-system Transfers-In	3
Intra-system Transfers-Out	3
RN Sick Call	36
Specialty Services	4
	75

Table B-2: CMC Chronic Care Diagnoses

Diagnosis	Total
Anemia	5
Anticoagulation	11
Arthritis/Degenerative Joint Disease	12
Asthma	14
COPD	13
Cancer	9
Cardiovascular Disease	15
Chronic Kidney Disease	8
Chronic Pain	27
Cirrhosis/End Stage Liver Disease	5
Coccidioidomycosis	3
Deep Venous Thrombosis/Pulmonary Embolism	3
Diabetes	21
Gastroesophageal Reflux Disease	16
Hepatitis C	18
Hyperlipidemia	33
Hypertension	39
Mental Health	14
Seizure Disorder	4
Sleep Apnea	6
Thyroid Disease	5
	281

Table B-3: CMC Event – Program

Diagnosis	Total
Diagnostic Services	244
Emergency Care	114
Hospitalization	57
Intra-system Transfers-In	27
Intra-system Transfers-Out	9
Not Specified	2
Outpatient Care	638
Specialized Medical Housing	263
Specialty Services	282
	1,636

Table B-4: CMC Review Sample Summary

	Total
MD Reviews Detailed	25
MD Reviews Focused	1
RN Reviews Detailed	18
RN Reviews Focused	47
Total Reviews	91
Total Unique Cases	75
Overlapping Reviews (MD & RN)	16

APPENDIX C — COMPLIANCE SAMPLING METHODOLOGY

California Men's Colony

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Access to Care			
MIT 1.001	Chronic Care Patients (25)	Master Registry	• Chronic care conditions (at least one condition per patient—any risk level) • **Randomize**
MIT 1.002	Nursing Referrals (25)	OIG Q: 6.001	• See ***Intra-system Transfers***
MITs 1.003-006	Nursing Sick Call (30)	MedSATS	• Clinic (each clinic tested) • Appointment date (2–9 months) • **Randomize**
MIT 1.007	Returns from Community Hospital (25)	OIG Q: 4.007	• See ***Health Information Management (Medical Records)*** (returns from community hospital)
MIT 1.008	Specialty Services Follow-up (30)	OIG Q: 14.001 & 14.003	• See ***Specialty Services***
MIT 1.101	Availability of Health Care Services Request Forms (6)	OIG onsite review	• Randomly select one housing unit from each yard
Diagnostic Services			
MITs 2.001–003	Radiology (10)	Radiology Logs	• Appointment date (90 days–9 months) • **Randomize** • Abnormal
MITs 2.004–006	Laboratory (10)	Quest	• Appt. date (90 days–9 months) • Order name (CBC or CMPs only) • **Randomize** • Abnormal
MITs 2.007–009	Pathology (10)	InterQual	• Appt. date (90 days–9 months) • Service (pathology related) • **Randomize**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Health Information Management (Medical Records)			
MIT 4.001	Timely Scanning (7)	OIG Qs: 1.001, 1.002, & 1.004	• Non-dictated documents • 1st 10 IPs MIT 1.001, 1st 5 IPs MITs 1.002, 1.004
MIT 4.002	(0)	OIG Q: 1.001	• Dictated documents • First 20 IPs selected
MIT 4.003	(20)	OIG Qs: 14.002 & 14.004	• Specialty documents • First 10 IPs for each question
MIT 4.004	(20)	OIG Q: 4.007	• Community hospital discharge documents • First 20 IPs selected
MIT 4.005	(0)	OIG Q: 7.001	• MARs • First 20 IPs selected
MIT 4.006	(24)	Documents for any tested patient	• Any misfiled or mislabeled document identified during OIG compliance review (24 or more = No)
MIT 4.007	Returns From Community Hospital (25)	Inpatient claims data	• Date (2–8 months) • Most recent 6 months provided (within date range) • Rx count • Discharge date • **Randomize** (each month individually) • First 5 patients from each of the 6 months (if not 5 in a month, supplement from another, as needed)
Health Care Environment			
MIT 5.101-105 MIT 5.107–111	Clinical Areas (16)	OIG inspector onsite review	• Identify and inspect all onsite clinical areas.
Inter- and Intra-System Transfers			
MIT 6.001-003	Intra-System Transfers (25)	SOMS	• Arrival date (3–9 months) • Arrived from (another CDCR facility) • Rx count • **Randomize**
MIT 6.004	Specialty Services Send-Outs (20)	MedSATS	• Date of transfer (3–9 months) • **Randomize**
MIT 6.101	Transfers Out (12)	OIG inspector onsite review	• R&R IP transfers with medication

