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Independent Prison Oversight

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Cycle 7

Medical Inspection Report

California Institution for Men

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Introduction

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

In Cycle 7, the OIG continues to apply the same assessment methodologies used in Cycle 6, including clinical case review and compliance testing. Together, these methods assess the institution's medical care on both individual and system levels by providing 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. Through these methods, the OIG evaluates the performance of the institution in providing sustainable, adequate care. We continue to review institutional care using 15 indicators as in prior cycles.[3]

Using each of these indicators, our compliance inspectors collect data in answer to compliance- and performance-related questions as established in the medical inspection tool (MIT). In addition, our clinicians complete document reviews of individual cases and also perform on-site inspections, which include interviews with staff. The OIG determines a total compliance score for each applicable indicator and considers the MIT scores in the overall conclusion of the institution's compliance performance.

In conducting in-depth quality-focused reviews of randomized cases, our case review clinicians examine whether health care staff used sound medical judgment in the course of caring for a patient. In the event we find errors, we determine whether such errors were clinically significant or led to a significantly increased risk of harm to the patient. At the same time, our clinicians consider whether institutional medical processes led to identifying and correcting individual or system errors, and we examine whether the institution's medical system mitigated the error. The OIG rates each applicable indicator ***proficient***, ***adequate***, or ***inadequate,*** and considers each rating in the overall conclusion of the institution's health care performance.

In contrast to Cycle 6, the OIG will provide individual clinical case review ratings and compliance testing scores in Cycle 7, rather than aggregate all findings into a single overall institution rating. This change will clarify the distinctions between these differing quality measures and the results of each assessment.

[1] In this report, we use the terms *patient* and *patients* to refer to *incarcerated people*.

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

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

As we did during Cycle 6, our office continues to inspect both those institutions remaining under federal receivership and those delegated back to the department. There is no difference in the standards used for assessing a delegated institution versus an institution not yet delegated. At the time of the Cycle 7 inspection of California Institution for Men, the institution had been delegated back to the department by the receiver.

We completed our seventh inspection of the institution, and this report presents our assessment of the health care provided at this institution during the inspection period from March 2024 to August 2024.[4]

[4] Samples are obtained per case review methodology shared with stakeholders in prior cycles. The case reviews include death reviews between December 2023 and August 2024, anticoagulation reviews between March 2024 and August 2024, and transfer reviews between April 2024 and August 2024.

Summary: Ratings and Scores

We completed the Cycle 7 inspection of CIM in March 2025. OIG inspectors monitored the institution's delivery of medical care that occurred between March 2024 and August 2024.

The OIG rated the case review component of the overall health care quality at CIM ***adequate***.

The OIG rated the compliance component of the overall health care quality at CIM ***adequate***.

OIG case review clinicians (a team of physicians and nurse consultants) reviewed 50 cases, which contained 1,104 patient-related events. They performed quality control reviews; their subsequent collective deliberations ensured consistency, accuracy, and thoroughness. Our OIG clinicians acknowledged institutional structures that catch and resolve mistakes, which may occur throughout the delivery of care. After examining the medical records, our clinicians completed a follow-up on-site inspection in March 2025 to verify their initial findings. OIG physicians rated the quality of care for 25 comprehensive case reviews. Of these 25 cases, our physicians rated 23 ***adequate*** and two ***inadequate***.

To test the institution's policy compliance, our compliance inspectors (a team of registered nurses) monitored the institution's compliance with its medical policies by answering a standardized set of questions that measure specific elements of health care delivery. Our compliance inspectors examined 387 patient records and 1,132 data points, and they used the data to answer 92 policy questions. In addition, we observed CIM's processes during an on-site inspection in November 2024.

The OIG then considered the results from both case review and compliance testing, and drew overall conclusions, which we report in 13 health care indicators.[5]

[5] The indicators for **Reception Center** and **Prenatal and Postpartum Care** did not apply to CIM.

We list the individual indicators and ratings applicable for this institution in Table 1 below.

Table 1. CIM Summary Table: Case Review Ratings and Policy Compliance Scores

MIT Number	Health Care Indicators	Case Review Ratings: Cycle 7	Case Review Ratings: Change Since Cycle 6*	Compliance Scoring Ranges: Cycle 7	Compliance Scoring Ranges: Cycle 6	Compliance Scoring Ranges: Change Since Cycle 6*
		Ratings: Proficient, Adequate, Inadequate		*Scoring Ranges*: 100%–85.0%, 84.9%–75.0%, 74.9%–0		
		Case Review		Compliance		
1	Access to Care	Proficient	↑	93.0%	88.8%	=
2	Diagnostic Services	Adequate	=	66.6%	70.0%	=
3	Emergency Services	Inadequate	↓	N/A	N/A	N/A
4	Health Information Management	Adequate	↓	90.5%	93.7%	=
5	Health Care Environment†	N/A	N/A	52.9%	41.8%	=
6	Transfers	Adequate	↑	81.2%	77.3%	=
7	Medication Management	Adequate	=	53.4%	57.5%	=
8	Prenatal and Postpartum Care	N/A	N/A	N/A	N/A	N/A
9	Preventive Services	N/A	N/A	98.8%	81.0%	↑
10	Nursing Performance	Adequate	=	N/A	N/A	N/A
11	Provider Performance	Adequate	=	N/A	N/A	N/A
12	Reception Center	N/A	N/A	N/A	N/A	N/A
13	Specialized Medical Housing	Adequate	=	78.3%	72.5%	↑
14	Specialty Services	Adequate	=	82.5%	77.0%	=
15	Administrative Operations†	N/A	N/A	76.9%	80.6%	=

* The symbols in this column correspond to changes that occurred in indicator ratings between the medical inspections conducted during Cycle 6 and Cycle 7. The equals sign means there was no change in the rating. The single arrow means the rating rose or fell one level, and the double arrow means the rating rose or fell two levels (green, from *inadequate* to *proficient*; pink, from *proficient* to *inadequate*).

† **Health Care Environment** and **Administrative Operations** are secondary indicators and are not considered when rating the institution's overall medical quality.

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

Medical Inspection Results

Deficiencies Identified During Case Review

Deficiencies are medical errors that increase the risk of patient harm. Deficiencies can be minor or significant, depending on the severity of the deficiency. An *adverse event* occurs when the deficiency caused harm to the patient. All major health care organizations identify and track adverse events. We identify deficiencies and adverse events to highlight concerns regarding the provision of care and for the benefit of the institution's quality improvement program to provide an impetus for improvement.[6]

The OIG found no adverse events at CIM during the Cycle 7 inspection.

Case Review Results

OIG case reviewers (a team of physicians and nurse consultants) assessed 10 of the 13 indicators applicable to CIM. Of these 10 indicators, OIG clinicians rated one ***proficient***, eight ***adequate***, and one ***inadequate***. The OIG physicians also rated the overall adequacy of care for each of the 25 detailed case reviews they conducted. Of these 25 cases, 23 were ***adequate*** and two were ***inadequate***. In the 1,104 events reviewed, we identified 262 deficiencies, 43 of which the OIG clinicians considered to be of such magnitude that, if left unaddressed, would likely contribute to patient harm.

Our clinicians found the following strengths at CIM:

- Staff performed very well in providing patient access to providers and clinic nurses.
- Staff always completed laboratory and radiology testing within required time frames.
- Providers managed patients' chronic health conditions well.
- Staff performed well in ensuring medication continuity for new medications, chronic care medications, transfer-in medications, transfer-out medications, and for patients returning from the hospital and undergoing treatment in the specialized medical housing unit.
- Nurses performed well in documenting timelines of emergency events.

Our clinicians found the following weaknesses at CIM:

- Nurses often did not perform thorough assessments or provide appropriate interventions during emergency events. Furthermore, nursing and medical leadership did not frequently complete thorough clinical reviews of the urgent or emergent events to identify opportunities for improvement.

[6] For a further discussion of an adverse event, see Table A–1.

- Nursing staff needed improvement in initiating care plans at the time of the patient's admission to the OHU or during the OHU review period.

- Providers did not regularly send patient test results notification letters and, when they sent the letters, they did not consistently include all required elements in the test results notification letters.

Compliance Testing Results

Our compliance inspectors assessed 10 of the 12 indicators applicable to CIM. Of these 10 indicators, our compliance inspectors rated three ***proficient***, four ***adequate***, and three ***inadequate***. We solely tested policy compliance in **Health Care Environment**, **Preventive Services**, and **Administrative Operations** as these indicators do not have a case review component.

CIM showed a high rate of policy compliance in the following areas:

- Staff scheduled timely provider follow-up appointments for chronic care patients, newly arrived patients, and patients who returned from a community hospitalization.

- Nursing staff processed sick call request forms, performed face-to-face encounters, and completed nurse-to-provider referrals within required time frames.

- Staff timely scanned nondictated progress notes, initial health care screening forms, community hospital discharge reports, and requests for health care services into patients' electronic medical records.

- Staff performed well in offering immunizations and providing preventive services for their patients, such as influenza vaccination, annual testing for tuberculosis (TB), and colorectal cancer screenings.

CIM revealed a low rate of policy compliance in the following areas:

- Staff did not consistently complete STAT laboratory services and intermittently retrieved pathology results within the specified time frames.

- Health care staff did not consistently follow hand hygiene precautions before or after patient encounters.

- Patients did not consistently receive their ordered chronic care medications, hospital discharge medications, or newly ordered medications within specified time frames.

- Nursing staff needed improvement in regularly inspecting emergency medical response bags (EMRBs).

Institution-Specific Metrics

Opened in 1941, California Institution for Men (CIM) is located in San Bernardino County. The institution's primary mission is to provide housing and programming for the general population and sensitive needs (Level II) patients. CIM is a large complex consisting of four separate facilities: Facilities A and C primarily house Level II sensitive-needs-yard (SNY) custody patients; Facility D houses general population patients and is designated as a Secure Level I; Facility B houses medium-and maximum-custody-level patients and also serves as a reception center, where it receives and processes patients who have been newly incarcerated, primarily from Riverside and San Diego Counties.

The institution operates 10 medical clinics in which health care staff handle routine requests for medical services. CIM operates a triage and treatment area (TTA) for urgent and emergent patient care, a receiving and release (R&R) clinic for the assessment of arriving and departing patients, and an outpatient housing unit (OHU). In its OHU, staff treat patients who require assistance with activities of daily living but do not require a higher level of inpatient care. CCHCS has designated CIM as an intermediate care institution. These institutions are predominantly located in or near urban areas and are close to tertiary care centers and specialty care providers to enable the provision of the most cost-effective care.

As of September 5, 2025, the department reported on its public tracker 80 percent of CIM's incarcerated population was fully vaccinated for COVID-19 while 68 percent of CIM's staff was fully vaccinated for COVID-19.[7]

On October 25, 2024, the Health Care Services Master Registry showed CIM had a total population of 2,284. A breakdown of the medical risk level of the CIM population as determined by the department is set forth in Table 2 below.[8]

Table 2. CIM Master Registry Data as of October 2024

Medical Risk Level	Number of Patients	Percentage*
High 1	510	22.3%
High 2	627	27.5%
Medium	682	29.9%
Low	465	20.4%
Total	**2,284**	**100.0%**

* Percentages may not total 100% due to rounding.

Source: Data for the population medical risk level were obtained from the CCHCS Master Registry dated 10-25-24.

[7] For more information, see the department's statistics on its website page titled **Population COVID-19 Tracking**.

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

According to staffing data the OIG obtained from California Correctional Health Care Services (CCHCS), as identified in Table 3 below, CIM had no vacant executive leadership positions, no primary care provider vacancies, 0.2 nursing supervisor vacancies, and 1.9 nursing staff vacancies.

Table 3. CIM Health Care Staffing Resources as of October 2024

Positions	Executive Leadership*	Primary Care Providers	Nursing Supervisors	Nursing Staff †	Total
Authorized Positions	5.0	12.5	15.2	177.7	210.4
Filled by Civil Service	7.0	14.0	15.0	175.8	211.8
Vacant	0	0	0.2	1.9	2.1
Percentage Filled by Civil Service	140%	112%	98.7%	98.9%	100.7%
Filled by Telemedicine	0	0	0	0	0
Percentage Filled by Telemedicine	0%	0%	0%	0%	0%
Filled by Registry	0	0	0	0	0
Percentage Filled by Registry	0%	0%	0%	0%	0%
Total Filled Positions	7.0	14.0	15.0	175.8	211.8
Total Percentage Filled	**140%**	**112%**	**98.7%**	**98.9%**	**100.7%**
Appointments in Last 12 Months	0	0	3.0	32.0	35.0
Redirected Staff	0	0	0	0	0
Staff on Extended Leave ‡	1.0	0	0	0	1.0
Adjusted Total: Filled Positions	**6.0**	**14.0**	**15.0**	**175.8**	**210.8**
Adjusted Total: Percentage Filled	**120%**	**112%**	**98.7%**	**98.9%**	**100.2%**

* Executive Leadership includes the Chief Physician and Surgeon.

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

‡ In Authorized Positions.

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

Source: Cycle 7 medical inspection preinspection questionnaire received on 10-25-24, from California Correctional Health Care Services.

Population-Based Metrics

In addition to our own compliance testing and case reviews, as noted above, the OIG presents selected measures from the Healthcare Effectiveness Data and Information Set (HEDIS) for comparison purposes. The HEDIS is a set of standardized quantitative performance measures designed by the National Committee for Quality Assurance to ensure that the public has the data it needs to compare the performance of health care plans. Because the Veterans Administration no longer publishes its individual HEDIS scores, we removed them from our comparison for Cycle 7. Likewise, Kaiser (commercial plan) no longer publishes HEDIS scores. However, through the California Department of Health Care Services' *Medi-Cal Managed Care Technical Report,* the OIG obtained California Medi-Cal and Kaiser Medi-Cal HEDIS scores to use in conducting our analysis, and we present them here for comparison.

HEDIS Results

We considered CIM's performance with population-based metrics to assess the macroscopic view of the institution's health care delivery. Currently, only two HEDIS measures are available for review: **poor HbA1c control**, which measures the percentage of diabetic patients who have poor blood sugar control, and **colorectal cancer screening rates** for patients ages 45 to 75. We list the applicable HEDIS measures in Table 4.

Comprehensive Diabetes Care

When compared with statewide Medi-Cal programs—California Medi-Cal, Kaiser Northern California (Medi-Cal), and Kaiser Southern California (Medi-Cal)—CIM's percentage of patients with poor HbA1c control was significantly lower, indicating very good performance on this measure.

Immunizations

Statewide comparative data were not available for immunization measures; however, we include these data for informational purposes. CIM had a 60 percent influenza immunization rate for adults 18 to 64 years old and an 88 percent influenza immunization rate for adults 65 years of age and older.[9] The pneumococcal vaccination rate was 93 percent.[10]

Cancer Screening

When compared with statewide Medi-Cal programs—California Medi-Cal, Kaiser Northern California (Medi-Cal), and Kaiser Southern California (Medi-Cal)—CIM's colorectal cancer screening rate of 91 percent was significantly higher, indicating very good performance on this measure.

[9] The HEDIS sampling methodology requires a minimum sample of 10 patients to have a reportable result.

[10] The pneumococcal vaccines administered are the 13, 15, and 20 valent pneumococcal vaccines (PCV13, PCV15, and PCV20), or 23 valent pneumococcal vaccine (PPSV23), depending on the patient's medical conditions. For the adult population, the influenza or pneumococcal vaccine may have been administered at a different institution other than where the patient was currently housed during the inspection period.

Table 4. CIM Results Compared With State HEDIS Scores

HEDIS Measure	CIM Cycle 7 Results*	California Medi-Cal†	California Kaiser NorCal Medi-Cal†	California Kaiser SoCal Medi-Cal†
HbA1c Screening	100%	–	–	–
Poor HbA1c Control (> 9.0%) ‡,§	**3%**	33%	26%	19%
HbA1c Control (< 8.0%) ‡	91%	–	–	–
Blood Pressure Control (< 140/90) ‡	99%	–	–	–
Eye Examinations	74%	–	–	–
Influenza – Adults (18–64)	60%	–	–	–
Influenza – Adults (65+)	88%	–	–	–
Pneumococcal – Adults (65+)	93%	–	–	–
Colorectal Cancer Screening	91%	40%	71%	71%

Notes and Sources

* Unless otherwise stated, data were collected in November 2024 by reviewing medical records from a sample of CIM's population of applicable patients. These random statistical sample sizes were based on a 95 percent confidence level with a 15 percent maximum margin of error.

† HEDIS Medi-Cal data were obtained from the California Department of Health Care Services publication *Medi-Cal Managed Care External Quality Review Technical Report*, dated July 1, 2023–June 30, 2024 (published April 2025); **https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2023-24-Medi-Cal-Managed-Care-Physical-Health-External-Quality-Review-Technical-Report-Vol1-F1.pdf**.

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

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

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

Recommendations

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

Diagnostic Services

- The department should develop strategies, such as an electronic solution, to ensure providers create patient notification letters when they endorse test results and ensure patient notification letters contain all elements required by CCHCS policy. The department should implement remedial measures as appropriate

- Health care leadership should determine the root cause(s) of challenges to the completion and notification of STAT laboratory results and should implement remedial measures as appropriate.

Emergency Services

- Medical and nursing leadership should determine the root cause(s) of challenges in completing thorough clinical reviews of urgent and emergent events in which patients transfer to the community hospital as well as in identifying opportunities for improvement. Leadership should implement remedial measures as appropriate.

- CCHCS should reevaluate the necessity of equipment (cardiac monitor, crash cart, Omnicell, IVs, and IV fluids) required in the clinic satellite TTA areas as well as any licensing steps necessary to provide such equipment, as the institution utilizes these areas to provide urgent and emergent care to the patients. Having the necessary equipment allows for nursing and medical staff to provide the standard of care for urgent and emergent events and may potentially prevent negative outcomes for the patients.

- CIM nursing leadership should determine any additional root cause(s) of challenges that prevent nurses from performing thorough assessments and reassessments and providing appropriate interventions for patients with urgent and emergent conditions. Leadership should implement remedial measures as appropriate.

Health Care Environment

- Health care leadership should determine the root cause(s) for staff not ensuring clinical areas are appropriately disinfected, cleaned, and sanitized and should implement remedial measures as appropriate.

- Health care leadership should determine the root cause(s) for staff not following all required universal hand hygiene precautions and should implement remedial measures as appropriate.

- Health care leadership should determine the root cause(s) for staff not following equipment and medical supply management protocols and should implement remedial measures as appropriate.

- Nursing leadership should determine the root cause(s) for staff not ensuring the emergency medical response bags (EMRBs) are regularly inventoried, stocked, or sealed and should implement remedial measures as appropriate.

Medication Management

- Health care leadership should determine the challenges related to medication continuity for chronic care medications, new medications, hospital discharge medications, medications for patients in specialized medical housing unit, and medications for patients temporarily housed at CIM. Leadership should implement remedial measures as appropriate.

