

APPENDIX 5

March Inmate Population (excludes out-of-state inmates): **161,162**

	Medical (% of Medical)	Mental Health (% of Mental Health)	Dental (% of Dental)	Diagnostic/Specialty (% of Diagnostic/Specialty)	TOTAL (% of Total)
Total Ducats & Add-ons:	213,860	152,919	53,006	110,179	529,964
Inmate Refusals:	5,738 (2.7%)	13,602 (8.9%)	2,320 (4.4%)	4,406 (4.0%)	26,066 (4.9%)
Inmates Seen:	188,470 (88.1%)	119,289 (78.0%)	44,597 (84.1%)	97,776 (88.7%)	450,132 (84.9%)
Inmates Not Seen:	18,925 (8.8%)	18,261 (11.9%)	6,119 (11.5%)	8,113 (7.4%)	51,418 (9.7%)
Not Seen Due to Custody:	1,192 (0.6%)	2,648 (1.7%)	867 (1.6%)	469 (0.4%)	5,176 (1.0%)
Not Seen Due to Provider:	12,548 (5.9%)	8,730 (5.7%)	3,011 (5.7%)	4,573 (4.1%)	28,862 (5.4%)
Not Seen Due to Other:	5,185 (2.4%)	6,883 (4.5%)	2,241 (4.2%)	3,071 (2.8%)	17,380 (3.3%)

On-Site Specialty Care: 23,468 **Off-Site Specialty Care:** 9,404 **Average Number of Inmates per Scheduled Transport:** 2.24

Note: Outcome data should achieve the following balance: Ducats + Add-ons = Refusals + Seen + Not Seen. The totals above are for all 33 institutions, three of which did not achieve that balance for March (down from four in February). Custody Support Services Division (CSSD) staff continues to work with institutions to improve data collection accuracy.

Results Explanation

CSSD determined custody staffing needs based on Preliminary Operational Reviews at each institution. Establishing and filling custody posts is an administratively intensive process. The table below lists personnel years (PY) that are fiscally allocated for the 08/09 fiscal year. While PY have been allocated, many institutions are still in the process of filling Health Care Access custody posts. It is important to note that while report data might be interpreted as adequate access to care, the commitment to meet health care needs has compelled institutions to redirect other resources (as noted in lines 44 and 47 of the report) resulting in the detriment of other vital institutional functions and high overtime expenditures.

Prison	PY Allocated 08/09	Pending 09/10	Prison	PY Allocated 08/09	Pending 09/10	Prison	PY Allocated 08/09	Pending 09/10
CAL	46.62	26.58	HDSP	20.06	68.46	SAC	48.12	55.66
CCC	31.48	27.14	ISP	44.36	32.24	SCC	46.28	5.90
CCI	49.00	46.90	PBSP	10.94	45.66	SOL	33.74	47.46
CCWF	46.36	9.44	PVSP	46.02	38.82	VSPW	46.90	10.62
COR	47.58	75.28	RJD	66.36	29.70	WSP	45.96	47.46

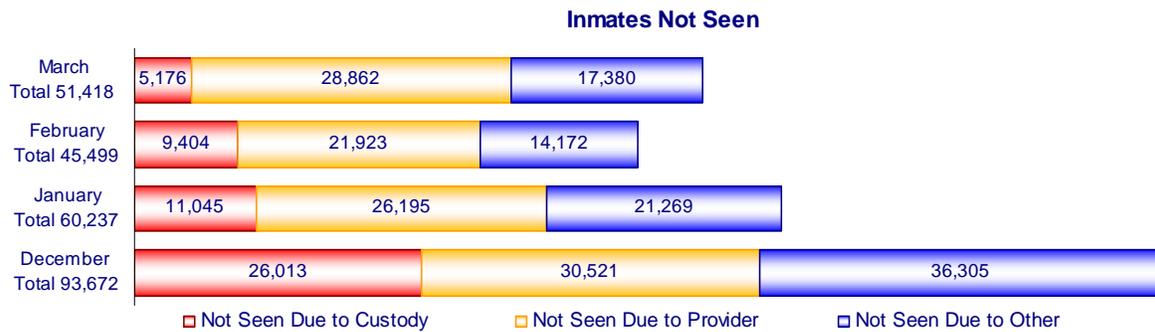
The chart below is representative of the March data for redirect hours for outside medical guarding and transportation, and specialty care appointments, both on-site and off-site. The volume of off-site specialty appointments remained steady; there was a slight decrease in transportation redirect hours and a minor increase in on-site specialty care.



While the inmate population decreased, redirect hours for outside medical guarding increased significantly. CSSD continues to work on establishing an accurate method for the collection of data regarding overtime expenditures for Transportation and Medical Guarding.

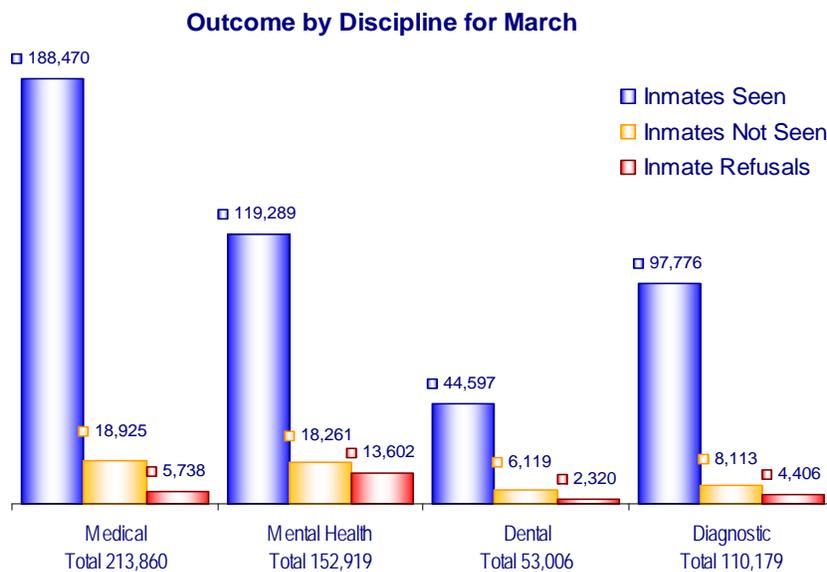
Working collaboratively, CSSD and health care analysts were able to improve counting accuracy for transportation data. In March, the *Average Number of Inmates per Scheduled Transport* increased from 2.1 to 2.24 with all 33 institutions contributing viable transportation data. Only 31 institutions were able to contribute to February's average.

Of the total ducats and add-ons for March, 26,066 were *Inmate Refusals* and 51,418 were categorized under *Inmates Not Seen* as follows: 10 percent due to custody, 56 percent due to provider, and 24 percent due to other. In February, the relative percentages were 21 percent, 48 percent, and 31 percent respectively.



The concerted effort of clinical and custody staff contributed to the steady increase in the overall show-rate (percentage of inmates seen). In December clinicians saw 78 percent of all inmates ducated for health care services; that increased to 82 in January, 84.8 in February and 84.9 percent in March.

The inmate refusal rate for mental health services rose from 7.0 percent in February to 8.9 percent in March and remains higher than refusal rates for other services partially due to non-mandatory attendance requirements for some mental health services. There was also a substantial rise in the total number of mental health ducats and add-ons, 152,919 in March compared to 123,144 in February. Additionally, unducated encounters in the Enhanced Outpatient Program increased from 20,928 in February to 25,250 in March.



A factor contributing to the challenge of accurately collecting data for mental health services is that, unlike other disciplines, the scheduling of mental health appointments often does not involve the ducat process. CSSD and Mental Health Services are working together to establish an appointment system that will afford greater accountability.

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

All Institutions	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
Inmate Population for the Month:	6,378	4,220	5,444	5,223	3,879	4,762	5,898	2,685	6,417	2,793	5,496	4,251	6,172	3,557	3,858	4,152	4,451
Total No. of Ducats Issued & Add-on Appts:	18,676	7,536	6,506	15,824	20,920	16,340	17,823	16,956	23,558	15,509	20,564	12,820	21,787	19,220	17,321	9,365	10,221
Total No. of Inmate Refusals:	400	436	55	298	3,034	489	893	466	1,582	529	1,752	88	65	171	498	525	544
Total No. of Inmates Seen:	16,716	6,107	6,101	15,020	15,024	15,144	15,261	13,405	19,282	14,069	17,450	12,017	19,780	18,353	15,540	8,227	7,828
Total No. of Inmates Not Seen:	1,560	993	350	506	2,611	707	1,669	3,085	2,694	911	1,362	715	1,942	696	1,283	613	1,849
≈≈≈ Total No. of Inmates Not Seen Due to Custody:	91	44	13	63	211	27	128	0	528	7	2	23	0	2	172	87	247
≈≈≈ Total No. of Inmates Not Seen Due to Provider:	772	641	147	357	724	392	716	2,097	1,078	687	1,132	555	1,708	394	566	292	1,286
≈≈≈ Total No. of Inmates Not Seen Due to Other:	697	308	190	86	1,676	288	825	988	1,088	217	228	137	234	300	545	234	316
Avg. No. of Inmates per Scheduled Transport:	3.29	1.85	2.06	3.11	1.90	1.94	4.96	4.39	1.25	1.27	3.38	4.50	2.39	2.14	1.37	1.94	1.34
No. of Transportation Overtime Dollars*:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. of Med Guarding Overtime Dollars*:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. of Inmates Seen for On-Site Specialty Care:	1,552	896	325	431	485	1,563	480	650	522	1,659	813	1,160	1,109	352	778	610	269
No. of Inmates Seen for Off-Site Specialty Care:	697	220	129	440	0	142	315	237	483	286	232	429	403	327	160	152	328

* Note: Institutions were not required to report overtime dollars for Transportation and Medical Guarding. Custody Support staff are investigating an accurate method for collecting this information.

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

All Institutions	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP	TOTAL
Inmate Population for the Month:	4,048	4,797	4,829	3,805	5,295	3,330	5,074	4,810	2,904	6,984	5,865	4,821	5,286	4,030	3,925	5,889	155,328
Total No. of Ducats Issued & Add-on Appts:	6,027	10,545	17,114	32,516	20,604	10,801	12,912	18,744	18,507	17,528	14,474	10,003	15,151	17,115	19,688	17,289	529,964
Total No. of Inmate Refusals:	242	589	981	1,849	725	971	683	2,060	1,714	697	183	99	1,121	1,209	402	716	26,066
Total No. of Inmates Seen:	4,743	9,133	12,647	27,633	17,734	8,661	10,570	14,539	16,014	14,493	12,647	9,202	12,996	14,158	16,974	12,664	450,132
Total No. of Inmates Not Seen:	1,042	823	2,867	3,034	2,145	1,169	1,659	2,145	779	2,338	1,644	702	1,034	1,748	2,312	2,431	51,418
≈≈≈ Total No. of Inmates Not Seen Due to Custody:	180	17	187	612	157	92	472	485	21	154	196	95	122	433	130	178	5,176
≈≈≈ Total No. of Inmates Not Seen Due to Provider:	484	418	1,967	1,478	1,221	880	753	1,058	442	1,491	578	312	470	1,025	1,371	1,370	28,862
≈≈≈ Total No. of Inmates Not Seen Due to Other:	378	388	713	944	767	197	434	602	316	693	870	295	442	290	811	883	17,380
Avg. No. of Inmates per Scheduled Transport:	1.81	2.87	2.28	1.27	2.16	2.27	1.74	1.09	1.56	3.07	2.02	1.74	1.67	1.55	2.26	1.41	2.24
No. of Transportation Overtime Dollars*:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0
No. of Med Guarding Overtime Dollars*:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0
No. of Inmates Seen for On-Site Specialty Care:	536	518	662	838	372	132	541	739	447	1,294	345	788	665	746	457	734	23,468
No. of Inmates Seen for Off-Site Specialty Care:	200	397	217	195	425	64	292	411	329	365	83	402	188	286	279	291	9,404

* Note: Institutions were not required to report overtime dollars for Transportation and Medical Guarding. Custody Support staff are investigating an accurate method for collecting this information.

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Medical Services	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
1 Number of medical ducats issued.	6,576	3,145	2,719	6,584	4,278	7,390	4,334	3,939	4,210	5,323	7,471	3,257	7,231	1,282	5,399	3,969	6,016
1(a) Number of Primary Care Provider ducats.	5,069	1,675	2,065	5,181	2,393	1,795	2,031	1,605	1,945	3,133	3,072	1,911	2,426	916	3,322	1,807	2,287
1(b) Number of RN ducats.	1,507	1,470	654	1,403	1,885	5,595	2,303	2,334	2,265	2,190	4,399	1,346	4,805	366	2,077	2,162	3,729
2 Number of add-on appointments.	644	589	825	684	665	3,161	500	1,489	106	87	780	1,170	6,375	14,502	122	287	879
3 Number of refusals.	79	120	17	152	88	184	64	7	84	115	587	39	10	44	245	309	291
4 Number of inmates seen.	6,369	3,112	3,313	7,048	4,226	10,083	4,505	4,798	3,869	4,991	7,334	4,096	12,867	15,415	4,649	3,774	5,163
5 Number of inmates not seen due to custody.	41	24	0	4	17	2	2	0	0	3	0	1	0	0	83	21	212
5(a) Lack of officers.	0	4	0	0	0	0	0	0	0	1	0	0	0	0	4	0	91
5(b) Modified program in effect.	41	0	0	3	0	0	0	0	0	2	0	1	0	0	67	19	118
5(c) Not enough holding space.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
5(d) Lack of intra-facility transport.	0	0	0	0	0	2	0	0	0	0	0	0	0	0	12	0	0
5(e) Other reason:	0	20	0	0	17	0	2	0	0	0	0	0	0	0	0	2	3
6 Number of inmates not seen due to provider.	454	319	106	25	184	151	83	488	206	247	264	238	649	219	320	96	1,043
6(a) Line not completed.	188	91	0	4	18	14	0	6	0	104	1	3	0	20	240	4	351
6(b) Scheduling error.	114	125	84	5	15	47	41	11	46	36	59	5	136	43	7	5	208
6(c) Provider cancelled.	151	72	13	15	0	78	23	123	129	81	203	230	138	151	64	87	255
6(d) Lack of inmate-patient preparation.	0	1	9	0	0	0	0	2	0	1	0	0	3	5	1	0	2
6(e) Medically restricted movement.	1	0	0	0	0	5	18	346	31	0	1	0	372	0	0	0	0
6(f) Other reason:	0	30	0	1	151	7	1	0	0	25	0	0	0	0	8	0	227
7 Number of inmates not seen due to other.	277	159	108	39	409	131	180	135	157	54	66	53	80	106	224	56	186
7(a) Inmate paroled or transferred.	154	18	13	31	34	43	67	37	39	16	18	17	24	24	87	15	23
7(b) Inmate received conflicting ducats.	13	15	5	0	29	12	40	7	23	7	8	10	8	4	12	7	24
7(c) Unit Health Record unavailable.	6	63	5	0	0	1	0	0	0	0	6	1	2	15	1	6	59
7(d) Inmate moved to another facility.	27	28	35	0	20	41	48	13	3	0	16	7	16	13	37	16	29
7(e) Inmate at hospital/in-patient area of prison.	63	1	17	3	0	0	23	48	3	28	14	13	24	38	21	5	19
7(f) Inmate out to court.	13	1	5	2	1	0	2	4	7	0	4	2	2	1	7	3	1
7(g) Other reason:	1	33	28	3	325	34	0	26	82	3	0	3	4	11	59	4	31
8 Total Number of inmates not seen.	772	502	214	68	610	284	265	623	363	304	330	292	729	325	627	173	1,441
9 Number of 7362s received.	2,652	1,263	686	3,531	0	1,642	1,707	2,225	453	913	3,979	1,186	1,958	1,913	3,253	1,093	2,657

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Medical Services	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP	TOTAL
1 Number of medical ducats issued.	1,979	3,783	10,565	3,400	11,805	2,693	3,738	3,670	3,460	6,632	3,399	3,863	5,792	3,359	5,611	5,573	162,445
1(a) Number of Primary Care Provider ducats.	1,082	1,772	3,228	2,559	1,476	1,015	2,739	1,249	2,028	3,470	1,658	2,441	2,432	1,148	3,793	2,187	76,910
1(b) Number of RN ducats.	897	2,011	7,337	841	10,329	1,678	999	2,421	1,432	3,162	1,741	1,422	3,360	2,211	1,818	3,386	85,535
2 Number of add-on appointments.	211	232	1,444	6,085	1,816	45	619	1,693	422	527	2,017	91	158	413	743	2,034	51,415
3 Number of refusals.	41	178	718	149	467	72	172	138	355	237	39	45	193	195	207	97	5,738
4 Number of inmates seen.	1,855	3,532	8,602	9,143	11,490	2,286	3,608	4,574	3,259	5,581	5,189	3,699	5,237	3,103	5,462	6,238	188,470
5 Number of inmates not seen due to custody.	39	15	91	10	105	13	122	29	4	63	58	11	61	18	38	105	1,192
5(a) Lack of officers.	0	0	0	0	40	1	20	2	1	0	0	11	7	1	0	1	184
5(b) Modified program in effect.	32	15	67	4	45	12	93	24	2	63	53	0	54	16	0	55	786
5(c) Not enough holding space.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
5(d) Lack of intra-facility transport.	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	23
5(e) Other reason:	7	0	24	6	20	0	0	3	1	0	5	0	0	1	38	49	198
6 Number of inmates not seen due to provider.	167	194	1,407	155	1,031	330	355	505	179	939	46	104	307	429	443	865	12,548
6(a) Line not completed.	62	28	168	55	657	173	261	274	35	698	3	15	187	250	56	546	4,512
6(b) Scheduling error.	33	28	928	27	226	31	66	36	24	74	1	33	60	6	35	136	2,731
6(c) Provider cancelled.	23	135	298	69	148	107	24	163	119	167	40	46	60	169	337	150	3,868
6(d) Lack of inmate-patient preparation.	23	3	0	0	0	5	0	2	1	0	0	6	0	0	0	13	77
6(e) Medically restricted movement.	0	0	13	0	0	8	0	0	0	0	2	4	0	1	1	0	803
6(f) Other reason:	26	0	0	4	0	6	4	30	0	0	0	0	0	3	14	20	557
7 Number of inmates not seen due to other.	88	96	483	28	528	37	100	117	85	339	84	95	152	27	204	302	5,185
7(a) Inmate paroled or transferred.	7	10	175	5	207	3	31	24	7	72	6	18	52	2	46	108	1,433
7(b) Inmate received conflicting ducats.	10	11	35	5	37	3	29	11	13	28	4	12	35	4	52	25	538
7(c) Unit Health Record unavailable.	25	21	20	0	137	0	3	2	9	161	1	14	5	2	12	25	602
7(d) Inmate moved to another facility.	10	26	162	13	112	2	19	35	19	24	13	44	31	11	34	71	975
7(e) Inmate at hospital/in-patient area of prison.	7	11	31	4	24	9	6	9	34	38	7	6	24	8	29	7	574
7(f) Inmate out to court.	0	0	2	0	3	0	1	3	3	6	6	0	4	0	13	20	116
7(g) Other reason:	29	17	58	1	8	20	11	33	0	10	47	1	1	0	18	46	947
8 Total Number of inmates not seen.	294	305	1,981	193	1,664	380	577	651	268	1,341	188	210	520	474	685	1,272	18,925
9 Number of 7362s received.	543	2,399	0	3,232	578	905	2,343	2,450	852	1,565	960	686	1,392	881	3,238	316	53,451

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Mental Health Services	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
10 Number of mental health ducats issued.	1,903	301	98	2,979	12,931	940	5,359	6,152	11,977	1,666	6,474	2,346	2,602	379	2,317	1,956	851
11 Number of add-on appointments.	637	27	22	838	51	91	422	746	0	17	938	91	49	42	1,730	62	25
12 Number of unducated EOP clinical encounters.	0	11	0	0	0	0	1,986	0	1,905	0	5,097	0	0	0	764	0	0
13 Number of refusals.	1	25	0	3	2,773	65	717	419	1,288	8	604	2	4	12	53	50	100
14 Number of inmates seen.	2,326	256	119	3,814	8,282	899	4,152	4,770	8,885	1,553	6,088	2,329	1,994	359	3,819	1,801	731
15 Number of inmates not seen due to custody.	11	0	0	0	152	15	116	0	527	1	0	0	0	0	0	32	0
15(a) Lack of officers.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15(b) Modified program in effect.	11	0	0	0	107	15	92	0	525	1	0	0	0	0	0	32	0
15(c) Not enough holding space.	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0
15(d) Lack of intra-facility transport.	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
15(e) Other reason:	0	0	0	0	38	0	24	0	2	0	0	0	0	0	0	0	0
16 Number of inmates not seen due to provider.	154	18	1	0	509	13	373	1,077	541	102	616	87	613	22	37	68	22
16(a) Line not completed.	28	1	0	0	442	0	0	89	0	3	20	0	0	0	28	0	0
16(b) Scheduling error.	36	0	0	0	17	6	41	48	181	3	44	0	15	10	0	19	4
16(c) Provider cancelled.	90	17	1	0	0	5	321	234	253	96	545	87	192	12	9	49	18
16(d) Medically restricted movement.	0	0	0	0	0	1	11	608	56	0	0	0	406	0	0	0	0
16(e) Other reason:	0	0	0	0	50	1	0	98	51	0	7	0	0	0	0	0	0
17 Number of inmates not seen due to other.	48	29	0	0	999	39	423	632	736	19	104	19	40	28	138	67	23
17(a) Inmate paroled or transferred.	21	9	0	0	92	19	116	66	49	4	18	8	8	12	84	5	11
17(b) Inmate received conflicting ducats.	5	8	0	0	344	2	95	16	35	4	9	1	5	0	2	4	0
17(c) Unit Health Record unavailable.	4	3	0	0	22	0	0	2	27	0	4	0	2	1	0	0	0
17(d) Inmate moved to another facility.	2	1	0	0	10	1	73	46	60	0	43	1	13	5	20	47	5
17(e) Inmate at hospital/in-patient area of hospital.	14	5	0	0	23	2	115	94	54	2	20	8	8	9	15	5	5
17(f) Inmate out to court.	1	1	0	0	27	2	2	7	0	1	8	1	1	1	8	2	1
17(g) Other reason:	1	2	0	0	481	13	22	401	511	8	2	0	3	0	9	4	1
18 Total number of inmates not seen.	213	47	1	0	1,660	67	912	1,709	1,804	122	720	106	653	50	175	167	45
19 Number of 7362s received.	274	54	1	186	0	23	103	383	85	480	366	206	132	31	630	127	331

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Mental Health Services	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP	TOTAL
10 Number of mental health ducats issued.	105	2,323	659	18,008	490	5,032	2,675	9,385	10,518	2,559	4,886	2,295	4,566	9,506	5,023	2,831	142,092
11 Number of add-on appointments.	173	25	2	529	4	15	329	62	914	407	12	0	0	326	419	1,822	10,827
12 Number of unducated EOP clinical encounters.	0	1,322	2,409	0	0	2,348	0	8,042	521	15	0	0	0	0	0	730	25,150
13 Number of refusals.	17	158	9	1,512	3	690	79	1,715	1,084	153	113	14	775	669	79	408	13,602
14 Number of inmates seen.	224	1,950	474	14,457	461	3,827	2,633	6,578	10,150	2,491	3,567	2,142	3,510	8,138	4,388	2,122	119,289
15 Number of inmates not seen due to custody.	3	0	11	593	0	68	34	422	3	62	35	37	22	412	58	34	2,648
15(a) Lack of officers.	0	0	0	18	0	23	7	13	1	0	0	9	2	0	0	4	77
15(b) Modified program in effect.	0	0	11	244	0	45	18	283	0	62	30	28	21	393	0	13	1,931
15(c) Not enough holding space.	0	0	0	61	0	0	0	126	0	0	0	0	0	19	9	0	221
15(d) Lack of intra-facility transport.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
15(e) Other reason:	3	0	0	270	0	0	9	0	2	0	5	0	0	0	49	17	419
16 Number of inmates not seen due to provider.	13	103	109	1,119	14	363	108	455	94	171	481	52	77	424	604	290	8,730
16(a) Line not completed.	3	18	8	2	0	50	70	25	1	19	37	0	2	133	7	106	1,092
16(b) Scheduling error.	6	29	46	73	0	72	5	67	10	77	3	2	12	41	78	33	978
16(c) Provider cancelled.	1	56	55	956	5	227	8	345	83	75	438	49	63	243	511	130	5,174
16(d) Medically restricted movement.	0	0	0	3	0	1	0	1	0	0	3	1	0	7	4	0	1,102
16(e) Other reason:	3	0	0	85	9	13	25	17	0	0	0	0	0	0	4	21	384
17 Number of inmates not seen due to other.	21	137	36	856	16	99	150	277	101	89	702	50	182	189	313	321	6,883
17(a) Inmate paroled or transferred.	0	4	19	86	6	14	12	61	10	37	8	22	75	27	47	71	1,021
17(b) Inmate received conflicting ducats.	0	15	2	228	1	11	61	32	20	5	33	4	34	30	110	18	1,134
17(c) Unit Health Record unavailable.	3	0	0	6	0	0	17	2	0	20	0	6	0	1	19	0	139
17(d) Inmate moved to another facility.	1	24	6	176	6	16	28	85	28	5	21	17	22	31	50	29	872
17(e) Inmate at hospital/in-patient area of hospital.	0	31	4	66	0	31	0	13	36	19	5	1	47	75	34	4	745
17(f) Inmate out to court.	0	0	0	10	0	0	0	0	2	1	1	0	3	6	7	13	106
17(g) Other reason:	17	63	5	284	3	27	32	84	5	2	634	0	1	19	46	186	2,866
18 Total number of inmates not seen.	37	240	156	2,568	30	530	292	1,154	198	322	1,218	139	281	1,025	975	645	18,261
19 Number of 7362s received.	0	443	435	171	183	94	406	87	82	98	56	0	62	148	240	121	6,038

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Dental Services	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
20 Number of dental ducats issued.	3,169	1,182	965	1,106	1,609	1,658	1,566	1,883	1,886	809	2,116	1,483	2,015	1,373	864	1,054	938
21 Number of add-on appointments.	215	37	98	42	158	27	39	53	152	72	40	28	53	97	61	76	47
22 Number of refusals.	153	71	14	56	114	86	12	5	108	40	222	6	20	94	60	50	34
23 Number of inmates seen.	2,925	947	949	968	1,622	1,471	1,452	1,604	1,800	758	1,819	1,379	1,793	1,148	697	1,016	843
24 Number of inmates not seen due to custody.	12	12	7	59	23	2	0	0	0	2	2	11	0	0	79	24	10
24(a) Lack of officers.	0	0	3	5	15	0	0	0	0	0	0	0	0	0	0	0	6
24(b) Modified program in effect.	12	7	2	33	5	0	0	0	0	2	2	0	0	0	79	24	3
24(c) Not enough holding space.	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0
24(d) Lack of intra-facility transport.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24(e) Other reason:	0	5	2	21	3	2	0	0	0	0	0	0	0	0	0	0	1
25 Number of inmates not seen due to provider.	41	110	36	29	19	94	98	219	100	65	79	101	195	79	47	17	69
25(a) Unable to complete line.	3	25	2	7	6	6	0	0	0	0	0	0	4	1	31	2	32
25(b) Scheduling error.	26	24	7	7	7	34	15	3	21	1	19	0	23	24	0	1	20
25(c) Provider cancelled.	11	59	26	11	4	43	68	55	67	63	57	101	48	53	16	10	17
25(d) Lack of inmate-patient preparation.	1	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0
25(e) Medically restricted movement.	0	0	0	0	0	8	15	161	12	0	3	0	116	0	0	0	0
25(f) Other reason:	0	1	1	4	2	2	0	0	0	1	0	0	4	0	0	4	0
26 Number of inmates not seen due to other.	253	79	57	36	122	32	43	108	30	16	34	14	60	149	42	23	29
26(a) Inmate paroled or transferred.	50	19	2	16	17	14	20	23	21	5	10	3	17	8	16	4	9
26(b) Inmate received conflicting ducats.	21	1	5	3	14	1	1	4	2	1	1	2	3	6	3	1	4
26(c) Unit Health Record unavailable.	63	29	1	0	2	2	0	0	0	0	12	5	13	19	0	6	0
26(d) Inmate moved to another facility.	56	8	20	1	31	12	21	24	0	0	1	0	7	23	4	7	5
26(e) Inmate at hospital/in-patient area of prison.	25	2	5	0	0	0	0	31	3	7	7	3	1	6	5	3	7
26(f) Inmate out to court.	5	1	0	1	0	0	1	0	0	1	3	0	0	1	1	0	1
26(g) Other reason:	33	19	24	15	58	3	0	26	4	2	0	1	19	86	13	2	3
27 Total Number of inmates not seen.	306	201	100	124	164	128	141	327	130	83	115	126	255	228	168	64	108
28 Number of 7362s received	328	754	207	509	0	270	624	374	638	791	495	512	269	204	917	592	443

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Dental Services	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP	TOTAL
20 Number of dental ducats issued.	1,729	1,539	1,746	1,442	1,234	1,052	1,954	1,085	994	2,081	2,522	1,241	1,367	1,456	2,209	1,159	50,486
21 Number of add-on appointments.	78	48	29	57	138	37	88	67	45	117	26	77	60	100	161	97	2,520
22 Number of refusals.	93	107	72	83	85	62	141	33	80	82	18	24	32	136	48	79	2,320
23 Number of inmates seen.	1,217	1,298	1,121	1,302	1,068	924	1,524	930	775	1,793	2,399	1,189	1,307	1,333	2,177	1,049	44,597
24 Number of inmates not seen due to custody.	126	2	79	1	30	4	191	26	14	13	56	20	25	2	12	23	867
24(a) Lack of officers.	1	0	0	0	3	2	2	0	0	0	0	17	9	0	0	0	63
24(b) Modified program in effect.	108	2	54	0	26	1	85	23	7	13	47	3	16	0	0	1	555
24(c) Not enough holding space.	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	14
24(d) Lack of intra-facility transport.	3	0	0	0	0	0	101	0	0	0	0	0	0	0	0	0	104
24(e) Other reason:	14	0	25	1	1	1	0	3	7	0	9	0	0	2	12	22	131
25 Number of inmates not seen due to provider.	208	84	299	88	80	65	133	54	108	209	25	51	21	66	74	48	3,011
25(a) Unable to complete line.	142	40	3	6	53	31	71	6	38	109	3	14	3	6	0	21	665
25(b) Scheduling error.	32	15	267	7	13	4	40	29	5	54	0	10	8	2	11	5	734
25(c) Provider cancelled.	17	27	28	73	14	24	15	17	25	46	21	25	10	57	61	19	1,188
25(d) Lack of inmate-patient preparation.	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	9
25(e) Medically restricted movement.	0	1	0	0	0	1	0	0	10	0	1	2	0	1	1	0	332
25(f) Other reason:	15	0	0	2	0	5	7	2	30	0	0	0	0	0	1	2	83
26 Number of inmates not seen due to other.	163	96	101	25	109	34	53	109	62	101	50	34	42	19	59	57	2,241
26(a) Inmate paroled or transferred.	21	8	39	3	32	2	5	51	14	29	8	7	27	5	11	23	539
26(b) Inmate received conflicting ducats.	17	21	4	3	5	12	26	1	0	5	3	1	4	2	15	4	196
26(c) Unit Health Record unavailable.	13	37	0	6	25	0	6	6	20	44	1	12	0	0	3	7	332
26(d) Inmate moved to another facility.	29	7	42	5	37	5	5	38	17	8	19	2	4	7	18	7	470
26(e) Inmate at hospital/in-patient area of prison.	7	7	5	3	3	3	5	0	0	9	0	7	1	4	7	1	167
26(f) Inmate out to court.	15	0	2	2	3	0	0	1	0	2	5	0	4	1	0	7	57
26(g) Other reason:	61	16	9	3	4	12	6	12	11	4	14	5	2	0	5	8	480
27 Total Number of inmates not seen.	497	182	479	114	219	103	377	189	184	323	131	105	88	87	145	128	6,119
28 Number of 7362s received	362	879	528	252	862	163	1,428	571	744	1,915	255	351	58	277	159	660	17,391

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Diagnostic Services	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
29 Number of ducats issued.	5,303	2,192	1,490	3,399	1,214	2,795	5,303	2,501	5,132	6,853	2,627	4,371	3,338	1,457	6,661	1,905	1,380
30 Number of add-on appointments.	229	63	289	192	14	278	300	193	95	682	118	74	124	88	167	56	85
31 Number of refusals.	167	220	24	87	59	154	100	35	102	366	339	41	31	21	140	116	119
32 Number of inmates seen.	5,096	1,792	1,720	3,190	894	2,691	5,152	2,233	4,728	6,767	2,209	4,213	3,126	1,431	6,375	1,636	1,091
33 Number of inmates not seen due to custody.	27	8	6	0	19	8	10	0	1	1	0	11	0	2	10	10	25
33(a) Lack of officers.	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33(b) Modified program in effect.	27	0	0	0	15	0	0	0	0	1	0	11	0	0	10	9	24
33(c) Not enough holding space.	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33(d) Lack of intra-facility transport.	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
33(e) Other reason:	0	7	3	0	4	8	10	0	1	0	0	0	0	0	0	1	1
34 Number of inmates not seen due to provider.	123	194	4	303	12	134	162	313	231	273	173	129	251	74	162	111	152
34(a) Line not completed.	3	0	0	0	0	6	0	0	0	22	0	0	9	0	108	17	24
34(b) Scheduling error.	17	45	2	5	5	16	61	0	124	15	4	0	28	4	0	33	24
34(c) Clinician cancelled.	102	122	1	287	0	59	81	41	75	175	159	129	87	63	20	7	62
34(d) Lack of inmate-patient preparation.	1	2	1	0	0	1	0	0	2	52	6	0	1	1	0	0	7
34(e) Medically restricted movement.	0	0	0	0	0	39	20	272	30	7	4	0	126	0	0	0	0
34(f) Other reason:	0	25	0	11	7	13	0	0	0	2	0	0	0	6	34	54	35
35 Number of inmates not seen due to other.	119	41	25	11	146	86	179	113	165	128	24	51	54	17	141	88	78
35(a) Inmate paroled or transferred.	28	15	5	6	7	20	46	17	31	21	4	16	8	4	75	18	27
35(b) Inmate received conflicting ducats.	4	1	1	0	0	10	24	2	27	11	1	0	5	0	1	1	14
35(c) Unit Health Record unavailable.	0	3	1	5	5	1	0	0	1	1	0	0	2	0	0	0	1
35(d) Inmate moved to another facility.	7	1	3	0	0	9	53	26	3	0	0	4	9	5	25	11	4
35(e) Inmate at hospital/in-patient area of prison.	61	5	1	0	2	1	20	54	3	84	15	25	8	7	7	3	10
35(f) Inmate out to court.	4	1	2	0	2	2	3	2	3	0	4	3	2	0	17	1	1
35(g) Inmate non-compliant for procedure (i.e. NPO).	3	15	9	0	0	39	25	9	34	0	0	3	18	0	0	44	14
35(h) Other reason:	12	0	3	0	130	4	8	3	63	11	0	0	2	1	16	10	7
36 Total Number of inmates not seen.	269	243	35	314	177	228	351	426	397	402	197	191	305	93	313	209	255
37 Number of RFSs received.	882	859	258	709	0	528	254	1,056	4,218	401	894	752	713	318	348	246	500

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Diagnostic Services	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP	TOTAL
29 Number of ducats issued.	1,713	2,584	2,552	2,741	4,785	1,920	3,181	2,662	1,987	4,699	1,492	2,411	2,938	1,835	5,285	3,629	104,335
30 Number of add-on appointments.	39	11	117	254	332	7	328	120	167	506	120	25	270	120	237	144	5,844
31 Number of refusals.	91	146	182	105	170	147	291	174	195	225	13	16	121	209	68	132	4,406
32 Number of inmates seen.	1,447	2,353	2,450	2,731	4,715	1,624	2,805	2,457	1,830	4,628	1,492	2,172	2,942	1,584	4,947	3,255	97,776
33 Number of inmates not seen due to custody.	12	0	6	8	22	7	125	8	0	16	47	27	14	1	22	16	469
33(a) Lack of officers.	0	0	0	0	2	7	7	0	0	0	0	4	4	0	0	0	27
33(b) Modified program in effect.	2	0	6	0	17	0	56	7	0	16	37	23	10	0	0	6	277
33(c) Not enough holding space.	0	0	0	5	3	0	14	0	0	0	0	0	0	0	0	0	23
33(d) Lack of intra-facility transport.	0	0	0	0	0	0	32	0	0	0	0	0	0	0	0	0	34
33(e) Other reason:	10	0	0	3	0	0	16	1	0	0	10	0	0	1	22	10	108
34 Number of inmates not seen due to provider.	96	37	152	116	96	122	157	44	61	172	26	105	65	106	250	167	4,573
34(a) Line not completed.	35	3	5	58	9	10	52	5	0	28	0	16	16	1	30	17	474
34(b) Scheduling error.	8	5	101	28	10	11	61	4	8	27	2	30	21	20	17	35	771
34(c) Clinician cancelled.	33	27	44	24	76	86	34	30	32	104	23	52	27	76	197	88	2,423
34(d) Lack of inmate-patient preparation.	2	0	0	6	0	14	10	2	21	13	0	1	1	9	0	0	153
34(e) Medically restricted movement.	1	0	2	0	1	0	0	0	0	0	0	6	0	0	3	0	511
34(f) Other reason:	17	2	0	0	0	1	0	3	0	0	1	0	0	0	3	27	241
35 Number of inmates not seen due to other.	106	59	93	35	114	27	131	99	68	164	34	116	66	55	235	203	3,071
35(a) Inmate paroled or transferred.	19	9	42	3	72	3	8	72	16	38	7	11	28	2	51	71	800
35(b) Inmate received conflicting ducats.	3	14	11	3	18	6	44	4	7	7	0	5	5	4	37	19	289
35(c) Unit Health Record unavailable.	3	0	0	2	0	0	0	0	0	8	1	4	0	14	0	0	52
35(d) Inmate moved to another facility.	16	7	26	14	10	6	46	1	18	9	15	13	1	3	33	23	401
35(e) Inmate at hospital/in-patient area of prison.	7	16	5	3	9	0	0	15	12	63	0	7	6	30	43	15	537
35(f) Inmate out to court.	0	1	1	0	3	0	0	5	4	5	0	0	5	0	14	11	96
35(g) Inmate non-compliant for procedure (i.e. NPO).	11	5	1	10	0	0	0	0	2	2	0	70	13	0	48	20	395
35(h) Other reason:	47	7	7	0	2	12	33	2	9	32	11	6	8	2	9	44	501
36 Total Number of inmates not seen.	214	96	251	159	232	156	413	151	129	352	107	248	145	162	507	386	8,113
37 Number of RFSs received.	271	418	872	669	846	61	349	926	180	588	33	829	681	770	0	446	20,875