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Pharmacy and Medication Management			
MIT 7.001	Chronic Care Medication (25)	OIG Q: 1.001	*See **Access to Care*** • At least one condition per patient—any risk level • **Randomize**
MIT 7.002	New Medication Orders (25)	Master Registry	• Rx count • **Randomize** • Ensure no duplication of IPs tested in MIT 7.001
MIT 7.003	Returns from Community Hospital (25)	OIG Q: 4.007	• See ***Health Information Management (Medical Records)*** *(returns from community hospital)*
MIT 7.004	RC Arrivals – Medication Orders *(N/A at this institution)*	OIG Q: 12.001	• See ***Reception Center Arrivals***
MIT 7.005	Intra-Facility Moves (25)	MAPIP transfer data	• Date of transfer (2–8 months) • To location/from location (yard to yard and to/from ASU) • Remove any to/from MHCB • NA/DOT meds (and risk level) • **Randomize**
MIT 7.006	En Route (10)	SOMS	• Date of transfer (2–8 months) • Sending institution (another CDCR facility) • **Randomize** • NA/DOT meds
MITs 7.101-103	Medication Storage Areas (varies by test)	OIG inspector onsite review	• Identify and inspect clinical & med line areas that store medications
MITs 7.104–106	Medication Preparation and Administration Areas (varies by test)	OIG inspector onsite review	• Identify and inspect onsite clinical areas that prepare and administer medications
MITs 7.107-110	Pharmacy (3)	OIG inspector onsite review	• Identify & inspect all onsite pharmacies
MIT 7.111	Medication Error Reporting (25)	Monthly medication error reports	• All monthly statistic reports with Level 4 or higher • Select a total of 5 months
MIT 7.999	Isolation Unit KOP Medications (10)	Onsite active medication listing	• KOP rescue inhalers & nitroglycerin medications for IPs housed in isolation units
Prenatal and Post-Delivery Services			
MIT 8.001-007	Recent Deliveries *(N/A at this institution)*	OB Roster	• Delivery date (2–12 months) • **Most recent** deliveries (within date range)
	Pregnant Arrivals *(N/A at this institution)*	OB Roster	• Arrival date (2–12 months) • **Earliest** arrivals (within date range)

