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# OIG | OFFICE *of the* INSPECTOR GENERAL

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Independent Prison Oversight

November 2023



## Cycle 6 Medical Inspection Unit

*Summary Report*

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November 6, 2023

The Governor of California  
 President pro Tempore of the Senate  
 Speaker of the Assembly  
 State Capitol  
 Sacramento, California

Dear Governor and Legislative Leaders:

Enclosed is the Office of the Inspector General's (the OIG) report summarizing the Cycle 6 medical inspections. This publication offers a brief overview of our sixth cycle of medical inspections, which began in March 2019 and concluded in September 2023, for each of the 34 adult prisons operated by the California Department of Corrections and Rehabilitation (the department).

We rated 23 of the 34 adult institutions **adequate** during this inspection cycle. We rated 11 institutions **inadequate**. Compared with Cycle 5, two additional institutions received **adequate** ratings.

We found the majority of institutions in Cycle 6 obtained an **adequate** or **proficient** rating in the following medical indicators: **Access to Care, Emergency Services, Health Information Management, Transfers, Prenatal and Postpartum Care, Nursing Performance, Provider Performance, Reception Center, Specialized Medical Housing, and Specialty Services**. Conversely, we found the majority of institutions in Cycle 6 obtained **inadequate** ratings in the following medical indicators: **Diagnostic Services, Health Care Environment, Medication Management, Preventive Services, and Administrative Operations**.

By Cycle 6, the department had completed the transition to an Electronic Health Record System (EHRS). This transition resulted in improved statewide performance in two indicators: **Diagnostic Services** and **Health Information Management**. As a result, through this cycle, the OIG conducted all medical chart reviews through the EHRS, and is no longer reviewing paper health records.

Table 1 shows that, when comparing Cycle 5 and Cycle 6, on the one hand, the performance of eight institutions declined. Two fell from an overall assessment of **proficient** to **adequate** and six fell from **adequate** to **inadequate**. On the other hand, the performance of nine institutions improved from Cycle 5 to Cycle 6, with their overall assessment rising from **inadequate** to **adequate**. Of those institutions that remained unchanged from Cycle 5 to Cycle 6, 12 retained their **adequate** rating, and five saw no change from their **inadequate** rating.

During Cycle 6, nine institutions received ratings that demonstrated overall improvement, a notable achievement considering the challenges that beset the prison system over the past three years. This movement from **inadequate** to **adequate** occurred despite the presence of COVID-19 in the institutions, beginning in 2020.

Sincerely,



Amarik K. Singh  
 Inspector General



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# Summary Report for Cycle 6

## Background

California Penal Code section 6126 et seq. assigns the Office of the Inspector General (the OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (the department). We conduct an objective medical inspection program and are responsible for periodically reviewing and reporting on the delivery of the ongoing medical care provided to incarcerated people in the institutions.

## Introduction

This report summarizes the results of the OIG's sixth cycle of medical inspections, which began in March 2019 and concluded in September 2023, for each of the 34 adult institutions operated by the department. Readers desiring a more detailed review of the individual institutions should refer to the individually published Cycle 6 reports on our website ([www.oig.ca.gov](http://www.oig.ca.gov)).

## Methodology

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

We continued to review institutional care using 15 indicators, as in prior cycles. Using each of these indicators, our compliance inspectors collected data in answer to compliance- and performance-related questions as established in the *medical inspection tool* (MIT). The department regularly updates its policies. The OIG updates our policy-compliance testing to reflect the department's updates and changes. We determined a total compliance score for each applicable indicator and considered the MIT scores in the overall conclusion of the institution's performance. In addition, our clinicians completed document reviews of individual cases and performed on-site inspections, which included interviews with staff at the institutions. In reviewing the cases, our clinicians examined whether providers used sound medical judgment while caring for patients.

