

EXHIBIT 10
Part 2 of 2



**PHARMACY MANAGEMENT CONSULTING
SERVICES**

**Monthly Progress Report
To The
California Prison Health Care
Receivership Corporation**

April 2008

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PHARMACY MANAGEMENT CONSULTING SERVICES

Quarterly Progress Report April 2008

Introduction

Through the month of April 2008, implementation activities related to the *Road Map to Excellence* continue to move forward in a deliberate and timely manner. This monthly progress report provides a detailed summary by goal of actions taken in the first four months of this year.

Implementation activities have been focused upon staffing, implementation of the GuardianRx® pharmacy operating system, maintaining the positive momentum of the P&T Committee process, enhancing the CDCR pharmaceutical contracting and procurement processes and developing the centralized pharmacy facility. While there have been some obstacles and challenges encountered in many of the implementation activities, the Maxor and CPR teams have addressed each of those directly and have been able to maintain positive momentum towards accomplishing each objective.

The collective efforts of the pharmacy improvement program guided by the *Road Map* give priority to achieving improved patient safety and health outcomes, developing an evidence-based pharmacy practice and increasing cost-efficiency. Progress continues to be made in addressing each of these priorities.

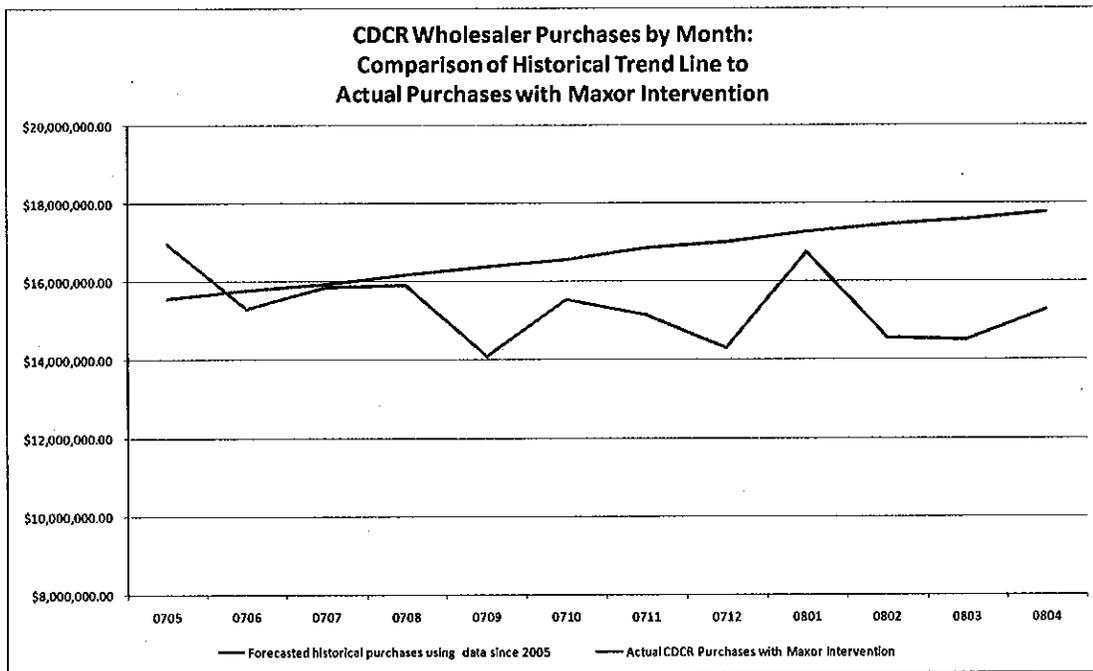
Even as the enhanced CDCR Pharmacy and Therapeutics Committee continues to mature into an effective pharmacy program oversight entity, their collective efforts are showing results. Carefully considered, evidence-based Disease Medication Management Guidelines have been developed for Hypertension and Hypertension Urgency, Asthma (acute and chronic), Diabetes (type 1 and type 2), Hyperlipidemia, HIV, Seizure (acute and chronic), Schizophrenia, Gastroesophageal Reflux Disease (GERD), Peptic Ulcer Disease (PUD) and Chronic Obstructive Pulmonary Disease (COPD). These guidelines outline appropriate clinical standards of care for each of these disease states.

Additionally, the P&T Committee has continued its march through a complete revision of the Pharmacy Policies and Procedures, reviewing and updating them to reflect improved practice standards, implement quality control measures and standardize pharmacy processes. Over the first part of this year, the P& T Committee has reviewed and updated eleven chapters of the procedures manual.

At the same time, we have continued to refine and develop standards for measuring pharmacy program performance. The Pharmacy Dashboard (see Appendix A), reviewed monthly by the P&T Committee, provides current and historical data on workload,

staffing, prescription utilization and cost data for each facility. During this reporting period, stoplight measures were evaluated and added for many Pharmacy Dashboard indicators. Targets were determined after careful evaluation of 2007 data and agreement on acceptable measures of performance. The stoplight status will be updated monthly and will help identify facilities that are significantly above or below goal, requiring closer monitoring.

A year ago in April 2007, in the early stages of the pharmacy improvement project, the Receiver determined that it was necessary to assume responsibility from DGS over the CDCR portions of the existing DGS pharmaceutical contracts. The Receiver requested that Maxor manage the pharmacy contracting processes on behalf of CDCR in an effort to be more responsive to CDCR needs and to improve the cost-effectiveness of the procurement processes. The chart below illustrates the impact of the first year of Maxor's intervention in the purchasing process as compared to prior trends.



The establishment of a viable, active and engaged Pharmacy and Therapeutics Committee process; the implementation of a CDCR-specific formulary that is managed on an ongoing basis; and the development of treatment medication guidelines that are evidence-based and focused on patient safety are critical components of achieving improved cost-effectiveness in the system. This integrated approach provides a firm foundation for more effective pharmaceutical contracting. In such a system, good clinical decision-making determines the purchasing needs. By standardizing the clinical pathways, those needs can be targeted through appropriate contracting strategies, including an ability to drive market share. Under the revamped system, each purchase is actively monitored to ensure it is the best relative value. As the pharmacy operating system (GuardianRx®) comes online at each facility, this monitoring moves to a real-time basis. These

responsive contract strategies and management continue to provide opportunities for cost avoidance. In the first four months of 2008, Maxor has documented cost avoidance of \$4,834,079 from the use of targeted contracting strategies resulting from P&T Committee decisions.

In addition, effective February 1, 2008, the Receiver, acting on behalf of CDCR, entered into a new wholesaler (also referred to as a Prime Vendor) agreement with Amerisource Bergen tailored specifically to address the pharmaceutical demands of the CDCR health care system. Prior audits and reviews had repeatedly documented failures in pharmacy contract management, accountability and oversight, which when coupled with other pharmacy program deficiencies translated to higher costs for medications and a system that was not responsive to the CDCR offender patient needs. As the *Road Map* implementation proceeded, it became evident that a more responsive wholesaler contract would be beneficial in achieving these goals. The resulting contract leverages CDCR's developing abilities to manage its pharmacy needs and results in a more responsive, cost-effective arrangement for CDCR.

In the following pages, specific actions taken for each *Road Map* goal are outlined in detail, along with the identification of any obstacles to success.

Summary of Key Points in this Report

The following summary listings highlight key accomplishments, delays experienced and obstacles or issues related to achieving the required goals and objectives noted in more detail within this month's Progress Report.

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007.
- Objective A.2. Direct lines of authority were established to all pharmacy services personnel and linkages to central medical staff were defined.
- Objective B.1. A revised and reconstituted Pharmacy & Therapeutics Committee was established. Meetings are held the second Tuesday of each month. Current membership includes representation from central, regional and institutional level providers, as well as experts representing *Coleman* and *Perez* issues.
- Objective B.4: Develop and implement an effective and enforceable institution audit process.
- Objective C.1: Monitor wholesaler (vendor) to ensure contract compliance.
- Objective D.2: Complete skill set inventory of State and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing personnel.
- Objective D.3: Develop an effective means of documenting and tracking employee training, education, performance, and disciplinary action.

Objectives Delayed

All objectives except for A1.1 (hiring clinical specialists); a portion of B.3 (relating to the approval of psychiatric DMMGs); and F.4 (GuardianRx® implementation) are progressing according to the revised schedule adopted earlier this year as a part of the Receiver's Plan of Action.

Hiring qualified clinical pharmacists has been difficult, due in large part to the travel requirements for the positions. Active recruitment efforts for hiring of clinical pharmacists continue. Consideration of alternative means of recruitment and development for these positions is also underway.

The initial development of psychiatric medication guidelines was postponed beyond the original timeframes at the request of CDCR psychiatry, but is resumed in March 2008, with the first of three psychiatric guidelines (Schizophrenia) presented for P&T Committee review and approval. Completion of this objective will be strongly dependent upon movement by CDCR psychiatry in cooperation with Maxor.