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Preventive Services			
MITs 9.001–002	TB Medications (24)	Maxor	• Dispense date (past 9 months) • Time period on TB meds (3 months or 12 weeks) • **Randomize**
MIT 9.003	TB Evaluation, Annual Screening (30)	SOMS	• Arrival date (at least 1 year prior to inspection) • Birth Month • **Randomize**
MIT 9.004	Influenza Vaccinations (25)	SOMS	• Arrival date (at least 1 year prior to inspection) • **Randomize** • Filter out IPs tested in MIT 9.008
MIT 9.005	Colorectal Cancer Screening (25)	SOMS	• Arrival date (at least 1 year prior to inspection) • Date of birth (51 or older) • **Randomize**
MIT 9.006	Mammogram *(N/A at this institution)*	SOMS	• Arrival date (at least 2 yrs prior to inspection) • Date of birth (age 52–74) • **Randomize**
MIT 9.007	Pap Smear *(N/A at this institution)*	SOMS	• Arrival date (at least three yrs prior to inspection) • Date of birth (age 24–53) • **Randomize**
MIT 9.008	Chronic Care Vaccinations (25)	OIG Q: 1.001	• Chronic care conditions (at least 1 condition per IP—any risk level) • **Randomize** • Condition must require vaccination(s)
MIT 9.009	Valley Fever (number will vary) (20)	Cocci transfer status report	• Reports from past 2–8 months • Institution • Ineligibility date (60 days prior to inspection date) • **All**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Reception Center Arrivals			
MITs 12.001–008	RC *(N/A at this institution)*	SOMS	• Arrival date (2–8 months) • Arrived from (county jail, return from parole, etc.) • **Randomize**
Specialized Medical Housing			
MITs 13.001–003	CTC (10)	CADDIS	• Admit date (1–6 months) • Type of stay (no MH beds) • Length of stay (minimum of 5 days) • **Randomize**
MIT 13.101	Call Buttons CTC (all)	OIG inspector onsite review	• Review by location
Specialty Services			
MITs 14.001–002	High-Priority (15)	MedSATS	• Approval date (3–9 months) • **Randomize**
MITs 14.003–004	Routine (15)	MedSATS	• Approval date (3–9 months) • Remove optometry, physical therapy or podiatry • **Randomize**
MIT 14.005	Specialty Services Arrivals (20)	MedSATS	• Arrived from (other CDCR institution) • Date of transfer (3–9 months) • **Randomize**
MIT 14.006-007	Denials (20)	InterQual	• Review date (3–9 months) • **Randomize**
	(0)	IUMC/MAR Meeting Minutes	• Meeting date (9 months) • Denial upheld • **Randomize**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Administrative Operations			
MIT 15.001	Medical Appeals (all)	Monthly medical appeals reports	• Medical appeals (12 months)
MIT 15.002	Adverse/Sentinel Events (0)	Adverse/sentinel events report	• Adverse/sentinel events (2–8 months)
MITs 15.003–004	QMC Meetings (6)	Quality Management Committee meeting minutes	• Meeting minutes (12 months)
MIT 15.005	EMRRC (12)	EMRRC meeting minutes	• Monthly meeting minutes (6 months)
MIT 15.006	LGB (4)	LGB meeting minutes	• Quarterly meeting minutes (12 months)
MIT 15.101	Medical Emergency Response Drills (3)	Onsite summary reports & documentation for ER drills	• Most recent full quarter • Each watch
MIT 15.102	2nd Level Medical Appeals (10)	Onsite list of appeals/closed appeals files	• Medical appeals denied (6 months)
MIT 15.103	Death Reports (7)	Institution-list of deaths in prior 12 months	• Most recent 10 deaths • Initial death reports
MIT 15.104	RN Review Evaluations (5)	Onsite supervisor periodic RN reviews	• RNs who worked in clinic or emergency setting six or more days in sampled month • **Randomize**
MIT 15.105	Nursing Staff Validations (10)	Onsite nursing education files	• On duty one or more years • Nurse administers medications • **Randomize**
MIT 15.106	Provider Annual Evaluation Packets (12)	Onsite provider evaluation files	• All required performance evaluation documents
MIT 15.107	Provider licenses (15)	Current provider listing (at start of inspection)	• Review all

MIT 15.108	Medical Emergency Response Certifications (all)	Onsite certification tracking logs	• All staff
			  ○ Providers (ACLS)
			  ○ Nursing (BLS/CPR)
			• Custody (CPR/BLS)

MIT 15.109	Nursing staff and Pharmacist in Charge Professional Licenses and Certifications (all)	Onsite tracking system, logs, or employee files	• All required licenses and certifications

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Administrative Operations			
MIT 15.110	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations (all)	Onsite listing of provider DEA registration #s & pharmacy registration document	• All DEA registrations
MIT 15.111	Nursing Staff New Employee Orientations (all)	Nursing staff training logs	• New employees (hired within last 12 months) •
MIT 15.998	Death Review Committee (7)	OIG summary log - deaths	• Between 35 business days & 12 months prior • CCHCS death reviews

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES' RESPONSE

August 2, 2018

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

Dear Mr. Wesley:

The Office of the Receiver has reviewed the draft report of the Office of the Inspector General (OIG) Medical Inspection Results for California Men's Colony (CMC) conducted from September 2017 to March 2018. California Correctional Health Care Services (CCHCS) acknowledges the OIG findings.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in CCHCS operations. If you have any questions or concerns, please contact me at (916) 691-3747.

Sincerely,

DEANNA GOULDY
Associate Director
Risk Management Branch
California Correctional Health Care Services

cc: Clark Kelso, Receiver
Diana Toche, D.D.S., Undersecretary, Health Care Services, CDCR
Richard Kirkland, Chief Deputy Receiver
Stephen Tseng, M.D., Chief of Medical Inspections, OIG
Penny Horper, R.N., MSN, CPHQ, Nurse Consultant Program Review, OIG
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