Nursing Performance

- Nursing leadership should determine the challenges to nurses performing thorough face-to-face assessments and should implement remedial measures as appropriate.

Provider Performance

- Medical leadership should determine the root cause(s) of providers not thoroughly reviewing specialty service reports and should implement remedial measures as appropriate.

Specialized Medical Housing

- Nursing leadership should determine the challenges to nurses performing thorough assessments and initiating individualized care plans. Leadership should implement remedial measures as appropriate.

Specialty Services

- Health care leadership should determine the root cause(s) of challenges to staff timely providing specialty appointments, including preapproved specialty appointments for transfer-in patients, and should implement appropriate remedial measures.

Access to Care

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

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Proficient	***Proficient*** **(93.0%)**

In this cycle, case review found CIM provided excellent access to care, improving compared with Cycle 6. Clinic providers and nursing staff timely evaluated patients who submitted sick call requests, required follow-up after specialty services and hospitalizations, and transferred into the institution. Specialty service appointments also occurred within ordered time frames. Providers and nurses also timely assessed patients in the outpatient housing unit (OHU). As a result, the OIG rated the case review component of this indicator ***proficient.***

Compliance testing showed CIM performed excellently in this indicator. Providers always evaluated patients returning from hospitalizations and almost always evaluated newly transferred patients and patients with chronic care conditions timely. Nurses nearly always reviewed patient sick call requests and always completed face-to-face triages timely. Conversely, staff needed improvement in delivering prompt provider follow-ups for patients returning from specialist appointments. Based on the overall **Access to Care** compliance score result, the OIG rated the compliance testing component of this indicator ***proficient***.

Case Review and Compliance Testing Results

OIG clinicians reviewed 276 provider, nursing, urgent or emergent care (TTA), specialty, and hospital events, and transfer-in encounters requiring the institution to generate appointments. We identified seven deficiencies related to **Access to Care**, none of which were significant.[11]

Access to Care Providers

Access to clinic providers is an integral part of patient care in health care delivery. Compliance testing showed CIM performed very well in timely completing chronic care face-to-face follow-up appointments (MIT 1.001, 92.0%) and performed excellently with nurse-to-provider follow-up appointments (MIT 1.005, 100%) and sick call follow-up appointments (MIT 1.006, 100%). OIG clinicians reviewed 53 clinic encounters and did not find deficiencies related to the access provided. However, we identified a pattern of four minor deficiencies in which providers reviewed patient charts instead of scheduling face-to-

[11] Deficiencies occurred in cases 20, 22, and 26.

face appointments and labeled the appointments as "completed" instead of voiding or cancelling them.[12] The following is an example:

- In case 26, the provider was scheduled to see the patient for follow-up after the orthopedic specialty appointment. The provider did not see the patient but performed a chart review and documented the orthopedic surgeon's recommendations. The provider documented the appointment as completed even though the provider did not see the patient.

Access to Specialized Medical Housing Providers

CIM provided satisfactory access to providers in the OHU. Compliance testing showed providers generally completed the required history and physical examinations timely (MIT 13.002, 80.0%). OIG clinicians reviewed 47 provider encounters and did not identify any access deficiencies related to specialized medical housing providers.

Access to Clinic Nurses

CIM provided excellent access to clinic nurses. Compliance testing showed registered nurses almost always reviewed the patients' requests for service within required time frames (MIT 1.003, 96.9%) and always assessed the patients within one business day after nurses triaged the sick call slips (MIT 1.004, 100%). OIG clinicians reviewed 46 nursing sick call requests and identified only one deficiency related to clinic nurse access in the case below:

- In case 22, the RN triaged a health care request as symptomatic for a patient who complained of painful sores on the bottom of the feet causing difficulty walking and standing. However, the sick call RN assessed the patient one day late.

Access to Specialty Services

CIM performed generally well in referrals to specialty services. Compliance testing showed staff generally completed initial specialty services appointments within required time frames for high-priority referrals (MIT 14.001, 80.0%) and routine-priority referrals (MIT 14.007, 86.7%) but needed improvement for medium-priority referrals (MIT 14.004, 60.0%). Specialty follow-up appointments for high-priority referrals (MIT 14.003, 100%) always occurred timely while specialty follow-up appointments for medium-priority referrals (MIT 14.006, 88.9%) and routine-priority referrals (MIT 14.009, 88.9%) frequently occurred timely. OIG clinicians reviewed 141 specialty encounters and identified two deficiencies.[13] The following is an example:

- In case 22, the provider evaluated the patient returning from hospitalization for an outpatient housing unit (OHU) admission. The provider documented in the chart the patient "needs F/U with Urology in one week." However, the urologist did not evaluate the patient until over one month later.

Follow-Up After Specialty Services

[12] Deficiencies occurred in cases 20 and 26.

[13] Deficiencies occurred in case 22.

CIM generally provided timely provider appointments after specialty services. Compliance testing revealed provider appointments after specialty encounters intermittently occurred within the required time frame (MIT 1.008, 73.1%). In contrast, OIG clinicians identified no deficiencies related to provider appointments after specialty services.

Follow-Up After Hospitalization

Compliance and case review both found CIM always ensured providers evaluated patients after hospitalizations. Compliance testing showed providers always timely completed follow-up appointments with patients after hospitalizations (MIT 1.007, 100%). Similarly, OIG clinicians reviewed 30 events and identified no deficiencies in this category.

Follow-Up After Urgent or Emergent Care (TTA)

CIM provided excellent access to care for patients following triage and treatment area (TTA) events. OIG clinicians reviewed 18 TTA events and identified no delays in provider follow-up.

Follow-Up After Transferring Into CIM

Newly arrived patients to CIM received good access to care. Compliance testing showed clinicians frequently evaluated patients who transferred into the institution (MIT 1.002, 92.0%) within the required time frame. OIG clinicians reviewed three transfer-in cases and identified no deficiencies.

Clinician On-Site Inspection

CIM has three main clinics: facilities A, B, and C. D Yard contains the main health care central services and has TTA, OHU, and specialty services clinics. Facilities A, B, and C each operate a satellite TTA with a medical provider on duty (MOD) on weekdays from 3:00 p.m. to 11:00 p.m. A provider is on call daily for the main TTA after 11:00 p.m. and all day on weekends. Medical leadership reported the response times for emergency ambulance services to arrive at the Facilities A, B, and C are usually more expedient than the times CIM staff transported patients from Facilities A, B, and C to the main TTA in D facility. Staff reported scheduling six to eight patients per day for each clinic provider and adding two to three walk-in patients for the same day. In addition, providers also evaluated patients who were new arrivals for layover, including patients from the Male Community Reentry Program, patients returning from gender affirming procedures, and patients after transplant surgeries. OIG clinicians observed the morning huddles and population management meeting, which were well attended by the patient care team and ancillary staff.

Compliance Testing Results

Five of the six housing units randomly tested at the time of inspection had access to health care services request forms (CDCR Form 7362) (MIT 1.101, 83.3%). In one housing unit, no forms were available at the time of our inspection.

Compliance Score Results

Table 5. Access to Care

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Chronic care follow-up appointments: Was the patient's most recent chronic care visit within the health care guideline's maximum allowable interval or within the ordered time frame, whichever is shorter? (1.001)	23	2	0	92.0%
For endorsed patients received from another CDCR institution: Based on the patient's clinical risk level during the initial health screening, was the patient seen by the clinician within the required time frame? (1.002)	23	2	0	92.0%
Clinical appointments: Did a registered nurse review the patient's request for service the same day it was received? (1.003)	31	1	0	96.9%
Clinical appointments: Did the registered nurse complete a face-to-face visit within one business day after the CDCR Form 7362 was reviewed? (1.004)	32	0	0	100%
Clinical appointments: If the registered nurse determined a referral to a primary care provider was necessary, was the patient seen within the maximum allowable time or the ordered time frame, whichever is the shorter? (1.005)	4	0	28	100%
Sick call follow-up appointments: If the primary care provider ordered a follow-up sick call appointment, did it take place within the time frame specified? (1.006)	2	0	30	100%
Upon the patient's discharge from the community hospital: Did the patient receive a follow-up appointment within the required time frame? (1.007)	25	0	0	100%
Specialty service follow-up appointments: Did the clinician follow-up visits occur within required time frames? (1.008) *	19	7	9	73.1%
Clinical appointments: Do patients have a standardized process to obtain and submit health care services request forms? (1.101)	5	1	0	83.3%
				Overall percentage (MIT 1): **93.0%**

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

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

Table 6. Other Tests Related to Access to Care

	Scored Answer			
Compliance Questions	**Yes**	**No**	**N/A**	**Yes %**
For patients received from a county jail: If, during the assessment, the nurse referred the patient to a provider, was the patient seen within the required time frame? (12.003)	N/A	N/A	N/A	N/A
For patients received from a county jail: Did the patient receive a history and physical by a primary care provider within seven calendar days (prior to 07/2022) or five working days (effective 07/2022)? (12.004)	N/A	N/A	N/A	N/A
Was a written history and physical examination completed within the required time frame? (13.002)	8	2	0	80.0%
Did the patient receive the high-priority specialty service within 14 calendar days of the primary care provider order or the Physician Request for Service? (14.001)	4	1	0	80.0%
Did the patient receive the subsequent follow-up to the high-priority specialty service appointment as ordered by the primary care provider? (14.003)	5	0	0	100%
Did the patient receive the medium-priority specialty service within 15-45 calendar days of the primary care provider order or the Physician Request for Service? (14.004)	9	6	0	60.0%
Did the patient receive the subsequent follow-up to the medium-priority specialty service appointment as ordered by the primary care provider? (14.006)	8	1	6	88.9%
Did the patient receive the routine-priority specialty service within 90 calendar days of the primary care provider order or Physician Request for Service? (14.007)	13	2	0	86.7%
Did the patient receive the subsequent follow-up to the routine-priority specialty service appointment as ordered by the primary care provider? (14.009)	8	1	6	88.9%

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

Recommendations

The OIG offers no recommendations for this indicator.

Diagnostic Services

In this indicator, OIG inspectors evaluated the institution's performance in timely completing radiology, laboratory, and pathology tests. Our inspectors determined whether the institution properly retrieved the resultant reports and whether providers reviewed the results correctly. In addition, in Cycle 7, we examined the institution's performance in timely completing and reviewing immediate (STAT) laboratory tests.

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Adequate	***Inadequate* (66.6%)**

As in Cycle 6, case review found CIM delivered good performance in this indicator. Staff always completed laboratory and radiology testing within required time frames. Staff also retrieved and providers endorsed these results timely. However, providers often either did not send or sent incomplete test results notification letters to patients. After reviewing all aspects, the OIG rated the case review component of this indicator ***adequate***.

CIM compliance testing scored low overall for this indicator. Staff performed excellently in timely completing radiology services, reviewing laboratory results, and endorsing STAT laboratory results. CIM almost always completed laboratory services and often endorsed radiology and pathology results within required time frames. However, staff needed improvement in the notifying and acknowledging STAT laboratory results and performed poorly in generating complete patient test results notification letters with all required elements. Based on the overall **Diagnostic Services** compliance score result, the OIG rated the compliance testing component of this indicator ***inadequate***.

Case Review and Compliance Testing Results

OIG clinicians reviewed 239 diagnostic events and identified 74 deficiencies, none of which were significant.[14] All 74 deficiencies related to health information management. No deficiencies related to delayed or noncompleted ordered tests.

Test Completion

Compliance testing indicated CIM performed excellently in completing radiology services (MIT 2.001, 100%) and very well in completing laboratory tests within required time frames (MIT 2.004, 90.0%). However, staff needed improvement in timely completing STAT laboratory tests (MIT 2.007, 66.7%). In contrast, OIG clinicians did not find any deficiencies with test completion, even in the one STAT laboratory test we reviewed.[15]

[14] Deficiencies occurred in cases 1-3, 6, 7, 9–18, 20–22, 25, 26, 47, and 49.

[15] A STAT diagnostic test occurred in case 8.

Health Information Management

CIM staff retrieved laboratory and diagnostic results promptly and sent the results to providers for review. Compliance testing showed providers performed well in endorsing radiology reports within specified time frames (MIT 2.002, 80.0%) and always timely endorsed routine and STAT laboratory results (MIT 2.005, 100% and MIT 2.009, 100%). However, staff needed improvement in timely acknowledging and notifying patients of STAT test results (MIT 2.008, 55.6%).

Compliance testing revealed staff performed poorly in communicating radiology, laboratory, and pathology results with complete notification letters to patients (MIT 2.003, 10.0%, MIT 2.006, 40.0%, and MIT 2.012, zero). Similarly, OIG clinicians identified 71 deficiencies related to patient test results notification letters, three of which related to endorsing results late and one of which related to not forwarding the report to the provider. While none of these deficiencies were significant, the large number showed a pattern of poor communication to patients of test results with complete notification letters. The following is an example:

- In case 6, the provider endorsed laboratory test results eight days after the results became available. Furthermore, the provider did not include whether the results were within normal limits in the patient notification letter.

We discuss this issue further in the **Health Information Management** indicator.

Clinician On-Site Inspection

OIG clinicians met with CIM's chief support executive (CSE), clinical laboratory scientist (CLS), senior laboratory assistant, and phlebotomists. The CLS described the laboratory testing process workflow at CIM, including how CIM tracked pending STAT laboratory test results. OIG clinicians also met with a radiologic technician. CIM offers digital x-rays and on-site mobile imaging services for MRI, CT, ultrasound, and FibroScan.[16]

[16] A CT is a computed, or computerized, tomography scan while an MRI is a magnetic resonance imaging scan. Both create detailed images of the organs and tissues to detect diseases and abnormalities. A FibroScan is a diagnostic imaging scan used to evaluate for liver scarring and fatty changes from liver disease.

Compliance Score Results

Table 7. Diagnostic Services

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Radiology: Was the radiology service provided within the time frame specified in the health care provider's order? (2.001)	10	0	0	100%
Radiology: Did the ordering health care provider review and endorse the radiology report within specified time frames? (2.002)	8	2	0	80.0%
Radiology: Did the ordering health care provider communicate the results of the radiology study to the patient within specified time frames? (2.003)	1	9	0	10.0%
Laboratory: Was the laboratory service provided within the time frame specified in the health care provider's order? (2.004)	9	1	0	90.0%
Laboratory: Did the health care provider review and endorse the laboratory report within specified time frames? (2.005)	10	0	0	100%
Laboratory: Did the health care provider communicate the results of the laboratory test to the patient within specified time frames? (2.006)	4	6	0	40.0%
Laboratory: Did the institution collect the STAT laboratory test and receive the results within the required time frames? (2.007)	6	3	0	66.7%
Laboratory: Did the provider acknowledge the STAT results, OR did nursing staff notify the provider within the required time frames? (2.008)	5	4	0	55.6%
Laboratory: Did the health care provider endorse the STAT laboratory results within the required time frames? (2.009)	9	0	0	100%
Pathology: Did the institution receive the final pathology report within the required time frames? (2.010)	7	3	0	70.0%
Pathology: Did the health care provider review and endorse the pathology report within specified time frames? (2.011)	7	1	2	87.5%
Pathology: Did the health care provider communicate the results of the pathology study to the patient within specified time frames? (2.012)	0	8	2	0
				Overall percentage (MIT 2): 66.6%

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

Recommendations

- The department should develop strategies, such as an electronic solution, to ensure providers create patient notification letters when they endorse test results and ensure patient notification letters contain all elements required by CCHCS policy. The department should implement remedial measures as appropriate

- Health care leadership should determine the root cause(s) of challenges to the completion and notification of STAT laboratory results and should implement remedial measures as appropriate.

Emergency Services

In this indicator, OIG clinicians evaluated the quality of emergency medical care. Our clinicians reviewed emergency medical services by examining the timeliness and appropriateness of clinical decisions made during medical emergencies. Our evaluation included examining the emergency medical response, cardiopulmonary resuscitation (CPR) quality, triage and treatment area (TTA) care, provider performance, and nursing performance. Our clinicians also evaluated the Emergency Medical Response Review Committee's (EMRRC) performance in identifying problems with its emergency services. The OIG assessed the institution's emergency services solely through case review.

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Inadequate	***Not Applicable***

Case review found CIM needed improvement with this indicator during this cycle. CIM staff responded promptly to medical emergencies at the institution and performed well in the two CPR cases reviewed. However, we found the nursing staff needed improvement in completing thorough assessments, providing appropriate interventions when clinically indicated, and documenting thoroughly. In addition, while the nursing and medical leadership frequently conducted clinical reviews of urgent and emergent events, they did not identify the same deficiencies and opportunities for improvement the OIG clinicians identified. Considering all factors, the OIG rated this indicator ***inadequate***.

Case Review Results

We reviewed 45 urgent or emergent events and found 50 emergency care deficiencies. Of those 50 deficiencies, 11 were significant.[17]

Emergency Medical Response

OIG clinicians reviewed 13 events in eight cases requiring a medical response.[18] CIM custody and health care staff generally responded promptly to emergencies throughout the institution and timely notified the TTA RN or clinic RN staff. However, we found two cases with delays in notifying 9-1-1 emergency services (EMS). The following are examples:

- In cases 2 and 18, the patients both reported chest pain, but the RNs delayed notifying EMS in each case. In case 2, the RN initiated EMS approximately 20 minutes after the provider ordered the patient be transferred to the hospital. In case 18, the RN initiated EMS over 15 minutes from the time the provider ordered the patient be transferred to the hospital.

[17] Deficiencies occurred in cases 1–3, 6, 7, 18, 19, 21, 22, and 47. Significant deficiencies occurred in cases 1–3, 6, 18, 21, and 22.

[18] Medical response events occurred in cases 1–3, 6, 18, 19, 21, and 22.

Cardiopulmonary Resuscitation Quality

During this review period, OIG clinicians reviewed two cases in which staff initiated CPR.[19] In both cases, the patients were found unresponsive and custody immediately activated EMS and initiated CPR prior to health care staff responding to the scene. Custody and medical staff worked cohesively to provide care, timely initiated application of the automated external defibrillator (AED), administered multiple doses of Naloxone, and provided other interventions.[20]

Provider Performance

Providers performed satisfactorily in urgent and emergent situations as well as in after-hours care. We identified five deficiencies, none of which were significant.[21] Providers were available for consultation with nurses when necessary and were involved in treatment decisions. They made accurate diagnoses and generally completed documentation. However, we found poor documentation as in the following example:

- In case 3, the provider evaluated the patient, who presented with urethral bleeding and abnormal vital signs, including low blood pressure and elevated heart rate. The patient was at risk for significant blood loss due to chronic blood thinning medication. The provider did not document a progress note in detail for the findings, differential diagnosis, and a plan for continuity of care.