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Emergency Services	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
38 Number of TTA Encounters.	412	197	40	45	75	20	384	944	142	58	580	104	797	78	537	231	167
38(a) First Watch	45	24	12	8	16	3	121	102	8	11	98	12	49	16	46	5	25
38(b) Second Watch	189	122	21	20	29	8	132	457	73	23	237	56	426	24	222	139	57
38(c) Third Watch	178	51	7	17	30	9	131	385	61	24	245	36	322	38	269	87	85
38a Number of Code II transports off-site.	42	22	11	25	62	11	24	8	13	30	26	29	11	45	48	10	19
38/a(a) First Watch	10	5	1	4	13	2	7	1	2	7	5	4	1	12	3	0	1
38/a(b) Second Watch	13	16	7	10	22	5	9	6	6	9	11	10	5	14	27	5	6
38/a(c) Third Watch	19	1	3	11	27	4	8	1	5	14	10	15	5	19	18	5	12
38b Number of Code III transports off-site.	4	1	1	10	13	2	55	4	11	23	0	1	8	0	5	8	3
38/b(a) First Watch	2	0	1	3	3	0	16	3	0	4	0	0	2	0	0	0	0
38/b(b) Second Watch	0	0	0	4	7	0	22	1	6	12	0	0	2	0	2	6	1
38/b(c) Third Watch	2	1	0	3	3	2	17	0	5	7	0	1	4	0	3	2	2
38c Number of Unscheduled State vehicle transports off-site.	10	26	0	10	0	7	25	33	15	0	55	38	9	12	26	9	2
38/c(a) First Watch	10	3	0	1	0	1	12	5	0	0	18	2	2	3	2	0	0
38/c(b) Second Watch	0	19	0	6	0	3	7	11	7	0	17	16	1	2	12	8	1
38/c(c) Third Watch	0	4	0	3	0	3	6	17	8	0	20	20	6	7	12	1	1
38d Number of Other (i.e. Infirmary, Housing Unit).	356	148	28	0	0	0	280	899	103	5	499	36	769	21	458	204	143
38/d(a) First Watch	23	16	10	0	0	0	86	93	6	0	75	6	44	1	41	5	24
38/d(b) Second Watch	176	87	14	0	0	0	94	439	54	2	209	30	418	8	181	120	49
38/d(c) Third Watch	157	45	4	0	0	0	100	367	43	3	215	0	307	12	236	79	70

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Emergency Services	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP	TOTAL
38 Number of TTA Encounters.	267	938	167	710	1,599	56	108	1,059	821	422	374	935	998	327	970	222	14,784
38(a) First Watch	6	39	0	59	47	4	2	87	115	61	12	207	85	72	156	22	1,575
38(b) Second Watch	176	449	87	407	794	34	87	503	318	140	183	459	460	119	401	95	6,947
38(c) Third Watch	85	450	80	244	758	18	19	469	388	221	179	269	453	136	413	105	6,262
38a Number of Code II transports off-site.	0	53	29	22	56	15	16	41	36	90	7	16	14	15	60	52	958
38/a(a) First Watch	0	3	0	2	15	1	2	7	3	16	1	2	5	3	11	5	154
38/a(b) Second Watch	0	24	12	16	17	7	4	14	20	25	3	6	3	6	30	16	384
38/a(c) Third Watch	0	26	17	4	24	7	10	20	13	49	3	8	6	6	19	31	420
38b Number of Code III transports off-site.	36	13	0	3	5	2	11	4	6	26	0	30	2	3	6	13	309
38/b(a) First Watch	4	0	0	1	0	1	0	0	1	2	0	3	0	0	0	2	48
38/b(b) Second Watch	16	4	0	0	3	1	2	2	3	12	0	16	2	2	3	4	133
38/b(c) Third Watch	16	9	0	2	2	0	9	2	2	12	0	11	0	1	3	7	128
38c Number of Unscheduled State vehicle transports off-site.	10	45	0	15	35	0	81	0	33	29	8	20	18	45	0	19	635
38/c(a) First Watch	0	0	0	0	2	0	0	0	1	3	3	17	1	6	0	2	94
38/c(b) Second Watch	7	45	0	9	24	0	81	0	22	11	4	1	5	16	0	9	344
38/c(c) Third Watch	3	0	0	6	9	0	0	0	10	15	1	2	12	23	0	8	197
38d Number of Other (i.e. Infirmary, Housing Unit).	221	827	138	670	1,503	39	0	1,014	746	277	359	869	964	264	904	138	12,882
38/d(a) First Watch	2	36	0	56	30	2	0	80	110	40	8	185	79	63	145	13	1,279
38/d(b) Second Watch	153	376	75	382	750	26	0	487	273	92	176	436	450	95	368	66	6,086
38/d(c) Third Watch	66	415	63	232	723	11	0	447	363	145	175	248	435	106	391	59	5,517

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Transportation	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
39 Number of scheduled transports.	275	165	86	176	261	146	387	112	569	294	244	165	163	159	227	112	264
39(a) Health Care related.	235	137	85	130	232	77	385	110	457	269	177	107	155	151	178	96	256
39(b) All others.	40	28	1	46	29	69	2	2	112	25	67	58	8	8	49	16	8
40 Number of unscheduled transports.	162	25	0	0	22	15	48	42	14	66	32	104	80	99	25	15	11
41 Number of inmates transported.	934	278	175	404	462	164	1,958	525	583	408	631	586	451	422	269	201	354
42 Number of budgeted posts.	24	0	0	11	0	16	29	16	29	17	19	10	29	21	15	11	147
43 Number of overtime dollars.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
44 Number of redirected staff hours.	656	816	39	3,050	0	152	0	425	294	808	2,445	368	652	676	1,553	444	3,264
Med Guarding	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
45 Number of budgeted posts.	34	0	0	0	0	3	4	8	2	81	0	3	0	0	15	0	3
45(a) First Watch	10	0	0	0	0	1	1	2	0	24	0	0	0	0	4	0	0
45(b) Second Watch	12	0	0	0	0	1	2	4	2	30	0	3	0	0	6	0	3
45(c) Third Watch	12	0	0	0	0	1	1	2	0	27	0	0	0	0	5	0	0
46 Number of overtime dollars.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
46(a) First Watch	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
46(b) Second Watch	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
46(c) Third Watch	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
47 Number of redirected staff hours.	833	336	492	2,120	0	1,294	344	277	119	3,388	1,667	2,912	202	620	4,102	2,147	3,688
47(a) First Watch	328	304	0	0	0	480	280	38	1	691	704	1,024	134	100	1,272	680	1,582
47(b) Second Watch	282	24	421	2,120	0	488	16	116	106	1,759	651	1,296	8	296	1,806	766	1,994
47(c) Third Watch	224	8	71	0	0	326	48	123	13	939	312	592	59	224	1,024	701	112

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Transportation	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP	TOTAL
39 Number of scheduled transports.	174	283	136	242	216	127	254	404	264	247	93	258	224	252	232	355	7,566
39(a) Health Care related.	142	198	114	215	207	112	240	367	233	205	90	247	185	225	158	262	6,437
39(b) All others.	32	85	22	27	9	15	14	37	31	42	3	11	39	27	74	93	1,129
40 Number of unscheduled transports.	5	45	13	11	16	1	0	81	78	131	38	13	11	6	107	68	1,384
41 Number of inmates transported.	262	613	273	283	464	255	417	480	441	761	220	442	320	354	464	438	15,292
42 Number of budgeted posts.	0	16	6	39	13	14	0	0	12	41	2	9	20	26	10	25	627
43 Number of overtime dollars.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
44 Number of redirected staff hours.	80	2,059	88	0	460	333	1,803	0	343	852	784	256	0	0	756	483	23,935
Med Guarding	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP	TOTAL
45 Number of budgeted posts.	0	0	0	0	0	72	1	26	0	0	0	0	42	1	17	36	348
45(a) First Watch	0	0	0	0	0	3	0	4	0	0	0	0	14	1	4	8	76
45(b) Second Watch	0	0	0	0	0	58	1	16	0	0	0	0	14	0	7	16	175
45(c) Third Watch	0	0	0	0	0	11	0	6	0	0	0	0	14	0	6	12	97
46 Number of overtime dollars.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
46(a) First Watch	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
46(b) Second Watch	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
46(c) Third Watch	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
47 Number of redirected staff hours.	944	0	0	384	0	318	12,224	2,528	0	17,911	48	928	0	32	2,060	0	61,915
47(a) First Watch	528	0	0	104	0	107	3,928	384	0	5,535	40	624	0	16	498	0	19,381
47(b) Second Watch	216	0	0	144	0	131	4,176	896	0	6,499	8	168	0	8	839	0	25,231
47(c) Third Watch	200	0	0	136	0	80	4,120	1,248	0	5,878	0	136	0	8	723	0	17,304

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Access Unit	ASP	CAL	CCC	CCI	CCWF	CEN	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	FOL	HDSP
48 Number of budgeted correctional officer posts for the institution.	824	659	423	1,012	536	441	1,004	411	858	731	1,185	324	877	406	393	542	467
48(a) First Watch	140	76	63	181	109	67	184	68	140	129	171	69	134	84	59	75	65
48(b) Second Watch	426	376	225	625	256	228	530	209	387	355	636	144	431	181	198	291	249
48(c) Third Watch	258	207	135	206	171	146	290	134	331	247	378	111	312	141	136	176	153
49 Number of vacant correctional officer posts for the institution.	77	0	0	67	0	9	0	14	32	6	4	0	0	15	0	4	0
49(a) First Watch	4	0	0	7	0	2	0	5	13	0	0	0	0	5	0	0	0
49(b) Second Watch	66	0	0	42	0	2	0	5	1	6	4	0	0	5	0	4	0
49(c) Third Watch	7	0	0	18	0	5	0	4	18	0	0	0	0	5	0	0	0
50 Number of budgeted correctional officer posts assigned to the Access Unit.	120	57	9	9	90	51	107	90	37	174	169	32	62	50	53	48	20
50(a) First Watch	16	4	0	0	0	3	7	12	2	40	7	1	3	4	6	2	1
50(b) Second Watch	76	35	2	9	46	41	72	48	26	82	140	20	47	37	32	38	22
50(c) Third Watch	28	18	7	0	44	7	28	30	9	52	22	11	12	9	15	8	6
51 Number of vacant correctional officer posts assigned to the Access Unit.	2	0	0	0	0	2	0	0	0	0	4	0	2	5	0	0	0
51(a) First Watch	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
51(b) Second Watch	0	0	0	0	0	1	0	0	0	0	4	0	1	2	0	0	0
51(c) Third Watch	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0
52 PY value associated with all budgeted custody posts under the Health Care Operations Division.	206.25	82.08	13.95	11.40	46.40	71.95	161.98	172.86	49.06	198.00	210.20	59.48	105.42	73.70	97.33	71.24	25.66

MONTHLY HEALTH CARE ACCESS QUALITY REPORT
March 2009

Access Unit	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSPW	WSP
48 Number of budgeted correctional officer posts for the institution.	393	594	890	496	788	555	568	740	556	1,060	420	399	1,016	515	452	518
48(a) First Watch	54	82	134	89	123	83	84	123	71	153	70	67	151	71	59	90
48(b) Second Watch	206	320	509	240	439	315	300	398	321	588	211	198	583	288	223	262
48(c) Third Watch	133	192	247	167	226	157	185	219	164	319	139	134	282	156	170	166
49 Number of vacant correctional officer posts for the institution.	0	60	54	62	4	0	0	0	0	30	0	0	45	75	0	0
49(a) First Watch	0	0	7	1	1	0	0	0	0	0	0	0	0	0	0	0
49(b) Second Watch	0	60	37	59	1	0	0	0	0	30	0	0	45	75	0	0
49(c) Third Watch	0	0	10	2	2	0	0	0	0	0	0	0	0	0	0	0
50 Number of budgeted correctional officer posts assigned to the Access Unit.	22	59	111	123	35	100	54	86	100	70	10	33	129	73	64	34
50(a) First Watch	2	2	1	5	2	0	3	4	5	3	1	1	20	4	7	1
50(b) Second Watch	17	47	87	79	19	62	39	71	74	41	5	28	83	52	19	29
50(c) Third Watch	3	10	23	39	14	38	12	11	21	26	4	4	26	17	38	4
51 Number of vacant correctional officer posts assigned to the Access Unit.	0	1	1	1	0	0	0	0	0	0	0	0	0	38	0	0
51(a) First Watch	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51(b) Second Watch	0	1	1	1	0	0	0	0	0	0	0	0	0	28	0	0
51(c) Third Watch	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0	0
52 PY value associated with all budgeted custody posts under the Health Care Operations Division.	32.68	99.66	112.26	124.90	71.93	139.55	93.14	131.63	173.00	127.68	19.21	42.87	211.76	153.90	104.20	121.07

APPENDIX 6

While the numbers displayed below in Tables 1 and 2 vary from month to month, they indicate that specialty referrals and community hospital activities are major contributors to non-institutional medical utilization. Lack of available institutional infirmary beds produces longer lengths of stay and hospital bed day aberrancies (hospital care that is not needed but there is no appropriate discharge bed available).

Table 1.

RFS Activity and Outcomes

CENTRAL REGION	DECEMBER 2008	JANUARY 2009	FEBRUARY 2009	MARCH 2009
Total # of RFSs Generated	9,356	9,368	7,945	8,582
Total # of RFSs Submitted through InterQual	not available *	4,587	5,340	5,741
Criteria Met - Approved	not available *	3,497	3,646	3,997
Criteria Not Met - Approved	not available *	190	714	821
Criteria Not Met - Denied	not available *	283	383	321
*NOTE: InterQual implemented in the Central Region institutions January 8, 2009.				

Table 2.

Hospital Bed Activity

HOSPITAL STAYS, ADMISSIONS, DISCHARGES, ABERRANCIES						
		ADMITS	DISCHARGES	CENSUS DAYS	AVERAGE DAILY CENSUS	ABERRANCY DAYS
DECEMBER 2008						
	Southern Region	365	362	2,688	8.68	
	Central Region	631	612	5,215	16.82	
	Northern Region	255	260	1,783	5.23	
JANUARY 2009						
	Southern Region	388	398	2,632	8.49	
	Central Region	552	584	4,759	15.36	
	Northern Region	231	239	1,701	4.99	
FEBRUARY 2009						
	Southern Region	306	305	2,144	7.67	183
	Central Region	585	545	4,640	16.56	389
	Northern Region	242	234	1,834	5.95	141
	Total - 3 months	3,555	3,539	27,396	9.97	713

Table 3.

**Current Top Five Specialties - Central Region RFSs Generated
Per 1,000 inmate patients**

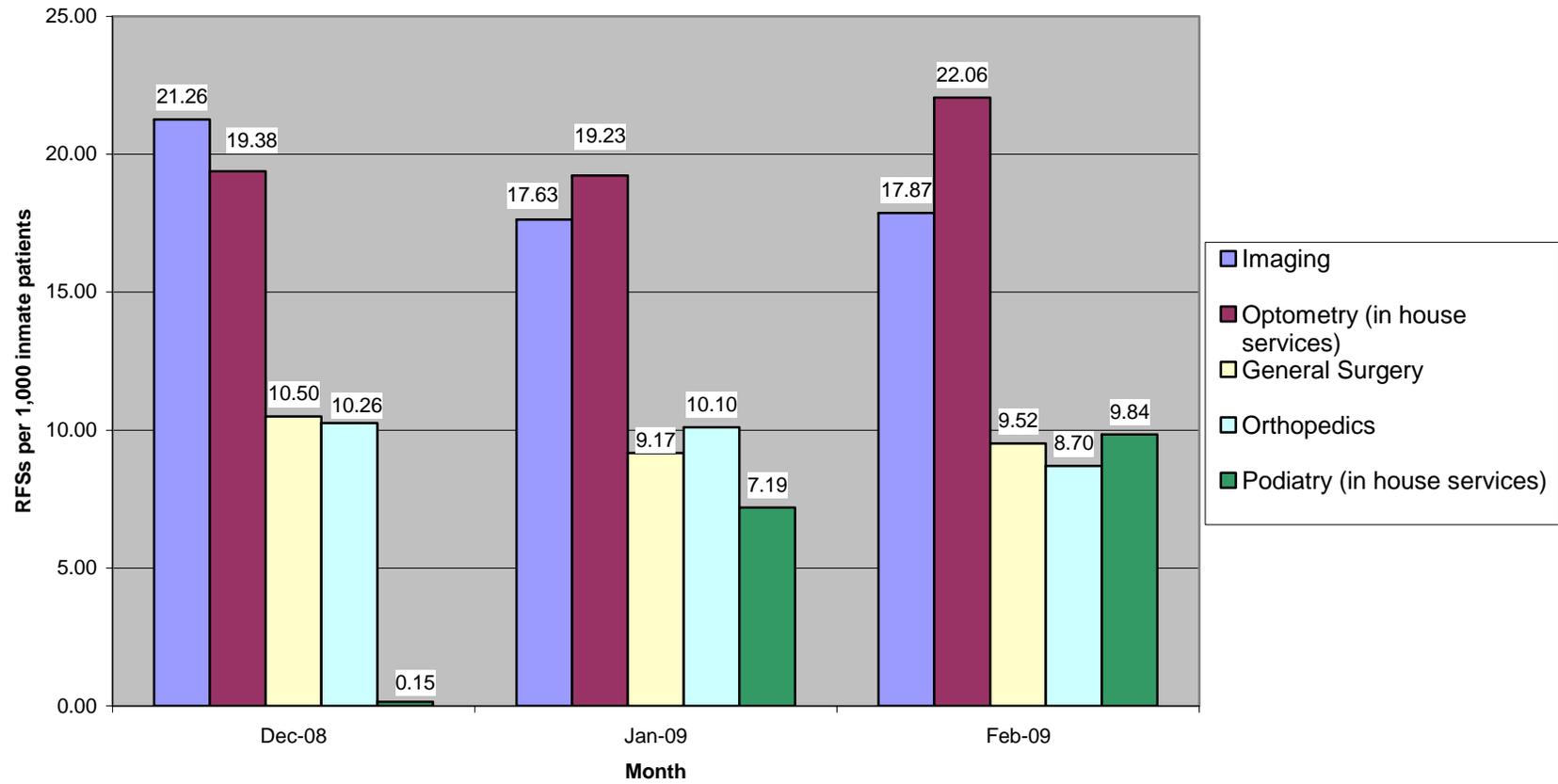


Table 4.

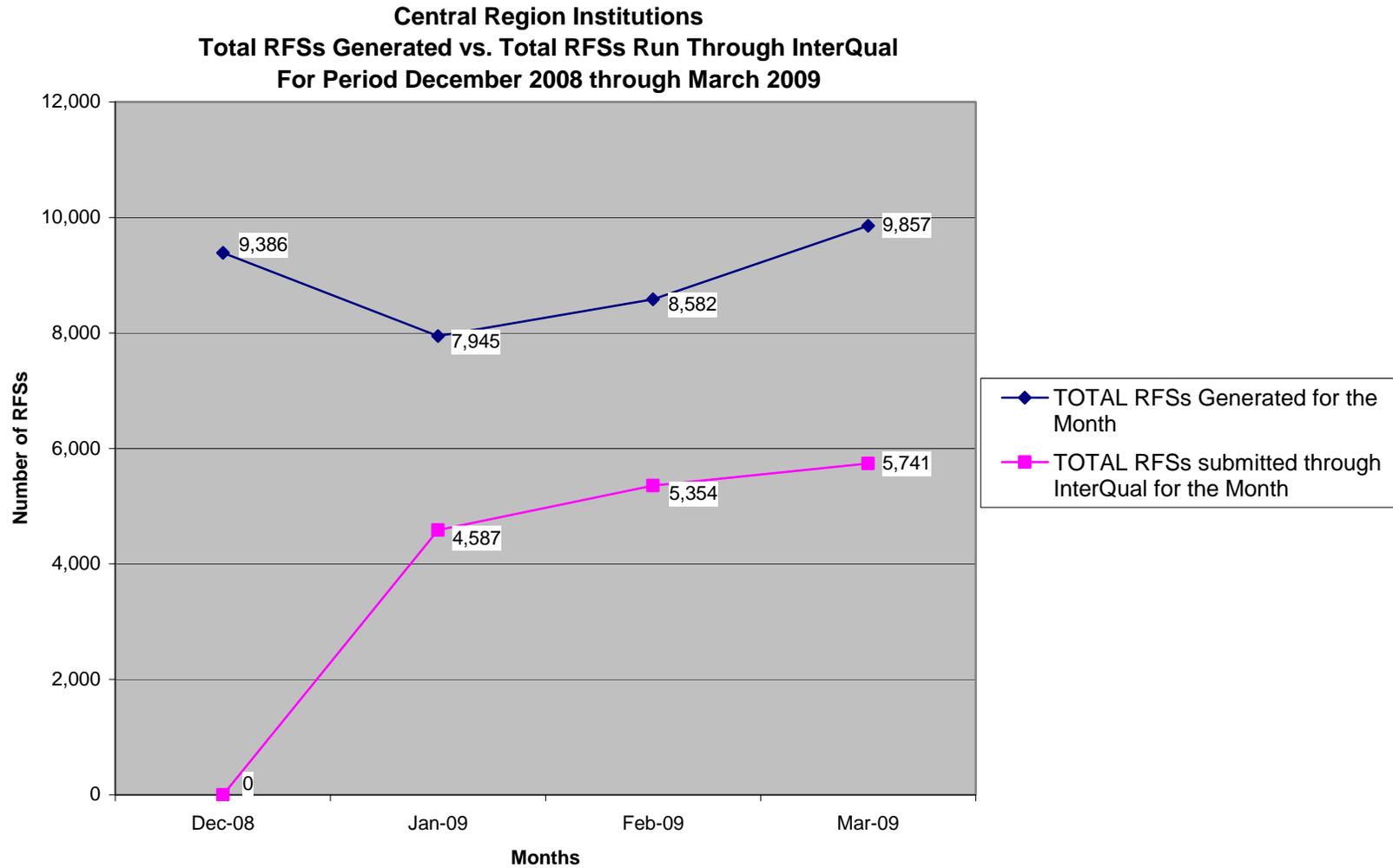


Table 5.

Central Region Institutions
Total RFSs Generated vs. Total RFSs Run Through InterQual
Normalized per 1,000 Inmate Patients for Period December 2008 through March 2009

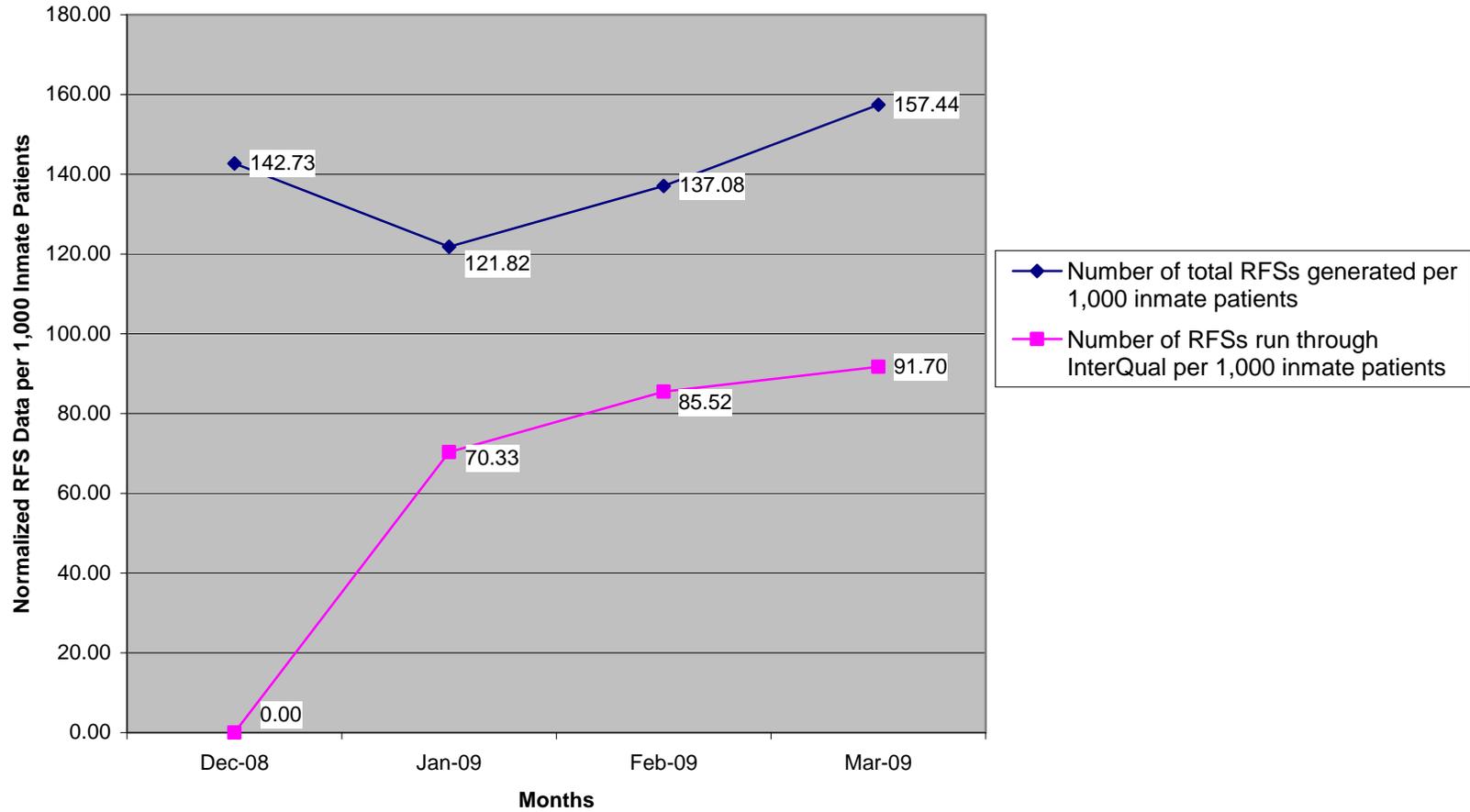


Table 6.

**Normalized RFS Data per 1,000 Inmate Patients
Central Region Institutions Dec 2008**

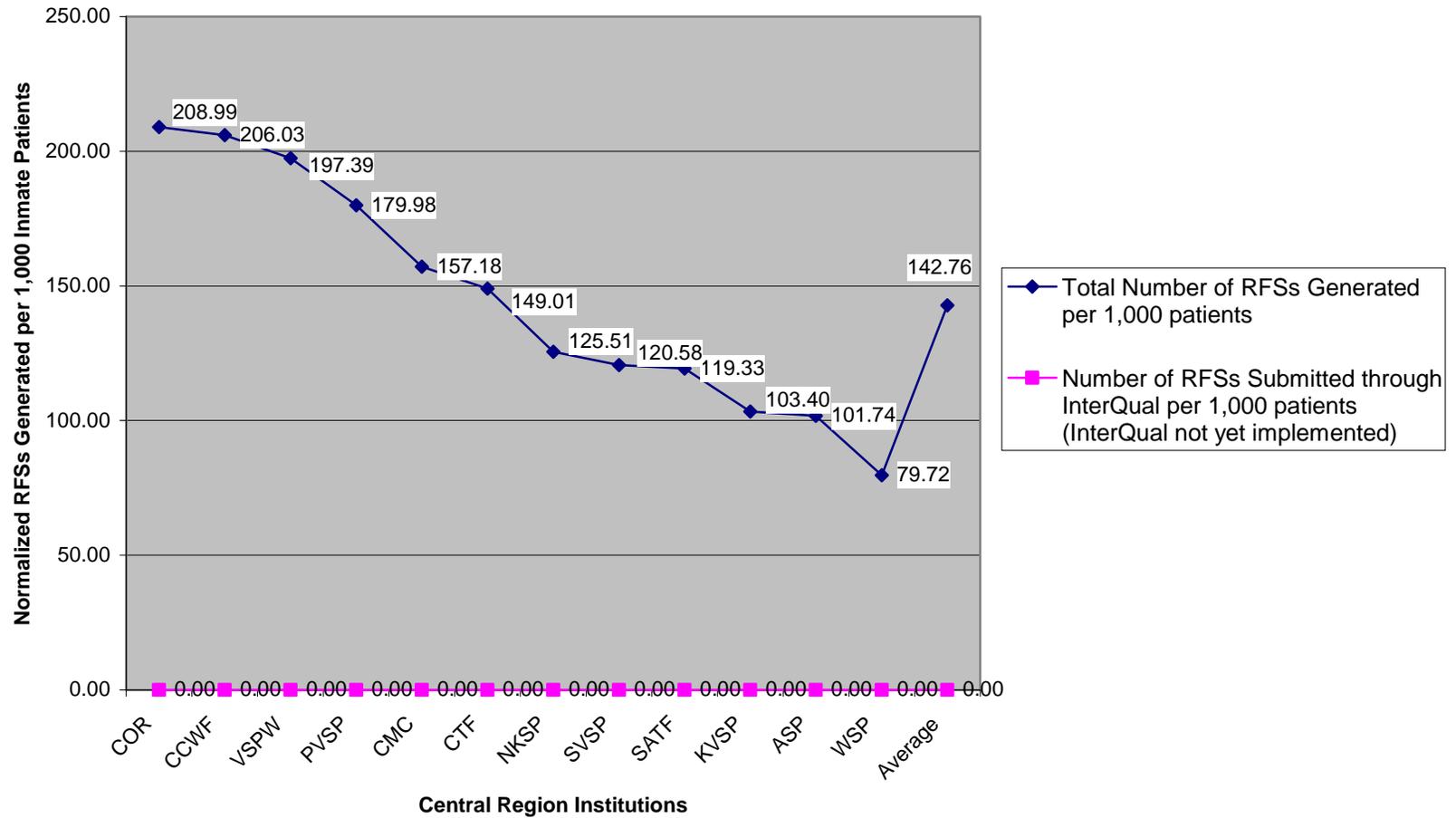
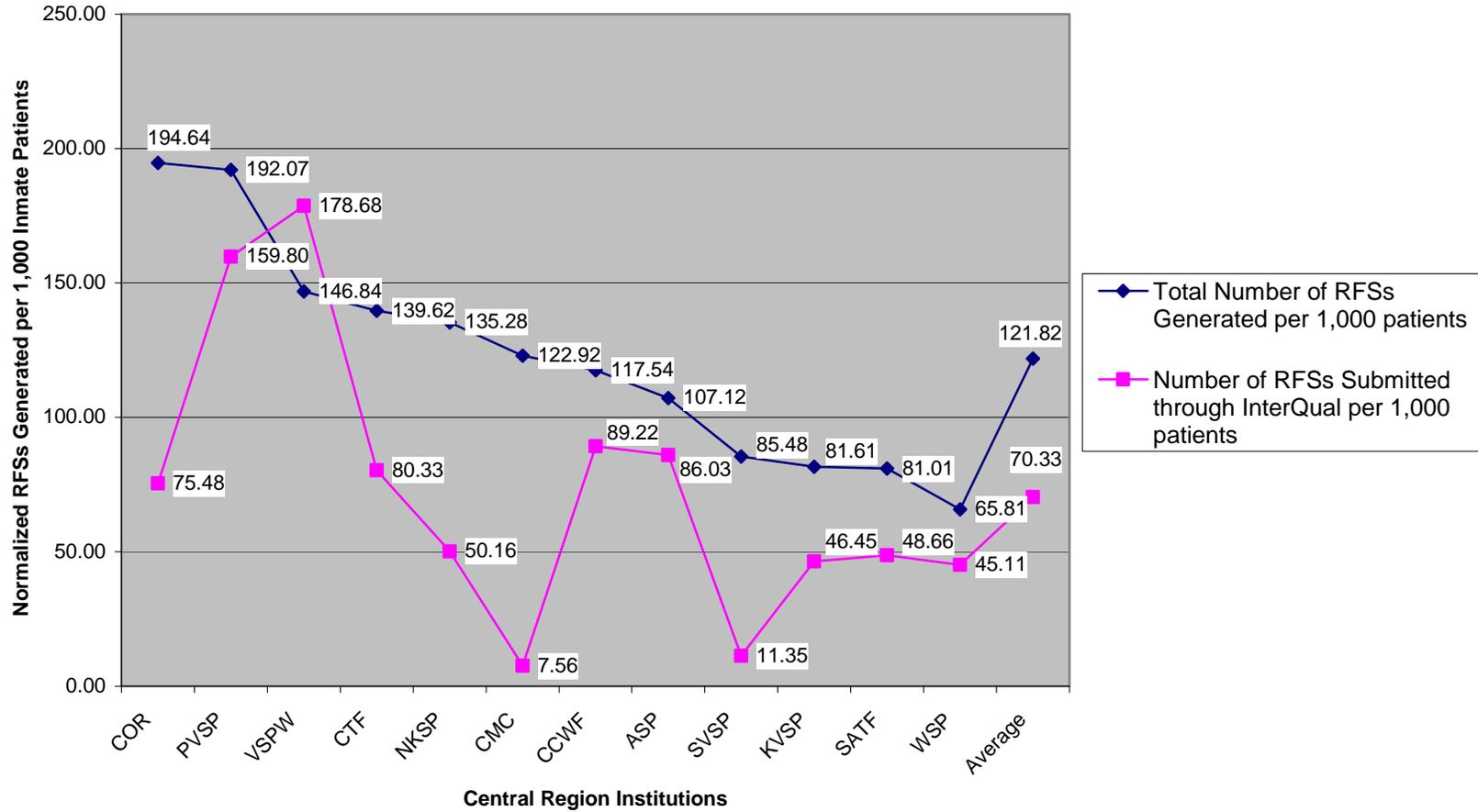


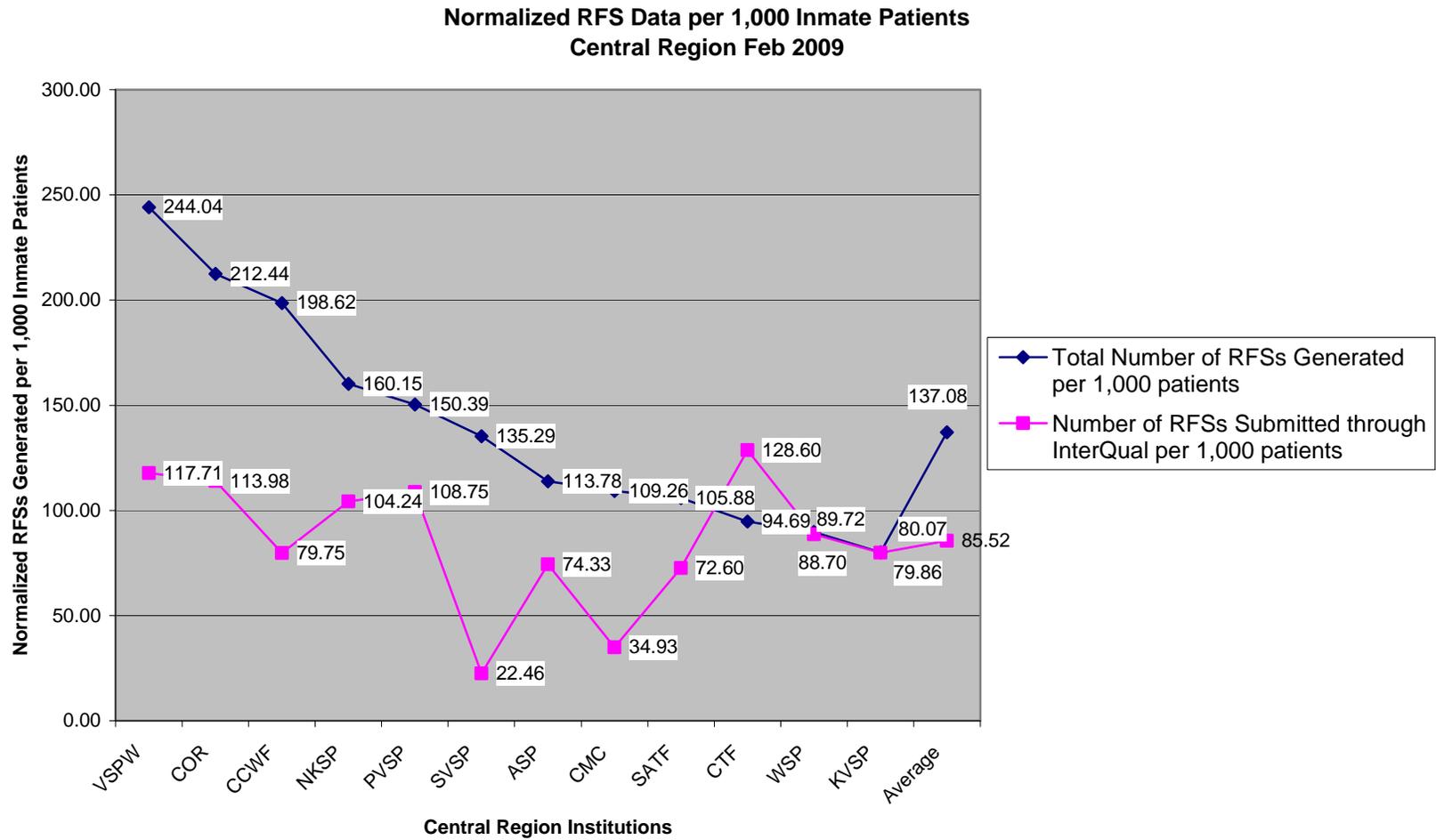
Table 7.

**Normalized RFS Data per 1,000 Inmate Patients
Central Region Institutions Jan 2009**



NOTE: Implementation of InterQual throughout the Central Region took place during January 2009

Table 8.



NOTE: Some institutions report low utilization outcomes because RFS data entry is backlogged.

Table 9.