The originally contemplated timeline for implementation of the GuardianRx® pharmacy operating system has changed due to the need to address each facility's infrastructure issues and to coordinate medication management improvements with the CPR Nursing leadership teams. Accordingly, a detailed implementation schedule was jointly

developed by the CPR teams and Maxor to ensure a coordinated implementation effort and effective deployment of resources. In this report, Maxor is requesting that the timeline for Objective F.4 be revised to reflect that agreed-upon schedule.

Obstacles or Issues for Success

CDCR Pharmacy Staffing Coordination. There has been a continuing need for improved coordination of staffing issues related to CDCR pharmacies. Efforts to assess and implement changes to staffing patterns have been hindered by a lack of follow-through communication to the facilities on approved changes. In late April, the revised pre-centralization staffing patterns that were previously approved were distributed by letter to each facility. A monthly meeting between Maxor and the Director of the Plata Support Division has been established to ensure coordination of such issues occurs on a timely basis. In addition, Maxor has been working with the CPR leadership to implement the CPR's decision to centralize pharmacy hiring processes. Maxor believes this change will assist in improving the overall coordination of staffing matters.

GuardianRx[®] Implementation. A modified implementation plan was approved by the Office of the Receiver to allow for the rapid deployment of GuardianRx[®] to CDCR facilities over the next 15 months. Maxor, working in conjunction with the CPR in implementing the GuardianRx[®] pharmacy operating system, has adopted an intensive process of needs assessment, process review and gap analysis, which includes the identification and corrective actions needed to address key infrastructure needs. This process ensures a comprehensive look at each facilities needs and the development of an effective plan to address identified deficiencies. The implementation schedule is highly dependent upon infrastructure, staffing, process improvement and related activities being completed in a timely manner. While each scheduled "go-live" deadline has been met to date, any delay in addressing these factors will result in implementation delays.

Progress Report by Goal

For each goal in the *Road Map*, a summary of actions taken and progress achieved during this reporting period is listed, along with the identification of any obstacles or issues that may impede progress.

Goal A

Develop meaningful and effective centralized oversight, control and monitoring over the pharmacy services program.

Actions Taken

- Three additional Operations Manager (pharmacist) positions have been approved, filled and trained along with the pharmacy technologist positions to assist each team. (Objective A1, E1, F4)

- The management staff for the San Quentin pharmacy project is in place to include an operations manager, pharmacist-in-charge (PIC) and four technologists. (Objective A1, E1)
- Extensive advertising for additional pharmacy nurse liaison support has been conducted and several potential candidates interviewed. One position was filled during the reporting period. Mary Adams, RN, began in April 2008 and is currently in training. Maxor staff will be attending the National Commission on Correctional Health Care Conference in May in an effort to identify and recruit additional nursing liaison support. (Objective A1)
- Recruitment activities related to the Director of Pharmacy position and for Clinical Pharmacy Specialists have also intensified, with local and national advertising, the use of recruiting firms and solicitation of interest at pharmacy conferences. Two Director of Pharmacy candidates were interviewed and one offer extended, but not accepted. Recruitment activities continue. (Objective A1)
- Maxor team members along with CDCR Human Resources personnel attended the American Pharmaceutical Association's annual meeting in San Diego during March 2008 where they held a recruiting booth. (Objective A1)
- As project activities and staff have increased to meet the implementation challenges, Maxor revised its project organizational structure to adapt to those needs. A revised organizational structure was implemented effective February 14, 2008. (Objective A1, A2)
- Maxor continues its efforts to create a single standardized set of policy and procedures for all institutions. During the reporting period, The P&T Committee reviewed and approved eleven pharmacy policy and procedure updates, including: (Objective A3)
 - Chapter 2- Pharmacy Licensing Requirements
 - Chapter 3 – Pharmacy Responsibilities and Scope of Service
 - Chapter 6 – After-hours Medication Supply
 - Chapter 9 -Prescription Requirements
 - Chapter 10 –Automatic Medication Stop Orders
 - Chapter 12 - Labeling & Storage Requirements
 - Chapter 13 -Physician Order Forms
 - Chapter 14 -Rescue Medications
 - Chapter 17 - Ordering, Receiving, and Stocking of Medications
 - Chapter 20 – Floor Stock Medications
 - Chapter 27 – Medication Errors and Adverse Drug Reaction Reporting
- In addition to pharmacy policy revisions, the P&T Committee also reviewed and approved one medical and one dental policy and procedure revision: (Objective A3)
 - Medical Services Chapter 11 – Medication Management
 - Dental Services Chapter 5.8 – Dental Emergencies
- Maxor continues to provide support for implementation as well as monitoring for adherence to pharmacy policy and procedure. (Objective A3, D2)
 - Clinical Pharmacy Specialists (CPS) continue to provide in-service and implementation support to facility staff as new procedures are released. In

addition, CPS have also provided in-services at Regional leadership meetings.

- The quarterly PIC meeting was held in February 2008, and extensively covered policy and procedure implementation issues.
- Five new *MC Strategies* policy and procedure training modules were created and deployed to pharmacy personnel during the reporting period.
- An evaluation committee was formed to review report requests from the GuardianRx® system. Standardized utilization and provider reports for improved monitoring and reporting purposes are currently under development. Once completed, the reports will be made available monthly to Pharmacists-In-Charge, Chief Medical Officers and Health Care Administrators. (Objective A4, F5)
- Stoplight measures were evaluated and added for many Pharmacy Dashboard indicators. Targets were determined after careful evaluation of 2007 data and agreement on acceptable measures of performance. The stoplight status will be updated monthly and will help identify facilities that are significantly above or below goal, requiring closer monitoring. (Objective A4)
- The Dashboard was also updated to include recently updated staffing levels to accurately track workload measure. (Objective A4, D4)
- The P&T Committee approved three new Disease Medication Management Guidelines (DMMG) during the reporting period:
 - Gastroesophageal Reflux Disease (GERD) and Peptic Ulcer Disease (PUD)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Schizophrenia

Maxor has provided DMMGs for Hepatitis C and Depression which are currently being reviewed by the Committee. (Objective A5)

- The pharmacy inspection process has been well established with documented movement towards compliance across the state. The number of pharmacies with an inspection rating score of pass/problem (not failed) has increased from 21% in March 2007 to 67% in March 2008. Verification and validation of the pharmacy inspections process by the Maxor team has been initiated with the first onsite inspection completed at Avenal. The purpose of the on-site evaluations is to ensure accurate reporting and to determine whether problems identified in previous inspections have been appropriately addressed. (Objective A5, B4)

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007. Recruitment and selection efforts for clinical and facility management positions continued this reporting period.
- Objective A.2. Direct lines of authority to all pharmacy services personnel were established and linkages to central medical staff were defined.

Issues or Obstacles to Success

- Maxor's scope of work anticipated hiring 8 clinical specialists including one with specialty training in psychiatry. Due to the national pharmacist shortages, and difficulty recruiting into these positions, only three clinical pharmacists are actively employed at this time. Maxor continues to aggressively recruit for these positions by engaging professional recruiting services and coordinating efforts with CPR/CDCR human resources.

Goal B

Implement and enforce clinical pharmacy management processes including formulary controls, Pharmacy and Therapeutics committee, disease management guidelines, and the establishment of a program of regular prison institution operational audits.

Actions Taken

- The Pharmacy and Therapeutics (P&T) Committee continues its monthly meetings to address formulary issues, discuss and approve Disease Medication Management Guidelines (DMMG), and review and approve pharmacy policies and procedures. (Objective B1)
- Formulary review and maintenance is an ongoing process for the P&T Committee. Several formulary decisions were made during the reporting period. (Objective B1, C3)
 - The Committee approved the deletion of quetiapine (Seroquel[®]) (an atypical antipsychotic with well known potential for abuse and misuse) from the formulary along with a transition plan and specific non-formulary criteria for use within the system.
 - An antipsychotic therapeutic category review was conducted in conjunction with the development of the Schizophrenia DMMG. Preferred formulary agents were selected and approved. Announcement and distribution of the DMMG is pending contract approval on selected formulary agents.
 - A category review of the gastrointestinal agents was also conducted. Approved recommendations included selection of a preferred proton pump inhibitor as well as prescribing criteria for use.
- Access to the formulary was made available to all providers through the *Epocrates* on-line system. This program is a web-based service designed to ensure that the latest formulary and medication related information is readily available to prescribers and pharmacists. (Objective B1, D2, F5)
- Maxor Clinical Pharmacy Specialists continue to provide support to facility staff on implementing the formulary and other P&T Committee initiatives by working directly with their assigned facilities and providing in-services to Regional leadership. (Objective B1, B2)

- As stated under Goal A, three new DMMGs were approved during the reporting period and two more are currently under review by the P&T Committee. (Objective 3)
- Also discussed under Goal A, facility inspections continue to show improvement in operations and movement towards standardization. (Objective B4)

Objectives Completed

- Objective B.1. A revised and reconstituted Pharmacy & Therapeutics Committee was established on February 13, 2007. Current membership includes representation from central, regional and institutional level providers and Court expert representatives from the *Coleman* and *Perez* cases.
- Objective B.4: Develop and implement an effective and enforceable institution audit process.