Nursing Performance

OIG clinicians identified 29 nursing performance deficiencies, eight of which were significant.[22] We found nursing staff needed improvement in completing thorough assessments and providing appropriate interventions when clinically indicated.[23] Examples are detailed below:

- In case 2, custody staff activated a medical alarm for the patient, who complained of right flank pain.[24] The RN transferred the patient to the clinic and consulted with the provider. However, the RN did not perform nursing assessments or interventions for the patient between 10:50 a.m. and 1:15 p.m. while in the clinic, did not reassess the patient or the patient's pain scale level after administering Tylenol or prior to discharging the patient to the housing unit, and did not document the patient's time of departure from the clinic. In addition, the nurse did not notify the provider for a further plan of care until over two hours after the patient arrived in the clinic.

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[19] CPR occurred in cases 4 and 5.

[20] Naloxone is a medication used for the emergency treatment of known or suspected opioid overdose. According to the manufacturer, nasal naloxone doses can be safely administered every two to three minutes. CCHCS emergency medical training allows nurses to administer up to five nasal naloxone doses when an opioid overdose is suspected.

[21] Provider performance deficiencies occurred in cases 1–3, 21, and 47.

[22] Nursing performance deficiencies occurred in cases 1–3, 6, 7, 18, 19, 21, 22, and 47. Significant deficiencies occurred in cases 2, 3, 6, 18, 21, and 22.

[23] Incomplete nursing assessments occurred in cases 2, 3, 6, 18, 19, 21, and 47. Inappropriate interventions occurred in cases 1–3, 6, 18, 19, 21, 22, and 47.

[24] Flank pain refers to pain to the side of the body, specifically between the rib cage and the hip.

- In another event in case 2, the RN assessed the patient, who walked into the clinic with a complaint of chest pain. The nurse consulted with the provider and received orders to administer nitroglycerin and transport the patient to the community hospital.[25] However, the RN did not administer additional doses of nitroglycerin as per the provider's order when the patient reported the first dose did not relieve the chest pain. In addition, the RN did not monitor vital signs every 15 minutes or place the patient on a cardiac monitor until EMS arrived approximately 50 minutes after the initial RN assessment.

- In case 3, the patient walked into the clinic with a complaint of worsening testicular pain radiating to the left side of the groin and up the left side. The RN assessed the patient's pain and consulted with the provider. However, the RN did not perform a physical assessment of the patient to include inspecting the patient's groin area or left side of the body or assessing the patient's gait, skin, and back or the hip range of motion.

- In case 18, custody staff activated a medical alarm for the patient, who complained of chest pain radiating to the arm. This patient had a medical history of high blood pressure, mini-stroke, and an aneurysm.[26] The RN transported the patient to the clinic for further evaluation and utilized the nursing chest pain protocol. The patient had moderate to severe chest pain not relieved with nitroglycerin and had an abnormal electrocardiogram (EKG).[27] However, the RN did not administer a third dose of nitroglycerin when the patient continued to complain of chest pain and did not initiate EMS until 15 minutes after the provider ordered the higher level of care transport.

- In case 21, custody staff assisted the patient in a wheelchair to the clinic after hours for right-sided abdominal pain. The RN assessed the patient and noted a bulge in the right groin area and complaints of moderate to severe cramping to the right groin. The RN attempted to call the medical provider of the day several times as well as the medical provider on call, but the RN did not receive a return call. The RN also notified the supervising RN (SRN). However, the RN discharged the symptomatic patient back to the housing unit instead of following the chain of command to speak to a provider for a plan of care prior to releasing the patient back to the housing unit.

- In case 22, custody staff activated a medical alarm for the patient, who reported sustaining a fall due to unstable vital signs. The RN arrived to assess the patient, who complained of a headache. The patient had an elevated pulse and severely low blood pressure. The RN transported the patient to the clinic in a wheelchair where the patient's blood pressure continued to decrease. The RN administered oxygen for the low oxygen saturation. The nurse initiated EMS, and the patient transferred to the community hospital 28 minutes after arriving in the clinic. The nurse documented the patient's condition was consistent with nursing protocol and documented deferring the care to medical. However, the RN did not

[25] Nitroglycerin is medication used to treat chest pain, which relaxes the blood vessels and decreases the heart's workload and oxygen demand.

[26] An aneurysm is a bulge or ballooning in the wall of an artery, which can potentially burst and cause bleeding or damage to the body.

[27] An EKG is an electrocardiogram. This noninvasive test measures and records the electrical impulses from the heart and is used to help diagnose heart problems.

consult with the provider for the patient's unstable vital signs, listen to the patient's lower lung sounds, or obtain an order to insert an IV and provide fluids to the patient prior to EMS arrival. Additionally, the RN did not document which nursing protocol they utilized.

Nursing Documentation

Nurses generally performed well in documenting an accurate timeline of events. Nurses intermittently performed thorough documentation of urgent and emergent events.[28] We found a pattern of nurses not documenting complete vital signs, a thorough physical assessment, or not documenting medications administered on the medication administration record.

Emergency Medical Response Review Committee

OIG clinicians reviewed 25 urgent and emergent events in 13 cases in which patients transferred to a higher level of care. We found 15 deficiencies, two of which were significant.[29] The SRNs, chief nurse executive (CNE), and the chief medical executive (CME) or designees frequently conducted clinical reviews. However, they omitted some clinical reviews and, in 12 of the 25 emergency events or unscheduled send outs, nursing and medical leadership did not recognize the same opportunities for improvement OIG clinicians identified. The following examples are below:

- In case 2 on 7/2/24 and case 3 on 8/26/24, the provider evaluated the patients' symptoms and subsequently transferred both patients to the community hospital. However, nursing and medical leadership or designees did not conduct clinical reviews for both unscheduled transfers to higher level of care.

- Also, in case 2 on 5/3/24, the patient transferred to the community hospital for chest pain and high blood pressure evaluation. The nursing and medical leadership completed clinical reviews of the emergent event but did not identify the nurse did not perform an EKG, place the patient on a cardiac monitor, monitor the patient's vital signs at least every 15 minutes, or reassess the patient's chest pain level for 37 minutes prior to EMS arrival.

Compliance testing showed the EMRRC often either did not complete the required checklists or did not timely complete reviews (MIT 15.003, 8.3%). This is discussed further in the **Administrative Operations** indicator.

Clinician On-Site Inspection

During the on-site inspection, OIG clinicians inspected and interviewed nursing staff and nursing supervisors in the TTA in D yard and the satellite TTAs in A, B, and C yards. The nursing staff would respond to emergencies in their respective yards and transport the patients to the main TTA or the "satellite" TTAs, where the ambulances would directly arrive to transport patients. The outside ambulances would arrive to the TTA satellites and main

[28] Incomplete documentation occurred in cases 1–3, 6, 7, 18, 19, and 22.

[29] Urgent and emergency events in which patients transferred to a high level of care occurred in cases 1–7, 18–22, and 47. Deficiencies occurred in cases 1–3, 6, 7, 18, 21, 22, and 47. Significant deficiencies occurred in case 2.

TTA within 15 minutes for emergent transfers to the community hospital from the time of notification.

The main TTA and the satellites were staffed with one RN during each shift, 24 hours per day. A provider was on site in D Yard from 7:00 a.m. to 11:00 p.m. A provider was on call from 11:00 p.m. to 7:00 a.m.

The main TTA, in D Yard, was fully equipped to provide emergency care. This TTA had a crash cart, IVs, and a cardiac continuous monitor.[30] The main TTA had four bays and an emergency response vehicle with no lights or sirens. The nurse reported the main TTA RN was responsible for evaluating all patients who returned from the emergency room, hospitalizations, and off-site specialty appointments. In addition, the main TTA RN was responsible for responding to alarms in the D Yard, OHU, culinary, firehouse, laundry, diving school program, administrative building, juice plant, and visiting area. The nurse reported, when they needed to respond to an emergency, they contacted the TTA or OHU SRN to cover the TTA during that time. The main TTA RN was the primary responder and did not have a licensed vocational nurse (LVN) or primary care registered nurse (PCRN) to assist since D Yard only contained the main TTA, OHU, and the mental health crisis bed (MHCB) unit.

According to the CIM nursing staff, the satellite TTAs functioned like the main TTA but only provided basic life support (BLS) in emergency situations since the satellites did not have a crash cart, IVs, or a cardiac continuous monitor. A, B, and C Yards each had one satellite TTA. The satellites had one procedure room per respective yard. The morning shift satellite RNs participated in the huddles with the primary care teams during business hours. The satellite RNs responded to their respective yard emergencies with the LVNs and PCRNs during the morning shift. During the evening shift, the medical responders were the satellite RNs and LVNs. On the night shift, the health care responders were only the satellite RNs, which the RNs noted could be challenging if they had a patient already in the satellite TTA, in which case they would request custody to stay with the patient during the time they were responding to the emergency. The staff reported only one SRN on the night shift was stationed in the OHU in D Yard. If the patient was being transferred to the community hospital and needed continuous monitoring or IV fluids, the patient would be transported to the main TTA in D Yard; however, our clinical reviews did not corroborate such transfers occurred if the patient needed immediate intervention.

The satellite RNs on the morning and evening shifts additionally assisted with patient walk-ins, add-ons, and follow-ups, and also with patient education for specialty procedures. The nurses reported, when chest pain emergencies occurred, they would contact the provider on site for the plan of care rather than initiate the chest pain nursing protocol since the provider was readily available. During business hours, the PCRNs would assist the satellite RNs if needed.

The main TTA SRN reported an SRN, CNE, and CME or designees conducted clinical reviews on all unscheduled transports, unless the provider evaluated the patient and determined the patient needed to go to the hospital for laboratory tests. If, on the other hand, the RN co-consulted with the provider, then leadership would conduct a clinical review. The TTA SRN also performed sick call audits for A Yard to assist with the large volume. The TTA SRN reported D Yard previously had 800 patients housed in the outpatient setting; however, D

[30] A crash cart is a mobile cabinet that contains essential equipment, tools, and medications used by medical staff to quickly treat life threatening emergencies. IV stands for intravenous. It is a medical procedure where fluids or medications are administered directly into a vein using an IV line.

Yard would have an additional 50-bed MHCB unit opening approximately October 2025, which would change the population in D Yard to be solely MHCB and OHU patients. In 2023, staffing in the TTA decreased from two RNs to one RN per shift after the removal of the D yard outpatient population. The SRN also reported 11 fire crew incarcerated persons on grounds also responded to emergencies as needed.

As mentioned above, the CNE reported the institution had what were termed *satellite* TTAs due to the unique layout of the institution and the proximity to the main TTA. The CNE reported CIM completed a time study in the past to evaluate the time for nursing staff in the main TTA to respond to the emergencies in A, B, C Yards and the time it took to transport the patient back to the main TTA. The time study revealed transferring the patient from A, B, and C Yards to the main TTA in D Yard delayed treatment and transport to the community hospital. The CNE also reported Chino Hospital was 10 minutes away, and Riverside University Health System was 30 minutes from the institution. The CNE reported the satellite TTAs functioned like an outpatient yard and provided BLS, nitroglycerin, and oxygen. The CNE also reported emergency medical response program directive prohibited staff from administering IVs on the yards. This raised the concern for nursing staff these satellite TTAs were not provided necessary equipment for emergency situations, despite the time study indication that patients received more timely emergent care by using these satellite locations. OIG clinicians also identified this concern in our review. Many emergency deficiencies the OIG cited are attributed to nursing staff in the satellite TTAs not providing necessary interventions, such as IVs or cardiac monitoring, because they did not have access to the necessary equipment. However, during our onsite interviews, we learned nursing leadership had already elevated these concerns to CCHCS.

Recommendations

- Medical and nursing leadership should determine the root cause(s) of challenges in completing thorough clinical reviews of urgent and emergent events in which patients transfer to the community hospital as well as in identifying opportunities for improvement. Leadership should implement remedial measures as appropriate.

- CCHCS should reevaluate the necessity of equipment (cardiac monitor, crash cart, Omnicell, IVs, and IV fluids) required in the clinic satellite TTA areas as well as any licensing steps necessary to provide such equipment, as the institution utilizes these areas to provide urgent and emergent care to the patients. Having the necessary equipment allows for nursing and medical staff to provide the standard of care for urgent and emergent events and may potentially prevent negative outcomes for the patients.

- CIM nursing leadership should determine any additional root cause(s) of challenges that prevent nurses from performing thorough assessments and reassessments and providing appropriate interventions for patients with urgent and emergent conditions. Leadership should implement remedial measures as appropriate.

Health Information Management

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

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Adequate	***Proficient*** **(90.5%)**

Case review found CIM performed satisfactorily in health information management. Staff performed well in retrieving and scanning hospital discharge reports and diagnostic reports. However, case review found staff had opportunities for improvement in scanning specialty and hospital reports timely. Additionally, providers needed improvement in communicating diagnostic test results to patients with complete notification letters. After considering all factors, OIG rated the case review component of this indicator ***adequate***.

Compliance testing showed CIM performed very well in this indicator. Staff almost always scanned patient sick call requests and endorsed hospital discharge reports timely. Staff also performed very well in timely scanning hospital discharge reports and ensuring medical records are labeled and filed in the appropriate patient files. Lastly, staff generally scanned specialty reports into patients' electronic health records within required time frames. Based on the overall **Health Information Management** compliance score result, the OIG rated this indicator ***proficient***.

Case Review and Compliance Testing Results

We reviewed 1,104 events and identified 98 deficiencies related to health information management, three of which were significant.[31]

Hospital Discharge Reports

CIM staff performed well in timely retrieving and scanning hospital discharge documents into patients' electronic health records (MIT 4.003, 90.0%). Nearly all the hospital discharge reports contained discharge summaries with key elements, and providers reviewed these reports timely (MIT 4.005, 96.0%). OIG clinicians reviewed 30 off-site emergency department and hospital encounters and identified one minor and one significant deficiency. The significant deficiency is described below.[32]

[31] Deficiencies occurred in cases 1–3, 6-23, 25, 26, 47, and 48. Significant deficiencies occurred in cases 1, 8 and 10.

[32] The minor deficiency occurred in case 2, and the significant deficiency occurred in case 1.

- In case 1, the patient was evaluated at the community hospital emergency department (ED) for possible seizures. However, CIM staff did not retrieve or scan the discharge report from the ED physician into the electronic health records system (EHRS) during our review period, despite this scanning being already overdue.[33]

Specialty Reports

CIM staff performed sufficiently in retrieving and reviewing specialty reports. Compliance testing showed staff often scanned specialty service reports into the EHRS within required time frames (MIT 4.002, 80.0%). CIM staff always retrieved and reviewed high-priority specialty service reports (MIT 14.002, 100%), often retrieved and reviewed medium-priority specialty service reports (MIT 14.005, 86.7%), and inconsistently retrieved and reviewed routine-priority specialty service reports (MIT 14.008, 73.3%) within required time frames. OIG clinicians reviewed 87 specialty reports and identified 19 deficiencies, two of which were significant.[34] The following is an example:

- In case 10, the RN documented placing a seven-day Holter monitor on the patient and collecting the monitor to process the recordings.[35] However, CIM staff did not retrieve and scan the results of the seven-day Holter monitor into EHRS during our review period, despite this scanning being already overdue.

We discuss specialty reports further in the **Specialty Services** indicator.

Diagnostic Reports

CIM performed satisfactorily in retrieving and endorsing diagnostic reports timely. Compliance testing showed providers always endorsed laboratory reports within required time frames (MIT 2.005, 100%) and generally endorsed radiology reports within required time frames (MIT 2.002, 80.0%). Staff needed improvement in receiving the final pathology study within the required time frame (MIT 2.010, 70.0%). Providers often reviewed and endorsed pathology reports within required time frames (MIT 2.011, 87.5%) but never communicated results of the pathology study to patients with complete notification letters (MIT 2.012, zero). OIG clinicians identified 77 deficiencies with diagnostic reports, none of which were significant.[36] Most deficiencies (72 out of 77 deficiencies) related to incomplete or missing patient test results notification letters. The following is an example:

- In case 48, the provider endorsed the laboratory test results and created a test result patient notification letter in EHRS. However, the provider did not include whether the results were within normal limits in the letter.

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[33] EHRS is the Electronic Health Records System. The department's electronic health record system is used for storing the patient's medical history. The health care staff use the system to communicate. This record stays with the patient throughout the patient's time in department's correctional system.

[34] Deficiencies occurred in cases 3, 6, 8, 10, 12, 16, 19 22, 23, 25, and 48. Significant deficiencies occurred in cases 8 and 10.

[35] A Holter monitor is a wearable device that records a patient's cardiac electrical activity for set number of hours or days.

[36] Deficiencies occurred in cases 1–3, 6, 7, 9–18, 20–22, 25, 26, 47, and 48.

We discuss diagnostic reports in greater detail in the **Diagnostic Services** indicator.

Urgent and Emergent Records

OIG clinicians reviewed 45 emergency care events. Providers recorded their emergency care sufficiently, including off-site telephone encounters. Nurses documented well for urgent and emergent events. OIG clinicians identified three deficiencies in provider documentation, none of which were significant.[37] The following is an example:

- In case 3, the provider evaluated the patient, who was on a blood thinning medication and presented with urinary bleeding and abnormal vital signs, including low blood pressure and fast heart rate. The patient was at risk for significant blood loss due to the chronic blood thinning medication. However, the provider did not document a progress note for his findings, differential diagnosis, or plan of care.

Scanning Performance

CIM staff generally performed very well with the scanning process. Compliance testing showed staff almost always scanned health care services request forms into the EHRS within required time frames (MIT 4.001, 95.0%) and often timely scanned community hospital discharge documents (MIT 4.003, 90.0%). CIM staff almost always scanned hospital discharge reports with key elements, and the providers almost always reviewed the reports within the required time frame (MIT 4.005, 96.0%). CIM staff often properly scanned and labelled medical records in the correct patients' files (MIT 4.004, 91.7%). CIM staff performed fairly well with scanning high-priority specialty reports within the required time frame (MIT 4.002, 80.0%). OIG clinicians identified 13 deficiencies related to delays in retrieving and scanning specialty and hospital reports. Four deficiencies related to not forwarding the reports to the provider for endorsement, and two deficiencies related to mislabeling reports. Of the six deficiencies, three were significant.[38] The following is an example:

- In case 8, the medical assistant sent a general message to the provider with the partial copy of "Cardiology Electrophysiology Pre-Procedure Instructions" from the cardiologist. However, CIM staff did not retrieve or scan the complete copy of the instructions into EHRS for the provider to review and sign.

Clinician On-Site Inspection

OIG clinicians discussed health information management processes with CIM's medical leadership, medical records supervisor, office technicians (OTs), and providers. The supervisor described the workflow and explained the process of how they retrieved and uploaded specialty consultation reports into EHRS. The supervisor explained how CIM was expanding its capacity to directly access regional hospitals' electronic health records to retrieve and scan hospital reports for the providers.

[37] Deficiencies occurred in cases 1, 2, and 3.

[38] Deficiencies occurred in cases 1–3, 8, 10, 12, 16, 19, 22, and 23. Significant deficiencies occurred in cases 1, 8, and 10.