**Normalized RFS Data per 1,000 Inmate Patients
Central Region Institutions March 2009**

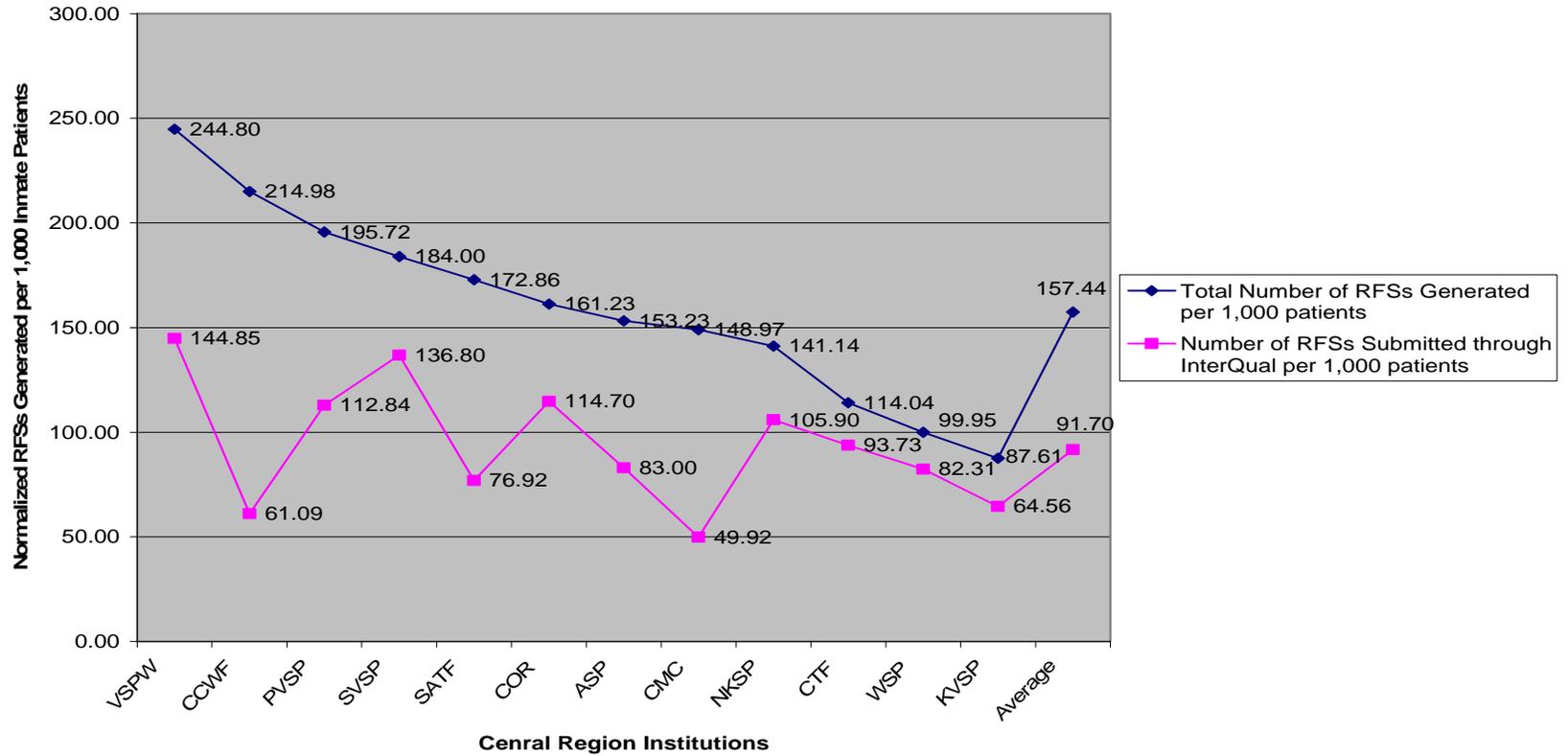
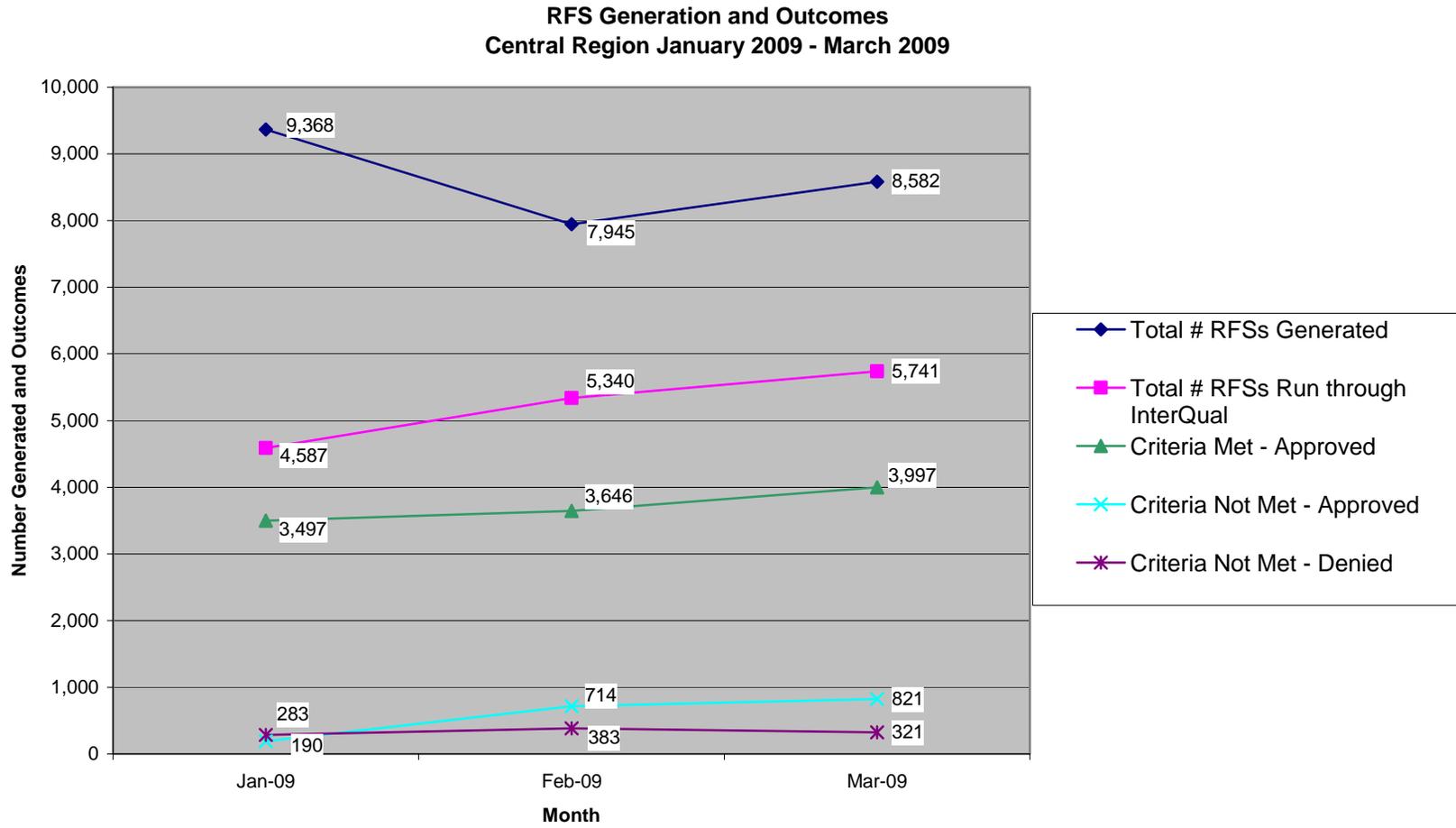


Table 10.



NOTE: Significant training will be necessary to increase the appropriate denials of medically unnecessary services.

Table 11.

**Central Region Institutions
Total RFSs Generated vs. Total RFSs Run Through InterQual
Normalized per 1,000 Inmate Patients for Period Dec 2008 through March 2009**

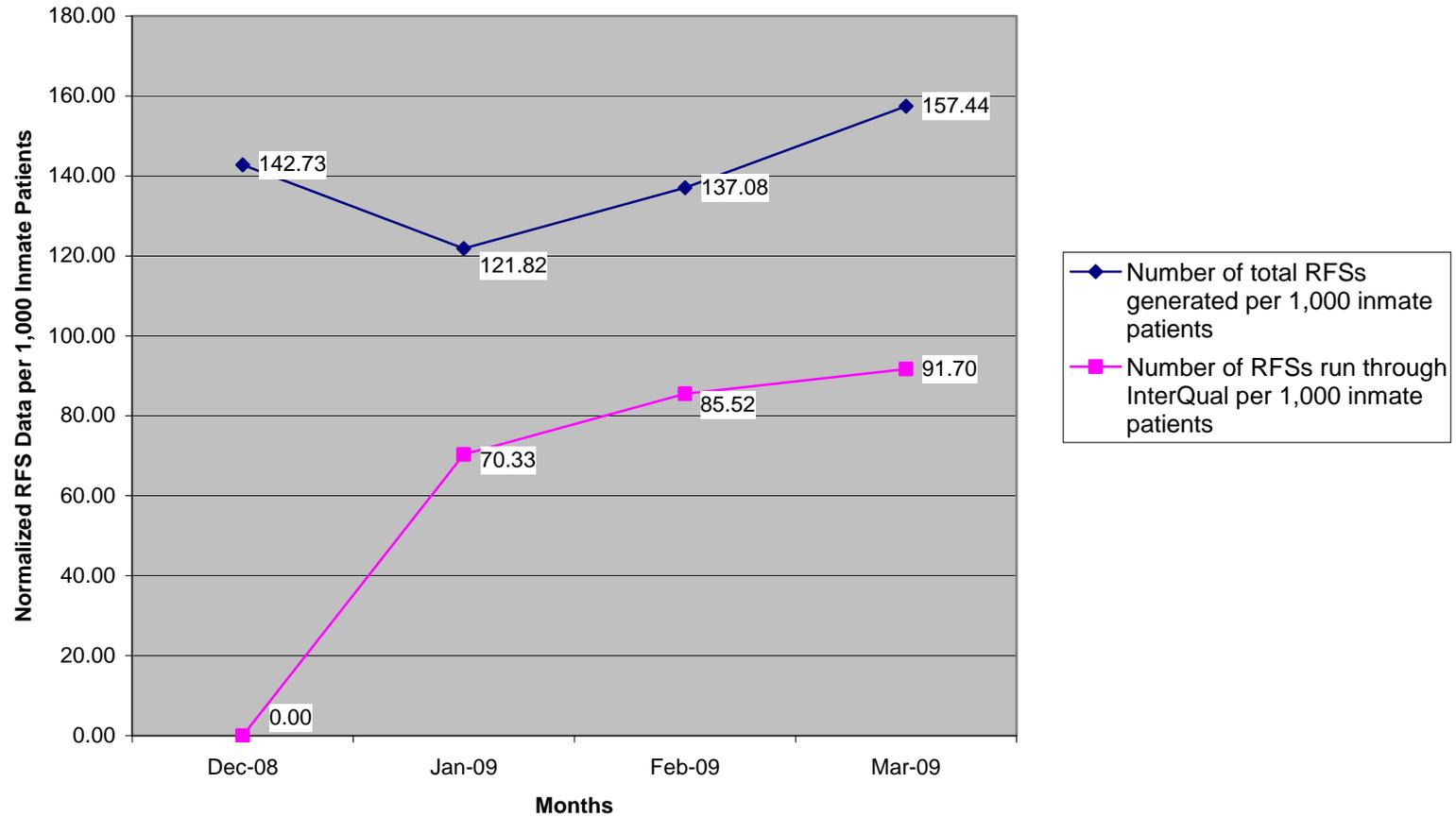


Table 12.

Normalized RFS Data per 1,000 Inmate Patients
Southern Region Institutions March 2009

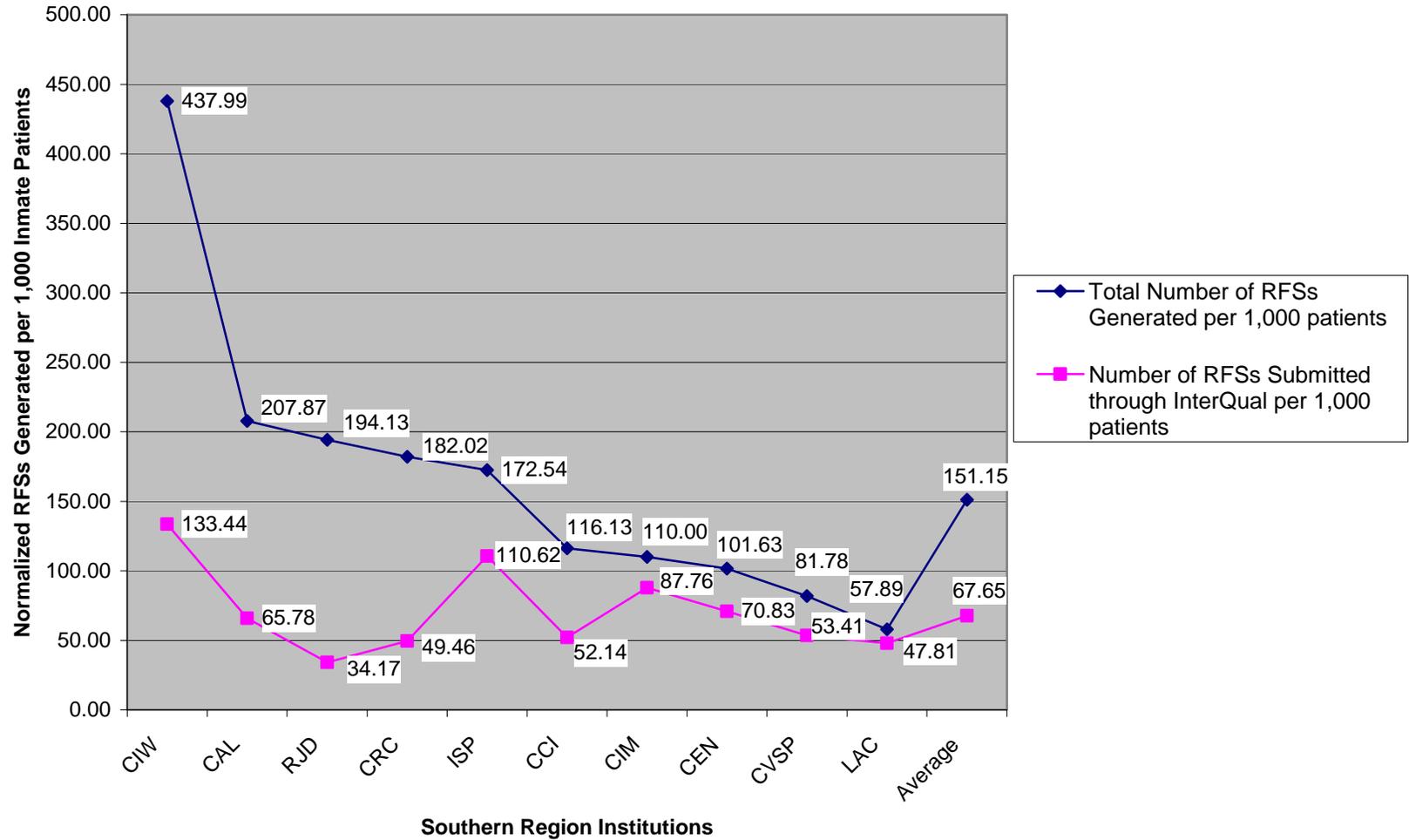


Table 13.

HOSPITAL STAYS, ADMISSIONS, DISCHARGES, ABERRANCIES

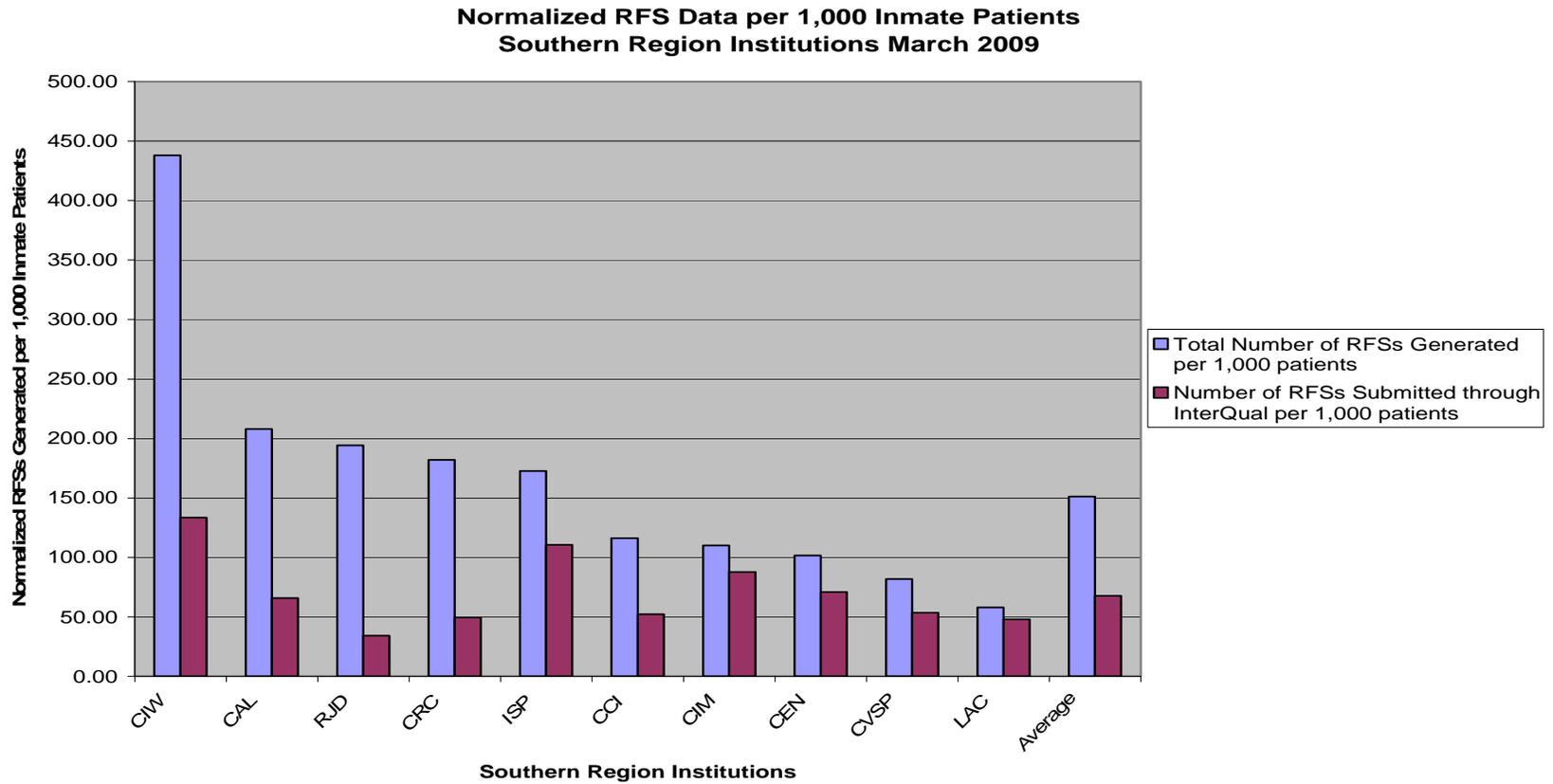
		ADMITS	DISCHARGES	CENSUS DAYS	AVERAGE DAILY CENSUS	ABERRANCY DAYS
DECEMBER 2008						
	Southern Region	365	362	2,688	8.68	185
	Central Region	631	612	5,215	16.82	468
	Northern Region	255	260	1,783	5.23	Not available
JANUARY 2009						
	Southern Region	388	398	2,632	8.49	110
	Central Region	552	584	4,759	15.36	368
	Northern Region	231	239	1,701	4.99	30
FEBRUARY 2009						
	Southern Region	306	305	2,144	7.67	95
	Central Region	585	545	4,640	16.56	388
	Northern Region	242	234	1,834	5.95	125
TOTAL - 3 MONTHS		3,555	3,539	27,396	9.97	1,769

Table 14.

Skilled Bed Report			
Medical			
Institution	Number of beds occupied	Number of beds vacant	Number of patients requiring long term skilled nursing
<i>ASP</i>	21	0	15
<i>CCWF</i>	24	0	22
<i>CMC</i>	31	3	21
<i>COR</i>	63	4	46
<i>CTF</i>	9	7	9
<i>KVSP</i>	10	0	1
<i>NKSP</i>	6	0	5
<i>PVSP</i>	7	0	4
<i>SATF</i>	20	0	14
<i>SVSP</i>	15	0	12
<i>VSPW</i>	11	5	2
<i>WSP</i>	11	N/A	8
Totals:	228	19	159

Skilled Bed Report			
Mental Health			
Institution	Number of beds occupied	Number of beds vacant	Number of patients requiring long term skilled nursing
<i>ASP</i>	6	0	0
<i>CCWF</i>	8	6	1
<i>CMC</i>	N/A	N/A	N/A
<i>COR</i>	6	2	0
<i>CTF</i>	N/A	N/A	N/A
<i>KVSP</i>	12	0	N/A
<i>NKSP</i>	10	0	0
<i>PVSP</i>	8	0	0
<i>SATF</i>	17	3	N/A
<i>SVSP</i>	6	1	0
<i>VSPW</i>	7	3	0
<i>WSP</i>	7	N/A	N/A
Totals:	87	15	1

Table 15.



NOTE: Implementation of Interqual throughout the Southern Region took place during March 2009

Detailed information concerning individual institutional referral outcomes are contained below in Tables 16-20.

Table 16.

Generation of RFSs – Central Region Institutions								
December 1, 2008 - December 31, 2008								
		TOTAL Prison Population	Prison Population per 1,000 divider	TOTAL RFSs Generated for the Month	Number per 1,000 per month	TOTAL RFSs submitted through InterQual for the Month (Jan 2008)	Number of RFSs per 1,000 patients	% RFS Run through InterQual / Total RFSs generated
ASP	DEC-08	6,556	6.56	667	101.74	not available	0.00	0.0%
CCWF	DEC-08	4,082	4.08	841	206.03	not available	0.00	0.0%
CMC	DEC-08	6,445	6.45	1013	157.18	not available	0.00	0.0%
COR	DEC-08	5,737	5.74	1199	208.99	not available	0.00	0.0%
CTF	DEC-08	6,409	6.41	955	149.01	not available	0.00	0.0%
KVSP	DEC-08	4,797	4.80	496	103.40	not available	0.00	0.0%
NKSP	DEC-08	5,394	5.39	677	125.51	not available	0.00	0.0%
PVSP	DEC-08	5,084	5.08	915	179.98	not available	0.00	0.0%
SATF	DEC-08	7,073	7.07	844	119.33	not available	0.00	0.0%
SVSP	DEC-08	4,014	4.01	484	120.58	not available	0.00	0.0%
VSPW	DEC-08	4,058	4.06	801	197.39	not available	0.00	0.0%
WSP	DEC-08	5,971	5.97	476	79.72	not available	0.00	0.0%
AVERAGES		65,620	65.62	9,368	142.76	0	0.00	0.0%

Table 17.

Generation of RFSs – Central Region Institutions								
January 1, 2009 - January 31, 2009								
		TOTAL Prison Population	Prison Population per 1,000 divider	TOTAL RFSs Generated for the Month	Number per 1,000 per month	TOTAL RFSs submitted through InterQual for the Month (Jan 2008)	Number of RFSs per 1,000 patients	% RFS Run through InterQual / Total RFSs generated
ASP	JAN-09	6,451	6.45	691	107.12	555	86.03	80.3%
CCWF	JAN-09	3,990	3.99	469	117.54	356	89.22	75.9%
CMC	JAN-09	6,484	6.48	797	122.92	49	7.56	6.1%
COR	JAN-09	5,631	5.63	1096	194.64	425	75.48	38.8%
CTF	JAN-09	6,274	6.27	876	139.62	504	80.33	57.5%
KVSP	JAN-09	4,779	4.78	390	81.61	222	46.45	56.9%
NKSP	JAN-09	5,522	5.52	747	135.28	277	50.16	37.1%
PVSP	JAN-09	5,144	5.14	988	192.07	822	159.80	83.2%
SATF	JAN-09	6,987	6.99	566	81.01	340	48.66	60.1%
SVSP	JAN-09	3,966	3.97	339	85.48	45	11.35	13.3%
VSPW	JAN-09	4,052	4.05	595	146.84	724	178.68	121.7%
WSP	JAN-09	5,941	5.94	391	65.81	268	45.11	68.5%
AVERAGES		65,221	65.22	7,945	121.82	4,587	70.33	57.7%

Table 18.

Generation of RFSs – Central Region Institutions								
February 1, 2009 - February 28, 2009								
		TOTAL Prison Population	Prison Population per 1,000 divider	TOTAL RFSs Generated for the Month	Number per 1,000 per month	TOTAL RFSs submitted through InterQual for the Month (Feb 2008)	Number of RFSs per 1,000 patients	% RFS Run through InterQual / Total RFSs generated
ASP	FEB-09	6,337	6.34	721	113.78	471	74.33	65.3%
CCWF	FEB-09	3,912	3.91	777	198.62	312	79.75	40.2%
CMC	FEB-09	6,471	6.47	707	109.26	226	34.93	32.0%
COR	FEB-09	5,545	5.55	1178	212.44	632	113.98	53.7%
CTF	FEB-09	6,252	6.25	592	94.69	804	128.60	135.8%
KVSP	FEB-09	4,771	4.77	382	80.07	381	79.86	99.7%
NKSP	FEB-09	5,420	5.42	868	160.15	565	104.24	65.1%
PVSP	FEB-09	5,140	5.14	773	150.39	559	108.75	72.3%
SATF	FEB-09	6,942	6.94	735	105.88	504	72.60	68.6%
SVSP	FEB-09	3,962	3.96	536	135.29	89	22.46	16.6%
VSPW	FEB-09	3,942	3.94	962	244.04	464	117.71	48.2%
WSP	FEB-09	3,912	3.91	351	89.72	347	88.70	98.9%
AVERAGES		62,606	62.61	8,582	137.08	5,354	85.52	62.4%

Table 19.

Generation of RFSs – Central Region Institutions								
March 1, 2009 through March 31, 2009								
		TOTAL Prison Population	Prison Population per 1,000 divider	TOTAL RFSs Generated for the Month	Number per 1,000 per month	TOTAL RFSs submitted through InterQual for the Month (March 2008)	Number of RFSs per 1,000 patients	% RFS Run through InterQual / Total RFSs generated
ASP	MAR-09	6,337	6.34	971	153.23	526	83.00	54.2%
CCWF	MAR-09	3,912	3.91	841	214.98	239	61.09	28.4%
CMC	MAR-09	6,471	6.47	964	148.97	323	49.92	33.5%
COR	MAR-09	5,545	5.55	894	161.23	636	114.70	71.1%
CTF	MAR-09	6,252	6.25	713	114.04	586	93.73	82.2%
KVSP	MAR-09	4,771	4.77	418	87.61	308	64.56	73.7%
NKSP	MAR-09	5,420	5.42	765	141.14	574	105.90	75.0%
PVSP	MAR-09	5,140	5.14	1006	195.72	580	112.84	57.7%
SATF	MAR-09	6,942	6.94	1200	172.86	534	76.92	44.5%
SVSP	MAR-09	3,962	3.96	729	184.00	542	136.80	74.3%
VSPW	MAR-09	3,942	3.94	965	244.80	571	144.85	59.2%
WSP	MAR-09	3,912	3.91	391	99.95	322	82.31	82.4%
AVERAGES		62,606	62.61	9,857	157.44	5,741	91.70	58.2%

Table 20.

Generation of RFSs – Southern Region Institutions								
March 1, 2009 through March 31, 2009								
		TOTAL Prison Population	Prison Population per 1,000 divider	TOTAL RFSs Generated for the Month	Number per 1,000 per month	TOTAL RFSs submitted through InterQual for the Month (March 2008)	Number of RFSs per 1,000 patients	% RFS Run through InterQual / Total RFSs generated
CAL	MAR-09	4,272	4.27	888	207.87	281	65.78	31.6%
CCI	MAR-09	5,907	5.91	686	116.13	308	52.14	44.9%
CEN	MAR-09	5,097	5.10	518	101.63	361	70.83	69.7%
CIM	MAR-09	5,800	5.80	638	110.00	509	87.76	79.8%
CIW	MAR-09	2,443	2.44	1070	437.99	326	133.44	30.5%
CRC	MAR-09	4,994	4.99	909	182.02	247	49.46	27.2%
CVSP	MAR-09	3,913	3.91	320	81.78	209	53.41	65.3%
ISP	MAR-09	4,664	4.66	270	57.89	223	47.81	82.6%
LAC	MAR-09	4,764	4.76	822	172.54	527	110.62	64.1%
RJD	MAR-09	4,770	4.77	926	194.13	163	34.17	17.6%
AVERAGES		46,624	46.62	7,047	151.15	3,154	67.65	44.8%

APPENDIX 7



Memorandum

Date : January 10, 2009

To : John Hagar
Chief of Staff

Via

Kathy Stigall
Director
Human Resources

From : Laura M. Aguilera
Deputy Director
Personnel Operations

Subject : **PERSONNEL OPERATIONS MONTHLY REPORT – DECEMBER 2008**

During the month of December 2008, Personnel Operations completed the following:

Executive Leadership Exams

The Nurse Executive examination went live on September 18, 2008. During the month of December, 56 individuals went on line and participated in the exam, 33 candidates completed the exam and were added to the eligibility list.

The Medical Executive examination went live on December 10, 2008. During the month of December, 78 individuals went on line to participate in the exam, 47 candidates completed the exam and were added to the eligibility list and are available for hire.

The Chief Executive Officer (CEO), Health Care, examination went live on December 23, 2008. During the month of December, 118 individuals went on line to participate in the exam, 83 candidates completed the exam and were added to the eligibility list and are available for hire.

Hiring interviews for the Nurse Executives were conducted and selections were made at the Statewide and Northern and Southern Regional levels. Interviews for Central and Mini-Region Nurse Executives and pilot institutions were in process during the month of December. Interviews for Medical Executives and CEO Health Care Executives will similarly be scheduled and selections made starting with the Statewide Executives, followed by selection of the Regional Executives, and finally the pilot institutions.

Performance Management Unit Pilot

The Performance Management Unit was established to assist Medical managers and supervisors in applying the State's progressive discipline process and to provide training and consultation necessary to carry out performance management goals and objectives. During December, we added two institutions (California Institution for Men and California Rehabilitation Center) to the existing six institutions we now provide direct services to. During the remainder of the fiscal year, we anticipate adding an additional four institutions which

will increase our pilot to 12 institutions. Any further expansion will require additional resources. Since its inception, the Unit has processed 136 employee disciplinary actions and successfully trained over 265 Medical Supervisors and Managers from various institutions in the areas of Effective Supervision Relating to Employee Performance and Supervising Probationary Employees. A sampling of training evaluation results indicate that approximately 90 percent of the participants found the trainings were well delivered, useful, applicable, and met expectations.

In order to ensure job performance evaluations are completed consistently, we initiated a Performance Appraisal Tracking System for headquarters and for California Prison Health Care Services staff in the Northern Region on a pilot basis. Many supervisors have met the initiative with positive action, resulting in the completion of over 150 of the outstanding probation and annual evaluations.

Labor Relations

We have recently established a Labor Relations office to assist with employee relations issues and personnel policies. This sorely needed function will be critical as we move closer to activating several new medical facilities.

If you have any questions on the above information, please contact me at (916) 445-1693.



Memorandum

Date : February 20, 2009

To : Kathy Stigall
Director
Human Resources

From : Laura M. Aguilera
Deputy Director
Personnel Operations Branch

Subject : **PERSONNEL OPERATIONS BRANCH MONTHLY REPORT -
JANUARY 2009**

During the month of January 2009, Personnel Operations Branch completed the following:

Executive Leadership Exams

The Nurse Executive (NE) examination went live on September 18, 2008. Since the exam went live, a total of 294 individuals went on line and participated in the exam, 162 candidates completed the exam and were added to the eligibility list and are currently available for hire.

The Medical Executive (ME) exam went live on December 10, 2008. Since the exam went live, a total of 91 individuals went on line to participate in the exam, 54 candidates completed the exam and were added to the eligibility list and are available for hire.

The CEO Health Care exam went live on December 23, 2008. Since the exam went live, a total of 218 individuals went on line to participate in the exam, 157 candidates completed the exam and were added to the eligibility list and are available for hire.

Hiring interviews for the NEs were conducted and selections were made during December and January. We now have appointed NEs at the Statewide and Northern, Southern, Central, and Mini-Region levels. Interviews for MEs and CEOs were scheduled during January and a selection was made at the State ME level and others are pending.

Performance Management Unit Pilot

The Performance Management Unit (PMU) was established to assist Medical managers and supervisors in applying the State's progressive discipline process and to provide training and consultation necessary to carry out performance management goals and objectives. During the month of January, the program conducted two training sessions, one at California Institution for Men and one at California Rehabilitation Center. Thirty-four people were trained in Supervising Probationary Employees and thirty-five were trained in Effective Supervision. A total of 334 Managers and Supervisors have

attended this training. Since its inception, the PMU has processed 136 employee disciplinary actions. In January, an additional 7 actions were served.

If you have any questions on the above information, please contact me at (916) 445-1693.

LAURA M. AGUILERA
Deputy Director
Personnel Operations Branch
Human Resources Division



Memorandum

Date : March 12, 2009

To : Kathy Stigall
Director
Human Resources

From : Laura M. Aguilera
Deputy Director
Operations Branch

Subject : **PERSONNEL OPERATIONS BRANCH MONTHLY REPORT – FEBRUARY 2009**

During the month of February 2009, Personnel Operations Branch completed the following:

Executive Leadership Exams

The Nurse Executive examination went live on September 18, 2008. Since the exam went live, a total of 336 individuals went on line and participated in the exam, 179 candidates completed the exam and were added to the eligibility list and are currently available for hire.

The Medical Executive exam went live on December 10, 2008. Since the exam went live, a total of 120 individuals went on line to participate in the exam, 64 candidates completed the exam and were added to the eligibility list and are available for hire.

The CEO Health Care exam went live on December 23, 2008. Since the exam went live, a total of 324 individuals went on line to participate in the exam, 228 candidates completed the exam and were added to the eligibility list and are available for hire.

Exam staff is currently working on the development of the Clinical Executive and Clinical Administrator examinations.

Performance Management Unit Pilot

The Performance Management Unit (PMU) was established to assist medical managers and supervisors in applying the State's progressive discipline process and to provide training and consultation necessary to carry out performance management goals and objectives. During the month of February, the program conducted six training sessions, two at California Rehabilitation Center and four at California State Prison – Sacramento. A total of 53 individuals were trained in these sessions, for a cumulative total of 387 individuals since the inception. Thirty-two individuals attended Supervising Probationary Employees and 21 were trained in

Effective Supervision. Since its inception, the PMU has processed 152 employee disciplinary actions. In February, 16 actions were served.

If you have any questions on the above information, please contact me at (916) 445-1693.



Memorandum

Date : April 17, 2009

To : Kathy Stigall
Director
Human Resources

From : Laura M. Aguilera
Deputy Director
Operations Branch

Subject : Operations Branch Monthly Report – March 2009

During the month of March 2009, Operations Branch completed the following:

Executive Leadership Exams

The Nurse Executive examination went live on September 18, 2008. Since the exam went live, a total of 363 individuals have gone on line and participated in the exam, 190 candidates completed the exam and were added to the eligibility list and are currently available for hire.

The Medical Executive exam went live on December 10, 2008. Since the exam went live, a total of 137 individuals have gone on line to participate in the exam, 73 candidates completed the exam and were added to the eligibility list and are available for hire.

The CEO Health Care exam went live on December 23, 2008. Since the exam went live, a total of 365 individuals have gone on line to participate in the exam, 247 candidates completed the exam and were added to the eligibility list and are available for hire.

Exam staff is currently working on the development of the Receiver's Clinical Executive (Safety) exam. The Receiver's Health Care Administrator classification was scheduled as a board item for the April 14th SPB meeting. The five-member Board failed to adopt the proposal.

Performance Management Unit Pilot

The Performance Management Unit (PMU) was established to assist medical managers and supervisors in applying the State's progressive discipline process and to provide training and consultation necessary to carry out performance management goals and objectives. Next month, the PMU will complete 12 months as a pilot program. During the pilot year, the team resolved 135 discipline cases and provided 22 training sessions at 9 institutions. A 10th institution will be added in April. A detailed year-end evaluation of the PMU pilot program is in development and will be available in June.

If you have any questions on the above information, please contact me at (916) 445-1693.

LAURA M. AGUILERA
Deputy Director
Operations Branch
Human Resources Division

APPENDIX 8



Memorandum

Date : January 8, 2009

To : Kathy Stigall, Director
California Prison Health Care Services

From : Katrina Hagen, Deputy Director
Workforce Development Branch

Subject : **WORKFORCE DEVELOPMENT BRANCH MONTHLY REPORT –
DECEMBER 2008**

During the month of December 2008, Workforce Development Branch (WDB) staff continued with development of initiatives in local communities statewide to prepare for the seven new health care facilities that the Receivership is building in the next several years.

Workforce Development Initiatives

- **Apprenticeship Program:** The apprenticeship prototype program, designed to train Licensed Vocational Nurses (LVN) and Psychiatric Technicians (Psych Tech) for the Stockton skilled nursing facility and as a model for other communities, is being modified and expanded based on our learning curve and the fiscal realities that we are faced with today. The focus is on three methods for training and one key component that will be necessary for all training initiatives to be successful. Initially developed as a recruitment tool, where qualified applicants would become apprentices training to be an LVN or Psych Tech, is now a retention tool. Existing California Department of Corrections and Rehabilitation (CDCR) employees will provide the opportunity, subject to qualifications, to increase their skill sets and income through an apprenticeship program.
- **Contract Education:** This is becoming a potential tool for recruiting qualified non-employee candidates who are willing to train for a health care career that might lead to employment with CDCR/California Prison Health Care Services (CPHCS). Candidates are not employed during the training process, yet are managed as part of a cohort program that brings the trainee into a corrections environment as part of the course instruction.
- **Regional Training Center:** A hybrid version of contract education, a regional training center would put the facility burden on us (typically by converting office-type space into classrooms and laboratories). This allows a community college with an accredited program to expand their capacity, which would not be possible on their own campus. Costs, timelines and investigation of successful training center models used by other employers are being studied to determine applicability in this situation.
- **Staff met with the Chancellor and the Vice Chancellor of the Los Rios Community College District.** Both were very supportive of our endeavors and interested in starting a program of some kind at

Folsom College. They also volunteered to setup a meeting with the new incoming Statewide Community College Chancellor. The meeting will take place in mid-January 2009.