Issues or Obstacles to Success

- Facility-level implementation of P&T Committee initiatives continues to be sporadic and requires constant monitoring.

Goal C

Establish a comprehensive program to review, audit and monitor pharmaceutical contracting and procurement processes to ensure cost efficiency in pharmaceutical purchases.

Actions Taken

- A new contract with Amerisource Bergen to serve as the general pharmaceutical wholesaler for CDCR was approved by the Receiver and implemented effective February 1, 2008. This contract is expected to yield significant savings for the CDCR. (Objective C1)
- Maxor was able to further identify \$12,630 in contract mispricing during the last two quarters of 2007 which has been corrected during the current reporting period. An additional \$35,000 in over charges was identified in which the state contracted price for the items was higher than the GPO price. This overage could not be collected because the prior DGS negotiated contract required the state price to be preferentially loaded. This type of over charge will be averted with the new wholesaler contract which requires the "best" price to be loaded. (Objective C1)
- Movement continues towards elimination of bulk stock and moved toward patient specific prescriptions. The total number of facilities using bulk stock for prescriptions has been reduced from thirteen to eight. (Objective C2)
- Maxor continues to have issues maintaining a perpetual inventory at GuardianRx® sites. Maxor will continue to work with facility staff to adequately address the issue of returned inventory and implement a resolution. As a result, the GuardianRx® inventory return module is now included as a part of site

training to assure facilities accurately track returns and reissued items. (Objective C2)

- Contract, purchase and inventory monitoring efforts continue to yield results by avoiding unnecessary costs due to out-of-stock orders and ensuring that the correct contracted items are purchased. Since January 2008, \$652,988 in cost avoidance was realized by working with the wholesaler to ensure the best priced items were sufficiently stocked at the regional distribution centers and another \$640,238 in cost avoidance by directly working with the facilities to ensure the correct contracted items were purchased. (Objective C3, C4)
- Targeted contracting strategies have resulted in a cost avoidance for the CDCR program of \$4,834,079 in the first four months of 2008:
 - Asmanex contract (implemented in February 2008): \$294,775
 - Insulin contract: \$184,115
 - Statin contract: \$2,640,113
 - Nasal steroids contract: \$531,866
 - PPIs contract: \$381,649
 - Pegasys contract: \$801,561
- As stated under goal B, Maxor is in the final stages of contracting for selected formulary atypical antipsychotics as approved by the P&T Committee in April 2008. (Objective C3, B1)
- During the first quarter of 2008, 42 lower priced drug items were identified and made available through the prime vendor. (Objective C3)
- Drug ordering has been automated and standardized through the GuardianRx® system. Facilities utilizing the GuardianRx® system no longer need to use the wholesaler order entry system. (Objective C4)
- The influenza vaccine purchasing and allocation process has been centralized for 2008-2009 season. Maxor worked with public health and clinical leadership to establish purchase and stock levels for the coming year. (Objective C4)

Objectives Completed

- Objective C.1: Monitor wholesaler (vendor) to ensure contract compliance.

Issues or Obstacles to Success

- No issues or obstacles identified at this time.

Goal D

Develop a meaningful pharmacy human resource program that effectively manages staffing, compensation, job descriptions, competency, performance assessment, discipline, training, and use of the workforce including temporary employees and non-pharmacist staff.

Actions Taken

- A comprehensive staffing pattern assessment was completed through February 2008 based on workload and related data. Maxor has been working to ensure that the approved staffing levels, including positions for the DMH conversion previously approved, are communicated to the facilities via Genets letters, although there have been delays in this process which resulted in Maxor requesting a meeting with the CPR Chief of Staff (held in early March 2008). Revised staffing patterns were approved and instructions given to ensure the approvals were communicated to the facilities. As a result, a letter on the approved staffing was sent to all facilities by CDCR Finance in late April 2008. A monthly meeting between Maxor project leadership and the Director of the Plata Support Division has been implemented to identify and address any such issues as they are identified. (Objective D1, D4)
- As stated under Goal A, the Dashboard was updated to include the approved staffing since the last staffing adjustment. (Objective D4)
- Maxor has continued to work on assisting in the identification and selection of Pharmacists-in-Charge at CDCR facilities, including participation in several interviews resulting in the hiring of a new State PIC for Ironwood State Prison and CSP LA County. The state PIC at ISP will serve as PIC for both ISP and CVSP and a registry PIC at CCC will serve as the PIC for both CCC and HDSP. This represents the first sites to use a shared PIC for collocated facilities to improve continuity and efficiency. (Objective D1)
- Maxor also worked with facility and registries to relieve significant staff shortages at SATF, CCWF, PVSP and SOL. (Objective D1)
- As stated under Goal B, the CDCR formulary has been made available to all providers through the *Epocrates* on-line system. (Objective D2, B1, F5)
- Maxor continues to provide required training and education on clinical, operational and fiscal matters related to the pharmacy program. (Objective D2)
 - As stated under Goal A & B, Clinical Pharmacy Specialists provide ongoing educational services to facility staff on implementing the formulary, pharmacy policies & procedures, and other P&T Committee initiatives.
 - Specialized training is targeted towards PICs to increase competency levels and equip them with the tools necessary to effectively manage the pharmacy services at their respective facilities to include service and QI measures and pharmacy workload layout.
 - The quarterly PIC meeting was held in February 2008. Discussion topics included policy and procedure implementation issues, processes and forms for formulary additions and non-formulary requests, controlled substances procedures and forms, and medication error and adverse drug reaction reporting processes. In addition, the PIC meeting covered expectations of the PIC, examined a number of formulary case studies and reviewed the GuardianRx® implementation schedule.
 - Eight new *MC Strategies* training modules have been created and deployed to pharmacy personnel during the reporting period. The new

modules include three lessons on Diabetes and five modules on Pharmacy policy and procedure revisions.

- PICs now have direct responsibility for managing staff compliance with the *MC Strategies* modules. PICs were provided administrative access to the program and are now required to complete monthly status reports regarding their staff's progress on *MC Strategies*. Maxor continues to provide general oversight of the monitoring and compliance process. (Objective D3)

Objectives Completed

- Objective D.2: Complete skill set inventory of State and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing personnel.
- Objective D.3: Develop an effective means of documenting and tracking employee training, education, performance, and disciplinary action.

Issues or Obstacles to Success

- Coordination of facility staffing issues remains cumbersome. A monthly meeting between Maxor and the Director of the Plata Support Division has been established to ensure coordination of such issues occurs on a timely basis. In addition, Maxor has been working with the CPR leadership to implement the CPR's decision to centralize pharmacy hiring processes. Maxor fully supports that decision and believes it will significantly improve the overall coordination of staffing matters.

Goal E

Redesign and standardize overall institution level pharmacy drug distribution operations for inpatient and outpatient needs. Design, construct and operate a centralized pharmacy facility.

Actions Taken

- The pre-centralization ambulatory model is being defined and implemented as processes are standardized and validated as part of the GuardianRx® implementation work plan. (Objective E1)
- During the reporting period, Maxor furthered its comprehensive efforts to improve medication management and pharmacy operations at San Quentin, in conjunction with other pilot improvement projects underway at that facility. (Objective E1)
 - Maxor has hired and placed an experienced Pharmacy Operations Manager on site, a Maxor Pharmacist-in-Charge to replace the registry PIC formerly assigned to the facility and four Maxor technologists.
 - Work with San Quentin nursing and support staff has been initiated using the tested and proven GuardianRx® implementation processes.

- GuardianRx® conversion team meetings began during March 2008, with an expectation that the system will “go live” in May 2008.
- Three additional Operations Teams have been approved, staffed and trained in order to expedite GuardianRx® implementation and assist with facility operational improvement efforts. Unfortunately, in late April, one of the Maxor operations managers resigned unexpectedly due to family health issues and will need to be replaced. Recruitment to replace that position began immediately. (Objective E1)
- Maxor is currently working with dental and nursing leadership on a pilot project at two CDCR facilities. The goal of the pilot is to devise and implement a standardized process for ensuring expedited or STAT dental orders reach the inmate-patient in a timely manner while upholding safety and legal responsibilities. (Objective E1)
- Working with DGS, the Maxor team has finalized preliminary site location recommendations for the Central Fill Pharmacy facility. (Objective E2)
 - A document outlining the recommendation was sent to the CPR for review and approval to finalize the proposed arrangements. Maxor team members met with CPR leadership in early March 2008 to present the recommendation.
 - Additional inquiries were requested relating to the flood plain status of proposed locations. Maxor worked with DGS to obtain the requested information which was subsequently provided to the CPR for consideration. As a result, one location was eliminated from the potential list.
 - Maxor is currently working with DGS to locate any additional properties outside of the flood plain that have become available during the interim since an initial review of sites was conducted several months ago.
 - Required state funding documents have been processed and approved. Once a site is approved by CPR, the DGS staff, CDCR and Maxor will negotiate final lease and/or purchase terms with the property owner.
 - Concurrently, a draft Request for Proposal was prepared to address automation needs for the Central Fill Pharmacy facility and also submitted to CPR for review and approval. CPR Legal Counsel approved the RFP draft in March 2008, with final authorization to proceed pending a decision by the Receiver. Because the RFP for pharmacy automation needs must be completed and the automation vendor chosen in order to finalize the floor plans and related specifications for the centralized pharmacy facility, it is important that the site recommendation and RFP process be closely coordinated. The RFP is scheduled for release in early May 2008. (Objective E2, F6)

Objectives Completed

- Objectives are in-progress at this time.

Issues or Obstacles to Success

- No issues or obstacles identified at this time.

Goal F

Based on a thorough understanding of redesigned work processes, design and implement a uniform pharmacy information management system needed to successfully operate and maintain the CDCR pharmacy operation in a safe, effective and cost efficient way.

Actions Taken

- As discussed in Goal E, four Operations Managers, eight technologists and one PIC (SQ) were hired for rapid implementation of GuardianRx®. The new operations team employees have completed intensive training on the GuardianRx® software and implementation process. (Objective F4, E1)
- Intensive training and preparation activities continue for GuardianRx® implementation. (Objective F4, E1)
 - GuardianRx® implementation has been successfully implemented at six facilities (Folsom, Mule Creek, CMC, CSP-Sacramento, COR and SATF). COR and SATF represents the first of several scheduled simultaneous dual facility GuardianRx® implementations.
 - A comprehensive Gantt chart tracking grid and schedule for implementation of the GuardianRx® system has been completed and approved by the CPR. This schedule calls for GuardianRx® conversion to be complete at 23 facilities by the end of 2008 and all facilities by May of 2009. The schedule (attached as Appendix D) outlines mandatory training sessions, conversion team schedules and “go-live” dates for each facility.
 - Conversion team meetings began the end of March 2008 for San Quentin, which was expected to go live in May 2008. Unfortunately, facility physical plant delays will result in the implementation being moved to June 2008.
 - Pre-Guardian work continues at several sites with pharmacy computer layout plans completed for CCC, HDSP, CVSP, ISP, CIW, VSPW, CCWF, KVSP, NKSP and SQ. In addition, initial medication management assessments have been completed at SQ, CVSP, ISP, CCWF, VSPW, KVSP, NKSP, CCC, HDSP and CIW.
 - Smaller group PIC training sessions that were started in November to train on service and QI measure implementation, GuardianRx® conversion and use and pharmacy workload layout have continued for CVSP, ISP, NKSP, CCWF and VSPW.
 - Two regional training centers have been established at SAC and COR for GuardianRx® pre-training and approval received for four pharmacy technologist positions to assist in training. ISP is the first southern region

location to go-live and will include 4 extra technicians to support training needs for the southern region.

- A joint Maxor IT/Maxor Corrections weekly operations meeting was established to discuss and resolve current GuardianRx® implementation issues as well as plan for upcoming implementations. (Objective F2)
- Additionally, an evaluation committee was formed to review report requests from the GuardianRx® system. Standardized utilization and provider for improved monitoring and reporting purposes are currently under development. Once completed, the reports will be made available monthly to Pharmacists-In-Charge, Chief Medical Officers and Health Care Administrators. (Objective A4, F5)

Objectives Completed

Issues or Obstacles to Success

- The originally contemplated timeline for implementation of the GuardianRx® pharmacy operating system has changed due to the need to address each facility's infrastructure issues and to coordinate medication management improvements with the CPR Nursing leadership teams. A detailed implementation schedule was jointly developed by the CPR teams and Maxor to ensure a coordinated implementation effort and effective deployment of resources. In this report, Maxor is requesting that the timeline for Objective F.4 be revised to reflect that schedule.

Goal G

Develop a process to assure CDCR pharmacy meets accreditation standards of the designated health care review body (NCCHC or ACA) and assist in obtaining accredited status.

Actions Taken

- No action taken to date pending completion of related objectives.

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- No previously unidentified or significant issues or obstacles have been encountered in this reporting period.

Summary of Changes to Timeline

A comprehensive review of the timeline was completed in December 2007 in conjunction with approval of the second amendment to the Maxor/CPR Agreement. Listed below are objective timelines proposed for change from that approved timeline (subject to review and approval of CPR).

Objective Timelines Proposed for Change

Objective F.4 GuardianRx® Implementation. Approval is requested to change the current timeline calling for completion of the GuardianRx® implementation by the end of December 2008 to May of 2009. This change is consistent with the jointly developed implementation schedule agreed to by the Maxor/CPR GuardianRx® teams.

Objective Timelines Change Approvals

No previously requested timeline change approvals are pending at this time.

Conclusion

Maxor remains committed to the accomplishment of the *Road Map* goals and objectives and has prepared this Progress Report as part of its ongoing initiative to maintain direct, open and constant communication with CPR throughout the pharmacy improvement project.

Maxor would like to thank the Receiver, his staff, and CDCR for their cooperation and support.

Monthly Attachments

The section below contains links to the Pharmacy Dashboard, Pharmacy Inspection Grid, and other important tracking grids and attachments provided for review.

Appendix A—Pharmacy Dashboard



2008 Pharmacy
Dashboard 5 8 08 (2)

Appendix B—Facility Inspection Grid



CY 2007 2008
Master Inspection Gri

Appendix C—Timeline and Tracking Grid



Maxor Timeline &
Tracking Grid

Appendix D—GuardianRx® Implementation Schedule



Guardian
Implementation Gantt

ASP - Avenal State Prison	3.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	-54%
CAL - Calipatria State Prison	2.4	1.7	2.2	2.2	2.2	2.2	2.2	2.2	8%
CCC - Ca Corr Center	2.0	2.0	3.0	3.0	2.2	2.2	2.2	2.2	8%
CCI - Ca Corr Institute	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	0%
CCWF - Central Ca Women's Facility	3.3	3.3	3.9	3.9	4.4	4.4	4.4	4.4	-56%
CEN - Centinela State Prison	2.6	3.1	4.5	4.5	3.3	3.3	3.3	3.3	-17%
CIM - Ca Institute for Men	10.2	11.8	13.0	13.0	11.2	11.2	11.2	11.2	41%
CIW - Corr Institute for Women	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	4%
CMC - Ca Men's Colony	5.8	6.2	5.7	5.7	6.3	6.3	6.3	6.3	4%
CMF - Ca Medical Facility	9.4	10.4	10.4	10.4	11.0	11.0	11.0	11.0	10%
COR - Ca State Prisons, Corcoran	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	-20%
CRC - Ca Rehabilitation Center	4.6	4.6	4.6	4.6	4.8	4.8	4.8	4.8	-5%
CTF - Corr Training Facility	5.4	5.4	6.2	6.2	6.2	6.2	6.2	6.2	15%
CVSP - Chuckawalla Valley State Prison	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	-13%
DVI - Deuel Vocational Institute	5.5	5.8	5.4	5.4	6.2	6.2	6.2	6.2	3%
FOL - Folsom	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	-14%
HDSP - High Desert State Prison	3.0	2.6	2.9	2.9	2.8	2.8	2.8	2.8	-30%
ISP - Ironwood State Prison	2.8	2.8	3.4	3.4	3.0	3.0	3.0	3.0	-25%
KVSP - Kern Valley State Prison	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	0%
LAC - Ca State Prison LA	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	-17%
MCSP - Mule Creek State Prison	5.5	5.5	4.8	4.8	5.3	5.3	5.3	5.3	17%
NKSP - North Kern State Prison	3.5	3.8	3.8	3.8	3.8	3.8	3.8	3.8	5%
PBSP - Pelican Bay State Prison	6.0	6.0	6.0	6.0	7.0	7.0	7.0	7.0	26%
PVSP - Pleasant Valley State Prison	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	17%
RJD - RJ Donovan Corr Facility	5.0	5.0	6.0	6.0	5.0	5.0	5.0	5.0	-4%
SAC - California State Prison, Sacramento	7.0	7.2	7.2	7.2	8.5	8.5	8.5	8.5	0%
SATF - California Substance Abuse TF	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	-15%
SCC - Sierra Conservation Center	4.3	3.8	4.8	4.8	6.0	6.0	6.0	6.0	0%
SOL - Ca State Prison, Solano	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	-23%
SQ - San Quentin	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	-20%
SVSP - Salina Valley State Prison	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	0%
VSPW - Valley State Prison for Women	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	-20%
WSP - Wasco State Prison	5.0	4.8	5.0	5.0	4.9	4.9	4.9	4.9	-1%
GDCR Average RPh/Pharmacy	4.7	4.8	5.0	5.0	5.0	5.0	5.0	5.0	-7%

ASP - Avenal State Prison	127	132	129	-22%
CAL - Calipatria State Prison	109	114	104	-3%
CCC - Ca Corr Center	103	122	119	-2%
CCI - Ca Corr Institute	91	84	79	-3%
CCWF - Central Ca Women's Facility	140	145	132	-2%
CEN - Centinela State Prison	133	119	144	17%
CIM - Ca Institute for Men	87	71	59	-34%
CIW - Corr Institute for Women	138	131	119	-54%
CMC - Ca Men's Colony	77	79	81	95
CMF - Ca Medical Facility	97	103	98	-3%
COR - Ca State Prisons, Corcoran	223	177	161	25%
CRC - Ca Rehabilitation Center	133	126	135	-17%
CTF - Corr Training Facility	141	144	136	-5%
CVSP - Chuckawalla Valley State Prison	94	102	110	-13%
DVI - Deuel Vocational Institute	158	201	135	-8%
FOL - Folsom	89	86	81	-39%
HDSP - High Desert State Prison	152	164	155	-18%
ISP - Ironwood State Prison	100	109	113	4%
KVSP - Kern Valley State Prison	104	103	100	-18%
LAC - Ca State Prison LA	175	175	216	-30%
MOSP - Mule Creek State Prison	70	71	75	79
NKSP - North Kern State Prison	99	97	92	-34%
PBSP - Pelican Bay State Prison	90	91	84	10%
PVSP - Pleasant Valley State Prison	115	120	119	56%
RJD - RJ Donovan Corr Facility	141		150	5%
SAC - California State Prison, Sacramento	68	76	85	-33%
SATF - California Substance Abuse TF	230	242	234	102
SCC - Sierra Conservation Center	112	125	124	104
SOL - Ca State Prison, Solano	187	154	146	-16%
SQ - San Quentin	106	117	103	11%
SVSP - Salina Valley State Prison	118	127	135	24%
VSPW - Valley State Prison for Women	115	128		-33%
WSP - Wasco State Prison	159	182	222	10%
CDCR Average Rx/Tech	124			-27%
				-14%

*No historical staffing data available for 2005/2006. Data reported is from Jan. 2006.
 †2006 Rx # = avg monthly prescriptions from 7/1-12/31/2006

Pharmacy Dashboard - Main

Measure	Measure Definitions	Actual												CY07 vs CY08	Stoplight Status (R/Y/G)				
		Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08						
ASP		\$62.07	\$67.11	\$38.38	64.43													4%	
CAL		\$19.95	\$24.18	\$22.67	18.32													-11%	
CCC		\$8.15	\$7.52	\$10.54	9.52													-16%	
CCI		\$69.32	\$60.10	\$71.85	73.32													3%	
CCWF		\$177.84	\$163.15	\$153.43	145.10													-18%	
GEN		\$22.23	\$20.75	\$19.04	22.38													-5%	
CIM		\$222.17	\$97.82	\$143.78	159.24													-2%	
CIW		\$207.85	\$169.97	\$144.27	81.27													12%	
CWC		\$153.52	\$160.80	\$154.65	167.87													-2%	
CMF		\$654.63	\$528.62	\$503.90	551.58													6%	
COR		\$111.83	\$85.95	\$106.44	105.28													-4%	
CRC		\$58.14	\$51.24	\$51.40	57.26													-13%	
CTF		\$41.85	\$40.93	\$41.47	48.19													-4%	
CVSP		\$25.53	\$18.20	\$98.52	23.53													88%	
DVI		\$161.20	\$131.29	\$138.53	114.32													29%	
FOL		\$72.06	\$74.64	\$57.38	40.68													5%	
HDSP		\$54.63	\$54.03	\$45.46	59.80													13%	
ISP		\$19.66	\$17.88	\$21.38	22.63													5%	
KVSP		\$45.05	\$47.29	\$35.37	52.44													2%	
LAC		\$95.56	\$100.33	\$93.18	101.36													17%	
MCSP		\$169.21	\$128.34	\$132.52	147.29													-3%	
NKSP		\$100.38	\$90.74	\$75.91	76.72													6%	
PBSP		\$63.23	\$76.45	\$68.69	90.39													-23%	
PVSP		\$67.12	\$67.85	\$63.18	66.91													-22%	
RJD		\$158.61	\$155.67	\$133.31	162.39													19%	
SAC		\$290.92	\$299.12	\$240.18	293.34													35%	
SATF		\$82.21	\$79.77	\$78.70	87.11													-2%	
SCC		\$31.58	\$23.74	\$25.81	27.37													5%	
SOL		\$94.25	\$71.34	\$74.00	109.45													-13%	
SO		\$93.84	\$97.97	\$92.65	99.39													0%	
SVSP		\$154.22	\$142.07	\$144.78	137.95													10%	
VSPW		\$123.73	\$96.98	\$116.91	118.43													-3%	
WSP		\$95.42	\$81.66	\$103.00	85.71													-2%	
CDOR Average NF+F Cost		\$104.20	\$91.24	\$91.13	96.16													3%	

Pharmacy Dashboard - Therapeutic Category

Therapeutic Category (AHFS)	Jan-Mar 08		Apr-Jun 08		Jul-Sep 08		Oct-Dec 08		FY07 vs FY08	Stoplight Status (R/Y/G)	Detail Data
	\$	%	\$	%	\$	%	\$	%			
40404 ANTIHISTAMINE DRUGS: 1st Gen. Ethanolamine Derivatives	15,640.72	0.10	16,559.85	0.11							26%
40412 ANTIHISTAMINE DRUGS: 1st Gen. Phenothiazine Derivatives	4,681.84	0.03	4,074.84	0.03							-3%
40420 ANTIHISTAMINE DRUGS: 1st Gen. Propylamine Derivatives	10,203.62	0.07	8,314.75	0.06							12%
40492 ANTIHISTAMINE DRUGS: 1st Gen. Miscellaneous	654.18	0.00	503.84	0.00							-50%
46800 ANTIHISTAMINE DRUGS: 2nd Gen.	13,904.03	0.09	19,712.85	0.13							43%
46800 ANTIHISTAMINE DRUGS: 2nd Gen.	56.10	0.00	85.17	0.00							52%
81202 ANTI-INFECTIVES: Antibiotics: Aminoglycosides	10,851.62	0.07	11,873.71	0.08							35%
81206 ANTI-INFECTIVES: Antibiotics: Cephalosporins	11,995.37	0.08	11,100.34	0.07							-8%
81207 ANTI-INFECTIVES: Antibiotics: Misc. B-Lactams	3,451.45	0.02	2,790.86	0.02							-36%
81212 ANTI-INFECTIVES: Antibiotics: Macrolides	18,120.11	0.12	19,735.89	0.13							23%
81216 ANTI-INFECTIVES: Antibiotics: Penicillins	33,249.31	0.22	26,059.75	0.17							-32%
81218 ANTI-INFECTIVES: Antibiotics: Quinolones	45,495.32	0.30	45,262.72	0.30							-1%
81220 ANTI-INFECTIVES: Antibiotics: Sulfonamides	13,032.94	0.09	13,912.46	0.09							7%
81224 ANTI-INFECTIVES: Antibiotics: Tetracyclines	5,445.44	0.04	7,567.41	0.05							38%
81228 ANTI-INFECTIVES: Antibiotics: Trimethoprim	92,127.61	0.61	44,082.16	0.29							-52%
81404 ANTI-INFECTIVES: Antifungals: Azoles	8,004.75	0.06	2,785.80	0.02							-65%
81408 ANTI-INFECTIVES: Antituberculars: Azoles	65,846.75	0.42	55,423.48	0.35							-17%
81416 ANTI-INFECTIVES: Echinocandins	889.76	0.01	0.00	0.00							0%
81428 ANTI-INFECTIVES: Antifungals: Polyenes	4,899.97	0.03	2,043.27	0.01							-58%
81432 ANTI-INFECTIVES: Antifungals: Pyrimidines	473.63	0.00	0.00	0.00							0%
81452 ANTI-INFECTIVES: Antifungals: Miscellaneous	22,902.85	0.15	26,800.80	0.18							31%
81692 ANTI-INFECTIVES: Antimycobacterials: Antituberculous Agents	23,633.63	0.15	25,307.70	0.17							-8%
81692 ANTI-INFECTIVES: Antimycobacterials: Miscellaneous	395.02	0.00	399.20	0.00							2%
81800 ANTI-INFECTIVES: Antivirals: Interferons	2,133,114.92	13.97	2,327,273.52	15.23							9%
81820 ANTI-INFECTIVES: Antivirals: Nucleosides & Nucleotides	273,985.20	1.78	308,054.27	2.02							13%
81828 ANTI-INFECTIVES: Antivirals: Neuraminidase Inhibitors	81,446.01	0.53	0.00	0.00							-100%
81832 ANTI-INFECTIVES: Antivirals: Nucleosides & Nucleotides	134,841.98	0.88	114,187.50	0.75							-10%
81892 ANTI-INFECTIVES: Antivirals: Miscellaneous	0.00	0.00	0.00	0.00							0%
83904 ANTI-INFECTIVES: Antiprotozoals: Amebicides	0.00	0.00	0.00	0.00							0%
85008 ANTI-INFECTIVES: Antiprotozoals: Antimalarials	1,724.17	0.01	2,181.39	0.01							27%
83952 ANTI-INFECTIVES: Antiprotozoals: Miscellaneous	13,723.04	0.09	7,363.12	0.05							-46%
85900 ANTI-INFECTIVES: Urinary Anti-Infectives	1,720.69	0.01	776.09	0.01							-55%
100000 ANTI-NEOPLASTIC AGENTS	124,013.94	0.81	126,890.10	0.84							2%
120400 AUTONOMIC DRUGS: Parasympathomimetics (Cholinergics)	11,598.95	0.08	9,940.82	0.07							-13%
120604 AUTONOMIC DRUGS: Anticholinergics: Antiparkinsonian Agents	38,183.81	0.22	41,892.24	0.27							10%
120608 AUTONOMIC DRUGS: Anticholinergics: Antispasmodics	0.00	0.00	0.00	0.00							0%
121200 AUTONOMIC DRUGS: Anticholinergics: Antimuscarinics/Antispasmodics	1,724.17	0.01	2,181.39	0.01							27%
121204 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agents	19,431.75	0.13	12,428.80	0.08							-36%
121208 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agents	659.01	0.00	627.78	0.00							-5%
121212 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agents	193,135.24	1.26	201,624.95	1.32							4%
121216 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agents	3,360.00	0.02	6,339.67	0.04							90%
121600 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agents	2,436.11	0.02	3,150.36	0.02							30%
122004 AUTONOMIC DRUGS: Skeletal Muscle Relaxants	7,243.93	0.05	6,094.91	0.04							-16%
129200 AUTONOMIC DRUGS: Centrally Acting Skeletal Muscle Relaxants	8,726.93	0.06	4,244.22	0.03							-51%
160000 BLOOD DERIVATIVES	0.00	0.00	0.00	0.00							0%
200404 BLOOD FORMATION & COAGULATION: Anemia Drugs: Iron Preparations	12,585.66	0.08	12,609.92	0.08							0%
201204 ANTI-OBESITY AGENTS	80,789.80	0.53	92,331.01	0.60							14%
201218 BLOOD FORMATION & COAGULATION: Platelet Aggregation Inhibitors	96,584.47	0.63	96,341.74	0.61							-0%
201600 BLOOD FORMATION & COAGULATION: Thrombolytic Agents	295.40	0.00	0.00	0.00							0%
202400 BLOOD FORMATION & COAGULATION: Hemostatic Agents	260,935.59	1.71	265,499.47	1.34							2%
202800 BLOOD FORMATION & COAGULATION: Hemostatic Agents	309.51	0.00	317.19	0.00							5%
202808 BLOOD FORMATION & COAGULATION: Antithrombotic Agents	47.22	0.00	0.00	0.00							0%
240404 CARDIOVASCULAR DRUGS: Cardiac Drugs: Antiarrhythmic Agents	120,009.39	0.79	47,500.40	0.31							-61%
240408 CARDIOVASCULAR DRUGS: Cardiac Drugs: Antiarrhythmic Agents	3,771.12	0.02	3,704.84	0.02							-2%
240408 CARDIOVASCULAR DRUGS: Cardiac Drugs: Cardiotonic Agents	1,277.57	0.01	1,711.10	0.01							33%

Therapeutic Category

240432	CARDIOVASCULAR DRUGS: Cardiac Drugs: Miscellaneous	1,075.74	0.01	1,020.48	0.01	141%
240604	CARDIOVASCULAR DRUGS: Antipruritic Agents: Bile Acid Sequestrants	5,872.80	0.04	5,516.07	0.04	10%
240605	CARDIOVASCULAR DRUGS: Antipruritic Agents: Cholesterol Absorption Inhibitors	14,746.43	0.10	4,941.83	0.03	-37%
240606	CARDIOVASCULAR DRUGS: Antipruritic Agents: Fibric Acid Derivatives	17,988.23	0.12	23,442.70	0.15	32%
240607	CARDIOVASCULAR DRUGS: Antipruritic Agents: HMG-COA Reductase Inhibitors	214,436.02	1.40	195,796.59	1.31	-6%
240608	CARDIOVASCULAR DRUGS: Antipruritic Agents: Miscellaneous	3,645.89	0.02	4,718.15	0.03	17%
240816	CARDIOVASCULAR DRUGS: Hypotensive Agents: Central α-Agonists	16,172.04	0.11	16,074.71	0.11	-1%
240820	CARDIOVASCULAR DRUGS: Hypotensive Agents: Direct Vasodilators	7,279.86	0.05	8,893.17	0.06	58%
240821	CARDIOVASCULAR DRUGS: Hypotensive Agents: Peripheral Adrenergic Inhibitors			81.14	0.00	
240822	CARDIOVASCULAR DRUGS: Hypotensive Agents: Miscellaneous	300.80	0.00	356.60	0.00	178%
241208	CARDIOVASCULAR DRUGS: Vasodilating Agents: Nitrates	6,938.32	0.05	6,938.74	0.05	-10%
241212	CARDIOVASCULAR DRUGS: Vasodilating Agents: Phosphodiesterase Inhibitors	1,624.48	0.01	1,810.44	0.01	10%
241292	CARDIOVASCULAR DRUGS: Vasodilating Agents: Miscellaneous	3,030.20	0.02	2,140.76	0.01	-48%
241600	CARDIOVASCULAR DRUGS: Sedating Agents	32.59	0.00	0.00	0.00	231%
241601	CARDIOVASCULAR DRUGS: Sedating Agents	12,130.22	0.08	12,306.83	0.08	19%
242000	CARDIOVASCULAR DRUGS: e-Adrenergic Blocking Agents	37,875.22	0.25	31,449.72	0.21	-57%
242001	CARDIOVASCULAR DRUGS: B-Adrenergic Blocking Agents	90,467.52	0.59	91,330.62	0.60	-5%
242002	CARDIOVASCULAR DRUGS: Calcium Channel Blockers: Dihydropyridines	13,018.74	0.09	11,116.43	0.07	0%
242003	CARDIOVASCULAR DRUGS: Calcium Channel Blockers: Misc.	35,050.42	0.23	37,258.29	0.24	-20%
242004	CARDIOVASCULAR DRUGS: RAAS Inhibitors: ACE Inhibitors	76,707.63	0.50	81,711.19	0.53	18%
242005	CARDIOVASCULAR DRUGS: RAAS Inhibitors: ACE Inhibitors	18,839.46	0.11	19,225.90	0.13	21%
242006	CARDIOVASCULAR DRUGS: RAAS Inhibitors: Angiotensin II Receptor Antagonists	3,236.11	0.02	976.50	0.01	-73%
242007	CARDIOVASCULAR DRUGS: RAAS Inhibitors: Aldosterone Antagonists	146,318.42	0.96	131,031.95	0.85	-28%
242008	CNS AGENTS: General Anesthetics	138,965.92	0.91	144,370.09	0.94	17%
242009	CNS AGENTS: Nonsteroidal Anti-inflammatory Agents	61.93	0.00	14.53	0.00	-52%
242010	CNS AGENTS: Opiate Agonists	16,878.90	0.11	14,538.25	0.10	-7%
242011	CNS AGENTS: Opiate Partial Agonists	450.68	0.00	797.79	0.01	-99%
242012	CNS AGENTS: Miscellaneous Analgesics & Antipyretics	3,671.14	0.03	5,376.00	0.04	-14%
242100	CNS AGENTS: Opiate Antagonists	511.99	0.00	460.11	0.00	-27%
242101	CNS AGENTS: Anticonvulsants: Barbiturates	65,838.19	0.43	67,580.05	0.44	-3%
242102	CNS AGENTS: Anticonvulsants: Benzodiazepines	213.82	0.00	0.00	0.00	103%
242103	CNS AGENTS: Anticonvulsants: Hydantoins	1,138,832.97	7.46	1,200,882.80	7.89	3%
242104	CNS AGENTS: Anticonvulsants: Succinimides	601,140.66	3.94	605,246.38	3.95	7%
242105	CNS AGENTS: Anticonvulsants: Miscellaneous	5,541,134.14	36.28	5,496,040.35	35.96	-10%
242106	CNS AGENTS: Psychotropic Agents: Antidepressants	39.16	0.00	45.93	0.00	-97%
242107	CNS AGENTS: Psychotropic Agents: Antipsychotics	2,473.62	0.02	1,853.78	0.01	210%
242108	CNS AGENTS: Anxiolytic/Sedative/Hypnotics: Barbiturates	1,753.91	0.01	2,153.98	0.01	-2%
242109	CNS AGENTS: Anxiolytic/Sedative/Hypnotics: Benzodiazepines	2,851.35	0.02	2,893.06	0.02	12%
242110	CNS AGENTS: Anxiolytic/Sedative/Hypnotics: Barbiturates	43,333.56	0.28	70,447.88	0.46	63%
242111	CNS AGENTS: Anxiolytic/Sedative/Hypnotics: Benzodiazepines	18,140.14	0.12	17,301.22	0.11	18%
242112	CNS AGENTS: Anxiolytic/Sedative/Hypnotics: Miscellaneous	155,203.72	1.02	148,400.96	0.97	-3%
242113	CNS AGENTS: Antimigraine Agents	98,996.02	0.65	132,700.57	0.87	57%
242114	CNS AGENTS: Antimigraine Agents (Selective Serotonin Agonists)	48.67	0.00	30.56	0.00	14%
242115	CNS AGENTS: Miscellaneous	93.37	0.00	118.04	0.00	53%
340000	DENTAL AGENTS	220.32	0.00	0.00	0.00	-51%
350000	DIAGNOSTIC AGENTS: Miscellaneous	18,745.81	0.12	15,643.30	0.10	-40%
350400	DIAGNOSTIC AGENTS: Adrenocortical Insufficiency	0.00	0.00	0.00	0.00	-100%
350600	DIAGNOSTIC AGENTS: Diabetes Mellitus	0.00	0.00	0.00	0.00	-100%
350800	DIAGNOSTIC AGENTS: Fungi	0.00	0.00	0.00	0.00	-100%
354000	DIAGNOSTIC AGENTS: Kidney Function	0.00	0.00	75.50	0.00	289%
355000	DIAGNOSTIC AGENTS: Myasthenia Gravis	0.00	0.00	0.00	0.00	-100%
356000	DIAGNOSTIC AGENTS: Thyroid Function	0.00	0.00	0.00	0.00	-100%
356800	DIAGNOSTIC AGENTS: Roentgenography	6,564.48	0.04	7,895.11	0.05	-17%
358400	DIAGNOSTIC AGENTS: Tuberculosis	87,882.89	0.58	147,167.14	0.95	150%
358800	DIAGNOSTIC AGENTS: Tuberculosis	178.60	0.00	292.74	0.00	-44%
358812	DIAGNOSTIC AGENTS: Urine & Feces Content: Misc.	0.00	0.00	0.00	0.00	-100%
358820	DIAGNOSTIC AGENTS: Urine & Feces Content: Ketones	12.85	0.00	0.00	0.00	-89%
358824	DIAGNOSTIC AGENTS: Urine & Feces Content: Occult Blood	0.00	0.00	0.00	0.00	-100%
358824	DIAGNOSTIC AGENTS: Urine & Feces Content: PH	229.72	0.00	330.26	0.00	-11%
400400	ELECTROLYTE/WATER BALANCE: Acidifying Agents	0.00	0.00	0.00	0.00	-100%
400400	ELECTROLYTE/WATER BALANCE: Alkalinizing Agents	254.51	0.00	125.26	0.00	-47%
401000	ELECTROLYTE/WATER BALANCE: Ammonia Derivatives	5,614.76	0.04	5,816.96	0.04	19%
401200	ELECTROLYTE/WATER BALANCE: Replacement Preparations	11,064.62	0.07	12,173.49	0.08	9%
401818	ELECTROLYTE/WATER BALANCE: Replacement Preparations	1,897.06	0.01	1,544.89	0.01	62%
401819	ELECTROLYTE/WATER BALANCE: Phosphate Removing Agents	70,070.90	0.46	74,191.53	0.49	-5%
402000	ELECTROLYTE/WATER BALANCE: Calcium Agents	17,579.86	0.12	11,196.43	0.07	-58%

Therapeutic Category

Maxor Timeline and Tracking Grid for Accomplishing Roadmap Objectives

Meeting Target
Not Meeting Target
Will NOT meet Target

Annual Review

Progress Report

Ongoing Activity

Implementation Complete

Implementation Activity

Begin Activity

12.11.07 Timeline
Updated 3.4.08

Objective	2007												2008												2009												2010												Owner / Champion
	J	F	M	A	M	A	J	J	A	S	O	N	D	J	J	A	S	O	N	D	J	J	A	S	O	N	D	J	J	A	S	O	N	D															
B.3 Develop and implement effective and enforceable Disease Medication Management Guidelines	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Melanie Roberts, Lucy Michael / Glem Johnson & Matt Keith												
4/10/07 timeline	Complete 12/07																																																
9/17/07 recommended change	No Change in timeline. Note the recommended wording change to Objective.																																																
B.4 Develop and implement effective and enforceable institution audit process	Done 6/07 Complete 4/06																																																
4/10/07 timeline	No Change																																																
9/17/07 recommended change	No Change																																																
C.1 Monitor wholesaler (vendor) to ensure contract compliance.	Complete 5/07																																																
4/10/07 timeline	No Change																																																
9/17/07 recommended change	No Change																																																
C.2 Develop process to monitor inventory shrinkage.	Complete 4/07																																																
4/10/07 timeline	Basic oversight in place. Full process implementation for all sub-objectives requires centralization, bar code inventory tracking from wholesaler to patient administration																																																
9/17/07 recommended change	Objective is an ongoing activity and would continue throughout 48 month program.																																																
C.3 Implement process to ensure that the best value contracted item is used	Complete 12/07																																																
4/10/07 timeline	This should be ongoing throughout the contract. The completion square at month 12 was removed.																																																
9/17/07 recommended change	Complete 12/07																																																
D.1 Hire and train new employees as needed to replace registry personnel.	Complete 12/07																																																
4/10/07 timeline	This should be ongoing throughout the contract. The completion square at month 12 was removed.																																																
9/17/07 recommended change	Complete 12/07																																																
D.2 Complete skill set inventory of state and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing employees.	Complete 6/07																																																
4/10/07 timeline	No Change																																																
9/17/07 recommended change	No Change																																																
D.3 Develop effective means of documenting and tracking employee training, education, and disciplinary action.	Basic components complete. This should now be an ongoing activity.																																																
4/10/07 timeline	Complete 6/07																																																
9/17/07 recommended change	No Change																																																

Maxor Timeline and Tracking Grid for Accomplishing Roadmap Objectives

12.11.07 Timeline
Updated 3.4.08

Meeting Target
Not Meeting Target
Will NOT meet Target

Annual Review

Progress Report

Ongoing Activity

Implementation Complete

Implementation Activity

Begin Activity

Objective	2007												2008												2009												2010												Owner / Champion
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	
F.5 Develop and implement reporting tools to facilitate clinical, operational, and fiscal management of the CDCR pharmacy operation. 4/10/07 timeline 9/17/07 recommended change	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Champion												
C.5 Explanation Evaluate feasibility of achieving 340 B preferential pricing on all drug purchases. 4/10/07 timeline 9/17/07 recommended change	Basic reporting started in 2007, completion changed by 1 month to line up with Guardian implementation. To maximize data availability, quality and reporting. Guardian is required.																																																Carl Birdsong / Jerry Hodge
D.4 Explanation Reevaluate previous staffing patterns at each institution in light of the adoption of new technologies to improve efficiency and the transition of volume to the centralized pharmacy. 4/10/07 timeline 9/17/07 recommended change	340B assessment is ongoing to be completed by the end of the contract. The objective was changed to match the 48 month timeline. Progress with 340B has been slowed by barriers to information access and sharing.																																																Matt Keith/Dick Cason
E.2 Explanation Design, construct and operate a centralized pharmacy facility. 4/10/07 timeline 9/17/07 recommended change	Timeline includes building the central pharmacy and transition all facilities to central pharmacy use (E.2.8).																																																Matt Keith & Dick Cason / Jim Riley
F.6 Explanation Integrate pharmacy information management system with auxiliary technologies such as central supply management, physician order entry, electronic MAR, and barcode checking. 4/10/07 timeline 9/17/07 recommended change	Process begins once pharmacy interim operating system implemented and extended network created by CPR-II. Central pharmacy required to close loop on inventory.																																																Rick Pollard / Matt Keith & Dick Cason
G.1 Explanation Establish CDCR commitment to pursue accreditation and determine the accrediting organization standards to be followed. 4/10/07 timeline 9/17/07 recommended change	Process of accreditation follows implementation of other Roadmap objectives.																																																Kaye Cloutier / Glenn Johnson
G.2 Explanation Develop a readiness grid identifying the standards and assigning assessment responsibilities to members of the team. 4/10/07 timeline 9/17/07 recommended change	Process of accreditation follows implementation of other Roadmap objectives.																																																Kaye Cloutier / Glenn Johnson

Maxor Timeline and Tracking Grid for Accomplishing Roadmap Objectives

12.11.07 Timeline
Updated 3.4.08

Meeting Target
Not Meeting Target
Will NOT meet Target

Annual Review

Progress Report

Ongoing Activity

Implementation Complete

Implementation Activity

Begin Activity

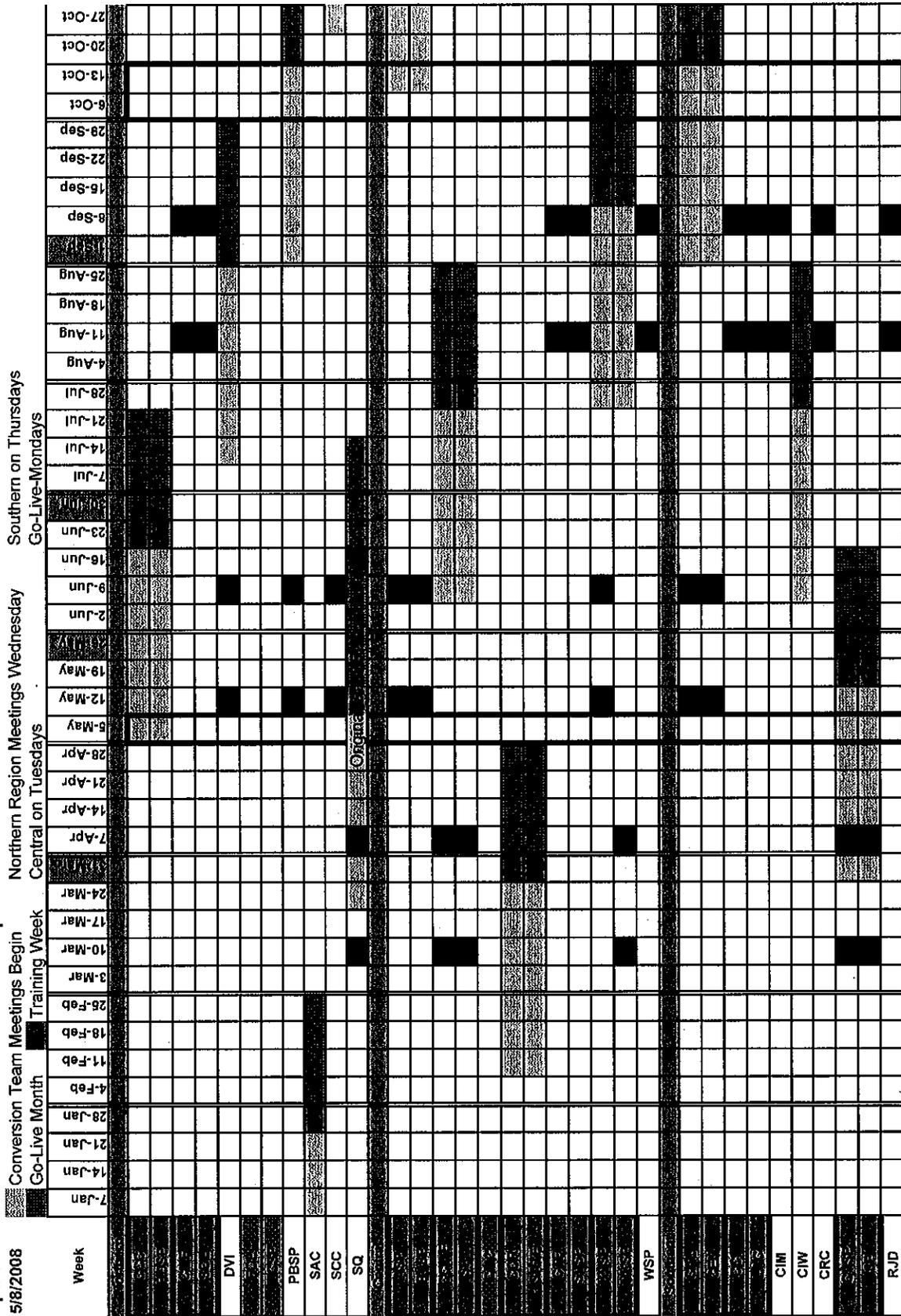
2007	2008												2009												2010												Owner / Champion
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Stoplight Status	
Complete 7/09 - 12/09																																				Kaye Cloutier / Glenn Johnson	
9/17/07 recommended change																																					
Explanation Process of accreditation follows implementation of other Roadmap objectives.																																					
G.3 Complete mock audit using accredited audit for target accrediting body.																																					
4/10/07 timeline																																					
G.4 Apply for accreditation audit at one or more institutions. Expand audits to all institutions on a defined schedule.																																					
4/10/07 timeline																																					
Explanation Process of accreditation follows implementation of other Roadmap objectives.																																					
Kaye Cloutier / Glenn Johnson																																					

Timeline Assumptions

- (1) The timeframes are contingent upon prerequisite approvals, funding and regulatory issues being addressed in a timely manner
- (2) Some activities may begin earlier than shown and other activities may slide forward dependent upon the completion of related activities
- (3) Ongoing activities may include addressing any lingering implementation issues, as well as addressing the transition of activity to the CDC
- (4) A proposed progress report schedule is included for documenting the accomplishments and identifying the need for-schedule change

Guardian Implementation Gantt Chart

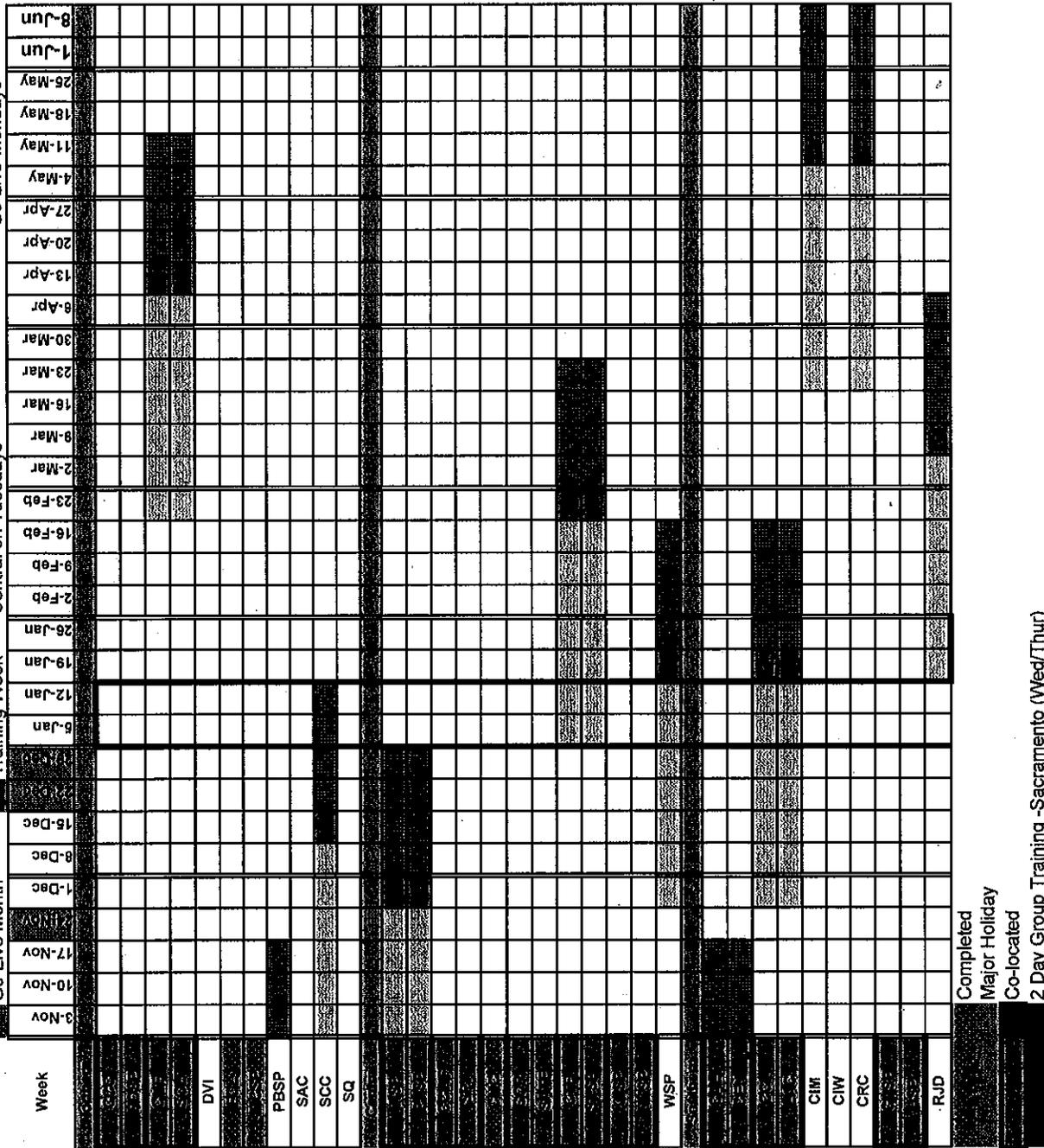
Updated
5/8/2008



Completed
Major Holiday
Co-located
2 Day Group Training - Sacramento (Wed/Thur)

Guardian Implementation Gantt Chart

Updated
5/8/2008



Southern on Thursdays
Go-Live-Mondays

Northern Region Meetings Wednesday
Central on Tuesdays

Training Week

Conversion Team Meetings Begin
Go-Live Month

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