Compliance Score Results

Table 8. Health Information Management

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Are health care service request forms scanned into the patient's electronic health record within three calendar days of the encounter date? (4.001)	19	1	12	95.0%
Are specialty documents scanned into the patient's electronic health record within five calendar days of the encounter date? (4.002)	20	5	10	80.0%
Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge? (4.003)	18	2	5	90.0%
During the inspection, were medical records properly scanned, labeled, and included in the correct patients' files? (4.004)	22	2	0	91.7%
For patients discharged from a community hospital: Did the preliminary or final hospital discharge report include key elements and did a provider review the report within five calendar days of discharge? (4.005)	24	1	0	96.0%
				Overall percentage (MIT 4): 90.5%

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

Table 9. Other Tests Related to Health Information Management

	Scored Answer			
Compliance Questions	**Yes**	**No**	**N/A**	**Yes %**
Radiology: Did the ordering health care provider review and endorse the radiology report within specified time frames? (2.002)	8	2	0	80.0%
Laboratory: Did the health care provider review and endorse the laboratory report within specified time frames? (2.005)	10	0	0	100%
Laboratory: Did the provider acknowledge the STAT results, OR did nursing staff notify the provider within the required time frame? (2.008)	5	4	0	55.6%
Pathology: Did the institution receive the final pathology report within the required time frames? (2.010)	7	3	0	70.0%
Pathology: Did the health care provider review and endorse the pathology report within specified time frames? (2.011)	7	1	2	87.5%
Pathology: Did the health care provider communicate the results of the pathology study to the patient within specified time frames? (2.012)	0	8	2	0
Did the institution receive and did the primary care provider review the high-priority specialty service consultant report within the required time frame? (14.002)	5	0	0	100%
Did the institution receive and did the primary care provider review the medium-priority specialty service consultant report within the required time frame? (14.005)	13	2	0	86.7%
Did the institution receive and did the primary care provider review the routine-priority specialty service consultant report within the required time frame? (14.008)	11	4	0	73.3%

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

Recommendations

The OIG offers no specific recommendations for this indicator.

Health Care Environment

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

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

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Not Applicable	***Inadequate* (52.9%)**

Overall, CIM performed poorly with respect to its health care environment. Medical supplies storage areas in the clinics contained unidentified, inaccurately labeled, or disorganized medical supplies. In addition, several clinics did not meet the requirements for essential core medical equipment and supplies. Staff also did not regularly sanitize or wash their hands during patient encounters. Lastly, emergency medical response bags (EMRBs) contained compromised medical supply packaging, had not been properly inventoried when seal tags changed, or did not have the required number of medical supplies. Based on the overall **Health Care Environment** compliance score result, the OIG rated this indicator ***inadequate***.

Compliance Testing Results

Waiting Areas

We inspected only indoor waiting areas because CIM had no outdoor waiting areas. Health care and custody staff reported the existing waiting areas contained sufficient seating capacity (see Photo 1). Patients waited either in the clinic waiting area or in individual modules (see Photo 2, next page). During our inspection, we did not observe overcrowding in any of the clinics' indoor waiting areas.

Photo 1. Indoor waiting area (photographed on 11-20-24).

Photo 2. Individual waiting modules
(photographed on 11-19-24).

Clinic Environment

Seven of nine clinic environments were sufficiently conducive for medical care. They provided reasonable auditory privacy, appropriate waiting areas, wheelchair accessibility, and nonexamination room workspace (MIT 5.109, 77.8%). In two clinics, the blood draw stations were within close proximity to each other, which hindered auditory privacy.

Of the eight applicable clinics we observed, five contained appropriate space, configuration, supplies, and equipment to allow clinicians to perform proper examinations (MIT 5.110, 62.5%). The remaining three clinics had one or both of the following deficiencies: examination rooms lacked visual or auditory privacy, and we found both an examination table and chair with torn vinyl covers.

Clinic Supplies

None of the nine clinics followed proper medical supply storage and management protocols (MIT 5.107, zero). We found one or more of the following deficiencies in all nine clinics: compromised sterile medical supply packaging; expired medical supplies (see Photo 3, next page); unorganized, unidentified, or inaccurately labeled medical supplies; long-term storage of staff members' food in the medical supply storage area; and staff members' personal items and food stored with medical supplies (see Photo 4, next page).

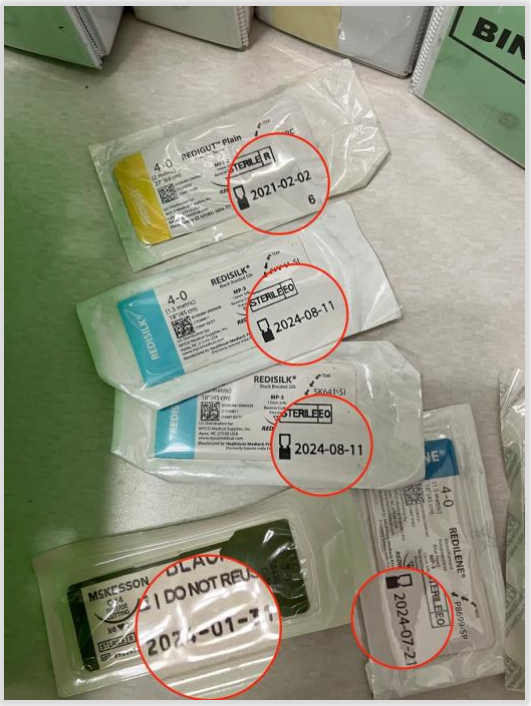

Photo 3. . Expired medical supplies found stored beyond manufacturers' guidelines (photographed on 11-20-24).

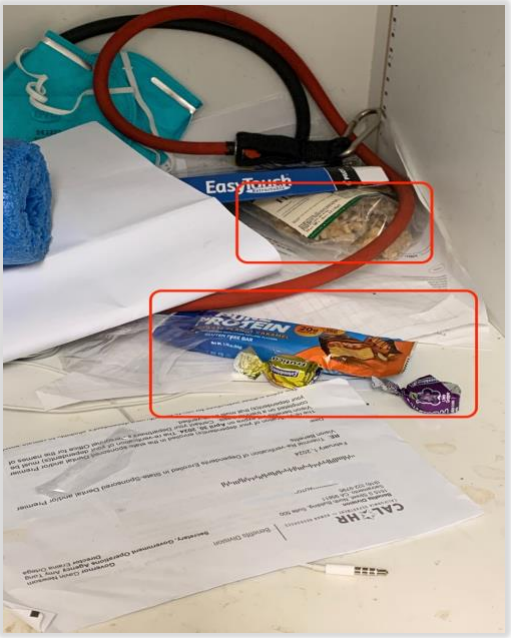

Photo 4. Staff's personal food stored with medical supplies (photographed on 11-18-24).

Three of the nine clinics met the requirements for essential core medical equipment and supplies (MIT 5.108, 33.3%). We found one or more of the following deficiencies in six clinics: examination table disposable paper, nebulization unit, peak flow meter, peak flow meter disposable tips, and lubricating jelly were missing; the clinic weight scale was not annually calibrated; staff did not always document the automated external defibrillator (AED) performance test results within the last 30 days; and the clinic daily glucometer quality control logs were either incomplete or contained inaccurate serial numbers.

We examined emergency medical response bags (EMRBs) to determine whether they contained all essential items. We checked whether staff inspected the bags daily and inventoried them monthly. Only two of the six applicable EMRBs passed our test (MIT 5.111, 33.3%). We found one or more of the following deficiencies with four EMRBs: staff did not ensure the EMRB's compartments were sealed and intact; staff did not seal compartments when not in active use; staff had not inventoried the EMRBs when the seal tags were replaced; staff did not log EMRB daily glucometer quality control results; an EMRB was missing the required quantity of stored medical supplies; and staff inaccurately logged the EMRB's glucometer serial number when performing the daily glucometer quality control.

Medical Supply Management

All medical supply storage areas located outside the medical clinics stored medical supplies adequately (MIT 5.106, 100%).

According to the Chief Executive Officer, health care leadership did not have any issues with the medical supply process. Health care and warehouse managers expressed no concerns about the medical supply chain or their communication process with the existing system in place.

Infection Control and Sanitation

Staff appropriately cleaned, sanitized, and disinfected two of nine clinics (MIT 5.101, 22.2%). We found one or both of the following deficiencies in seven clinics: the clinic did not maintain cleaning logs, and we found an unsanitary gurney, medical supply cart, clinic floor, and staff restroom.

Staff in six of eight applicable clinics properly sterilized or disinfected medical equipment (MIT 5.102, 75.0%). In one clinic, we observed the clinician use the examination table without disposable paper during a patient encounter. In one other clinic, staff did not mention disinfecting the examination table as part of their daily start-up protocol.

We found operational sinks and hand hygiene supplies in the examination rooms in seven of nine clinics (MIT 5.103, 77.8%). In two clinics, the patient restrooms lacked disposable hand towels.

We observed patient encounters in seven applicable clinics. In all seven clinics, clinicians did not wash or sanitize their hands before and after examining their patients, before applying gloves, before performing blood draws, or before each subsequent re-gloving (MIT 5.104, zero).

Health care staff in all clinics followed proper protocols to mitigate exposure to bloodborne pathogens and contaminated waste (MIT 5.105, 100%).

Physical Infrastructure

At the time of our medical inspection, CIM's administrative team reported no ongoing health care facility improvement program construction projects. The institution's health care management and plant operations manager reported all clinical area infrastructures were in good working order (MIT 5.999).

Compliance Score Results

Table 10. Health Care Environment

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Infection control: Are clinical health care areas appropriately disinfected, cleaned, and sanitary? (5.101)	2	7	0	22.2%
Infection control: Do clinical health care areas ensure that reusable invasive and noninvasive medical equipment is properly sterilized or disinfected as warranted? (5.102)	6	2	1	75.0%
Infection control: Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies? (5.103)	7	2	0	77.8%
Infection control: Does clinical health care staff adhere to universal hand hygiene precautions? (5.104)	0	7	2	0
Infection control: Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste? (5.105)	9	0	0	100%
Warehouse, conex, and other nonclinic storage areas: Does the medical supply management process adequately support the needs of the medical health care program? (5.106)	1	0	0	100%
Clinical areas: Does each clinic follow adequate protocols for managing and storing bulk medical supplies? (5.107)	0	9	0	0
Clinical areas: Do clinic common areas and exam rooms have essential core medical equipment and supplies? (5.108)	3	6	0	33.3%
Clinical areas: Are the environments in the common clinic areas conducive to providing medical services? (5.109)	7	2	0	77.8%
Clinical areas: Are the environments in the clinic exam rooms conducive to providing medical services? (5.110)	5	3	1	62.5%
Clinical areas: Are emergency medical response bags and emergency crash carts inspected and inventoried within required time frames, and do they contain essential items? (5.111)	2	4	3	33.3%
Does the institution's health care management believe that all clinical areas have physical plant infrastructures that are sufficient to provide adequate health care services? (5.999)	This is a nonscored test. Please see the indicator for discussion of this test.			
				Overall percentage (MIT 5): 52.9%

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

Recommendations

- Health care leadership should determine the root cause(s) for staff not ensuring clinical areas are appropriately disinfected, cleaned, and sanitized and should implement remedial measures as appropriate.

- Health care leadership should determine the root cause(s) for staff not following all required universal hand hygiene precautions and should implement remedial measures as appropriate.

- Health care leadership should determine the root cause(s) for staff not following equipment and medical supply management protocols and should implement remedial measures as appropriate.

- Nursing leadership should determine the root cause(s) for staff not ensuring the emergency medical response bags (EMRBs) are regularly inventoried, stocked, or sealed and should implement remedial measures as appropriate.

Transfers

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

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Adequate	***Adequate* (81.2%)**

Case review found CIM performed satisfactorily in the transfer-in and transfer-out process and with patients returning from the community hospital or emergency room. CIM performed excellently in ensuring medication continuity for patients transferring out of the institution and performed well in medication continuity for patients transferring into the institution and patients returning from the community hospital or emergency room. Additionally, when patients transferred into CIM and returned from the hospital or emergency room, nurses performed good assessments, and provider follow-up appointments occurred within time frames. CIM ensured hospital documents were scanned into patients' electronic health records within required time frames and providers always reviewed hospital reports timely. However, we found opportunities for improvement in nurses documenting or communicating the patients' pending specialty appointments to the receiving institution. Considering all factors, the OIG rated the case review component of this indicator ***adequate***.

Compared with Cycle 6, CIM's overall performance improved for this indicator. CIM needed improvement in completing initial health screening forms thoroughly and ensuring medication continuity for newly transferred patients. However, the institution performed excellently in completing the assessment and disposition section of the screening process and ensuring transfer packets for departing patients included the required documents and medications. Based on the overall **Transfers** compliance score result, the OIG rated the compliance testing component of this indicator ***adequate***.

Case Review and Compliance Testing Results

OIG clinicians reviewed 42 events in 22 cases in which patients transferred into or out of the institution or returned from an off-site hospital or emergency room. We identified 12 deficiencies, four of which were significant.[39]

Transfers In

CIM had a mixed performance in the transfer-in process. Compliance testing showed nurses needed improvement with completing the initial health screening form thoroughly (MIT 6.001, 52.0%). However, nurses performed excellently in completing the assessment and disposition section of the healthcare screening form (MIT 6.002, 96.0%). In addition, compliance testing showed the providers performed very well in evaluating newly arrived patients within the required time frames (MIT 1.002, 92.0%). However, testing indicated CIM staff performed poorly in providing timely preapproved specialty services appointments when patients transferred into the institution (MIT 14.010, 45.0%).

Compliance testing showed CIM performed very well in ensuring medication continuity for patient layovers (MIT 7.005, 88.0%). CIM also frequently provided medication continuity for patients who were newly transferred into the institution (MIT 6.003, 77.0%). Please refer to the **Medication Management** indicator for further details.

While compliance testing results varied, OIG clinicians found CIM performed well in the transfer-in process. OIG clinicians reviewed six events in three cases in which patients transferred into CIM from other institutions. We identified three deficiencies, one of which was significant.[40] In contrast to compliance testing, OIG clinicians found CIM performed excellently in providing timely preapproved specialty services appointments for patients newly transferred into CIM. We found nurses generally completed the initial health screening forms thoroughly and screened patients appropriately, providers evaluated the newly arrived patients timely, and patients almost always received their medications timely.

Transfers Out

CIM's transfer-out process was satisfactory. OIG clinicians reviewed six transfer-out events and identified three deficiencies, one of which was significant.[41] We found two deficiencies in which nursing did not document or communicate the patients' pending specialty appointments to the receiving institution.[42] The following details the one significant deficiency:

- In case 32, the outpatient housing unit (OHU) RN performed a daily assessment on the patient. The patient was admitted to the OHU for acute changes in mental health status with Parkinsonian features that may have advanced to early dementia and other medical diagnoses. In addition, the patient had an indwelling catheter and pressure sores. The patient was pending transfer to another institution for a higher level of care. The OHU RN documented, at 7:00

[39] Deficiencies occurred in cases 2, 6, 19, 21, 22, 27, 28, and 30–32. Significant deficiencies occurred in cases 2, 21, 28, and 32.

[40] Transfer-in deficiencies occurred in cases 27 and 28. A significant deficiency occurred in case 28.

[41] Transfer-out deficiencies occurred in cases 30, 31, and 32. A significant deficiency occurred in case 32.

[42] Nurses did not document or communicate the patients' pending specialty appointments in cases 30 and 31.

a.m., custody removed the patient's property and durable medical equipment (DME), and the patient departed CIM via ambulance transportation. The OHU RN also documented abnormal findings on the OHU assessment, including abnormal lung sounds, pink bloody urine, and two pressure ulcers. However, the RN did not indicate whether a medical hold was present or required, or whether the provider had been notified of the findings and had cleared the patient for transport. Secondly, the nurse documented the receiving institution accepted the transfer but did not document the communication provided, which should have included abnormal assessment findings, treatment plan, and a pending specialty urology appointment. In addition, the nurse did not verify which DME custody staff had removed, whether any DME was missing, or whether the RN had provided the transfer envelope with required documentation and contents to the patient escorts. Lastly, on the morning of transfer, the RN did not indicate whether the prescribed medications would expire within five days of transfer, whether staff sent a five-day supply of medications with the patient, or whether staff included KOP medications in the transportation envelope.

Hospitalizations

Patients returning from an off-site hospitalization or emergency room are at high risk for lapses in care quality. These patients typically experience severe illness or injury and require more care, placing a strain on the institution's resources. In addition, because these patients have complex medical issues, successful health information transfer is necessary for good quality care. Any transfer lapse can result in serious consequences for these patients.

OIG clinicians reviewed 25 events and identified six deficiencies, two of which were significant.[43] The nurses generally performed good assessments, reviewed hospital recommendations, and notified the providers timely.

Both compliance testing and clinicians found CIM performed excellently in providing follow-up appointments within required time frames to patients returning from hospitalizations and emergency room encounters (MIT 1.007, 100%). CIM performed very well in ensuring staff scanned hospital discharge documents into the patient's electronic health record within three calendar days of discharge (MIT 4.003, 90.0%). Compliance testing also found providers almost always reviewed and endorsed hospital documents within required time frames (MIT 4.005, 96.0%). Similarly, OIG clinicians found CIM performed very well in ensuring staff scanned hospital discharge documents timely into the electronic health record, and the providers reviewed hospital documents timely.

Compliance testing identified poor performance in ensuring medication continuity for patients returning from the hospital or emergency room (MIT 7.003, 43.5%). However, OIG clinicians found CIM performed well in medication continuity for hospital or emergency room returns. We identified two deficiencies, both of which were significant.[44] This will be discussed further in the **Medication Management** indicator.

[43] Deficiencies occurred in cases 2, 6, 19, 21, and 22. Significant deficiencies occurred in cases 2 and 21.

[44] Significant deficiencies occurred in cases 2 and 21.

Clinician On-Site Inspection

CIM's receiving and release (R&R) area was located on B Yard. The R&R was staffed with one RN on each of the three shifts, excluding weekends and holidays. We interviewed the R&R RN, who was a seasoned employee at CIM. The nurse was knowledgeable about the transfer process. CIM was the hub for Male to Community Reentry Program layovers to CIM for patients transferring down to the southern CDCR institutions.[45] The nurse reported an average of 45 patients transferred into CIM weekly and an average of 10 patients transferred out weekly. The nurse reported the triage and treatment area (TTA) nurse assessed all patients who returned from the hospital or emergency room, reviewed hospital recommendations, and obtained medication orders as needed. In addition, the nurse reported the care teams on each respective yard conducted huddles during the weekdays to ensure they timely scheduled follow-ups and appropriately reconciled orders.

Compliance On-Site Inspection and Discussion

R&R nursing staff ensured all three applicable patients transferring out of the institution had the required medications, transfer documents, and assigned DME (MIT 6.101, 100%).

[45] Male to Community Reentry Program (MCRP) is a voluntary program for male incarcerated persons who meet the eligibility criteria. Approved participants serve the end of their sentences in the community, in lieu of confinement in state prison. MCRP is designed to provide a range of community-based, rehabilitative services.