- Staff gave a presentation to the Director of Nursing's (DON) statewide conference. The presentation addressed plans to expand the LVN and Psych Tech applicant pool and arrange clinical rotations.
- Staff held a meeting at RJ Donovan (RJD) with the Warden's staff, Custody Operations, Acting Chief Medical Officer, and Nurse Executives to discuss operationalizing clinical rotations for nursing students at RJD. There was no opposition to the idea, but caution voiced by all parties to ensure a valuable learning experience for the students. Future meetings will be held monthly at RJD to resolve issues. The next meeting is scheduled for January 26, 2009.
- Staff attended the Napa/Solano Health Care Workforce taskforce meeting and gave a presentation to the attendees. The taskforce is primarily comprised of hospitals and educational entities.
- Staff attended a public scope meeting in Vacaville for the 10,000 bed project. This meeting allows the public to provide input on the "Environmental Impact Report." Staff provided information about employment opportunities for the new planned facility and responded to concerns about impact to the local workforce.
- Staff attended the Ventura Notice of Preparation meeting. Staff provided community members with written information and answered questions related to the career opportunities that will be available at the proposed health care facility.

Economic Research Report

Staff are developing a research report that will look closely at any and all challenges facing WDB in staffing the new facilities. A draft structure of the report has been created and research is underway on certain key topics. This paper will become a substantial tool for our local partners and internally as we face numerous challenges, both globally and locally in each community. The report should be available within the next 30 to 45 days.

Education and Training Unit (ETU)

ETU staff continue to provide exceptional customer service and support to all staff within CPHCS. The training calendar was updated through April 2009 to include hyperlinks to the vendors' home pages for staff to view course descriptions and also will provide a link for supervisors and training coordinators to contact ETU and schedule staff for the Health Care New Employee Orientation (HCNEO) training session.

One special project completed this month was obtaining a *Training for Trainer* certification for two ETU Training Officers in Armstrong, Prison Rape Elimination Act, and Equal Employment Opportunity/Sexual Harassment. This certification ensures that the ETU is self-sufficient in running and managing the HCNEO.

The HCNEO sessions continue monthly by rotating through the three regions. New medical and non-medical staff handouts/booklets were created. The 2009 HCNEO will now be offered to all new CPHCS employees. The lesson plan matrix has been updated and lesson plans are in development.

The contract request for the “Executive Program” cohort model with UC Davis Extension was completed. Contract details continue to be worked out and ETU is hopeful to have the first group of CPHCS executives attend the program in early spring.

Support from ETU continues as the “Emergency Medical Response Policies and Procedures” are rolled out. Lesson plans are in development that will be utilized after the initial rollout phase is accomplished. ETU has also submitted a proposal to purchase an online training module for CPHCS staff. The training module includes an Emergency Nurse Orientation and Emergency Nursing Triage.

Currently, the ETU is working with the Emergency Medical Response project manager to assist with implementation of an Advanced Cardiac Life Support (ACLS) training program. This will involve coordinating a statewide ACLS contract for medical staff at the 33 institutions working inside the triage treatment Areas.

Recruitment, Support and Outreach Unit

Recruitment ads for Pharmacist I/II, LVN, and Psych Tech were placed in local newspapers throughout California.

A mailer continues to be mailed to California LVNs.

Microsite

During the month of December 2008, there were over 7,300 visits to the web site and over 18,000 “views” of the microsite pages. “Views” are the number of times that people utilized the links on the site to go to the various pages or links available on the new expanded site.

Eligibles

A measurable success of our recruitment ads is the number of eligibles added to our certification lists. During December, the following number of candidates were added to the certification lists:

- Physician and Surgeon (IM/FP) Permanent List – 24
- Chief Medical Officer – 0
- Chief Physician and Surgeon – 4
- LVN – 223
- Psych Tech (Safety) – 87
- Registered Nurse – 312
- Nurse Executive – 155
- Medical Executive – 8
- Chief Executive Officer – 102

Outreach Unit

Toll-Free Line Calls – 827

E-Mails – 142

Total number of calls to date (July 1, 2008 through December 2008) – 5,562

Total number of e-mails to date (August 1, 2007 through December 2008) – 1,102

When callers were asked how they heard about us, the top three responses were:

- Newspaper Ads
- Word of Mouth – CDCR Employee, Family, Friend
- Mass Mailer

Follow-up Contact

Number of initial candidates added to the Applicant Tracking Log – 419

Follow-up contacts by Outreach – 479

Other

- Staff developed and distributed procedures for interview travel reimbursements for current and non-state employees.
- Staff developed and distributed procedures for relocation reimbursements for new hires required to relocate for their work assignment.

Project Management Unit

Centralized Physician Hiring

Progress continues with the Centralized Physician Hiring Project. From October 1, 2007 through November 30, 2008, 185 Physicians and mid-level practitioners have been hired (137 Physician and Surgeons, 16 Chief Physician and Surgeons, 17 Chief Medical Officers, 10 Nurse Practitioners, and 6 Physician Assistants).

Centralized Pharmacist Hiring

Progress continues with the Centralized Pharmacist Hiring Project. From October 31, 2007 through November 30, 2008, 28 Pharmacists have been hired (22 Pharmacist Is and 6 Pharmacist IIs).

Executive Leader Hiring

Progress continues with the Centralized Executive Leader Hiring Project. Since November 2008, four Nurse Executives have been hired (10,000 bed project, Statewide and two Regional) and three commitments to hire have been made (two Regional and one pilot institution).

In December, the Medical Executive and Chief Executive Officer came online. In December, four Medical Executive commitments to hire have been made (Statewide and three Regional).

Northern and Southern Workforce Planning

The Northern and Southern Workforce Planning Units were extremely busy during the month of December conducting presentations, attending recruitment events, visiting colleges, and working on research projects.

	<u>Northern Workforce</u>	<u>Southern Workforce</u>
Accumulated Candidate Contact Total from July 2007 – December 2008	7,514	10,348
Candidate Contacts Acquired December 2008		
Events	47	116
Schools	152	203
Referrals	1	3
Candidate Follow-Up Contact December 2008		
Events	160	574
Schools	26	288
Referrals	15	0

Special Projects

Northern and Southern Workforce Planning are jointly researching all issues and challenges for recruitment needs for our seven new facilities. Other projects include development of:

- Exit surveys for all separating employees
- Residency and Psych Tech PowerPoint presentations for schools
- National Health Service Corp Loan Repayment Program Research



Memorandum

Date : February 23, 2009

To : Kathy Stigall, Director
California Prison Health Care Services

From : Katrina Hagen, Deputy Director
Workforce Development Branch

Subject : **WORKFORCE DEVELOPMENT BRANCH MONTHLY REPORT –
January 2009**

During the month of January 2009, Workforce Development Branch (WDB) staff continued with development of initiatives in local communities statewide to prepare for the seven new health care facilities that the Receivership is building in the next several years.

Workforce Development Initiatives

- **Apprenticeship Program:** The apprenticeship prototype program, designed to train Licensed Vocational Nurses (LVN) and Psychiatric Technicians (Psych Tech) for the Stockton skilled nursing facility and as a model for other communities, is being modified and expanded based on our learning curve and the fiscal realities that we are faced with today. The focus is on three methods for training and one key component that will be necessary for all training initiatives to be successful. Initially developed as a recruitment tool, where qualified applicants would become apprentices training to be an LVN or Psych Tech, is now a retention tool. Existing California Department of Corrections and Rehabilitation (CDCR)/California Prison Health Care Service (CPHCS) employees will be provided with the opportunity, subject to qualifications, to increase their skill sets and income through an apprenticeship program.
- **Contract Education:** This is becoming a potential tool for recruiting qualified non-employee candidates who are willing to train for a health care career that might lead to employment with CDCR/CPHCS. Candidates are not employed during the training process, yet are managed as part of a cohort program that brings the trainee into a corrections environment as part of the course instruction.
- **Regional Training Center:** A hybrid version of contract education, a regional training center would put the facility burden on us (typically by converting office-type space into classrooms and laboratories). This allows a community college with an accredited program to expand their capacity, which would not be possible on their own campus.

In 2004, Sutter Health elected to tackle the nursing shortage by making the investment in the Center for Health Professions. Clinical rotations are arranged within the Sutter Health hospital system so that the program has become a fully self-contained nurse training program with Los Rios Community

College District providing the faculty and accreditation. Sutter Health provides the training facility, clinical training sites, and staff Registered Nurses (RNs) who wish to take a turn as Nurse Instructors for the program while maintaining their seniority, benefits and pay scale as RNs at Sutter Health hospitals. Staff will continue to research the feasibility of CPHCS creating such a facility of our own. We would be able to use our own correctional sites to supplement for clinical rotations required and possibly use CDCR RNs and Nurse Instructors as part of our teaching staff.

- Staff met with the Chancellor and the Vice Chancellor of the Los Rios Community College District to discuss opportunities for expanding our relationship with community colleges to enhance the Grow-Our-Own program for health care professionals. A key focus was the concept of a parallel track for LVNs and Psych Tech training. Students could begin by taking the overlapping classes before deciding on a career path to specialize. Also discussed was a post-LVN bridge program that would allow the LVNs to take the additional coursework to be a licensed Psych Tech.
- Staff held a second meeting at RJ Donovan (RJD) regarding operationalizing clinical rotations for nursing students at RJD. This meeting produced a plan of action for implementing clinical rotations at RJD for LVN students attending Southwestern Community College. The goal is to establish policies and procedures to allow the first class to begin clinical training at RJD beginning in October 2009. The class size will be 24 students, with 8 students participating in clinical training at the prison over any given period of time.

Southwestern Community College provides an accredited program leading to licensure for vocational nurse graduates. The college provides the curriculum, faculty, and the process for teaching. CDCR/CPHCS provides the opportunity or clinical experience at RJD, as well as preceptors for each of the student nurses. In time, we hope to develop an additional training program for “correctional medicine.” This should help students fully understand the environment and patient population in a prison, making those students who pursue a career with CDCR better skilled at the onset when dealing with our particular needs. It should also function as a self-selection tool so students can see for themselves if this environment is suitable for them. Staff is developing a Memorandum of Understanding (MOU). The goal is to have draft language, approved in concept, by legal staff in order for the Board of Governors at Southwestern College to begin their review within the next few weeks. The objective of CPHCS is to use the RJD MOU as the prototype for instituting clinical training at other correctional sites.

- Staff attended the quarterly convening of the California Health Professions Consortium (Consortium) in Los Angeles to give a presentation on the 10,000 bed project and how that impacts the health care workforce statewide. The Consortium focuses on increasing diversity in the health care workforce and has had a tremendous amount of success in building health care professions pipelines beginning in 2012. The Consortium is interested in CPHCS and is interested in partnering and getting regular updates on the project.
- Staff attended a meeting with Maxor to discuss converting vacant limited-term positions to permanent full-time positions. A plan was developed by Maxor which outlines the positions to convert to full-time. They will reassess their plan in three months and determine their needs at that time. Also during this meeting, Maxor stated that their new central fill pharmacy is anticipated to be

running within a year. They anticipate that this will reduce the number of Pharmacist positions needed at the institutions to one-third of their current workforce. Maxor will work closely with Human Resources to identify positions that will be eliminated to begin the State Restriction of Appointment process.

- Staff conducted a workshop at the American Correctional Association's Winter Conference held in Orlando, Florida in January. The workshop, "Recruitment and Retention in Prison Health Care," highlighted CPHCS WBD's success in hiring over 2,200 medical professionals and the great strides achieved by filling 88 percent of all physician and 92 percent of all nursing positions. This accounts for approximately 33 percent of the total established positions. Staff discussed various initiatives undertaken to achieve this goal, obstacles encountered along the way, and lessons learned. Initiatives discussed included increased salaries, centralized hiring, geographic incentive pay, and the recruitment marketing campaign.

Economic Research Report

Staff are developing a research report that will look closely at any and all challenges facing WDB in staffing the new facilities. A draft structure of the report has been created and research is underway on certain key topics. This paper will become a substantial tool for our local partners and internally as we face numerous challenges, both globally and locally in each community. The report should be available within the next 30 to 45 days.

Education and Training Unit (ETU)

ETU staff continue to provide exceptional customer service and support to all staff within CPHCS. The training calendar was updated through April 2009 to include hyperlinks to the vendors' home pages for staff to view course descriptions and also provide a link for supervisors and training coordinators to contact ETU and schedule staff for the Health Care New Employee Orientation (HCNEO) training session.

The HCNEO sessions continue monthly by rotating through the three regions. New medical and non-medical staff handouts/booklets were created. As of January 2009, the HCNEO is designed for all new CPHCS employees. New delivery methodologies are being researched to assist with keeping costs and travel times down to a minimum, while keeping up with mandatory training needs and providing a quality orientation program for our newly hired staff.

The "*Executive Program*" cohort model with UC Davis Extension will roll out in March 2009. The class is set to run for a seven-month period with 25 executive level staff members in attendance. Four of the attendees will join us from Dental and Mental Health program areas. This forum will provide networking opportunities for CPHCS leaders working around the state.

ETU attended the Statewide Workforce Taskforce meeting that included representation from several state agencies. Topics that were addressed at the meeting and generated interest from the attendees:

- Leadership/Staff Development – Upward Mobility/Mentoring
- Estimating Workforce Needs – Retirement Projections (Data collection from CalPers)

- Recruitment – Tools/Tactics
- Development of a Retention Program
- Taking a Talent Inventory

Recruitment, Support and Outreach Unit

- Recruitment ads for Senior Clinical Laboratory Technologist and Clinical Laboratory Technologist were placed in local newspapers surrounding the Deuel Vocational Institution.
- Advertising was scaled back in January while staff reassessed the media plan for January – June 2009.
- A mailer continues to be mailed to California LVNs.

Microsite

During the month of January 2009, there were over 7,500 visits to the web site and over 54,919 “views” of the microsite pages. “Views” are the number of times that people utilized the links on the site to go to the various pages or links available on the new expanded site.

Eligibles

A measurable success of our recruitment ads is the number of eligibles added to our certification lists. During December, the following number of candidates were added to the certification lists:

- Physician and Surgeon (IM/FP) Permanent List – 25
- Chief Medical Officer – 6
- Chief Physician and Surgeon – 5
- LVN – 312
- Psych Tech (Safety) – 69
- Registered Nurse – 375
- Nurse Executive – 159
- Medical Executive – 55
- Chief Executive Officer – 163

Outreach Unit

Toll-Free Line Calls – 765

E-Mails – 90

Total number of calls to date (July 1, 2008 through January 2009) – 6,327

Total number of e-mails to date (August 1, 2007 through January 2009) – 1,192

When callers were asked how they heard about us, the top three responses were:

- Newspaper Ads
- Word of Mouth – CDCR Employee, Family, Friend
- Mass Mailer

Follow-up Contact

Number of initial candidates added to the Applicant Tracking Log – 631

Follow-up contacts by Outreach – 354

Other

- Staff developed the Applicant Tracking System (ATS) Training Manual.
- Staff developed and distributed procedures for relocation reimbursements for new hires required to relocate for their work assignment.
- Staff completed training on the New Hodes iQ ATS that went live on February 2, 2009.
- Staff continues meeting with Selection Services, IT, and Hodes iQ to develop the integration of the online exams for the CPHCS website. The Selection Services Unit will be adding an Administrative Tool to be integrated with the ATS.

Project Management Unit

Centralized Physician Hiring

Progress continues with the Centralized Physician Hiring Project. From October 1, 2007 through December 30, 2008, 185 Physicians and mid-level Practitioners have been hired (137 Physician and Surgeons, 16 Chief Physician and Surgeons, 17 Chief Medical Officers, 10 Nurse Practitioners, and 6 Physician Assistants).

Centralized Pharmacist Hiring

Progress continues with the Centralized Pharmacist Hiring Project. From October 31, 2007 through December 30, 2008, 28 Pharmacists have been hired (22 Pharmacist Is and 6 Pharmacist IIs).

Executive Leader Hiring

Progress continues with the Centralized Executive Leader Hiring Project. Since November 2008, five Nurse Executives have been hired (10,000 bed project, Statewide, two Regional and one pilot institution) and four commitments to hire have been made (two Regional and two pilot institutions).

Since December 2008, two Medical Executive commitments to hire have been made (one Statewide and one Regional).

Northern and Southern Workforce Planning

The Northern and Southern Workforce Planning Units were extremely busy during the month of December conducting presentations, attending recruitment events, visiting colleges, and working on research projects.

	<u>Northern Workforce</u>	<u>Southern Workforce</u>
Accumulated Candidate Contact Total from July 2007 – January 2009	8,271	11,010
Candidate Contacts Acquired January 2009		
Events	60	169
Schools	183	563
Referrals	5	1
Candidate Follow-Up Contact January 2009		
Events	345	91
Schools	160	167
Referrals	4	0

Special Projects

Northern and Southern Workforce Planning are jointly researching all issues and challenges for recruitment needs for our seven new facilities. Other projects include development of:

- National Health Service Corp Loan Repayment Program Research (NHSC) – The purpose of the program is to provide health care professionals to areas located in health professional shortage areas (HPSA). Northern Workforce Planning mailed out applications to health care professionals on January 7, 2009. The deadline to apply for the program is January 31, 2009. In addition, all Chief Medical Officers from our institutions were provided this information via email on January 9, 2009. The HPSA applications for all three disciplines were submitted to NHSC in cooperation with the Mental Health/Dental Personnel Liaison Unit on January 6, 2009.

Attachment

Hodes Report January 2009

MARKETING

The Hodes recruitment ads appeared in the January issue of the following publications:

Journals

- Advance for Nurses

Online Postings

- American Therapeutic Recreation Association - Online
- Careerpharm.org
- AdvanceWeb.com (Nurses)

In addition to the above ads, “reactive” ads for Senior Clinical Laboratory Technologist and Clinical Laboratory Technologist ran in local newspapers surrounding Deuel Vocational Institution.

Advertising was scaled back considerably in January as we reassessed the media plan for January – June 2009.

DIRECT MAILER

A mailer continues to be mailed to California Licensed Vocational Nurses.

OTHER MARKETING MATERIALS

The brochures were finalized and submitted to the printers with an estimated delivery date of early February.

MICROSITE

During the month of January 2009, there were over 7,500 visits to the web site and over 54,919 “views” of the microsite pages. “Views” are the number of times that people utilized the links on the site to go to the various pages or links available on the new expanded site.



Memorandum

Date : March 10, 2009

To : Kathy Stigall, Director
California Prison Health Care Services

From : Katrina Hagen, Deputy Director
Workforce Development Branch

Subject : **WORKFORCE DEVELOPMENT BRANCH MONTHLY REPORT –
FEBRUARY 2009**

During the month of February 2009, Workforce Development Branch (WDB) staff continued with development of initiatives in local communities statewide to prepare for the seven new health care facilities that the Receivership is building in the next several years.

Workforce Development Initiatives

Staff focused efforts on Psychiatric Technicians (Pysch Tech).

- Staff met with the Vice Chancellor of the Economic Development and Workforce Preparation Division, California Community Colleges and a Specialist in Career Technical Education. The meeting initiated dialogue on how to “grow our own” Psych Techs. One issue blocking the program expansion is the cost to educate health care students versus the cost to educate non-health care students.

The meeting also addressed the possibility of allowing first-year Licensed Vocational Nurses (LVN) and Pysch Techs to progress as undeclared in their area of interest until their course work curriculum is split. The goal is that this may expose more students to the Pysch Tech career field which may result in higher Pysch Tech graduation rates.

- Staff met with the Director of Health Care Delivery Initiative. The Director is a member of the Community College Chancellor’s office and directs the Regional Health Occupations Resource Centers that focus on health care education issues. Topic discussed was developing a “bridge” for LVNs that would allow them to return to school to add additional courses and clinical work that would enable the LVN to obtain a Pysch Tech certificate.

Economic Research Report

Staff are developing a research report that will look closely at any and all challenges facing WDB in staffing the new facilities. A draft structure of the report has been created and research is underway on certain key topics. This paper will become a substantial tool for our local partners and internally as we face numerous challenges, both globally and locally in each community. The report should be available within the next 30 to 45 days.

Education and Training Unit (ETU)

ETU staff continue to provide exceptional customer service and support to all staff within California Prison Health Care Services (CPHCS). Various refinements remain ongoing, such as the CPHCS Training Calendar update, which reflects class cancellations due to current budget restrictions. The quarterly calendar has been updated through April 2009, and includes hyperlinks to course descriptions via identified training vendor web pages. The quarterly calendar is located at: <http://intranet/phr/workforceeducationtraining.asp>. The ETU is working with CPS Human Resources, a primary training vendor, to sustain class participation levels during the fiscal crisis. As a result, class cancellations have been avoided and future CPHCS staff enrollment remains secured.

Evaluations of Health Care New Employee Orientation (HCNEO) training have been tabulated and the responses have been positive. The evaluations have been useful in the process of providing quality training to CPHCS staff. The administration of HCNEO includes class registration, conducting training, lesson plan review, and responding to and resolving program related issues (i.e., absences, registration inquiries and requests). During the month of February 2009, an evaluation of all HCNEO instructors was completed. The evaluation listed instructor pros and cons and followed with recommendations for overall improvement of training delivery. In addition to the instructor evaluations, all lesson plans and presentations are being reviewed.

In light of the personal financial impact the recent furloughs have had on CPHCS employees, we have secured financial management education training for staff through the Golden 1 Credit Union. Golden 1 will be providing two free financial education workshops (onsite) for CPHCS staff. The workshop topics are titled: "Budgeting 101" and "Debt Management." The courses will assist staff to create an effective financial plan and describe steps to move out of debt.

A National Incident Management System (NIMS) and Standardized Emergency Management System (SEMS) analysis was completed and gave an extensive summary of facts gathered concerning NIMS/SEMS history, training compliance and relative funding. More research is ongoing in order to identify proactive measures for future training compliance.

ETU staff recently submitted a list of training "Frequently Asked Questions" (FAQs) for the ETU webpage via the CPHCS intranet site. The FAQs have been uploaded as a tool for aiding CPHCS staff to educate themselves on common practices of the ETU. The FAQs webpage is an extension of our commitment to providing quality training and customer service.

Support from the ETU continues as the Emergency Medical Response Policies and Procedures are rolled out. Lesson plans are in development and will be utilized after the initial rollout phase is accomplished.

In addition, ETU has developed contract management training for Executives and Managers. The training is nearing completion and additional training will be forthcoming to a pilot group.

ETU is coordinating with nurse instructors, statewide, to provide mandated dental training to our clinicians. There will be two sessions scheduled at each institution utilizing a contracted vendor selected by the California Department of Corrections and Rehabilitation, Dental Services.

ETU support staff are coordinating onsite Defensive Driver Training (DDT) with the Department of General Services on a quarterly basis to ensure CPHCS staff is legally able to drive State vehicles. The subsequent goal is to coordinate and register staff to attend mandated defensive driver training onsite on May 22, 2009. The DDT training in February 2009 was a success and positive feedback was provided about the training class.

Recruitment, Support and Outreach Unit

- General CPHCS recruitment ads were placed in recruitment event publications.
- A mailer continues to be mailed to California LVNs.

Microsite

During the month of February 2009, there were over 7,200 visits to the web site and over 42,588 “views” of the microsite pages. “Views” are the number of times that people utilized the links on the site to go to the various pages or links available on the new expanded site.

Eligibles

A measurable success of our recruitment ads is the number of hires and eligibles added to our certification lists. During February, the following number of candidates were added to the certification lists and hired:

	<u>Hired</u>	<u>Added to Certification List</u>
• Physician and Surgeon (IM/FP) Permanent List	2	26
• Chief Medical Officer	0	3
• Chief Physician and Surgeon	0	3
• LVN	34	208
• Psych Tech (Safety)	0	35
• Registered Nurse	12	330
• Nurse Executive	3	5
• Medical Executive – 1	0	1
• Chief Executive Officer – 17	0	17
• Pharmacist I	0	10
• Pharmacist II	0	9

Outreach Unit

Toll-Free Line Calls – 562
E-Mails – 156

Total number of calls to date (July 1, 2008 through February 2009) – 6,889
Total number of e-mails to date (August 1, 2007 through February 2009) – 1,348

When callers were asked how they heard about us, the top three responses were:

- Newspaper Ads
- Word of Mouth – CDCR Employee, Family, Friend
- Mass Mailer

Follow-up Contact

Number of initial candidates added to the Applicant Tracking Log – 1,361
Follow-up contacts by Outreach – 3,700

Other

- Staff assumed responsibility of posting vacancies on career web sites. Staff are posting vacancies on ChangingPrisonHealthCare.org, HealthECareers.com and Monster.com websites. During February 2009, staff posted 11 Pharmacist and 1 Clinical Laboratory Technician vacancies.
- Staff received training from our vendor, Hodes iQ, to create and run monthly reports. These reports will track the number of candidates added to the Applicant Tracking System and the correspondence made with candidates.
- Staff drafted a Request for Proposal for marketing services in FYI 09/10 and a Request for Offer for an Applicant Tracking System and a Career Portal. The Career Portal is WDB recruitment website that captures candidates contact information for WDB to advise candidates on how to take a civil service exam and apply for vacancies.
- Staff developed follow-up e-mail responses to candidates that explain how to find vacancies using our career website and State Personnel Board's vacancy system.
- Staff developed a new section entitled "Career" on the www.cphcs.ca.gov website, which features links to all CPHCS exam bulletins, supplemental applications, how to take a civil service exam and other resources to assist candidates and employees to learn about CPHCS career opportunities.

Centralized Hiring Unit

Centralized Physician Hiring

Progress continues with the Centralized Physician Hiring Project. From October 1, 2007 through February 28, 2009, 194 Physicians and mid-level Practitioners have been hired (143 Physician and Surgeons, 17 Chief Physician and Surgeons, 17 Chief Medical Officers, 11 Nurse Practitioners, and 6 Physician Assistants).

Centralized Pharmacist Hiring

Progress continues with the Centralized Pharmacist Hiring Project. From October 31, 2007 through February 28, 2009, 32 Pharmacists have been hired (23 Pharmacist Is and 9 Pharmacist IIs).

Executive Leader Hiring

Progress continues with the Centralized Executive Leader Hiring Project. Since November 2008, 7 Nurse Executives have been hired (10,000 bed project, Statewide, 4 Regional and 1 pilot institution) and 2 commitments to hire have been made (1 pilot institution and 1 special project).

Since December 2008, 2 Medical Executive commitments to hire have been made (1 Statewide and 1 Regional).

Since December 2008, 1 Chief Executive Officer, Health Care has been hired (1 pilot institution).

Northern and Southern Workforce Planning

The Northern and Southern Workforce Planning Units were busy during the month of February conducting presentations, attending recruitment events, visiting colleges and working on research projects.

	<u>Northern Workforce</u>	<u>Southern Workforce</u>
Accumulated Candidate Contact		
Total from July 2007 – February 2009	9,285	10,782
Candidate Contacts Acquired		
February 2009		
Events	95	179
Schools	274	172
Referrals	20	0
Candidate Follow-Up Contact		
February 2009		
Events	526	203
Schools	241	238
Referrals	6	0

Special Projects

Northern and Southern Workforce Planning are jointly researching all issues and challenges for recruitment needs for our seven new facilities. Other projects include:

- National Health Service Corp. Loan Repayment Program Research (NHSC) – The purpose of the program is to provide health care professionals to areas located in health professional shortage areas (HPSA).

WDB coordinated with DCHCS to submit 22 Recruitment and Retention Assistance Applications to the NHSC. This is the second part of the process required for clinicians to participate in their Loan Repayment Program (LRP). The first part was completed in January 2009 with the submission of six requests for new or continued designations of our facilities as Health Professional Shortage Areas. Because of our success in filling clinician vacancies in our institutions, many facilities no longer qualify for this designation. WDB staff obtained data on the number of clinicians under contract with NHSC as awardees of the LRP, which includes: 7 with Primary Care, 110 with Mental Health and 18 with Dental.

- Employment Focused Contacts with the Employment Development Department (EDD), Workforce Investment Board (WIB) and the Chamber of Commerce:

Providence Saint Joseph Medical Center in Burbank announced 95 layoffs. Contact was made and the CPHCS website was provided. Our information collected will be forwarded to their Human Resource (HR) Department. HR will contact us for additional information, if needed. Follow-up will be made by a CPHCS recruiter.

Kaweah Delta Hospital in Visalia has been laying off LVNs a few at a time. Contact was made with their HR Department. HR declined to provide any information pertaining to layoff classifications, numbers or occurrence of any such event. Their written policy does not allow the release of this information. Staff also contacted EDD/WIB in Visalia. They are aware of the layoffs occurring at Kaweah Delta Hospital and commented that Kaweah Delta Hospital is keeping a low profile when it comes to announcing layoffs. Because the layoffs are a few at a time, Kaweah Delta is not required to notify EDD; therefore, EDD is unable to provide any statistics.

- Attended EDD/WIB Nursing Job Fair hosted by Tulare County. Staff acquired 6 contacts and provided 55 packets (40 medical and 15 non-medical).
- Cathedral City Chamber of Commerce – Cathedral City. Provided “5 Reasons to Stay in Prison” poster, LVN salary flyer, and LVN postcard for display in their lobby.

Attachment



Memorandum

Date : April 10, 2009

To : Kathy Stigall, Director
California Prison Health Care Services

From : Katrina Hagen, Deputy Director
Workforce Development Branch

Subject : **WORKFORCE DEVELOPMENT BRANCH MONTHLY REPORT –
MARCH 2009**

During the month of March 2009, Workforce Development Branch (WDB) staff continued developing initiatives for the opening of seven new health care facilities, which the Receiver anticipates building in the next several years. Recruitment efforts included the continued focus of Licensed Vocational Nurses (LVN), Executive Leader, and Psychiatric Technician hiring. Staff continued to hire medical professionals, fill vacancies, and focus on our hard-to-fill locations (Avenal State Prison, Pleasant Valley State Prison, California State Prison Corcoran, and Substance Abuse Treatment Facility).

Workforce Development Initiatives

Staff focused efforts on Psychiatric Technicians (Psych Tech) and LVNs.

- Staff participated in a conference call with San Ysidro Adult Education, Grossmont Health Occupations, and the California Institute for Mental Health to discuss logistics of starting a new Psych Tech program. The program would have approximately 30 students and run for three semesters. The estimated cost for the Psych Tech program is \$286,714.

Possible funding sources for the San Ysidro Psych Tech program include federal stimulus funds and Regional Partnership funds controlled by county mental health directors. Another option discussed in concept was a co-venture between the California Prison Health Care Services (CPHCS) and the Department of Mental Health.

- Staff are developing an interagency agreement between the CPHCS and Southwestern Community College District. The interagency agreement is scheduled to be submitted to the Southwestern Board of Governors and the Receiver by May 1, 2009. This agreement provides clinical rotations for LVN students at RJ Donovan (RJD). The first class is scheduled at RJD in the fall of 2009.

Economic Research

Staff continue to develop a research report that will look closely at any and all challenges facing WDB in staffing the new facilities. A second draft was prepared focusing on an analysis of the projected "Typical" staffing package required at the San Diego medical institution. The analysis will identify all classifications involved in the staffing package, and based on researched statistics and a community supply meeting our

demands, will unveil the various degrees of difficulty CPHCS may encounter to staff the new medical institution. The draft will incorporate medical, mental, and dental health, demonstrating difficulty with primarily mental health classifications.

The research report will become a substantial tool for our local partners and internally as we face numerous challenges, both globally and locally in each community.

Education and Training Unit (ETU)

ETU staff continue to provide training and support to staff within CPHCS. The online training calendar has been updated through April 2009, and includes hyperlinks to course descriptions via identified training vendor web pages and course descriptions. ETU is working with CPS Human Resources, a primary training vendor, to sustain class participation levels. Since ETU's coordination with CPS Human Resources, class cancellations have been avoided and CPHCS staff enrollment remains secured.

Due to budgetary restrictions, the Health Care New Employee Orientation (HCNEO) training is temporarily postponed. However, new hires have been directed to attend local California Department of Corrections and Rehabilitation (CDCR) training in the interim. During the postponement, all lesson plans and presentations are under revision for effectiveness and updates. Additionally, ETU is researching alternate methodologies to assist in HCNEO cost reduction.

Due to the fiscal crisis, ETU has been researching alternatives to in-class training. Solutions are being researched to provide creative, interactive online modules and teleconferencing web-based platforms. This is a challenging undertaking since many of our staff in the institutions do not have computers or online connections. ETU staff developed contract management training for Executives and Managers. The lesson plans are currently under review and will soon be presented to a pilot group.

In light of the personal financial impact the recent furloughs have had on CPHCS employees, ETU sponsored Golden 1 Credit Union workshops offering on-site financial education to CPHCS staff. The "Budgeting 101" workshop was held on March 19, 2009, and "Debt Management" workshop was held March 24, 2009, and were well received. Due to the positive feedback received, the Golden 1 Credit Union has agreed to continue offering future financial education workshops.

Support from the ETU continues as the Emergency Medical Response Policies and Procedures are rolled out. Lesson plans are in development and will be utilized after the initial rollout phase is accomplished.

ETU support staff are coordinating onsite Defensive Driver Training with the Department of General Services on a quarterly basis to ensure CPHCS staff is legally able to drive State vehicles. The subsequent goal is to coordinate and register staff to attend mandated defensive driver training onsite on May 22, 2009.

ETU staff conducted the first of three Training Coordinator sessions on March 26, 2009. The Training Coordinator's Process Guide was used to demonstrate proper completion of forms and instruction on common policies and procedures used in daily Training Coordinator duties. The training was well received and participant feedback was positive.

Recruitment Support and Outreach Unit

- A mailer continues to be mailed to California LVNs. Specifically, there were 1433 LVN mailers sent to Kern and Tulare Counties during phase 3 in the month of March.
- Staff are working with NurseWeek publications to develop a video that will be aired during National Nurse Week. The video, which will be filmed at San Quentin State Prison, will consist of brief interviews with a LVN and Psych Tech. The video will air nationally on the cable channel Women's Entertainment Network. Copies of the video will be provided to the WDB for distribution to candidates and for inclusion on our CPHCS website.

Microsite

During the month of March 2009, there were over 5,200 visits to the web site and over 13,000 "views" of the microsite pages. "Views" are the number of times that people utilized the links on the site to go to the various pages or links available on the new expanded site.

Eligibles

A measurable success of our recruitment ads is the number of hires and eligibles added to our certification lists. During March, the following number of candidates were added to the certification lists and hired:

	<u>Hired</u>	<u>Added to Certification List</u>
• Physician and Surgeon (IM/FP)	7	27
• Chief Medical Officer	1	1
• Chief Physician and Surgeon	0	5
• LVN	10	232
• Psych Tech (Safety)	0	61
• Registered Nurse	20	397
• Nurse Executive	3	12
• Medical Executive	1	8
• Chief Executive Officer	0	26
• Pharmacist I	2	9
• Pharmacist II	0	4

Outreach Unit

Recruitment Outreach Unit (ROU) staffs the toll-free Medical Recruitment Jobline at (1-877-793-4473) and Medical Recruitment e-mail at MedCareers@cdcr.ca.gov. Through these services, ROU staff provides support to candidates interested in a medical health care career with the CPHCS by assisting them with the examination/hiring process, benefits/salaries, existing vacancies and other related information regarding a

medical career with CPHCS. Additionally, ROU staff provides follow-up contacts with all non-clinician candidates on an ongoing basis to assist them through the examination and hiring process.

Toll-Free Line Calls – 531
E-Mails – 174

Total number of calls to date (July 1, 2008 through March 2009) – 7,420
Total number of e-mails to date (August 1, 2007 through March 2009) – 1,522

When callers were asked how they heard about us, the top three responses were:

- Internet (State Personnel Board)
- Word of Mouth – CDCR Employee, Family, Friend
- Mass Mailer

Follow-up Contact

Number of initial candidates added to the Applicant Tracking Log – 1,795
Follow-up contacts by Outreach – 4,567

Other

- Staff developed procedures for the Hodes iQ Training Manual for creating job templates and posting vacancies.
- Staff have developed a supplemental Recruitment and Retention (R&R). The current Human Resources R&R report summarizes Physician, Mid-Level, specific Nursing, and Pharmacy information. The supplemental report will include all other nursing classifications, ancillary, and support classifications.

Centralized Hiring Unit

Centralized Physician Hiring

Progress continues with the Centralized Physician Hiring Project. From October 1, 2007 through March 30, 2009, 204 Physicians and mid-level Practitioners have been hired (150 Physician and Surgeons, 17 Chief Physician and Surgeons, 18 Chief Medical Officers, 11 Nurse Practitioners, and 8 Physician Assistants).

Centralized Pharmacist Hiring

Progress continues with the Centralized Pharmacist Hiring Project. From October 31, 2007 through March 30, 2009, 33 Pharmacists have been hired (24 Pharmacist Is and 9 Pharmacist IIs).

Executive Leader Hiring

Progress continues with the Centralized Executive Leader Hiring Project. Since November 2008, 7 Nurse Executives have been hired (10,000 bed project, Statewide, 4 Regional and 1 pilot institution).

Since December 2008, 1 Medical Executive commitment to hire has been made (1 Regional) and 5 hiring commitments have been made (3 Regional and 2 pilot institutions).

Since December 2008, 1 Chief Executive Officer, Health Care hiring commitment has been made (1 pilot institution).

Northern and Southern Workforce Planning

The Northern and Southern Workforce Planning Units were busy during the month of March conducting presentations, attending recruitment events, visiting colleges and working on research projects.

	<u>Northern Workforce</u>	<u>Southern Workforce</u>
Accumulated Candidate Contact Total from July 2007 – March 2009	15,814	11,728
Candidate Contacts Acquired March 2009		
Events	0	47
Schools	94	7
Referrals	4	17
Candidate Follow-Up Contact March 2009		
Events	407	490
Schools	532	407
Referrals	1	17

Special Projects

Northern and Southern Workforce Planning are jointly researching all issues and challenges for recruitment needs for the seven proposed new facilities. Other projects include:

- National Health Service Corp. Loan Repayment Program Research (NHSC) – The purpose of the program is to provide health care professionals to areas located in health professional shortage areas.