The review assesses the institution's medical care on both individual and system levels. We consider whether institutional medical processes lead to identifying and correcting individual or system errors. We interpret compliance and case review results together, providing a

holistic assessment of the care. The OIG rates the indicators as *proficient*, *adequate*, or *inadequate*.

As we did during Cycle 5, we continue to inspect both those institutions remaining under federal receivership and those delegated back to the department. There is no difference in the standards used for assessing a delegated institution versus an institution not yet delegated.

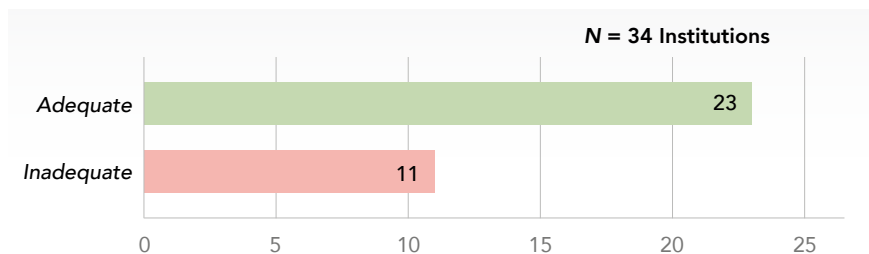
### Findings

During Cycle 6, the preeminent challenge that departmental institutions faced was the novel coronavirus (COVID-19) pandemic. As a result, in Cycle 6, we observed most institutions experienced a decline in performance in most compliance indicators compared with what we observed in Cycle 5. Provider performance was also variable. Some of this can be explained by the unexpected COVID-19 pandemic, which resulted in some patients not being seen in a timely way. In addition, some care was delayed, and some services were not provided. Nursing performance was placed under considerable stress during the COVID-19 pandemic as nursing staff were often the first to see and respond to the health care needs of patients in the institutions. The implementation of the Integrated Substance Use Disorder Treatment program (ISUDT) during Cycle 6 resulted in a significant increase in workload for nursing staff.

No institutions received an overall *proficient* rating in Cycle 6. Although many institutions slipped in the scores that we assigned for rates of compliance, we concluded 23 provided *adequate* care to patients. In our opinion, medical care quality across the department's 34 adult institutions varied as it had in Cycle 5. In Cycle 6, we saw the positive impact of the full implementation of the Electronic Health Record System (the EHRS) on the performance across the system. Although complicated and sometimes difficult to use, the EHRS is a powerful and effective tool to integrate the delivery of care to patients.

We found 23 of the 34 institutions (68 percent) performed at an *adequate* or a *proficient* level. We rated 23 institutions *adequate* and 11 institutions *inadequate* (Figure 1, below, and Table 1 on the following page). In

**Figure 1. Cycle 6 Overall Institution Ratings**



Source: The Office of the Inspector General medical inspection report data.



**Table 1. Cycles 5 and 6 Institution Ratings**

| Institution Inspected                       | Abbreviation | Rating     |            |
|---|--------------|------------|------------|
|   |              | Cycle 5    | Cycle 6    |
| California State Prison, Los Angeles County | LAC          | Inadequate | Adequate   |
| Wasco State Prison                          | WSP          | Adequate   | Adequate   |
| Valley State Prison                         | VSP          | Adequate   | Adequate   |
| California State Prison, Solano             | SOL          | Inadequate | Adequate   |
| California Correctional Center              | CCC          | Adequate   | Adequate   |
| California Rehabilitation Center            | CRC          | Inadequate | Adequate   |
| California State Prison, Corcoran           | COR          | Adequate   | Inadequate |
| California Medical Facility                 | CMF          | Inadequate | Inadequate |
| North Kern State Prison                     | NKSP         | Inadequate | Adequate   |
| Salinas Valley State Prison                 | SVSP         | Inadequate | Inadequate |
| Richard J. Donovan State Prison             | RJD          | Adequate   | Adequate   |
| Substance Abuse Treatment Facility          | SATF         | Adequate   | Inadequate |
| California Correctional Institution         | CCI          | Adequate   | Inadequate |
| Folsom State Prison                         | FSP          | Adequate   | Adequate   |
| Avenal State Prison                         | ASP          | Adequate   | Adequate   |
| Central California Women's Facility         | CCWF         | Inadequate | Adequate   |
| Centinela State Prison                      | CEN          | Adequate   | Adequate   |
| Kern Valley State Prison                    | KVSP         | Adequate   | Inadequate |
| Pelican Bay State Prison                    | PBSP         | Proficient | Adequate   |
| California Institution for Women            | CIW          | Adequate   | Adequate   |
| California Men's Colony                     | CMC          | Adequate   | Adequate   |
| High Desert State Prison                    | HDSP         | Adequate   | Inadequate |
| Calipatria State Prison                     | CAL          | Adequate   | Adequate   |
| Correctional Training Facility              | CTF          | Inadequate | Inadequate |
| California State Prison, Sacramento         | SAC          | Inadequate | Inadequate |
| Pleasant Valley State Prison                | PVSP         | Inadequate | Adequate   |
| Mule Creek State Prison                     | MCSP         | Inadequate | Adequate   |
| Chuckawalla Valley State Prison             | CVSP         | Adequate   | Adequate   |
| Sierra Conservation Center                  | SCC          | Adequate   | Adequate   |
| California Institution for Men              | CIM          | Inadequate | Adequate   |
| San Quentin State Prison                    | SQ           | Adequate   | Inadequate |
| California City Correctional Facility       | CAC          | Proficient | Adequate   |
| Ironwood State Prison                       | ISP          | Inadequate | Adequate   |
| California Health Care Facility, Stockton   | CHCF         | Inadequate | Inadequate |

Note: During Cycle 6, the department closed Deuel Vocational Institution (DVI). In Cycle 5, the OIG rated DVI *inadequate*.

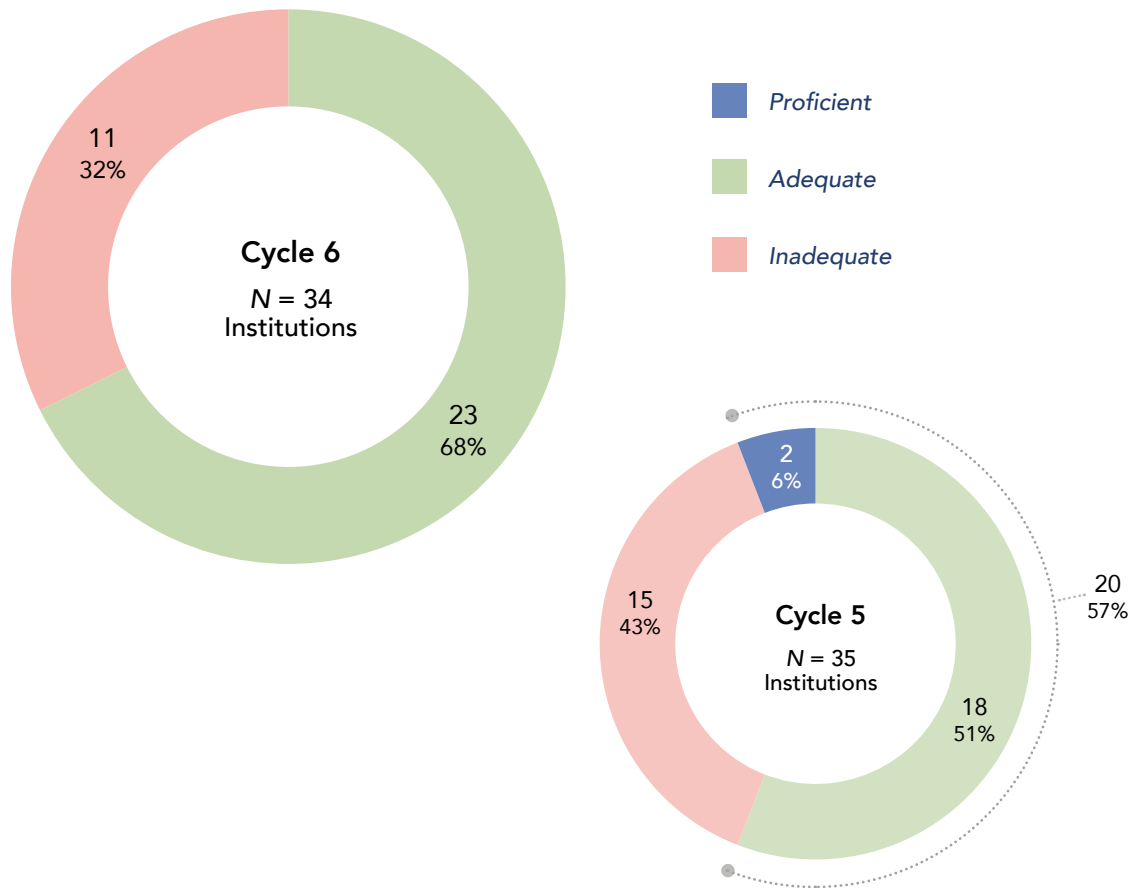
Source: The Office of the Inspector General medical inspection report data. The entries in this table are listed in the order in which the reports were released to each institution and published on our website during Cycle 6.

Table 1, we show the overall ratings of the medical inspections in Cycles 5 and 6.

Table 1 shows that, when comparing Cycle 5 and Cycle 6, on the one hand, the performance of eight institutions declined. The performance of two fell from an overall assessment of *proficient* to *adequate*, and that of six fell from *adequate* to *inadequate*. On the other hand, the performance of nine institutions improved from Cycle 5 to Cycle 6, with their overall assessment rising from *inadequate* to *adequate*. Of those institutions that remained unchanged from Cycle 5 to Cycle 6, 12 retained their *adequate* rating, and five saw no change from their *inadequate* rating.

While ratings for two institutions, which had received *proficient* ratings during Cycle 5, fell to *adequate* during Cycle 6, several others received a rating that demonstrated overall improvement, a notable achievement considering the challenges that beset the prison system over the past three years (Figure 2, next page). This movement from *inadequate* to *adequate* occurred despite the presence of COVID-19 in most if not all the institutions, beginning in 2020. The virus moved rapidly among the State's prison population, infecting both incarcerated people and departmental staff during that first year of the outbreak, then waned in 2021, and became less of a threat in 2022.

Figure 2. Overall Ratings of Cycle 6 and Cycle 5: A Comparison



Note: The department permanently closed Deuel Vocational Institution during Cycle 6, so the total number of prisons was reduced from 35 to 34.

Source: The Office of the Inspector General Cycle 6 medical inspection report data.

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## Medical Inspection Indicator Ratings

The OIG clinicians assessed between 12 and 15 separate indicators for each institution over the course of Cycle 6. The overall results from those assessments are shown below in Table 2. The grand total of all our ratings is 442, with a distribution across the indicators as follows: 30 *proficient*, 209 *adequate*, and 203 *inadequate*.

**Table 2. Institutional Medical Rating Distribution by Indicator**

| Indicator                     | Indicator Rating Totals |                 |                   |
|-------------------------------|-------------------------|-----------------|-------------------|
|                               | <i>Proficient</i>       | <i>Adequate</i> | <i>Inadequate</i> |
| Access to Care                | 10                      | 18              | 6                 |
| Diagnostic Services           | 0                       | 11              | 23                |
| Emergency Services            | 0                       | 24              | 10                |
| Health Information Management | 10                      | 21              | 3                 |
| Health Care Environment       | 0                       | 4               | 30                |
| Transfers                     | 1                       | 19              | 14                |
| Medication Management         | 0                       | 1               | 33                |
| Prenatal and Postpartum Care  | 2                       | 0               | 0                 |
| Preventive Services           | 0                       | 15              | 19                |
| Nursing Performance           | 0                       | 24              | 10                |
| Provider Performance          | 0                       | 25              | 9                 |
| Reception Center              | 1                       | 1               | 1                 |
| Specialized Medical Housing   | 3                       | 17              | 9                 |
| Specialty Services            | 1                       | 18              | 15                |
| Administrative Operations*    | 2                       | 11              | 21                |
| <b>TOTALS</b>                 | <b>30</b>               | <b>209</b>      | <b>203</b>        |

\* **Administrative Operations** is a secondary indicator and is not considered when rating the institution's overall medical quality.

Source: The Office of the Inspector General Cycle 6 medical inspection report data.

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## Recommendations

During Cycle 6, we made recommendations for process improvement or performance improvement at each institution. We also made recommendations for significant deficiencies or, if we noted them, patterns of deficiencies. We offer suggestions in areas for which we see opportunities for improvement.

On the next page, Table 3 shows the most frequently cited recommendations based on deficiencies we identified during our inspections.

**Table 3. OIG Recommendations by Indicator**

| Indicator               | Deficiency Category                                | Recommendations  |
|-------------------------|--|--|
| Health Care Environment | <i>Hand Washing</i>                                | Medical leadership should remind staff to follow universal hand hygiene precautions. Implementing random spot checks could improve compliance.   |
|                         | <i>Emergency Medical Response Bag (EMRB)</i>       | Nursing leadership should direct each clinic nurse supervisor to review the monthly emergency medical response bag (EMRB) and treatment cart logs to ensure that the EMRBs and treatment carts are regularly inventoried and sealed.   |
|                         | <i>Medical Supply Storage</i>                      | Nursing leadership should consider performing random spot checks to ensure that staff follow equipment and medical supply management protocols.  |
| Diagnostic Services     | <i>Patient Letters</i>                             | The department should consider developing strategies to ensure that providers create patient letters at the time of review or endorsement and that patient letters should contain all elements required per CCHCS policy.  |
|                         | <i>STAT Laboratory</i>                             | Medical leadership should ascertain causative factors related to the untimely collecting or receiving of STAT laboratory results and should implement remedial measures as appropriate. Medical leadership should consider developing strategies to ensure STAT test results are acknowledged by providers or that providers are notified within the required time frames. |
| Specialty Services      | <i>High-, Medium-, and Routine Priority</i>        | Medical leadership should determine the root cause(s) of challenges to the timely provision of specialty appointments and specialty service follow-up visits and should implement remedial measures as appropriate.  |
|                         | <i>Preapproved Specialty Services</i>              | Medical leadership should ensure that patients receive their previously scheduled specialty appointments, when transferred, within the required time frame.  |
| Transfers               | <i>Completion of Initial Health Screening Form</i> | Nursing leadership should educate nursing staff on the requirements for documenting an initial health screening.   |
| Medication Management   | <i>Medication Availability and Administration</i>  | The institution should consider developing and implementing measures to ensure that staff timely make available and administer medications to patients and that staff document their actions in the medication administration record as required by CCHCS policy and procedures.   |
|                         | <i>Medication Refusal</i>                          | Nursing leadership should educate nursing staff on the proper documentation of medication refusal in the patient's medication administration record, as described in CCHCS policy.   |
| Nursing Performance     | <i>Nursing Assessment and Documentation</i>        | Nursing leadership should ensure that thorough assessments, intervention, and documentation are completed for all face-to-face encounters and that patients are provided patient education for clinic nursing encounters.  |

Source: The Office of the Inspector General medical inspection report data from Cycle 6.



**Cycle 6**  
**Medical Inspection Unit**  
*Summary Report*

OFFICE *of the* INSPECTOR GENERAL

*Amarik K. Singh*  
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STATE *of* CALIFORNIA  
November 2023

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