Compliance Score Results

Table 11. Transfers

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For endorsed patients received from another CDCR institution: Did nursing staff complete the initial health screening and answer all screening questions within the required time frame? (6.001)	13	12	0	52.0%
For endorsed patients received from another CDCR institution: When required, did the RN complete the assessment and disposition section of the initial health screening form; refer the patient to the TTA if TB signs and symptoms were present; and sign and date the form on the same day staff completed the health screening? (6.002)	24	1	0	96.0%
For endorsed patients received from another CDCR institution: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption? (6.003)	10	3	12	76.9%
For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer packet required documents? (6.101)	3	0	1	100%
				Overall percentage (MIT 6): 81.2%

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

Table 12. Other Tests Related to Transfers

	Scored Answer			
Compliance Questions	**Yes**	**No**	**N/A**	**Yes %**
For endorsed patients received from another CDCR institution: Based on the patient's clinical risk level during the initial health screening, was the patient seen by the clinician within the required time frame? (1.002)	23	2	0	92.0%
Upon the patient's discharge from the community hospital: Did the patient receive a follow-up appointment with a primary care provider within the required time frame? (1.007)	25	0	0	100%
Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge? (4.003)	18	2	5	90.0%
For patients discharged from a community hospital: Did the preliminary or final hospital discharge report include key elements and did a provider review the report within five calendar days of discharge? (4.005)	24	1	0	96.0%
Upon the patient's discharge from a community hospital: Were all ordered medications administered, made available, or delivered to the patient within required time frames? (7.003)	10	13	2	43.5%
Upon the patient's transfer from one housing unit to another: Were medications continued without interruption? (7.005)	22	3	0	88.0%
For patients en route who lay over at the institution: If the temporarily housed patient had an existing medication order, were medications administered or delivered without interruption? (7.006)	6	4	0	60.0%
For endorsed patients received from another CDCR institution: If the patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames? (14.010)	9	11	0	45.0%

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

Recommendations

The OIG offers no recommendations for this indicator.

Medication Management

In this indicator, OIG inspectors evaluated the institution's performance in administering prescription medications on time and without interruption. The inspectors examined this process from the time a provider prescribed medication until the nurse administered the medication to the patient. In addition to examining medication administration, our compliance inspectors also tested many other processes, including medication handling, storage, error reporting, and other pharmacy processes.

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Adequate	***Inadequate* (53.4%)**

Case review found CIM performed satisfactorily in medication management. CIM performed excellently in medication continuity for patients transferring out of the institution and patients in the specialized medical housing unit. CIM performed well in ensuring medication continuity for new medications, transfer-in medications, and medications for patients returning from the hospital. However, we found opportunities for improvement in medication continuity for patients on chronic care medications. The OIG rated the case review component of this indicator ***adequate***.

Compliance testing showed CIM needed improvement in providing medication management services. CIM performed poorly in providing patients with chronic care medications, newly ordered medications, community hospital discharge medications, and specialized medical housing medications as well as with ensuring medication continuity for patients laying over at the facility. Based on the overall **Medication Management** compliance score result, the OIG rated the compliance testing component of this indicator ***inadequate***.

Case Review and Compliance Testing Results

We reviewed 157 events in 35 cases related to medications and found 15 medication deficiencies, 10 of which were significant.[46]

New Medication Prescriptions

Compliance testing showed new medications were intermittently not available or were not administered timely (MIT 7.002, 56.0%). In contrast, OIG clinicians found CIM performed well with timely administering new medication prescriptions to patients. We found one exception as detailed below:

[46] Deficiencies occurred in cases 2, 5, 8, 13, 19–22, 24, 28, and 49. Significant deficiencies occurred in cases 2, 5, 8, 13, 20, 21, 22, 24, and 28.

- In case 5, the patient was scheduled to receive a new keep on person (KOP) medication, Tamsulosin, to treat the symptoms of an enlarged prostate.[47] However, the patient received the medication one month later.

Chronic Medication Continuity

Compliance testing revealed patients only sporadically received their chronic care medications within required time frames (MIT 7.001, 28.6%). OIG clinicians found 10 deficiencies, six of which were significant.[48] The following are examples:

- In case 8, the provider ordered Coumadin, a blood thinner, to be nurse administered on Monday, Wednesday, Friday, Saturday, and Sunday. However, the patient did not receive the chronic care medication one Saturday.

- In case 13, the patient did not receive the KOP chronic care medication potassium chloride as scheduled, increasing the risk of the patient developing an electrolyte imbalance. The patient did not receive the medication until one month later.

- In case 20, the patient was due to receive the KOP chronic care medication tiotropium, used to prevent constriction of the airways caused by chronic obstructive pulmonary disease (COPD); however, the LVN documented on the MAR "Not Done: ORDER INACTIVE." Subsequently, the patient did not receive the medication for the month of March 2024. The patient received the medication one month later.

- In case 22, a dose increase was ordered for the patient's chronic care KOP medication, tamsulosin. However, the patient received the updated medication dose almost one month late. Secondly, the patient's chronic care KOP diabetes medication, metformin, was renewed; however, the patient received the medication, one month late. Lastly, the patient was scheduled to receive KOP blood pressure medication, but the patient received it one month late.

- In case 24, the kidney transplant patient was scheduled to receive chronic care KOP antibiotic medication. However, the patient did not receive the medication until almost one month later.

Hospital Discharge Medications

Compliance testing revealed CIM performed poorly in ensuring medication continuity for patients returning from off-site hospitals or emergency rooms (MIT 7.003, 43.5%). However, OIG clinicians found CIM performed very well with hospital discharge medications. We found two deficiencies, both of which were significant and detailed below:

[47] KOP means "keep on person" and refers to medications that a patient can keep and self-administer according to the directions provided.

[48] Chronic care medication deficiencies occurred in cases 2, 8, 13, 19, 20, 22, and 24. Significant deficiencies occurred in cases 8, 13, 20, 22, and 24.

- In case 2, the patient returned from a community hospitalization with a diagnosis of coronary artery disease.[49] The hospital recommendations included to continue all prescription medications except carvedilol.[50] However, recommended prescriptions were not renewed until three days after the patient returned to CIM from the hospital, resulting in a lapse in medication continuity for medications to treat high blood pressure, prostate cancer, lower urinary tract infection, high cholesterol, low potassium levels, acid reflux, folate, and vitamin D deficiencies.

- In case 21, the patient returned from the hospital and was admitted to the outpatient housing unit (OHU). The patient was hospitalized for a ruptured appendix with an abdominal infection resulting in surgery. The hospital recommendations included a new antibiotic and to continue a medication to treat high cholesterol. The provider ordered the KOP antibiotic to start the same day the patient returned from the hospital; however, the patient did not receive the KOP medication until three days later, and only when the order was changed to nurse administered. In addition, the patient was to continue the chronic care medication to treat high cholesterol upon return from the hospital; however, the medication was not ordered upon the patient's return to CIM, resulting in the patient receiving the medication three days late.

Specialized Medical Housing Medications

Compliance testing showed, when patients were admitted to the OHU, staff only sporadically administered medications timely (MIT 13.003, 33.3%). OIG clinicians found CIM staff performed excellently in providing OHU medications timely. We identified one deficiency, which was not significant.[51]

Transfer Medications

Compliance testing showed CIM staff always ensured medications were in the transfer packets for patients transferring out of the institution (MIT 6.101, 100%). Compliance testing showed patients often received their medications within the required time frame when they transferred into the institution (MIT 6.003, 77.0%), and CIM performed very well in ensuring patients transferring from yard to yard received their medications without interruption (MIT 7.005, 88.0%). Lastly, compliance testing showed patients who had a layover at CIM intermittently received their medications timely (MIT 7.006, 60.0%).

OIG clinicians found the institution performed very well in medication continuity for patients transferring out of CIM. We identified one transfer-in deficiency, which was significant and is detailed below:

- In case 28, the RN evaluated a new arrival patient diagnosed with asthma. The nurse documented the patient arrived with KOP medications, to treat constipation and seasonal allergies. In addition, the nurse administered a maintenance inhaler and medication for seasonal allergies. However, the nurse

[49] Coronary artery disease is a heart condition with the presence of plaque within the heart arteries, leading to reduced blood flow and increased risk for a heart attack.

[50] Carvedilol is medication is used to reduce the workload on the heart by slowing the heart rate and lowering the blood pressure.

[51] The deficiency occurred in case 49.

did not ensure the patient had a rescue inhaler on person or administer a new rescue inhaler. The patient did not receive the rescue inhaler for the month of June 2024.

Medication Administration

Compliance testing showed nurses always administered tuberculosis (TB) medications as prescribed (MIT 9.001, 100%) and almost always monitored patients on TB medications per policy (MIT 9.002, 92.9%). Similarly, OIG clinicians identified no cases of patients receiving TB medications during the review period.

Clinician On-Site Inspection

During the on-site inspection, OIG clinicians met with the pharmacist and inspected the medication administration areas. The A Yard medication administration area was small and cluttered to be able to adequately accommodate the five medication nurses and five medication carts. The B and C Yards' medication areas were clean, well-organized, and had adequate space for the medication nurses. Medication nurses were knowledgeable about the medication process. Medication nurses generally did not attend the morning huddles due to administering medications at the time huddles were conducted. However, nurses reported they would notify the provider if there were any medication issues.

Nursing staff reported challenges with pharmacy staff delivering medications timely to the medication nurses, which resulted in less time to administer the KOP medications to the patients. For example, our clinicians witnessed pharmacy staff delivering medication for constipation with a start date of the date prior, which only gave the patient three days to pick up the medication instead of four days. According to nurses, this happened frequently. Medication nurses also reported the pharmacy should streamline their process with KOP medications for patients discharging from the OHU to the yards. Nurses reported KOPs were wasted when the patient was discharged from the OHU and reissued another pack of the same KOP medications. Nursing staff reported it was wasteful and added more to their workload in making sure the patients would come pick up their KOP medications. OIG clinicians reported the concerns above to the leadership team.

Nursing staff reported nursing morale was mixed; however, most nurses expressed they were supported by leadership and enjoyed working at CIM.

Medication Practices and Storage Controls

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

Conversely, CIM appropriately stored and secured nonnarcotic medications in only two of nine applicable clinic and medication line locations (MIT 7.102, 22.2%). In seven locations, we observed one or more of the following deficiencies: nurses did not maintain unissued medication in its original labeled packaging; the treatment cart log was missing daily security check entries; the medication nurse did not follow the process in place to return medications with an expired pharmacy label that could be potentially restocked and reissued by the pharmacy; and the medication area lacked a clearly labeled designated area for refrigerated medications that were to be returned to the pharmacy.

Staff kept medications protected from physical, chemical, and temperature contamination in only two of the 10 applicable clinic and medication line locations (MIT 7.103, 20.0%). In eight locations, we found one or more of the following deficiencies: staff did not store internal and external medications separately; the medication refrigerator was unsanitary; staff did not store nonrefrigerated medication within the correct temperature range at the time of our inspection; and staff members' historical temperature log entries for the refrigerator were not within acceptable range.

Staff successfully stored valid, unexpired medications in eight of the nine applicable medication line locations (MIT 7.104, 88.9%). In one location, nurses did not label the multiuse medication as required by CCHCS policy.

Nurses did not exercise proper hand hygiene and contamination control protocols in any of six applicable locations (MIT 7.105, zero). Medication nurses neglected to wash or sanitize their hands when required. These occurrences included: before preparing and administering medications, before each subsequent regloving, and resanitizing and changing gloves when gloves were compromised.

Staff in five of six applicable medication preparation and administration areas demonstrated appropriate administrative controls and protocols (MIT 7.106, 83.3%). In one location, medication nurses did not appropriately describe the process they followed when reconciling a newly received medication and the medication administration record (MAR) against the corresponding physician's order.

Staff in one of six applicable medication areas used appropriate administrative controls and protocols when distributing medications to their patients (MIT 7.107, 16.7%). In five locations, we observed one or more of the following deficiencies: medication nurses did not reliably observe patients while they swallowed direct observation therapy medications; medication nurses did not follow CCHCS care guide requirements when administering Suboxone medication; medication nurses did not properly disinfect the vial's port prior to withdrawing medication; and a medication nurse improperly disposed of a controlled substance medication down the sink without another licensed nurse to witness.

Pharmacy Protocols

Pharmacy staff followed general security, organization, and cleanliness management protocols in CIM's pharmacy (MIT 7.108, 100%) and properly stored nonrefrigerated medications (MIT 7.109, 100%).

The institution did not properly store refrigerated or frozen medications in the pharmacy (MIT 7.110, zero). We found an unsanitary medication refrigerator.

The pharmacist-in-charge (PIC) did not thoroughly review monthly inventories of controlled substances in the institution's clinic and medication storage locations (MIT 7.111, zero). Specifically, the PIC did not date a medication area inspection checklist (CDCR form 7477) in one location.

We examined 24 medication error reports. The PIC timely and correctly processed all reports (MIT 7.112, 100%).

Nonscored Tests

The OIG interviewed patients in restricted housing units to determine whether they had immediate access to their prescribed asthma rescue inhalers or nitroglycerin medications. Seven of eight applicable patients interviewed indicated they had access to their rescue medications. One patient reported they did not have their prescribed rescue inhaler because it was left in the yard after yard time. We promptly notified the Chief Executive Office of this concern, and health care management immediately issued a replacement rescue inhaler to the patient (MIT 7.999).

Compliance Score Results

Table 13. Medication Management

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Did the patient receive all chronic care medications within the required time frames or did the institution follow departmental policy for refusals or no-shows? (7.001)	6	15	4	28.6%
Did health care staff administer, make available, or deliver new order prescription medications to the patient within the required time frames? (7.002)	14	11	0	56.0%
Upon the patient's discharge from a community hospital: Were all ordered medications administered, made available, or delivered to the patient within required time frames? (7.003)	10	13	2	43.5%
For patients received from a county jail: Were all medications ordered by the institution's reception center provider administered, made available, or delivered to the patient within the required time frames? (7.004)	N/A	N/A	N/A	N/A
Upon the patient's transfer from one housing unit to another: Were medications continued without interruption? (7.005)	22	3	0	88.0%
For patients en route who lay over at the institution: If the temporarily housed patient had an existing medication order, were medications administered or delivered without interruption? (7.006)	6	4	0	60.0%
All clinical and medication line storage areas for narcotic medications: Does the institution employ strong medication security controls over narcotic medications assigned to its storage areas? (7.101)	9	0	2	100%
All clinical and medication line storage areas for nonnarcotic medications: Does the institution properly secure and store nonnarcotic medications in the assigned storage areas? (7.102)	2	7	2	22.2%
All clinical and medication line storage areas for nonnarcotic medications: Does the institution keep nonnarcotic medication storage locations free of contamination in the assigned storage areas? (7.103)	2	8	1	20.0%
All clinical and medication line storage areas for nonnarcotic medications: Does the institution safely store nonnarcotic medications that have yet to expire in the assigned storage areas? (7.104)	8	1	2	88.9%
Medication preparation and administration areas: Do nursing staff employ and follow hand hygiene contamination control protocols during medication preparation and medication administration processes? (7.105)	0	6	5	0
Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when preparing medications for patients? (7.106)	5	1	5	83.3%
Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when administering medications to patients? (7.107)	1	5	5	16.7%
Pharmacy: Does the institution employ and follow general security, organization, and cleanliness management protocols in its main and remote pharmacies? (7.108)	1	0	0	100%
Pharmacy: Does the institution's pharmacy properly store nonrefrigerated medications? (7.109)	1	0	0	100%
Pharmacy: Does the institution's pharmacy properly store refrigerated or frozen medications? (7.110)	0	1	0	0
Pharmacy: Does the institution's pharmacy properly account for narcotic medications? (7.111)	0	1	0	0
Pharmacy: Does the institution follow key medication error reporting protocols? (7.112)	24	0	0	100%
Pharmacy: For Information Purposes Only: During compliance testing, did the OIG find that medication errors were properly identified and reported by the institution? (7.998)	This is a nonscored test. Please see the indicator for discussion of this test.			
Pharmacy: For Information Purposes Only: Do patients in restricted housing units have immediate access to their KOP prescribed rescue inhalers and nitroglycerin medications? (7.999)	This is a nonscored test. Please see the indicator for discussion of this test.			
				Overall percentage (MIT 7): 53.4%

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

Table 14. Other Tests Related to Medication Management

	Scored Answer			
Compliance Questions	**Yes**	**No**	**N/A**	**Yes %**
For endorsed patients received from another CDCR institution: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption? (6.003)	10	3	12	76.9%
For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer-packet required documents? (6.101)	3	0	1	100%
Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed? (9.001)	15	0	0	100%
Patients prescribed TB medication: Did the institution monitor the patient per policy for the most recent three months he or she was on the medication? (9.002)	13	1	1	92.9%
Upon the patient's admission to specialized medical housing: Were all medications ordered, made available, and administered to the patient within required time frames? (13.003)	3	6	1	33.3%

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

Recommendations

- Health care leadership should determine the challenges related to medication continuity for chronic care medications, new medications, hospital discharge medications, medications for patients in specialized medical housing unit, and medications for patients temporarily housed at CIM. Leadership should implement remedial measures as appropriate.

Preventive Services

In this indicator, OIG compliance inspectors tested whether the institution offered or provided cancer screenings, tuberculosis (TB) screenings, influenza vaccines, and other immunizations. If the department designated the institution as being at high risk for coccidioidomycosis (Valley Fever), we tested the institution's performance in transferring out patients quickly. The OIG rated this indicator solely according to the compliance score. Our case review clinicians do not rate this indicator.

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Not Applicable	***Proficient*** **(98.8%)**

CIM performed outstandingly in preventive services. Staff performed exceptionally in administering tuberculosis (TB) medications to patients as prescribed, screening patients annually for TB, offering patients an influenza vaccine for the most recent influenza season, offering colorectal cancer screening for patients ages 45 through 75, and offering immunizations to chronic care patients. They also performed very well in monitoring patients who were taking TB medications. Based on the overall **Preventive Services** compliance score result, the OIG rated this indicator ***proficient***.

Compliance Score Results

Table 15. Preventive Services

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed? (9.001)	15	0	0	100%
Patients prescribed TB medication: Did the institution monitor the patient per policy for the most recent three months he or she was on the medication? (9.002)	13	1	1	92.9%
Annual TB screening: Was the patient screened for TB within the last year? (9.003)	25	0	0	100%
Were all patients offered an influenza vaccination for the most recent influenza season? (9.004)	25	0	0	100%
All patients from the age of 45 through the age of 75: Was the patient offered colorectal cancer screening? (9.005)	25	0	0	100%
Female patients from the age of 50 through the age of 74: Was the patient offered a mammogram in compliance with policy? (9.006)	N/A	N/A	N/A	N/A
Female patients from the age of 21 through the age of 65: Was patient offered a pap smear in compliance with policy? (9.007)	N/A	N/A	N/A	N/A
Are required immunizations being offered for chronic care patients? (9.008)	12	0	13	100%
Are patients at the highest risk of coccidioidomycosis (Valley Fever) infection transferred out of the facility in a timely manner? (9.009)	N/A	N/A	N/A	N/A
				Overall percentage (MIT 9): 98.8%

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

Recommendations

The OIG offers no recommendations for this indicator.

Nursing Performance

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

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

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Adequate	***Not Applicable***

CIM's overall nursing performance was satisfactory. Nurses responded promptly to emergencies and performed well in ensuring medication continuity for patients. Nurses provided satisfactory care for patients in the specialized medical housing unit (SMH) and outpatient setting, transferring into and out of the institution, and returning from the community hospital or emergency room. However, we identified opportunities for improvement for nurses in performing thorough assessments in the SMH and outpatient areas. In addition, we found the nursing staff needed improvement in performing thorough nursing assessments and interventions during emergent events. Although nursing leadership conducted clinical reviews for emergent events requiring a medical response, they often did not identify the same opportunities for improvement as OIG clinicians. Considering all factors, the OIG rated this indicator ***adequate***.

Case Review Results

We reviewed 216 nursing encounters in 38 cases. Of the nursing encounters we reviewed, 76 were in the outpatient setting and 54 were sick call requests.[52] We identified 96 nursing performance deficiencies, 16 of which were significant.[53]

[52] Sick call events occurred in cases 1–3, 5–7, 14, 16, 18, 19, 21, 22, 33–46, and 48,

[53] Deficiencies occurred in cases 1–3, 5–7, 18–22, 27, 28, 30–32, 35, 37, 44, and 46–50. Significant deficiencies occurred in cases 2, 3, 6, 7, 18, 19, 21, 22, and 32.

Outpatient Nursing Assessment and Interventions

A critical component of nursing care is the quality of nursing assessment, which includes both subjective (patient interviews) and objective (observation and examination) elements. Nurses generally performed appropriate assessments and interventions. We identified 37 outpatient nursing deficiencies, seven of which were significant.[54] The following cases showed room for improvement:

- In case 2, the RN assessed the patient for a complaint of a bump on the left side of his head. The patient had elevated blood pressure and swelling to the back of the head. The patient reported decreased urine output and difficulty urinating as well as bloody amber urine. The patient also reported he had not been using his CPAP machine due to a missing cord. The nurse sent the patient to take his medications and return for a blood pressure recheck. About an hour later, the patient's blood pressure was still elevated. However, the nurse did not obtain a urine dipstick test, describe the appearance or size of the bump or swelling on the left side of the head, and did not address the missing CPAP cord. In addition, the nurse did not notify or co-consult the provider regarding the patient's continued elevated blood pressure, report of bloody amber urine, or swelling to the head prior to discharging the patient to the housing unit.

- In case 3, the RN assessed the patient, who reported having had "very bad shivers," head pain, a cough, phlegm, feeling cold even when fully covered and wearing a jacket, loss of appetite, being very weak when standing or walking, congested nostrils, and body aches for five days. Although the nurse performed a physical exam, the nurse did not assess the patient's head, ears, eyes, nose, or throat to corroborate reported symptoms; assess the patient's neck range of motion for stiffness, although the patient reported a headache; inquire about the location of the headache or the subjective characteristics of the pain; recheck the patient's low blood pressure; provide COVID-19 or influenza testing; or co-consult with the provider for a plan of care.

- In case 22, the RN assessed the patient for a complaint of dizziness described as "spinning-like" for three days. The nurse did not perform a complete physical assessment prior to referring the patient to the provider, which would have included the following: inquiry into related causes of the dizziness or what made the dizziness better; performing orthostatic vitals; review of current medications and compliance; assessment of the patient's pupils as well as ears; listening to heart sounds; assessment of the patient's skin; assessment of the patient's extremity strength; and a description of the patient's gait.[55]

Nurses triaged most sick call requests appropriately and generally provided appropriate nursing assessments and interventions. However, nurses did not always recognize urgent symptoms that warranted same day assessments. The following are examples:

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[54] Outpatient nursing deficiencies occurred in cases 1–3, 5, 7, 18–20, 22, 35, 37, 44, and 46. Significant deficiencies occurred in cases 2, 3, 7, and 19.

[55] Orthostatic vitals means the blood pressure and pulse measurements are recorded in three separate positions: laying down, sitting, and standing. Positive orthostatic is when these measurements are abnormal, indicating possible fluid loss.

- In case 7, the RN triaged a sick call request for a patient complaint of still having breathing problems with any type of exertion and concern of a heart blockage. The nurse documented on the sick call form "Pt was seen on 4/14/24 by an RN for the same problem see EHRS notes." The nurse also documented on the form "File in chart only pls." However, the patient had not, in fact, been evaluated on the prior day. Rather, the previous encounter for the same reason was from a month earlier. Consequently, the patient was not evaluated for the worsening complaint of breathing problems.

- In case 19, the nurse triaged a sick call request for a patient complaint of extreme lower stomach pain, documented as possibly a bladder infection for about a week. However, the nurse did not schedule the patient for a same day appointment for the urgent complaint and symptoms. About five weeks later, another nurse triaged a sick call request with patient report of recent surgery for a burst appendix and complaint of worsening stomach pain. However, rather than schedule the patient to be seen the same day for the urgent complaint, the nurse referred the patient to be scheduled within one business day.

Outpatient Nursing Documentation

Complete and accurate nursing documentation is an essential component of patient care. Without proper documentation, health care staff can overlook changes in patients' conditions. CIM nursing staff generally documented care appropriately.

Wound Care

We reviewed seven cases in which nurses provided wound care to patients. We identified eight deficiencies, none of which were significant.[56] The nurses generally performed wound care as ordered. However, we found opportunities for improvement in wound care assessments in the SMH, which is further discussed in the **Specialized Medical Housing** indicator.

Emergency Services

Nursing staff responded promptly to medical emergencies at the institution. We identified 50 urgent or emergent deficiencies. Of those 50, 29 deficiencies related to nursing performance, eight of which were significant.[57] The nursing and medical leadership frequently conducted clinical reviews of the emergent events; however, they did not identify the same deficiencies OIG clinicians identified. We also found nursing staff needed improvement in thorough assessments, in providing appropriate interventions when clinically indicated, and documenting thoroughly. Please refer to the **Emergency Services** indicator for further details.

[56] Patients received wound care in cases 3, 6, 10, 19, 21, 48, and 50. Deficiencies occurred in cases 3, 6, 19, 21, and 50.

[57] Nursing performance deficiencies occurred in cases 1–3, 6, 7, 18, 19, 21, 22, and 47. Significant deficiencies occurred in cases 2, 3, 6, 18, 21, and 22.

Hospital Returns

OIG clinicians reviewed 25 events in which patients returned from an off-site hospitalization or emergency room. We identified six deficiencies, two of which were significant.[58] Nurses performed good assessments, reviewed hospital recommendations, and notified providers timely. Please refer to the **Transfers** indicator for further details.

Transfers

We reviewed six cases that involved transfer-in and transfer-out processes.[59] Nurses generally evaluated patients appropriately. Nurses always initiated provider appointments within appropriate time frames. However, nurses did not always document pertinent information when patients transferred out of the institution. Please refer to the **Transfers** indicator for further details.

Specialized Medical Housing

We reviewed 10 outpatient housing unit (OHU) cases with a total of 149 events, 37 of which were nursing events.[60] In the OHU, OIG clinicians found nurses provided satisfactory care. However, we found opportunities for improvement in performing thorough nursing assessments and in initiating individualized care plans. OIG clinicians identified 20 nursing deficiencies, none of which were significant.[61] For more specific details, please refer to the **Specialized Medical Housing** indicator.

Specialty Services

We reviewed 26 nursing events in which patients returned from off-site specialty appointments and identified two deficiencies, neither of which were significant.[62] CIM nurses frequently conducted thorough assessments, reviewed specialty recommendations, and initiated orders for provider follow-up appointments as required.

Medication Management

OIG clinicians reviewed 157 events in 35 cases related to medications and found 15 medication deficiencies, 10 of which were significant.[63] We found most nurses administered patients' medications as prescribed. Please refer to the **Medication Management** indicator for additional details.

Clinician On-Site Inspection

OIG clinicians interviewed nurses in the TTA, satellite TTAs, OHU, R&R, specialty, outpatient clinics, and medication areas. We attended organized huddles and found the clinic staff knowledgeable and familiar with their patient population. The primary care registered

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[58] Deficiencies occurred in cases 2, 6, 19, 21, and 22. Significant deficiencies occurred in cases 2 and 21.

[59] Transfer-in cases occurred in cases 27, 28, and 29. Transfer-out cases occurred in cases 30, 31, and 32.

[60] OHU nursing events occurred in cases 6, 21, 22, and 47–50.

[61] OHU nursing deficiencies occurred in cases 6, 21, 22, and 47–50.

[62] Deficiencies occurred in case 6 and 47, none of which were significant.

[63] Deficiencies occurred in cases 2, 5, 8, 13, 19–22, 24, 28, and 49. Significant deficiencies occurred in cases 2, 5, 8, 13, 20–22, 24, and 28.

nurses (PCRNs) also assisted the satellite RN (which they also referred to as the "man down/TTA RN") as needed in emergent situations. The patient population at the time of the on-site inspection are as follows: A Yard: 947, B Yard: 607, C Yard: 725, and D Yard: 64.

OIG clinicians were impressed by CIM's A Yard population management meeting and the multiple disciplines that were present and contributed to the discussion. The population meeting was well-structured and organized. The staff at the A Yard population management meeting were knowledgeable about its patient population and coordinated the management of diabetic patients with dietary, mental health, and medical staff. In addition, the team reviewed the vaccine registry, provided updates for varicella screening appointments, and offered follow-up appointments for refusals.

CIM's C Yard had two PCRNs, one satellite TTA RN, and a mental health RN. The PCRN reported they triaged an average of 85 health care request forms on Mondays and assessed approximately 10 to 28 patients on each RN line per day. The PCRNs mainly assessed patients for care management every two to three months and as needed. At the time of the on-site inspection, no appointment backlogs existed for the RNs or MAs in A, B, C, and D Yards.

We found most of the nursing staff interviewed had been working at CIM for many years and enjoyed the team collaboration at the institution. Nursing staff on C Yard reported two concerns they had regarding their safety. First, they expressed concern about when they had to go to the housing units to complete a refusal form with a patient due to the increased enhanced outpatient program (EOP) population—which can be a challenging population—and the decrease of custody staff in the units. Second, C Yard nurses expressed concern about the population of patients with a higher custody security need mixed with the general population freely walking around the yard, as well as the number of alarms occurring on that yard; however, nurses reported they had a good rapport with custody staff. The OIG clinician notified healthcare leadership of the staff concerns.

The CIM CNE was seasoned in this position. The CNE acknowledged the OIG preliminary findings showed improvement needed in closing patient encounters for patients who were at the hospital for more than 24 hours to prevent confusion on medication orders. The CNE reported the SRNs audit the quality of nursing care for patients in the OHU, patients returning from off-site specialty appointments as well as from hospital and emergency room encounters, and patients with symptomatic and asymptomatic sick call requests. In these audits, they review the compliance and quality care components. The CNE learned from the OIG preliminary findings they needed to audit the walk-in encounters and ensure the nurses complete thorough assessments for the sick calls and for patients who would be transferred to the community hospital. The CNE expressed concern with the increase in high acuity patients in the OHU and the need for additional nursing positions; however, CCHCS determined the staffing level for the OHU was sufficient. The CNE also reported challenges with the increase in the workload for nurses due to the increase in the EOP population and EOP patients overdosing at CIM.

Recommendations

- Nursing leadership should determine the challenges to nurses performing thorough face-to-face assessments and should implement remedial measures as appropriate.

Provider Performance

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

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Adequate	***Not Applicable***

As in Cycle 6, case review found CIM providers delivered good care for patients. Providers generally evaluated patients appropriately, diagnosed medical conditions correctly, and managed chronic conditions effectively. They referred patients to specialists as medically indicated and for a higher level of care when needed. However, providers needed improvement in generating complete patient test notification letters. After careful consideration of all factors, the OIG rated this indicator ***adequate***.

Case Review Results

OIG clinicians reviewed 173 medical provider encounters and identified 33 deficiencies, 12 of which were significant. In addition, OIG clinicians examined the quality of care in 25 comprehensive case reviews.[64] Of these 25 cases, we rated 23 ***adequate*** and two ***inadequate***.[65]

Outpatient Assessment and Decision-Making

Providers generally made appropriate assessments and sound medical decisions for their patients. Most of the time, providers diagnosed medical conditions correctly, ordered appropriate tests, and referred their patients to specialists when needed. However, OIG clinicians identified 10 deficiencies related to poor medical assessment and decision-making, one of which was significant.[66] The following is the significant deficiency:

- In case 12, on multiple occasions, the provider documented the patient had elevated blood glucose levels after meals but did not make any adjustment to the diabetic medication regimen. Subsequently, the

[64] Deficiencies occurred in cases 1–3, 5, 8, 12, 13, 16, 19, 20–22, 23, 25, 47, and 50. Significant deficiencies occurred in cases 12, 25, and 50.

[65] We rated cases 12 and 25 *inadequate*.

[66] Deficiencies occurred in cases 3, 5, 8, 12, 13, 16, 20, and 22. A significant deficiency occurred in case 12.

patient's HbA1c level progressed from 7.5 percent to 9.0 percent, indicating worsening diabetes.[67]

Review of Records

Providers almost always timely reviewed medical records and addressed hospitalists' recommendations for patients returning from hospitalizations. However, OIG clinicians identified one minor deficiency related to review of hospital records as follows:

- In case 2, the provider evaluated the patient, who returned from the hospital for chest pain and hypertension. The provider documented the hospitalist's report stating the patient had low heart rates in the 40s and the cardiologist's recommendation to follow up in the outpatient cardiology clinic. However, the provider did not order a referral to the cardiology specialist and did not document a rationale for not following the recommendation.

Emergency Care

Providers usually managed patients in the TTA with urgent or emergent conditions appropriately. In addition, providers were usually available for consultation with TTA staff. OIG clinicians identified three deficiencies related to emergency care, none of which were significant.[68] The following is an example:

- In case 47, the patient, who was recently treated in the hospital for subdural hematoma requiring drainage, was experiencing similar symptoms of recurrent headache and nausea, which required emergent evaluation and possibly a head CT scan.[69] The patient was inappropriately transferred to the hospital emergency room in a state vehicle instead of an ambulance.

Chronic Care

In most instances, providers appropriately managed patients' chronic health conditions, such as hypertension, diabetes, asthma, hepatitis C infection, and cardiovascular disease. However, OIG clinicians identified four deficiencies, none of which were significant.[70] The following is an example:

- In case 19, the provider evaluated the patient at a chronic care appointment. The provider ordered a new proton pump inhibitor (PPI) medication, pantoprazole, for 90 days for this patient, who was asymptomatic with normal examination, without documenting a medical rationale for starting a new PPI medication.[71]

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[67] Hemoglobin A1c (HbA1c) is a blood test that measures the average plasma glucose over the previous 12 weeks. For most patients with diabetes, the HbA1c goal is 7 percent or less. Read more at **https://www.cdc.gov/diabetes/diabetes-testing/prediabetes-a1c-test.html.**

[68] Deficiencies occurred in cases 3 and 47.

[69] A subdural hematoma is a bleed inside the head and can be life-threatening, requiring immediate attention.

[70] Deficiencies occurred in cases 2, 3, 19, and 23.

[71] A proton pump inhibitor is a medication used to reduce stomach acid production.

Specialty Services

Providers appropriately referred patients for specialty consultations when medically indicated. When specialists made recommendations, providers mostly followed the recommendations and reviewed specialty reports timely. However, OIG clinicians identified nine deficiencies, six of which were significant, for providers not thoroughly reviewing the specialty reports.[72] The following is an example:

- In case 12, the provider evaluated the patient for follow-up from orthopedic surgery, ophthalmology, and infectious disease specialty appointments. The provider documented the patient had glaucoma with plans to continue eye drops. However, the patient was not using any eye drops for glaucoma. Furthermore, although the provider documented the infectious disease specialist's recommendation for the patient to stop the antibiotic, cephalexin, the provider did not discontinue the antibiotic, putting the patient at risk for adverse side effects.

We also discuss providers' specialty performance in the **Specialty Services** indicator.

Specialized Medical Housing

Providers evaluated the patients in the outpatient housing unit (OHU) timely and appropriately. However, OIG clinicians identified four significant deficiencies with provider documentation and decision-making.[73] The following is an example:

- In case 25, the provider cloned clinical documentation extensively without updating the clinical changes. Furthermore, the provider did not address the multiple significant medical conditions.

We also discuss further in the **Specialized Medical Housing** indicator.

Documentation Quality

Documentation is important because it shows the provider's thought process during clinical decision-making. When contacted by nurses, providers frequently documented the interactions. OIG clinicians identified two undocumented interactions.[74] The following is an example:

- In case 2, the nursing staff co-consulted with the provider for the patient, who presented with unprovoked, non-radiating, reproducible chest pain. The provider ordered a ketorolac injection for pain. However, the provider did not document a progress note.[75]

[72] Deficiencies occurred in cases 3, 12, and 50. Significant deficiencies occurred in cases 12 and 50.

[73] Significant deficiencies occurred in case 25.

[74] Deficiencies occurred in cases 1 and 2.

[75] Ketorolac is a nonsteroidal anti-inflammatory medication used to reduce pain.

Provider Continuity

CIM offered good provider continuity. Providers were assigned to individual clinics taking care of specific patients.

Provider Notification Letters

Providers did not always send patient test results notification letters to patients. When they did, the letters did not always contain the four elements required by policy: the date of the test, the reviewing health care provider's name, whether the results were within normal limits, and whether a provider follow-up appointment was required and would be scheduled. OIG clinicians identified 71 deficiencies concerning patient test result notification letters, but none of those deficiencies related to late endorsement of the results. We further discuss patient notification letters in **Diagnostic Services** and **Health Information Management** indicators.

Clinician On-Site Inspection

OIG clinicians attended morning huddles led by clinic providers and observed good attendance by patient care team members. OIG clinicians also attended a Population Management meeting with providers, the quality management team, nursing leadership, and medical assistants. We observed robust discussions among medical leadership and providers. The OIG physician met with the CME and the two chief physician and surgeons (CP&S) to discuss physician documentation expectations and workflow for clinic providers with medical leadership. The OIG physician also interviewed clinic providers. They expressed good support by medical leadership. However, they indicated their main challenge was the specialty medication and pharmacy availability, as many new, complex patients arrived at the institution after regular pharmacy hours, especially after transplant surgeries.

Recommendations

- Medical leadership should determine the root cause(s) of providers not thoroughly reviewing specialty service reports and should implement remedial measures as appropriate.

Specialized Medical Housing

In this indicator, OIG inspectors evaluated the quality of care in the specialized medical housing units. We evaluated the performance of the medical staff in assessing, monitoring, and intervening for medically complex patients requiring close medical supervision. Our inspectors also evaluated the timeliness and quality of provider and nursing intake assessments and care plans. We assessed staff members' performance in responding promptly when patients' conditions deteriorated and looked for good communication when staff consulted with one another while providing continuity of care. At the time of our inspection, CIM's specialized medical housing consisted of an outpatient housing unit (OHU).

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Adequate	***Adequate* (78.3%)**

Case review found CIM performed satisfactorily in this indicator. The providers and nurses generally provided good care. Patients received medications timely. However, we found a pattern with providers not following specialist recommendations. In addition, we found opportunities for improvement in nursing assessments and nurses initiating care plans at the time of admission to the OHU or during the OHU review period. Notably, these deficiencies did not cause significantly increased risk of harm to patients. Considering all factors, the OIG rated the case review component of this indicator ***adequate***.

Compliance testing showed CIM had a mixed performance in specialized medical housing. Nursing staff performed excellently in completing admission assessments timely, and providers performed satisfactorily in completing the history and physical examinations. In contrast, the institution needed significant improvement in timely administering medications for newly admitted patients. Based on the overall **Specialized Medical Housing** compliance score result, the OIG rated this indicator ***adequate***.

Case Review and Compliance Testing Results

We reviewed 10 OHU cases that included 47 provider events and 37 nursing events. Due to the frequency of nursing and provider contacts in the specialized medical housing unit, we bundle up to two weeks of patient care into a single event. We identified 29 deficiencies, five of which were significant.[76]

Provider Performance

OHU providers generally delivered acceptable care. Compliance testing showed providers frequently completed admission history and physicals (H&Ps) timely (MIT 13.002, 80.0%). OIG clinicians found providers always completed H&Ps timely and generally made appropriate assessments and decisions. However, we found a pattern in which, when specialists evaluated patients, the providers did not always follow the specialists'

[76] Deficiencies occurred in cases 6, 21, 22, 25, and 47–50. Significant deficiencies occurred in cases 25 and 50.

recommendations.[77] Additionally, in one case, the same provider used the "copy and paste" function extensively throughout the patient's documentation. We identified five deficiencies, all five of which were significant.[78] The following are examples:

- In case 25, the provider evaluated the patient for OHU placement follow-up and reviewed the pulmonology specialist recommendation stating the patient will require bronchoscopy as soon as possible. However, the provider requested bronchoscopy with medium-priority, instead of urgent-priority. Furthermore, the provider used "copy and paste" functionality extensively throughout the patient's documentation and did not thoroughly review the patient's chart. In one instance, the provider documented in the progress note about referring the patient to an on-site ophthalmologist even though in the EHRS, patient had already refused the on-site ophthalmologist appointment five days prior.

- In case 50, the provider reviewed and signed the registered dietician report. However, the provider did not follow the recommendations and did not order two cartons of original boost nutritional supplement for one month for wound healing.

Nursing Performance

OIG clinicians found nurses performed timely admission assessments. Compliance testing showed OHU nursing staff performed excellently in completing timely admission assessments (MIT 13.001, 100%). We found OHU nurses conducted regular rounds and generally provided satisfactory care. However, OIG clinicians found opportunities for improvement in thorough nursing assessments. Also, we identified a pattern in which OHU nurses were not initiating individualized care plans at the time of admission or during the duration of the review period.[79] OIG clinicians concluded, of the 29 deficiencies identified in the specialized medical housing cases, 20 directly related to the quality of nursing care, but none of these were significant.[80] Examples are described below:

- In cases 6, 22, 47, 48, 49 and 50, OHU nurses did not initiate individualized care plans at the time of admission or during the review period.

- In case 21, from June 2024, through August 2024, the patient was housed in the OHU after undergoing surgery to remove the appendix. Although nurses frequently performed daily rounds, vital signs, and wound care, OHU nurses did not always assess the patient's subjective pain levels. In addition, during this review period, nurses frequently did not assess the patient for abdominal symptoms, to include inquiring about the last bowel movement. Lastly, nurses frequently had conflicting documentation discrepancies in the appearance of the

[77] In cases 22, 25, and 50, the provider did not follow the specialists' recommendation.

[78] Provider deficiencies occurred in cases 25 and 50. Significant deficiencies occurred in cases 25 and 50.

[79] Interdisciplinary care plan is a formal, individualized treatment plan that identifies existing needs and recognizes potential needs or risks of a patient to also include setting specified goals and outcomes. According to CCHCS HCDOM 3.1.10 Specialized Health Care Housing, patients in the SMH shall have an interdisciplinary care plan completed with 72 hours of the patient's admission and updated as the patient's condition changes, treatments change, and interventions change.

[80] Nursing deficiencies occurred in cases 6, 21, 22, and 47–50.

wound, including the wound measurements, drainage, and the description of the wound edges.

- In case 48, the OHU patient reported coughing up blood the night prior. However, the RN did not listen to lung sounds; assess the appearance of the patient's mouth, mucous membranes, and throat; or notify the provider of the patient's report.

Medication Administration

Compliance testing showed CIM performed poorly in ensuring patients admitted to the OHU received their medications within required time frames (MIT 13.003, 33.3%). This is discussed further in the **Medication Management** indicator. OIG clinicians identified one deficiency related to OHU medication continuity, which was not significant.[81]

Clinician On-Site Inspection

At the time of the on-site inspection, the OHU had 45 beds and two negative-pressure rooms for respiratory isolation, and the census in OHU was 43. The OHU was divided into two stations; one station had 22 beds, and the other station had 23 beds. Each OHU station was staffed with one RN and one lead RN to cover both stations on the morning shift. The evening shift and night shift were staffed with two LVNS and one lead RN to cover both stations. Nursing staff reported sometimes they might have a certified nursing assistant (CNA) on staff, but often, the CNA was redirected to the mental health crisis bed (MHCB) area. The lead RN on all the shifts was also responsible for covering the MHCB stations. The RNs on each station were responsible for rounding, daily assessments, medication administration, wound care, admission and discharge assessments, and responding to emergencies in the unit. Nursing staff reported they did not initiate care plans in the OHU because it was an outpatient unit but did initiate care plans in the MHCB because it was an inpatient unit.

The nursing staff reported the need for additional nursing support in the unit due to the presence of high-acuity patients requiring more nursing care. Nurses reported the OHU could have patients on IV antibiotics and patients requiring extensive wound care. This, therefore, increased the nurses' responsibilities. The OHU and the MHCB shared one RN shift lead on each shift. CIM had a designated OHU provider, who made rounds with nursing staff and conducted daily morning huddles.

The supervising registered nurse (SRN) reported assessing quality of nursing care by performing audits on admission assessments when patients returned from the hospital and off-site specialty appointments as well as for patients requiring wound care. The SRN reiterated the nurses did not initiate care plans for OHU patients. We interviewed the CNE, who reported the Health Care Department Operations Manual (HCDOM) referenced care plans for OHU patients and stated they would consult with CCHCS since CIM nursing staff had not previously initiated care plans for OHU patients.

Compliance Testing Results

[81] A medication deficiency occurred in case 49.

On-Site Inspection and Discussion

At the time of the compliance on-site inspection, the OHU maintained an operational call light system to ensure patients had access to care (MIT 13.101, 100%).

Compliance Score Results

Table 16. Specialized Medical Housing

	Scored Answer			
Compliance Questions	**Yes**	**No**	**N/A**	**Yes %**
For OHU, CTC, and SNF: Did the registered nurse complete an initial assessment of the patient on the day of admission? (13.001)	10	0	0	100%
Was a written history and physical examination completed within the required time frame? (13.002)	8	2	0	80.0%
Upon the patient's admission to specialized medical housing: Were all medications ordered, made available, and administered to the patient within required time frames? (13.003)	3	6	1	33.3%
For specialized health care housing (CTC, SNF, hospice, OHU): Do specialized health care housing maintain an operational call system? (13.101)	1	0	0	100%
For specialized health care housing (CTC, SNF, hospice, OHU): Do health care staff perform patient safety checks according to institution's local operating procedure or within the required time frames? (13.102)	0	0	0	0
				Overall percentage (MIT 13): 78.3%

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

Recommendations

- Nursing leadership should determine the challenges to nurses performing thorough assessments and initiating individualized care plans. Leadership should implement remedial measures as appropriate.

Specialty Services

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

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Adequate	***Adequate* (82.5%)**

Case review found CIM generally provided satisfactory specialty services for patients. Providers appropriately referred patients to specialists and followed up after specialty services. TTA providers and nurses also performed well in assessing patients who returned from specialty appointments. However, we found opportunities for improvement in scanning the reports and forwarding them to providers within required time frames. After considering all factors, the OIG rated the case review component of this indicator ***adequate***.

CIM performed variably in compliance testing for this indicator. Depending on the priority of the specialty service, access to specialty services ranged from needing improvement to excellent. Preapproved specialty services for newly arrived patients sometimes occurred within required time frames. Performances in retrieving specialty reports with prompt provider endorsements were mixed. Based on the overall **Specialty Services** compliance score result, the OIG rated the compliance testing component of this indicator ***adequate***.

Case Review and Compliance Testing Results

OIG clinicians reviewed 161 events related to specialty services, which included 135 specialty consultations and procedures as well as 26 nursing encounters. We identified 22 deficiencies, five of which were significant.[82]

Access to Specialty Services

Compliance testing showed patients often received timely specialty services with high-priority referrals (MIT 14.001, 80.0%) and routine-priority referrals (MIT 14.007, 86.7%) within the required time frame. CIM also performed excellently in timely completing subsequent follow-up appointments to high-priority specialty services (MIT 14.003, 100%) and performed very well with subsequent follow-up appointments to medium-priority (MIT 14.006, 88.9%) and routine-priority (MIT 14.009, 88.9%) specialty services. However, CIM needed improvement in timely completing medium-priority referrals (MIT 14.004, 60.0%) and performed poorly in timely completing preapproved specialty services for patients transferring into CIM (MIT 14.010, 45.0%). In contrast, OIG clinicians did not find any deficiencies related to specialty appointment access.

[82] Deficiencies occurred in cases 3, 6, 8, 10, 12, 16, 19, 23, 47, and 48. Significant deficiencies occurred in cases 8, 10, and 12.

Provider Performance

In general, providers referred patients appropriately, followed the specialists' recommendations, and endorsed the specialty reports timely. Compliance testing showed timely follow-up appointments with providers after specialty consultations needed improvement (MIT 1.008, 73.1%). OIG clinicians identified three significant deficiencies related to providers not following specialists' recommendations without documenting the medical rationale for doing so, and three deficiencies related to providers endorsing the specialists' reports late.[83] The following are examples:

- In case 6, a CIM staff scanned the specialty report and forwarded it to the provider to review and sign. However, the provider endorsed the report eight days later.
- In case 12, the ophthalmologist recommended to start glaucoma medication, latanoprost eye drops; however, the provider did not start the medication and did not document a medical rationale for not following the recommendation.

Nursing Performance

CIM specialty nurses reviewed specialty service requests and appropriately scheduled patients for specialty appointments. Nurses properly assessed patients after returning from specialty appointments, reviewed specialists' recommendations, and communicated the recommendations to providers. OIG clinicians reviewed 26 nursing events in which patients returned from off-site specialty appointments and identified only two deficiencies, neither of which were significant.[84] The following is an example:

- In case 47, an RN evaluated the OHU patient, who had bilateral drains for a subdural hematoma, upon return from an off-site specialty neurology consult for a wound check. However, the RN did not describe the appearance of the patient's scalp or wound site.

Health Information Management

Compliance testing showed providers always received and reviewed the high-priority specialty reports (MIT 14.002, 100%) and often received and reviewed the medium-priority specialty reports (MIT 14.005, 86.7%) timely. However, CIM needed improvement with receiving and reviewing routine-priority specialty reports (MIT 14.008, 73.3%) within required time frames. CIM staff generally scanned the specialty reports into the EHRS within the required time frame (MIT 4.002, 80.0%). OIG clinicians identified 11 deficiencies related to delays in retrieving and scanning the report, two of which were significant. Three deficiencies related to not forwarding the report to the providers for review.[85] The following is an example:

[83] Deficiencies occurred in cases 6, 12, and 48. Significant deficiencies occurred in case 12.

[84] Deficiencies occurred in cases 6 and 48.

[85] Deficiencies occurred in cases 3, 8,10, 12, 16, 19, and 23. Significant deficiencies occurred in cases 8 and 10.

- In case 16, the ophthalmology specialist evaluated the patient for possible glaucoma, diabetes, and cataracts. However, CIM staff did not forward this specialty report to the provider to review and sign.

We also discuss specialty reports management in the **Health Information Management** indicator.

Clinician On-Site Inspection

OIG clinicians met with medical and nursing leadership, providers, specialty nurses, and the utilization management (UM) nurse to discuss specialty services at CIM. Nursing staff reported challenges with available local specialty providers for soft contact lenses as well as an increased number of new arrivals, including patients arriving for layover and patients returning from the Male Community Reentry Program (MCRP), out to court from other institutions, post gender-affirming surgical care, and posttransplant care from nearby transplant centers. CIM offered on-site specialty services including optometry, ophthalmology, audiology, orthotics, hair electrolysis, gastroenterology (esophagogastroduodenoscopy and colonoscopy), wound care, physical therapy, and telemedicine specialty services.[86]

[86] Hair electrolysis is a method used to remove hair. An esophagogastroduodenoscopy is a procedure using a camera to examine the esophagus and the stomach.

Compliance Score Results

Table 17. Specialty Services

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Did the patient receive the high-priority specialty service within 14 calendar days of the primary care provider order or the Physician Request for Service? (14.001)	4	1	0	80.0%
Did the institution receive and did the primary care provider review the high-priority specialty service consultant report within the required time frame? (14.002)	5	0	0	100%
Did the patient receive the subsequent follow-up to the high-priority specialty service appointment as ordered by the primary care provider? (14.003)	5	0	0	100%
Did the patient receive the medium-priority specialty service within 15-45 calendar days of the primary care provider order or Physician Request for Service? (14.004)	9	6	0	60.0%
Did the institution receive and did the primary care provider review the medium-priority specialty service consultant report within the required time frame? (14.005)	13	2	0	86.7%
Did the patient receive the subsequent follow-up to the medium-priority specialty service appointment as ordered by the primary care provider? (14.006)	8	1	6	88.9%
Did the patient receive the routine-priority specialty service within 90 calendar days of the primary care provider order or Physician Request for Service? (14.007)	13	2	0	86.7%
Did the institution receive and did the primary care provider review the routine-priority specialty service consultant report within the required time frame? (14.008)	11	4	0	73.3%
Did the patient receive the subsequent follow-up to the routine-priority specialty service appointment as ordered by the primary care provider? (14.009)	8	1	6	88.9%
For endorsed patients received from another CDCR institution: If the patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames? (14.010)	9	11	0	45.0%
Did the institution deny the primary care provider's request for specialty services within required time frames? (14.011)	20	0	0	100%
Following the denial of a request for specialty services, was the patient informed of the denial within the required time frame? (14.012)	16	4	0	80.0%
				Overall percentage (MIT 14): 82.5%

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

Table 18. Other Tests Related to Specialty Services

	Scored Answer			
Compliance Questions	**Yes**	**No**	**N/A**	**Yes %**
Specialty service follow-up appointments: Did the clinician follow-up visits occur within required time frames? (1.008) *	19	7	9	73.1%
Are specialty documents scanned into the patient's electronic health record within five calendar days of the encounter date? (4.002)	20	5	10	80.0%

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

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

Recommendations

- Health care leadership should determine the root cause(s) of challenges to staff timely providing specialty appointments, including preapproved specialty appointments for transfer-in patients, and should implement appropriate remedial measures.

Administrative Operations

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

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

Ratings and Results Overview

Case Review Rating	Compliance Rating and Score
Not Applicable	***Adequate* (76.9%)**

CIM's performance was satisfactory in this indicator. While CIM scored superlatively in most applicable tests, it needed improvement in some areas. The Emergency Medical Response Review Committee (EMRRC) rarely completed the required checklists. Staff did not conduct a live medical emergency response drill during the most recent quarter. In addition, physician managers rarely completed annual performance appraisals timely. These findings are set forth in the table on the next page. Based on the overall **Administrative Operations** compliance score result, the OIG rated the compliance testing component of this indicator ***adequate***.

Compliance Testing Results

Nonscored Results

At CIM, the OIG did not have any applicable adverse sentinel events requiring root cause analysis during our inspection period (MIT 15.001).

We obtained CCHCS Mortality Case Review reporting data. In our inspection, for 10 patients, we found no evidence in the submitted documentation that the preliminary mortality reports had been completed. These reports were overdue at the time of the OIG's inspection (MIT 15.998).

Compliance Score Results

Table 19. Administrative Operations

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For health care incidents requiring root cause analysis (RCA): Did the institution meet RCA reporting requirements? (15.001)	This is a nonscored test. Please refer to the discussion in this indicator.			
Did the institution's Quality Management Committee (QMC) meet monthly? (15.002)	6	0	0	100%
For Emergency Medical Response Review Committee (EMRRC) reviewed cases: Did the EMRRC review the cases timely, and did the incident packages the committee reviewed include the required documents? (15.003)	1	11	0	8.3%
For institutions with licensed care facilities: Did the Local Governing Body (LGB) or its equivalent meet quarterly and discuss local operating procedures and any applicable policies? (15.004)	N/A	N/A	N/A	N/A
Did the institution conduct medical emergency response drills during each watch of the most recent quarter, and did health care and custody staff participate in those drills? (15.101)	0	3	0	0
Did the responses to medical grievances address all of the patients' appealed issues? (15.102)	10	0	0	100%
Did the medical staff review and submit initial patient death reports to the CCHCS Mortality Case Review Unit on time? (15.103)	10	0	0	100%
Did nurse managers ensure the clinical competency of nurses who administer medications? (15.104)	10	0	0	100%
Did physician managers complete provider clinical performance appraisals timely? (15.105)	2	12	0	14.3%
Did the providers maintain valid state medical licenses? (15.106)	17	0	0	100%
Did the staff maintain valid Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS), and Advanced Cardiac Life Support (ACLS) certifications? (15.107)	2	0	1	100%
Did the nurses and the pharmacist-in-charge (PIC) maintain valid professional licenses and certifications, and did the pharmacy maintain a valid correctional pharmacy license? (15.108)	6	0	1	100%
Did the pharmacy and the providers maintain valid Drug Enforcement Agency (DEA) registration certificates, and did the pharmacy maintain valid Automated Drug Delivery System (ADDS) licenses? (15.109)	1	0	0	100%
Did nurse managers ensure their newly hired nurses received the required onboarding and clinical competency training? (15.110)	1	0	0	100%
Did the CCHCS Death Review Committee process death review reports timely? Effective 05/2022: Did the Headquarters Mortality Case Review process mortality review reports timely? (15.998)	This is a nonscored test. Please refer to the discussion in this indicator.			
What was the institution's health care staffing at the time of the OIG medical inspection? (15.999)	This is a nonscored test. Please refer to Table 3 for CCHCS-provided staffing information.			
				Overall percentage (MIT 15): 76.9%

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

Recommendations

The OIG offers no recommendations for this indicator.

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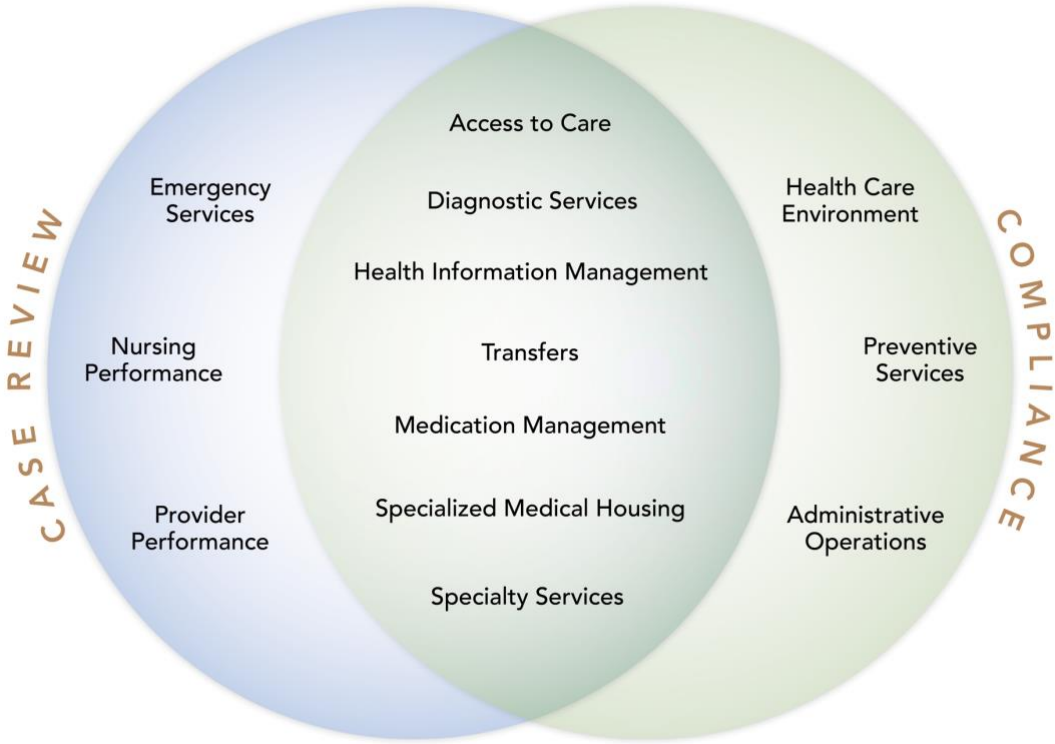
Appendix A: Methodology

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

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

Figure A–1. Inspection Indicator Review Distribution for CIM



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

Case Reviews

The OIG added case reviews to the Cycle 4 medical inspections at the recommendation of its stakeholders, which continues in the Cycle 7 medical inspections. Below, Table A–1 provides important definitions that describe this process.

Table A–1. Case Review Definitions

Case, Sample, or Patient	The medical care provided to one patient over a specific period, which can comprise detailed or focused case reviews.
Comprehensive 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.
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 noncompliance, elevated risk of patient harm, or both.
Adverse Event	An event that caused harm to the patient.

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

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

Case Review Sampling Methodology

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

After applying filters, analysts follow a predetermined protocol and select samples for clinicians to review. Our physician and nurse reviewers test the samples by performing comprehensive or focused case reviews.

Case Review Testing Methodology

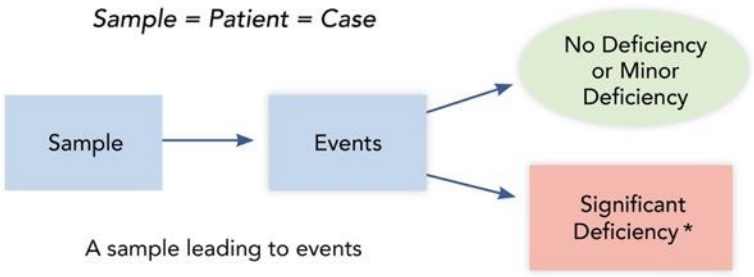
An OIG physician, a nurse consultant, or both review each case. As the clinicians review medical records, they record pertinent interactions between the patient and the health care system. We refer to these interactions as case review ***events***. Our clinicians also record medical errors, which we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

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

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

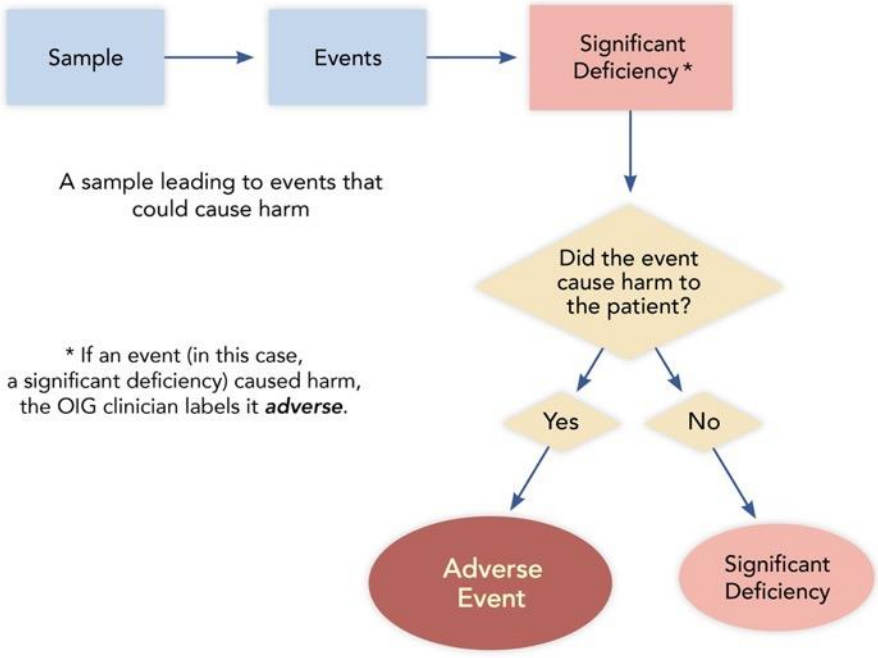
Figure A–2. Case Review Testing

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



Deficiencies

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



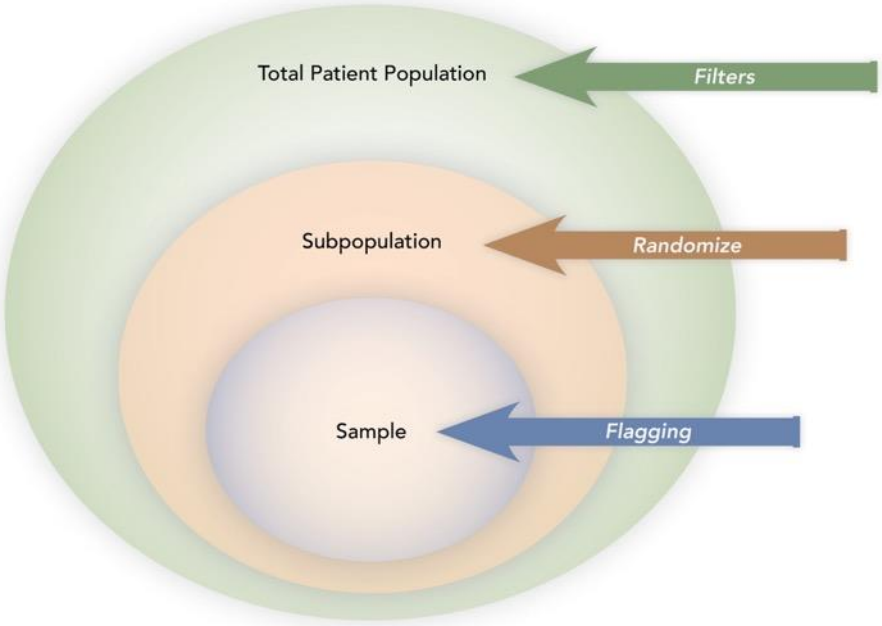
Source: The Office of the Inspector General medical inspection analysis.

Compliance Testing

Compliance Sampling Methodology

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

Figure A–3. Compliance Sampling Methodology



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

Compliance Testing Methodology

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

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

Scoring Methodology

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

Indicator Ratings and the Overall Medical Quality Rating

The OIG medical inspection unit individually examines all the case review and compliance inspection findings under each specific methodology. We analyze the case review and compliance testing results for each indicator and determine separate overall indicator ratings. After considering all the findings of each of the relevant indicators, our medical inspectors individually determine the institution's overall case review and compliance ratings.

Appendix B: Case Review Data

Table B–1. CIM Case Review Sample Sets

Sample Set	Total
Anticoagulation	3
CTC/OHU	4
Death Review/Sentinel Events	3
Diabetes	3
Emergency Services – CPR	1
Emergency Services – Non-CPR	3
High Risk	5
Hospitalization	4
Intrasystem Transfers In	3
Intrasystem Transfers Out	3
RN Sick Call	14
Specialty Services	4
	50

Table B–2. CIM Case Review Chronic Care Diagnoses

Diagnosis	Total
Anemia	11
Anticoagulation	5
Arthritis/Degenerative Joint Disease	7
Asthma	2
COPD	8
COVID-19	2
Cancer	4
Cardiovascular Disease	7
Chronic Kidney Disease	3
Chronic Pain	10
Cirrhosis/End Stage Liver Disease	5
Coccidioidomycosis	1
Deep Venous Thrombosis/Pulmonary Embolism	1
Diabetes	15
Gastroesophageal Reflux Disease	12
Gastrointestinal Bleed	1
HIV	2
Hepatitis C	8
Hyperlipidemia	23
Hypertension	22
Mental Health	16
Seizure Disorder	1
Sleep Apnea	5
Substance abuse	14
Thyroid Disease	4
	189

Table B–3. CIM Case Review Events by Program

Program	Total
Diagnostic Services	240
Emergency Care	83
Hospitalization	51
Intrasystem Transfers In	6
Intrasystem Transfers Out	6
Outpatient Care	385
Specialized Medical Housing	149
Specialty Services	184
	1,104

Table B–4. CIM Case Review Sample Summary

	Total
MD Reviews Detailed	25
MD Reviews Focused	5
RN Reviews Detailed	15
RN Reviews Focused	25
Total Reviews	70
Total Unique Cases	50
Overlapping Reviews (MD & RN)	20

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Appendix C: Compliance Sampling Methodology

California Institution for Men

Quality Indicator	Sample Category	No. 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 Transfers
MITs 1.003–006	Nursing Sick Call (6 per clinic)	32	Clinic Appointment List	• Clinic (each clinic tested) • Appointment date (2–9 months) • Randomize
MIT 1.007	Returns From Community Hospital	25	OIG Q: 4.005	• See Health Information Management (Medical Records) (returns from community hospital)
MIT 1.008	Specialty Services Follow-Up	35	OIG Q: 14.001, 14.004 & 14.007	• See Specialty Services
MIT 1.101	Availability of Health Care Services Request Forms	6	OIG on-site 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, BMP, or CMPs only) • Randomize • Abnormal
MITs 2.007–009	Laboratory STAT	9	Quest	• Appt. date (90 days–9 months) • Order name (CBC, BMP, or CMPs only) • Randomize • Abnormal
MITs 2.010–012	Pathology	10	InterQual	• Appt. date (90 days–9 months) • Service (pathology related) • Randomize

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
Health Information Management (Medical Records)				
MIT 4.001	Health Care Services Request Forms	32	OIG Qs: 1.004	• Nondictated documents • First 20 IPs for MIT 1.004
MIT 4.002	Specialty Documents	35	OIG Qs: 14.002, 14.005 & 14.008	• Specialty documents • First 10 IPs for each question
MIT 4.003	Hospital Discharge Documents	25	OIG Q: 4.005	• Community hospital discharge documents • First 20 IPs selected
MIT 4.004	Scanning Accuracy	24	Documents for any tested incarcerated person	• Any misfiled or mislabeled document identified during OIG compliance review (24 or more = No)
MIT 4.005	Returns From Community Hospital	25	CADDIS off-site admissions	• Date (2–8 months) • Most recent 6 months provided (within date range) • Rx count • Discharge date • Randomize
Health Care Environment				
MITs 5.101–105 MITs 5.107–111	Clinical Areas	9	OIG inspector on-site review	• Identify and inspect all on-site clinical areas
Transfers				
MITs 6.001–003	Intrasystem Transfers	25	SOMS	• Arrival date (3–9 months) • Arrived from (another departmental facility) • Rx count • Randomize
MIT 6.101	Transfers Out	4	OIG inspector on-site review	• R&R IP transfers with medication

Quality Indicator	Sample Category	No. 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: 4.005	• 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
MIT 7.005	Intrafacility 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 departmental facility) • Randomize • NA/DOT meds
MITs 7.101–103	Medication Storage Areas	Varies by test	OIG inspector on-site review	• Identify and inspect clinical & med line areas that store medications
MITs 7.104–107	Medication Preparation and Administration Areas	Varies by test	OIG inspector on-site review	• Identify and inspect on-site clinical areas that prepare and administer medications
MITs 7.108–111	Pharmacy	1	OIG inspector on-site review	• Identify & inspect all on-site pharmacies
MIT 7.112	Medication Error Reporting	24	Medication error reports	• All medication error reports with Level 4 or higher • Select total of 25 medication error reports (recent 12 months)
MIT 7.999	Restricted Unit KOP Medications	8	On-site active medication listing	• KOP rescue inhalers & nitroglycerin medications for IPs housed in restricted units

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
Prenatal and Postpartum Care				
MITs 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)
Preventive Services				
MITs 9.001–002	TB Medications	15	Maxor	• Dispense date (past 9 months) • Time period on TB meds (3 months or 12 weeks) • Randomize
MIT 9.003	TB Evaluation, Annual Screening	25	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 (45 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	N/A at this institution	Cocci transfer status report	• Reports from past 2–8 months • Institution • Ineligibility date (60 days prior to inspection date) • All

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
Reception Center				
MITs 12.001–007	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	Specialized Health Care Housing Unit	10	CADDIS	• Admit date (2–8 months) • Type of stay (no MH beds) • Length of stay (minimum of 5 days) • Rx count • Randomize
MITs 13.101–102	Call Buttons	All	OIG inspector on-site review	• Specialized Health Care Housing • Review by location
Specialty Services				
MITs 14.001–003	High-Priority Initial and Follow-Up RFS	5	Specialty Services Appointments	• Approval date (3–9 months) • Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, radiology, follow-up wound care / addiction medication, narcotic treatment program, and transgender services • Randomize
MITs 14.004–006	Medium-Priority Initial and Follow-Up RFS	15	Specialty Services Appointments	• Approval date (3–9 months) • Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, radiology, follow-up wound care/addiction medication, narcotic treatment program, and transgender services • Randomize

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
Specialty Services (continued)				
MITs 14.007–009	Routine-Priority Initial and Follow-Up RFS	15	Specialty Services Appointments	• Approval date (3–9 months) • Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, radiology, follow-up wound care/addiction medication, narcotic treatment program, and transgender services • Randomize
MIT 14.010	Specialty Services Arrivals	20	Specialty Services Arrivals	• Arrived from (other departmental institution) • Date of transfer (3–9 months) • Randomize
MITs 14.011–012	Denials	20	InterQual	• Review date (3–9 months) • Randomize
		N/A	IUMC/MAR Meeting Minutes	• Meeting date (9 months) • Denial upheld • Randomize
Administrative Operations				
MIT 15.001	Adverse/sentinel events	N/A	Adverse/sentinel events report	• Adverse/Sentinel events (2–8 months)
MIT 15.002	QMC Meetings	6	Quality Management Committee meeting minutes	• Meeting minutes (12 months)
MIT 15.003	EMRRC	12	EMRRC meeting minutes	• Monthly meeting minutes (6 months)
MIT 15.004	LGB	N/A at this institution	LGB meeting minutes	• Quarterly meeting minutes (12 months)
MIT 15.101	Medical Emergency Response Drills	3	On-site summary reports & documentation for ER drills	• Most recent full quarter • Each watch
MIT 15.102	Institutional Level Medical Grievances	10	On-site list of grievances/closed grievance files	• Medical grievances closed (6 months)

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
Administrative Operations (continued)				
MIT 15.103	Death Reports	10	Institution-list of deaths in prior 12 months	• Most recent 10 deaths Initial death reports
MIT 15.104	Nursing Staff Validations	10	On-site nursing education files	• On duty one or more years • Nurse administers medications • Randomize
MIT 15.105	Provider Annual Evaluation Packets	14	On-site provider evaluation files	• All required performance evaluation documents
MIT 15.106	Provider Licenses	17	Current provider listing (at start of inspection)	• Review all
MIT 15.107	Medical Emergency Response Certifications	All	On-site certification tracking logs	• All staff • Providers (ACLS) • Nursing (BLS/CPR) • Custody (CPR/BLS)
MIT 15.108	Nursing Staff and Pharmacist in Charge Professional Licenses and Certifications	All	On-site tracking system, logs, or employee files	• All required licenses and certifications
MIT 15.109	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations	All	On-site listing of provider DEA registration #s & pharmacy registration document	• All DEA registrations
MIT 15.110	Nursing Staff New Employee Orientations	All	Nursing staff training logs	• New employees (hired within last 12 months)
MIT 15.998	CCHCS Mortality Case Review	10	OIG summary log: deaths	• Between 35 business days & 12 months prior • California Correctional Health Care Services mortality reviews

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California Correctional Health Care Services' Response

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January 8, 2026

Amarik Singh, Inspector General
Office of the Inspector General
10111 Old Placerville Road, Suite 110
Sacramento, CA 95827

Dear Ms. Singh:

California Correctional Health Care Services has reviewed the draft Medical Inspection Report for California Institution for Men conducted by the Office of the Inspector General from March 2024 to August 2024. Thank you for preparing the report.

If you have any questions or concerns, please contact me at (916) 691-3747.

Sincerely,

DeAnna Gouldy
Deputy Director
Policy and Risk Management Services
California Correctional Health Care Services

cc: Diana Toche, D.D.S., Undersecretary, Health Care Services, CDCR
Clark Kelso, Receiver
Jeff Macomber, Secretary, CDCR
Directors, CCHCS
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Cycle 7

Medical Inspection Report

for

California Institution for Men

OFFICE *of the*
INSPECTOR GENERAL

Amarik K. Singh
Inspector General

Shaun Spillane
Chief Deputy Inspector General

STATE *of* CALIFORNIA
January 2026

OIG