Staff are coordinating with CDCR's Division of Correctional Health Care Services to complete the Uniform Data System report administered by the NHSC. This is an annual report prepared by sites/institutions that employ clinicians participating in the NHSC program. The report includes the services used at each site, inmate age, ethnicity, race, population and staff encounters with inmates.

- Employment Focused Contacts with the Employment Development Department (EDD), Workforce Investment Board (WIB) and the Chamber of Commerce:

Staff continued contacting WIB and EDD offices regarding companies in their area that may be undergoing staff reductions in the health care industry and provided recruitment materials to distribute to potential candidates. Staff are coordinating with WIB and EDD to place a link to our CPHCS website on their website.

Staff provided WIBs in the vicinity of Jamestown with Supervising Registered Nurse I and II job advertisements for the Sierra Conversation Center institution.

On March 19, 2009, staff attended the monthly Recruiter's Roundtable Napa/Solano County WIB meeting. The purpose of the meetings is to provide the opportunity to discuss recruiting resources, events, and share ideas. The Solano County WIB is planning to seek funding for a study of the health care workforce and development of a strategic plan to meet future hiring needs. Staff emailed all members of the Napa/Solano County WIB to inform that CPHCS is hiring health care professionals and that we are seeking to partner with employers who are downsizing.

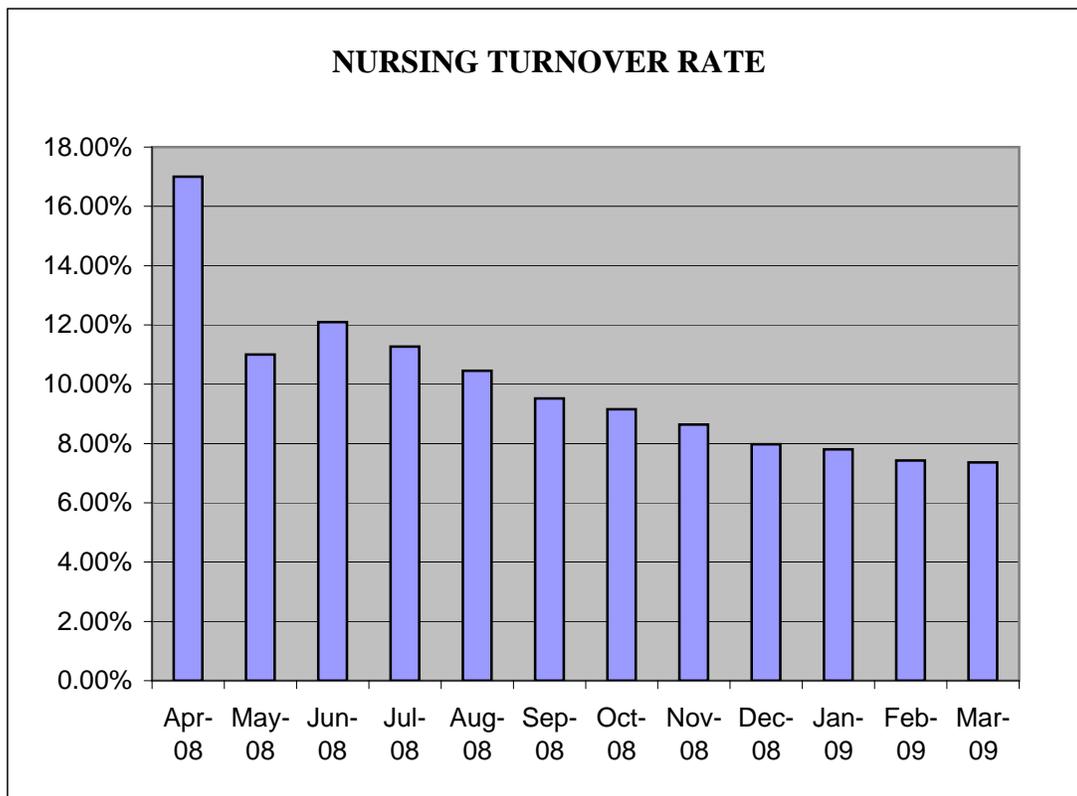
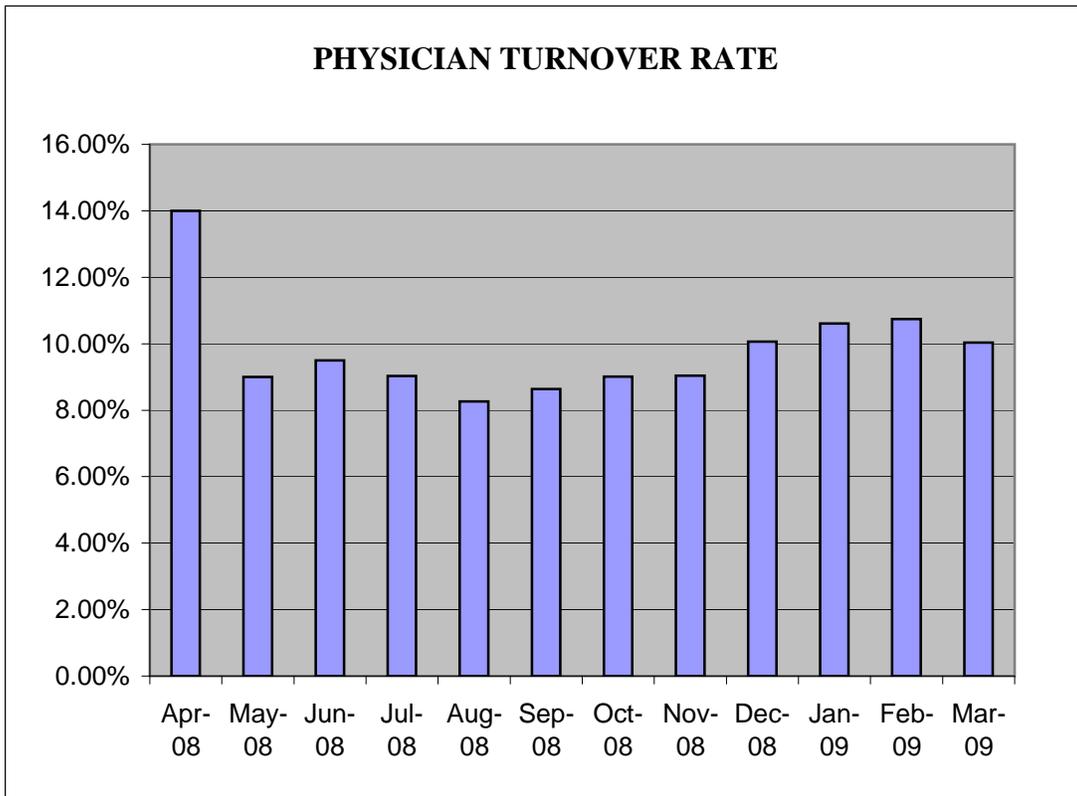
- On March 23, 2009, staff participated in mock nursing interviews with students at Merrit College. Students were rated on responses to questions, appearance, professionalism, tone of voice and resume. The mock interviews will prepare and train students for interviews in their future employment.
- Staff reviewed Exit Surveys from five employees and results reveal a need for training to retain employees.

Attachment

APPENDIX 9

PHYSICIAN AND NURSING TURNOVER RATES

April 2008 through March 2009



APPENDIX 10

**Controlled Correspondence Unit
Executive Summary Report
January 2009**

1. **Focus:** The following analysis represents the number of correspondence (including those received from the California Out-of-State Correctional Facility [COCF], Sacramento Central Office [SACCO], Western Interstate Compact [WIC]), litigation issues, Inmate Health Care Inquiry Line (Hotline) calls, and California Prison Health Care Receivership Corporation (CPR) website emails received, processed, and were overdue for January 2009 compared to December 2008.
2. **Source Data:** The statistics are derived from the Controlled Correspondence Unit (CCU) monthly reports.
3. **Correspondence:** The following is a breakdown of the total number of correspondence received, completed, and overdue. (Note: Beginning June 2008, CCU began responding to correspondence sent to the CPR web-site email, COCF, SACCO, and WIC.)

	January 2009	December 2008
Correspondence Received	295*	426**
Correspondence Completed	311	264
Correspondence Overdue	430 [†]	283

* Of the 295 correspondences received, 129 of the correspondences were forwarded from the Office of Receiver to CCU for processing.

** Of the 426 correspondences received, 210 of the correspondences were forwarded from the Office of the Receiver to CCU for processing.

4. **Hotline:** The following is a breakdown of the total number of Hotline calls received, completed and overdue.

	January 2009	December 2008
Hotline Calls Received	118	109
Hotline Calls Completed	104	115
Hotline Calls Overdue♦	0	0

5. **Litigation:** The following is a breakdown of the total number of litigation issues received, completed and overdue.

	January 2009	December 2008
Litigation Received	67	51
Litigation Completed	64	48
Litigation Overdue♦	0	0

[†]NOTE: Thirteen of the overdue correspondences are Merit Awards completed by CCU. The Merit Awards were forwarded to and are pending approval by Mr. Dezember's office.

♦NOTE: This is a date in time snapshot report, which means there are no overdue Hotline or Litigation items on January 31, 2009.

**Controlled Correspondence Unit
Executive Summary Report
February 2009**

1. **Focus:** The following analysis represents the number of correspondence (including those received from the California Out-of-State Correctional Facility [COCF], Sacramento Central Office [SACCO], Western Interstate Compact [WIC]), litigation issues, Inmate Health Care Inquiry Line (Hotline) calls, and California Prison Health Care Receivership Corporation (CPR) website emails received, processed, and were overdue for February 2009 compared to January 2009.
2. **Source Data:** The statistics are derived from the Controlled Correspondence Unit (CCU) monthly reports.
3. **Correspondence:** The following is a breakdown of the total number of correspondence received, completed, and overdue. (Note: Beginning June 2008, CCU began responding to correspondence sent to the CPR web-site email, COCF, SACCO, and WIC.)

	February 2009	January 2009
Correspondence Received	336*	295**
Correspondence Completed	305	311
Correspondence Overdue	355 ⁺	430

* Of the 336 correspondences received, 185 of the correspondences were forwarded from the Office of Receiver to CCU for processing.

** Of the 295 correspondences received, 129 of the correspondences were forwarded from the Office of the Receiver to CCU for processing.

4. **Hotline:** The following is a breakdown of the total number of Hotline calls received, completed and overdue.

	February 2009	January 2009
Hotline Calls Received	124	118
Hotline Calls Completed	131	104
Hotline Calls Overdue♦	0	0

5. **Litigation:** The following is a breakdown of the total number of litigation issues received, completed and overdue.

	February 2009	January 2009
Litigation Received	71	67
Litigation Completed	74	64
Litigation Overdue♦	0	0

⁺NOTE: Thirteen of the overdue correspondences are Merit Awards completed by CCU. The Merit Awards were forwarded to and are pending approval by Mr. Dezember's office.

♦NOTE: This is a date in time snapshot report, which means there are no overdue Hotline or Litigation items on February 28, 2009.

**Controlled Correspondence Unit
Executive Summary Report
March 2009**

1. **Focus:** The following analysis represents the number of correspondence (including those received from the California Out-of-State Correctional Facility [COCF], Sacramento Central Office [SACCO], Western Interstate Compact [WIC]), litigation issues, Inmate Health Care Inquiry Line (Hotline) calls, and California Prison Health Care Receivership Corporation (CPR) website emails received, processed, and were overdue for March 2009 compared to February 2009.
2. **Source Data:** The statistics are derived from the Controlled Correspondence Unit (CCU) monthly reports.
3. **Correspondence:** The following is a breakdown of the total number of correspondence received, completed, and overdue. (Note: Beginning June 2008, CCU began responding to correspondence sent to the CPR web-site email, COCF, SACCO, and WIC.)

	March 2009	February 2009
Correspondence Received	382*	336**
Correspondence Completed	358	305
Correspondence Overdue	285 ⁺	355 ⁺

* Of the 382 correspondences received, 180 of the correspondences were forwarded from the Office of Receiver to CCU for processing.

** Of the 336 correspondences received, 184 of the correspondences were forwarded from the Office of the Receiver to CCU for processing.

4. **Hotline:** The following is a breakdown of the total number of Hotline calls received, completed and overdue.

	March 2009	February 2009
Hotline Calls Received	136	124
Hotline Calls Completed	132	131
Hotline Calls Overdue♦	0	0

5. **Litigation:** The following is a breakdown of the total number of litigation issues received, completed and overdue.

	March 2009	February 2009
Litigation Received	60	71
Litigation Completed	58	74
Litigation Overdue♦	0	0

⁺NOTE: Thirteen of the overdue correspondences are Merit Awards completed by CCU. The Merit Awards were forwarded to and are pending approval by Ms. Sharon Aungst's office.

♦NOTE: This is a date in time snapshot report, which means there are no overdue Hotline or Litigation items on March 31, 2009.

APPENDIX 11



**PHARMACY MANAGEMENT CONSULTING
SERVICES**

2008 Annual Report

**To the
California Prison Health Care
Receivership Corporation**



February 18, 2008

Clark Kelso, Receiver
California Prison Health Care Services
P.O. Box 4038
Sacramento, CA 95812-4038

Dear Mr. Kelso:

As you know, Maxor has been engaged in tremendously complex and challenging work involving a comprehensive overhaul of the California prison system pharmacy program. I am pleased to forward you this *2008 Annual Progress Report* outlining the key accomplishments and challenges during the last year and identifying key activities planned for 2009.

It is my belief, that working with your office and dedicated staff, we continue to make progress and have achieved positive results in implementing the *Roadmap to Excellence*. Our focus continues on improved patient safety, evidenced-based practice and cost-effective service delivery.

We believe the results speak for themselves. An actively managed formulary is in place. Disease Medication Management guidelines for all the prevailing disease states found in the CDCR patient population have been developed and implemented. Increased access to key pharmacy management data is now available in over half of the CDCR facilities through the implementation of the Guardian operating system resulting in increased accountability. Even though more than seven million medication orders were filled last year, cost avoidance compared to prior cost trends was approximately **\$33.3M** in 2008.

While the year has not been without its challenges, I am proud of the dedicated and professional effort our Maxor team and CDCR/CPHCS partners have put forth and the standard of excellence that your office has established. I look forward to the next year and am confident that our team is up to any challenges it may bring.

Sincerely,

Jerry Hodge, Chairman

Table of Contents

Introduction.....	1
Summary of Key Accomplishments in 2008.....	3
Status Report on Roadmap Objectives.....	14
<i>Goal A</i>	14
<i>Goal B</i>	17
<i>Goal C</i>	19
<i>Goal D</i>	22
<i>Goal E</i>	24
<i>Goal F</i>	25
<i>Goal G</i>	28
Key Challenges Going into 2009.....	29
Conclusion.....	31
Annual Report Attachments	32
<i>Appendix A: Pharmacy Dashboard</i>	
<i>Appendix B: Maxor Timeline and Tracking Grid</i>	
<i>Appendix C: Pharmacy Inspection Grid</i>	
<i>Appendix D: CDCR Formulary, January 2009</i>	
<i>Appendix E: Disease Medication Management Guidelines</i>	

List of Figures

Figure 1. <i>CDCR Wholesaler Purchases by Month : Actual v. Historic Trends</i>	4
Figure 2. <i>HIV Monthly Drug Costs</i>	5
Figure 3. <i>HCV Monthly Drug Costs</i>	5
Figure 4. <i>Formulary and Non-Formulary Purchases PMPM: 2008</i>	7
Figure 5. <i>Monthly Pharmacy Inspections</i>	8
Figure 6. <i>Targeted Contract Savings 2008</i>	10
Figure 7. <i>Atypical Drug Purchases by Month: 2008</i>	11
Figure 8. <i>2008 Atypical Purchases by Drug</i>	12

PHARMACY MANAGEMENT CONSULTING SERVICES

Annual Report January - December 2008

Introduction

In January 2007, the California Prison Health Care Receivership Corporation (CPR) and Maxor National Pharmacy Services Corporation (Maxor) entered into an agreement to provide management consulting services necessary to achieve improvements to the California Department of Corrections and Rehabilitation (CDCR) pharmacy services. The purpose of this agreement was to implement the court approved plan for achieving safe, effective and efficient pharmacy practices (*Roadmap from Despair to Excellence*).

From the outset of this arrangement, the Maxor team worked with the Office of the Receiver to ensure that direction and priorities were established consistent with the overall *Plata* medical care reform effort. These priorities include working closely with the Court's experts in the *Coleman* (mental health) and *Perez* (dental) litigation. The collective efforts of the pharmacy improvement program are guided by the *Roadmap* adopted by the CPR with priority given to achieving patient safety, evidence based practice and cost efficiency. The required improvements outlined in the *Roadmap* are organized into seven primary goals, each supported by specific objectives and timelines:

Goal A: *Develop meaningful and effective centralized oversight, control and monitoring over the pharmacy services program.*

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.*

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

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.*

- 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.*
- 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.*
- Goal G:** *Develop a process to assure CDCR pharmacy meets accreditation standards of the designated healthcare review body (NCCHC or ACA) and assist in obtaining accredited status.*

During 2008, Maxor and its California Prison Health Care Services (CPHCS) partners have worked diligently towards accomplishing the *Roadmap* goals and objectives. Significant improvements in pharmacy processes have been implemented, setting the foundation for a more effective, safer and accountable system. Upward trends in pharmacy costs are being reversed as more efficient and effective resource management takes effect despite increased access to prescribers. At the same time, all parties recognize that much remains to be done. This report outlines key accomplishments and progress along the *Roadmap*; provides an updated status report for each of the *Roadmap* specific objectives; and identifies key challenges confronting the process as we move into year three of this multi-year plan.

Summary of Key Accomplishments in 2008

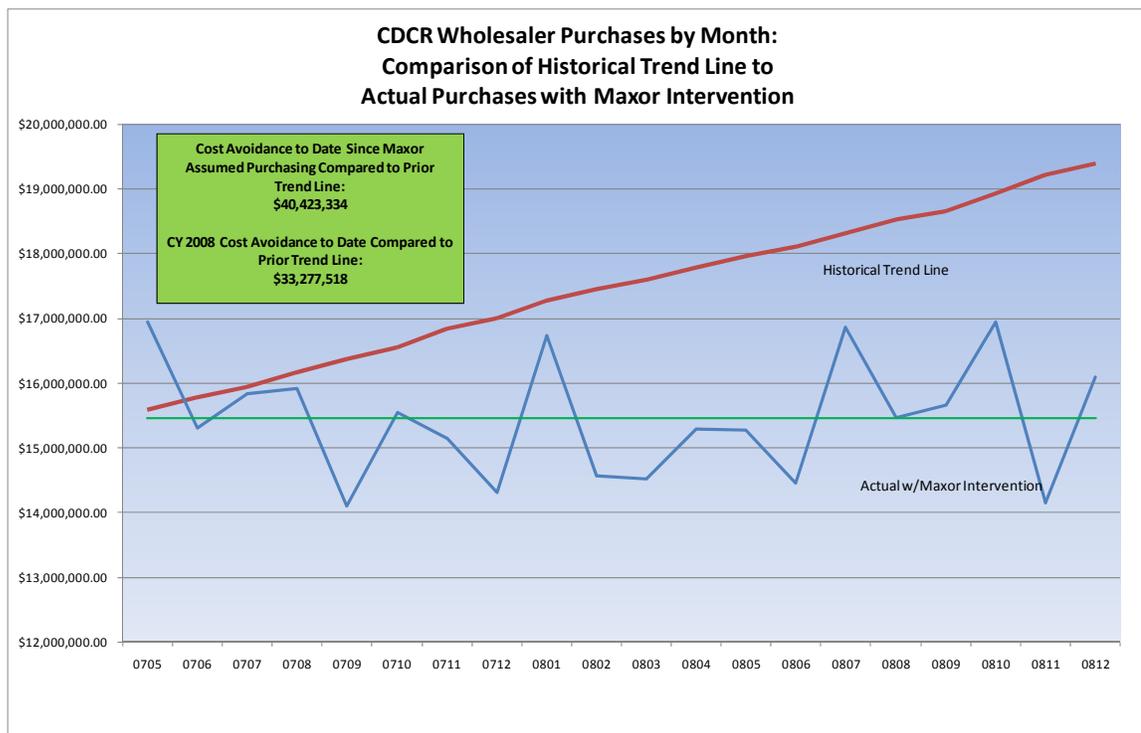
The *Roadmap to Excellence* is intended to lead the CDCR towards an accountable and responsive pharmacy services program resulting in three desired outcomes: first, a priority on improved patient safety; second, the development of an evidence-based practice; and, third, a cost-effective pharmacy program. Significant progress has been made towards achieving each of these outcomes. At the end of last year, Maxor provided its 2007 Annual Report outlining accomplishments in the first year of this reform effort. This 2008 Annual Report updates the progress of the Maxor/CPHCS pharmacy improvement initiative through December 2008.

During the second year of the *Roadmap* implementation, much of the activity has been focused on strengthening the policies, procedures, administrative processes and performance of the pharmacy program; extending implementation of the GuardianRx® pharmacy operating system to all facilities; moving forward on plans to build, equip and bring into operation a central fill pharmacy; and focusing on building CDCR pharmacy staff competencies. Key accomplishments are summarized below:

- One of the initial actions taken in the pharmacy improvement initiative was the establishment of a central pharmacy services administration authority charged with implementation of the Roadmap to Excellence, including the recruitment and hiring of staff to fill central oversight roles and responsibilities. During the second year of this effort, actions were taken to further strengthen and extend oversight. Early in the year, three Pharmacy Operations Manager and six pharmacy technologist positions were filled to assist in staffing three GuardianRx® implementation teams. In June, a new Director of Pharmacy was selected.
- Quarterly staffing model assessments of pharmacy staffing needs within individual institutions were also completed. A revised and CPHCS approved pharmacy staffing plan was put in place in the Spring of 2008. Maxor worked with CPHCS/CDCR human resources to address processes for filling vacancies by centralizing the hiring for Pharmacist I and Pharmacist II positions statewide. This effort, initiated by the Office of the Receiver and involving both Maxor and CDCR, was established to assist in filling critical vacancies for pharmacists and includes updated processes for credentialing, coordination of interviews and making final selections. Standardized duty statements for both Pharmacist positions have been developed along with standard reference check questionnaires and scored interview formats. Interviewing for vacancies using the revised hiring process began in July. Since Centralized hiring began, a total of 48 interviews have been held and 26 offers made. Of these 26, 18 Pharmacists have started employment with the CDCR, six candidates declined the offer and two offers are still pending.

- Attempts to replace registry pharmacists-in-charge (PIC) with state employees are progressing well. The number of registry PICs has been reduced from 10 to 6 and one site with no PIC (Registry or State) has been staffed.
- The coordination of pharmacy related issues and concerns between the *Plata*, *Coleman* and *Perez* parties, to include membership and active participation in the revitalized CDCR Pharmacy and Therapeutics Committee has continued. This vital coordination provides a consolidated interface between the three major health care cases and ensures the focus on improved patient safety and evidenced-based practices remains at the forefront of the decision-making process.
- Significant cost savings compared to prior historical trends have been realized as the various components of the *Roadmap* have been implemented. During 2008, nearly \$33.3M in estimated cost avoidance was realized (see Figure 1).

Figure 1.



This cost avoidance is even more significant when one considers that many of the related medical care improvement initiatives being implemented concurrently are increasing the numbers of inmate-patients being treated. For example, Figures 2 and 3 below illustrate the increased costs experienced in HIV and Hepatitis C medications respectively resulting primarily from increased access to treatment for these conditions. Figure 2 shows that by the end of 2008, almost a million dollars a month more is being spent on HIV medications than in 2006 before the reform efforts began.

Over that same time comparison, Hepatitis C medication spending has increased threefold.

Figure 2

HIV Monthly Drug Costs

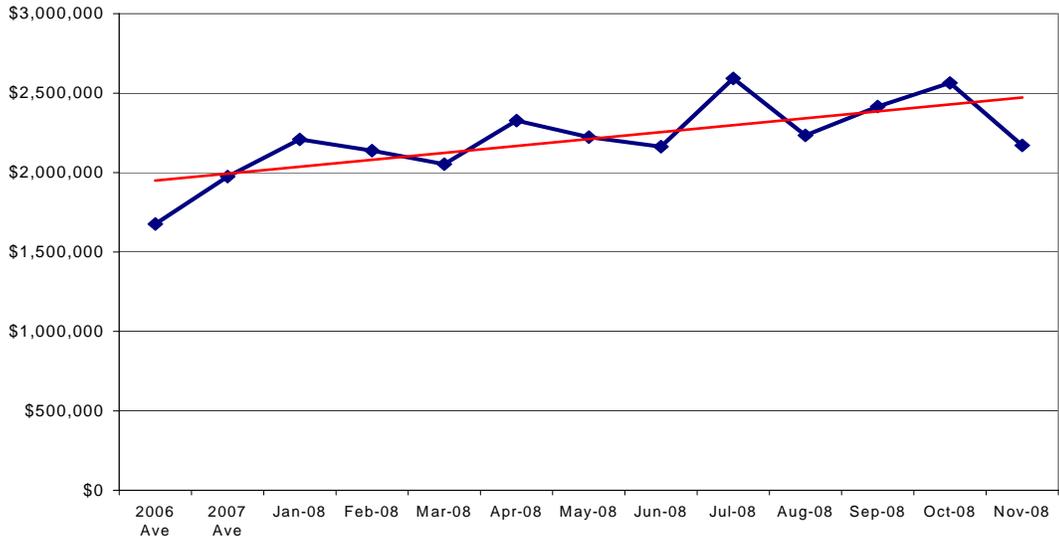
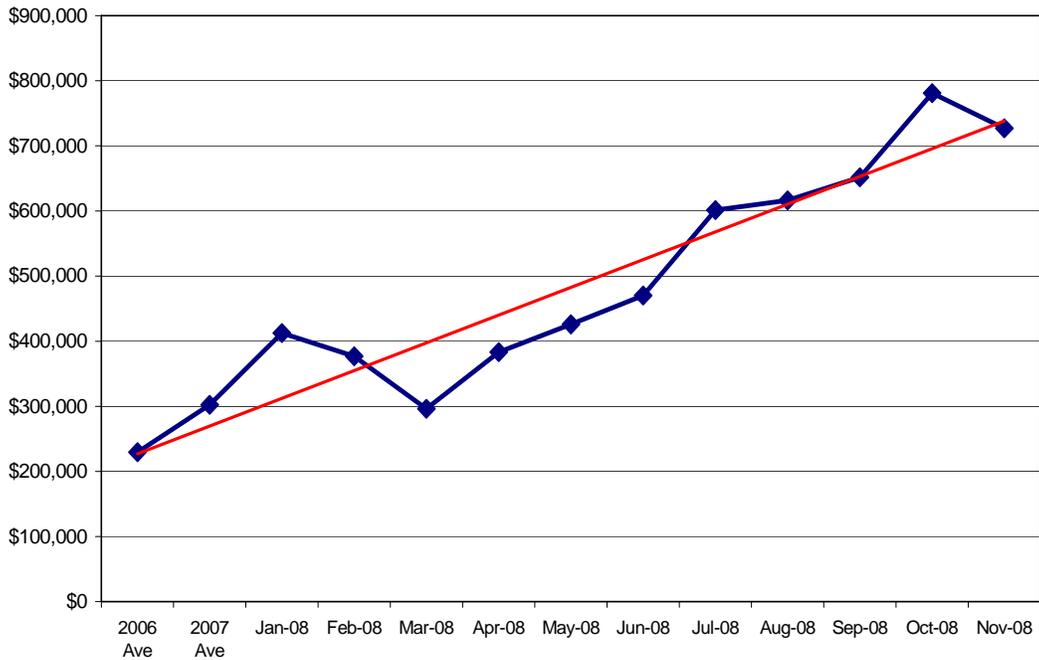


Figure 3

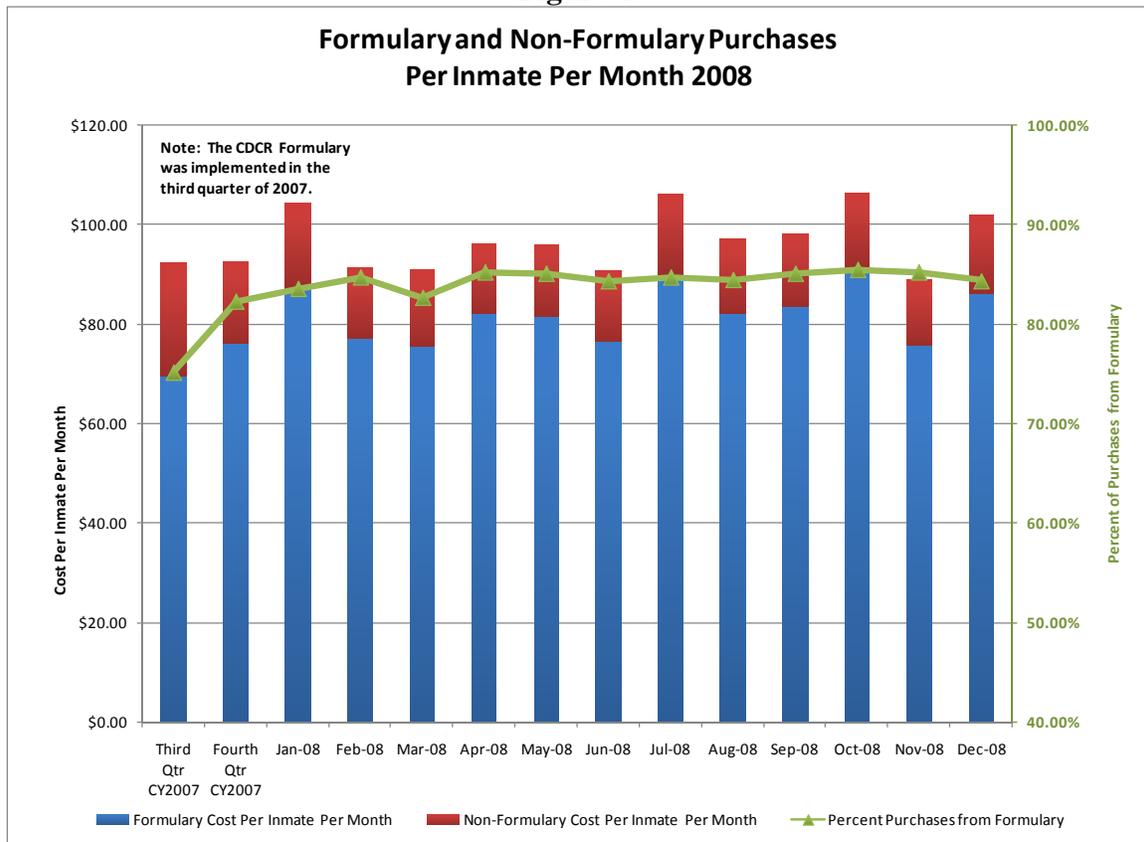
HCV Monthly Drug Costs



- Throughout 2008, the CDCR Pharmacy and Therapeutics Committee has continued to provide clinical leadership for the pharmacy program and has accomplished the following:
 - Essentially completed a comprehensive review and update of all pharmacy related policies and procedures;
 - Developed, reviewed and approved disease medication management guidelines 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)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Bipolar Disease
 - Major Depressive Disorder
 - Hepatitis C
 - Continued to systematically schedule therapeutic category utilization reviews; the therapeutic interchange program now includes 19 drug classes and all major therapeutic drug classes have been reviewed. A cycle of ongoing therapeutic class review will continue to ensure a regular review of all drug classes.
 - Continued its ongoing management of the standardized Correctional Formulary, including monthly consideration of changes, additions and deletions to the formulary.

- In 2008, efforts to drive more of the pharmacy purchasing to the formulary have also progressed. The per inmate per month cost of non-formulary medications has been reduced from an average cost of \$19.76 in 2007 to \$14.98 in 2008. Over the same time, formulary purchases as a percentage of the total purchases have increased from 78.7% to 84.6%. All total, more than seven million medication orders were filled in 2008 by CDCR pharmacies. Figure 4 illustrates the formulary and non-formulary costs for 2008 compared to 2007.

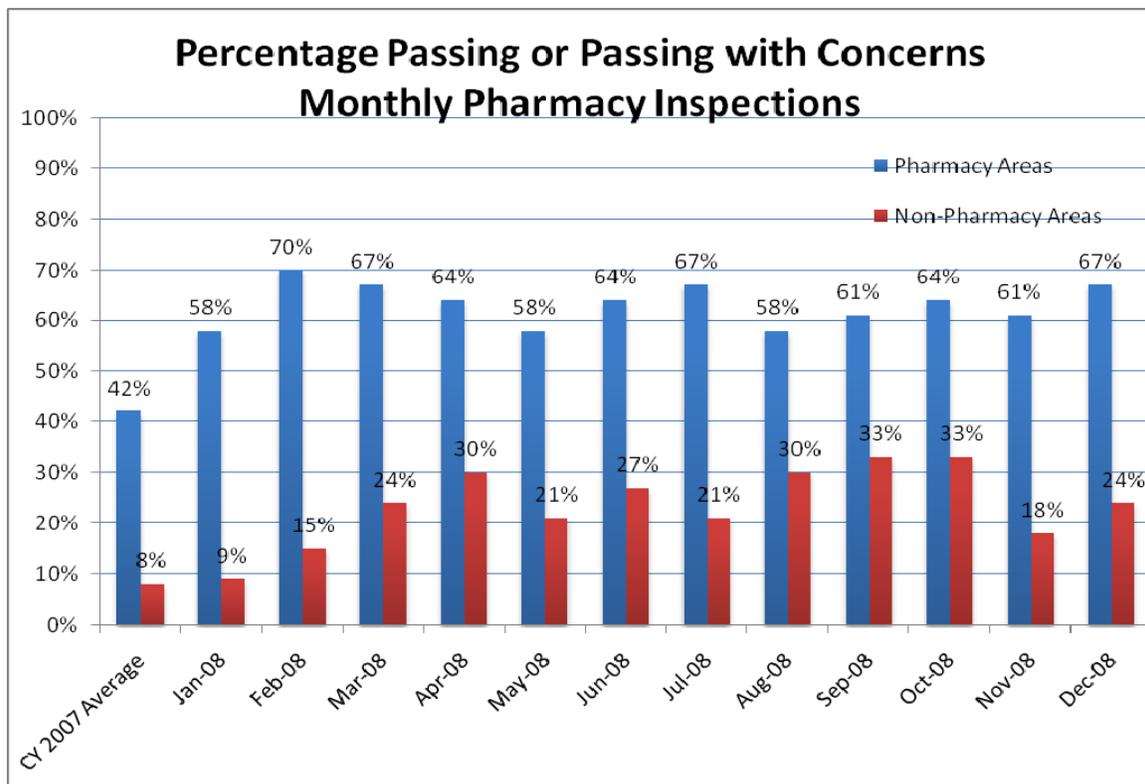
Figure 4.



- The CDCR Formulary was made available to CDCR providers through the CPHCS website (which is updated each time the formulary changes) and additionally through *Epocrates*®, a web-based service designed to ensure that the latest formulary and medication related information is readily available to prescribers and pharmacists. Further, each issue of the monthly pharmacy newsletter, *Pharmacy Horizons*, includes information on P&T Committee actions and formulary updates.
- Clinical Pharmacy Specialists (CPS) continued their active support of pharmacy initiatives by providing in-service training to providers, pharmacy and nursing staff on approved Disease Medication Management Guidelines, conducting in-service training for facility staff on pharmacy policy and procedures, and discussing targeted non-formulary purchases with facility leadership.
- New clinical and managed care reports were developed and are now routinely produced beginning in November 2008 for facilities that are using the GuardianRx® operating system. Monthly report sets are auto-emailed to PICs starting the first week of the month for the preceding reporting period. The expectation is for the PIC to distribute and review the reports with CMO/HCM and clinical staff. These reports include system-wide, facility level and provider level report cards.

- Working with the CPCHS clinical leadership and the Public Health Unit, Maxor worked to ensure that sufficient influenza vaccine was procured and distributed in a timely manner to support the 2008 Influenza Vaccination initiative. More than 120,000 doses of the vaccine were procured and distributed throughout the various CDCR facilities in accordance with pre-determined targeted levels. During this process, the Maxor Supply team responded immediately to coordinate correction of a significant shipping error made by the manufacturer, resulting in the need to retrieve, return and replace more than 50,000 doses (at the manufacturer’s costs). Corrected shipments were received and verified. Vaccine orders also included a small quantity of thiomersol free vaccine for use as needed at the women’s facilities. Provisions were also made for a supplemental order during October as approved by the Public Health Unit.
- Pharmacy inspections are conducted and documented monthly, with slow but steady progress forward across the state. The number of pharmacies with an inspection rating score of pass/problem (not failed) has increased from 21 percent in March 2007 to 67 percent in December 2008 (see Figure 5). The Maxor team also began to objectively validate the improvements for any facility moving from non-passing to passing status in their monthly inspection reports by conducting independent onsite validations (an important verification process which began in February 2008).

Figure 5.



