



Amarik K. Singh, Inspector General

Neil Robertson, Chief Deputy Inspector General

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Independent Prison Oversight

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Cycle 6 Medical Inspection Report

*California Institution
for Women*

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Cover: Rod of Asclepius courtesy of [Thomas Shafee](#)

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 persons¹ in the California Department of Corrections and Rehabilitation (the department).²

In Cycle 6, the OIG continues to apply the same assessment methodologies used in Cycle 5, including clinical case review and compliance testing. These methods provide an accurate assessment of how the institution's health care systems function regarding patients with the highest medical risk who tend to access services at the highest rate. This information helps to assess the performance of the institution in providing sustainable, adequate care.³

We continue to review institutional care using 15 indicators, as in prior cycles. 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).⁴ We determine a total compliance score for each applicable indicator and consider the MIT scores in the overall conclusion of the institution's performance. In addition, our clinicians complete document reviews of individual cases and also perform on-site inspections, which include interviews with staff.

In reviewing the cases, our clinicians examine whether providers 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.⁵ At the same time, our clinicians examine whether the institution's medical system mitigated the error. The OIG rates the indicators as **proficient**, **adequate**, or **inadequate**.

The OIG has adjusted Cycle 6 reporting in two ways. First, commencing with this reporting period, we interpret compliance and case review results together, providing a more holistic assessment of

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

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 (HEIDIS) measures for comparison purposes.

⁴ The department regularly updates its policies. The OIG updates our policy-compliance testing to reflect the department's updates and changes.

⁵ If we learn of a patient needing immediate care, we notify the institution's chief executive officer.

the care. Second, we consider whether institutional medical processes lead to identifying and correcting provider or system errors. The review assesses the institution's medical care on both system and provider levels.

As we did during Cycle 5, our office is continuing 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 6 inspection of California Institution for Women (CIW), the receiver had delegated this institution back to the department.

We completed our sixth inspection of CIW, and this report presents our assessment of the health care provided at that institution during the inspection period December 2020 and May 2021.⁶ The data obtained for CIW, and the on-site inspections occurred during the COVID-19 pandemic.⁷

The California Institution for Women (CIW) is located in the city of Corona in Riverside County. CIW's mission is to provide a safe and secure environment for incarcerated female population. The institution houses general population as well as patients with special needs, such as pregnancy, psychiatric care, and medical problems. CIW runs 10 clinics in which health care staff members handle non-urgent requests for medical services. The institution also conducts patient screenings in its receiving and release (R&R) clinical area; treats patients requiring urgent or emergent care in its triage and treatment area (TTA); and treats patients requiring inpatient care in its licensed correctional treatment center (CTC). In its outpatient housing unit (OHU), CIW also treats patients who require assistance with the activities of daily living but do not require a higher level of inpatient care. CCHCS has designated CIW as an intermediate care prison. To provide the most cost-effective care, intermediate care institutions are predominantly located in urban areas, close to tertiary care centers and specialty care providers likely to be used by a patient population with higher medical needs.

⁶ Samples are obtained per case review methodology shared with stakeholders in prior cycles. The case reviews include emergency non-cardiopulmonary resuscitation (non-CPR) reviews between July 2020 and June 2021, death reviews between January 2020 and May 2021, anticoagulation reviews between December 2020 and June 2021, high-risk reviews between November 2020 and June 2021, hospitalization reviews between September 2020 and May 2021, specialty services reviews between December 2020 and June 2021, transfer reviews between October 2020 and March 2021, and prenatal and postpartum care reviews between January 2020 and March 2021.

⁷ As of January 28, 2022, the department reports on its public tracker that 86% of its incarcerated population at CIW is fully vaccinated while 74% of CIW staff are fully vaccinated: www.cdcr.ca.gov/covid19/population-status-tracking/.

Summary

The OIG completed the Cycle 6 inspection for California Institution for Women (CIW) in September 2021. OIG inspectors monitored the institution's medical care that occurred between December 2020 and May 2021.



The OIG rated the overall quality of health care at CIW **adequate**. We list the individual indicators and ratings applicable for this institution in the Table 1 below.

Table 1. CIW Summary Table

Health Care Indicators	Cycle 6 Case Review Rating	Cycle 6 Compliance Rating	Cycle 6 Overall Rating	Change Since Cycle 5
Access to Care	Proficient	Proficient	Proficient	=
Diagnostic Services	Inadequate	Inadequate	Inadequate	↓
Emergency Services	Adequate	N/A	Adequate	=
Health Information Management	Adequate	Proficient	Adequate	↓
Health Care Environment	N/A	Inadequate	Inadequate	=
Transfers	Adequate	Inadequate	Adequate	=
Medication Management	Adequate	Inadequate	Inadequate	=
Prenatal & Postpartum Care	Proficient	Proficient	Proficient	=
Preventive Services	N/A	Adequate	Adequate	↓
Nursing Performance	Adequate	N/A	Adequate	=
Provider Performance	Adequate	N/A	Adequate	=
Specialized Medical Housing	Inadequate	Adequate	Inadequate	=
Reception Center	N/A	N/A	N/A	N/A
Specialty Services	Adequate	Adequate	Adequate	=
Administrative Operations [†]	N/A	Inadequate	Inadequate	=

* The symbols in this column correspond to changes that occurred in indicator ratings between the medical inspections conducted during Cycle 5 and Cycle 6. 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*).

[†] Administrative Operations is a secondary indicator and is not considered when rating the institution's overall medical quality.

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

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 354 patient records and 1,084 data points and used the data to answer 99 policy questions. In addition, we observed CIW's processes during an on-site inspection in July 2021. Table 2 below lists CIW's average scores from Cycles 4, 5, and 6.

Table 2. CIW Policy Compliance Scores

Medical Inspection Tool (MIT)	Policy Compliance Category	Scoring Ranges		
		100%–85.0%	84.9%–75.0%	74.9%–0
		Cycle 4 Average Score	Cycle 5 Average Score	Cycle 6 Average Score
1	Access to Care	86.9%	88.2%	90.0%
2	Diagnostic Services	85.6%	71.1%	71.2%
4	Health Information Management	49.8%	84.0%	85.8%
5	Health Care Environment	78.3%	69.1%	49.9%
6	Transfers	89.3%	85.5%	68.8%
7	Medication Management	77.9%	68.4%	69.4%
8	Prenatal and Postpartum Care	80.0%	93.3%	100%
9	Preventive Services	92.6%	90.1%	80.2%
12	Reception Center	N/A	N/A	N/A
13	Specialized Medical Housing	78.3%	84.6%	84.0%
14	Specialty Services	84.2%	90.1%	80.9%
15	Administrative Operations	91.4%*	68.7%	70.2%

* In Cycle 4, there were two secondary (administrative) indicators, and this score reflects the average of those two scores. In Cycle 5 and moving forward, the two indicators were merged into one, with only one score as the result.

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

The OIG clinicians (a team of physicians and nurse consultants) reviewed 52 cases, which contained 1,981 patient-related events. After examining the medical records, our clinicians conducted a follow-up on-site inspection in September 2021, to verify their initial findings. The OIG physicians rated the quality of care for 29 comprehensive case reviews. Of these 29 cases, our physicians rated 28 **adequate** and one **inadequate**. Our physicians did not find any adverse events during this inspection.

The OIG then considered the results from both case review and compliance testing, and drew overall conclusions, which we report in the 14 health care indicators.⁸ Quality control reviews by multiple OIG clinicians and collective deliberations ensured consistency, accuracy, and thoroughness. The OIG clinicians acknowledged mitigating factors (i.e., the institution's systemic checks and balances). As noted above, we listed the individual indicators and ratings applicable for this institution in Table 1, the CIW Summary Table.

In June 2021, the Health Care Services Master Registry showed that CIW had a total population of 1,007. A breakdown of the medical risk level of the CIW population as determined by the department is set forth in Table 3 below.⁹

Table 3. CIW Master Registry Data as of June 2021

Medical Risk Level	Number of Patients	Percentage
High 1	139	13.8%
High 2	155	15.4%
Medium	430	42.7%
Low	283	28.1%
Total	1,007	100.0%

Source: Data for the population medical risk level were obtained from the CCHCS Master Registry dated 6-25-21.

⁸ The indicator for *Reception Center* did not apply to CIW.

⁹ For a definition of *medical risk*, see CCHCS HCDOM 1.2.14, Appendix 1.9.

Based on staffing data the OIG obtained from California Correctional Health Care Services (CCHCS), as identified in Table 4 below, CIW had one vacant executive leadership position, zero vacant primary care provider and nursing supervisor positions, and 15.9 vacant nursing staff positions.

Table 4. CIW Health Care Staffing Resources as of June 2021

Positions	Executive Leadership*	Primary Care Providers	Nursing Supervisors	Nursing Staff†	Total
Authorized Positions	7	8	19.2	129.5	163.7
Filled by Civil Service	6	8	19	113.6	146.6
Vacant	1	0	0	15.9	16.9
Percentage Filled by Civil Service	85.7%	100%	99.0%	79.7%	89.6%
Filled by Telemedicine	0	0	0	0	0
Percentage Filled by Telemedicine	0%	0%	0%	0%	0%
Filled by Registry	0	0	0	29	29
Percentage Filled by Registry	0%	0%	0%	20.3%	0%
Total Filled Positions	6	8	19	142.6	146.6
Total Percentage Filled	85.7%	100%	99.0%	90.0%	89.6%
Appointments in Last 12 Months	1	1	4	32	38
Redirected Staff	0	0	0	0	0
Staff on Extended Leave‡	0	0	0	0	0
Adjusted Total: Filled Positions	0	0	0	0	0
Adjusted Total: Percentage Filled	85.7%	100%	99.0%	90.0%	89.6%

* Executive Leadership includes the Chief Physician and Surgeon.

† Nursing Staff includes 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 6 medical inspection preinspection questionnaire received June 25, 2021 from California Correctional Health Care Services.

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.¹⁰

The OIG did not find any adverse events at CIW during the Cycle 6 inspection.

Case Review Results

OIG case reviewers assessed 11 of the 14 indicators applicable to CIW. Of these 11 indicators, OIG clinicians rated two **proficient**, seven **adequate**, and two **inadequate**. The OIG physicians also rated the overall adequacy of care for each of the 29 detailed case reviews they conducted. Of these 29 cases, 28 were **adequate** and one was **inadequate**. In the 1,981 events reviewed, there were 160 deficiencies, 31 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 CIW:

- CIW performed well with access to care as most provider and nursing appointments occurred within the required time frames.
- CIW provided excellent care for their pregnant patients. The staff obstetrician thoroughly assessed these patients and consulted specialists to manage difficult pregnancies. Nursing staff were available to address patients' needs. Diagnostic tests and specialty appointments occurred within the required time frames.
- CIW provided excellent specialty services for their patients. The institution performed well to ensure specialty appointments occurred within the required time frames. Nurses appropriately assessed patient returns from specialty

¹⁰ For a further discussion of an adverse event, see Table A-1.

appointments and informed providers of any urgent specialist recommendations.

- CIW nurses and providers delivered good emergency care, which improved from Cycle 5. Nursing staff responded promptly to emergent events and provided good nursing assessments. CIW providers were available for consultation and made appropriate decisions.

Our clinicians found CIW could improve in the following areas:

- CIW had inadequate diagnostic services and performed poorly in completing radiology and time sensitive laboratory tests. The institution also performed poorly in retrieving pathology reports.
- Specialized medical housing nurses did not always provide good assessments or interventions for their patients.

Compliance Testing Results

Our compliance inspectors assessed 11 of the 14 indicators applicable to CIW. Of these 11 indicators, our compliance inspectors rated three **proficient**, three **adequate**, and five **inadequate**. We tested policy compliance in the **Health Care Environment**, **Preventative Services**, and **Administrative Operations** indicators, as these do not have a case review component.

CIW demonstrated a high rate of policy compliance in the following areas:

- For pregnant patients, CIW provided timely provider visits, and nursing staff documented vital information, such as the patient blood pressure and weight. The institution also offered lower-tier housing and lower-bunk accommodations to these patients and provided them with prenatal screening tests.
- Nursing staff processed sick call request forms, performed face-to-face evaluations, and completed nurse-to-provider referrals within required time frames. In addition, CIW housing units contained an adequate supply of health care services request forms.
- CIW scheduled timely provider follow-up appointments for patients returning from outside community hospitals and specialty services appointments.

- The institution's medical staff timely scanned requests for health care services and specialty services reports. CIW staff also accurately scanned medical records into patient files.

CIW demonstrated a low rate of policy compliance in the following areas:

- Providers seldom communicated results of diagnostic services timely manner. Also, when patient letters were completed, most patient letters communicating these results were missing the date of the diagnostic service, the date of the results, or whether the results were within normal limits.
- The institution did not consistently provide radiology services and stat laboratory services within the specified time frames.
- Health care staff did not follow proper hand hygiene practices before or after patient encounters.
- Nursing staff did not regularly inspect emergency medical response bags (EMRBs).
- Patients did not receive their ordered chronic care medications, hospital discharge medications, and newly ordered medications within specified time frames.

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 6. 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 Kaiser Medi-Cal HEDIS scores for three of five diabetic measures to use in conducting our analysis, and we present them here for comparison.

HEDIS Results

We considered CIW's performance with population-based metrics to assess the macroscopic view of the institution's health care delivery. We list the thirteen HEDIS measures in Table 5.

Comprehensive Diabetes Care

CIW's results compared favorably with those found in State health plans for diabetic care measures. When compared with statewide Medi-Cal programs (California Medi-Cal, Kaiser Northern California (Medi-Cal), and Kaiser Southern California (Medi-Cal)), CIW performed better in all three diabetic measures that have statewide comparative data: poor HbA1c control, blood pressure control, and HbA1c screening.

Immunizations

Statewide comparative data were not available for immunization measures; however, we include this data for informational purposes. CIW had a 78 percent influenza immunization rate for adults 18 to 64 years old and an 80 percent influenza immunization rate for adults 65 years of age and older.¹¹ The pneumococcal vaccine rate was 80 percent.¹²

¹¹ The HEDIS sampling methodology requires a minimum sample of 10 patients to have a reportable result. The sample for older adults did not include a full sample.

¹² The pneumococcal vaccines administered are the 13 valent pneumococcal vaccine (PCV13) 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 the one in which the patient was currently housed during the inspection period.

Cancer Screening

Statewide comparative data were not available for colorectal cancer screening; however, we include these data for informational purposes. CIW had a 79 percent colorectal cancer screening rate, a 92 percent breast cancer screening rate, and a 78 percent cervical cancer screening rate. CIW performed better than all other statewide plans in breast cancer screening; however, Kaiser NorCal and SoCal outperformed CIW in cervical cancer screening. For prenatal services, CIW scored 100 percent. Postpartum care did not have a testable sample size.

Table 5. CIW Results Compared with State HEDIS Scores

HEDIS Measure	CIW Cycle 6 Results*	California Medi-Cal 2018 [†]	California Kaiser NorCal Medi-Cal 2018 [†]	California Kaiser SoCal Medi-Cal 2018 [†]
HbA1c Screening	100%	90%	94%	96%
Poor HbA1c Control (> 9.0%) ^{‡, §}	3%	34%	25%	18%
HbA1c Control (< 8.0%) [‡]	87%	–	–	–
Blood Pressure Control (< 140/90) [‡]	89%	65%	78%	84%
Eye Examinations	97%	–	–	–
Influenza – Adults (18–64)	78%	–	–	–
Influenza – Adults (65+)	80%	–	–	–
Pneumococcal – Adults (65+)	80%	–	–	–
Cervical Cancer Screening	78%	65%	87%	83%
Colorectal Cancer Screening	79%	–	–	–
Breast Cancer Screening (50–74)	92%	62%	82%	84%
Prenatal Care	100%	91%	96%	92%
Postpartum Care	N/A	78%	82%	81%

Notes and Sources

* Unless otherwise stated, data were collected in February 2021 by reviewing medical records from a sample of CIW'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 titled, *Medi-Cal Managed Care External Quality Review Technical Report*, dated July 1, 2019–June 30, 2020 (published April 2021). www.dhcs.ca.gov/documents/MCQMD/CA2019-20-EQR-Technical-Report-Vol3-F2.pdf

[‡] For this indicator, the entire applicable CIW population was tested.

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

^{||} For this indicator, CIW did not have a testable sample size (fewer than 10 patients)

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 CIW's performance, we offer the following recommendations to the department:

Diagnostic Services

- Medical leadership should ensure time-sensitive laboratory orders and radiology tests are completed within the specified time frames.
- The department should consider developing an electronic solution to ensure that providers create patient letters at the time of endorsement and the patient results letter auto populates accurately with all required elements per CCHCS policy.
- Medical leadership should ascertain causative factors for the untimely provision of radiology and stat laboratory services and implement remedial measures as appropriate.

Health Information Management

- Medical leadership should ensure that specialty reports and pathology results are retrieved within the required time frames.

Health Care Environment

- Executive leadership should consider performing random spot checks to ensure medical supply storage areas, located outside the clinics, store medical supplies adequately.
- Medical leadership should remind staff to follow universal hand hygiene precautions. Implementing random spot checks could improve compliance.
- Nursing leadership should consider performing random spot checks to ensure staff follow equipment and medical supply management protocols.
- Nursing leadership should direct each clinic nurse supervisor to review the monthly emergency medical response bag (EMRB) and treatment cart logs to ensure the EMRBs and treatment carts are regularly inventoried and sealed.
- Executive leadership should ensure performing random spot checks to ensure clinics, medical storage rooms, and restrooms are cleaned.

Transfers

- The department should consider developing and implementing measures to ensure receiving and release (R&R) nursing staff properly complete the initial health screening questions and providers see patients in the required time frames.
- Nursing leadership should consider developing strategies to ensure that nursing staff administer medications without interruption to newly arrived patients.
- Nursing leadership should consider developing and implementing measures to ensure community hospital discharge documents are scanned into the patient's electronic health record within three calendar days of hospital discharge.

Medication Management

- The institution should consider developing and implementing measures to ensure staff timely make available and administer medications to patients and document the medication administration record (MAR) summaries, as described in CCHCS policy and procedures.

Preventive Services

- Nursing leadership should consider developing and implementing measures to ensure the nursing staff timely screen patients for tuberculosis (TB) and completely address TB signs and symptoms during screening.
- Nursing leadership should consider developing and implementing measures to ensure the nursing staff monitor patients who are prescribed TB medications weekly or monthly according to CCHCS policy.
- Medical leadership should determine the causes for challenges to the timely provision of chronic care vaccinations.

Specialized Medical Housing

- Nursing leadership should consider developing and implementing an audit tool to ensure nursing assessments are completed and related to the patient's complaint and presentation.

Specialty Services

- The department should consider developing and implementing measures to ensure institutions timely receive specialty reports and providers timely review these reports.

Access to Care

In this indicator, OIG inspectors evaluated the institution's ability to provide patients with timely clinical appointments. Our inspectors reviewed the 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.

Overall
Rating
Proficient

Case Review
Rating
Proficient

Compliance
Score
Proficient
(90.0%)

Results Overview

CIW performed well providing access to care. Most appointments were completed timely, including appointments with providers in outpatient clinics and specialized medical housing, nurses, and specialists. The institution's excellent performance in both compliance testing and case review contributed to the OIG's rating of **proficient** for this indicator.

Case Review and Compliance Testing Results

Our clinicians reviewed 554 provider, nursing, urgent or emergent care, specialty, and hospital events that required the institution to generate appointments. We identified three deficiencies related to access to care, two of which were significant.¹³

Access to Clinic Providers

Access to clinic providers is an integral part of patient care in health care delivery. CIW ensured provider appointments occurred within the required time frames. Compliance testing found 76.0 percent of chronic care follow-up appointments occurred on time (MIT 1.001), 80.0 percent of nurse-to-provider follow-up appointments occurred as requested (MIT 1.005), and 100 percent of provider-ordered sick call follow-up appointments occurred as requested (MIT 1.006). The OIG clinicians reviewed 113 clinic provider appointments and identified one significant deficiency:

- In case 1, the provider requested a follow-up for the patient with the substance use disorder provider within 14 days; however, the appointment occurred one month later.

¹³ Deficiencies occurred in cases 1, 5, and 7. Cases 1 and 7 had significant deficiencies.

Access to Specialized Medical Housing Providers

CIW provided good access to care in specialized medical housing, the correctional treatment center (CTC), and the outpatient housing unit (OHU). When staff admitted patients to the CTC or OHU, providers examined the patients timely. Providers evaluated the patients and documented their progress notes within the appropriate time frames. Compliance testing found 90.0 percent of CTC or OHU admission history and physical examinations occurred within the required time frames (MIT 13.002). The OIG clinicians assessed 85 provider encounters and found no deficiencies related to late or missed admission history and physical examinations or follow-up appointments.

Access to Clinic Nurses

CIW performed well with access for nurse sick calls and provider-to-nurse referrals. Compliance testing found nurse sick call requests were all reviewed on the day they were received (MIT 1.003, 100%). Moreover, the nurses evaluated 90.0 percent of their patients within the required one business day (MIT 1.004). OIG clinicians identified one significant deficiency related to clinic nurse access:

- In case 7, the provider diagnosed the patient with a soft tissue infection and requested a nursing follow-up appointment within four days; however, the appointment did not occur.

Access to Specialty Services

Compliance testing found 86.7 percent of initial high-priority specialty appointments (MIT 14.001), 100 percent of initial medium-priority specialty appointments (MIT 14.004), and 73.3 percent of initial routine-priority specialty appointments (MIT 14.007) occurred within the required time frames. The institution also performed well with follow-up specialty appointments (MIT 14.003, 90.0%, MIT 14.006, 87.5%, and MIT 14.009, 88.9%). OIG clinicians reviewed 117 specialty events and identified one deficiency.¹⁴ This deficiency is discussed in the *Specialty Services* indicator.

Follow-Up After Specialty Service

The institution provided patients adequate access to providers after specialty appointments. Compliance testing found 91.7 percent of provider appointments after specialty services occurred within the required time frames (MIT 1.008). Our clinicians evaluated 117 specialty

¹⁴ The deficiency occurred in case 5.

appointments and did not identify any missed or delayed provider appointments.

Follow-up After Hospitalization

CIW ensured patients saw their providers after hospitalization within the required time frames. Compliance testing revealed 100 percent of provider appointments after hospitalization occurred within the required time frames (MIT 1.007). The OIG clinicians reviewed 35 hospital returns and did not identify any missed or delayed provider appointments.

Follow-up After Urgent or Emergent Care (TTA)

CIW providers generally saw their patients as requested after a TTA event. The OIG clinicians assessed 28 TTA events and did not identify any missed or delayed provider follow-up appointments.

Follow-up After Transferring into the Institution

CIW provided appointments for newly arrived patients within the required time frames at a rate of 72.7 percent (MIT 1.002). The OIG clinicians evaluated seven transfer-in events and did not identify any missed or delayed appointments.

Clinician On-Site Inspection

CIW had three main clinics located within a central clinic building. Each clinic had assigned providers and an office technician who attended morning huddles and ensured provider appointments occurred. Staff reported that providers saw about eight patients per day. During our on-site inspection, the appointment back-log was seven provider appointments for the three clinics.

Compliance Testing Results

Table 6. 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) *	19	6	0	76.0%
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) *	8	3	1	72.7%
Clinical appointments: Did a registered nurse review the patient's request for service the same day it was received? (1.003) *	30	0	0	100%
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) *	27	3	0	90.0%
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	1	25	80.0%
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) *	1	0	29	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) *	6	0	0	100%
Specialty service follow-up appointments: Did the clinician follow-up visits occur within required time frames? (1.008) *, †	33	3	9	91.7%
Clinical appointments: Do patients have a standardized process to obtain and submit health care services request forms? (1.101)	6	0	0	100%
Overall percentage (MIT 1): 90.0%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

† 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 7. Other Tests Related to Access to Care

Compliance Questions	Scored Answer			
	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? (12.004) *	N/A	N/A	N/A	N/A
For CTC and SNF only (effective 4/2019, include OHU): Was a written history and physical examination completed within the required time frame? (13.002) *	18	2	0	90.0%
For OHU, CTC, SNF, and Hospice (applicable only for samples prior to 4/2019): Did the primary care provider complete the Subjective, Objective, Assessment, and Plan notes on the patient at the minimum intervals required for the type of facility where the patient was treated? (13.003) *	0	0	20	N/A
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) *	13	2	0	86.7%
Did the patient receive the subsequent follow-up to the high-priority specialty service appointment as ordered by the primary care provider? (14.003) *	9	1	5	90.0%
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) *	15	0	0	100%
Did the patient receive the subsequent follow-up to the medium-priority specialty service appointment as ordered by the primary care provider? (14.006) *	7	1	7	87.5%
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) *	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%

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

† CCHCS changed its policies and removed mandatory minimum rounding intervals for patients located in specialized medical housing. After April 2, 2019, MIT 13.003 only applied to CTCs that still had State-mandated rounding intervals. OIG case reviewers continued to test the clinical appropriateness of provider follow-ups within specialized medical housing units through case reviews.

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

Recommendations

The OIG offers no specific recommendations for this indicator.

Diagnostic Services

In this indicator, OIG inspectors evaluated the institution's ability to timely complete 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 6, we examined the institution's ability to timely complete and review immediate (stat) laboratory tests.

Results Overview

CIW performed poorly overall in this indicator. Although CIW usually completed routine blood tests, it did not perform well in timely completing radiology tests and time-sensitive laboratory tests. The institution also did not perform well in collecting the stat laboratory tests or receiving the results. The institution generally retrieved pathology reports timely; however, the providers did not always send pathology result letters to their patients. Because the institution had both a poor case review rating and a low compliance score, the OIG rated this indicator *inadequate*.

Overall
Rating
Inadequate

Case Review
Rating
Inadequate

Compliance
Score
**Inadequate
(71.2%)**

Case Review and Compliance Testing Results

Our clinicians reviewed 809 diagnostic events and identified 14 deficiencies, eight of which were significant.¹⁵ Identified deficiencies were related to late completion of time-sensitive laboratory tests and an urgent x-ray, not retrieving a pathology report, and not endorsing laboratory results.

Test Completion

CIW performed poorly in completing timely radiology tests. Compliance testing showed the institution completed 60.0 percent of radiology tests within the required time frames (MIT 2.001). The OIG clinicians reviewed 69 radiology tests and identified two deficiencies, one of which was considered significant:¹⁶

- In case 6, the patient had a swollen right hand due to trauma. The on-call provider requested the patient have an urgent hand x-ray completed within two days; however, the radiology test was not performed until approximately three weeks later.

¹⁵ Deficiencies occurred twice in cases 7 and 16, and once in cases 2, 4, 6, 8, 11, 12, 14, 20, 24, and 25. Significant deficiencies occurred twice in case 7, and once in cases 6, 8, 11, 16, 24, and 25.

¹⁶ Deficiencies occurred in cases 2 and 6. A significant deficiency occurred in case 6.

Compliance testing found that 90.0 percent of the laboratory tests were completed within the requested time frames (MIT 2.004). Our clinicians reviewed 723 laboratory tests and identified six deficiencies related to late laboratory completion, four of which were significant.¹⁷ The four significant deficiencies were related to late completion of time-sensitive laboratory tests, as illustrated in the following case:

- In case 8, the patient was taking an oral anticoagulant medication. The provider adjusted this medication dose and requested an international normalized ratio (INR) be completed in four days. This INR laboratory test is used to determine the medication's therapeutic level, and was completed five days later.

CIW performed poorly in collecting stat laboratory tests and receiving the results (MIT 2.007, 62.5%). The institution also performed poorly for providers acknowledging stat test results or nurses notifying providers within required time frames (MIT 2.008, 14.3%).

Health Information Management

Compliance testing showed providers endorsed most radiology and laboratory reports timely (MIT 2.002, 80.0%, and MIT 2.005, 100%). The providers also generally endorsed the stat laboratory results within the required time frames (MIT 2.009, 87.5%). Our clinicians identified one deficiency for not endorsing a laboratory result:

- In case 25, a hemoglobin A1c laboratory test result of 13.3 percent, suggesting poorly controlled diabetes, was not endorsed by the provider. The provider only discussed the abnormal laboratory test result during the patient's appointment two weeks later.

Compliance testing found CIW scored low with providers communicating results of radiology studies or laboratory tests to their patients (MIT 2.003, 60.0%, and MIT 2.006, 60.0%). Case review found an occasion in which the provider sent an incomplete radiology result letter to the patient and another occasion in which a provider did not send a pathology laboratory result letter to the patient.¹⁸

Compliance testing found the institution timely retrieved and endorsed pathology reports (MIT 2.010, 100% and 2.011, 100%). However, compliance testing also found providers did not send pathology result letters to their patients within the required time frames (MIT 2.012,

¹⁷ Deficiencies occurred twice in case 7, and once in cases 8, 11, 12, and 20. Significant deficiencies occurred twice in case 7, and once in cases 8 and 11.

¹⁸ Deficiencies occurred in cases 4 and 16.

40.0%). Our clinicians reviewed five events related to pathology reports and identified two significant deficiencies:

- In case 16, the provider did not send the required patient letter for a gastric biopsy pathology result.
- In case 24, the patient had a bronchoalveolar lavage (BAL).¹⁹ The pathology result report was not retrieved or scanned into the patient's electronic medical record.

Clinician On-Site Inspection

CIW had three full-time phlebotomists who drew laboratory tests at the central health building and TTA, whereas nursing staff drew laboratory tests for patients in the specialized medical housing units. According to CIW staff, stat laboratory results are received from the laboratory vendor and TTA staff communicate the results to providers.

The OIG clinicians discussed the delays in completing INR tests, and the diagnostic supervisor agreed that INR tests are considered as essential and time sensitive tests which should have been completed as ordered.

¹⁹ A bronchoalveolar lavage is a diagnostic procedure in which involves instillation of sterile normal saline fluid into a part of the lung. The fluid is then collected for sampling and further testing.

Compliance Testing Results

Table 8. 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) *	6	4	0	60.0%
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)	6	4	0	60.0%
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)	6	4	0	60.0%
Laboratory: Did the institution collect the STAT laboratory test and receive the results within the required time frames? (2.007) *	5	3	0	62.5%
Laboratory: Did the provider acknowledge the STAT results, OR did nursing staff notify the provider within the required time frames (2.008) *	1	6	1	14.3%
Laboratory: Did the health care provider endorse the STAT laboratory results within the required time frames? (2.009)	7	1	0	87.5%
Pathology: Did the institution receive the final pathology report within the required time frames? (2.010) *	10	0	0	100%
Pathology: Did the health care provider review and endorse the pathology report within specified time frames? (2.011) *	10	0	0	100%
Pathology: Did the health care provider communicate the results of the pathology study to the patient within specified time frames? (2.012)	4	6	0	40.0%
Overall percentage (MIT 2): 71.2%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Recommendations

- Medical leadership should ensure time-sensitive laboratory orders and radiology tests are completed within the specified time frames.
- The department should consider developing an electronic solution to ensure that providers create patient letters at the time of endorsement and the patient results letter auto populates accurately with all required elements per CCHCS policy.
- Medical leadership should ascertain causative factors for the untimely provision of radiology and stat laboratory services and 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) ability to identify problems with its emergency services. The OIG assessed the institution's emergency services through case review only; we did not perform compliance testing for this indicator.

Overall
Rating
Adequate

Case Review
Rating
Adequate

Compliance
Score
(N/A)

Results Overview

Compared to Cycle 5, CIW's performance in emergency services improved as providers and nurses delivered good emergency care. Nursing staff responded promptly to emergent events and provided good nursing assessments; however, nursing documentation had room for improvement. CIW's emergency medical response review committee (EMRRC) did not review cases timely and the EMRRC checklists were not completed thoroughly. Overall, the OIG rated this indicator **adequate**.

Case Review Results

We reviewed 28 urgent and emergent events and identified 14 emergency care deficiencies, one of which was significant.²⁰

Emergency Medical Response

CIW staff responded promptly to emergencies throughout the institution. They initiated cardiopulmonary resuscitation (CPR), activated emergency medical services (EMS), and notified TTA staff timely.

Provider Performance

CIW providers performed well in urgent and emergent situations. Providers made appropriate decisions for patients who arrived at the TTA for emergency treatment. On-call providers were available for

²⁰ Deficiencies occurred five times in case 5, three times in case 4, twice in case 14, and once in cases 6, 13, 18, and 21. A significant deficiency occurred in case 4.

consultation with the TTA staff. Provider documentation for TTA events was thorough.

Nursing Performance

CIW nurses generally provided good nursing assessments and interventions. However, we identified one significant deficiency, which is detailed below:

- In case 4, the patient complained of shortness of breath and chest pain. Although the patient's oxygen level was low, the nurse did not promptly administer supplemental oxygen or notify the provider.

Nursing Documentation

Nursing documentation showed room for improvement. Case reviewers identified seven deficiencies, most of which were related to incomplete documentation and timeline discrepancies.²¹

Emergency Medical Response Review Committee

Compliance testing revealed the EMRRC did not review cases timely. Our clinicians found two deficiencies related to nursing supervisors not identifying incomplete nursing assessments or timeline discrepancies.²² Furthermore, EMRRC checklists were not completed thoroughly (MIT 15.003, 25.0%). This is discussed further in the *Administrative Operations* indicator.

Clinician On-Site Inspection

The institution's TTA had two exam rooms, staffed daily with two registered nurses (RNs) and a provider. The patient care area had sufficient space to provide emergency care. Staff reported that they responded to all emergencies and reported they have good rapport with their supervisors and custody staff.

We discussed some case review findings with the nursing leadership, who explained additional training would be provided.

Recommendations

The OIG has no specific recommendations for this indicator.

²¹ Documentation deficiencies occurred three times in case 5, and once in cases 4, 13, 18, and 21.

²² Deficiencies occurred in cases 5 and 14.

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.

Overall
Rating
Adequate

Case Review
Rating
Adequate

Compliance
Score
Proficient
(85.8%)

Results Overview

Overall, CIW performed adequately in this indicator. CIW performed well in retrieving and scanning hospital records, pathology results, and diagnostic reports. However, the institution did not always receive specialty reports within the required time frames. Considering both case review findings and compliance scoring, the OIG rated this indicator **adequate**.

Case Review and Compliance Testing Results

The OIG clinicians reviewed 1,981 events and found 13 deficiencies related to health information management, eight of which were significant.²³

Hospital Discharge Reports

CIW performed adequately in retrieving and scanning hospital records. Compliance testing revealed CIW staff did not always retrieve and scan hospital discharge records within the required time frames (MIT 4.003, 66.7%). Most discharge records included the physician discharge summary and providers reviewed the reports within five days as required by CCHCS policy (MIT 4.005, 83.3%). Our clinicians reviewed 35 hospital events and found no deficiencies.

Specialty Reports

CIW performed well retrieving and reviewing specialty reports. Compliance testing found 83.3 percent of specialty reports were scanned within the required time frames (MIT 4.002). However, CIW did not always receive the high-priority, medium-priority, and routine-

²³ Deficiencies occurred twice in cases 4, 14, 16, and 25, and once in cases 1, 6, 22, 23, and 24. Significant deficiencies occurred twice in case 25, and once in cases 6, 14, 16, 22, 23, and 24.

priority specialty reports within the required time frames (MIT 14.002, 71.4%, MIT 14.005, 71.4%, and MIT 14.008, 40.0%).

Out of the 117 specialty reports our clinicians reviewed, two specialty reports were not retrieved and two additional specialty reports were not endorsed. These deficiencies are discussed in more detail in the *Specialty Services* indicator.²⁴

Diagnostic Reports

CIW performed well in retrieving and endorsing diagnostic reports. Compliance testing showed providers endorsed radiology and laboratory reports within the required time frames (MIT 2.002, 80.0%, and MIT 2.005, 100%).

Compliance testing found staff retrieved and providers endorsed pathology reports within the required time frames (MIT 2.010, 100%, and 2.011, 100%). Four of the five pathology reports our clinicians reviewed were retrieved in a timely manner. The *Diagnostic Services* indicator provides more information on the one missing pathology report.²⁵

Urgent and Emergent Records

Our clinicians reviewed 28 emergency care events and found nurses and providers recorded these events sufficiently. Our clinicians did not identify any deficiencies.

Scanning Performance

CIW performed proficiently with the scanning process. Compliance testing found the institution properly scanned and labeled medical files (MIT 4.004, 95.8%). Our clinicians identified one mislabeled document.

- In case 14, the patient had a diagnostic procedure and the date of the procedure was mislabeled.

Clinician On-Site Inspection

According to CIW staff, the central medical record office scanned records as they received them and most patients returning from community hospital had their hospital records with them. TTA nurses were instructed to contact the hospital directly for any missing hospital records.

²⁴ Deficiencies occurred in cases 6, 22, 23, and 25.

²⁵ The missing pathology report occurred in case 24.

According to CIW's medical staff, on-site specialty nurses scanned reports the same day visits occurred and for off-site specialty reports, hand-written reports were also scanned the same day visits occurred. In addition, the formal specialty reports were scanned as they were received. CIW staff explained specialty nurses also contacted the specialists directly for any missing specialty reports.

We discussed the two missing specialty reports with the institution's medical record supervisor who acknowledged the errors and planned to improve their tracking process.

Our clinicians also discussed the missing pathology report with the medical record supervisor who agreed the scanned document was mislabeled as a pathology report and explained the actual pathology report was not retrieved. As a result, the dashboard incorrectly indicated the pathology report had been retrieved.

Compliance Testing Results

Table 9. 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)	20	0	10	100%
Are specialty documents scanned into the patient's electronic health record within five calendar days of the encounter date? (4.002) *	25	5	15	83.3%
Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge? (4.003) *	4	2	0	66.7%
During the inspection, were medical records properly scanned, labeled, and included in the correct patients' files? (4.004) *	23	1	0	95.8%
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) *	5	1	0	83.3%
Overall percentage (MIT 4): 85.8%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Table 10. Other Tests Related to Health Information Management

Compliance Questions	Scored Answer			
	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 frames? (2.008) *	1	6	1	14.3%
Pathology: Did the institution receive the final pathology report within the required time frames? (2.010) *	10	0	0	100%
Pathology: Did the health care provider review and endorse the pathology report within specified time frames? (2.011) *	10	0	0	100%
Pathology: Did the health care provider communicate the results of the pathology study to the patient within specified time frames? (2.012)	4	6	0	40.0%
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) *	10	4	1	71.4%
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) *	10	4	1	71.4%
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) *	6	9	0	40.0%

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Recommendations

- Medical leadership should ensure that specialty reports and pathology results are retrieved within the required time frames.

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' ability to maintain 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, using the same scoring thresholds as in the Cycle 4 and Cycle 5 medical inspections. Our case review clinicians do not rate this indicator.

Overall
Rating
Inadequate

Case Review
Rating
(N/A)

Compliance
Score
**Inadequate
(49.9%)**

Results Overview

For this indicator, multiple aspects of CIW's health care environment needed improvement: multiple clinics and the medical warehouse contained expired medical supplies, multiple clinics contained noncalibrated or nonfunctional equipment, EMRBs had expired medical supplies or EMRB logs were missing staff verification, and staff did not regularly sanitize their hands before or after examining patients. These factors resulted in an **inadequate** rating for this indicator.

Compliance Testing Results

Outdoor Waiting Areas

The institution had no waiting areas that require patients to be outdoors.

Indoor Waiting Areas

We inspected CIW's indoor waiting areas. Health care and custody staff reported the existing indoor waiting areas had sufficient seating capacity that provided patients protection from inclement weather (see Photo 1). Custody staff also reported they bring in a few patients at a time to prevent overcrowding the indoor waiting areas and to maintain safe social distancing. During our inspection, we did not observe overcrowding in the clinics' waiting areas. However, we observed patients and a custody officer not wearing their masks properly (see Photo 2).

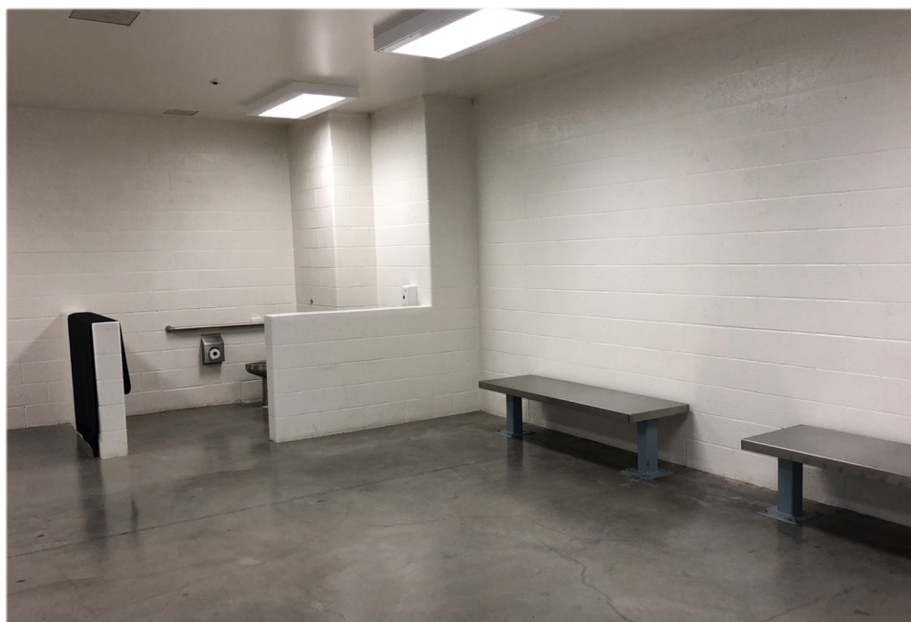


Photo 1. Indoor waiting area (photographed on July 16, 2021).



Photo 2. Patients and a custody officer not wearing masks properly (photographed on July 16, 2021).

Clinic Environment

All 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, 100%).

Of the 13 clinics we observed, seven contained appropriate space, configuration, supplies, and equipment to allow their clinicians to perform proper clinical examinations (MIT 5.110, 53.9%). The remaining six clinics had one or more of the following deficiencies: examination room lacked auditory privacy for conducting clinical examination (see Photo 3), patient chair had torn vinyl cover (see Photo 4), examination room had broken cabinets, did not have an examination room for each clinician on shift, or examination room had unsecured confidential medical records.



Photo 3. Examination room lacked auditory privacy (photographed on July 13, 2021).



Photo 4. Torn cover on patient chair in examination room (photographed on July 15, 2021).

Clinic Supplies

Only one of the 13 clinics followed adequate medical supply storage and management protocols (MIT 5.107, 7.7%). We found one or more of the following deficiencies in 12 clinics: expired medical supplies (see Photos 5 and 6), unidentified medical supplies, cleaning materials stored with medical supplies, compromised sterile packaging on medical supplies, and medical supplies stored directly on the floor.



Photo 5. Expired medical supplies, dated February 2019 (photographed on July 15, 2021).

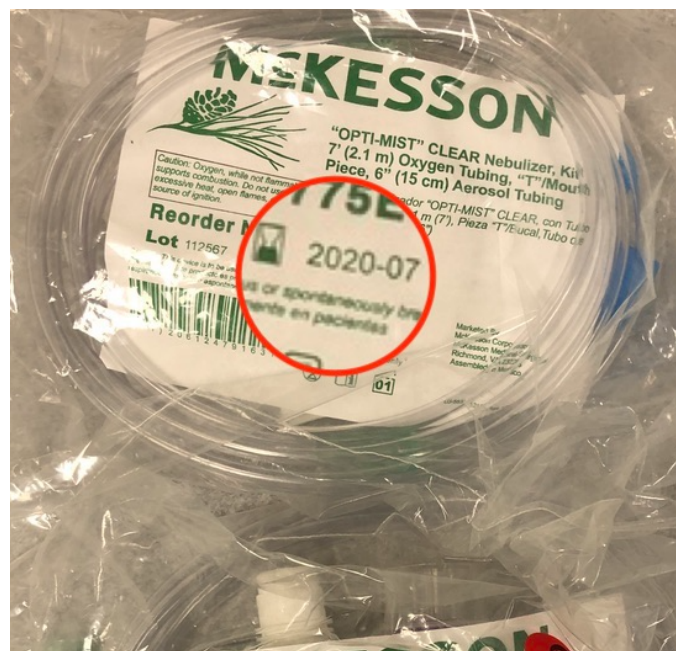


Photo 6. Expired medical supplies, dated July 2020 (photographed on July 14, 2021).



Photo 7. Snellen reading chart did not have a line marked on the floor or the wall denoting the distance (photographed on July 13, 2021).

Four of the 13 clinics met the requirements for essential core medical equipment and supplies (MIT 5.108, 30.8%). The remaining nine clinics lacked medical supplies or contained improperly calibrated or nonfunctional equipment. The missing medical supplies included: nebulizer, peak flow meter and tips, examination table disposable paper, and tongue depressors. Staff had not properly calibrated the following medical equipment: automated external defibrillator (AED), nebulization unit, and weight scale. We also found the Snellen reading chart did not have a corresponding distance line on the floor or wall (see Photo 7). The non-functional equipment we found included: otoscopyscopes and overhead light source.

We examined EMRBs to determine if they contained all essential items and checked if staff inspected the bags daily and inventoried them monthly. Only one of the seven EMRBs passed our test (MIT 5.111, 14.3%). We found one or more of the following deficiencies with six EMRBs: staff failed to ensure the EMRB's compartments were sealed and intact, contained oxygen tank with pressure below 1,000 pounds per square inch (psi) (see Photo 8), or contained expired nasal cannula (see Photo 9). Staff in the TTA and the CTC failed to ensure treatment carts were sealed and intact when not in use.



Photo 8. Oxygen tank with pressure below 1,000 psi (photographed on July 16, 2021).



Photo 9. Expired nasal cannula, dated December 2014 (photographed on July 15, 2021).

Medical Supply Management

None of the medical supply storage areas located outside the medical clinics stored medical supplies adequately (MIT 5.106, zero). We found expired medical supplies (see Photos 10 and 11), food items stored with medical supplies in the medical warehouse (see Photos 12 and 13), and medical supplies stored beyond the manufacturers' temperature guidelines. In addition, the warehouse manager did not maintain a temperature log for medical supplies that had manufacturer temperature guidelines stored in the Conex box.



Photo 10. Expired medical supplies, dated August 2019 (photographed on July 13, 2021).



Photo 11. Expired medical supplies, dated June 2020 (photographed on July 13, 2021).

According to the chief executive officer (CEO), the institution did not have any concerns about the medical supplies process. Health care managers and medical warehouse managers expressed no concerns about the medical supply chain or their communication process with the existing system.

Infection Control and Sanitation

Staff appropriately cleaned, sanitized, and disinfected seven of 13 clinics (MIT 5.101, 53.9%). In six clinics, we found one or more of the following deficiencies: cleaning logs were not maintained, medical supply room had cockroaches (see Photo 12), examination room cabinet had vermin droppings (see Photo 13), unsanitary staff restroom (see Photo 14), and accumulated dust on restroom vent.

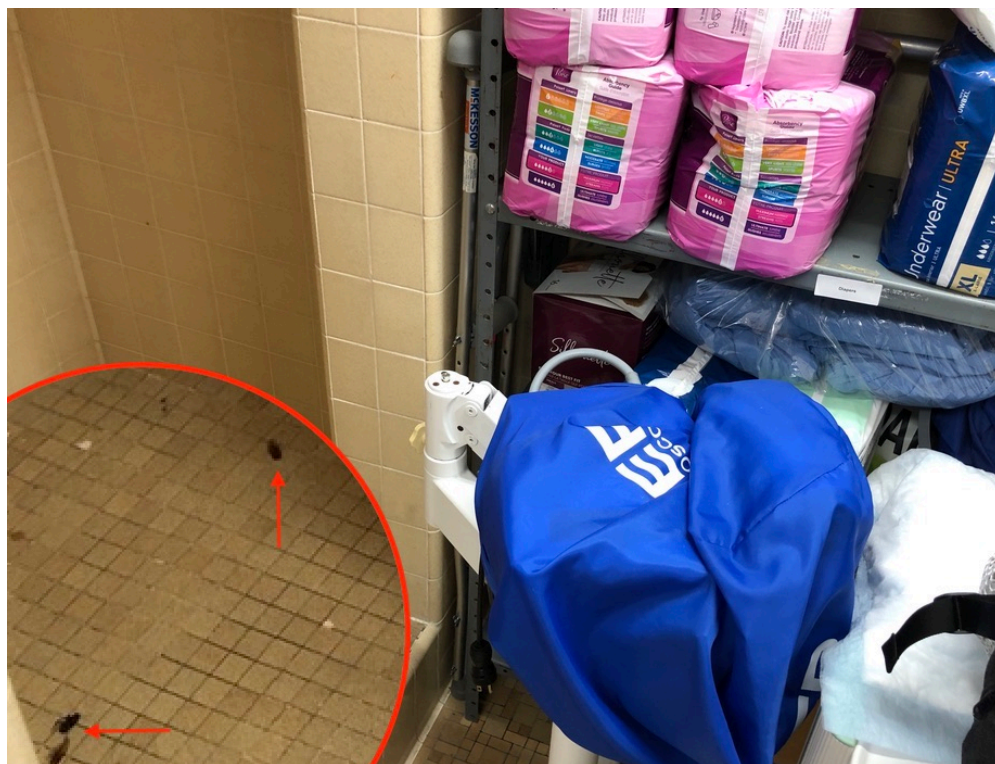


Photo 12. Medical supply room had cockroaches (photographed on July 15, 2021).



Photo 13. Examination room cabinet had vermin droppings (photographed on July 15, 2021).



Photo 14. Unsanitary staff restroom (photographed on July 15, 2021).

Staff in nine of 13 clinics (MIT 5.102, 69.2%) properly sterilized or disinfected medical equipment. In three clinics, staff did not list disinfecting the examination table as part of their daily start-up protocol. In one clinic, staff reported single-use toenail clippers were being reused. In addition, staff mentioned the institution did not have a procedure in place to manually sterilize toenail clippers using a chemical solution.

We found operating sinks and hand hygiene supplies in examination rooms in nine of 13 clinics (MIT 5.103, 69.2%). In three clinics, the patient restrooms did not have disposable hand towels. In one clinic, we found a broken antiseptic soap dispenser.

We observed patient encounters in ten clinics. In five clinics, clinicians did not wash their hands before or after examining their patients or before applying gloves (MIT 5.104, 50.0%).

Health care staff in all 13 clinics followed proper protocols to mitigate exposure to blood-borne pathogens and contaminated waste (MIT 5.105, 100%).

Physical Infrastructure

CIW's health care management and plant operations manager reported minor infrastructure issues, included the following: a leaking shower in the OHU, torn vinyl flooring by the entrance to the Central Health Facility, and pending repairs to the medication room in the special housing unit (SHU). According to health care management, these issues do not hinder health care services and the plant operations manager confirmed work orders were scheduled and on track for the repairs.

At the time of the compliance inspection, CIW did not have any ongoing Health Care Facility Improvement Program (HCFIP) projects. (MIT 5.999).

Table 11. 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)	7	6	0	53.9%
Infection control: Do clinical health care areas ensure that reusable invasive and noninvasive medical equipment is properly sterilized or disinfected as warranted? (5.102)	9	4	0	69.2%
Infection control: Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies? (5.103)	9	4	0	69.2%
Infection control: Does clinical health care staff adhere to universal hand hygiene precautions? (5.104)	5	5	3	50.0%
Infection control: Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste? (5.105)	13	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)	0	1	0	0
Clinical areas: Does each clinic follow adequate protocols for managing and storing bulk medical supplies? (5.107)	1	12	0	7.7%
Clinical areas: Do clinic common areas and exam rooms have essential core medical equipment and supplies? (5.108)	4	9	0	30.8%
Clinical areas: Are the environments in the common clinic areas conducive to providing medical services? (5.109)	13	0	0	100%
Clinical areas: Are the environments in the clinic exam rooms conducive to providing medical services? (5.110)	7	6	0	53.9%
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)	1	6	6	14.3%
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): 49.9%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

Source: The Office of the Inspector General medical inspection results

Recommendations

- Executive leadership should consider performing random spot checks to ensure medical supply storage areas, located outside the clinics, store medical supplies adequately.
- Medical leadership should remind staff to follow universal hand hygiene precautions. Implementing random spot checks could improve compliance.
- Nursing leadership should consider performing random spot checks to ensure staff follow equipment and medical supply management protocols.
- Nursing leadership should direct each clinic nurse supervisor to review the monthly emergency medical response bag (EMRB) and treatment cart logs to ensure the EMRBs and treatment carts are regularly inventoried and sealed.
- Executive leadership should ensure performing random spot checks to ensure clinics, medical storage rooms, and restrooms are cleaned.

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 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 if staff transferred patients with their medical equipment and gave correct medications before patients left. In addition, our inspectors evaluated the ability of staff to communicate vital health transfer information, such as preexisting health conditions, pending appointments, tests, and specialty referrals; and inspectors confirmed if staff sent complete medication transfer packages to the receiving institution. For patients who returned from off-site hospitals or emergency rooms, inspectors reviewed whether staff appropriately implemented the recommended treatment plans, administered necessary medications, and scheduled appropriate follow-up appointments.

Overall
Rating
Adequate

Case Review
Rating
Adequate

Compliance
Score
Inadequate
(68.8%)

Results Overview

During this inspection, the OIG clinicians reviewed more events and found fewer deficiencies compared to Cycle 5. The institution's transfer-in process was satisfactory and their hospital return process was good. Considering both case review and compliance results, the OIG rated this indicator **adequate**.

Case Review and Compliance Testing Results

In 21 cases, the OIG clinicians reviewed 84 events in which patients transferred into or out of CIW or returned from an off-site hospital or emergency room. We identified nine deficiencies, none of which were significant.²⁶

Transfers In

Our clinicians reviewed seven transfer-in cases and found CIW's transfer-in process satisfactory. The receiving nurses evaluated the patients appropriately and requested provider appointments within appropriate time frames in all cases we reviewed. However, compliance testing found nurses did not complete the initial health screening forms thoroughly (MIT 6.001, zero). Analysis of the compliance data revealed

²⁶ Deficiencies occurred in cases 5, 13, 21, 26, 27, 28, 31, 32, and 33.

nursing staff did not include fatigue as a sign and symptom of TB during TB screening. In addition, nurses did not always follow up with additional questions when patients responded “yes” to a screening question.

CIW generally provided good access to primary care providers for patients who transferred into the institution. The OIG clinicians found all patients were seen timely. Compliance testing showed appointments generally occurred within the required time frames (MIT 1.002, 72.7%).

Compliance testing found transfer-in patients generally received their medications timely (MIT 6.003, 75.0%). Our clinicians also found good medication continuity for newly arrived patients, with the exception of one case,²⁷ which is discussed in the *Prenatal and Postpartum Care* indicator.

Both compliance and clinicians testing found appointments occurred within the required time frames for patients who transferred into the institution with preapproved specialty appointments (MIT 14.010, 100%).

Transfers Out

There were no transfer-out cases for case review during this review period. Compliance on-site testing found only one sample in which CIW had excellent performance providing complete transfer packet (MIT 6.101, 100%).

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. Also, because these patients have complex medical issues, successful transfer of health information is critical for good quality care. Any lapse can result in serious consequences for these patients.

Compliance testing revealed patient discharge documents were generally not scanned within the required time frames (MIT 4.003, 66.7%). However, providers reviewed the discharge documents timely (MIT 4.005, 83.3%) when received. Our clinicians found all documents scanned and reviewed timely. We identified two deficiencies related to incomplete nursing assessments,²⁸ one of which is described below:

²⁷ A deficiency occurred in case 33.

²⁸ Deficiencies occurred in cases 5 and 13.

- In case 13, the patient returned from the hospital and the nurse did not complete a clinical systems assessment.

CIW performed well in providing follow-up appointments within the required time frames for patients returning from the hospital and emergency room (MIT 1.007, 100%). The OIG clinicians did not identify any deficiencies.

Clinician On-Site Inspection

CIW used the licensed correctional clinic's automated drug delivery system to provide nurse-administered medications to patients upon arrival. Our clinicians found the transfer nurse knowledgeable about the transfer process. When we met with nurse managers to discuss some of our clinical findings, they indicated training would be provided.

Compliance Testing Results

Table 12. Transfers

Compliance Questions	Scored Answers			
	Yes	No	N/A	Yes %
For endorsed patients received from another CDCR institution or COCF: Did nursing staff complete the initial health screening and answer all screening questions within the required time frame? (6.001) *	0	12	0	0
For endorsed patients received from another CDCR institution or COCF: 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)	12	0	0	100%
For endorsed patients received from another CDCR institution or COCF: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption? (6.003) *	6	2	4	75.0%
For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer packet required documents? (6.101) *	1	0	0	100%
Overall percentage (MIT 6): 68.8%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Table 13. Other Tests Related to Transfers

Compliance Questions	Scored Answer			
	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) *	8	3	1	72.7%
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) *	6	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) *	4	2	0	66.7%
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) *	5	1	0	83.3%
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) *	2	3	1	40.0%
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) *	1	4	0	20.0%
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) *	2	0	0	100%

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Recommendations

- The department should consider developing and implementing measures to ensure receiving and release (R&R) nursing staff properly complete the initial health screening questions and providers see patients in the required time frames.
- Nursing leadership should consider developing strategies to ensure that nursing staff administer medications without interruption to newly arrived patients.
- Nursing leadership should consider developing and implementing measures to ensure community hospital discharge documents are scanned into the patient's electronic health record within three calendar days of hospital discharge

Medication Management

In this indicator, OIG inspectors evaluated the institution's ability to administer 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. When rating this indicator, the OIG strongly considered the compliance test results, which tested medication processes to a much greater degree than case review testing. In addition to examining medication administration, our compliance inspectors also tested many other processes, including medication handling, storage, error reporting, and other pharmacy processes.

Overall
Rating
Inadequate

Case Review
Rating
Adequate

Compliance
Score
**Inadequate
(69.4%)**

Results Overview

CIW had a mixed performance in this indicator. Compared to Cycle 5, case review identified fewer deficiencies; however, compliance testing found CIW had room for improvement in the following medication processes: continuity of chronic care medications, new medications, hospital discharge medications, and specialized medical housing medications. In contrast, CIW performed well ensuring medication continuity for patients transferring from one housing unit to another as well as with the tuberculosis administration process. After careful consideration of all factors, we rated this indicator **inadequate**.

Case Review and Compliance Testing Results

We reviewed 148 events related to medication management and found 20 deficiencies, three of which were significant.²⁹

New Medication Prescriptions

Compliance testing showed patients did not receive their newly prescribed medications timely (MIT 7.002, 60.0%). Our clinicians found three significant deficiencies related to newly prescribed medications:

- In case 11, the patient received an antibiotic to treat a urinary tract infection one day late.
- In case 15, the patient received an antibiotic to treat a leg infection one day late.
- In case 17, the patient received eye drops 22 days late and pain medication three days late.

²⁹ Deficiencies occurred twice in cases 1, 2, 14, 17, 19, and 33, and once in cases 3, 4, 11, 13, 15, 18, 31, and 32. Significant deficiencies occurred in cases 11, 15, and 17.

Chronic Medication Continuity

Compliance testing found patients did not receive their chronic care medications timely (MIT 7.001, 22.2%). In contrast, our clinicians found most patients received their chronic care medications timely.

Hospital Discharge Medications

Compliance testing found patients returning from off-site hospitals or emergency rooms did not receive their medications within the required time frames (MIT 7.003, 40.0%). However, our clinicians found most patients received their medications timely.

Specialized Medical Housing Medications

Compliance testing revealed patients residing in the specialized medical housing did not receive their medications timely (MIT 13.004, 50.0%). Our clinicians identified four deficiencies related to medication management.³⁰ The following is an example:

- In case 14, the patient with asthma received her rescue inhaler one day late.

Transfer Medications

Compliance testing showed patients received their medications within the required time frames when they transferred into the institution (MIT 6.003, 75.0%). Patients transferring from one housing unit to another also received their medications timely (MIT 7.005, 88.0%). Our clinicians found all patients transferring into CIW received their medications timely, except in one case.³¹ This deficiency is discussed in the *Prenatal and Postpartum Care* indicator.

Medication Administration

Compliance testing found nurses administered TB medications as prescribed (MIT 9.001, 100%). Our clinicians found two medication administration errors in the following case:

- In case 2, the nurse administered the patient's asthma medication three times instead of two times a day as prescribed. Also, the provider ordered to hold one dose of the patient's medication due to diarrhea; however, the nurse administered the medication.

³⁰ Deficiencies occurred twice in case 14, and once in cases 2 and 19.

³¹ A deficiency occurred in case 33.

Clinician On-Site Inspection

We attended CIW's medication management committee meeting. The committee discussed memorandums, policies, surveys, audits, and performance improvements. Every month the pharmacist in charge (PIC) audited 20 patients who were receiving antibiotics, with the goal of reaching 90 percent compliance rating or greater. The PIC evaluated the prescription orders to determine whether antibiotics were prescribed appropriately, provided in the correct dose, and for the correct duration. The committee provided documentation which showed a compliance rating of 96 percent from January to June 2021.

Medication Practices and Storage Controls

The institution adequately stored and secured narcotic medications in nine of 10 clinic and medication line locations (MIT 7.101, 90.0%). In one location, nurses could not describe the reporting process for a narcotic medication discrepancy.

CIW appropriately stored and secured nonnarcotic medications in 10 of 13 clinic and medication line locations (MIT 7.102, 76.9%). In two locations, the refrigerated medications did not have a designated area for medications to be returned to the pharmacy. In another location, we found a medication stored beyond its expiration date.

Staff kept medications protected from physical, chemical, and temperature contamination in six of the 12 clinic and medication line locations (MIT 7.103, 50.0%). In six locations, we found one or more of the following deficiencies: staff did not consistently record refrigerator temperatures, staff did not store oral and topical medications separately, the medication refrigerator had accumulated grime, and staff did not store nonrefrigerated medication within the manufacturer's recommended temperature range.

Staff successfully stored valid, unexpired medications in all applicable medication line locations (MIT 7.104, 100%).

Nurses exercised proper hand hygiene and contamination control protocols in three of six locations (MIT 7.105, 50.0%). In three locations, some nurses neglected to wash or sanitize their hands before each subsequent regloving.

Staff in two of six medication preparation and administration areas demonstrated appropriate administrative controls and protocols (MIT 7.106, 33.3%). In four locations, medication nurses did not maintain unissued medications in their original packaging.

Staff in four of six medication areas used appropriate administrative controls and protocols when distributing medications to their patients (MIT 7.107, 66.7%). In one location, the medication nurse did not administer patient medication one hour prior to or one hour after the normal daily distribution time and did not always observe patients while they swallowed direct observation therapy medications. In another location, the medication nurse did not administer the medication as ordered by the provider.

Pharmacy Protocols

Pharmacy staff followed general security, organization, and cleanliness management protocols in its pharmacy (MIT 7.108, 100%). Staff properly stored nonrefrigerated (MIT 7.109, 100%) and refrigerated medications in its pharmacy (MIT 7.110, 100%).

The PIC correctly accounted for narcotic medications stored in the institution's pharmacy (MIT 7.111, 100%).

We examined 12 medication error reports. The PIC timely or correctly processed 10 of the 12 reports (MIT 7.112, 83.3%). In one report, the PIC did not document an explanation for not notifying the provider and patient of the error. In another report, the PIC did not document the cause of the pharmacy medication incident error.

Nonscored Tests

In addition to testing the institution's self-reported medication errors, our inspectors also follow up on any significant medication errors found during compliance testing. At CIW, the OIG did not find any applicable medication errors (MIT 7.998).

The OIG interviewed patients in a restricted housing unit to determine whether they had immediate access to their prescribed asthma rescue inhalers or nitroglycerin medications. The one applicable patient indicated she had access to her rescue medication (MIT 7.999).

Compliance Testing Results

Table 14. 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) *	4	14	7	22.2%
Did health care staff administer, make available, or deliver new order prescription medications to the patient within the required time frames? (7.002)	15	10	0	60.0%
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) *	2	3	1	40.0%
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) *	1	4	0	20.0%
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	1	5	90.0%
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)	10	3	2	76.9%
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)	6	6	3	50.0%
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)	12	0	3	100%
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)	3	3	9	50.0%
Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when <i>preparing</i> medications for patients? (7.106)	2	4	9	33.3%
Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when <i>administering</i> medications to patients? (7.107)	4	2	9	66.7%
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)	1	0	0	100%
Pharmacy: Does the institution's pharmacy properly account for narcotic medications? (7.111)	1	0	0	100%
Pharmacy: Does the institution follow key medication error reporting protocols? (7.112)	10	2	0	83.3%
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 (MIT8) 69.4%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Table 15. Other Tests Related to Medication Management

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For endorsed patients received from another CDCR institution or COCF: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption? (6.003) *	6	2	4	75.0%
For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer-packet required documents? (6.101) *	1	0	0	100%
Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed? (9.001) *	3	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) *	0	3	3	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? (13.004) *	10	10	0	50.0%

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Recommendations

- The institution should consider developing and implementing measures to ensure staff timely make available and administer medications to patients and document the medication administration record (MAR) summaries, as described in CCHCS policy and procedures.

Prenatal and Postpartum Care Preventive Services

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

Results Overview

CIW provided excellent care for their pregnant patients. The staff obstetrician thoroughly assessed these patients and consulted specialists to manage difficult pregnancies. Nursing staff timely addressed patient complaints and needs. Patients also received their diagnostic tests, vaccinations, specialty appointments, and medications timely. CIW performed well with both compliance testing and case review; as a result, the OIG rated this indicator *proficient*.

Overall
Rating
Proficient

Case Review
Rating
Proficient

Compliance
Score
Proficient
(100%)

Case Review and Compliance Testing Results

OIG clinicians reviewed four cases and 82 events related to prenatal or postpartum care. We identified eight deficiencies, one of which was significant.³²

Prenatal Care

CIW performed well in prenatal care. Compliance testing found all patients identified as pregnant were timely referred to providers (MIT 8.001, 100%) and offered the recommended prenatal vitamins and nutritional supplements (MIT 8.003, 100%). CIW had a full-time obstetrician on staff, who evaluated these patients regularly within the pregnancy encounter guidelines (MIT 8.004, 100%). The staff obstetrician assessed both low-risk and high-risk pregnancies and referred the high-risk patients to an obstetric specialist.

Our clinicians found nurses appropriately assessed patients and documented encounters. However, we identified one significant deficiency related to a sick-call request:

- In case 31, the pregnant patient complained of toothache and fever. The sick-call nurse only addressed the patient's request for dental care and scheduled a dental appointment. The nurse did not assess the patient's complaint of fever.

³² Deficiencies occurred twice in cases 31, 32, 33, and 34. A significant deficiency occurred in case 31.

Patients also received their diagnostic tests, vaccinations, specialty appointments, and medications timely. OIG clinicians identified only one medication management deficiency:

- In case 33, the pregnant patient received her pain medication, antacid, and stool softener two days late.

Postpartum Care

CIW also performed well in postpartum care. All deliveries occurred at a community hospital and CIW's staff obstetrician timely evaluated patients upon their return to the institution. Compliance testing revealed patients always received their six-week postpartum obstetric visit within the required time frames (MIT 8.007, 100%). Our clinicians did not identify any deficiencies related to postpartum care.

Clinician On-Site Inspection

CIW had one obstetrician-gynecologist on staff. At the time of our on-site visit, the institution had four pregnant patients, most of whom arrived at CIW during their third trimester of pregnancy. The obstetrician-gynecologist closely monitored the progression of these pregnancies and transferred the patients to community hospital for deliveries. Besides perinatal care, the obstetrician-gynecologist also provided gynecology care for patients. Our clinicians attended the well-organized clinic huddle where medical staff discussed significant events that occurred overnight, scheduled patient appointments, and reviewed diagnostic tests, such as obstetric ultrasounds.

Compliance Testing Results

Table 16. Prenatal and Postpartum Care

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For patients identified as pregnant, did the institution timely offer initial provider visits? (8.001) *	5	0	0	100%
Was the pregnant patient timely issued a comprehensive accommodation chrono for a lower bunk and lower-tier housing and did the patient receive the correct housing placement? (8.002)	0	0	5	N/A
Did medical staff promptly order recommended vitamins, extra daily nutritional supplements and food for the patient? (8.003) *	5	0	0	100%
Did timely patient encounters occur with an OB physician or OB nurse practitioner in accordance with the pregnancy encounter guidelines? (8.004) *	5	0	5	100%
Were the results of the patient's initial prenatal screening tests timely completed and reviewed? (8.005) *	0	0	5	N/A
Was the patient's weight, fundal height, and blood pressure documented at each clinic OB visit? (8.006) *	5	0	0	100%
Did the patient receive her six-week postpartum obstetric visit? (8.007) *	1	0	4	100%
Overall percentage (MIT 8): 100%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Recommendations

The OIG offers no specific recommendations for this indicator.

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 high risk for coccidioidomycosis (valley fever), we tested the institution's ability to transfer outpatients quickly. The OIG rated this indicator solely based on the compliance score, using the same scoring thresholds as in the Cycle 4 and Cycle 5 medical inspections. Our case review clinicians do not rate this indicator.

Overall
Rating
Adequate

Case Review
Rating
(N/A)

Compliance
Score
**Adequate
(80.2%)**

Results Overview

CIW performed well in administering TB medications to patients, screening patients annually for TB, offering patients an influenza vaccine for the most recent influenza season, offering colorectal cancer screening for patients from ages 50 through 75, offering mammograms for patients from ages 50 through 74, and offering pap smears for patients from ages 21 through 65. However, CIW did not always monitor patients taking prescribed TB medications or offer required immunizations to chronic care patients. The OIG rated this indicator **adequate**.

Compliance Testing Results

Table 17. 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)	3	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) †	0	3	0	0
Annual TB screening: Was the patient screened for TB within the last year? (9.003)	20	5	0	80.0%
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 50 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)	25	0	0	100%
Female patients from the age of 21 through the age of 65: Was patient offered a pap smear in compliance with policy? (9.007)	22	3	0	88.0%
Are required immunizations being offered for chronic care patients? (9.008)	11	4	10	73.3%
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): 80.2%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

† In April 2020, after our review but before this report was published, CCHCS reported adding the symptom of *fatigue* into the EHRS PowerForm for tuberculosis symptom monitoring.

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

Recommendations

- Nursing leadership should consider developing and implementing measures to ensure the nursing staff timely screen patients for tuberculosis (TB) and completely address TB signs and symptoms during screening.
- Nursing leadership should consider developing and implementing measures to ensure the nursing staff monitor patients who are prescribed TB medications weekly or monthly according to CCHCS policy.
- Medical leadership should determine the causes for challenges to the timely provision of chronic care vaccinations.

Nursing Performance

In this indicator, the OIG clinicians evaluated the quality of care delivered by the institution's nurses, including registered nurses (RNs), licensed vocational nurses (LVNs), psychiatric technicians (PTs), and certified nursing assistants (CNAs). Our clinicians evaluated nurses' ability to make timely and appropriate assessments and interventions. We also evaluated the institution's nurses' documentation for accuracy and thoroughness. Clinicians reviewed nursing performance in 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.

Overall
Rating
Adequate

Case Review
Rating
Adequate

Compliance
Score
(N/A)

When summarizing overall 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*.

Results Overview

CIW nurses generally provided appropriate nursing care. The nurses performed good nursing assessment for patients receiving emergent care and returning to the institution from hospitals. However, we identified opportunities for improvement in several areas of the nursing process. The number of deficiencies we found in this indicator were comparable to those we found in Cycle 5. Considering all these factors, the OIG rated this indicator **adequate**.

Case Review Results

We reviewed 417 nursing encounters in 52 cases. Of the nursing encounters we reviewed, 147 were in the outpatient setting. We identified 104 nursing performance deficiencies, nine of which were significant.³³

Nursing Assessment and Interventions

A critical component of nursing care is the quality of nursing assessment, which includes both subjective (patient interview) and objective (observation and examination) elements. CIW nurses generally

³³ Deficiencies occurred in cases 1, 2, 3, 4, 5, 6, 7, 13, 14, 15, 16, 17, 18, 19, 20, 21, 23, 26, 27, 28, 30, 31, 32, 33, 34, 35, 37, 40, 41, 43, 44, 46, and 49.

provided appropriate nursing assessments and interventions. However, nursing assessments in outpatient settings and specialized medical housing showed room for improvement.

Nursing Documentation

Complete and accurate nursing documentation is an essential component of patient care. Without proper documentation, health care staff can overlook changes in a patient's conditions. CIW nurses generally documented their care appropriately. However, we found room for improvement in emergency services documentation, which we discuss in the *Emergency Services* indicator. The following are examples of deficiencies we identified in the outpatient setting:

- In case 15, the patient complained of foot pain. The nurse noted that the patient's vital signs were stable but did not document the actual readings.
- In case 49, the patient complained of lumps on her legs. However, the nurse did not document the size of the lumps.

Nursing Sick Call

Our clinicians reviewed 49 sick call requests. Most nurses triaged the sick call requests appropriately and performed timely evaluations for patients with symptoms. However, we found clinic nurses did not always perform thorough triage and assessments.

- In case 1, the patient complained of hand numbness and cramps while sleeping. The sick call nurse reviewed the complaint timely but did not perform a face-to-face assessment. The nurse should have assessed the patient but instead sent a patient letter indicating it might be related to the patient's medication.
- In case 7, the patient complained of painful swollen legs. The nurse reviewed the complaint but did not assess the patient until three days later. The patient's complaint warranted a same-day assessment.
- In case 21, the patient complained of a rash. The nurse noted the patient had an elevated heart rate but did not reassess the patient's heart rate.

Emergency Services

We reviewed 17 urgent or emergent cases and found nurses responded promptly to emergent events and performed good nursing assessments. However, we found room for improvement in emergency services

documentation, which we detailed further in the *Emergency Services* indicator.

Hospital Returns

We reviewed 17 cases related to hospital returns and found most nurses performed good nursing assessments, which we detailed further in the *Transfers* indicator.

Transfers

We reviewed seven cases that involved the transfer-in process at CIW. Nurses evaluated patients and requested provider appointments appropriately. Please refer to the *Transfers* indicator for further details.

Specialized Medical Housing

Our clinicians reviewed 16 cases and found nursing care below average. We identified a pattern of incomplete nursing assessments, which we detail further in the *Specialized Medical Housing* indicator.

Specialty Services

We reviewed 11 cases in which patients received specialty procedures and consultations. Nurses performed appropriate assessments, reviewed the specialist findings and recommendations, and communicated results to the providers. However, nurses did not always document the patients' vital signs. The *Specialty Services* indicator provides further information.

Medication Management

We reviewed 33 cases and found nurses administered patient medications as prescribed in most cases. The *Medication Management* indicator provides further information.

Clinician On-Site Inspection

Our clinicians spoke with nurses and nurse managers in the TTA, CTC, OHU, R&R, specialty services, outpatient clinics, and medication areas. Nursing staff reported generally good morale. According to nursing staff, clinic nurses saw an average of eight patients a day. Staff also reported no appointment backlog.

We discussed some of our case review findings with nursing leadership who explained they would use some of our findings for training purposes.

Recommendations

The OIG offers no specific recommendations for this indicator.

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' ability to evaluate, diagnose, and manage 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.

Overall
Rating
Adequate

Case Review
Rating
Adequate

Compliance
Score
(N/A)

Results Overview

As in Cycle 5, CIW providers continued to deliver good patient care. Providers generally made appropriate assessments and decisions, managed chronic medical conditions effectively, reviewed medical records thoroughly, and addressed the specialists' recommendations sufficiently. The OIG rated this indicator **adequate**.

Case Review Results

The OIG clinicians examined the care quality in 29 cases and rated 28 cases adequate and one case inadequate. We found nine deficiencies, four of which were considered significant.³⁴

Assessment and Decision-Making

CIW providers generally made appropriate assessments and sound medical plans for their patients. They diagnosed medical conditions correctly, ordered appropriate tests, and referred their patients to proper specialists. Our clinicians identified only one significant deficiency related to poor decision-making.

- In case 6, the patient complained of a swollen right hand after punching a wall. The provider did not examine the patient's hand and did not recognize the urgent x-ray for the patient's hand was not completed until almost one month later.

Review of Records

CIW providers performed well in reviewing medical records and addressing hospital recommendations for patients returning to CIW

³⁴ Deficiencies occurred three times in case 21, twice in case 6, and once in cases 7, 10, 16, and 22. Significant deficiencies occurred in cases 6, 7, 21, and 22.

from hospitalizations. The providers also performed well in reviewing the medication administration record (MAR) and reconciling patient medications. However, we found one significant deficiency related to poor medication reconciliation:

- In case 21, the patient returned to CIW from a hospitalization for a soft tissue infection of the leg with a hospital recommendation to continue two oral antibiotics. However, the receiving provider did not start one of the antibiotics until two days after the patient's return from the hospital.

Emergency Care

CIW providers made appropriate triage decisions when patients arrived at the TTA for emergency treatment. In addition, the providers were available for consultation with the TTA nursing staff. We did not identify any deficiencies related to provider emergency care.

Chronic Care

CIW providers performed well in managing their patients' chronic medical conditions, such as hypertension, diabetes, asthma, hepatitis C infection, and cardiovascular disease. Diabetic case managers reviewed blood sugar records weekly for patients with poorly controlled diabetes and consulted the primary care providers for medication adjustments. For patients with controlled diabetes, the diabetic case managers reviewed their blood sugar records monthly.

CIW providers monitored the INR levels for patients requiring anticoagulation within the required time frames and adjusted the doses of anticoagulant accordingly.³⁵ However, we found one significant deficiency related to poor anticoagulation management:

- In case 7, the patient was taking an oral anticoagulant medication for a prior blood clot in her leg. The nurse consulted the provider for the patient's complaints of bruises on her thighs and abdomen, which was suggestive of a supra-therapeutic INR level and would require adjusting the anticoagulant medication dosage. However, the provider did not examine the patient for signs of internal bleeding or order an urgent INR level blood test.

Specialty Services

CIW providers appropriately referred patients to specialists and reviewed specialty reports in a timely manner. Providers also adequately

³⁵ The INR blood test measures the effectiveness of warfarin, an anticoagulant medication.

addressed the specialists' recommendations. We identified one significant deficiency in which the provider did not address the specialist's recommendation.³⁶ We discuss this deficiency in the *Specialty Services* indicator.

Documentation Quality

CIW providers generally documented outpatient and TTA encounters on the day of the encounters. Our clinicians identified four deficiencies related to missing provider documentation.³⁷ The case below is one example:

- In case 21, the provider prescribed an antibiotic for the patient, but did not document the reason for the antibiotic in a progress note.

Provider Continuity

CIW assigned providers to specified clinics to ensure continuity of care. Our clinicians did not identify any deficiencies related to provider continuity.

Clinician Onsite Inspection

CIW had seven full-time providers, including an obstetrician-gynecologist, and only one provider vacancy. Providers were enthusiastic about their work and generally satisfied with nursing and diagnostic and specialty services. Providers routinely screened patients for possible opioid abuse and referred them to the substance use disorder treatment program. Our clinicians attended a daily provider meeting, conducted by telephone. The on-call provider discussed events that occurred during the evening and overnight, such as patients returning from hospitalization, specialty visits, and TTA events.

Our clinicians also attended morning clinic huddles, which were productive. The patient care team discussed patients returning from hospitalization and the recommendations from specialty appointments. Nurses notified providers of scheduled appointments, expiring medications, and new patients arriving from other institutions.

We also attended a population health management meeting. Medical staff discussed difficult patients with mental health issues who were not compliant with medical management. Staff psychiatrists made recommendations to improve patient compliance with medical care.

³⁶ The deficiency occurred in case 22.

³⁷ Deficiencies occurred twice in case 21, and once in cases 6 and 16.

Medical staff also reviewed health care measures during the meeting, such as the hemoglobin A1c to identify patients with poorly controlled diabetes, and strategized solutions to achieve diabetic goals.³⁸

³⁸ Hemoglobin A1c is a laboratory test to evaluate diabetic blood sugar control.

Recommendations

The OIG offers no specific recommendations for this indicator.

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. Our clinicians also interpreted relevant compliance results and incorporated them into this indicator. At the time of our inspection, the CIW's specialized medical housing consisted of a correctional treatment center (CTC) and an outpatient housing unit (OHU).

Overall
Rating
Inadequate

Case Review
Rating
Inadequate

Compliance
Score
**Adequate
(84.0%)**

Results Overview

CIW had a mixed performance in this indicator. CIW performed well with compliance testing which evaluated the timeliness of the initial nursing and provider assessments. OIG clinicians assessed the quality of medical care delivered at CIW's specialized medical housing units and found that while the providers delivered good care, there were patterns of nursing deficiencies related to poor assessments and failure to notify the provider or RN when medically required. Furthermore, the patients did not receive their medications timely. Factoring both case review and compliance results, we rated this indicator **inadequate**.

Case Review and Compliance Testing Results

OIG clinicians reviewed 85 provider events and 130 nursing events in 13 cases and identified 39 deficiencies, five of which were significant.³⁹

Provider Performance

Compliance testing showed providers completed most admission history and physical examinations within the required time frames (MIT 13.002, 90.0%). Our clinicians found providers generally delivered good patient care. Providers followed up on their patients within the required time frames, addressed the specialists' recommendations, and made sound medical decisions. We identified two deficiencies, one of

³⁹ Deficiencies occurred 13 times in case 5, nine times in cases 2 and 14, four times in case 6, and once in cases 1, 3, 19, and 20. Significant deficiencies occurred twice in case 14, and once in cases 2, 3, and 6.

which was significant.⁴⁰ The significant deficiency is discussed in the *Provider Performance* indicator.

Nursing Performance

CIW nurses usually completed the admission assessments timely (MIT 13.001, 80.0%); however, the quality of nursing performance was below average. Our clinicians found patterns of deficiencies for incomplete nursing assessments as well as failure to notify the RN or provider. The following are examples:

- In case 2, the patient with a history of swallowing foreign objects complained of a cough and sore throat twice; however, on both occasions the nurse did not assess the patient's throat.
- In case 3, the patient with a history of refusing meals complained of feeling weak and reported falling and hitting her head; however, the nurse did not obtain vital signs or perform a skin assessment. Three hours later a different nurse assessed the patient and noted a slight swelling on the side of the patient's head and an elevated pulse. The provider examined the patient, noted abnormal neurological findings, and sent the patient to the hospital.
- In case 5, the patient complained of chest pain and abdominal pain. The nurse did not assess the patient's pain severity or duration. Furthermore, the nurse did not obtain an electrocardiogram (EKG), assess for bowel sounds, or palpate the abdomen for tenderness.
- Also in case 5, the patient reported drinking a large amount of coffee and complained of feeling high. The licensed psychiatric technician (LPT) failed to notify the RN so an assessment could be completed.
- In case 14, the patient complained of severe abdominal pain. The nurse did not obtain vital signs or assess bowel sounds. In addition, the nurse did not palpate the patient's abdomen for tenderness or notify the provider.

Medication Administration

CIW performed poorly in medication administration. Compliance testing showed only 50.0 percent of newly admitted patients received their medications within the required time frames (MIT 13.004). Our clinicians identified five deficiencies related to medication

⁴⁰ Deficiencies occurred twice in case 6. The significant deficiency occurred in case 6.

management,⁴¹ which we discuss in the *Medication Management* indicator.

Clinician On-Site Inspection

The institution's CTC had eight medical beds and the OHU had 16 beds. The CTC and OHU were staffed with a designated provider, RNs, LVNs, LPTs, and certified nursing assistants (CNAs). The RNs performed rounds with providers of patients daily. Compliance testing showed CIW's call light system was functional (MIT 13.101, 100%). We met with nurse managers to discuss some of our findings, and they reported training had been provided.

⁴¹ Deficiencies occurred twice in cases 2 and 14, and once in case 19.

Compliance Testing Results

Table 18. Specialized Medical Housing

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For OHU, CTC, and SNF: Prior to 4/2019: Did the registered nurse complete an initial assessment of the patient on the day of admission, or within eight hours of admission to CMF's Hospice? Effective 4/2019: Did the registered nurse complete an initial assessment of the patient at the time of admission? (13.001) *	16	4	0	80.0%
For CTC and SNF only (effective 4/2019, include OHU): Was a written history and physical examination completed within the required time frame? (13.002) *	18	2	0	90.0%
For OHU, CTC, SNF, and Hospice (applicable only for samples prior to 4/2019): Did the primary care provider complete the Subjective, Objective, Assessment, and Plan notes on the patient at the minimum intervals required for the type of facility where the patient was treated? (13.003) *,†	0	0	20	N/A
Upon the patient's admission to specialized medical housing: Were all medications ordered, made available, and administered to the patient within required time frames? (13.004) *	10	10	0	50.0%
For OHU and CTC only: Do inpatient areas either have properly working call systems in its OHU & CTC or are 30-minute patient welfare checks performed; and do medical staff have reasonably unimpeded access to enter patient's cells? (13.101) *	2	0	1	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) *	1	0	2	100%
Overall percentage (MIT 13): 84.0%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

† CCHCS changed its policies and removed mandatory minimum rounding intervals for patients located in specialized medical housing. After April 2, 2019, MIT 13.003 only applied to CTCs that still have State-mandated rounding intervals. OIG case reviewers continued to test the clinical appropriateness of provider follow-ups within specialized medical housing units through case reviews.

Source: The Office of the Inspector General medical inspection results

Recommendations

- Nursing leadership should consider developing and implementing an audit tool to ensure nursing assessments are completed and related to the patient's complaint and presentation.

Specialty Services

In this indicator, OIG inspectors evaluated the quality of specialty services. The OIG clinicians focused on the institution's ability to provide 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.

Results Overview

CIW provided good specialty services for their patients. The institution ensured specialty appointments occurred within the required time frames and medical staff generally scanned specialty reports timely. Nurses appropriately assessed patient returns from specialty appointments and notified providers of any urgent specialist recommendations. The OIG rated this indicator *adequate*.

Overall
Rating
Adequate

Case Review
Rating
Adequate

Compliance
Score
**Adequate
(80.9%)**

Case Review and Compliance Testing Results

Our clinicians reviewed 150 events related to specialty services, including 117 specialty consultations and procedures, and identified 14 deficiencies, six of which were significant.⁴² The institution performed well in completing specialty appointments and scanning specialty reports. However, two specialty reports were not retrieved.

Access to Specialty Services

CIW performed well in completing most high-priority, medium-priority, and routine-priority specialty appointments within required time frames (MIT 14.001, 86.7%, MIT 14.004, 100%, and MIT 14.007, 73.3%). The institution also performed well in completing high-priority, medium-priority, and routine-priority follow-up specialty appointments (MIT 14.003, 90.0%, MIT 14.006, 87.5%, and MIT 14.009, 88.9%). Our clinicians identified one delayed specialty appointment:

- In case 4, the provider requested an optometry appointment within 45 days; however, the appointment occurred in 60 days.

Provider Performance

CIW providers generally referred patients appropriately, reviewed specialty reports within the recommended time frames, and addressed

⁴² Deficiencies occurred three times in case 14, twice in cases 19 and 22, and once in cases 1, 4, 5, 6, 15, 23, and 25. Significant deficiencies occurred twice in case 22, and once in cases 6, 14, 23, and 25.

recommendations from specialists. We identified one deficiency related to the provider not addressing all of the specialist's recommendations:

- In case 22, the provider saw the patient after a pulmonology consultation. The provider addressed all specialist recommendations with the exception of ordering the fungal tests.

Nursing Performance

Nurses reviewed requests for specialty services and appropriately arranged for specialty appointments. They performed good nursing assessments when patients returned from their specialty appointments. Nurses reviewed the specialists' findings and recommendations and communicated these results to providers. The nurses also requested provider follow-up appointments. We reviewed 33 nursing encounters related to specialty services and identified six deficiencies, none of which were significant.⁴³

Health Information Management

Compliance testing showed 83.3 percent of specialty reports were scanned within the required time frames (MIT 4.002). However, CIW did not always receive the high-priority, medium-priority, and routine-priority specialty reports within the required time frames (MIT 14.002, 71.4%, MIT 14.005, 71.4%, and MIT 14.008, 40.0%). Our clinicians identified two specialty reports that were not retrieved and one specialty report that was retrieved late.⁴⁴ The following cases are examples of specialty reports retrieved later or not at all:

- In case 14, the patient had an esophageal motility study. The report was not retrieved until almost three months later.
- In case 25, the patient went to an offsite general surgery; however, the report was not retrieved and scanned into the medical record.

Our clinicians also identified two specialty reports that were not endorsed by a provider.⁴⁵

Clinician On-Site Inspection

CIW staffed on-site, offsite, and telemedicine specialty services with several nurses. Nurses reviewed specialty requests, contacted the

⁴³ Deficiencies occurred in twice in cases 14 and 19, and once in cases 2 and 15.

⁴⁴ Missed specialty reports occurred in cases 23 and 25. A late retrieval of a specialty report occurred in case 14.

⁴⁵ Specialty reports were not endorsed in cases 6 and 22.

specialists for available appointments, and scheduled appointments. Nurses also assembled diagnostic tests requested by specialists and forwarded these tests to specialists the day of the appointment. CIW's medical record staff acknowledged the missing specialty reports and also notified the specialty service coordinator. Medical record staff explained the specialists occasionally did not forward their reports to CIW within the required time frames.

Compliance Testing Results

Table 19. 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) *	13	2	0	86.7%
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) *	10	4	1	71.4%
Did the patient receive the subsequent follow-up to the high-priority specialty service appointment as ordered by the primary care provider? (14.003) *	9	1	5	90.0%
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) *	15	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) *	10	4	1	71.4%
Did the patient receive the subsequent follow-up to the medium-priority specialty service appointment as ordered by the primary care provider? (14.006) *	7	1	7	87.5%
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) *	11	4	0	73.3%
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) *	6	9	0	40.0%
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) *	2	0	0	100%
Did the institution deny the primary care provider's request for specialty services within required time frames? (14.011)	N/A	N/A	N/A	N/A
Following the denial of a request for specialty services, was the patient informed of the denial within the required time frame? (14.012)	N/A	N/A	N/A	N/A
Overall percentage (MIT 14): 80.9%				

* The OIG clinicians considered these compliance tests along with their case review findings when determining the quality rating for this indicator.

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

Table 20. Other Tests Related to Specialty Services

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Specialty service follow-up appointments: Did the clinician follow-up visits occur within required time frames? (1.008) *.†	33	3	9	91.7%
Are specialty documents scanned into the patient's electronic health record within five calendar days of the encounter date? (4.002) *	25	5	15	83.3%

* The OIG clinicians considered these compliance tests along with their own case review findings when determining the quality rating for this indicator.

† CCHCS changed its specialty policies in April 2019, removing the requirement for primary care physician follow-up visits following most specialty services. As a result, we test 1.008 only for high-priority specialty services or when the staff orders PCP or PC RN follow-ups. The OIG continues 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

- The department should consider developing and implementing measures to ensure institutions timely receive specialty reports and providers timely review these reports.

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 reviewed and determined whether the institution conducted the required emergency response drills. Inspectors also assessed whether the Quality Management Committee (QMC) met regularly and addressed program performance adequately. In addition, the inspectors examined if the institution provided training and job performance reviews for its employees. They checked whether staff possessed current, valid professional licenses, certifications, and credentials. The OIG rated this indicator solely based on the compliance score, using the same scoring thresholds as in the Cycle 4 and Cycle 5 medical inspections. Our case review clinicians do not rate this indicator.

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

Overall
Rating
Inadequate

Case Review
Rating
(N/A)

Compliance
Score
**Inadequate
(70.2%)**

Results Overview

CIW had mixed performance in this indicator. The institution scored well in some applicable tests; however, a few areas had room for improvement. The EMRRC seldom reviewed cases within required time frames. CIW did not always include all required documents in incident packages. In addition, the institution conducted medical emergency response drills with incomplete documentation. We found physician managers did not always complete the annual performance appraisals in a timely manner. As a result of these findings, we rated this indicator ***inadequate***.

Nonscored Results

We reviewed the institution's root cause analysis of reported incidents. During our testing period, CIW submitted one report to the CCHCS Health Care Incident Review Committee (HCIRC). We found the root cause analysis report submitted did not meet reporting requirements per CCHCS policy (MIT 15.001).

We obtained CCHCS Death Review Committee (DRC) reporting data. Two unexpected (Level 1) deaths occurred during our review period. The DRC must complete its death review summary report within 60 calendar days of the death. When the DRC completes the death review summary report, it must submit the report to the institution's CEO within seven calendar days of completion. In our inspection, we found the DRC did not complete either of the death review reports promptly. The DRC finished one report 11 days late, and submitted it to the institution's CEO 71 days later. For the second death, the DRC had not completed a death review report and there was no evidence a report had been submitted to the CEO at the time of the OIG inspection (MIT 15.998).

Compliance Testing Results

Table 21. 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)	0	0	1	N/A
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)	3	9	0	25.0%
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)	4	0	0	100%
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 inmates’ appealed issues? (15.102)	10	0	0	100%
Did the medical staff review and submit initial inmate death reports to the CCHCS Death Review Unit on time? (15.103)	1	1	0	50.0%
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)	3	5	0	37.5%
Did the providers maintain valid state medical licenses? (15.106)	10	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? (15.109)	1	0	0	100%
Did nurse managers ensure their newly hired nurses received the required onboarding and clinical competency training? (15.110)	0	1	0	0
Did the CCHCS Death Review Committee process death 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 4 for CCHCS-provided staffing information.			
Overall percentage (MIT 15): 70.2%				

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

Recommendations

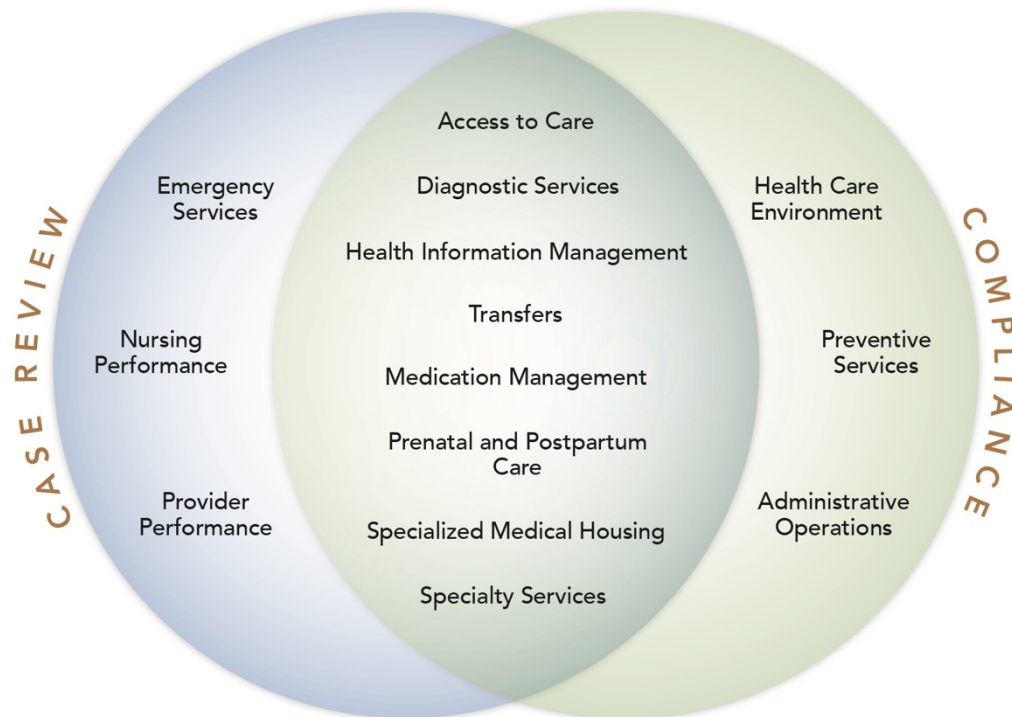
- Medical leadership should ensure that the institution's Emergency Medical Response Review Committee (EMRRC) reviews cases within required time frames and includes all required documents.

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 CIW



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 6 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

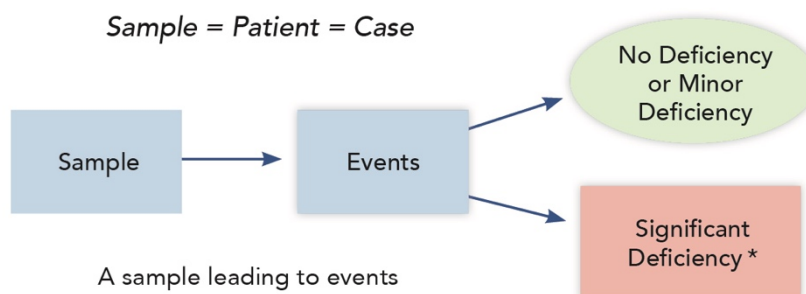
An OIG physician, a nurse consultant, or both review each case. As the clinicians review medical records, they record pertinent interactions between the patient and the health care system. We refer to these interactions as case review **events**. Our clinicians also record medical errors, which we refer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

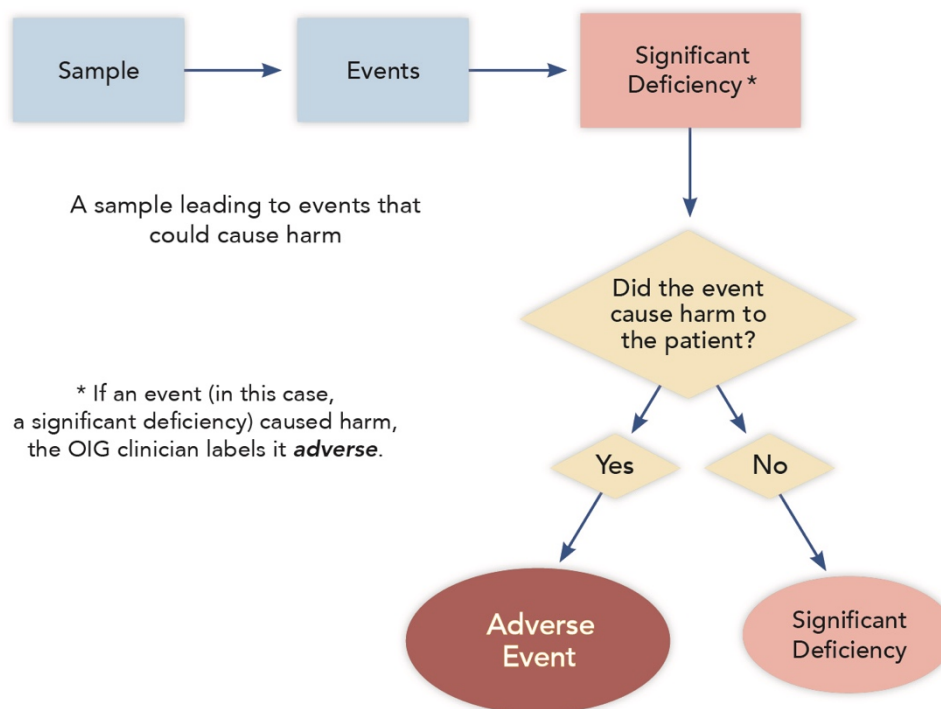
Figure A-2. Case Review Testing

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.

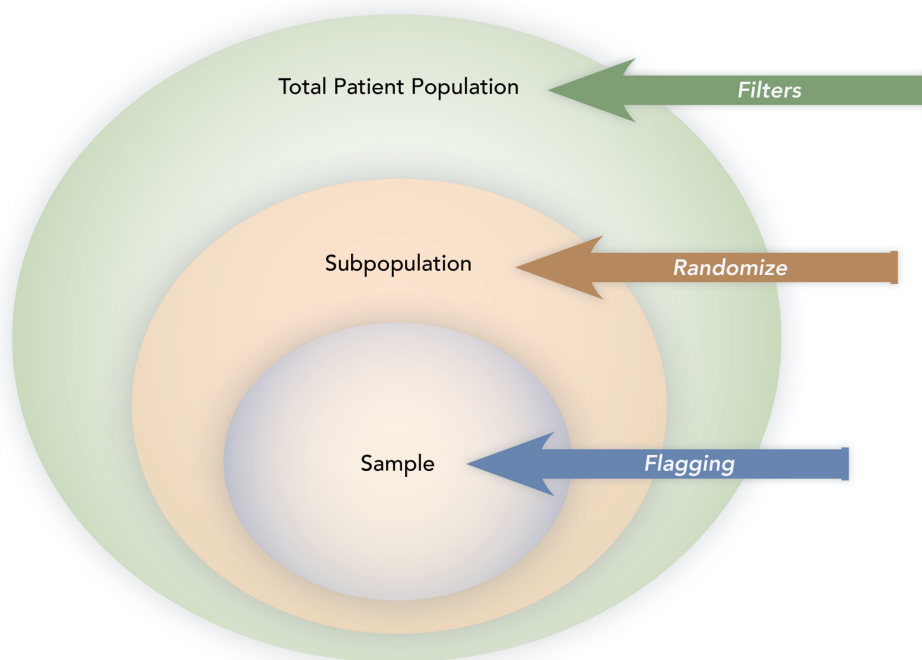
Compliance Testing

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

Compliance Testing Methodology



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

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

To reach an overall quality rating, our inspectors collaborate and examine all the inspection findings. We consider the case review, and the compliance testing results for each indicator. After considering all the findings, our inspectors reach consensus on an overall rating for the institution.

Appendix B: Case Review Data

Table B–1. CIW Case Review Sample Sets

Sample Set	Total
Anticoagulation	3
Death Review/Sentinel Events	3
Diabetes	3
Emergency Services – Non–CPR	3
High Risk	5
Hospitalization	4
Intra-system Transfers In	3
Intra-system Transfers Out	2
Perinatal Services	4
RN Sick Call	18
Specialty Services	4

Table B–2. CIW Case Review Chronic Care Diagnoses

Diagnosis	Total
Anemia	10
Anticoagulation	4
Arthritis/Degenerative Joint Disease	14
Asthma	12
COPD	6
COVID-19	7
Cancer	4
Cardiovascular Disease	5
Chronic Kidney Disease	3
Chronic Pain	8
Cirrhosis/End-Stage Liver Disease	2
Coccidioidomycosis	0
Deep Venous Thrombosis/Pulmonary Embolism	3
Diabetes	13
Gastroesophageal Reflux Disease	21
Hepatitis C	6
Hyperlipidemia	16
Hypertension	22
Mental Health	27
Migraine Headaches	5
Rheumatological Disease	1
Seizure Disorder	4
Sleep Apnea	1
Substance Abuse	24
Thyroid Disease	7

Table B–3. CIW Case Review Events by Program

Diagnosis	Total
Diagnostic Services	830
Emergency Care	45
Hospitalization	65
Intra-system Transfers In	19
Intra-system Transfers Out	4
Not Specified	1
Outpatient Care	440
Prenatal & Postpartum Care	82
Specialized Medical Housing	266
Specialty Services	229

Table B–4. CIW Case Review Sample Summary

MD Reviews Detailed	29
MD Reviews Focused	0
RN Reviews Detailed	19
RN Reviews Focused	23
Total Reviews	71
Total Unique Cases	52
Overlapping Reviews (MD & RN)	19

Appendix C. Compliance Sampling Methodology

California Institution for Women

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
Access to Care				
MIT 1.001	Chronic Care Patients	25	Master Registry	<ul style="list-style-type: none"> Chronic care conditions (at least one condition per patient—any risk level) Randomize
MIT 1.002	Nursing Referrals	12	OIG Q: 6.001	<ul style="list-style-type: none"> See Transfers
MITs 1.003–006	Nursing Sick Call (6 per clinic)	30	Clinic Appointment List	<ul style="list-style-type: none"> Clinic (each clinic tested) Appointment date (2–9 months) Randomize
MIT 1.007	Returns From Community Hospital	6	OIG Q: 4.005	<ul style="list-style-type: none"> See Health Information Management (Medical Records) (returns from community hospital)
MIT 1.008	Specialty Services Follow-Up	45	OIG Q: 14.001, 14.004 & 14.007	<ul style="list-style-type: none"> See Specialty Services
MIT 1.101	Availability of Health Care Services Request Forms	6	OIG on-site review	<ul style="list-style-type: none"> Randomly select one housing unit from each yard
Diagnostic Services				
MITs 2.001–003	Radiology	10	Radiology Logs	<ul style="list-style-type: none"> Appointment date (90 days–9 months) Randomize Abnormal
MITs 2.004–006	Laboratory	10	Quest	<ul style="list-style-type: none"> Appt. date (90 days–9 months) Order name (CBC or CMPs only) Randomize Abnormal
MITs 2.007–009	Laboratory STAT	8	Quest	<ul style="list-style-type: none"> Appt. date (90 days–9 months) Order name (CBC or CMPs only) Randomize Abnormal
MITs 2.010–012	Pathology	10	InterQual	<ul style="list-style-type: none"> Appt. date (90 days–9 months) Service (pathology related) Randomize

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Health Information Management (Medical Records)</i>				
MIT 4.001	Health Care Services Request Forms	30	OIG Qs: 1.004	<ul style="list-style-type: none"> • Nondictated documents • First 20 IPs for MIT 1.004
MIT 4.002	Specialty Documents	45	OIG Qs: 14.002, 14.005 & 14.008	<ul style="list-style-type: none"> • Specialty documents • First 10 IPs for each question
MIT 4.003	Hospital Discharge Documents	6	OIG Q: 4.005	<ul style="list-style-type: none"> • Community hospital discharge documents • First 20 IPs selected
MIT 4.004	Scanning Accuracy	24	Documents for any tested inmate	<ul style="list-style-type: none"> • Any misfiled or mislabeled document identified during OIG compliance review (24 or more = No)
MIT 4.005	Returns From Community Hospital	6	CADDIS Off-site Admissions	<ul style="list-style-type: none"> • Date (2–8 months) • Most recent 6 months provided (within date range) • Rx count • Discharge date • Randomize
<i>Health Care Environment</i>				
MITs 5.101–105 MITs 5.107–111	Clinical Areas	13	OIG inspector on-site review	<ul style="list-style-type: none"> • Identify and inspect all on-site clinical areas.
<i>Transfers</i>				
MITs 6.001–003	Intrasystem Transfers	12	SOMS	<ul style="list-style-type: none"> • Arrival date (3–9 months) • Arrived from (another departmental facility) • Rx count • Randomize
MIT 6.101	Transfers Out	1	OIG inspector on-site review	<ul style="list-style-type: none"> • R&R IP transfers with medication

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Pharmacy and Medication Management</i>				
MIT 7.001	Chronic Care Medication	25	OIG Q: 1.001	See Access to Care <ul style="list-style-type: none"> At least one condition per patient—any risk level Randomize
MIT 7.002	New Medication Orders	25	Master Registry	<ul style="list-style-type: none"> Rx count Randomize Ensure no duplication of IPs tested in MIT 7.001
MIT 7.003	Returns From Community Hospital	6	OIG Q: 4.005	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> See Reception Center
MIT 7.005	Intrafacility Moves	25	MAPIP transfer data	<ul style="list-style-type: none"> 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	5	SOMS	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Identify and inspect on-site clinical areas that prepare and administer medications
MITs 7.108–111	Pharmacy	1	OIG inspector on-site review	<ul style="list-style-type: none"> Identify & inspect all on-site pharmacies
MIT 7.112	Medication Error Reporting	12	Medication error reports	<ul style="list-style-type: none"> 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	1	On-site active medication listing	<ul style="list-style-type: none"> KOP rescue inhalers & nitroglycerin medications for IPs housed in restricted units

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Prenatal and Postpartum Care</i>				
MITs 8.001–007	Recent Deliveries	N/A at this institution	OB Roster	<ul style="list-style-type: none"> • Delivery date (2–12 months) • Most recent deliveries (within date range)
	Pregnant Arrivals	5	OB Roster	<ul style="list-style-type: none"> • Arrival date (2–12 months) • Earliest arrivals (within date range)
<i>Preventive Services</i>				
MITs 9.001–002	TB Medications	3	Maxor	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Arrival date (at least 1 year prior to inspection) • Birth month • Randomize
MIT 9.004	Influenza Vaccinations	25	SOMS	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Arrival date (at least 1 year prior to inspection) • Date of birth (51 or older) • Randomize
MIT 9.006	Mammogram	25	SOMS	<ul style="list-style-type: none"> • Arrival date (at least 2 yrs. prior to inspection) • Date of birth (age 52–74) • Randomize
MIT 9.007	Pap Smear	25	SOMS	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
<i>Reception Center</i>				
MITs 12.001–008	Reception Center	N/A at this institution	SOMS	<ul style="list-style-type: none"> Arrival date (2–8 months) Arrived from (county jail, return from parole, etc.) Randomize
<i>Specialized Medical Housing</i>				
MITs 13.001–004	Specialized Health Care Housing Unit	20	CADDIS	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Specialized Health Care Housing Review by location
<i>Specialty Services</i>				
MITs 14.001–003	High-Priority Initial and Follow-Up RFS	15	Specialty Services Appointments	<ul style="list-style-type: none"> 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, and radiology services Randomize
MITs 14.004–006	Medium-Priority Initial and Follow-Up RFS	15	Specialty Services Appointments	<ul style="list-style-type: none"> 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, and radiology services Randomize
MITs 14.007–009	Routine-Priority Initial and Follow-Up RFS	15	Specialty Services Appointments	<ul style="list-style-type: none"> 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, and radiology services Randomize

MIT 14.010	Specialty Services Arrivals	2	Specialty Services Arrivals	<ul style="list-style-type: none"> • Arrived from (other departmental institution) • Date of transfer (3–9 months) • Randomize
MITs 14.011–012	Denials	0	InterQual	<ul style="list-style-type: none"> • Review date (3–9 months) • Randomize
		N/A	IUMC/MAR Meeting Minutes	<ul style="list-style-type: none"> • Meeting date (9 months) • Denial upheld • Randomize

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Administrative Operations</i>				
MIT 15.001	Adverse/sentinel events (ASE)	1	Adverse/sentinel events report	<ul style="list-style-type: none"> Adverse/Sentinel events (2–8 months)
MIT 15.002	QMC Meetings	6	Quality Management Committee meeting minutes	<ul style="list-style-type: none"> Meeting minutes (12 months)
MIT 15.003	EMRRC	12	EMRRC meeting minutes	<ul style="list-style-type: none"> Monthly meeting minutes (6 months)
MIT 15.004	LGB	4	LGB meeting minutes	<ul style="list-style-type: none"> Quarterly meeting minutes (12 months)
MIT 15.101	Medical Emergency Response Drills	3	On-site summary reports & documentation for ER drills	<ul style="list-style-type: none"> Most recent full quarter Each watch
MIT 15.102	Institutional Level Medical Grievances	10	On-site list of grievances/closed grievance files	<ul style="list-style-type: none"> Medical grievances closed (6 months)
MIT 15.103	Death Reports	2	Institution-list of deaths in prior 12 months	<ul style="list-style-type: none"> Most recent 10 deaths Initial death reports
MIT 15.104	Nursing Staff Validations	10	On-site nursing education files	<ul style="list-style-type: none"> On duty one or more years Nurse administers medications Randomize
MIT 15.105	Provider Annual Evaluation Packets	8	On-site provider evaluation files	<ul style="list-style-type: none"> All required performance evaluation documents
MIT 15.106	Provider Licenses	10	Current provider listing (at start of inspection)	<ul style="list-style-type: none"> Review all
MIT 15.107	Medical Emergency Response Certifications	All	On-site certification tracking logs	<ul style="list-style-type: none"> All staff <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> All required licenses and certifications

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
<i>Administrative Operations</i>				
MIT 15.109	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations	All	On-site listing of provider DEA registration #s & pharmacy registration document	<ul style="list-style-type: none"> All DEA registrations
MIT 15.110	Nursing Staff New Employee Orientations	All	Nursing staff training logs	<ul style="list-style-type: none"> New employees (hired within last 12 months)
MIT 15.998	Death Review Committee	2	OIG summary log: deaths	<ul style="list-style-type: none"> Between 35 business days & 12 months prior California Correctional Health Care Services death reviews

California Correctional Health Care Services' Response

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April 14, 2022

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

Dear Ms. Singh:

The Office of the Receiver has reviewed the draft Medical Inspection Report for California Institution for Women (CIW) conducted by the Office of the Inspector General (OIG) from December 2020 to May 2021. California Correctional Health Care Services (CCHCS) acknowledges the OIG findings.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in CCHCS operations. If you have any questions or concerns, please contact me at (916) 896-6780.

Sincerely,

DocuSigned by:

Robin Hart

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Robin Hart
Associate Director (A)
Risk Management Branch
California Correctional Health Care Services



cc: Clark Kelso, Receiver
Diana Toche, D.D.S., Undersecretary, Health Care Services, CDCR
Directors, CCHCS
Roscoe Barrow, Chief Counsel, CCHCS Office of Legal Affairs
Jackie Clark, Deputy Director, Institution Operations, CCHCS
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Renee Kanan, M.D., Deputy Director, Medical Services, CCHCS
Barbara Barney-Knox, R.N., Deputy Director, Nursing Services, CCHCS
Annette Lambert, Deputy Director, Quality Management, CCHCS
Regional Health Care Executive, Region IV, CCHCS
Regional Deputy Medical Executive, Region IV, CCHCS
Regional Nursing Executive, Region IV, CCHCS
Chief Executive Officer, CIW
Katherine Tebrock, Chief Assistant Inspector General, OIG
Doreen Pagaran, R.N., Nurse Consultant Program Review, OIG
Misty Polasik, Staff Services Manager I, OIG



Cycle 6
Medical Inspection Report
for
California Institution for Women

OFFICE *of the*
INSPECTOR GENERAL

Amarik K. Singh
Inspector General

Neil Robertson
Chief Deputy Inspector General

STATE *of* CALIFORNIA
April 2022

OIG