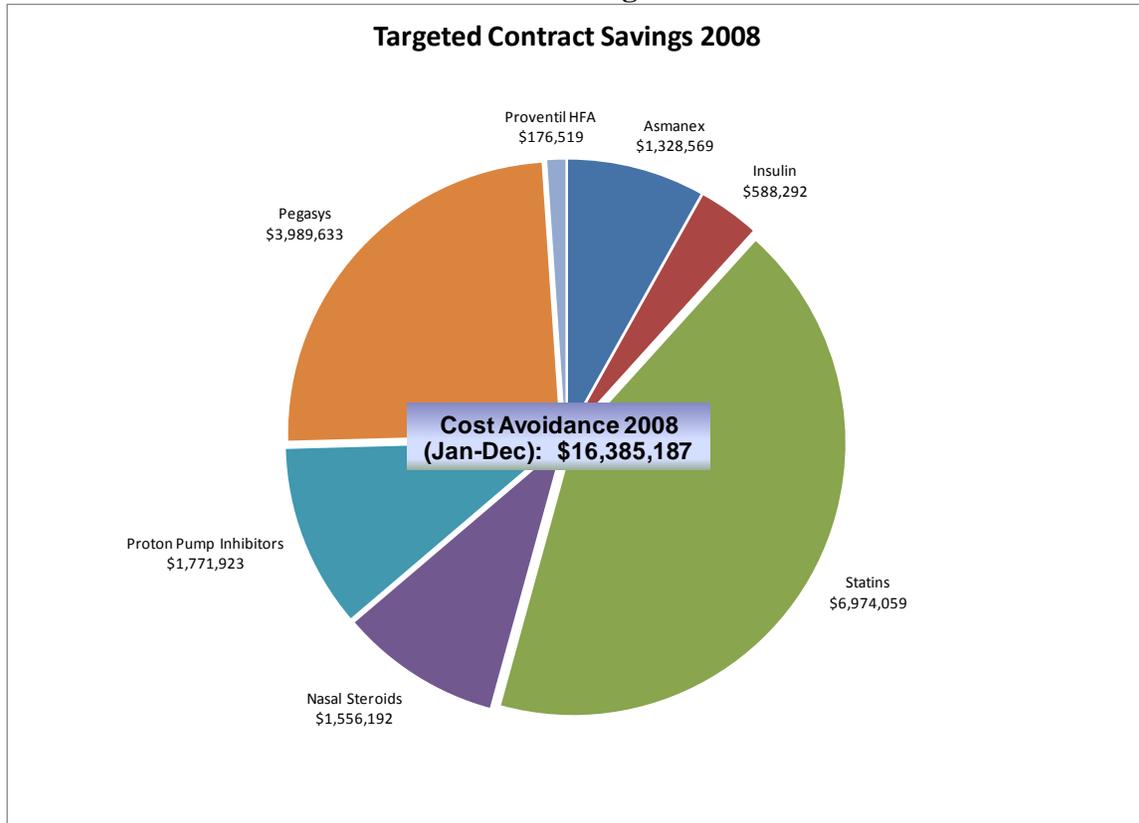
- The GuardianRx® pharmacy operating system has now been implemented in 19 of the 33 CDCR institutions (CCC, HDSP, FOL, MCSP, SQ, SAC, CMC, CVSP, ISP, COR, SATF, CIW, CCWF, VSPW, DVI, NKSP, KVSP, LAC and PVSP).
 - Comprehensive medication management assessments have been completed for all facilities.
 - During the fall of 2008, a review of the GuardianRx® implementation schedule conducted by the GuardianRx® Steering Committee resulted in a decision to revise the rollout schedule in order to allow time for more training, to allow a reasonable period of time to orient newly recruited nursing implementation leadership staff, to improve efficient use of limited rollout team resources and to allow facilities with significant infrastructure issues additional time to address those challenges. A revised schedule was approved extending conversion activities through October 2009.
 - An additional schedule has been developed to allow teams to return to facilities that have already implemented GuardianRx® in order to assess their status, provide supplemental operational oversight and training and to upgrade the facilities with new system functionality.
 - During late 2008, prescription imaging capabilities were tested and included as an enhancement to the GuardianRx® system. This capability will allow prescriptions to be scanned into the system and available enterprise wide. This will permit workload sharing and enhance the ability to respond to emergency situations.

- Additional content was developed throughout the year for *MC Strategies*, an educational and tracking software tool used for pharmacy employees. Policy and procedure revisions, disease medication management guidelines and other key processes are deployed as learning content in the software. This product is used by all pharmacists. The product assures deployment and verifies competency in important procedural changes, educational information and other key information. To date, 44 lessons have been deployed and are in use.

- During the year, three Pharmacists-in-Charge meetings were held to provide important training and skills development. Efforts also continued related to provider education in formulary processes and medication utilization management. The Maxor Medical Director and/or his clinical representative participated in both medical and mental health clinical leadership meetings. During these meetings, information on the formulary and non-formulary processes is shared and data showing utilization trends and costs has been provided. Maxor's Medical Director actively participated in the Clinical Leaders Strategic Retreat held in October. Maxor team members also made presentations at the regional dentist's meeting. Several training sessions were also held with pharmacy managers in preparation for GuardianRx implementation. Other training included phone conferences related to the use and understanding of the managed care report set and inventory oversight and control.

- Continued to manage the purchasing and procurement of pharmaceutical products for the CDCR population:
 - By working closely with the Pharmacy & Therapeutics Committee to identify favorable contracting opportunities, Maxor has negotiated with manufacturers on selected therapeutic categories. The resulting targeted contracts have contributed to significant savings over prior pricing arrangements, totaling \$16.4M in 2008. Figure 6 depicts these savings by drug.
 -

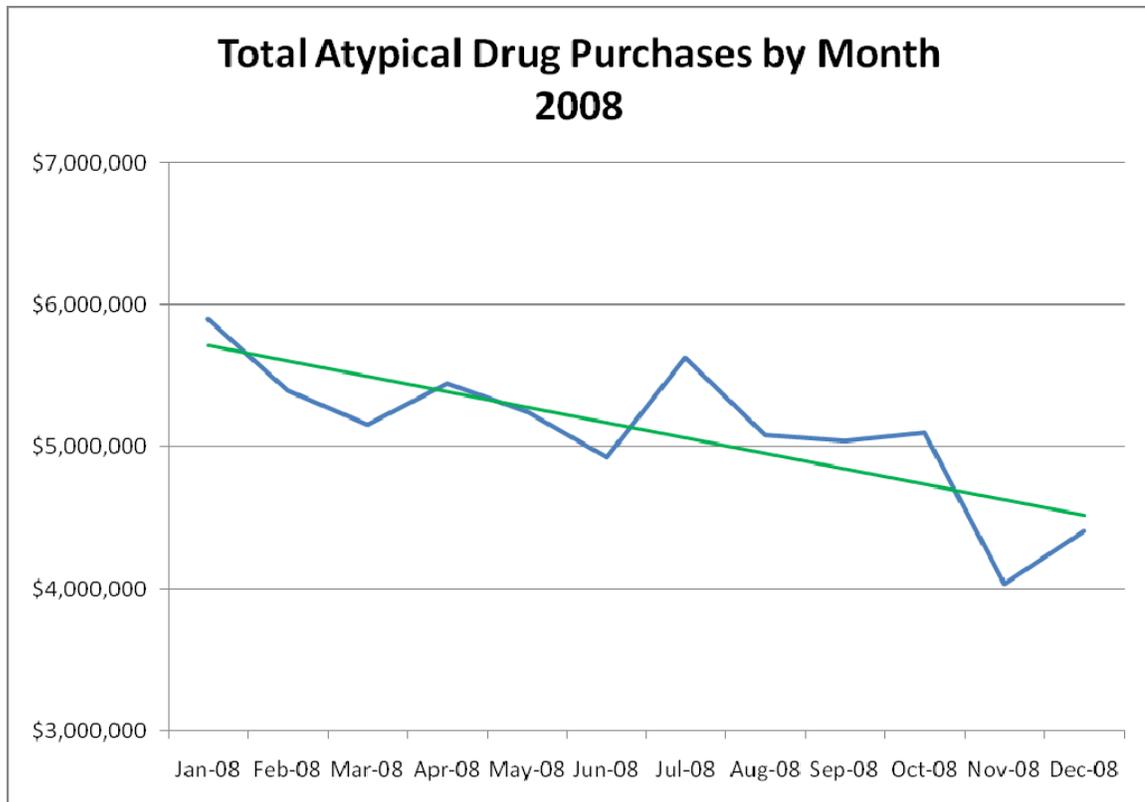
Figure 6



- 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. The structure of this contract and the subsequent implementation resulted in a significantly higher discount for drugs than prior contracts.
- Procedures have also been implemented to compare purchases with dispenses to enhance accountability and identify potential diversions or misuse at all GuardianRx® sites. Special onsite reviews based on this data have been conducted as follow-up.
- During 2008, more than \$1.7M in returns credit was captured based on the implementation of a more effective return and reclamation contract.

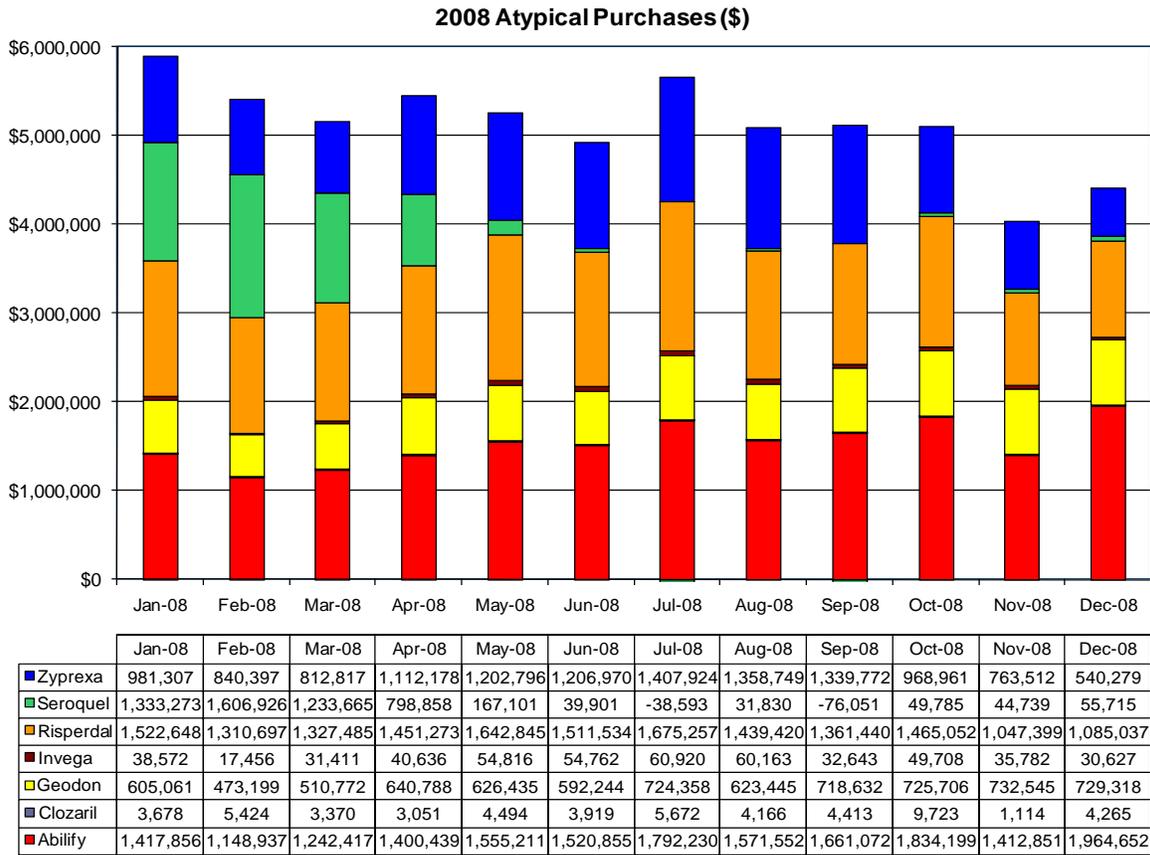
- Comprehensive pharmacy-related savings and cost avoidances been realized, while concomitant significant shifts in pharmacotherapy are being seen as the formulary and disease medication management guidelines have been implemented. For example, when one examines the monthly purchases of atypical mental health drugs which comprise about a third of all drug purchases, a downward trend in costs is apparent (see Figure 7).

Figure 7.



Additionally, a trend towards the use of the approved formulary medications within the atypical category is clear (see Figure 8). Moreover, the same data shows a dramatic reduction in purchases of a drug with a high potential for abuse and/or diversion within the corrections environment (Seroquel). In just a few months, the purchases of Seroquel dropped from over \$1.3M in January 2008 to less than \$50K in June of 2008.

Figure 8.



- At the request of the CPHCS, a Maxor team was put in place to directly manage pharmacy and medication management improvements at San Quentin. Under this initiative, Maxor:
 - Replaced the registry PIC with a Maxor pharmacy manager to oversee daily activities and staff inside the pharmacy;
 - Hired an Operations Manager Pharmacist to work with leadership and disciplines outside the pharmacy to implement a medication management corrective action plan;
 - Hired four pharmacy technologists-- two to replace registry staff and two to work on the medication management corrective action plan activities outside the pharmacy.

Following a successful GuardianRx® conversion process, significant improvement to the pharmacy operations and the implementation of corrective actions on various medication management issues, Maxor with the concurrence of CPHCS, transferred management of the San Quentin pharmacy back to CDCR at the end of the year. This transition was accomplished about six months ahead of schedule. It should also be noted that the PIC and two of the pharmacy technologists hired by Maxor transferred to CDCR positions ensuring continuity during the transition.

- Throughout much of 2008, significant preparatory work was conducted relating to the construction of the new Central Fill Pharmacy Facility:
 - Working with DGS, the Maxor team finalized preliminary site location recommendations for the Central Fill Pharmacy facility. A document outlining the recommendation was provided to the CPR for review and approval to finalize the proposed arrangements. Additional investigation was conducted relating to the flood plain status of proposed locations. Maxor worked with DGS to obtain additional information, resulting in a second round of site reviews. Subsequently, a site location was recommended in Sacramento and approved by the Receiver.
 - Concurrently, work was finalized to address automation needs for the Central Fill Pharmacy facility. An RFP for automation needs was issued on May 8, 2008 with responses due June 20th. A mandatory bidder's conference was held on June 3rd, with a number of potential bidders in attendance. Four detailed proposals were received in response to the RFP and were evaluated by an evaluation team including representatives of Maxor, CDCR and the Office of the Receiver. On July 9, 2008, two firms were selected to make oral presentations and to address follow-up questions. A finalized recommendation for selection of an automation vendor was prepared and presented to the Office of the Receiver on July 23, 2008. Additional internal review and coordination at the request of the Receiver's Chief of Staff was conducted and a final selection approved. Contract negotiations were conducted and after a comprehensive review process, a finalized contract was approved in early January 2009.
 - Preliminary work has been initiated on block diagram floor plans for the new pharmacy facility and development of build-out specifications, including the identification of specific site adaptation requirements needed to accommodate the automation system.

- Maxor was asked to evaluate the feasibility of replacing Pelican Bay's Drug Therapy Management System (WORx) with the GuardianRx system, due to the pending expiration of support for the WORx system. In conjunction with the CPHCS Project team, a document was prepared to outline the approach and work required to accomplish this task. The document addressed the technical aspects of this request and was based upon information obtained through project discussions and from components of technical documentation provided by the California Department of Corrections. An approach to implementation, as well as a timeline and resource requirements was detailed.

- Maxor has also invested considerable time and resources to support a variety of health care improvement initiatives including providing pharmacy expertise and assistance in the CPHCS design, construction and renovation projects, supporting the access to care initiative, providing data in support of inspections by the Office of the Inspector General, providing support for the Office of Preventive Medicine,

participating in the reception center project now underway and other improvement initiatives.

- Monthly metrics and progress reports, quarterly submissions for the Receiver's report to the Court and other requested documentation have been produced for CPHCS as requested. These reports described activities of the project team in detail, as well as provide documentation of the progress achieved. Additionally, Maxor executive leadership (Chairman and CEO) met with the Receiver and provided project updates several times during the year.

Status Report on Roadmap Objectives

The following sections provide a brief status report on each objective outlined in the *Roadmap*.

GOAL A: *Develop meaningful and effective centralized oversight, control and monitoring over the pharmacy services program.*

A.1 Establish a central pharmacy services administration, budget and enforcement authority.

A critically necessary component of a functional pharmacy improvement plan as identified in the *Roadmap*, and by each previous audit group, is the development of a core pharmacy leadership structure using key staff with demonstrated performance in strategic and operational development skills matched to the project. With the approval of the Receiver, Maxor was able to recruit and make immediately available to the CPR experienced and well qualified correctional pharmaceutical clinicians. Since commencement of the project, the Maxor team has expanded to meet the revised scope of work and now includes a Director of Pharmacy, two Assistant Directors of Pharmacy (one for Clinical and one for Operations), four Operations Managers, 12 Operations Pharmacy Technologists, three Clinical Pharmacy Specialists, two Nurse Liaisons, and supporting staff.

Status: Completed. Management is ongoing.

A.2 Establish direct lines of authority to all pharmacy services personnel and define linkage to central medical staff.

A clear organizational chart of reporting relationships and chains of command and coordination was developed with input from and approval by the Receiver's Chief of Staff. Orientations were held with all new

Pharmacists-in-Charge (PIC) to educate staff on the *Roadmap* objectives and to clearly delineate lines of authority. Quarterly PIC meetings have been conducted throughout the year to keep key pharmacy personnel abreast of current initiatives and ensure timely implementation of the *Roadmap* objectives. Regular meetings between Maxor and the CPHCS/CDCR Medical Directors, Directors of Nursing, Administrators and select Regional providers serve as a forum to address operational aspects of achieving the *Roadmap* goals and objectives. Maxor team members participate routinely in a number of steering committees and project teams charged with various improvement initiatives. In addition, Maxor has maintained continuous communication with the Receiver's staff as well as the Court appointed experts, responding to issues as requested.

Status. Completed/Ongoing.

A3. Update and maintain system wide pharmacy policies and procedures.

Pharmacy Policies & Procedures have been comprehensively reviewed and revised, with numerous additions and updates to ensure that the policies and procedures reflect required standards and practices. Policy and procedure changes are distributed to the facilities along with targeted implementation dates for full compliance. This effort, which began in 2007 is substantively complete. An ongoing review cycle has been prepared to ensure these policies remain current. In 2008, the following policies and procedures were revised or added:

Chapter & Title		Revised
CHAPTER 2	Pharmacy Licensing Requirements	Feb 2008
CHAPTER 3	Pharmacy Responsibilities, Scope of Service and Supervision	Apr 2008
CHAPTER 6	After-hours Medication Supply	Apr 2008
CHAPTER 7	After-Hours Pharmacy Services	Jun 2008
CHAPTER 8	CDCR Drug Formulary	Nov 2008
CHAPTER 9	Prescription Requirements	Mar 2008
CHAPTER 10	Automatic Medication Stop Order Dates	Feb 2008
CHAPTER 11	Use of the Metric System; Use of Abbreviations and Chemical Symbols	May 2008
CHAPTER 12	Labeling and Storage of Medications	Feb 2008
CHAPTER 13	Use of Physicians' Order Forms	Feb 2008
CHAPTER 14	Rescue Medications	Feb 2008
CHAPTER 15	Confiscated Medications	Oct-08
CHAPTER 17	Ordering, Receiving and Stocking Medications	Apr 2008

CHAPTER 19	Medications Brought into a CDCR Facility by Patients	May 2008
CHAPTER 20	Floor Stock Orders	Apr 2008
CHAPTER 21	Theft or Loss of Inventory from Pharmacy or Medication Storage Areas	May 2008
CHAPTER 22	Medication Information Services	May 2008
CHAPTER 23	Repackaging and Compounding of Medications	Jul 2008
CHAPTER 26	Investigational Medications	Sep 2008
CHAPTER 28	Parole and Discharge Medications	Jun 2008
CHAPTER 29	Impaired Pharmacy Personnel	Jul-08
CHAPTER 30	Pharmacy Technicians and Ancillary Staff	Sept-08
CHAPTER 31	Use of Tricyclic Antidepressants	Sept-08
CHAPTER 34	Heat Risk Medications	Nov 2008
CHAPTER 37	Pharmacy Staff Scheduling and Position Appointments	Jun-08
CHAPTER 38	Prescription Turn Around Time	Jun-08
CHAPTER 39	Transfer Medications	Sept-08
CHAPTER 40	Medication Shortages or Back Orders	Jan-09

Status: Completed and ongoing.

A4. Establish key performance metrics used to evaluate the performance of the pharmacy services program (see also A5).

The Maxor team determined the existing CDCR data resource to be extremely limited, unreliable and incomplete. There was no means to reliably track dispensing or outcomes data prior to the implementation of the pharmacy operating system (GuardianRx®). Pre-GuardianRx® data resources are limited to medication purchases, limited raw, aggregate prescription data without individual medical record review. Using available resources, Maxor has spent numerous hours collecting, validating and compiling data into a functional indicator reporting and review system, the Pharmacy Dashboard. The Dashboard includes clinical, financial and workforce measures (See Appendix A). An initiative timeline & tracking grid was also developed to monitor implementation of the Roadmap Goals & Objectives. This timeline has been updated to reflect the current schedule (Appendix B).

While it is important to note that data collection capabilities, available reports, and potential resources are limited at this time, the ongoing implementation of the GuardianRx® system is steadily increasing the availability and accuracy of key management data.

Status: Completed, with continued refinement as GuardianRx® is implemented.

A5. Establish standardized monitoring reports and processes designed to continually assess program performance (see also A4).

In addition to the pharmacy dashboard discussed under Objective A.4 above, a standardized institution audit process was established to assess adherence to standards of practice and policy & procedures. A team of Maxor staff completed initial in-depth inspections of each facility to serve as a baseline for the inspection report process. Using the baseline method established, PICs complete monthly inspections which include an operational review, an assessment of the pharmacy and non-pharmacy medication storage areas, adherence to community practice standards, regulations and CDCR policies, and a complete narcotic inventory. A facility stoplight inspection grid was also developed to allow comparison between institutions and quickly identify trends and facilities requiring corrective action. A copy of the Pharmacy Inspection Tracking Grid is found as Appendix C. Beginning in February 2008, a process of independent validation of inspection results began.

Monthly metrics report summaries are prepared and provided to CPHCS and presented to the P&T Committee monthly.

Status: Completed and ongoing.

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.*

B1. Revise and reconstitute, as needed, the current P&T committee and implement measures to allow for strong P&T oversight of prescribing and dispensing patterns.

A reconstituted Pharmacy & Therapeutics Committee was established on February 13, 2007, with membership from CDCR/CPR medical, dental, nursing, psychiatry and pharmacy (Maxor) leadership. The Committee also includes court appointed experts from the *Coleman* and *Perez* lawsuits. A clear charter, routine agenda, and monthly meeting schedule were also established. System wide standardization for all institutions to optimize patient care and assure safe, rational, cost-effective therapy is a key goal of the Committee including achieving uniformity in policies and

procedures, formulary development, treatment guidelines and drug use processes including selection, procurement, prescribing, dispensing, administration, inventory, storage and controls.

The P&T Committee continues to meet monthly with a standardized agenda geared towards formulary management, pharmacy policy and procedure review, therapeutic category reviews, discussion of performance metrics, and development of disease medication management guidelines.

Status: Completed and ongoing.

B2. Establish methodologies and schedules for tracking and monitoring formulary compliance and prescribing behavior.

A new CDCR Formulary was presented to the P&T Committee and approved in May 2007 and was distributed in June 2007. Regular updates to the formulary were made in 2008. Each revision was posted on the CPHCS website, uploaded to *Epocrates* and disseminated via the Pharmacy Horizons newsletter. The Committee continues to monitor formulary and non-formulary utilization by facility (and by prescriber for facilities with GuardianRx®). The latest edition of the formulary (January 2009) is included as Appendix D.

In 2008, the P&T Committee continued to systematically schedule therapeutic category utilization reviews; the therapeutic interchange program now includes 19 drug classes and all major therapeutic drug classes have been reviewed. A cycle of ongoing therapeutic class review will continue to ensure a regular review of all drug classes.

For facilities using the GuardianRx® operating system, a series of managed care report formats have been developed to better describe utilization and prescribing behaviors and provide a valuable tool for managing the pharmacy program. These reports were made available for GuardianRx® facilities beginning in November 2008.

Status: Ongoing. Requires completion of the Guardian conversion process to complete for all facilities.

B3. Develop and implement effective and enforceable peer-reviewed treatment protocols.

The P&T Committee has worked diligently to develop, review and approve disease medication management guidelines for some of the most

common and most complex disease states found in the CDCR population. To date, the following DMMGs have been implemented:

- 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)
- Chronic Obstructive Pulmonary Disease (COPD)
- Bipolar Disease
- Major Depressive Disorder
- Hepatitis C

Copies of the approved DMMGs are included as Appendix E to this report.

Status: Completed and ongoing.

B4. Develop and implement effective and enforceable institution audit process.

See Objective A5.

Status: Completed and ongoing.

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

C1. Monitor wholesaler (vendor) to ensure contract compliance.

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 negotiated by Maxor and 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.

This contract is monitored on an ongoing basis and continues to yield positive savings for CDCR over the previous arrangements.

Status: Completed and ongoing.

C2. Develop process to monitor inventory shrinkage.

During 2008, a procedure was put in place to compare purchases versus dispenses to identify potential diversions or misuse for all GuardianRx sites. An effort was also made to compare the high risk and high cost items at PPTS sites using fourth quarter 2007 data. This analysis confirmed that the data from PPTS will continue to present significant limitations until all facilities are using the GuardianRx® system.

Follow-up was conducted on a number of facilities related to the data from the purchases v. dispenses reporting, including a comprehensive assessment and operational review at CMC. A report was provided on the results of this review to CPHCS and facility leadership for corrective action.

Further analysis of the data and risk potential has prompted the development of a proposal for consideration by the Receiver to add a Purchasing and Inventory Control Operational Process Review Team charged with conducting onsite facility reviews of purchasing and inventory management practices. This team would be comprised of a dedicated Pharmacy Analyst and two Pharmacy Technologists, all of whom would be specially trained in assessing the adequacy of facility-level management controls over purchasing, inventory and medication distribution practices. This team would retrieve and analyze detailed data on purchases, dispenses, and inventory levels with a focus on ensuring accountability for medication inventory, proper documentation of drug dispensing, and prevention of diversion. This proposal is currently under discussion for implementation in 2009.

Status: Ongoing.

C3. Implement a process to insure that the best value contracted item is used.

Maxor continues to work with the Wholesaler to meet CDCR's volume demands for stocking the appropriate contracted items in their regional distribution centers. In addition, a procedure was established and implemented to provide all facility pharmacists-in-charge with a periodic list indicating medications they should have procured under contract in lieu of more expensive comparable items that were purchased.

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 2008, Maxor has documented cost avoidance of \$16.4M from the use of targeted contracting strategies resulting from P&T Committee decisions.

Status: Completed and ongoing.

C4. Consolidate and standardize pharmacy purchasing through development of a centralized procurement system.

Maxor assumed responsibility for coordinating pharmacy purchasing activities at the request of the Receiver during April of 2007. As discussed earlier in this report, significant progress has been made in the overall contracting and purchasing objective, resulting in more than \$33.3M in cost avoidance in 2008 when compared to prior trends. Targeted drug contract purchases account for more than \$16.4M in 2008 of these savings. The new CDCR specific wholesaler agreement was implemented in February 2008. All wholesaler purchases are monitored by Maxor and opportunities for continued savings, more effective purchasing practices and related improvements continue to be identified

and pursued. Total wholesaler drug purchases in 2008 totaled approximately \$186M and were up only 1.4% from the prior year. This slight increase is significantly lower than prior year increases and lower than overall drug cost inflation. This occurred while simultaneously showing an increase in access to care as evidenced by increased numbers of patients receiving medication. Of particular note, there were significant increases in both HIV and HCV drug therapy provided.

Status: Ongoing.

C5. Evaluate feasibility of achieving 340 B preferential pricing on all drug purchases.

A review of 340B pricing feasibility was prepared and presented to the Receiver by the Heinz Family Foundation. The Foundation provides assistance and expertise in conducting such reviews. The study examined the feasibility of achieving cost savings through the utilization of 340B pricing to mitigate the costs for prescription drugs by the CDCR and quantified the potential cost savings for California taxpayers resulting from access to 340B pricing by the CDCR. The study also identified potential barriers associated with implementing such a strategy and outlined initial steps necessary for establishing a 340B Drug Discount Program. The report included a mapping analysis showing the number of potential 340B entities in proximity to CDCR facilities. Continued discussions are necessary to identify potential eligible entities willing to partner with the State and establish the contractual and provider relationships to CDCR patients that are required to establish eligibility.

Status: Ongoing.

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.*

D1. Hire and train new employees as needed to replace registry personnel.

A staffing model for the pre-centralization period was developed and approved. Quarterly assessments have been made to review staffing against this model and the latest workload data. A major focus has been on replacing registry PICs with state PICs. In January 2007, there were ten registry PICs and one facility with no PIC. As of December 2008, there are six registry PICs and no facility without a PIC. Maxor also continued to review registry cost data and examine selected registry

contracts. During 2008, the CPHCS and Maxor worked collaboratively to establish a statewide centralized hiring process for pharmacist positions. This effort has resulted in an improved ability to fill vacant positions. Since Centralized hiring began, a total of 48 interviews have been held and 26 offers made. Of these 26, 18 Pharmacists have started employment with the CDCR, six candidates declined the offer and two offers are still pending.

Status: Ongoing.

D2. Complete skill set inventory of State and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing personnel.

During 2008, use of the web-based training software program (*MC Strategies*) continued for deployment of key educational and operational training modules to CDCR pharmacy staff. The product allows competency assessments, report cards and training verification to be maintained electronically. To date, the training program includes 44 lessons on policy and procedure updates, therapeutic interchange programs and disease medication management guidelines. Additional training methods being utilized include a monthly pharmacy newsletter (*Pharmacy Horizons*), quarterly PIC meetings and in-service to pharmacy staff in facilities where Clinical Pharmacy Specialists are assigned.

Status: Completed and ongoing.

D3. Develop effective means of documenting and tracking employee training, education, performance, and disciplinary action.

A roster of all pharmacy employees was downloaded to *MC Strategies* as well as staffing levels and position descriptions (CDCR, Registry, Vacant). Utilizing *MC Strategies* for training allows the tracking of employee progress in completing training material. A monthly report of employee staffing levels from facilities has been implemented. The information is used to track and assess staffing levels and service needs at the facility level on a regular basis. The system allows Maxor to identify vacancies to be filled as well as provide a tracking mechanism for employee training, education and disciplinary actions. Registry billing statements and CDCR finance statement are also monitored and compared to facility employee rosters.

Status: Completed and ongoing.

D4. 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.

Quarterly staffing model assessments of pharmacy staffing needs within individual institutions were completed throughout the year. A revised and CPHCS approved pharmacy staffing plan was put in place in the spring of 2008. Prescription volume and staffing levels continue to be routinely monitored and compared to operational methods to ensure ideal staffing patterns. Inadequacies are identified and recommendations are sent to the Receiver accordingly. Pharmacy hours of operation have been evaluated and changed at several facilities to address service needs, manpower shortages and in preparation for centralization.

Status: Ongoing.

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.*

E1. Prior to centralization, implement standardized operations in all existing institution level operations to correct problems identified in audits.

Much of the effort in 2008 related to work required to standardize institutional operations in preparation for GuardianRx[®] implementation and centralization. Standardized policy and procedure implementation is monitored and tracked monthly. Comprehensive medication management assessments identify shortfalls and gaps in local processes that must be addressed to move to a standardized model. These important medication management assessments were completed for all facilities in 2008.

Maxor was also tasked by the CPR to assume responsibility for pharmacy services to the Department of Mental Health (DMH) – CDCR patients. This continuity of care plan was agreed to by the State, *Plata* Representatives and the *Coleman* Expert. The Maxor team has worked with DMH and CDCR facilities on the transition of DMH pharmacy services at CMF and SVSP to CDCR and to standardize operations with the *Roadmap* model.

Contact has been maintained with the California State Board of Pharmacy to discuss the need to establish practice standards appropriate for the corrections environment.

Status: Ongoing.

E2. Design, construct and operate a centralized pharmacy facility.

Throughout much of 2008, significant preparatory work was conducted relating to the construction of the new Central Fill Pharmacy Facility. Working with DGS, the Maxor team finalized site location recommendations for the Central Fill Pharmacy facility. Subsequently, a site location was recommended in Sacramento and approved by the Receiver. Concurrently, work was completed to address automation needs for the Central Fill Pharmacy facility. An RFP for automation needs was issued in May with responses due June 20th. Four detailed proposals were received in response to the RFP and were evaluated by an evaluation team including representatives of Maxor, CDCR and the Office of the Receiver. In July, two firms were selected to make oral presentations and to address follow-up questions. A finalized recommendation for selection of an automation vendor was prepared and presented to the Office of the Receiver. Additional internal review and coordination at the request of the Receiver's Chief of Staff was conducted and a final selection approved. Contract negotiations were conducted and after a comprehensive review process, a finalized contract was approved in early January 2009. Preliminary work has been initiated on block diagram floor plans for the new pharmacy facility and development of build-out specifications, including the identification of specific site adaptation requirements needed to accommodate the automation system.

Status: Ongoing. It should be noted that the schedule for opening of the facility has moved to January 2010 due to a variety of factors including the need for completion of the GuardianRx® conversions, delays in site selection and the time involved in contracting for automation.

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.*

F1. Develop and implement improved reporting and monitoring capabilities with existing pharmacy system.

During 2007, a repository of prescription data from the existing PPTS system was designed for more consistent data accumulation and reporting. Use of this interim solution continued in 2008 as the process of converting to GuardianRx® continued. More importantly though, the number of facilities now using the GuardianRx® system has increased significantly allowing more timely and accurate pharmacy management data than ever before. Reporting and monitoring of purchasing, workload and utilization

is greatly enhanced for those 19 facilities now on GuardianRx®. In addition to the routine reporting capabilities in GuardianRx®, new clinical and managed care reports were developed and are now routinely produced beginning in November 2008 for facilities using the new operating system. These monthly report sets are auto-emailed to PICs starting the first week of the month for the preceding reporting period. The expectation is for the PIC to distribute and review the reports with CMO/HCM and clinical staff. These reports include system-wide, facility level and provider level report cards.

Status: Ongoing, in conjunction with the GuardianRx® conversion.

F2. Identify and propose solutions to connectivity issues throughout all pharmacies to ensure that web-based software, reporting, and data can be easily accessed at each facility.

A joint Maxor-CPHCS IT team continued throughout 2008 to address connectivity issues through GuardianRx® implementation.

Status: Ongoing.

F3. Procure a state-of-the-art pharmacy dispensing system.

GuardianRx® a pharmacy system used extensively by Maxor in other projects nationwide, was chosen by the Receiver in 2007 as an interim pharmacy management system. Implementation of the system has been a major focus in 2008, with 19 of the 33 facilities now using the new system.

Status: Ongoing.

F4. Transition each institution to uniform pharmacy information management system.

The GuardianRx® implementation process continues to be an intensive joint effort between CPHCS, facility and Maxor teams involving operational, nursing, pharmacy and information technology staff. A comprehensive assessment process is employed to review the current pharmacy and nursing medication delivery processes, perform a gap analysis, and take actions to correct the identified gaps before implementation. Prior to implementation, a complete inventory is done at each location. Data migration begins two weeks prior to GuardianRx® go-live at each site. A “train the trainer” program has been developed to

begin group training of key facility staff well in advance of GuardianRx® implementation so that work flow, process gaps and training move toward resolution prior to Maxor on-site pre-implementation activities. Standardized service and problem measures are implemented to monitor GuardianRx® implementation as well as monitor the post-implementation period.

The GuardianRx® pharmacy operating system has now been implemented in 19 of the 33 CDCR institutions (CCC, HDSP, FOL, MCSP, SQ, SAC, CMC, CVSP, ISP, COR, SATF, CIW, CCWF, VSPW, DVI, NKSP, KVSP, LAC and PVSP).

During the fall of 2008, a review of the GuardianRx® implementation schedule conducted by the GuardianRx® Steering Committee resulted in a decision to revise the rollout schedule in order to allow time for more training, to allow a reasonable period of time to orient newly recruited nursing implementation leadership staff, to improve efficient use of limited rollout team resources and to allow facilities with significant infrastructure issues additional time to address those challenges. A revised schedule was approved extending conversion activities through October 2009.

In a related activity, an additional schedule has been developed to allow teams to return to facilities that have already implemented GuardianRx® in order to assess their status, provide supplemental operational oversight and training and to upgrade the facilities with new system functionality. Among the new functionality is a prescription imaging capability that was tested in late 2008 and now included as an enhancement to the GuardianRx® system. This capability will allow prescriptions to be scanned into the system and available enterprise wide.

Status: Ongoing.

F5. Develop and implement reporting tools to facilitate clinical, operational, and fiscal management of the CDCR pharmacy operation.

Rudimentary utilization data from PPTS, purchasing data from the wholesaler, and population data from CDCR are collected centrally and have been used to develop reporting tools for clinical, operational and fiscal management. The Pharmacy Dashboard provides both system and facility specific indicators that are reported monthly, along with the facility inspection results, to the Receiver, P&T Committee, and facility healthcare management. Data from the reporting system is also accessed to provide P&T category utilization data for formulary decisions. As discussed under objective F.1 above, new clinical and managed care

reports are now routinely produced for facilities using the new operating system.

Status: Ongoing.

F6. Integrate pharmacy information management system with auxiliary technologies such as central supply management, physician order entry, electronic MAR, and barcode checking.

The process of integrating auxiliary technologies begins once the pharmacy operating system is fully implemented, the extended network created by CPR-IT is operational at all facilities and the centralized pharmacy is operational. The central fill pharmacy automation design now under construction incorporates central inventory management and utilizes barcode technologies for safety checks and increased efficiency in production and distribution. Discussions were also initiated in 2008 related to the needs and requirements for integration of an electronic medication administration record.

Status: Ongoing.

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

No specific action during 2008 related to this goal. Accreditation is attainable only after completion of other goals and related improvements in other health care areas. However, pharmacy practices, policies and procedures are being designed to comply with national accreditation standards as well as applicable licensure requirements.

Key Challenges Going into 2009

At the outset of the CDCR pharmacy services improvement effort, a number of potential challenges to the success of the effort were identified. Among those were a resistance to change, bureaucratic inertia, competency of CDCR staff, infrastructure needs, overcrowding and staff recruitment. Over the course of 2008, the project team has continued to face challenges to achieving project objectives from each of these factors. Maxor anticipates that these issues will continue to represent challenges as the project moves forward.

Resistance to Change: Clearly resistance to change continues to be a factor within CDCR. Examples during 2008 include difficulties in achieving after hours coverage policy changes. Implementation of policies and procedures has been slower than desired at some facilities. However, as the project has proceeded and initial results have yielded positive benefits, the resistance to change has been tempered somewhat. We continue to work to improve communications, repeatedly emphasize the *Roadmap* goals, and reiterate the priority and permanency of the change taking place. CDCR staff are realizing that the leadership is committed to thoughtful implementation of the *Roadmap*, demonstrated by an unwavering commitment on the part of Maxor and CPHCS to proceed and a willingness to adapt to changing circumstances without losing sight of the project goals. Even so, the resistance to change is expected to continue and efforts to manage the change process will continue to be emphasized.

Bureaucratic Inertia: While much of the bureaucratic inertia experienced at the beginning of the project has been addressed by the CPHCS and the *Plata* court, sometimes frustrating delays continue to be experienced on a sporadic basis. At the direction of the Receivership, Maxor has assumed a number of responsibilities previously performed by the state's bureaucracy, most notably, the pharmaceutical purchasing and contracting processes. Efforts to assist the CDCR in obtaining direct contracts with P&T approved drug manufacturers has been challenging and too often time consuming.

The CDCR and state bureaucracies are sometimes slow to react and require constant attention to ensure results are achieved in a timely fashion. The availability of timely data on registry expenses, managing work issues through the various employee unions and processing contracts in a timely manner are examples of challenges faced during the last year. We anticipate that working our way through the bureaucracy will continue to represent an ongoing challenge for the project. In addition, issues related to the state's budget situation are anticipated to contribute to bureaucratic complexity as the various agencies work through employee furloughs, spending and travel restrictions, and potential layoff concerns.

Staff Competency Levels: The competency of CDCR pharmacy staff continues to be a concern. Ongoing implementation of new procedures, operational changes and quality improvement activities has been slower than anticipated due to deficits in facility level management experience/skill and infrastructure problems greater than originally identified. The result is that more direct, hands-on support is required by Maxor staff to guide and facilitate process change and mentor staff.

Maxor has worked to address this issue by focusing on staff development and equipping staff with the necessary tools and information to more effectively perform their duties. Some staff are responding to these efforts by increasing their skill sets and knowledge of the pharmacy processes essential to effective job performance. However, there are still others who lag behind in essential job performance. Maxor will continue efforts to bring the overall CDCR pharmacy staff up to acceptable standards. As the program continues to move towards an accountable and evidence based system, sub-par performance will be more easily identified and addressed through corrective actions.

Infrastructure Needs: There is no question that infrastructure needs continue to plague the CDCR. Many facilities lack appropriate space, equipment and communications infrastructure essential to an efficient system. Maxor, working in conjunction with the CPHCS 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.

Maxor's experts have also been actively engaged in the CPHCS initiatives aimed at construction and renovation of medical and mental health facilities to ensure that the facility and space needs of the pharmacy program are addressed. While the implementation of a central fill pharmacy will go a long way towards establishing an effective and efficient pharmacy program, the facility level improvements are needed to fully ensure program needs are addressed.

Overcrowding: The impact of overcrowding on the system's abilities to provide timely and effective delivery of necessary medications continues to be significant. The pressures of an overcrowded system continue to hinder the ability of the current processes to deliver effective pharmacy services. As facility missions are redefined, populations shift and other CPHCS initiatives take hold, the pharmacy program must continue to adapt staffing and manage changing workloads.

Staff Recruitment: Recruiting and retaining qualified pharmacy staff to work within CDCR facilities remains a challenge, especially for clinical pharmacists. Maxor's scope of work anticipated hiring eight clinical specialists; despite vigorous, active recruiting efforts only three clinical pharmacists have been hired to date.

Other Concerns: Maxor continues to have concerns relating to systems controls to prevent diversion. Maxor has prepared a plan for consideration by the Receiver to provide additional auditing functions including, but not limited to detailed comparisons of purchases to dispenses and independent onsite reviews of medication management and pharmacy controls.

Conclusion

As this report demonstrates, the documented progress in 2008 towards achieving the *Roadmap* goals has been significant. The goals and objectives envisioned by the *Plata* court and the Receiver are moving forward in a deliberate manner. With continued support from the CPHCS, Maxor remains committed to achieving a CDCR pharmacy services program that is safer, sustainable, effective, outcome driven, responsive to change and efficient.

Annual Report Attachments

The section below contains links to the Pharmacy Dashboard, Pharmacy Inspection Grid, and the Timeline and Tracking Grid provided for review.

Appendix A – Pharmacy Dashboard



2008 Pharmacy
Dashboard 020909.xls

Appendix B – Maxor Timeline and Tracking Grid



Maxor Timeline -
updated 2 2 09.xls

Appendix C - Pharmacy Inspection Grid



CY 2007 2008
Master Inspection Gri

Appendix D – CDCR Formulary, January 2009



CDCR FORMULARY
01_2009.pdf

Appendix E – Approved Disease Management Guidelines



DMMGs Jan 2009.pdf

APPENDIX 12



**PHARMACY MANAGEMENT CONSULTING
SERVICES**

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

February 2009

PHARMACY MANAGEMENT CONSULTING SERVICES

Monthly Summary Report February 2009

Summary of Activities

Implementation of the goals and objectives of the Road Map for improvements to the CDCR pharmacy program continued to make progress during this reporting period. This report updates activities during the month of February 2009.

Pharmacy and Therapeutics Committee Activities

The Pharmacy and Therapeutics (P&T) Committee has continued its monthly meetings to address formulary issues; discuss and approve Disease Medication Management Guidelines (DMMG); and review and approve pharmacy policies and procedures. The P&T Committee approved revisions to Ch.24, Handling of Antineoplastic Medications (first revision) and initiated a second cycle review of revisions to Ch. 1, Pharmacy Policy and Procedures Manual, Ch.2 Pharmacy Licensing Requirements, Ch.4 CDCR Pharmacy and Therapeutics Committee, and Ch.27, Reporting Medications Errors & Adverse Drug Reactions, Ch. 34 Heat Risk Medications and Ch. 8 CDCR Drug Formulary. The P&T Committee has completed its initial review of all Pharmacy Policies and Procedures with the exception of Ch. 5 - Emergency Drug Supply. A second cycle review of all Pharmacy Policies and Procedures has been started as part of the ongoing effort to ensure that policies, processes and procedures reflect current best practice standards.

The P&T Committee also approved the addition of Twinrix to the CDCR Formulary, along with the deployment of a Hepatitis A & B vaccination algorithm. The cycle of ongoing therapeutic class reviews continued with review of the Antineoplastic, Diagnostics, Enzymes, Blood Formation and Coagulation categories.

A need for migraine prophylaxis and treatment DMMG was identified through therapeutic category review in December. Subsequently, a draft migraine DMMG and Imitrix (sumatriptan) Drug Use Evaluation (DUE) was presented to P&T. Additionally, a Straterra (atomoxetine) DUE was presented and a need for therapeutic dosing interchange was identified, as well as consideration of developing ADD/ADHD guidelines. Therapeutic interchange programs for Straterra (atomoxetine) and Renagel (sevelamer HCl) were approved.

Provider and Clinical Education

Efforts to educate providers in formulary processes and medication utilization management have continued. Clinical Pharmacists discussed the monthly non-formulary report (showing formulary and non-formulary purchases and utilization) with facility leadership, providers, and pharmacy staff and conducted in-service training to facility staff on nine pharmacy policies and procedures. Clinical Pharmacists also provided in-service training to facility clinicians on the Bipolar and Hepatitis C DMMGs and participated in pain management committee/clinics. In-service training was also provided to facility staff on the Hepatitis A&B immunization algorithm.

Monthly metrics data showing utilization trends and costs continue to be provided to the P&T Committee and are being shared for general consumption via the pharmacy newsletter (*Pharmacy Horizons*) which is sent to a wide audience of CDCR providers and pharmacists, as well as published on the CPHCS website.

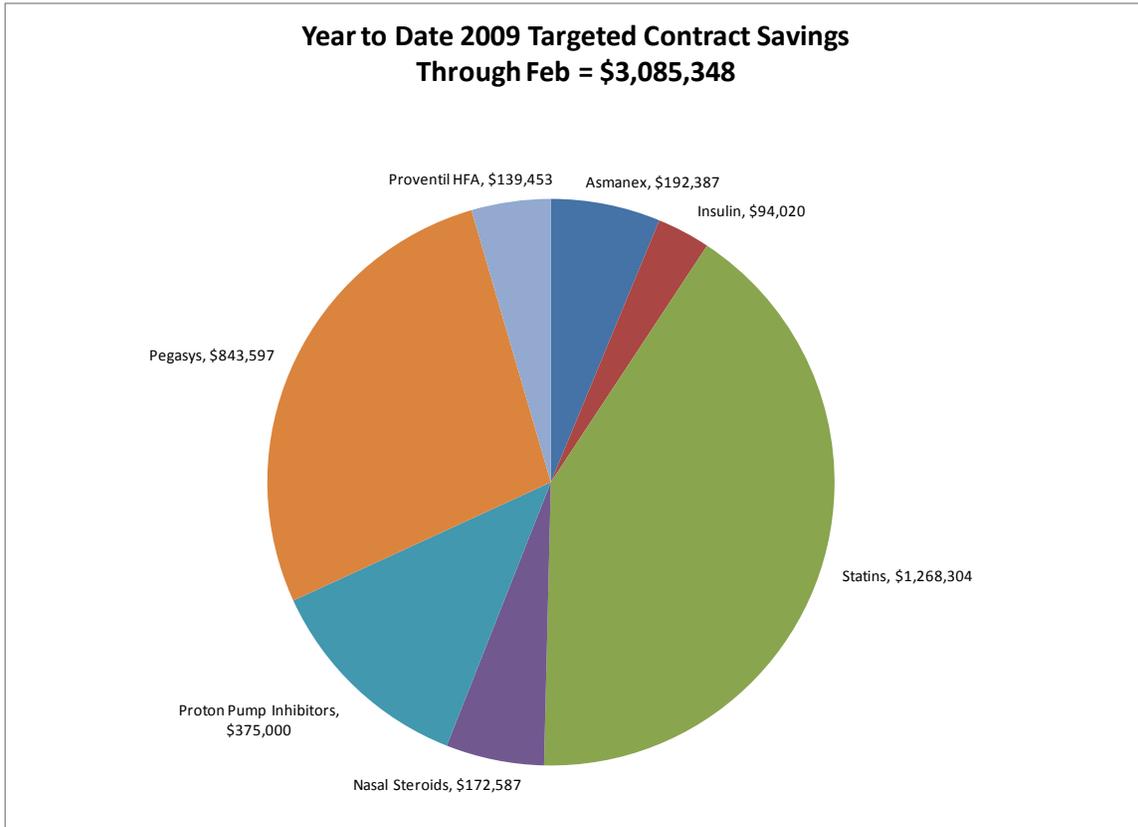
A renewed emphasis has been placed on the use of the *MC Strategies* online training and assessment tool to provide in-service training. Facility PICs were given instruction and introduced to *MC Strategies* management reports in order to monitor staff progress. Expectations were established with a target of a 95% completion rate by the end of the month. Facilities deficient in compliance were asked to submit a written plan of action to bring training compliance up to the targeted levels.

Purchasing and Contracting Activities

We continue to track and report on cost avoidance resulting from improved management oversight and direction of pharmacy purchasing and contract activities. Cost avoidance in 2008 totaled \$33.3M when compared to prior trends, averaging about \$2.8M per month. During the first two months of 2009, significant cost avoidance has continued, with a cost avoidance of \$3.8M and \$4.8M in the months of January and February, respectively.

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. This month, \$170,340 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 \$182,255 in cost avoidance by directly working with the facilities to ensure the correct contracted items were purchased. Additionally, cost savings for the first two months of this year attributed to various targeted contract initiatives totaled more than \$3.0M (see Figure 1):

Figure 1



Guardian Implementation

GuardianRx® has been successfully implemented now in twenty sites (CCC, HDSP, FOL, MCSP, SQ, SAC, CMC, CVSP, ISP, COR, SATF, CIW, CCWF, VSPW, DVI, NKSP, KVSP, LAC, PVSP and SVSP). Pre-conversion meetings and training at upcoming facilities continue as scheduled.

A revised schedule for upcoming conversions has been approved by the GuardianRx® steering committee, detailing conversion activities through March of 2010. Additionally, a schedule has been developed to return to facilities that have already implemented GuardianRx in order to assess their status, provide supplemental operational oversight and training and to upgrade the facilities with new system functionality, including the imaging application that scans prescription into the enterprise-based system.

Pharmacy Staffing

Recruitment efforts continue in an effort to fill pharmacy positions across the state, although complicated by additional factors, including the current furlough policy for state employees. A new Pharmacist-in-Charge was selected and started at one institution, however the PIC subsequently resigned from his state position reportedly due to the combined impact of his travel time from home to the facility being greater than anticipated and the reduction in his state salary resulting from the furlough policy.

Despite these factors, we continue to work through the centralized hiring process to identify, interview and select qualified applicants. So far through the first two months of 2009, nine interviews have been conducted; three offers made; two accepted and one declined after a visit to a facility. Four additional candidates are in credentialing review.

A new PIC orientation was held in late January as part of a new program to enhance the training of new PICs.

Following our most recent quarterly assessment of workload and staffing, recommendations are being prepared for finance on the redeployment of positions from sites with fewer Rx/person to sites where the Rx/person is above average. Additionally, it has been recommended that training tech positions be moved from training sites into facilities requiring extra tech help to accomplish their daily work load.

As a part of our advance planning process, meetings were held with human resources and finance staff to discuss management of limited term positions due to schedule changes for the Central Fill Pharmacy Facility. Also discussed was the process and timelines for staffing of the new Central Fill Pharmacy.

Other Activity

Work continues on the development of the Central Fill Pharmacy Facility, with significant progress made on completion of the build-out specifications needed to incorporate the facility automation. DGS, CDCR and Maxor are working cooperatively to negotiate final lease and/or purchase terms with the property owner.

During the last few weeks, pharmacy leadership has identified an increased need to focus on implementation of policy and procedures at the facility level to ensure compliance. Visits to facilities found cases where not all new or revised pharmacy policies and procedures have been fully implemented as required. A follow-up plan has been developed to visit all facilities where policies are not fully implemented and to set specific timelines and corrective action plans to ensure that the facilities implement required policies.

Maxor has also continued to support a variety of health care improvement initiatives including providing pharmacy expertise and assistance in the design and renovation projects. Templates have been provided for the 10K bed pharmacies and pill rooms. Guiding principles for pharmacy-related construction were jointly developed with CPHCS staff for the 10K project and other sites. Operating expenses and staffing model projections for 10K project have been provided including projected workloads. Consulting input has been provided for multiple prison pharmacies with ASP and CTF plans coming to fruition and in construction phase with anticipated opening in March 2009.

Summary of Changes to Timeline

In the sections below, a listing of objectives completed, objectives delayed, objective timelines proposed for change (subject to review and approval of CPHCS) and a listing of timeline changes that have been approved by the CPHCS are provided.

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 A3: A complete update of system-wide pharmacy policies and procedures has been completed. Ongoing maintenance and regularly scheduled policy reviews are now underway.
- Objective A4: Establish key performance metrics used to evaluate the performance of the pharmacy services program. *(Completed, with continued refinement as GuardianRx® is implemented.)*
- Objective A5: Establish standardized monitoring reports and processes designed to continually assess program performance. *(Completed, with continued refinement as GuardianRx® is implemented.)*
- 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 and the Department of Mental Health.
- Objective B3: Develop and implement effective and enforceable Disease Medication Management Guidelines.
- Objective B.4: Develop and implement an effective and enforceable institution audit process.
- Objective C.1: Monitor wholesaler (vendor) to ensure contract compliance.
- Objective C.3: Implement a process to insure that the best value contracted item is used.
- Objective D2: Complete skill set inventory of state and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing employees.
- Objective D.3: Develop an effective means of documenting and tracking employee training, education, performance, and disciplinary action.
- Objective F1: Develop and implement improved reporting and monitoring capabilities with existing pharmacy system.

Objectives Delayed

All objectives except for A1.1 (hiring clinical specialists) are progressing according to the revised schedule adopted earlier this year as a part of the Receiver's overall Plan of

Action. Hiring qualified clinical pharmacists has been difficult. Active recruitment efforts for clinical pharmacists continue.

Objective E.2, relating to the development of the Central Fill Pharmacy Facility is progressing, but due to delays in selecting the site location and contracting for the automation services, as well as the identification of additional state specifications, completion of this objective will be delayed until the first quarter of 2010. Continued evaluation of the progress will be made and a request for timeline change will be submitted once final contracts are in place for the facility build-out and equipment installations.

Objective Timelines Proposed for Change

No additional changes to objective timelines are proposed at this time.

Objective Timeline Change Approvals

Objective F.4 GuardianRx® Implementation. Approval was previously requested to change the current timeline calling for completion of the GuardianRx® implementation. This change is consistent with the jointly developed implementation schedule agreed to by the Maxor/CPHCS GuardianRx® teams. Due to further changes in the implementation schedule approved by the steering committee, it is anticipated that completion of this objective will be delayed until the first quarter of 2010.

Issues or Obstacles to Success

No new issues or obstacles have been noted during this reporting period.

Monthly Attachments

The section below contains links to the Pharmacy Dashboard, Pharmacy Inspection Grid, and the Timeline Tracking Grid attachments provided for review.

Appendix A - Pharmacy Dashboard



2009 Pharmacy
Dashboard 030509 (2)

Appendix B - Pharmacy Inspection Grid



CY 2008 - 09 Master
Inspection Grid (2).xls

Appendix C – Maxor Timeline and Tracking Grid



MaxorTimeline -
updated 2 2 09.xls

APPENDIX A

Pharmacy Dashboard - Main

White - Under construction
 Orange - Data missing or questionable
 Green - On target or within allowances for target or historical number
 Yellow - Above or below target or historical number
 Red - Significantly above or below target or historical number

Measure	Measure Definitions	Actual				CY 2009 YTD	CY 2008 Mo Avg	CY 2007 Mo Avg	CY 2006 Mo Avg	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	CY08 vs CY09	Stoplight Status (R/Y/G)	Detail Data
		Mo Avg	Mo Avg	Mo Avg	Mo Avg																			
FISCAL	Drug Purchase \$ PMPM																							
ASP		\$41.66	\$55.54	\$67.32	\$78.81	\$78.81	\$75.20	\$82.42														17%	R	
CAL		\$13.87	\$23.91	\$25.13	\$38.52	\$38.52	\$40.88	\$36.75														54%	R	
CCC		\$8.53	\$10.61	\$10.57	\$12.53	\$12.53	\$11.21	\$13.85														19%	R	
CCI		\$72.31	\$66.89	\$69.89	\$45.86	\$45.86	\$53.05	\$38.68														-34%	G	
CCWF		\$193.82	\$195.96	\$170.01	\$161.42	\$161.42	\$161.58	\$161.27														-5%	G	
CEN		\$14.58	\$22.25	\$24.95	\$35.01	\$35.01	\$33.74	\$36.28														40%	R	
CIM		\$152.42	\$158.86	\$166.10	\$131.96	\$131.96	\$128.84	\$135.08														-21%	G	
CIW		\$131.68	\$134.50	\$137.75	\$157.54	\$157.54	\$174.25	\$140.83														14%	Y	
CMC		\$143.99	\$162.04	\$164.49	\$158.82	\$158.82	\$160.43	\$157.20														-3%	G	
CMF		\$462.05	\$525.77	\$542.97	\$616.81	\$616.81	\$655.15	\$578.46														14%	Y	
COR		\$117.01	\$107.05	\$91.17	\$88.31	\$88.31	\$82.54	\$94.08														-3%	G	
CRC		\$57.24	\$62.72	\$68.04	\$68.04	\$68.04	\$70.08	\$66.01														15%	Y	
CTF		\$29.03	\$44.95	\$43.34	\$51.20	\$51.20	\$49.32	\$53.07														18%	R	
CVSP		\$15.48	\$22.09	\$34.31	\$37.80	\$37.80	\$36.10	\$39.50														10%	Y	
DVI		\$92.45	\$105.86	\$111.45	\$84.97	\$84.97	\$77.50	\$92.43														-24%	G	
FOL		\$44.05	\$58.17	\$55.90	\$52.92	\$52.92	\$51.05	\$54.78														-5%	G	
HDSP		\$36.04	\$49.52	\$58.06	\$58.44	\$58.44	\$54.88	\$62.00														1%	G	
ISP		\$14.54	\$19.34	\$26.35	\$42.13	\$42.13	\$33.06	\$51.20														60%	R	
KVSP		\$31.28	\$43.98	\$54.20	\$60.35	\$60.35	\$62.86	\$57.84														11%	Y	
LAC		\$66.10	\$83.12	\$101.73	\$113.97	\$113.97	\$110.94	\$116.99														12%	Y	
MCSP		\$103.00	\$148.29	\$147.59	\$160.55	\$160.55	\$156.37	\$164.73														9%	Y	
NKSP		\$70.18	\$80.81	\$77.00	\$65.53	\$65.53	\$77.00	\$54.06														-15%	G	
PBSP		\$96.19	\$97.23	\$84.18	\$84.13	\$84.13	\$79.18	\$89.07														0%	G	
PVSP		\$99.14	\$84.93	\$72.49	\$65.42	\$65.42	\$49.60	\$81.25														-10%	G	
RJD		\$134.03	\$127.80	\$162.02	\$161.32	\$161.32	\$168.11	\$154.52														0%	G	
SAC		\$172.79	\$207.49	\$262.35	\$257.96	\$257.96	\$252.55	\$263.36														-2%	G	
SATF		\$54.58	\$83.34	\$91.42	\$88.65	\$88.65	\$95.36	\$81.93														-3%	G	
SCC		\$23.61	\$25.83	\$27.57	\$27.03	\$27.03	\$29.20	\$24.87														-2%	G	
SOL		\$94.70	\$99.76	\$92.77	\$99.47	\$99.47	\$98.62	\$100.32														7%	Y	
SQ		\$91.77	\$96.10	\$99.20	\$87.44	\$87.44	\$87.03	\$87.86														-12%	G	
SVSP		\$105.38	\$131.01	\$158.73	\$133.35	\$133.35	\$136.77	\$129.94														-16%	G	
VSPW		\$124.81	\$117.68	\$106.89	\$102.12	\$102.12	\$94.70	\$109.54														-4%	G	
WSP		\$82.60	\$93.65	\$88.39	\$70.17	\$70.17	\$68.50	\$71.84														-21%	G	
CDCR Average NF+F Cost		\$83.04	\$93.28	\$97.30	\$95.88	\$95.88	\$96.00	\$95.75														-1%	G	

Pharmacy Dashboard - Therapeutic Category

White - Under construction
 Green - On target
 Yellow - Short of target
 Red - Significantly below target

Therapeutic Category (AHFS)	CY 2007		CY 2008		CY 2009 YTD		Jan-Mar 09		Apr-Jun 09		Jul-Sep 09		Oct-Dec 09		2009 Vs. 2008	
	Mo Avg \$	Mo Avg %	Mo Avg \$	Mo Avg %	Mo Avg \$	Mo Avg %	\$	%	\$	%	\$	%	\$	%	\$	%
Fiscal System Wide																
40404 ANTIHISTAMINE DRUGS: 1st Gen. Ethanolamine Derivatives	12,742.69	0.08	18,190.27	0.12%	19,245.21	0.13	19,245.21	0.13								5.8%
40412 ANTIHISTAMINE DRUGS: 1st Gen. Phenothiazine Derivatives	4,536.03	0.03	4,691.47	0.03%	4,519.47	0.03	4,519.47	0.03								-3.7%
40420 ANTIHISTAMINE DRUGS: 1st Gen. Propylamine Derivatives	8,458.32	0.06	8,313.96	0.05%	7,307.54	0.05	7,307.54	0.05								-12.1%
40492 ANTIHISTAMINE DRUGS: 1st Gen. Miscellaneous	892.79	0.01	665.60	0.00%	527.43	0.00	527.43	0.00								-20.8%
40800 ANTIHISTAMINE DRUGS: 2nd Gen.	29,305.18	0.19	17,363.29	0.11%	14,629.87	0.10	14,629.87	0.10								-16.7%
80800 ANTI-INFECTIVES: Anthelmintics	566.83	0.00	386.39	0.00%	268.56	0.00	268.56	0.00								-30.5%
81202 ANTI-INFECTIVES: Antibiotics: Aminoglycosides	8,426.27	0.06	11,092.10	0.07%	1,197.97	0.01	1,197.97	0.01								-89.2%
81206 ANTI-INFECTIVES: Antibiotics: Cephalosporins	14,979.45	0.10	9,352.70	0.06%	5,960.72	0.04	5,960.72	0.04								-36.3%
81207 ANTI-INFECTIVES: Antibiotics: Misc. B-Lactams	4,849.44	0.03	3,333.76	0.02%	930.56	0.01	930.56	0.01								-72.1%
81212 ANTI-INFECTIVES: Antibiotics: Macrolides	24,477.96	0.16	15,400.15	0.10%	15,433.21	0.10	15,433.21	0.10								0.2%
81216 ANTI-INFECTIVES: Antibiotics: Penicillins	43,468.13	0.29	31,580.83	0.20%	27,831.13	0.19	27,831.13	0.19								-11.9%
81218 ANTI-INFECTIVES: Antibiotics: Quinolones	52,339.72	0.34	40,572.76	0.26%	37,157.36	0.25	37,157.36	0.25								-8.4%
81220 ANTI-INFECTIVES: Antibiotics: Sulfonamides	15,735.14	0.10	11,904.53	0.08%	8,342.28	0.06	8,342.28	0.06								-29.9%
81224 ANTI-INFECTIVES: Antibiotics: Tetracyclines	8,032.78	0.05	7,238.89	0.05%	5,144.75	0.03	5,144.75	0.03								-28.9%
81228 ANTI-INFECTIVES: Antibiotics: Miscellaneous	55,572.59	0.36	45,870.73	0.30%	28,709.50	0.19	28,709.50	0.19								-37.4%
81404 ANTI-INFECTIVES: Antifungals: Allylamines	37,982.60	0.25	4,542.22	0.03%	203.20	0.00	203.20	0.00								-95.5%
81408 ANTI-INFECTIVES: Antifungals: Azoles	73,738.20	0.48	69,531.16	0.45%	82,037.26	0.55	82,037.26	0.55								18.0%
81416 ANTI-INFECTIVES: Echinocandins	444.88	0.00	757.16	0.00%	0.00	0.00	0.00	0.00								-100.0%
81428 ANTI-INFECTIVES: Antifungals: Polyenes	3,469.81	0.02	3,557.22	0.02%	696.46	0.00	696.46	0.00								-80.7%
81432 ANTI-INFECTIVES: Antifungals: Pyrroles	343.31	0.00	1,181.41	0.00%	0.00	0.00	0.00	0.00								-100.0%
81492 ANTI-INFECTIVES: Antifungals: Miscellaneous	49,688.72	0.33	21,727.44	0.14%	16,086.13	0.11	16,086.13	0.11								-26.0%
81604 ANTI-INFECTIVES: Antimycobacterials: Antituberculous Agents	26,541.99	0.17	22,884.08	0.15%	20,449.18	0.14	20,449.18	0.14								-10.6%
81692 ANTI-INFECTIVES: Antimycobacterials: Miscellaneous	311.35	0.00	723.40	0.00%	1,812.11	0.01	1,812.11	0.01								150.5%
81808 ANTI-INFECTIVES: Antiretrovirals	1,974,646.96	12.95	2,307,397.02	14.92%	2,447,297.01	16.34	2,447,297.01	16.34								6.1%
81820 ANTI-INFECTIVES: Antivirals: Interferons	260,798.75	1.71	479,725.43	3.10%	1,202,476.48	8.03	1,202,476.48	8.03								150.7%
81828 ANTI-INFECTIVES: Antivirals: Neuraminidase Inhibitors	832.97	0.01	20,361.50	0.13%	0.00	0.00	0.00	0.00								-100.0%
81832 ANTI-INFECTIVES: Antivirals: Nucleosides & Nucleotides	96,570.14	0.63	132,855.60	0.86%	131,131.62	0.88	131,131.62	0.88								-1.3%
81892 ANTI-INFECTIVES: Antivirals: Miscellaneous	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00								#DIV/0!
83004 ANTI-INFECTIVES: Antiprotozoals: Amebicides	49.62	0.00	9.30	0.00%	0.00	0.00	0.00	0.00								-100.0%
83008 ANTI-INFECTIVES: Antiprotozoals: Antimalarials	3,046.06	0.02	2,154.04	0.01%	1,538.95	0.01	1,538.95	0.01								-28.6%
83092 ANTI-INFECTIVES: Antiprotozoals: Miscellaneous	10,059.86	0.07	13,997.12	0.09%	18,324.23	0.12	18,324.23	0.12								30.9%
83600 ANTI-INFECTIVES: Urinary Anti-infectives	1,383.58	0.01	1,417.68	0.01%	946.54	0.01	946.54	0.01								-33.2%
100000 ANTINEOPLASTIC AGENTS	115,712.62	0.76	154,102.18	1.00%	129,808.27	0.87	129,808.27	0.87								-15.8%
120400 AUTONOMIC DRUGS: Parasympathomimetics (Cholinergics)	9,604.58	0.06	11,254.57	0.07%	13,932.71	0.09	13,932.71	0.09								23.7%
120804 AUTONOMIC DRUGS: Anticholinergics: Antiparkinsonian Agents	18,752.68	0.12	15,776.64	0.10%	9,694.91	0.06	9,694.91	0.06								-38.5%
120808 AUTONOMIC DRUGS: Anticholinergics: Antimuscarinics/Antispasmodics	67,768.08	0.44	103,514.51	0.67%	118,209.58	0.79	118,209.58	0.79								14.2%
121200 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agents	61,186.44	0.40	45,336.97	0.29%	1,705.61	0.01	1,705.61	0.01								-96.2%
121204 AUTONOMIC DRUGS: Sympathomimetic α-Adrenergic Agonists	331.83	0.00	997.51	0.01%	813.85	0.01	813.85	0.01								-18.4%
121208 AUTONOMIC DRUGS: Sympathomimetic β-Adrenergic Agonists	309,382.10	2.03	237,754.36	1.54%	414,427.15	2.77	414,427.15	2.77								74.3%
121212 AUTONOMIC DRUGS: Sympathomimetic α & β-Adrenergic Agonists	2,424.07	0.02	4,339.24	0.03%	1,622.07	0.01	1,622.07	0.01								-62.6%
121600 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Blocking Agents	2,812.59	0.02	3,011.83	0.02%	1,982.16	0.01	1,982.16	0.01								-34.2%
122000 AUTONOMIC DRUGS: Skeletal Muscle Relaxants	30,444.05	0.20	16,018.78	0.10%	14,661.51	0.10	14,661.51	0.10								-8.5%
129200 AUTONOMIC DRUGS: Miscellaneous	-2.33	0.00	1.98	0.00%	0.00	0.00	0.00	0.00								-100.0%
160000 BLOOD DERIVATIVES	153.75	0.00	0.00	0.00%	0.00	0.00	0.00	0.00								#DIV/0!
200400 BLOOD FORMATION & COAGULATION: Anemia Drugs: Iron Preparations	11,688.93	0.08	9,857.64	0.06%	12,091.25	0.08	12,091.25	0.08								22.7%
201204 ANTICOAGULANTS	80,587.95	0.53	95,201.56	0.62%	118,298.38	0.79	118,298.38	0.79								24.3%
201218 BLOOD FORMATION & COAGULATION: Platelet Aggregation Inhibitors	77,287.91	0.51	108,598.71	0.70%	126,571.96	0.84	126,571.96	0.84								16.6%
201600 BLOOD FORMATION & COAGULATION: Hemopoietic Agents	278,447.01	1.83	287,401.82	1.86%	262,138.52	1.75	262,138.52	1.75								-8.8%
202400 BLOOD FORMATION & COAGULATION: Hemorrhagic Agents	411.81	0.00	260.06	0.00%	261.73	0.00	261.73	0.00								0.6%
202808 BLOOD FORMATION & COAGULATION: Antihemorrhagic Agents	48.89	0.00	62.65	0.00%	0.00	0.00	0.00	0.00								-100.0%
202816 BLOOD FORMATION & COAGULATION: Hemostatics	18,531.81	0.12	77,949.81	0.50%	54,689.43	0.37	54,689.43	0.37								-29.8%
240404 CARDIOVASCULAR DRUGS: Cardiac Drugs: Antiarrhythmic Agents	4,318.07	0.03	3,501.61	0.02%	2,934.77	0.02	2,934.77	0.02								-16.2%
240408 CARDIOVASCULAR DRUGS: Cardiac Drugs: Cardiotonic Agents	1,138.71	0.01	1,688.13	0.01%	1,024.78	0.01	1,024.78	0.01								-38.6%
240482 CARDIOVASCULAR DRUGS: Cardiac Drugs: Miscellaneous	434.31	0.00	1,180.59	0.01%	515.85	0.00	515.85	0.00								-56.9%

240604	CARDIOVASCULAR DRUGS: Antilipidemic Agents: Bile Acid Sequestrants	5,199.63	0.03	5,955.91	0.04%	3,587.39	0.02	3,587.39	0.02	-39.8%
240605	CARDIOVASCULAR DRUGS: Antilipidemic Agents: Cholesterol Absorption Inhibitor	15,616.71	0.10	9,713.95	0.06%	8,623.16	0.06	8,623.16	0.06	-11.2%
240606	CARDIOVASCULAR DRUGS: Antilipidemic Agents: Fibrin Acid Derivatives	15,996.32	0.10	20,401.71	0.13%	20,931.37	0.14	20,931.37	0.14	2.6%
240608	CARDIOVASCULAR DRUGS: Antilipidemic Agents: HMG-CoA Reductase Inhibitor	813,671.92	4.03	213,251.38	1.38%	224,840.17	1.50	224,840.17	1.50	5.4%
240682	CARDIOVASCULAR DRUGS: Antilipidemic Agents: Miscellaneous	5,050.40	0.03	5,437.86	0.04%	5,749.86	0.04	5,749.86	0.04	5.7%
240820	CARDIOVASCULAR DRUGS: Hypotensive Agents: Central α-Agonists	18,674.49	0.12	15,975.85	0.10%	13,643.00	0.09	13,643.00	0.09	-14.6%
240820	CARDIOVASCULAR DRUGS: Hypotensive Agents: Direct Vasodilators	5,107.28	0.03	8,628.75	0.06%	9,066.56	0.06	9,066.56	0.06	5.1%
240882	CARDIOVASCULAR DRUGS: Hypotensive Agents: Miscellaneous	118.12	0.00	149.95	0.00%	0.00	0.00	0.00	0.00	-100.0%
241208	CARDIOVASCULAR DRUGS: Vasodilating Agents: Nitrates	7,713.40	0.05	6,950.74	0.04%	10,015.59	0.07	10,015.59	0.07	44.1%
241212	CARDIOVASCULAR DRUGS: Vasodilating Agents: Phosphodiesterase Inhibitors	1,653.41	0.01	7,017.23	0.05%	21,385.84	0.14	21,385.84	0.14	204.8%
241292	CARDIOVASCULAR DRUGS: Vasodilating Agents: Miscellaneous	1,739.88	0.01	2,517.71	0.02%	2,334.51	0.02	2,334.51	0.02	-7.3%
241600	CARDIOVASCULAR DRUGS: Sclerosing Agents	4.17	0.00	8.15	0.00%	685.75	0.00	685.75	0.00	8317.5%
242000	CARDIOVASCULAR DRUGS: α-Adrenergic Blocking Agents	10,247.98	0.07	13,357.13	0.09%	13,223.97	0.09	13,223.97	0.09	-1.0%
242400	CARDIOVASCULAR DRUGS: β-Adrenergic Blocking Agents	80,575.76	0.53	33,741.51	0.22%	29,941.42	0.20	29,941.42	0.20	-11.3%
242808	CARDIOVASCULAR DRUGS: Calcium Channel Blockers: Dihydropyridines	191,836.31	1.26	82,886.44	0.54%	71,438.73	0.48	71,438.73	0.48	-13.8%
242892	CARDIOVASCULAR DRUGS: Calcium Channel Blockers: Misc.	12,093.50	0.08	12,628.81	0.08%	10,578.65	0.07	10,578.65	0.07	-16.2%
243204	CARDIOVASCULAR DRUGS: RAAS Inhibitors: ACE Inhibitors	45,358.29	0.30	34,363.10	0.22%	32,768.17	0.22	32,768.17	0.22	-4.6%
243208	CARDIOVASCULAR DRUGS: RAAS Inhibitors: Angiotensin II Receptor Antagonists	67,347.33	0.44	86,264.51	0.56%	104,151.99	0.70	104,151.99	0.70	20.7%
243220	CARDIOVASCULAR DRUGS: RAAS Inhibitors: Aldosterone Antagonists	14,866.31	0.10	20,429.39	0.13%	20,329.26	0.14	20,329.26	0.14	-0.5%
243240	CARDIOVASCULAR DRUGS: RENIN INHIBITORS			131.11	0.00%	0.00	0.00	0.00	0.00	-100.0%
280400	CNS AGENTS: General Anesthetics	1,220.58	0.01	1,295.12	0.01%	808.17	0.01	808.17	0.01	-37.6%
280804	CNS AGENTS: Nonsteroidal Anti-inflammatory Agents	180,832.89	1.23	135,188.52	0.87%	135,658.72	0.91	135,658.72	0.91	0.3%
280808	CNS AGENTS: Opiate Agonists	120,664.14	0.79	154,963.36	1.00%	185,788.21	1.24	185,788.21	1.24	19.9%
280812	CNS AGENTS: Opiate Partial Agonists	78.90	0.00	60.34	0.00%	23.45	0.00	23.45	0.00	-61.1%
280892	CNS AGENTS: Miscellaneous Analgesics & Antipyretics	14,653.19	0.10	16,228.28	0.10%	15,900.08	0.11	15,900.08	0.11	-2.0%
281000	CNS AGENTS: Opiate Antagonists	1,021.13	0.01	748.77	0.00%	3,431.69	0.02	3,431.69	0.02	368.3%
281204	CNS AGENTS: Anticonvulsants: Barbiturates	5,356.68	0.04	4,842.25	0.03%	4,574.43	0.03	4,574.43	0.03	-5.6%
281208	CNS AGENTS: Anticonvulsants: Benzodiazepines	958.95	0.00	461.00	0.00%	371.64	0.00	371.64	0.00	-19.4%
281212	CNS AGENTS: Anticonvulsants: Hydantoin	89,292.54	0.45	66,055.53	0.43%	58,677.36	0.39	58,677.36	0.39	2.3%
281220	CNS AGENTS: Anticonvulsants: Succinimides	52.59	0.00	192.32	0.00%	196.83	0.00	196.83	0.00	9.1%
281292	CNS AGENTS: Anticonvulsants: Miscellaneous	1,130,968.48	7.42	1,195,215.90	7.73%	1,086,413.77	7.25	1,086,413.77	7.25	-8.2%
281604	CNS AGENTS: Psychotherapeutic Agents: Antidepressants	564,238.46	3.70	599,775.38	3.88%	544,852.22	3.64	544,852.22	3.64	-21.6%
281608	CNS AGENTS: Psychotherapeutic Agents: Stimulants	5,027,963.95	32.98	5,176,360.17	33.48%	4,063,172.67	27.12	4,063,172.67	27.12	-40.9%
282004	CNS AGENTS: Anorex. Respir. & Cerebral Stimulants: Amphetamines	1,446.41	0.01	27.09	0.00%	16.02	0.00	16.02	0.00	-40.9%
282092	CNS AGENTS: Anorex. Respir. & Cerebral Stimulants: Misc.	98.15	0.00	2,331.62	0.02%	1,985.12	0.01	1,985.12	0.01	-14.9%
282404	CNS AGENTS: Anxiolytic/Sedative/Hypnotics: Barbiturates	1,968.83	0.01	1,875.39	0.01%	1,414.99	0.01	1,414.99	0.01	-24.5%
282408	CNS AGENTS: Anxiolytic/Sedative/Hypnotics: Benzodiazepines	2,347.80	0.02	2,480.24	0.02%	1,638.45	0.01	1,638.45	0.01	-33.9%
282492	CNS AGENTS: Anxiolytic/Sedative/Hypnotics: Miscellaneous	34,979.59	0.23	51,678.62	0.33%	48,150.86	0.32	48,150.86	0.32	-8.8%
282800	CNS AGENTS: Antinarcotic Agents	15,006.15	0.10	17,169.84	0.11%	15,863.59	0.11	15,863.59	0.11	-7.6%
283228	CNS AGENTS: Antimigraine Agents (Selective Serotonin Agonists)	156,107.75	1.02	171,542.04	1.11%	167,211.82	1.05	167,211.82	1.05	-8.4%
283604	CNS AGENTS: Antiparkinsonian Agents: Adamantanes			804.85	0.01%	948.16	0.01	948.16	0.01	17.8%
283608	CNS AGENTS: Antiparkinsonian Agents: Anticholinergic Agents			10,437.76	0.07%	19,174.22	0.13	19,174.22	0.13	83.7%
283612	CNS AGENTS: Catechol-O-Methyl Transferase					1,216.15	0.01	1,216.15	0.01	
283616	CNS AGENTS: Antiparkinsonian Agents: Dopamine Precursors			568.44	0.00%	2,152.58	0.01	2,152.58	0.01	
283620	CNS AGENTS: Antiparkinsonian Agents: Dopamine Receptor Agonists			2,720.04	0.02%	6,416.15	0.04	6,416.15	0.04	
289200	CNS AGENTS: Miscellaneous	60,555.74	0.46	119,462.63	0.77%	121,899.63	0.81	121,899.63	0.81	2.0%
340000	DENTAL AGENTS									
360000	DIAGNOSTIC AGENTS: Miscellaneous	34.62	0.00	39.27	0.00%	13.54	0.00	13.54	0.00	-65.5%
360400	DIAGNOSTIC AGENTS: Adrenocortical Insufficiency	68.99	0.00	55.29	0.00%	43.92	0.00	43.92	0.00	-20.6%
362600	DIAGNOSTIC AGENTS: Diabetes Mellitus	282.72	0.00	430.96	0.00%	370.50	0.00	370.50	0.00	-14.0%
363200	DIAGNOSTIC AGENTS: Fungi	28,494.05	0.19	19,473.32	0.13%	25,017.97	0.17	25,017.97	0.17	28.5%
363200	DIAGNOSTIC AGENTS: Fungi	8.23	0.00	0.00	0.00%	0.00	0.00	0.00	0.00	#DIV/0!
364000	DIAGNOSTIC AGENTS: Kidney Function									#DIV/0!
365600	DIAGNOSTIC AGENTS: Myasthenia Gravis	10.53	0.00	16.00	0.00%	0.00	0.00	0.00	0.00	-100.0%
366000	DIAGNOSTIC AGENTS: Thyroid Function	40.83	0.00	160.04	0.00%	0.00	0.00	0.00	0.00	-100.0%
366800	DIAGNOSTIC AGENTS: Roentgenography	8,687.28	0.06	6,744.23	0.04%	3,405.21	0.02	3,405.21	0.02	-49.6%
368400	DIAGNOSTIC AGENTS: Tuberculosis	47,002.94	0.31	55,775.92	0.36%	36,741.46	0.25	36,741.46	0.25	-34.1%
368812	DIAGNOSTIC AGENTS: Urine & Feces Content: Misc.	424.20	0.00	310.31	0.00%	0.00	0.00	0.00	0.00	-100.0%
368812	DIAGNOSTIC AGENTS: Urine & Feces Content: Ketones	3.53	0.00	7.65	0.00%	0.00	0.00	0.00	0.00	-100.0%
368824	DIAGNOSTIC AGENTS: Urine & Feces Content: Occult Blood	58.48	0.00	22.07	0.00%	0.00	0.00	0.00	0.00	-100.0%
380000	DISINFECTANTS (FOR NON-DERMATOLOGIC USE)	15.32	0.00	0.00	0.00%	0.00	0.00	0.00	0.00	-100.0%
400400	ELECTRICAL/WATER BALANCE: Acidifying Agents	314.67	0.00	357.90	0.00%	240.90	0.00	240.90	0.00	-32.7%
400800	ELECTRICAL/WATER BALANCE: Acidifying Agents	1.87	0.00	53.15	0.00%	125.63	0.00	125.63	0.00	136.4%
401000	ELECTRICAL/WATER BALANCE: Alkalinizing Agents	361.25	0.00	396.51	0.00%	593.09	0.00	593.09	0.00	49.6%
401000	ELECTRICAL/WATER BALANCE: Ammonia Detoxicants	4,789.19	0.03	5,085.81	0.04%	6,901.95	0.05	6,901.95	0.05	13.4%

Code	Therapeutic Category	10.675.00	0.07	12.711.31	0.08%	14.461.04	0.10	14.461.04	0.10	13.8%
401200	ELECTRICAL/CALORIC/WATER BALANCE: Replacement Preparations	999.41	0.01	1,491.41	0.01%	1,491.41	0.01	1,491.41	0.01	11.6%
401819	ELECTRICAL/CALORIC/WATER BALANCE: Potassium Removing Agents	75,968.36	0.50	95,074.05	0.61%	84,931.18	0.57	84,931.18	0.57	11.6%
402000	ELECTRICAL/CALORIC/WATER BALANCE: Phosphate Removing Agents	34,328.43	0.23	15,979.54	0.10%	10,924.61	0.07	10,924.61	0.07	-10.7%
402800	ELECTRICAL/CALORIC/WATER BALANCE: Caloric Agents	23,046.04	0.15	19,293.47	0.12%	17,140.64	0.11	17,140.64	0.11	-11.2%
403600	ELECTRICAL/CALORIC/WATER BALANCE: Diuretics	349.71	0.00	455.39	0.00%	367.83	0.00	367.83	0.00	-19.2%
404000	ELECTRICAL/CALORIC/WATER BALANCE: Irrigating Solution	1,215.35	0.01	1,151.28	0.00%	207.59	0.00	207.59	0.00	37.2%
440000	ENZYMES	5,726.20	0.04	4,511.03	0.03%	4,660.85	0.03	4,660.85	0.03	477.0%
480800	ANTI-TUSSIVES	126,608.56	0.83	55,696.23	0.36%	54,803.73	0.37	54,803.73	0.37	3.3%
481024	LEUKOTRIENE MODIFIERS	683.11	0.00	288.06	0.00%	143.84	0.00	143.84	0.00	-1.5%
481032	MAST-CELL STABILIZERS	10,965.91	0.07	12,154.91	0.08%	17,483.82	0.12	17,483.82	0.12	-51.7%
481600	EXPECTORANTS	115.78	0.00	113.30	0.00%	37.71	0.00	37.71	0.00	-43.8%
482400	MUCOLYTIC AGENTS	8,945.83	0.06	404.56	0.00%	1,357.40	0.01	1,357.40	0.01	-66.7%
489200	RESPIRATORY TRACT AGENTS, MISCELLANEOUS	24,547.07	0.16	20,453.95	0.13%	17,939.71	0.12	17,939.71	0.12	235.5%
520200	AGENT: Antibacterial Agents	61.75	0.00	162.10	0.00%	80.82	0.00	80.82	0.00	-44.5%
520404	AGENT: Antifungals	2,550.63	0.02	2,364.12	0.02%	483.57	0.00	483.57	0.00	-12.3%
520420	AGENT: Antivirals	189,178.16	1.24	65,148.86	0.42%	58,970.68	0.39	58,970.68	0.39	-50.1%
520492	AGENT: Miscellaneous anti-infectives	9,740.82	0.06	9,315.19	0.06%	10,238.54	0.07	10,238.54	0.07	-17.5%
520820	AGENT: Nonsteroidal Anti-inflammatory Agents	1,516.43	0.01	2,355.58	0.02%	2,159.70	0.01	2,159.70	0.01	-8.5%
520892	AGENT: Miscellaneous Anti-inflammatory Agents	0.00	0.00	243.50	0.00%	0.00	0.00	0.00	0.00	9.9%
521000	AGENT: Carbonic Anhydrase Inhibitors	444.18	0.00	256.72	0.00%	386.77	0.00	386.77	0.00	-8.3%
521200	AGENT: Contact Lens Solutions	1,884.71	0.01	7,187.96	0.05%	7,916.82	0.05	7,916.82	0.05	-100.0%
521600	AGENT: Local Anesthetics	0.00	0.00	154.72	0.00%	0.00	0.00	0.00	0.00	50.7%
522000	AGENT: Miotics	842.83	0.01	594.53	0.00%	760.02	0.01	760.02	0.01	10.1%
522400	AGENT: Mydriatics	127.98	0.00	77.35	0.00%	162.86	0.00	162.86	0.00	27.8%
522800	AGENT: Mouthwashes & Gargles	7,105.89	0.05	7,628.67	0.05%	6,698.62	0.04	6,698.62	0.04	-100.0%
523200	AGENT: Vasoconstrictors	0.00	0.00	4.814	0.00%	7.671	0.00	7.671	0.00	110.6%
524004	AGENT: Antiglaucoma - Alpha-Adrenergic Agonists	0.00	0.00	507.38	0.00%	693.86	0.00	693.86	0.00	-12.6%
524008	AGENT: Antiglaucoma - Beta-Adrenergic Blocking Agents	0.00	0.00	12,884.41	0.08%	15,088.05	0.10	15,088.05	0.10	59.3%
524012	AGENT: Antiglaucoma - Carbonic Anhydrase Inhibitors	0.00	0.00	7.16	0.00%	32.38	0.00	32.38	0.00	36.8%
524020	AGENT: Antiglaucoma - Miotics	0.00	0.00	35,933.22	0.23%	81,730.85	0.55	81,730.85	0.55	17.0%
524028	AGENT: Antiglaucoma - Prostaglandin Analogs	0.00	0.00	8,825.34	0.06%	10,156.16	0.07	10,156.16	0.07	352.3%
529200	AGENT DRUGS, MISCELLANEOUS	11,166.33	0.07	10,673.55	0.07%	10,113.96	0.07	10,113.96	0.07	127.5%
560400	GASTROINTESTINAL AGENTS: Antacids & Adsorbents	5,970.68	0.04	5,242.59	0.03%	5,408.31	0.04	5,408.31	0.04	15.1%
560800	GASTROINTESTINAL AGENTS: Antidiarrheal Agents	41,232.51	0.27	42,256.54	0.27%	44,481.79	0.30	44,481.79	0.30	-6.2%
561000	GASTROINTESTINAL AGENTS: Antiflatulents	946.45	0.01	972.37	0.01%	1,316.41	0.01	1,316.41	0.01	3.2%
561400	GASTROINTESTINAL AGENTS: Cathartics & Laxatives	3,276.90	0.02	5,549.54	0.04%	7,148.72	0.05	7,148.72	0.05	0.3%
561600	GASTROINTESTINAL AGENTS: Cholelitholytic Agents	9.41	0.00	8.76	0.00%	0.00	0.00	0.00	0.00	5.3%
562000	GASTROINTESTINAL AGENTS: Diagnostics	1,504.79	0.01	3,727.18	0.02%	3,995.77	0.03	3,995.77	0.03	35.4%
562208	GASTROINTESTINAL AGENTS: Emetics	16,373.97	0.11	2,930.82	0.02%	1,615.74	0.01	1,615.74	0.01	28.8%
562292	GASTROINTESTINAL AGENTS: 5-HT3 Receptor Antagonists	1,516.33	0.01	2,593.70	0.02%	1,731.26	0.01	1,731.26	0.01	7.2%
562812	GASTROINTESTINAL AGENTS: Antiemetics, Miscellaneous	10,247.79	0.07	16,327.78	0.11%	17,280.03	0.12	17,280.03	0.12	-44.9%
562828	GASTROINTESTINAL AGENTS: Prostaglandins	963.10	0.00	82.56	0.00%	7.27	0.00	7.27	0.00	-33.3%
562832	GASTROINTESTINAL AGENTS: Prokinetics	333,435.65	2.19	193,249.49	1.25%	147,827.72	0.99	147,827.72	0.99	5.8%
563200	GASTROINTESTINAL AGENTS: Proton Pump Inhibitors	2,938.27	0.02	3,795.24	0.02%	3,595.49	0.02	3,595.49	0.02	-91.2%
563800	GASTROINTESTINAL AGENTS: Prokinetic Agents	1,947.79	0.01	1,901.35	0.01%	1,752.14	0.01	1,752.14	0.01	-3.8%
569200	GASTROINTESTINAL AGENTS: Anti-inflammatory Agents	33,488.78	0.22	50,157.91	0.32%	58,793.74	0.39	58,793.74	0.39	-23.5%
640000	HEAVY METAL ANTAGONISTS	1,050.73	0.01	107.27	0.00%	0.00	0.00	0.00	0.00	-7.8%
660400	HORMONES: Adrenals	2,257.13	0.01	13,042.04	0.08%	13,255.84	0.09	13,255.84	0.09	17.2%
660800	HORMONES: Androgens	3,024.68	0.02	6,002.34	0.04%	526,407.50	3.51	526,407.50	3.51	1.8%
661200	HORMONES: Estrogens	6,991.49	0.05	5,758.26	0.04%	4,613.74	0.03	4,613.74	0.03	-1.6%
661512	HORMONES: Estrogen Agonists/Antagonists	38,274.41	0.25	40,124.43	0.26%	39,986.53	0.27	39,986.53	0.27	-23.1%
661612	HORMONES: Glucocorticoids	0.00	0.00	229.15	0.00%	135.62	0.00	135.62	0.00	0.3%
662002	HORMONES: Antidiabetic Agents: α-Glucosidase Inhibitors	733.38	0.00	490.36	0.00%	425.25	0.00	425.25	0.00	-40.8%
662003	HORMONES: Antidiabetic Agents: Amylinomimetics	153.49	0.00	0.00	0.00%	0.00	0.00	0.00	0.00	-13.3%
662004	HORMONES: Antidiabetic Agents: Biguanides	21,612.63	0.14	18,242.96	0.12%	16,895.15	0.11	16,895.15	0.11	#DIV/0!
662005	HORMONES: Antidiabetic Agents: Biperitrids	0.00	0.00	1,735.09	0.01%	3,863.07	0.03	3,863.07	0.03	-15.2%
662006	HORMONES: Incretin Mimetics	314.39	0.00	748.32	0.00%	1,165.52	0.01	1,165.52	0.01	122.6%
662008	HORMONES: Antidiabetic Agents: Insulins	168,619.20	1.09	166,667.30	1.08%	184,272.85	1.23	184,272.85	1.23	65.8%
662016	HORMONES: Antidiabetic Agents: Meglitinides	311.31	0.00	377.32	0.00%	517.97	0.00	517.97	0.00	10.6%
662020	HORMONES: Antidiabetic Agents: Sulfonylureas	13,297.42	0.09	11,323.89	0.07%	9,149.22	0.06	9,149.22	0.06	37.3%
662028	HORMONES: Antidiabetic Agents: Thiazolidinediones	155,713.43	1.02	163,174.26	1.06%	184,793.46	1.23	184,793.46	1.23	-19.2%
										13.2%

Pharmacy Dashboard - Facility Level Workload

White - Under construction

Orange - Data missing or questionable

Green - On target or within allowances for target or historical number

Yellow - Above or below target or historical number

Red - Significantly above or below target or historical number

Measure	Measure Definitions	Actual				CY 2009 YTD	Jan-09	Feb-09	Mar-00	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	FY08 vs FY09 YTD	Stoplight Status (R/Y/G)	Detail Data
		CY 2006	CY 2007	CY 2008	CY 2009																
WORKLOAD	Rx #	Mo Avg	Mo Avg	Mo Avg	Mo Avg																(+/-)10%=G (+/-)11-20%=Y (+/-)21>=%R
ASP - Avenal State Prison		16,667	20,909	23,930	27,499	27,499													15%	Y	
CAL - Calipatria State Prison		6,613	7,598	9,842	12,270	13,047	11,492												25%	R	
CCC - Ca Corr Center		5,090	6,792	6,725	6,835	7,071	6,598												2%	Y	
CCI - Ca Corr Institute		20,833	15,365	17,455	20,338	20,338													17%	Y	
CCWF - Central Ca Women's Facility		22,962	31,296	25,398	24,649	25,575	23,723												-3%	G	
CEN - Centinela State Prison		7,298	9,513	10,162	10,456	10,456													3%	G	
CIM - Ca Institute for Men		39,665	31,663	22,298	21,275	22,529	20,021												-5%	G	
CIW - Corr Institute for Women		13,833	13,840	14,613	14,932	15,230	14,634												2%	Y	
CMC - Ca Men's Colony		22,083	24,470	21,903	24,420	25,198	23,641												11%	Y	
CMF - Ca Medical Facility		19,500	23,183	22,637	23,551	28,410	27,053												4%	G	
COR - Ca State Prisons, Corcoran		26,326	23,123	21,905	19,570	20,453	18,687												-11%	Y	
CRC - Ca Rehabilitation Center		19,282	14,577	16,224	18,128	18,128													12%	Y	
CTF - Corr Training Facility		18,633	22,154	21,416	22,858	22,858													7%	G	
CVSP - Chuckawalla Valley State Prison		5,947	6,063	6,817	7,622	7,580	7,663												12%	Y	
DVI - Deuel Vocational Institute		13,500	19,486	20,278	18,017	18,492	17,542												-11%	Y	
FOL - Folsom		8,518	12,909	11,080	11,219	11,476	10,962												1%	G	
HDSP - High Desert State Prison		8,833	12,260	12,969	12,577	13,085	12,069												-3%	G	
ISP - Ironwood State Prison		8,650	8,812	7,104	7,430	7,278	7,582												5%	G	
KVSP - Kern Valley State Prison		11,438	15,163	13,682	13,892	14,164	13,619												2%	G	
LAC - Ca State Prison LA		14,197	23,315	17,611	16,475	16,955	15,994												-6%	G	
MCSP - Mule Creek State Prison		17,550	20,768	17,775	19,183	19,524	18,842												8%	G	
NKSP - North Kern State Prison		14,474	19,122	18,925	17,910	19,103	16,716												-5%	G	
PBSP - Pelican Bay State Prison		11,759	10,376	9,477	8,625	8,625													-9%	G	
PVSP - Pleasant Valley State Prison		24,000	15,519	18,321	19,550	19,260	19,840												7%	G	
RJD - RJ Donovan Corr Facility		20,728	23,099	21,993	22,295	25,923	22,163												1%	G	
SAC - California State Prison, Sacramento		14,053	17,137	16,827	18,799	20,215	17,382												12%	Y	
SATF - California Substance Abuse TF		29,450	41,848	29,910	25,543	26,497	24,589												-15%	Y	
SCC - Sierra Conservation Center		7,149	8,021	7,782	7,931	7,931													2%	G	
SOL - Ca State Prison, Solano		16,936	26,918	29,299	28,612	28,612													-2%	G	
SQ - San Quentin		14,583	16,949	18,637	18,292	19,403	17,181												-2%	G	
SVSP - Salina Valley State Prison		24,455	22,348	19,143	23,474	23,474													23%	Y	
VSPW - Valley State Prison for Women		15,327	19,194	18,852	19,460	19,940	18,980												3%	G	
WSP - Wasco State Prison		14,000	17,714	18,254	18,140	18,779	17,501												-1%	G	
CDCR Average Rx #/Pharmacy		16,192	18,167	17,249	18,276	18,276	16,853												2%	G	

Staffing	RPH #	2009 Apprvd Staff	Mo Avg*	Mo Avg	YTD 2009	4.8	4.9	Apprvd vs. current month	(+/-)10%=G (-/+) 11-20%=Y (-/-) 21+%=R	link
ASP - Avenal State Prison		6.0	3.2	3.4	4.8	4.8	4.9	-19%	Y	
CAL - Calipatria State Prison		3.0	2.7	2.5	3.0	3.0	3.0	0%	G	
CCC - Ca Corr Center		2.0	1.3	2.3	2.0	2.0	2.0	0%	G	
CCI - Ca Corr Institute		5.0	4.7	5.5	6.0	6.0	6.0	20%	Y	
CCWF - Central Ca Women's Facility		10.0	3.2	4.5	4.9	4.9	4.9	-51%	R	
CEN - Centinela State Prison		4.0	2.9	2.9	3.6	3.6	3.7	-9%	G	
CIM - Ca Institute for Men		8.0	10.8	11.7	12.5	12.8	12.2	53%	R	
CIW - Corr Institute for Women		6.0	6.2	6.3	6.2	6.3	6.2	3%	G	
CMC - Ca Men's Colony		6.0	5.4	6.2	7.2	8.0	6.4	6%	Y	
CMF - Ca Medical Facility		15.0	9.4	10.5	12.2	12.0	12.4	-17%	Y	
COR - Ca State Prisons, Corcoran		7.5	6.0	6.1	5.5	5.0	6.0	-20%	Y	
CRC - Ca Rehabilitation Center		5.0	4.4	4.7	5.0	5.0	5.0	0%	G	
CTF - Corr Training Facility		5.4	5.1	5.7	5.4	5.4	5.4	0%	G	
CVSP - Chuckawalla Valley State Prison		2.0	1.9	1.8	2.2	2.2	2.2	11%	G	
DVI - Deuel Vocational Institute		6.0	4.2	5.9	6.3	6.4	6.2	3%	G	
FOL - Folsom		3.5	2.4	2.9	3.0	3.0	3.0	-14%	Y	
HDSP - High Desert State Prison		4.0	2.7	2.8	3.1	3.1	3.0	-25%	R	
ISP - Ironwood State Prison		4.0	3.3	3.6	4.0	4.0	4.0	0%	G	
KVSP - Kern Valley State Prison		4.0	4.2	3.6	4.0	4.0	4.0	0%	G	
LAC - Ca State Prison LA		6.0	5.1	4.7	6.0	6.0	6.0	0%	G	
MCSP - Mule Creek State Prison		6.0	6.1	6.4	5.6	5.6	5.6	-7%	G	
NKSP - North Kern State Prison		5.0	6.0	5.1	5.6	5.8	5.3	6%	G	
PBSP - Pelican Bay State Prison		3.0	3.3	3.8	3.8	3.8	3.8	25%	R	
PVSP - Pleasant Valley State Prison		6.0	4.5	5.8	5.8	5.6	6.0	0%	G	
RJD - RJ Donovan Corr Facility		7.0	6.4	7.1	8.6	8.5	8.8	25%	R	
SAC - California State Prison, Sacramento		5.0	5.0	5.1	5.0	5.0	5.0	0%	G	
SATF - California Substance Abuse TF		8.0	4.6	7.7	7.4	7.0	7.7	-4%	G	
SCC - Sierra Conservation Center		3.0	2.0	2.5	2.8	2.8	2.8	-8%	G	
SOL - Ca State Prison, Solano		8.5	4.5	6.6	9.0	9.0	9.0	6%	G	
SQ - San Quentin		6.0	4.8	4.4	5.5	5.4	5.6	-7%	G	
SVSP - Salina Valley State Prison		7.0	3.8	4.5	7.0	7.0	7.0	0%	G	
VSPW - Valley State Prison for Women		6.0	4.0	4.0	4.0	4.0	4.0	-33%	R	
WSP - Wasco State Prison		5.0	4.3	5.0	5.5	5.5	5.5	10%	G	
CDCR Average RPH/Pharmacy		5.7	4.5	5.0	5.5	5.5	5.5	-3%	G	

APPENDIX B

CDCR Pharmacy Inspection Grid CY2007/2008

Location	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Links to 2007	Links to 2008		
Pharmacies																												
Avenal State Prison (ASP)	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem													ASP	ASP	
Ca Corr Center (CCC)	Fail	Fail	Fail	Fail	Fail	Fail	Problem	Pass	Pass	Pass	Pass	Pass	Pass													CCC	CCC	
Ca Corr Institute (CCI)	Submitted Incomplete	Fail	Pass	Pass	Pass	Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass													CCI	CCI	
Ca Institute for Men (CIM)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CIM	CIM	
Ca Medical Facility (CMF)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CMF	CMF	
Ca Men's Colony (CMC)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CMC	CMC	
Ca Rehabilitation Center (CRC)	Pass	Pass	Pass	Pass	Problem	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass													CRC	CRC	
Ca State Prison LA (LAC)	PIC Failed to Submit	Pass	Pass	Pass	Fail	Fail	Problem	Problem	Pass	Pass	PIC Failed to Submit	PIC Failed to Submit	Pass													LAC	LAC	
Ca State Prison, Sacramento (SAC)	Problem	Pass	Pass	PIC Failed to Submit	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Problem													SAC	SAC	
Ca State Prison, Solano (SOL)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													SOL	SOL	
Ca State Prisons, Corcoran (COR)	Fail	Fail	Fail	COR Go Live	PIC Failed to Submit	Pass	PIC Failed to Submit	Pass	Pass	Pass	Pass	Pass	Pass													COR	COR	
California Substance Abuse TF (SATF)	Pass	Pass	Problem	SATF Off On Line	Fail	Fail	Fail	Fail	Fail	Fail	PIC Failed to Submit	PIC Failed to Submit	Fail													SATF	SATF	
Calipatria State Prison (CAL)	Pass	Pass	Pass	Pass	Pass	PIC Failed to Submit	PIC Failed to Submit	Fail	Fail	Fail	Fail	Fail	Fail													CAL	CAL	
Centinela State Prison (CEN)	Problem	Problem	Fail	Problem	Pass	PIC Failed to Submit	Fail	Problem	Problem	Pass													CEN	CEN				
Central Ca Women's Facility (CCWF)	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem													CCWF	CCWF	
Chuckawalla Valley State Prison (CVSP)	Pass	Problem	PIC Failed to Submit	Pass	Guardian Rx Go Live	Problem	Problem	Pass	Pass	Pass	Pass	Pass	Pass													CVSP	CVSP	
Corr Institute for Women (CIW)	Pass	Pass	Problem	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Fail	Fail	Fail													CIW	CIW	
Corr Training Facility (CTF)	Problem	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass													CTF	CTF	
Deuel Vocational Institute (DVI)	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem													DVI	DVI	
Folsom (FOL)	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass													FOL	FOL	
High Desert State Prison (HDSP)	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem														HDSP	HDSP
Ironwood State Prison (ISP)	PIC Failed to Submit	Pass	Pass	Pass	Pass	PIC Failed to Submit	Problem	Pass	Pass	Pass	Pass	Pass	Fail													ISP	ISP	
Kern Valley State Prison (KVSP)	Pass	Pass	Pass	Pass	Pass	Problem	Problem	Pass	Pass	Pass	Pass	PIC Failed to Submit	Fail													KVSP	KVSP	
Mule Creek State Prison (MCSP)	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass													MCSP	MCSP	
North Kern State Prison (NKSP)	Pass	Pass	Pass	Pass	Pass	Pass	Problem	Pass	Pass	Pass	Pass	Pass	Pass													NKSP	NKSP	
Pelican Bay State Prison (PBSP)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													PBSP	PBSP	
Pleasant Valley State Prison (PVSP)	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem	Problem													PVSP	PVSP	
RJ Donovan Corr Facility (RJD)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													RJD	RJD	
Salina Valley State Prison (SVSP)	Pass	Pass	Pass	Pass	Pass	Pass	Pass	PIC Failed to Submit	Pass	Pass	Pass	Pass	Pass													SVSP	SVSP	
San Quentin (SQ)	Fail	Pass	Pass	Pass	PIC Failed to Submit	Guardian Rx Go Live	PIC Failed to Submit	PIC Failed to Submit	Pass	Pass	Pass	Pass	Pass													SQ	SQ	
Sierra Conservation Center (SCC)	Problem	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass													SCC	SCC	
Valley State Prison for Women (VSPW)	Fail	Fail	Problem	Problem	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass													VSPW	VSPW	
Waco State Prison (WSP)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail														WSP	WSP
Percent Passed Total (Not Failed) (N=33)																												
	58%	70%	67%	61%	58%	61%	67%	58%	61%	64%	61%	67%																
Non Pharmacy Drug Storage Areas																												
Avenal State Prison (ASP)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Problem	Fail	Fail	Problem	Problem	Problem													2007	2008	
Ca Corr Center (CCC)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Pass	Pass	Pass	Pass	Pass													CCC	CCC	
Ca Corr Institute (CCI)	Submitted Incomplete	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CCI	CCI	
Ca Institute for Men (CIM)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CIM	CIM	
Ca Medical Facility (CMF)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CMF	CMF	
Ca Men's Colony (CMC)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CMC	CMC	
Ca Rehabilitation Center (CRC)	Pass	Pass	Fail	Pass	Fail	Problem	Fail	Pass	Problem	Problem	Problem	Problem	Problem													CRC	CRC	
Ca State Prison LA (LAC)	PIC Failed to Submit	Pass	Pass	Pass	Fail	Fail	Problem	Problem	Problem	Problem	Problem	PIC Failed to Submit	PIC Failed to Submit													LAC	LAC	
Ca State Prison, Sacramento (SAC)	Fail	Fail	Fail	Fail	Pass	Fail	Fail	Fail	Pass	Pass	Fail	Problem	Pass													SAC	SAC	
Ca State Prison, Solano (SOL)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													SOL	SOL	
Ca State Prisons, Corcoran (COR)	Fail	Fail	Fail	COR Go Live	PIC Failed to Submit	Pass	PIC Failed to Submit	Pass	Pass	Pass	Pass	Pass	Pass													COR	COR	
California Substance Abuse TF (SATF)	Fail	Fail	Fail	Fail	Fail	Fail	Not Inspected	Not Inspected	Fail	Pass	PIC Failed to Submit	PIC Failed to Submit	Fail													SATF	SATF	
Calipatria State Prison (CAL)	Fail	Fail	Problem	Pass	Fail	PIC Failed to Submit	PIC Failed to Submit	Fail	Fail	Fail	Fail	Fail	Fail													CAL	CAL	
Centinela State Prison (CEN)	Fail	Fail	Fail	Fail	Fail	PIC Failed to Submit	Problem	Problem	Problem	Fail													CEN	CEN				
Central Ca Women's Facility (CCWF)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CCWF	CCWF	
Chuckawalla Valley State Prison (CVSP)	Fail	Fail	PIC Failed to Submit	Fail	Guardian Rx Go Live	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Pass													CVSP	CVSP	
Corr Institute for Women (CIW)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Problem	Problem	Problem	Fail													CIW	CIW	
Corr Training Facility (CTF)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													CTF	CTF	
Deuel Vocational Institute (DVI)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													DVI	DVI	
Folsom (FOL)	Fail	Fail	Fail	Fail	Pass	Pass	Pass	Pass	Pass	Fail	Pass	Fail	Fail													FOL	FOL	
High Desert State Prison (HDSP)	Fail	Fail	Problem	Problem	Problem	Problem	Problem													HDSP	HDSP							
Ironwood State Prison (ISP)	PIC Failed to Submit	Pass	Pass	Pass	Fail	PIC Failed to Submit	Fail	Fail	Fail	Fail	Fail	Fail	Fail													ISP	ISP	
Kern Valley State Prison (KVSP)	Fail	Fail	Pass	Pass	Pass	Pass	Pass	Pass	Guardian Rx Go Live	Guardian Rx Go Live	PIC Failed to Submit	PIC Failed to Submit	PIC Failed to Submit													KVSP	KVSP	
Mule Creek State Prison (MCSP)	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass													MCSP	MCSP	
North Kern State Prison (NKSP)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													NKSP	NKSP	
Pelican Bay State Prison (PBSP)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													PBSP	PBSP	
Pleasant Valley State Prison (PVSP)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													PVSP	PVSP	
RJ Donovan Corr Facility (RJD)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail													RJD	RJD	
Salina Valley State Prison (SVSP)	Pass	Pass	Pass	Pass	Problem	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass													SVSP	SVSP	
San Quentin (SQ)	Fail	Fail	Fail																									

APPENDIX C

Maxor Timeline and Tracking Grid for Accomplishing Roadmap Objectives

12.11.07 Timeline

Updated 2.2.09

■ Begin Activity
 ■ Implementation Activity
 ■ Implementation Complete
 ■ Ongoing Activity
 ■ Progress Report
 ■ Annual Review

😊 Complete
😊 Meeting Target
😞 Not Meeting Target
😞 Will NOT meet Target

		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		
Objective	Description	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	Stoptlight Status	
	Progress Report to the Office of Receiver																																						Allen Sapp / Jerry Hodge
																																							😊
A.1	Establish a central pharmacy services administration, budget and enforcement authority.																																						Dick Cason & Matt Keith / Matt Keith
	4/10/07 timeline																																						😊
	9/17/07 recommended change																																						
A.2	Establish direct lines of authority to all pharmacy services personnel and define linkage to central medical staff.																																						Matt Keith / Glenn Johnson
	4/10/07 timeline																																						😊
	9/17/07 recommended change																																						
A.3	Update and maintain system-wide pharmacy policies and procedures.																																						Alison Farrell / Lucy Michael
	4/10/07 timeline																																						😊
	9/17/07 recommended change																																						😊
	Explanation	The timeline extension recommended due to slow implementation at the facility level (A.3.3) and to allow clear process for revision and approval through new state-wide P&T Committee.																																					
A.4	Establish key performance metrics used to evaluate the performance of the pharmacy services program.																																						Matt Keith / Glenn Johnson
	4/10/07 timeline																																						😊
	9/17/07 recommended changes																																						😊
	Explanation	Performance metrics are completed and dashboards created. A.4.4. provider level report cards cannot be completed until Guardian is implemented.																																					
A.5	Establish standardized monitoring reports and processes designed to continually assess program performance.																																						Matt Keith, Melanie Roberts, Lucy Michael / Rick Pollard
	4/10/07 timeline																																						😊
	9/17/07 recommended change																																						😊
	Explanation	Standardized monitoring is in place, A.5.6 Pharmacoeconomic consultations and A.5.9 Monitoring use of guidelines - timeline extended - Guardian data and clinical pharmacists recruitment required to complete. 4 of 8 clinical pharmacist positions now hired.																																					
B.1	Revise and reconstitute, as needed, the current P&T committee and implement measures to allow for strong P&T oversight of prescribing and dispensing patterns.																																						Melanie Roberts & Lucy Michael / Glenn Johnson & Matt Keith
	4/10/07 timeline																																						😊
	9/17/07 recommended change																																						
B.2	Establish methodologies and schedules for tracking and monitoring formulary compliance and prescribing behavior.																																						Matt Keith, Lucy Michael / Glenn Johnson
	4/10/07 timeline																																						😊
	9/17/07 recommended change																																						😊
	Explanation	Programs in place. Ability to track and monitor become more sophisticated as Guardian is installed. This a monthly ongoing activity for pharmacy and P&T Committee.																																					

Maxor Timeline and Tracking Grid for Accomplishing Roadmap Objectives

12.11.07 Timeline

Updated 2.2.09

■ Begin Activity
 ■ Implementation Activity
 ■ Implementation Complete
 ■ Ongoing Activity
 ■ Progress Report
 ■ Annual Review

☺ Complete
☺ Meeting Target
☹ Not Meeting Target
☹ Will NOT meet Target

		2008												2009												2010												Owner / Champion
Objective	Description	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	Stoplight Status
		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	
	9/17/07 recommended change																		Now projected to be completed May 2009												☹							
	2/2/09 Recommended change													Schedule change approved by CPR.												☺												
	Explanation	In keeping with the deletion of F.3, and implement of the interim software state-wide, the goal will be to complete Guardian implementation by 12/08. Also clarified wording in objective.																																				

Maxor Timeline and Tracking Grid for Accomplishing Roadmap Objectives

12.11.07 Timeline

Updated 2.2.09

■ Begin Activity
 ■ Implementation Activity
 ■ Implementation Complete
 ■ Ongoing Activity
 ■ Progress Report
 ■ Annual Review

😊 Complete
😊 Meeting Target
😞 Not Meeting Target
😞 Will NOT meet Target

		2008												2009												2010												Owner / Champion	
Objective	Description	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	Stoplight Status	
		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		
	9/17/07 recommended change																																						😊
	Explanation	Process of accreditation follows implementation of other Roadmap objectives.																																					

Maxor Timeline and Tracking Grid for Accomplishing Roadmap Objectives

12.11.07 Timeline

Updated 2.2.09

■ Begin Activity
 ■ Implementation Activity
 ■ Implementation Complete
 ■ Ongoing Activity
 ■ Progress Report
 ■ Annual Review

😊 Complete
😊 Meeting Target
😞 Not Meeting Target
😞 Will NOT meet Target

		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			
Objective	Description	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		
G.3	Complete mock audit using credentialed audit for target credentialing body.																																						Matt Keith / Glenn Johnson	
	4/10/07 timeline	Complete 7/09 - 12/09.																																						
	9/17/07 recommended change																																						😊	
	Explanation	Process of accreditation follows implementation of other Roadmap objectives.																																						
G.4	Apply for accreditation audit at one or more institutions. Expand audits to all institutions on a defined schedule.																																						Matt Keith / Glenn Johnson	
	4/10/07 timeline	Complete 10/09 - 12/09.																																						
	9/17/07 recommended change																																						😊	
	Explanation	Process of accreditation follows implementation of other Roadmap objectives.																																						

Timeline Assumption:

- (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 CDCI
- (4) A proposed progress report schedule is included for documenting the accomplishments and identifying the need for schedule change: