

**Achieving a  
Constitutional Level of Medical Care  
In  
California's Prisons**

**Amended Fifteenth Tri-Annual Report of the  
Federal Receiver's Turnaround Plan of Action**

**October 4, 2010**

# **California Prison Health Care Receivership**

## **Vision:**

As soon as practicable, provide constitutionally adequate medical care to patient-inmates of the California Department of Corrections and Rehabilitation (CDCR) within a delivery system the State can successfully manage and sustain.

## **Mission:**

Reduce avoidable morbidity and mortality and protect public health by providing patient-inmates timely access to safe, effective and efficient medical care, and integrate the delivery of medical care with mental health, dental and disability programs.

# Table of Contents

	Page
<b>1. Executive Summary.....</b>	<b>5</b>
<b>2. The Receiver’s Reporting Requirements.....</b>	<b>9</b>
<b>3. Status and Progress Toward the Turnaround Plan Initiatives.....</b>	<b>10</b>
<b>GOAL 1 Ensure Timely Access to Health Care Services.....</b>	<b>10</b>
<i>Objective 1.1</i> Screening and Assessment Processes.....	10
<i>Objective 1.2</i> Access Staffing and Processes.....	10
<i>Objective 1.3</i> Scheduling and Patient-Inmate Tracking System.....	12
<i>Objective 1.4</i> Standardized Utilization Management System.....	14
<b>GOAL 2 Establish a Prison Medical Program Addressing the Full         Continuum of Health Care Services.....</b>	<b>16</b>
<i>Objective 2.1</i> Primary Care.....	16
<i>Objective 2.2</i> Chronic Care.....	16
<i>Objective 2.3</i> Emergency Response.....	16
<i>Objective 2.4</i> Specialty Care and Hospitalization.....	16
<b>GOAL 3 Recruit, Train and Retain a Professional Quality Medical Care         Workforce.....</b>	<b>21</b>
<i>Objective 3.1</i> Physicians and Nurses.....	21
<i>Objective 3.2</i> Clinical Leadership and Management Structure.....	23
<i>Objective 3.3</i> Professional Training Program.....	24
<b>GOAL 4 Implement a Quality Assurance and Continuous Improvement         Program.....</b>	<b>26</b>
<i>Objective 4.1</i> Clinical Quality Measurement and Evaluation Program.....	26
<i>Objective 4.2</i> Quality Improvement Programs.....	27
<i>Objective 4.3</i> Medical Peer Review and Discipline Process.....	30
<i>Objective 4.4</i> Medical Oversight Unit.....	33

<i>Objective 4.5</i>	Health Care Appeals Process.....	35
<i>Objective 4.6</i>	Out-of-State, Community Correctional Facilities and Re-entry Oversight.....	36
<b>GOAL 5</b>	<b>Establish Medical Support / Allied Health Infrastructure.....</b>	<b>40</b>
<i>Objective 5.1</i>	Pharmacy.....	40
<i>Objective 5.2</i>	Medical Records.....	44
<i>Objective 5.3</i>	Imaging/Radiology and Laboratory Services.....	45
<i>Objective 5.4</i>	Clinical Information Systems.....	47
<i>Objective 5.5</i>	Telemedicine.....	48
<b>GOAL 6</b>	<b>Provide for Necessary Clinical, Administrative and Housing Facilities.....</b>	<b>52</b>
<i>Objective 6.1</i>	Upgrade Administrative and Clinical Facilities.....	52
<i>Objective 6.2</i>	Expand Administrative, Clinical, and House Facilities.....	52
<i>Objective 6.3</i>	Finish Construction at San Quentin State Prison.....	53
<b>4.</b>	<b>Additional Successes Achieved by the Receiver.....</b>	<b>54</b>
A.	Quality Management Initiatives.....	54
<b>5.</b>	<b>Particular Problems Faced by the Receiver, Including Any Specific Obstacles Presented By Institutions Or Individuals.....</b>	<b>56</b>
<b>6.</b>	<b>An Accounting of Expenditures for the Reporting Period.....</b>	<b>57</b>
<b>7.</b>	<b>Other Matters Deemed Appropriate for Judicial Review.....</b>	<b>58</b>
A.	Coordination with Other Lawsuits.....	58
B.	Master Contract Waiver Reporting.....	58
C.	Consultant Staff Engaged by the Receiver.....	58
<b>8.</b>	<b>Conclusion.....</b>	<b>59</b>

# Section 1

## Executive Summary

In our second Tri-Annual reporting for 2010, we recognize and share the accomplishments achieved by prison healthcare stakeholders and advocates. While we continue to be faced with unprecedented budget challenges, managing a diverse stakeholder process system, and severe overcrowding, progress has continued toward attaining the Vision and Mission outlined in the Receiver's Turnaround Plan of Action (RTPA). Highlights of progress include the following:

- Prison Healthcare Chief Executive Officer (CEO) - Since the CEO examination was launched on December 24, 2008, 504 CEO applicants have been added to the certification list and 21 hires have been completed. The pool of CEO candidates is very competitive and interest remains high with 3 CEO positions left to fill for oversight of 33 institutions.
- Prison Healthcare Nurse Executive - Since commencement of the examination in September 2008, 336 Nurse Executive applicants have been added to the certification list and 10 Nurse Executives have been hired.
- Prison Healthcare Medical Executive - Since launching of the examination in December 2008, 143 Medical Executive applicants have been added to the certification list and 12 Medical Executives have been hired.
- The Request for Proposal (RFP) to obtain a medical services network from a statewide provider network company was released October 20, 2009 and the contract was approved on June 28, 2010. CPHCS and Health Net Federal Services, LLC (Health Net) have partnered to develop and maintain a statewide network of healthcare providers for all 33 institutions.
- Medical invoice processing activity has continued to be streamlined for efficiency through the use of Third Party Administrators (TPA) and system enhancements. Claims processing continues to be within the 30-day mandated timeframe. The Two-Year Post Audit effort has resulted in \$18.4 million in refunds as of August 2010.
- California Health Care Facility (CHCF) - During this reporting period, the 30-Day Letter for the California Health Care Facility (CHCF) and two of the former Division of Juvenile Justice (DJJ) facilities (DeWitt Nelson and Estrella Correctional Facility) were submitted to the Joint Legislative Budget Committee (JLBC) in June 2010. These projects were approved by the Public Works Board (PWB) and received Pooled Money Investment Board (PMIB) loan approval. The 30-Day Letter for the remaining DJJ facility (Herman G. Stark) was submitted to the JLBC on August 18, 2010.

While we continue to make strides in many important areas, the momentum of these efforts continues to be affected by the State's budget and fiscal crisis and severe overcrowding in the prisons. The budget and fiscal crisis is likely to continue for the foreseeable future, and the Receivership is doing everything it can to reduce expenditures without cutting into core healthcare areas. However, productivity has been impacted throughout the organization, and coupled with some staff turnover, certain projects and initiatives have been delayed in their

implementation. Due to these factors, this report will reflect extensions on some of the objectives and action item dates to fulfill the goals.

Moreover, although the Administration has made some proposals to the Legislature to reduce prison population and overcrowding (in part to address the state's budget crisis), so far, those proposals have not been embraced by the Legislature and none of them have yet been implemented. CDCR's prisons remain significantly overcrowded, and the lack of adequate facility space and appropriate beds for medical and mental health purposes continues to impede efforts to improve care.

On August 26, 2010, the Office of the Inspector General released a "Summary and Analysis of the First 17 Medical Inspections of California Prisons" ("Summary and Analysis"). In addition to summarizing the results of its first set of medical inspections, this report conducted a new "category analysis" of the data. In this analysis, OIG "sort[ed] the data from 100 key questions into five general medical categories recommended by [its] lead physician" (Summary and Analysis, p. 58). The five categories are Medication Management, Access to Providers and Services, Continuity of Care, Primary Care Provider Responsibilities and Nurse Responsibilities. (Summary and Analysis, p. 59).

The results of the category analysis show scores of 74% adherence in Continuity of Care, 74% adherence in Primary Care Provider Responsibilities, and 80% adherence in Nurse Responsibilities. The results show significantly lower adherence in the categories of Medication Management (58%) and Access to Providers and Services (60%). In explaining these lower scores, the OIG concludes that "[p]risons are ineffective at ensuring that inmates receive their medications" (Summary and Analysis, p. 62), and that "[a]ccess to providers and services is poor" (Summary and Analysis, p. 64).

The low scores in medication management and access to care require further analysis and explanation, because the low score in medication management, which is primarily a nurse function, is apparently inconsistent with the higher score for nurse responsibilities. Similarly, the low score for access to providers and services is apparently inconsistent with the results we see in the monthly reports from the health care access teams (where we have been seeing greater than 85% of scheduled appointments being met).

Upon further review of operational difficulties in the field, the primary reason for the apparent inconsistencies becomes clearer. The comparatively high score in Nurse Responsibilities reflects the fact that we have largely completed those portions of the Turnaround Plan dealing with improving the quantity and quality of nursing staffing and making sure that we are more appropriately training our clinical staff. Notwithstanding this success, we continue to be frustrated in the category of timely administration of medications, which is primarily a responsibility of the nursing staff, because of the significant overcrowding within the prisons combined with the high frequency of overcrowding-related custody controls, such as modified programs and lockdowns, that interfere with medication management processes.

Overcrowding also is a primary factor causing the comparatively low score in the Access to Providers and Services category, which essentially focuses upon the timeliness of care pursuant to CDCR policies. As we report below on Action 1.2.2, our Health Care Access teams continue to be highly effective in facilitating inmate access to scheduled appointments. However, the sheer number of inmates at each facility frustrates our efforts to meet the required timelines for access to physicians and specialty providers. There are only so many hours in the day, so many slots for appointments, and so much treatment space available to handle the population.

As the remainder of our tri-annual report indicates, and as is largely confirmed by the higher scores reported by the OIG for Continuity of Care, Primary Care Providers Responsibilities, and Nurse Responsibilities, we have made demonstrable progress in developing key aspects of a functioning system of medical care. However, the OIG scores highlight the overriding challenge of trying to provide medical care in the context of a highly overcrowded prison system where there are too many prisoners for the healthcare infrastructure, and there is a high incidence of overcrowding-related violence resulting in lockdowns and modified programs that interfere with the efficacy of the medical system.

#### Format of the Report

To assist the reader, this Report provides three forms of supporting data:

1. *Metrics*: Metrics that measure specific RTPA initiatives are set forth in this report with the narrative discussion of each Goal and the associated Objectives and Actions. Metrics were initially included in the Ninth Quarterly Report to the court and were also published as part of the Receiver's Turnaround Plan of Action Monthly Reports beginning in October 2008. Monthly Reports for this reporting period can be viewed at the California Prison Health Care Services (CPHCS) website ([http://www.cprinc.org/receiver\\_mo.aspx](http://www.cprinc.org/receiver_mo.aspx)).
2. *Appendices*: In addition to providing metrics, this report also references a number of documents that are provided to the reader in the included Appendices filed concurrently with this report.
3. *Website References*: Whenever possible website references are provided to the reader.

#### RTPA Matrix

In an effort to provide timely and accurate progress reports on the RTPA to the Courts and other vested stakeholders, we are introducing a new format that provides activity status by enterprise, for statewide applications/programs, and by institution, as appropriate for and in coordination with that operation.

The Enterprise Project Deployment worksheet and the Institution Project Deployment worksheet provide an illustration of the progress made towards each action item outlined in the RTPA and reported in the Tri-Annual Report. The Enterprise Project Deployment worksheet captures projects specifically assigned to the Receiver for broad administrative handling,

analysis or testing. The Institution Project Deployment captures the status of all other activity by institution. Reporting will reflect activity that is completed, on schedule, delayed or not progressing, with corresponding dates. The Tri-Annual Report will continue to provide a narrative status report.

Due to the size of the document, the Matrix is included as [Appendix 1](#).

#### Information Technology Project Matrix

In addition to the RTPA Matrix, a separate chart has been created to specifically illustrate the major technology projects and the deployment of those projects. This document is included as [Appendix 2](#).

## Section 2

# The Receiver's Reporting Requirements

This is the fifteenth report filed by the Receivership, and the ninth submitted by Receiver Clark Kelso.

The Order Appointing Receiver (Appointing Order) filed February 14, 2006 calls for the Receiver to file status reports with the *Plata* court concerning the following issues:

1. All tasks and metrics contained in the Plan and subsequent reports, with degree of completion and date of anticipated completion of each task and metric.
2. Particular problems being faced by the Receiver, including any specific obstacles presented by institutions or individuals.
3. Particular success achieved by the Receiver.
4. An accounting of expenditures for the reporting period.
5. Other matters deemed appropriate for judicial review.

(Reference pages 2-3 of the Appointing Order.)

<http://www.cphcs.ca.gov/docs/court/PlataOrderAppointingReceiver0206.pdf>

In support of the coordination efforts by the four federal courts responsible for the major healthcare class actions pending against the CDCR, the Receiver now files Tri-Annual Reports in four different federal court class action cases. An overview of the Receiver's enhanced reporting responsibilities related to these cases and to other *Plata* orders filed after the Appointing Order can be found in the Receiver's Eleventh Tri-Annual Report at pages 15-16. ([http://www.cphcs.ca.gov/receiver\\_tri.aspx](http://www.cphcs.ca.gov/receiver_tri.aspx))

## Section 3

### Status of the Receiver's Turnaround Plan Initiatives

#### Goal 1. Ensure Timely Access to Health Care Services

##### **Objective 1.1. Redesign and Standardize Screening and Assessment Processes at Reception/Receiving and Release**

*Action 1.1.1. By January 2009, develop standardized reception screening processes and begin pilot implementation*

This action has been completed.

*Action 1.1.2. By January 2010, implement new processes at each of the major reception center prisons*

This action has been completed. A revised Reception Center Policy and Procedure has been drafted and is in the comment and approval process. Statewide implementation of the new processes at each of the major reception centers is expected by January 2011.

*Action 1.1.3. By January 2010, begin using the new medical classification system at each reception center prison.*

This action has been completed. On January 20, 2010, all Reception Center institutions began using the Medical Classification System on all newly arrived inmates.

*Action 1.1.4. By January 2011, complete statewide implementation of the medical classification system throughout CDCR institutions.*

On March 8, 2010, all non-reception center institutions began implementation of the Medical Classification System.

At the time of this report nine formal on-site certifications were conducted of which one institution passed and eight institutions were not completely compliant with the Medical Classification System. An additional thirteen institutions have self-certified they are compliant with the Medical Classification System Policy and Procedure. Formal site certification visits are continuing. Implementation certification of the Medical Classification for all institutions is expected before January 2011.

##### **Objective 1.2. Establish Staffing and Processes for Ensuring Health Care Access at Each Institution**

*Action 1.2.1. By January 2009, the Receiver will have concluded preliminary assessments of custody operations and their influence on healthcare access at each of CDCR's institutions and will recommend additional staffing, along with recommended changes to already established custody posts, to ensure all patient-inmates have improved access to healthcare at each institution.*

This action has been completed.

***Action 1.2.2. By July 2011, the Receiver will have fully implemented Health Care Access Units and developed healthcare access processes at all CDCR institutions.***

Health Care Access

The CPHCS continues to be effective in facilitating inmate access to care for scheduled appointments. All Access Quality Reports indicate that improvements in access to care are being maintained. The reported improvements indicate that healthcare access programs have the resources necessary to support healthcare operations at the current level of service. Because of these improvements, and barring any regression or inability to support the field, it is possible that operational control of the custody process could be transferred back to CDCR and released from Receivership control beginning in the next 6–12 months.

Operational Assessments

The process of reviewing the CPHCS custody operations at institutions to determine the effectiveness of the positions allocated for access to care as well as reduce any identifiable barriers has been initiated. Operational Assessments have been conducted at Folsom State Prison, California Rehabilitation Center, California State Prison-Corcoran, Centinela State Prison, California Mens Colony and Mule Creek State Prison. A follow-up visit will be conducted at each institution to ensure corrective action plan items have been addressed prior to transition to CDCR. Operational Assessments for all 33 institutions are scheduled to be completed by July of 2011.

Monthly Health Care Access Quality Report - Data Collection Instrument

Access Quality Report data remained stable during this reporting period. June's Access Quality Report indicated that overall 93 percent of all patient-inmates that received ducat(s) for a healthcare appointment(s) were seen by a clinical provider. Specific to custody performance, the number of inmates *Not Seen Due to Custody* represented 0.7 percent of the total number of ducats.

There were no updates to the Access Quality Report during this reporting period; all data elements remained the same. However, as the new Mental Health Tracking System (MHTS) rolls out, reporting of mental health data for the Access Quality Report will be automated using MHTS data. Reporting codes for Access Quality Report mental health data are based on the Access Quality Report Counting Rules and Instruction Guide and have been programmed into the MHTS to ensure consistency in data collection. These changes should occur within the coming two months.

Regarding incorporating the Access Quality Report into COMPSTAT, modifications to the data collection tool have been completed, and institutions have begun a pilot phase for inputting 09/10 Access Quality Report data. The first phase of the pilot revealed some technical issues and disparity between the Access Quality Report and the COMPSTAT roll-up report. Upon resolve of those issues, institutions will be able to upload all 09/10 data.

Refer to [Appendix 3](#) for the Executive Summary and Health Care Access Quality Reports for March 2010 – June 2010.

## Vehicles

During the next reporting period, the healthcare vehicle resources and its responsibilities will commence for transition back to the CDCR. This transition is expected to be completed by the end of this fiscal year. There are currently five (5) medical transportation vans for distribution (1 to Central California Women's Facility, 2 to California Correctional Institution, 1 to California Institution for Women, and 1 to Valley State Prison for Women). The distribution of these vehicles will occur upon completion of pending modification and inspection.

## Fair Labor Standards Act (FLSA) Validation

The FLSA Validation was completed in May, 2010. During the review, billing problems, along with inconsistencies and discrepancies in coding were identified, which lead to the conclusion that process issues exist across the board in three areas:

- Erroneous Coding
- Lack of Justification for Time Charged
- No Process for Review

To address these issues, CPHCS is working in coordination with CDCR to assess medical guarding staffing with a focus on current policy requirements. Coordination is also underway on the development of policy and training for the appropriate use of overtime codes. Completion of these projects is anticipated by December 2010 and should result in a more accurate accounting of custody overtime expenses and potential cost savings associated with inmate access to healthcare.

### **Objective 1.3. Establish Health Care Scheduling and Patient-Inmate Tracking System**

***Action 1.3.1. Work with CDCR to accelerate the development of the Strategic Offender Management System with a scheduling and inmate tracking system as one of its first deliverables.***

A centralized system for the scheduling and tracking of healthcare appointments, coordinated with all other appointments for patient-inmates, is an essential element of providing timely access to care. General offender scheduling and movement control within CDCR institutions will be handled by the Strategic Offender Management System (SOMS) through a comprehensive master schedule and scheduling prioritization protocol. The Health Care Scheduling System (HCSS) is a specialized scheduling and tracking component of SOMS that will be used to schedule patient-inmates for healthcare appointments and to track the mandated timelines, appointment outcomes and other related information required by the courts.

While the system development is finalized, efforts to plan for deployment, change management, training and communication have continued. Communication activities have included several statewide calls and presentations to CPHCS leadership of the new system, including demonstrations of the prototype. Site visits have been made to eight early implementation institutions and two Health Care Regional Administration offices. The purpose of these visits was to gather specific information on the scheduling procedures within the institutions and refine the Health Care Scheduling System (HCSS) deployment plan based upon the institutions'

characteristics. It also provided an opportunity to meet staff in the institutions and demonstrate the HCSS prototypes. Feedback on the system received to date has been overwhelmingly positive.

A number of accomplishments have been attained since the last Tri-Annual Report. The initial SOMS “build” has been completed by the contract vendor and is now in informal Pre-User Acceptance Testing, providing the opportunity to run over 100 scenario scripts against the actual system and report any defects for the vendor to remedy. These test scenarios will be refined for the final User Acceptance Testing scheduled in September. CPHCS is participating in the Comprehensive Integration Test, which is testing all data flows throughout the system including data that flows into the Clinical Data Repository (CDR) and other CPHCS systems. The HCSS project team has completed initial drafts of the Deployment Plan, Communications Plan, and Training Plan. The Deployment Plan contains a series of activities and templates that will ensure a successful deployment tailored to each institution beginning at 90 days prior to the first go-live date. As part of deployment planning, the HCSS team is working with SOMS on a plan to ensure access to HCSS, SOMS, and the electronic inmate Corrections File (C-File) for authorized HCSS staff. A gap analysis for all major legacy scheduling systems has been completed and a legacy system retirement plan is under development. The Communications Plan provides a detailed timeline of the HCSS information that will be communicated to stakeholders. The project team has also developed an expected list of FAQs which are currently being validated with users in the field. Finally, the Training Plan addresses how the HCSS users will be trained. Training will be delivered by an HCSS instructor and the curriculum will be tailored to a user’s role – either as a scheduler, system administrator or analyst creating reports.

The HCSS deployment will occur in phases, beginning with the three women’s institutions. Based on the latest SOMS implementation timeline, we expect to deploy the HCSS solution to one women’s institution in December 2010 and to the other two in January and February 2011. All HCSS project team members will participate in the initial institutional deployments to ensure that every problem is quickly resolved. Because this will be a new system and will involve a great deal of change, we anticipate a higher than usual level of problems with these initial installations. After each deployment, we will conduct a complete assessment of the readiness to move to the next institution. The roll-out will proceed to men’s institutions that currently do not use technology for scheduling starting in February 2011. The exact sequence of the deployment is currently in planning. When we are confident that the deployment procedures have become fully repeatable, we will roll-out healthcare scheduling to two institutions per month using two deployment teams working in parallel. All institutions are scheduled to be completed by mid-year of 2012.

The HCSS project is comprised of the following team members: central planning and support for project planning, change management, technical issues; an IT subject matter experts and two two-person field deployment teams, which will alternate among institution deployment sites and also serve as the team leads for training, interface development, testing, and deployment planning. In addition, the HCSS team coordinates closely with the BIS Shift/Registry Management project team because of the dependency of HCSS on these applications. The HCSS

deployment further enjoys the support of the Regional Administrators and will receive deployment assistance from the Health Information Technology Implementation Team throughout the HCSS implementation. The major activities of the HCSS project team for the next few months will include detailed deployment planning, user provisioning, change management, technical testing, user acceptance testing, development of training materials, and the delivery of training to users of the new system.

#### **Objective 1.4. Establish a Standardized Utilization Management System**

##### ***Action 1.4.1. By May 2010, open long-term care unit.***

The California Medical Facility Outpatient Housing Unit (OHU) project scope was to convert a 200 bed General Population dormitory into a 72 bed OHU. The construction adds exam rooms, nurses' stations, medication and general storage rooms, and an additional staff restroom. These additional OHU beds will be used to reduce the number of aberrant bed days that CPHCS is currently encountering. Aberrant bed days are the days an inmate remains in a community hospital, discharged, awaiting placement back into a correctional institution.

The opening of the California Medical Facility OHU project was delayed primarily due to Fire Marshall issues and the execution of the fire alarm and fire sprinkler contracts. Construction began on May 11, 2010 and was completed on August 10, 2010. The California Medical Facility OHU was granted its Certificate of Occupancy on August 12, 2010. Patient admissions began on August 16, 2010.

##### ***Action 1.4.2. By October 2010, establish a centralized Utilization Management System.***

The centralized Utilization Management system is developed and established. Assembly Bill 1817 – *Arambula* (AB 1817), which would require the department to maintain a statewide Utilization Management program, was unanimously passed by the Legislature and is on the Governor's desk for signature. If signed, the provisions of the bill will become effective January 1, 2011. The provisions of the bill will statutorily establish the delivery of cost-effective, quality care within the prison system. Regular implementation updates of this bill will be prepared, so that oversight of all activities can be corroborative.

The Utilization Management program has developed an annual work plan in response to AB 1817's pending requirements and as an effective tool to guide program implementation and administration. The work plan is in the process of being integrated into all program activities and is reviewed quarterly.

The Utilization Management program assists institutional leadership staff by providing them with actionable cost and quality outcomes that will drive Utilization Management actions. Reports on hospital outcomes by Diagnosis Related Group, and patient specialty outcomes by procedure and patient, are generated monthly and shared with all leadership staff that will bear primary responsibility in achieving the Receiver's access, outcomes and cost avoidance goals.

The Utilization Management program staff will continue to mentor, monitor, report institutional progress, and provide feedback to HQ and institutional teams over specialty referrals and institutional beds utilization. Collaboration on network management, telemedicine, and hospital work focusing on developing sustainable institutional capacity remain as priorities.

## **Goal 2. Establish a Prison Medical Program Addressing the Full Continuum of Health Care Services**

### **Objective 2.1. Redesign and Standardize Access and Medical Processes for Primary Care**

*Action 2.1.1. By July 2009, complete the redesign of sick call processes, forms, and staffing models.*

During this reporting period CPHCS tested the Episodic Care processes and forms at Mule Creek State Prison, measured results, and secured stakeholder feedback on the draft policies and procedures. The policies, procedures and forms have been revised and are being routed for management and executive review and approval.

*Action 2.1.2. By July 2010, implement the new system in all institutions.*

Full implementation at all institutions is anticipated to be completed by July 2011.

### **Objective 2.2. Improve Chronic Care System to Support Proactive, Planned Care**

*Action 2.2.1. By April 2009, complete a comprehensive, one-year Chronic Care Initiative to assess and remediate systemic weaknesses in how chronic care is delivered.*

This action has been completed.

### **Objective 2.3. Improve Emergency Response to Reduce Avoidable Morbidity and Mortality**

*Action 2.3.1. Immediately finalize, adopt and communicate an Emergency Medical Response System policy to all institutions.*

This action has been completed.

*Action 2.3.2. By July 2009, develop and implement certification standards for all clinical staff and training programs for all clinical and custody staff.*

This action has been completed.

*Action 2.3.3. By January 2009, inventory, assess and standardize equipment to support emergency medical response.*

This action has been completed.

### **Objective 2.4. Improve the Provision of Specialty Care and Hospitalization to Reduce Avoidable Morbidity and Mortality**

*Action 2.4.1. By June 2009, establish standard utilization management and care management processes and policies applicable to referrals to specialty care and hospitals.*

This action has been completed.

The Utilization Management program is continuing its oversight over the provision of care in community hospitals and for specialty services. While Table 1 is inclusive of all bed day

utilization in community hospitals, Table 2 only includes those days that are not medically necessary or days that could have been avoided should there have been available institutional beds (administrative or aberrant bed days). Table 3 illustrates the volume of Specialty Referrals.

**Table 1: Hospital and Institutional Bed Management**

<b>Table 1: Community Hospital Bed Utilization Data</b>							
Institution	Total Admits	Total Discharges	Total Census Days	Average Daily Census	Average Length of Stay	Inmate Population	Bed Days per 1000 Inmates Projected for the Year
Aug-09	1,102	1,001	9,913	332	9.00	152,072	782.2
Sep-09	1,107	1,129	9,206	302	8.32	152,870	722.7
Oct-09	1,027	1,060	8,567	261	8.18	153,906	668.0
Nov-09	1,004	995	8,253	275	8.22	153,203	646.4
Dec-09	1,065	1,085	8,256	266	7.75	154,154	642.7
Jan-10	990	978	7,430	240	7.51	153,261	581.8
Feb-10	963	956	6,973	249	7.24	152,501	548.7
Mar-10	1,126	1,133	7,676	248	6.82	151,972	606.1
Apr-10	1,124	1,113	7,505	250	6.68	151,759	593.4
May-10	1,044	1,058	7,534	243	7.22	151,396	597.2
Jun-10	1,155	1,142	7,772	259	6.73	151,376	616.1

Note: Total number of discharges exceeds total number of admissions due to the methodology used in counting admissions and discharges for the month. Some patients are overflows from the prior month and discharged during the reporting month.

**Table 2: Community Hospital Administrative Bed Management\***

<b>Table 2: Community Hospital Administrative Bed Data</b>		
	Amount Paid	Number of Administrative Days
Jul-10	\$ 483,529	501
Aug-10	\$ 324,456	319
Sep-10	\$ 479,081	457
Oct-10	\$ 416,456	459
Nov-10	\$ 540,521	548
Dec-10	\$ 690,770	706
Jan-10	\$ 420,449	417
Feb-10	\$ 603,719	657
Mar-10	\$ 460,135	503
Apr-10	\$ 432,084	379
May-10	\$ 196,598	188
Jun-10	\$ 28,690	32
Grand Total	\$ 5,076,488	5166

\*This table is based on all claims paid by the Third Party Administrator as of June 12, 2010 and may not reflect all activity. This table is based on paid claims, not billed amounts.

**Table 3: Specialty Referrals**

<b>Table 3: Specialty Referral Volume</b>						
<b>Requests For Services (RFS)- Total Volume</b>						
	North	South	Central	Fourth	Statewide	RFS/1000 patients/month
Monthly Baseline: 08/09					25,000	
Apr-09	4,525	6,674	10,023		21,222	137.19
May-09	3,479	5,647	7,482		16,608	104.38
Jun-09	3,578	4,978	8,124		16,680	109.67
Jul-09	4,905	4,245	6,600		15,750	102.89
Aug-09	3,875	3,708	3,999	2,478	14,060	92.46
Sep-09	3,811	4,018	4,536	2,333	14,698	98.15
Oct-09	3,995	4,131	4,415	2,518	15,059	97.85
Nov-09	3,261	3,549	3,688	1,941	12,439	81.19
Dec-09	3,446	3,693	4,218	2,182	13,539	87.83
Jan-10	3,479	3,317	3,692	1,978	12,466	81.34
Feb-10	3,508	3,434	3,986	2,400	13,328	87.40
Mar-10	3,774	3,635	4,998	2,354	14,761	95.73
Apr-10	3,185	3,427	4,248	2,196	13,056	86.18
May-10	3,005	2,949	3,386	1,952	11,292	74.59
Jun-10	3,202	3,231	3,874	2,159	12,466	82.35

***Action 2.4.2. By October 2010, establish on a statewide basis approved contracts with specialty care providers and hospitals.***

This action item is ongoing. Progress during this reporting period is as follows:

ProdÁgio Contract Processing System

The ProdÁgio Contract Processing System is being modified to ease the transition of direct medical services contracting to the Business Information System (BIS).

CDCR’s BIS

CPHCS continues to work on an Implementation Plan to migrate the Medical Contracts Branch to the BIS, including identifying key tasks, high level schedule estimates, resource requirements and general roles and responsibilities. There continues to be participation in workgroups, weekly conference calls, and demonstrations organized by the CDCR BIS team.

Streamlining Medical Contracting and Aligning Resources to Achieve Performance Goals

CPHCS continues to work with providers to execute service contracts at the statutory rate to ensure a consistent and equitable rate for reimbursement for services rendered.

These continued efforts have resulted in the following for this reporting period:

- Execution of 147 new statewide contracts for hospital and specialty physician services
- Execution of 52 competitively bid contracts through centralized coordination with CPHCS Workforce Planning, Medical Program Services, and individual institutions
- Training of headquarters and institution contract analysts on the usage of the ProdAgio System, Department of General Services, Office of Risk and Insurance Management procedures, proper usage of registry contract competitive bidding matrices, and rate analysis and negotiation training

Legislation (SB X4 13, 2009, which amended Penal Code section 5023.5) allowed CPHCS to contract for a statewide provider network company. A Request for Proposal (RFP) was released October 20, 2009, and the contract was approved on June 28, 2010. CPHCS and Health Net Federal Services, LLC (Health Net) have partnered to develop and maintain a statewide network of healthcare providers for all 33 institutions. This partnership, Prison Health Care Provider Network (PHCPN), will provide patient-inmates with greater access to specialty medical services in the institutions and the community at sustainable rates. The first phase of this project includes the development of implementation plans which is anticipated to take six months. The implementation committees are working with all 33 institutions and CPHCS headquarter stakeholders to identify site-specific needs, provider access, provider network development, training and integration with our technology projects.

#### Hospital Rate Negotiations

Now and in the future, this will be reported under the above Streamlining Medical Contracting and Aligning Resources to Achieve Performance Goals as part of the PHCPN updates.

***Action 2.4.3. By November 2009, ensure specialty care and hospital providers' invoices are processed in a timely manner.***

This action is ongoing. Progress during this reporting period is as follows:

#### Invoice Processing Days

CPHCS continues to meet the 30-day processing timeframe outlined in the RTPA.

#### Third Party Administrator (TPA)

As previously reported, claims processing is within the mandated 30-day processing timeframe as indicated in the RTPA. Costs continue to be contained by reductions in duplicate payments, overcharges, late payment penalties and interest and overtime.

The electronic claims interface is active as of July 2010. The TPA is now receiving invoices electronically. This allows providers to submit claims electronically rather than sending claims in the mail.

### Two-Year Post Audit

The two-year post audit effort has resulted in \$18.4 million in refunds as of August 2010. These refunds represent overpayments recovered by Viant for the two-year post audit for the time period July 1, 2007 through June 30, 2009, as well as voluntary provider refunds. To date, Viant has recovered approximately \$4.1 million of the total amount. The balance has been returned voluntarily by providers most likely in anticipation of their upcoming audit, as well as in response to overpayments identified by CPHCS staff. Viant continues to identify potential overpayments and plan recovery efforts surrounding those overpayments. In addition, Viant has begun an ongoing review of claims processed through CorrectCare Integrated Health, Inc. This practice is common in the healthcare claims industry.

### Access to Data from the TPA

The Contract Medical Database/TPA workgroup continues to receive data sets for validation testing. The data is usable for reporting utilization and expenditure information. Testing will continue to increase the integrity of the data elements and functionality of reports.

### Healthcare Provider Network Pricing and Data Warehouse Interfaces

As reported, a contract was awarded to Health Net to build and maintain a consistent and cost-effective provider network. Part of that effort will include interfaces between the TPA and Health Net for pricing and their data warehouse. These interfaces should be complete by the end of 2010.

## **Goal 3. Recruit, Train and Retain a Professional Quality Medical Care Workforce**

### **Objective 3.1 Recruit Physicians and Nurses to Fill Ninety Percent of Established Positions**

#### ***Action 3.1.1. By January 2010, fill 90% of nursing positions.***

This action has been completed.

As of June 30, 2010, nearly 92 percent of the nursing positions have been filled statewide (this percentage is an average of six State nursing classifications).

More specifically, the goal of filling 90 percent or higher of the RN positions has been achieved at 29 institutions (87.8 percent of all institutions). Eleven institutions (33.3 percent) have filled 100 percent of their RN positions during this reporting period, a significant increase from the last reporting period where four institutions had filled 100 percent of their positions.

The goal of filling 90 percent or higher of the LVN positions has been achieved at 19 institutions (57.5 percent). Seven institutions (21.2 percent) have filled 80 to 89 percent of their LVN positions. During this reporting period, 73 additional LVN positions were authorized due to the Medical Management Distribution.

The following hiring-related initiatives continued during the reporting period: (1) focused recruitment continues statewide for LVNs and Psych Techs; (2) presentations at nursing schools statewide; and (3) online job postings. Nursing vacancies are posted on multiple websites including: [www.ChangingPrisonHealthCare.org](http://www.ChangingPrisonHealthCare.org), [wwwIndeed.com](http://wwwIndeed.com), [www.VetJobs.com](http://www.VetJobs.com), [www.caljobs.ca.gov](http://www.caljobs.ca.gov), school career websites, and several more. Each job posting often represents multiple vacancies at an institution. Staff monitors vacancy reports and job postings to ensure that vacancies are accurately represented in all job postings.

At the following institutions: California Correctional Center; Folsom State Prison; California State Prison, Sacramento; Mule Creek State Prison; San Quentin State Prison; Deuel Vocational Institution; Central California Women's Facility; California State Prison, Corcoran; North Kern Valley State Prison; California State Prison, Los Angeles County; California Institution for Men; California Institution for Women; California Rehabilitation Center; Ironwood State Prison; Calipatria State Prison; and Centinela State Prison experienced low vacancy and turnover (10 percent or less) as displayed on the Nursing Filled Percentage and Turnover Rate map in the June 2010 Human Resources Recruitment and Retention Report. Pelican Bay State Prison, High Desert State Prison, and Sierra Conservation Center nursing experienced moderate turnover (11 to 19 percent) and moderate vacancies (11 to 30 percent vacant). A moderate vacancy rate (11 to 30 percent) and low turnover rate (10 percent or less) exists at California Medical Facility, California Men's Colony, Chuckawalla Valley State Prison, Valley State Prison for Women, Correctional Training Facility, Salinas Valley State Prison, Pleasant Valley State Prison, Avenal State Prison, Substance Abuse Treatment Facility, and Kern Valley State Prison. For additional

details related to vacancies and retention, refer to the Human Resources Recruitment and Retention Reports for March, April, May and June 2010. These reports are included as [Appendix 4](#). Included at the beginning of each Human Resources Recruitment and Retention Report are maps which summarize the following information by institution: (1) Physicians Filled Percentage and Turnover Rate, (2) Physicians Filled Percentage, (3) Physician Turnover Rate, (4) Nursing Filled Percentage and Turnover Rate, (5) Nursing Filled Percentage, and (6) Nursing Turnover Rate.

***Action 3.1.2. By January 2010, fill 90% of physician positions.***

This action is ongoing. Progress during this reporting period is as follows:

Physician recruitment efforts continued to focus on “hard-to-fill” institutions during the reporting period. Most urban institutions have now hired their full complement of primary care providers.

As of June 30, 2010, nearly 89 percent of physician positions are filled (this percentage is an average of all three State physician classifications). More specifically, 90 percent of the Chief Medical Officer/Receiver’s Medical Executive positions are filled; 89 percent of the CP&S positions are filled; and 89 percent of the P&S positions are filled.

Eighteen institutions (54.5 percent) have achieved the goal of filling 90 percent of their P&S positions; 13 (39.3 percent) of these institutions have filled 100 percent of their P&S positions. Nine institutions (27.2 percent) have filled 80 – 89 percent of their P&S positions.

While the Central Valley region, as well as Chuckawalla Valley State Prison, continues to be “hard-to-fill,” the following institutions decreased their vacancy rate during this reporting period: Avenal State Prison, California Correctional Center, California Correctional Institution, Chuckawalla Valley State Prison, High Desert State Prison, Pleasant Valley State Prison, Salinas Valley State Prison, and Wasco State Prison. Of special note, California Correctional Institution has now filled 100 percent of their P&S positions. A vendor, Cejka Search, was selected for physician and executive search services. These services will be used to assist with staffing at the “hard-to-fill” institutions. The first physician searches will be for Pleasant Valley State Prison and the Substance Abuse Treatment Facility. Our hope is that with the assistance of Cejka Search, we will fill the remaining persistent vacancies.

Job postings continue to be placed online at the Department’s recruitment website, other online job boards, and recruiters continue to visit recruitment events.

A low vacancy and turnover rate (10 percent or less) exists at Folsom State Prison; Mule Creek State Prison; California Medical Facility; California State Prison, Solano; Sierra Conservation Center; Deuel Vocational Institution; Valley State Prison for Women; Wasco State Prison; California Correctional Institution; California Institution for Men; California Institution for Women; California Rehabilitation Center; Calipatria State Prison; and Richard J. Donovan Correctional Facility as displayed in the Physicians Filled Percentage and Turnover Rate map in the June 2010 Human Resources Recruitment and Retention Report. A high vacancy rate (30 percent or higher) and turnover rate (20 percent or higher) exists at Correctional Training

Facility. A high turnover rate (20 percent or higher) and moderate vacancy rate (11 to 30 percent vacant) exists at Pelican Bay State Prison; California Correctional Center; Avenal State Prison; California State Prison, Los Angeles County; and Chuckawalla Valley State Prison. For additional details related to vacancies and retention, refer to the Human Resources Recruitment and Retention Reports for March, April, May and June 2010. These reports are included as [Appendix 4](#). Included at the beginning of each Human Resources Recruitment and Retention Report are maps which summarize the following information by institution: (1) Physicians Filled Percentage and Turnover Rate, (2) Physicians Filled Percentage, (3) Physician Turnover Rate, (4) Nursing Filled Percentage and Turnover Rate, (5) Nursing Filled Percentage, and (6) Nursing Turnover Rate.

### **Objective 3.2 Establish Clinical Leadership and Management Structure**

*Action 3.2.1. By January 2010, establish and staff new executive leadership positions.*

*Action 3.2.2. By March 2010, establish and staff regional leadership structure.*

This action is ongoing. Progress during this reporting period is as follows:

Since the CEO examination was launched on December 24, 2008, 504 CEO applicants have been added to the certification list and 21 hires have been completed. The pool of CEO candidates is very competitive and interest remains high to fill the remaining 3 positions.

Strategically, CEO positions will be filled statewide and these individuals will then play a pivotal role in establishing the remainder of the clinical leadership structure. Twenty-four CEO positions will be filled statewide. There are nine pairings of institutions (18 institutions) that will be under the direction of one CEO at each of the paired institutions. The interview and hiring process for the three remaining CEO positions is underway.

Since the Receiver's Nurse Executive examination commenced in September 2008, 336 Nurse Executive applicants have been added to the certification list and 10 Nurse Executives have been hired. Following the same institution pairing as the CEOs, twenty-four Institution Nurse Executives will be filled statewide. The hiring process for these positions will begin after the CEO is hired for each institution or paired institutions.

Since the Receiver's Medical Executive examination was launched in December 2008, 143 Medical Executive applicants have been added to the certification list. Twelve Medical Executives have been hired. Due to the varying institutional medical missions, it was determined that eight, instead of nine, pairings of institutions (16 institutions) was appropriate for the purpose of hiring Institution Medical Executives. Therefore, 25 Institution Medical Executives will be filled statewide. The hiring process for these positions will begin after the CEO is hired for each institution or paired institutions.

The Receiver's Clinical Executive examination was launched in November 2009 for three disciplines. Candidates for the three disciplines, Laboratory, Imaging, and Pharmacy, have been hired.

### **Objective 3.3. Establish Professional Training Programs for Clinicians**

***Action 3.3.1. By January 2010, establish statewide organizational orientation for all new health care hires.***

This action is ongoing. Progress during this reporting period is as follows:

#### **Status of New Employee Orientation and Training**

In January 2010 all institutions were delegated the responsibility of providing court approved Health Care New Employee Orientation (HCNEO) to all Medical, Mental Health, Dental, and other allied health and support staff. All institutions were provided copies of lesson plans, student workbooks, and training for trainers. As HCNEO differs from CDCR's In-Service Training (IST) New Employee Orientation (NEO), implementation presented some challenges. Curriculum used for IST NEO is designed with a custody focus. HCNEO content was derived from this curriculum by extracting all relevant topics needed to orient our healthcare employees to working in a correctional environment, while ensuring they understand custody staff responsibilities.

Since the previous report, nine additional institutions have reported facilitating HCNEO, bringing the total number of facilities providing HCNEO to 27 institutions. CPHCS headquarters has held seven sessions and provided training to approximately 141 new healthcare employees since January 2010. CPHCS has received course evaluations from six institutions, representing over 200 new employees. All course evaluations reflect high marks for the content and instruction.

To facilitate communication among CPHCS, the instructors, and the IST Managers, CPHCS established a process to monitor the progress of the HCNEO training program and offer assistance with this transition. In addition, CPHCS intends to address obstacles that prevent implementation of HCNEO at the remaining six institutions by working with the newly appointed healthcare Chief Executive Officers and their counterparts, the Wardens.

#### **Status of the Proctoring/Mentoring Program**

Implementation of a proctoring/mentoring program was put on hold at the end of February 2009. The plan for proctoring and mentoring is being revised so that fewer resources are required to implement and maintain. The target date for revising the program is June 2011.

***Action 3.3.2. By January 2009, win accreditation for CDCR as a CONTINUING MEDICAL EDUCATION provider recognized by the Institute of Medical Quality and the Accreditation Council for Continuing Medical Education.***

The action has been completed. Progress during this reporting period is as follows:

The Continuing Medical Education (CME) activities (listed below) were conducted for a total of 960 hours of instruction over 23 sessions. These sessions were provided to 578 licensed healthcare staff of which 292 were physicians.

- 2009 Program Guide Training (Mental Health)
- Cardiovascular Risk Factors Part I: Diabetes

- Coccidioidomycosis – Diagnosis, Treatment and Risk Management
- Patterns and Trends in Inmate Mortality - 2009

At this time, the following 11 CME courses are in various stages of development, review, approval and/or implementation.

- Low Back Pain / Acute Joint Pain
- Do No Resuscitate / Physician Orders for Life Sustaining Treatment
- Personality Disorders
- HIV Medicine for the Primary Care Provider
- CPHCS HIV Update 2009-2010
- Introduction to the MHSDS for Medical Staff
- Insomnia
- Cardiovascular Risk Factors Part II: Hypertension/ Hyperlipidemia
- Cardiovascular Risk Factors Part III: Metabolic Syndrome / Atypical Antipsychotics
- Chest Pain
- *Clark* Training for Mental Health

As a continuous effort to improve patient-inmate healthcare, the CPHCS Office of Professional Education and CME Committee continue to work with other programs to assess the educational needs of CPHCS/CDCR clinicians. To fully embrace the multi-disciplines within CPHCS/CDCR, in addition to physicians and surgeons, the CME Committee includes representatives from mental health, dental and nursing.

## Goal 4. Implement Quality Improvement Programs

### **Objective 4.1. Establish Clinical Quality Measurement and Evaluation Program**

*Action 4.1.1. By July 2011, establish sustainable quality measurement, evaluation and patient safety programs.*

As stated in the RTPA, “Sustaining a program of organizational improvement is possible only if organizational outcomes are routinely measured, evaluated, and analyzed.” CPHCS recognizes that performance measurement is an essential component of the organization’s quality management program, and that performance reporting needs to be tailored to the needs of staff at various levels of the organization for most effective use.

For CPHCS executives at headquarters and in the field, Quality Management (QM) staff organizes performance data into statewide aggregate scores and into individual institution scores, which allows managers to identify and prioritize improvement opportunities, recognize patient safety concerns, and monitor progress toward quality improvement objectives. Specific clinical data at the patient level also is available to primary care teams, which can be used to improve patient services and outcomes at the point of care. Making reports as useful as possible for the day-to-day management of programs and patients is an essential component of the QM strategy adopted this year.

During this reporting period, CPHCS produced the second quarterly report on diabetic patient outcomes. The Diabetes Care Report tracks performance on five quality and outcome measures related to cardiovascular risk and diabetes based on the 2010 QM Plan. The second report on diabetic patient care includes evaluation of blood pressure control and rates of retinal eye examinations, areas that were not presented in the initial report from March 2010. (The 2<sup>nd</sup> Quarterly Diabetes Outcomes Report is attached as [Appendix 5](#)).

In addition to the Diabetes Care Report, CPHCS staff disseminated a Chronic Care Registry in July that lists the diabetic patients assigned to each Primary Care Team and flags patients who have not received services in accordance with the guideline or who have abnormal laboratory values. Primary Care Teams can use this information to augment or modify the treatment provided to diabetic patients and improve patient outcomes. Other patient populations will be added to the Chronic Care Registry later in 2010, including asthma patients, patients on anticoagulation therapy, and patients with human immunodeficiency virus or hepatitis C virus on combination therapy.

Also during this reporting period, QM staff compiled data on rates of colon cancer screening for patients 50 years of age or older, and breast cancer screening for women 50 years and older. This Cancer Prevention Report, including findings and recommendations will be issued in September 2010.

During this reporting period, CPHCS conducted several special studies to identify and address opportunities for improvement and promote patient safety. One special study, released statewide

in July, analyzed the four major causes of death – cancer, liver disease, cardiovascular disease, and drug overdose – to determine immediate actions that might be taken to improve patient outcomes in these areas, serving as a supplement to the annual review of inmate deaths. (The report, entitled “Patterns and Trends in Inmate Mortality: 2009,” is attached as [Appendix 6](#)). At the end of the supplemental report, recommendations for program improvements are listed, including development or modification of policies, creation of decision support tools, and staff development activities. Several recommendations call for training professional staff in the findings from this report and in specific practice and process changes that improve patient care and reduce unnecessary costs – CPHCS held training on the report findings in July.

Additionally, during this reporting period, as part of an effort to improve pain management statewide, CPHCS released a report in August that evaluates pain medication prescribing practices at the 33 institutions. The report covers prescribing of non-opioid, opioid, and adjunctive medications. (The Pain Management Report is attached as [Appendix 7](#)). In conjunction with the performance report, CPHCS distributed decision support materials to institution staff to facilitate improvements in pain management, including a Care Guide that summarizes current guidelines for effective management of pain, and provides medication information, treatment algorithms, and patient self-management and education materials. CPHCS will follow the release of the report and decision support materials with statewide continuing education in October, and will provide technical assistance, more detailed data analysis, and on-site support for institutions that may benefit from further assistance.

***Action 4.1.2. By July 2009, work with the Office of Inspector General to establish an audit program focused on compliance with Plata requirements.***

This action has been completed.

#### **Objective 4.2. Establish a Quality Improvement Program**

Part of the Quality Improvement Program has been the implementation of a Credentialing and Privileging Program. The Program contains both a formal committee and a support unit to process all initial and reappointment medical staff applications, while ensuring all providers have adequate and current credentials. The following is a summary of activity during this period:

##### **Credentials Committee**

The committee is responsible for ensuring that only providers who meet the quality of care, professional conduct, credentialing requirements, and practice standards are granted credential approval and core privileges to provide healthcare services to patient-inmates. During this reporting period, the Credentials Committee reviewed 36 provider cases. Of the 36 cases reviewed, 14 were approved, 5 denied, 9 resulted in a Credential Alert, 3 cases were closed, and 5 are pending a final determination.

### Initial Appointment to the Medical Staff

The initial appointment to medical staff consists of a formal credential review process of obtaining, verifying, and assessing the qualifications of an applicant to provide patient care, treatment, and services in and for CPHCS. All initial appointment activity is reported monthly to the Professional Practice Executive Committee (PPEC) and the Governing Body for approval. Within this reporting period, there were 740 initial appointments to the medical staff. Of these, 611 were approved, 23 denied, 25 were closed due to incomplete applications, and 81 files are pending completion.

### Two-Year Reappointment to the Medical Staff

Community standards dictate that all licensed independent practitioners and organizationally designated allied health providers must complete a reappointment process a minimum of every two years the duration of employment and or contracted services. The two-year reappointment requirement is a condition to continue providing clinical services. During this reporting period, 130 civil service providers were notified to complete their two-year reappointment. Of the 130 notified, 93 have been completed while 37 are pending completion.

Since January 2009, there are 191 licensed independent practitioners whose reappointments are pending submission. This number includes both medical, mental health and dental staff. The Credentialing Unit management continues to work with providers, as well as regional and institutional management, to ensure the reappointment process is completed according to the required timelines.

### Tracking of License and Board Certification Expirations

To ensure provider compliance with required qualifications, tracking of Board Certification in Internal Medicine and/or Family Practice is an employment requirement for the CPHCS - Physician and Surgeon series. The tracking of expiring license and certifications is an on-going process with notifications being sent on a monthly basis to ensure that the practitioners have active, current credentials at all times. During this reporting period 55 Notice of Licensure Expirations were processed and renewed and there were no board certification expirations. To date all monitored provider's license are current through August 1, 2010.

***Action 4.2.1.(merged Action 4.2.1 and 4.2.3): By January 2010, train and deploy existing staff--who work directly with institutional leadership--to serve as quality advisors and develop model quality improvement programs at selected institutions; identify clinical champions at the institutional level to implement continuous quality improvement locally; and develop a team to implement a statewide/systems-focused quality monitoring/measurement and improvement system under the guidance of an interdisciplinary Quality Management Committee.***

This action item is ongoing. Progress during this period is as follows:

The QM Section has established a specific change strategy for program improvement, an amalgam of the approaches used by the Institute for Healthcare Improvement, including an adapted version of the Care Model, the Baldrige Foundation, and other quality improvement

groups involved in change management. A high-level description of the elements in this change strategy is provided below:

- Identify and prioritize program improvement opportunities.
- Establish performance measures to monitor the area targeted for improvement.
- Measure and report performance baselines.
- Develop a change package, which may include detailed reports with patient-level and provider-level data; policies, clinical guidelines and forms, which can be used to support clinical decisions and documentation; patient education and self-management materials; chart review tools, and information about best practices.
- Conduct staff development activities, such as continuing education training, case conferences, and provider self-assessments.
- Provide targeted interventions including onsite technical support as necessary.
- Continue the cycle of re-measurement, evaluation and reporting until objectives are met.
- Communicate and coordinate elements of the change strategy noted above including leveraging existing forums and using champions to share information, manage change and take appropriate actions to meet objectives.

#### QM Committee

The Executive QM Committee plays an important role at several stages of the change model. Most notably, the QM Committee members collect input from leadership at headquarters and in the field and review available performance measures to identify problem areas that pose high-risk to patients, drive costs, impact a large number of patients, consistently present difficulties for the organization (problem-prone), or represent an emerging, high-profile issue for the organization. The committee prioritizes opportunities for improvement, and determines improvement objectives. The highest-priority program areas and objectives are incorporated into the annual QM Plan and organizational Dashboard. In addition, the QM Committee monitors the progress towards all improvement objectives over the course of the year, making changes to the QM Plan and recommending interventions as appropriate.

#### Quality Advisors and Champions

In designing and implementing quality improvement projects, the QM Section staff including quality advisors work routinely with a core set of leaders and subject matter experts from multiple disciplines who provide support and technical assistance to institutions, and who also serve on many of the headquarters committees focused on various aspects of program performance.

During this reporting period, executives assisted in the development of a new approach for analyzing death review data to inform quality improvement efforts; prioritization and design of special quality improvement studies, including pain management, diabetes, and polypharmacy reports; and vetting of all performance reports. Upon issuance of reports concerning a variety of quality and outcomes areas, including pain management, diabetes, asthma, cancer, cardiovascular disease, liver disease, and drug overdose, Executive Quality Advisors followed up

with a subset of institutions to determine best practices and assist with problem analysis and resolution.

Also over this reporting period, CPHCS and Division of Correctional Health Care Services (DCHCS) continued to coordinate efforts to improve the quality, safety and cost-effectiveness of important aspects of the healthcare delivery system.

***Action 4.2.2. By September 2009, establish a Policy Unit responsible for overseeing review, revision, posting and distribution of current policies and procedures.***

This action has been completed.

***Action 4.2.3. By January 2010, implement process improvement programs at all institutions involving trained clinical champions and supported by regional and statewide quality advisors.***

This action has been combined with Action 4.2.1.

### **Objective 4.3. Establish Medical Peer Review and Discipline Process to Ensure Quality of Care**

***Action 4.3.1. By July 2008, working with the State Personnel Board and other departments that provide direct medical services, establish an effective Peer Review and Discipline Process to improve the quality of care.***

This action has been completed.

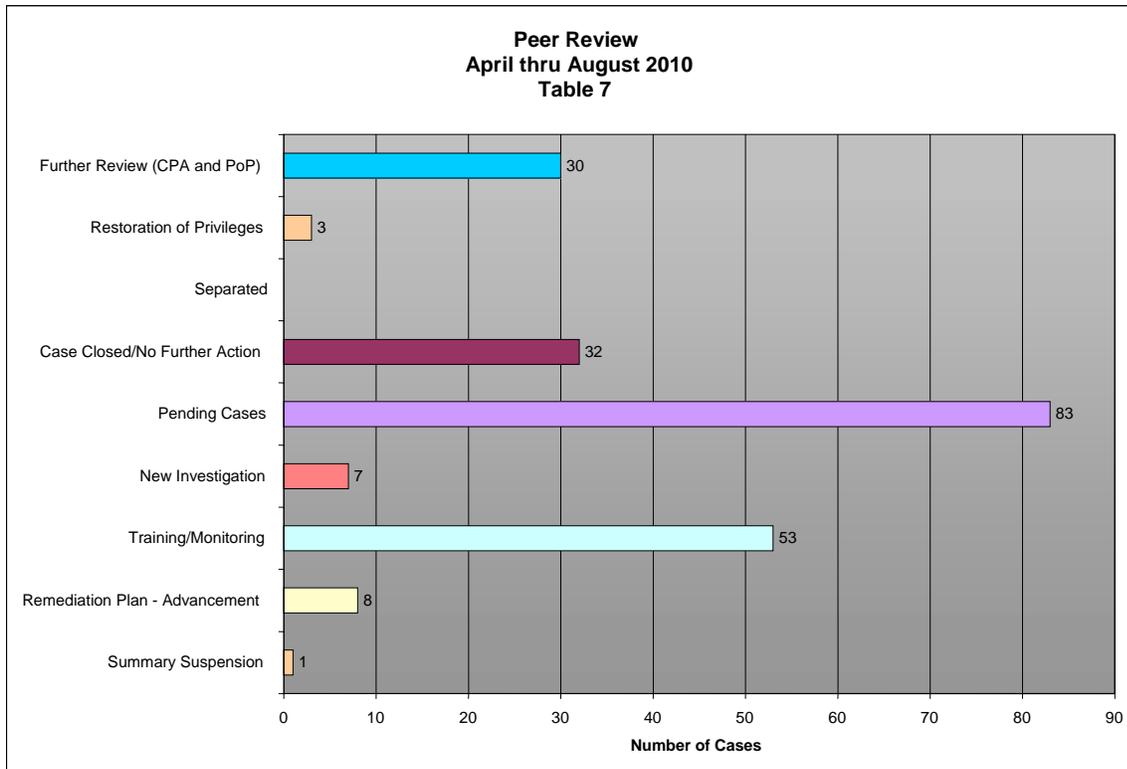
In a healthcare organization, the Governing Body is the highest policy making body for the provision of healthcare. Consistent with community standards and healthcare organization, the Governing Body is responsible for the administration, direction, monitoring, and quality of healthcare services provided to patient-inmates within CDCR adult institutions. The Governing Body has met four times during this reporting period to take final action on recommendations from the PPEC regarding practitioner cases. In addition, Governing Body has reviewed the first draft of Governing Body by laws and is working toward finalizing the by laws by the next reporting period.

The PPEC and Peer Review Subcommittee (PRSC) met 21 times during this reporting period and have reviewed a total of 147 referrals of civil service practitioners. The PRSC closed 23 referrals following review or the successful results of training and or monitoring plans. There were 36 total monitoring or training plans initiated by PRSC and 17 by PPEC for those practitioners whose standard of practice warranted closer review. The Governing Body approved 12 case closures of practitioners whose clinical practice was deemed to meet an appropriate standard of care following a peer review investigation and restored the privileges of three practitioners.

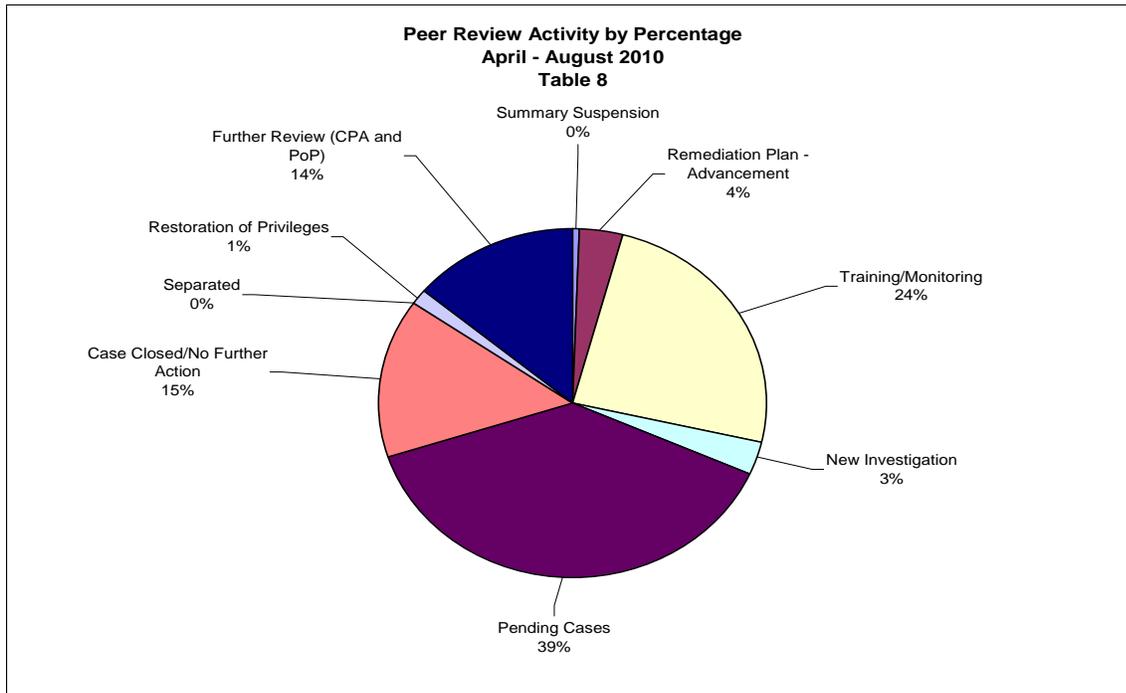
In this reporting period, the PPEC summarily suspended the privileges of one practitioner and no providers were separated from State service while under investigation. The Governing Body did not issue any Notices of Final Proposed Action under the Federal court ordered physician

policies that would have resulted in the revocation of privileges and termination of employment. Graphical displays of PPEC and Governing Body outcomes for the period April 2010 through August 2010 are presented in the Tables 4 and 5. It should be noted that April was not included in the last report as the committee meetings had not been completed and the actions approved at the time the report was due.

**Table 4.**



**Table 5.**



**Tables 4 and 5 Results Explanation:**

The data represented pertains to licensed independent practitioners including, physicians and surgeons, psychiatrists, psychologists, dentists, nurse practitioners, physician assistants and licensed clinical social workers.

*“Separated” status refers to employees that separate from State service after a peer review investigation is initiated by PPEC.*

*“Case closed” is defined as licensed independent practitioners that are deemed to be practicing at an appropriate standard of care after conclusion of training/monitoring or a peer review investigation.*

*“Pending cases” are referrals that are not yet closed due to training /monitoring or further information needed.*

*“Training/Monitoring” is the manner in which provider’s are supported in the development of clinical competency through training/monitoring.*

*“Summary Suspension” is defined as a suspension of some or all of a practitioner’s clinical privileges by a peer review body based on the determination that allowing the practitioner to continue without such limitation would put patients at risk.*

*“Remediation Plan-Advancement” is defined as a legally binding agreement between CPHCS and the provider, staying Governing Body actions pending the provider’s participation in training, monitoring, and phasing in of privileges to full restoration.*

While the PPEC’s primary charge is providing for patient safety, PPEC is also charged with supporting the practice improvement of practitioners. With an improving physician, mid-level, mental health and dental workforce, the PPEC continues to focus efforts on remediation and practice improvement while providing for patient safety. The trend continues to show the number of referrals and summary actions decreasing while case closures, training, and remedial activities are increasing.

In a continued effort to ensure physicians are afforded their due process rights in a timely manner, CPHCS continues to take affirmative steps to implement the professional practice disciplinary process. During this reporting period, there were no appeals filed requesting a hearing before a Judicial Review Committee in a matter concerning a physician. CPHCS has completed the transition of the Medical Quality Appeal hearings from the Office of Administrative Hearings to the State Personnel Board as specified in the Federal court ordered physician policies. This transition took effect on July 1, 2010. The Office of Administrative Hearings continues to have responsibility for privileging hearings for mid-level practitioners, psychiatrists, psychologists and licensed clinical social workers.

**Objective 4.4. Establish Medical Oversight Unit to Control and Monitor Medical Employee Investigations**

*Action 4.4.1. By January 2009, fully staff and complete the implementation of a Medical Oversight Unit to control and monitor medical employee investigations.*

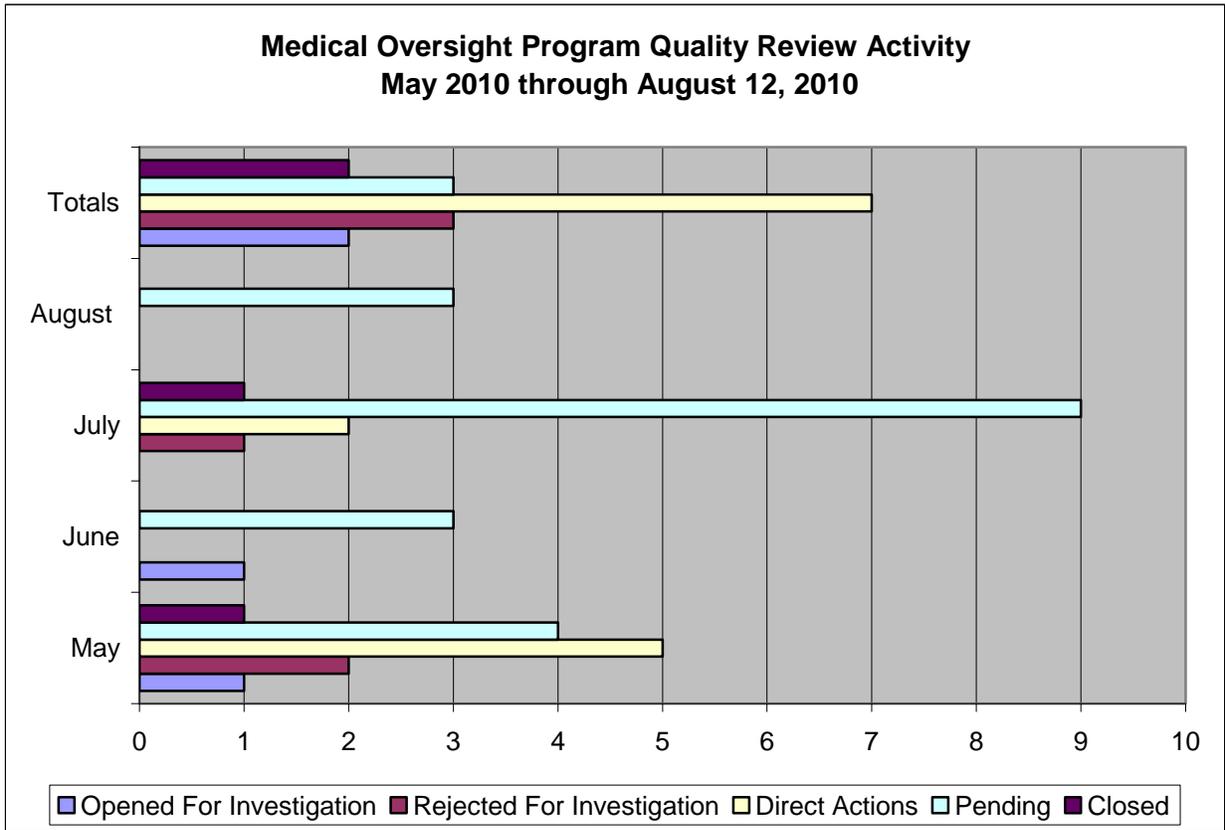
This action has been completed.

The CPHCS Medical Oversight Program (MOP) along with stakeholders from CDCR Office of Internal Affairs, nursing and medical, and Employee Advocacy and Prosecution Team staff conducted a successful MOP Clinicians Orientation Training June 14, 2010, for newly assigned clinicians. A training evaluation was completed by the attending doctors, nurses, and executive staff. The results were unanimous; the orientation received a 95 percent “Strongly agree” for: *Content Delivery* “was clearly defined, relevant to the topics presented. The material was useful and easy to understand.” The *Facilitators* “were knowledgeable about the topic, prepared and encouraged active participation; clearly responded to questions and mindful of their audience.” The *General Satisfaction* was “Strongly Agree” in the time period, topic value, training goals met, increased understanding of the topics, satisfied with all aspects of the training and plans to share the learned information with co-workers.

Administrative support has collaboratively worked with the expertise of an on site physician in developing a “System Essential Model” in Microsoft Access to control and monitor case activities in an improved database repository.

During this reporting period, the MOP was activated for five cases. The Medical/Central Intake Panel opened two cases for investigation, rejected three cases for investigation, and two cases are pending further review. With respect to the disposition of cases reviewed by the Panel, seven “Direct Actions” were referred back to the hiring authority, five nurses and five physicians were referred to peer review. Graphs of MOP outcomes for May – August 12, 2010, are in Tables 6 and 7.

**Table 6.**



**Table 6 Results Explanation:**

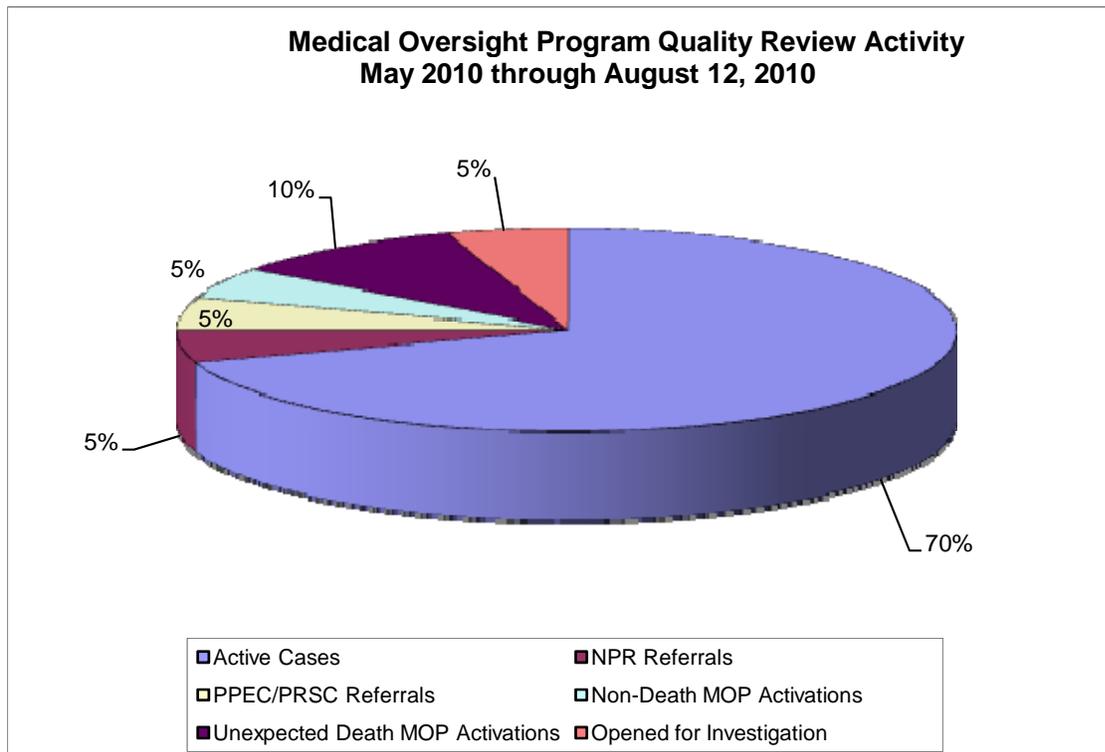
**“Opened for Investigation”** are formal investigations conducted by MOP.

**“Rejected for Investigation”** is when a MOP inquiry does not result in a formal investigation being opened (e.g. due to insufficient facts to support an investigation).

**“Direct Actions”** are when a request for investigation is referred back to the hiring authority (healthcare manager) for employee remedial training, counseling, a letter of instruction, or adverse action for general administrative corrective purposes (e.g. attendance).

**“Pending”** is when a case is awaiting an investigatory assignment prior to Medical Inquiry Panel review.

**Table 7.**



**Table 7 Results Explanation:**

*“Active Case” is any case currently under inquiry by the MOP (i.e. under preparation for Medical Intake or in the investigative process).*

*“NPR Referral” is made when the Medical Intake Unit suspects substandard clinical practices by a nurse and refers the case to the Nursing Practice Review Program.*

*“PPEC/PRSC Referral” is made when the Medical Intake Unit suspects substandard clinical practices or clinical misconduct by a physician or mid-level provider and refers the case to the PPEC.*

*“Non-Death MOP Activations” are defined as any act that may cause imminent danger to the patient-inmate (e.g. disruptive conduct, unethical conduct, substandard competencies, fail to perform standards of care).*

*“Unexpected Death MOP Activations” are cases when a patient-inmate is one of the following: 40-years old or less and has had no history of a chronic medical condition; was seen two or more times in the TTA (Treatment Triage Area) within the last week of life, submitted two or more request for services in the last week of life. “Unexpected Death MOP Activations” also include cases where possible inappropriate, absent or untimely care is suspected; death is directly attributed to asthma or a seizure condition; the patient-inmate returned from an off-site emergency room visit or acute care inpatient stay within 14 days prior to death; or a medication error is suspected.*

*“Opened for Investigation” are formal investigations conducted by MOP.*

**Objective 4.5. Establish a Health Care Appeals Process, Correspondence Control and Habeas Corpus Petitions Initiative**

**Action 4.5.1. By July 2008, centralize management over all healthcare patient-inmate appeals, correspondence and habeas corpus petitions.**

This action has been completed.

***Action 4.5.2. By August 2008, a task force of stakeholders will have concluded a system-wide analysis of the statewide appeals process and will recommend improvements to the Receiver.***

This action has been completed.

**Objective 4.6. Establish Out-of-State, Community Correctional Facilities (CCF) and Re-entry Facility Oversight Program**

***Action 4.6.1. By July 2008, establish administrative unit responsible for oversight of medical care given to patient-inmates housed in out-of-state, community correctional or re-entry facilities.***

This action has been completed.

During the last reporting period the Field Support Division announced a change in their program name to Private Prison Compliance and Monitoring Unit, Field Operations, Corrections Services Division. This new name better reflects the program's mission to monitor and ensure compliance, of in-state and out-of-state private and publicly owned and operated contracted correctional facilities housing California patient-inmates.

During this reporting period, CPHCS, Private Prison Compliance and Monitoring Unit hosted a workgroup meeting with Corrections Corporation of America (CCA) staff to finalize the remaining pending policies. Private Prison Compliance and Monitoring Unit has forwarded final drafts of Corrections Corporation of America Policies 13-46, Hunger Strike, 13-56, Credentialing, Privileging and Licensure, 13-6, Chronic Care, and 13-52, Continued Quality Improvement to CCA to review and include recommended modifications prior to submitting final policies to CPHCS for approval. We anticipate CPHCS approval and CCA implementation of these policies before the next reporting period. CCA Policy 13-47, Infection Control is still undergoing coordinated revisions between the CPHCS Public Health Unit and CCA Clinical Management. We will continue to report updates on the progress of policy completion as information is received.

**Current Activities**

The following provides an overview of the current activities Private Prison Compliance and Monitoring Unit staff is involved in related to ensuring CCA's compliance with the Remedial Plan developed in July 2008.

**1. CPHCS Clinical Performance Appraisals of CCA Primary Care Providers:**

During this reporting period, CPHCS has completed ten Clinical Performance Appraisals as captured through Private Prison Compliance and Monitoring Unit's monthly monitoring process. Of the ten Clinical Performance Appraisals completed, one was an initial review, eight were annual reviews and one was a follow-up review.

CCA has submitted three completed Peer Reviews to the Private Prison Compliance and Monitoring Unit for the same reporting period. One of the three Peer Reviews submitted was an initial review of a new hire and two were annual reviews. Private Prison Compliance and Monitoring Unit will continue to monitor this process on a monthly basis.

2. Weekly Physicians Collaborative Update on California Out-of-State Correctional Facility Patient-Inmates:

During this reporting period, an average of 29 medical cases per week was discussed on the weekly Physician's Collaborative Conference Call. These discussions have resulted in an average of one patient-inmate per month being returned to California for medical reasons.

3. CPHCS' Review of Credentialing Information of CCA Primary Care Provider Candidates:

During this reporting period, CCA representatives met with Private Prison Compliance and Monitoring Unit staff to discuss the policy related to credentialing and privileging. A tentative policy was approved by the Private Prison Compliance and Monitoring Unit but remains to be finalized by CCA. Although the policy is pending final approval, CCA is following CPHCS' process and is in compliance with departmental policy related to this finding. Private Prison Compliance and Monitoring Unit staff and CPHCS clinical leadership expect this policy to be finalized within the next reporting period.

4. Unit Health Record (UHR) Post Audits of Patient-Inmates Transferred Out-of-State:

During this reporting period nursing staff have completed an average of 127 UHR post audits per month for patient-inmates transferred to out-of-state facilities to ensure appropriate eligibility screening of transfers. As a result of the UHR post audits, nursing staff found four patient-inmates inappropriately identified for out-of-state placement. Further review by the Chief Medical Officer, Private Prison Compliance and Monitoring Unit; found that based on the patient-inmate's current medical status all four were eligible to remain out-of-state.

The phased in implementation of the Medical Classification System in all 33 institutions statewide began in March 2010. Until the full implementation of the Medical Classification System, non Reception Center institutions will be utilizing a dual process for reviewing patient-inmates for California Out-of-State Correctional Facility eligibility. UHR post audits will continue during this transition period, which is anticipated to last until March 2011. At that time, all CDCR inmates should have medical classification chronos on file, which will eliminate the need for Private Prison Compliance and Monitoring Unit nursing staff to conduct UHR post audits of patient-inmates transferred out-of-state.

5. Establishment of Monitoring Reports:

During this reporting period, compliance reports continue to be generated monthly and quarterly while being used by analytical and nursing staff preparing for private prison compliance reviews. Process-related issues are being addressed with Information Technology in order to ensure timely data flow and consistency between the data source and compliance reports. Once Information Technology has resolved the issues that compromise the integrity of the reports Private Prison Compliance and Monitoring Unit staff will continue

to work on developing monthly executive reports that will be distributed to CPHCS and CCA management. We anticipate the issue being resolved in time for the next reporting period.

6. Clinical Staffing Levels at CCA Facilities:

CPHCS has verbally approved the staffing levels for CCA's nursing services. Based on findings from Private Prison Compliance and Monitoring Unit's review of monthly monitoring reports audit findings, CPHCS will work with CCA to determine whether or not nurse staffing levels and classifications are appropriate. This item is considered closed and will no longer be reported on effective the next reporting period.

7. California Out-of-State Correctional Facilities Compliance Audits Beginning January 2010:

During this reporting period the Private Prison Compliance and Monitoring Unit completed the final audit reports for all five out-of-state facilities. The reports have been approved by CPHCS management and have been distributed to the Chief, California Out-of-State Correctional Facilities, CDCR and CCA Executive Management for review and development of a corrective action plan. The corrective action plan, addressing any and all audit category ratings falling below 85 percent, is required to be submitted within 30 days of receipt of reports. Additional facility site audits have been scheduled for Fiscal Year 2010/2011; however, they have been delayed until the State budget has been passed and travel cost can be reimbursed to the employee.

8. Community Correctional Facilities Audits Beginning November 2009:

During this reporting period the Private Prison Compliance and Monitoring Unit completed the final audit reports for the nine Community Correctional Facilities and the Female Rehabilitative Community Correctional Center. The reports have been approved by CPHCS' management and have been distributed to the Chief, Community Correctional Facility Administration, CDCR, and Community Correctional Facility and the Female Rehabilitative Community Correctional Center Facility Directors for review and development of a corrective action plan. The corrective action plan, addressing any and all audit category ratings falling below 85 percent is required to be submitted within 60 day of receipt of reports. Additional facility site audits have been scheduled for Fiscal Year 2010/2011; however, they have been delayed, pending receipt of funding to support travel expenses, until the State budget has been passed.

9. Potential California Out-of-State Correctional Facilities Expansion of an Additional 5000 Beds:

The CDCR is considering expanding the California Out-of-State Correctional Facilities program by an additional 5,000 beds in their continued effort to reduce the overcrowding of inmates in California institutions. The CPHCS and CDCR staff, including mental health and dental, conducted site visits at six facilities in May 2010, which included Hudson Correctional Facility, Hudson, CO, Prairie Correctional Facility, Appleton, MN, Crowley Correctional Facility, Olney Springs CO, Southern Nevada Correctional Center, Jean, NV, High Desert State Prison, Indian Springs, NV, and North Lake Correctional Facility,

Baldwin, MI. Clinical assessment reports related to the medical program for each of the six facilities visited were forwarded to CDCR for their information and/or action.

## **Goal 5. Establish Medical Support / Allied Health Infrastructure**

### **Objective 5.1. Establish a Comprehensive, Safe and Efficient Pharmacy Program**

During this reporting period, implementation of the pharmacy services *Road Map to Excellence* has continued to make progress and started the initial rollout of the Central Fill Pharmacy facility. Progress during this reporting period is detailed below.

CPHCS hired a Chief of Pharmacy Services in June 2010. With this position filled, CPHCS has the state leadership needed to continue working on the ongoing Pharmacy improvements and programs.

#### ***Action 5.1.1. Continue developing the drug formulary for the most commonly prescribed medications.***

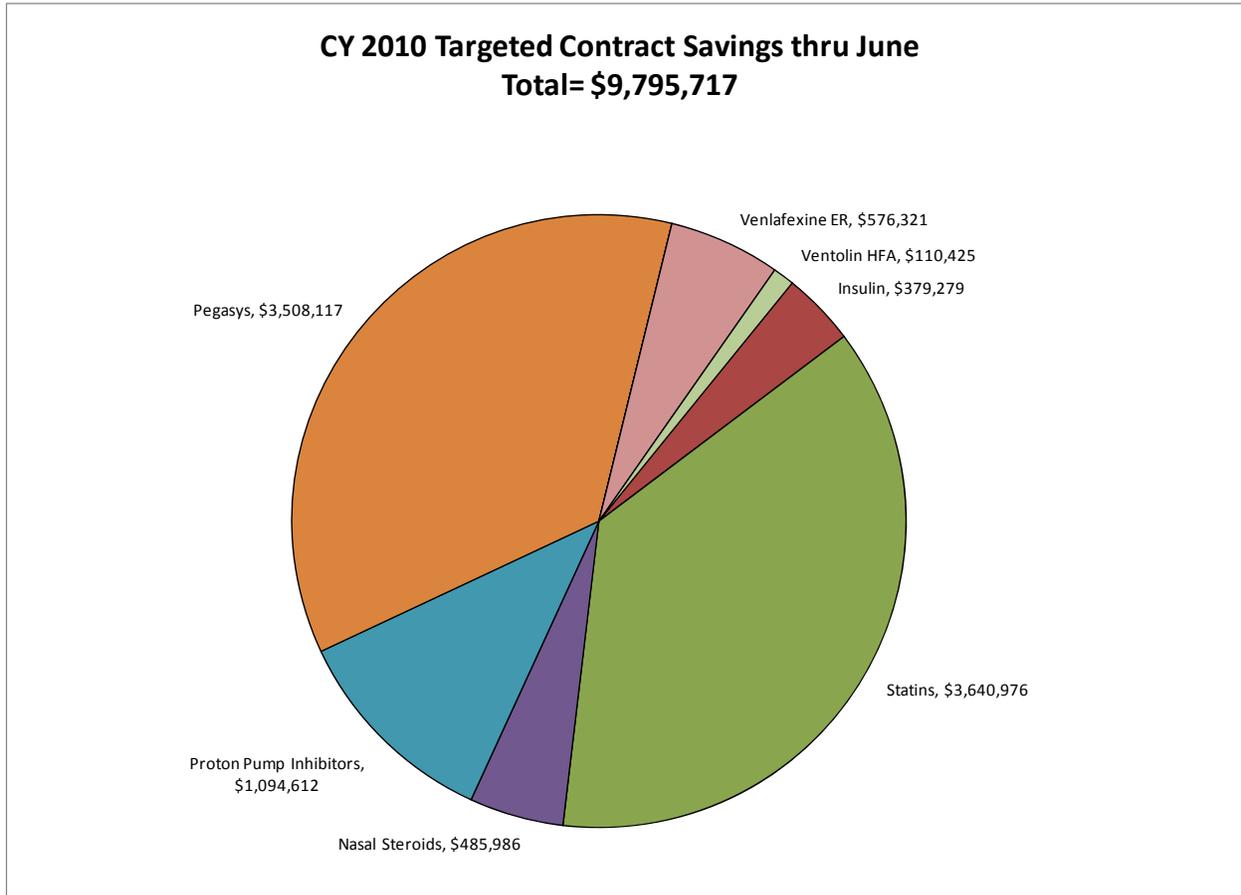
The CDCR Pharmacy and Therapeutics (P&T) Committee continued its monthly meetings to review utilization trends, actively manage the formulary, and review and approve pharmacy policies and procedures. During these meetings, the members of the P&T Committee reviewed monthly reports including the pharmacy dashboard, monthly metrics summary and reviewed medication error reports. A newly revised medication error reporting tool developed by Nursing was reviewed by the P&T Committee and is currently being pilot tested in several facilities. Level 4 medication errors submitted over the last year were analyzed to assist in targeting quality improvement efforts.

The P&T reviewed a number of formulary requests and subsequently, approved the addition of a pancreatic enzyme medication Creon (12,000 units lipase/38,000 units protease/60,000 units amylase) to replace the prior formulary product that had been discontinued. The committee also reviewed a request to add Rifaximin to the formulary for use in hepatic encephalopathy. After review, the committee determined that Rifaximin will remain non-formulary, and its use restricted to patients with history of hepatic encephalopathy who failed Lactulose or who are unable to tolerate other therapies due to adverse effects.

A follow-up analysis of utilization data for over-the-counter (OTC) items that were discontinued was reviewed. The OTC initiative targeted the elimination or reduced use of certain OTC products that lacked any medical evidence of necessity. While some discontinued items were still being prescribed and dispensed in some facilities, there was a significant overall reduction in the use of the non-medically necessary items.

As displayed in Table 8, Pharmacy has documented a cost avoidance of \$9,795,717 in calendar year 2010 through June from the use of targeted contracting strategies linked to P&T Committee decisions.

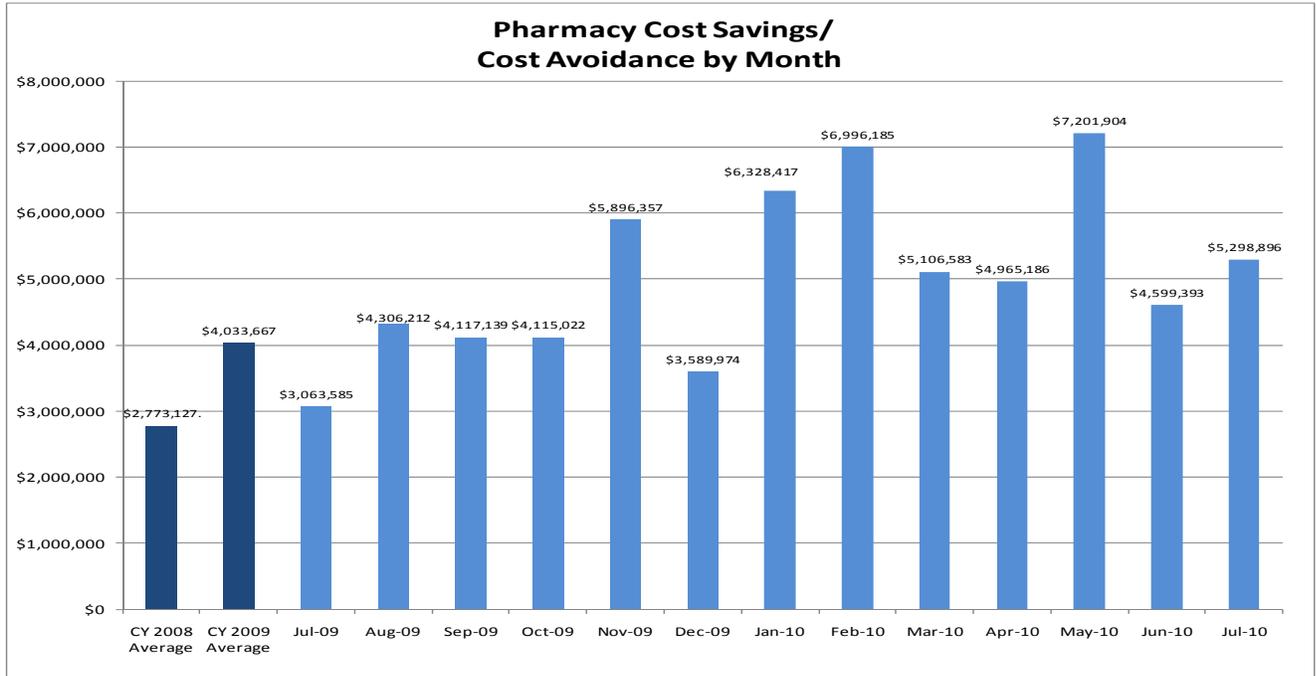
**Table 8.**



**Table 8 Results Explanation:** *These categories represent specific P&T Committee initiatives targeting particular drugs or drug classes. Savings calculated by comparing purchases using the actual targeted contract rate to the pre-targeted contract rate.*

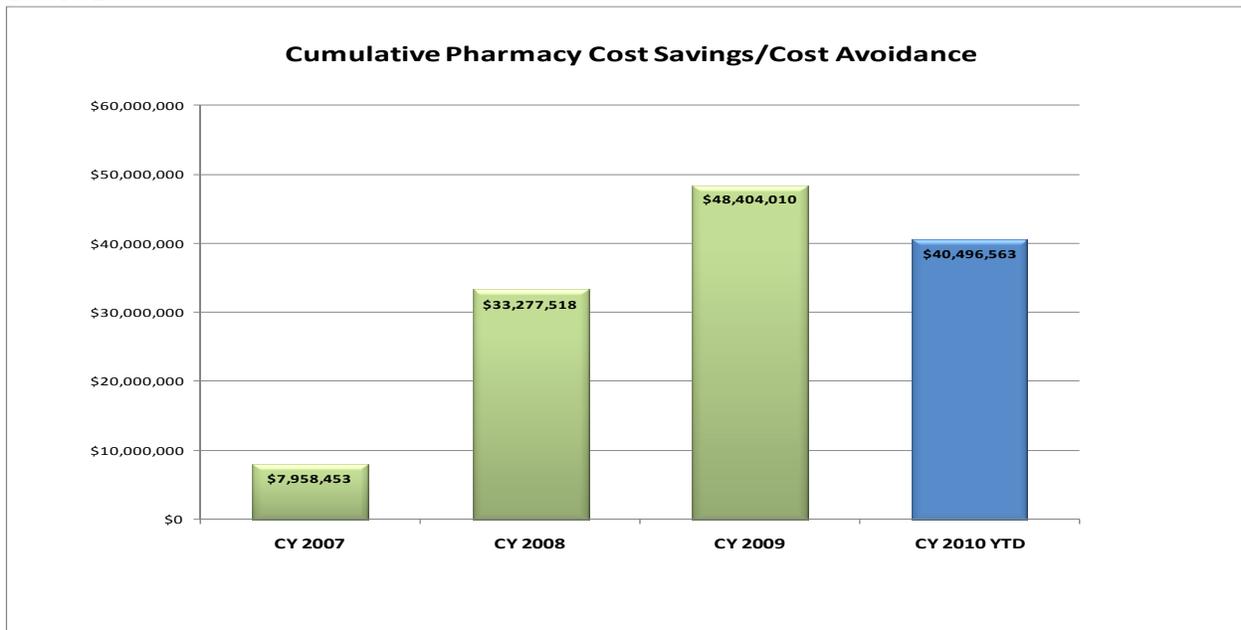
According to Maxor National Pharmacy Services (Maxor), targeted contracts, order management activities and the implementation of a wholesaler agreement tailored specifically to address the pharmaceutical needs of the CDCR healthcare system continue to contribute to savings as displayed in Tables 9 and 10. Through July of 2010, almost \$40.5 million in expenditures were avoided when compared to prior historical trends.

**Table 9.**



**Table 9 Results Explanation:** Cost savings/cost avoidance calculated based on comparing actual wholesaler purchases to prior historical trend line (also based on wholesaler purchases). Data pulled monthly from Wholesaler Purchase data. Maxor began managing pharmacy purchasing in April-May 2007. (Note: CY refers to current year.)

**Table 10.**



**Table 10 Results Explanation:** Savings/Cost Avoidance is calculated by comparing actual wholesaler purchases to prior wholesaler purchase trend line. Maxor began managing pharmacy purchasing in April-May 2007.

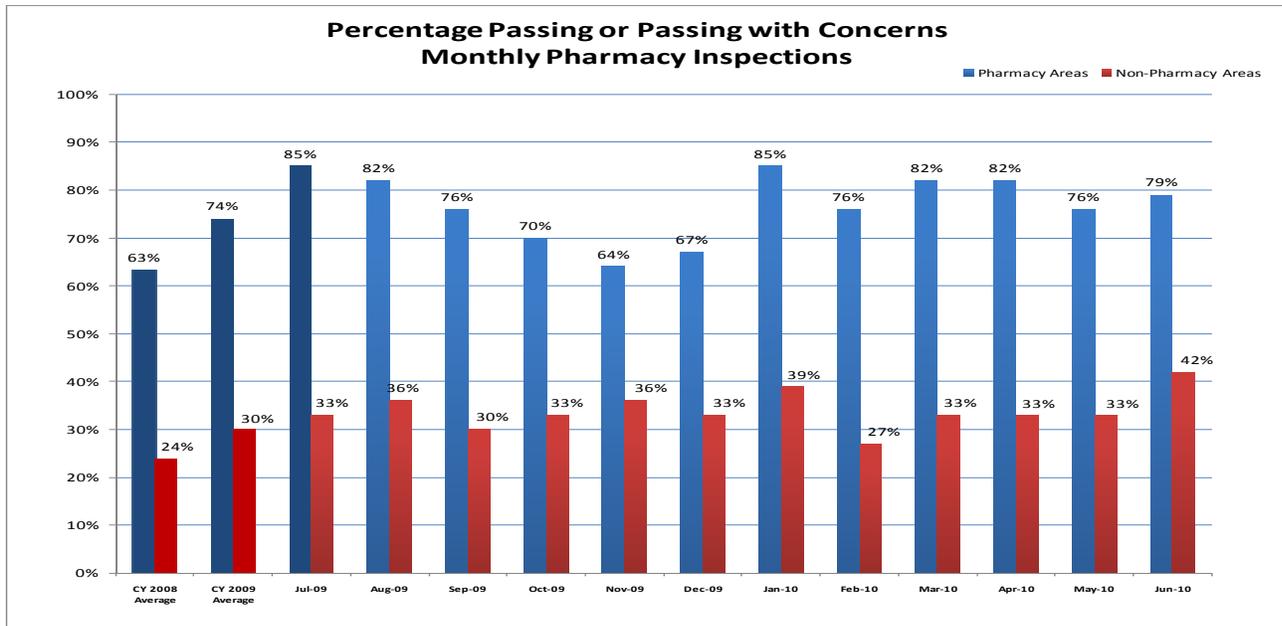
**Action 5.1.2. By March 2010, improve pharmacy policies and practices at each institution and complete the roll-out of the GuardianRx® system.**

This action has been completed.

During this reporting period, the P&T Committee continued to actively review and revise pharmacy policies and procedures as needed, completing the annual review of all pharmacy policies. Monthly meetings with the facility Pharmacists-in-Charge have also been conducted to emphasize compliance with pharmacy policy, including return to stock efforts and inventory management.

Pharmacy inspections are conducted and documented monthly. The number of pharmacies with an inspection rating score of pass/problem (not failed) has increased from 21 percent in March 2007 to 79 percent in June 2010. Pharmacy leadership continues to objectively validate the improvements for any facility moving from non-passing to passing status in their monthly inspection reports. Pharmacy inspection status data is displayed in Table 11.

**Table 11.**



**Table 11 Results Explanation** Pharmacy areas are denoted in blue, and non-pharmacy locations (medication administration locations) are denoted in red: Independent Maxor Validation of Monthly Inspection Data began in Feb 2008.

**Action 5.1.3. By May 2010, establish a central-fill pharmacy.**

The establishment of a central fill pharmacy has been completed and implementation of the central fill distribution model will continue through 2011.

The Central Fill Pharmacy Facility began installing equipment and training staff in early April of 2010. During May and June, the facility conducted comprehensive testing of equipment,

continued staff training and preparing inventory to begin converting facilities to Central Fill. Extensive work has been conducted to test and debug the extensive software interfaces supporting the Central Fill Facility. This work will continue throughout the pilot testing phase.

The first facility to be converted was California State Prison, Sacramento, who began to receive prescriptions from the Central Fill Pharmacy Facility in mid-July. As the first site to test the implementation methodology and processes, daily meetings have been held to assess and address any issues that have been identified. Additionally, onsite visits and verifications by pharmacy leadership and project management have occurred. A second pilot site, Mule Creek State Prison, was added in early August. Following the review and validation of methodology with the first two facilities, a detailed analysis will be performed to assess and remedy any system issues. After this assessment, a roll-out schedule to all institutions will be finalized.

The Pharmacy Services Performance Reports for the months of April, May and June are attached as [Appendix 10](#).

### **Objective 5.2. Establish Standardized Health Records Practice**

Implementation of the Health Information Management/Health Records remediation road map continues to move forward to achieve improved patient health records management based on evidence-based practices and increased cost-efficiency. Progress continues and is detailed below.

*Action 5.2.1. By November 2009, create a roadmap for achieving an effective management system that ensures standardized health records practice in all institutions.*

This action has been completed.

CPHCS continues to move forward with plans for an enterprise-wide electronic Unit Health Record (eUHR). The project has advanced through the requirements and network infrastructure design stage and is currently in the design, development and technology deployment stages with testing, training and implementation to follow.

In May 2010, 33 working sessions regarding current business processes were held with approximately 150 participants representing institutions, regional and headquarters interests. These sessions allowed the team to understand current processes involving the UHR, gather requirements for the new eUHR and discover similarities to the SOMS solution. During June, the team began design activities as well as documenting the current business processes for confirmation with the session participants. The design effort culminated in a series of demonstration sessions to show project stakeholders the Simple Viewer solution. The Simple Viewer will be used to view the content of the UHR electronically. Over 175 stakeholders participated in the 10 demonstrations held during June and July. In addition, requirements were completed and validated by the working session participants.

The team is now working on the final stages of planning for testing, training and implementation. Using the SOMS project as a basis has been both advantageous and challenging. The team is leveraging lessons learned during the rollout of SOMS to the women's institutions. These

learned lessons will allow the team to rethink the overall rollout strategy as well as technology needs for the eUHR implementation. On the other hand, a tight coupling of the projects challenges the vendor's ability to dedicate staffing to the eUHR effort. In addition, SOMS implementation issues have resulted in additional equipment and infrastructure changes which could impact the eUHR schedule.

The CPHCS infrastructure team has completed assessments of all institutions and efforts are underway to complete the remediation plans to ensure all institutions have the network capabilities and equipment infrastructure to support the eUHR rollout. All equipment has been procured and the team is working to ready the equipment for deployment to the eUHR users.

In addition, the Receiver continues to work towards the Electronic Medical Record (EMR) Initiative. The team has collected and inventoried over 2,800 healthcare-related forms from all institutions. Upon further analysis, the team found approximately 1,238 unique forms in use across CPHCS. The team is now analyzing the forms to create an overall strategy for implementation of the information capture within the EMR solution.

Efforts to eliminate the Health Records Center's (HRC) historical loose filing backlog of 50,000 inches (created at HRC inception) continue. At this point 4.5 million documents have been scanned making this project 75 percent complete. Pre-preparations by the HRC staff are completed and resulted in a 23 percent cost savings. The pre-preparation activities eliminated non-UHR documents from the vendor's processing. Vendor preparation, scanning and indexing continues.

### **Objective 5.3. Establish Effective Imaging/Radiology and Laboratory Services**

*Action 5.3.1. By August 2008, decide upon strategy to improve medical records, radiology and laboratory services after receiving recommendations from consultants.*

This action is ongoing. Progress during the reporting period is as follows:

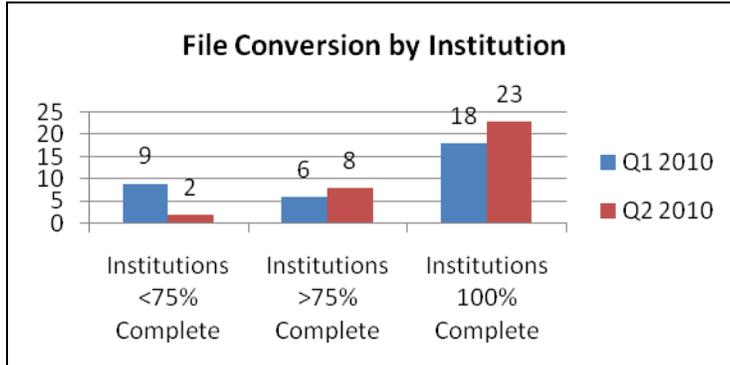
#### Imaging/Radiology Services

CPHCS hired a Chief of Imaging Services in June 2010. With this position filled, CPHCS has the state leadership needed to continue working on the ongoing Imaging/Radiology improvements and programs, in collaboration with Ascendian Healthcare Consulting.

During this reporting period, CPHCS continued its effort to implement standardized and accurate processes to ensure the elimination of patient backlogs, improve patient-inmate conditions, create a safer work environment, and reduce operational costs to the state.

In the second quarter (Q2) of 2010, CPHCS nearly completed the implementation of standardized film filing across all 33 institutions which have significantly improved efficiency, accuracy and access to patient records. All 33 institutions have adopted both Master Jacket and Terminal Digit filing standards with nearly all institutions at 100 percent conversion of active film files to this standardized process as indicated in Table 12.

**Table 12.**



In addition, CPHCS has initiated several programs to ensure compliance with state and federal policies and requirements, as well as community standards of care within Radiology and Imaging. These efforts include a tracking system to ensure that there are no gaps in radiology tube registration at the institutions. This bi-annual certification is required to utilize any radiology emitting device at the sites which includes Radiology and Dental Imaging. A comprehensive Quality Assurance program is also underway to reduce costs and increase safety by reviewing the filming processes, quality of images and accuracy of reports.

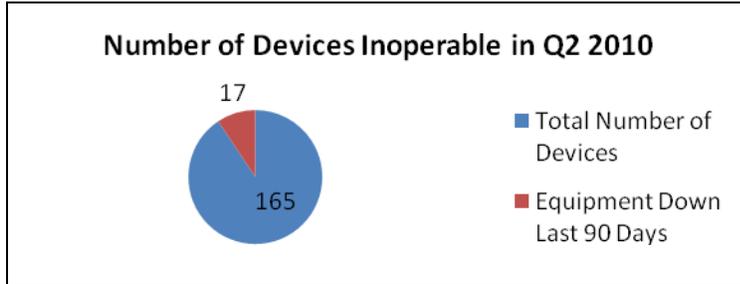
CPHCS Human Resources and the Regional Personnel Directors, in collaboration with Ascendian, have completed and approved a revised staffing model that reduces overall staffing while reallocating positions to specific institutions. This model was crafted through review of workflow, procedure volumes, and institution classification. The decision was made to pursue this staffing model via attrition to avoid layoffs and reassignments of existing staff.

Construction was completed for CT/MRI Mobile service at the first five institutions selected (California State Prison, Corcoran; California Substance Abuse Treatment Facility; North Kern State Prison; Kern Valley State Prison; and Wasco State Prison). The remaining institutions that require mobile pad construction have completed Section 6 documentation and approval, and will proceed as funding is available.

Contract reviews continued during the second quarter of 2010 which resulted in the termination of all existing equipment maintenance and service vendors. This decision was made after a formal and comprehensive review of both service quality and invoicing practices. Currently CPHCS is working with Ascendian to contract all 33 institutions with qualified vendors for equipment service via an Invitation for Bid and Request for Offer. As an interim solution until contracts are awarded, the institutions are utilizing Service & Expense contracts with qualified vendors to ensure equipment is maintained and repaired as necessary.

Ongoing equipment issues due to outdated equipment continue to cause problems at many of the institutions (Table 13). During the second quarter of 2010, 17 devices were inoperable which therefore required all x-ray services to be completed by either a mobile vendor or by sending the patient-inmates to a local hospital or imaging center, both at a much higher cost to the State.

**Table 13.**



Equipment replacement has begun at two institutions that currently have no working x-ray equipment: Chuckawalla Valley State Prison and Avenal State Prison. Both institutions procured new equipment via a RFP, and construction began at both institutions in mid-July. Chuckawalla Valley State Prison was completed during the first week of August, and Avenal State Prison was completed during the last week of August.

#### Laboratory Services

Listed below is a brief explanation of the most recent progress made for Laboratory Services as it relates to the RTPA and more specifically the CPHCS Reference Laboratory Contracts:

CPHCS hired a Chief of Laboratory Services in June 2010. With this position filled, CPHCS has the state leadership needed to continue working on the ongoing Laboratory improvements and programs. With the hiring of this leadership focus has turned to:

- Analysis of the total laboratory test volumes and associated costs for CPHCS Reference Laboratories began in July 2010 and was completed at the end of August.
- Contacts have been made with CPHCS Reference Laboratory Directors to discuss the development of a statewide reference laboratory contract to improve; quality, timeliness, pricing/cost reduction and other related services to all the CPHCS adult institutions. At the same time a scope of services was provided to Healthnet PPO to determine where we can obtain the best pricing and services.
- Review of adult institutions performing on-site laboratory testing began in August to evaluate testing instrumentation, maintenance agreements, staffing, testing menus and Laboratory Information Systems in the context of standardization and the potential for cost savings associated with operations. This review will be completed by the end of September and will build the foundation for a state laboratory program.

#### **Objective 5.4. Establish Clinical Information Systems**

*Action 5.4.1. By September 2009, establish a clinical data repository available to all institutions as the foundation for all other health information technology systems.*

This action has been completed.

The goal of the CDR project is to store key patient health information, such as current medications, allergies, lab results, healthcare encounters, problems, etc., in a standardized manner and ensure availability of this information to providers at the point-of-care to support

clinical decision-making. In this quarter the project initiated work on Clinical Documentation and Patient/Disease management, while continuing to roll out core functionality that provides current medications, allergies, and reference lab results to additional institutions.

As of June 2010 the Clinical Data Repository (CDR) has completed training & roll out to Avenal State Prison, North Kern State Prison, and San Quentin State Prison. In the months leading up to June, historical data was loaded from custody, pharmacy and laboratory partners for the above institutions. Staffs at these institutions were trained on the CDR and on-site and remote assistance was provided to support the roll out. This brings the total number of institutions that CDR has been deployed to ten.

System performance was a reported issue from the deployed institutions. The CDR project team initiated performance and stabilization efforts after a thorough system assessment. This effort resulted in an improved response time, by over 25 percent. We now feel system performance warrants the continuance of the rollout efforts.

During the period ending August 31, 2010, the CDR project initiated work on several Commercial Off The Shelf (COTS) EMR modules. The clinical documents module will provide the ability for clinical staff to electronically capture healthcare encounter & problem information, within the CDR. Clinical documents for all clinical areas will be implemented in the CDR over several phases, with Dental functionality being the first area of documents selected for implementation. In this period high level requirements were collected from Dental subject matter experts, software was installed in the CDR development environment and a proof of concept was conducted for limited dental functionality.

Work has also been initiated on the COTS EMR module, Patient and Disease Management. This module will provide the ability for a clinician to electronically enter patient encounter and problem information at the point of care and implement defined clinical pathways (workflow) related to chronic disease management (Asthma, Diabetes, etc.).

Over the next quarter CPHCS will continue to train and roll out the CDR to additional institutions, including Pleasant Valley State Prison, Kern Valley State Prison and Calipatria State Prison. During this same period the project will complete design and a significant portion of the configuration phase for both clinical documents (Dental) and patient/disease management. The project will also initiate high level requirements for the OBGYN module, which are scheduled to follow dental in the clinical documents phase.

#### **Objective 5.5. Expand and Improve Telemedicine Capabilities**

***Action 5.5.1. By September 2008, secure strong leadership for the telemedicine program to expand the use of telemedicine and upgrade CDCR's telemedicine technology infrastructure.***

This action has been completed. The Telemedicine program continues with efforts to expand the use of telemedicine and upgrade CDCR's telemedicine technology infrastructure.

During this reporting period, CPHCS began Phase 3 of the Telemedicine Services Project, which applies the lessons from previous project phases to advance the ongoing expansion of Telemedicine Services to CDCR statewide. In order to realize continued success we are currently performing the following work tasks:

**Telemedicine Interim Scheduler** - This solution replaces the previous paper-based scheduling system. On July 16, 2010, CPHCS upgraded the Interim Telemedicine Scheduler to its first major version, release 1.0. This release represents resolutions of 'essential' updates required for an effective scheduling system. Over the coming months, we look forward to system enhancements that will allow for increased scheduling efficiencies. We plan to see Telemedicine requirements in the broader Health Care Scheduling System (HCSS). However, the availability of this application is dependent upon the HCSS timeline.

**Network Connectivity** – CPHCS is currently performing site assessments and network upgrades to take advantage of IP-based networking systems, thereby replacing the outdated and expensive ISDN lines currently in use. It is expected that this project will continue through 2011, depending on the roll out of statewide Information Technology initiatives.

**Equipment Upgrades** – CPHCS is in the midst of purchasing and deploying telemedicine equipment to ensure broader implementation of popular telemedicine specialties, such as Cardiology. This increased availability of equipment ensures that telemedicine equipment is not a barrier to telemedicine expansion.

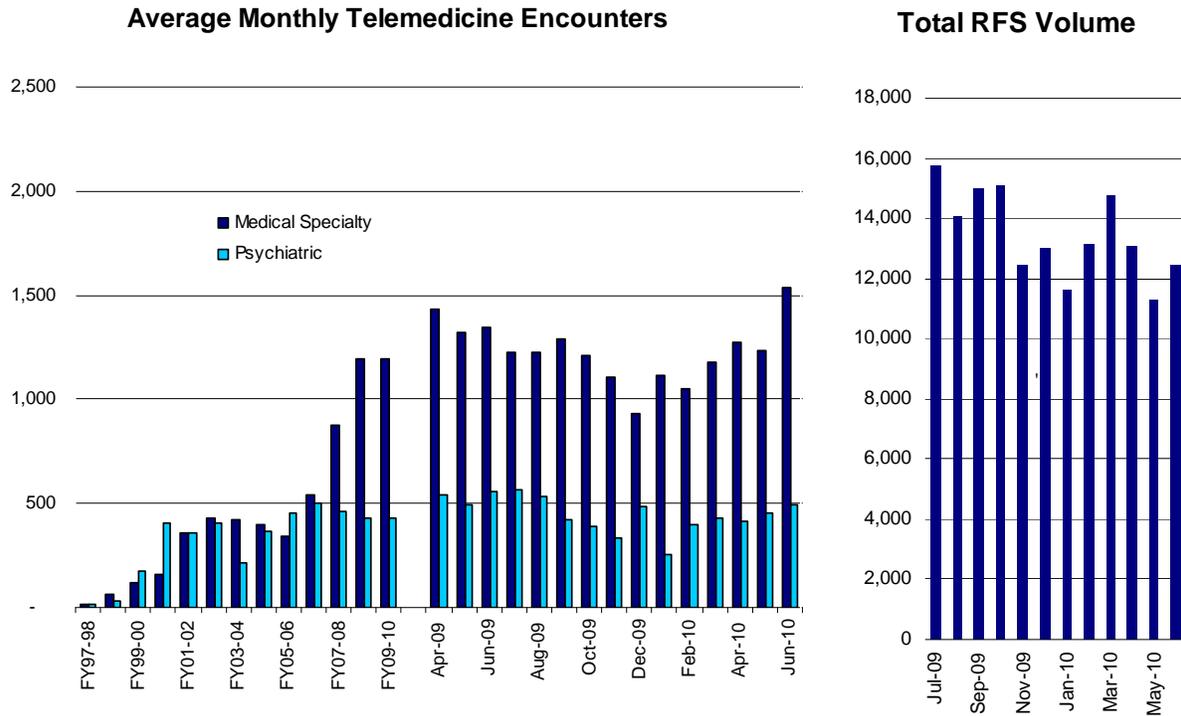
**Scanned UHR (E-UHR)** - This system-wide project touches more than just Telemedicine services, and is of particular interest to the CPHCS because it will increase efficiencies relating to medical record management. CPHCS program experts are currently contributing to process definition required for appropriate system customization.

In an effort to provide access to care support for institutions with severe Primary Care physician shortages and chronic recruitment challenges, a Primary Care physician pilot has been developed to improve patient access. The concept is to offer Telemedicine Primary Care to provide physician access for institutions with physician vacancies.

CPHCS completed transition of services previously offered Telephonically by CMCN/UCSF to CPHCS onsite and Telemedicine physicians.

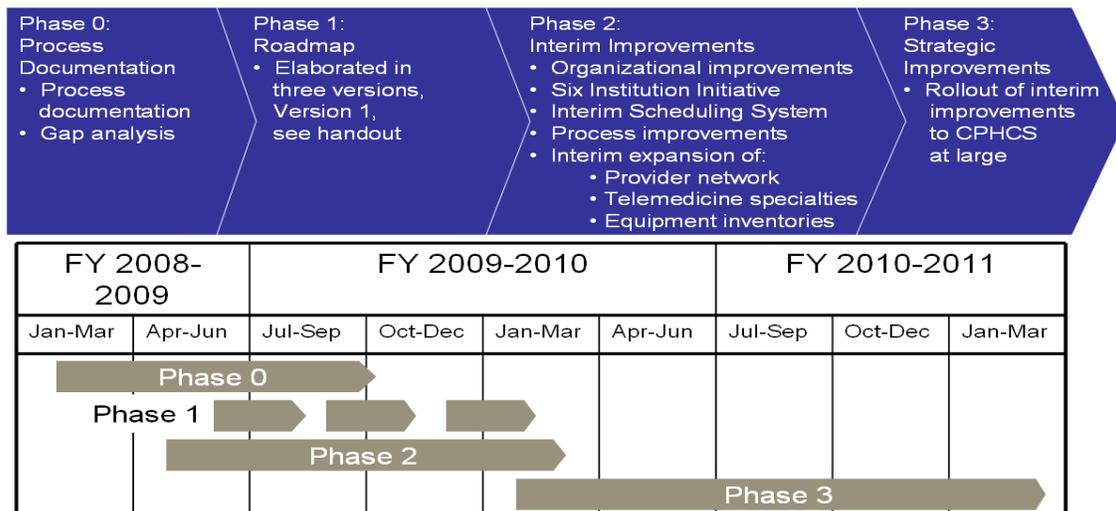
A diagram showing system-wide telemedicine expansion is located in Table 14. While total Request for Services (RFS) volume is declining because of the Utilization Management program, the proportion resulting in telemedicine encounters is continuing at a steady pace.

**Table 14: Telemedicine and RFS Trends**



We are in the midst of Phase 3 of the Telemedicine Services Project pursuant to the timeline in Table 15. We are using the lessons from previous project phases by implementing a change in clinical protocol that makes telemedicine the default delivery mode for specialty services (where medically appropriate), referred to as ‘specialty default.’

**Table 15: Telemedicine Expansion Project Schedule**



A collaborative Telemedicine network initiative to support the needs of the Office of Telemedicine Services with our PHCPN (HealthNet) will begin early 2011, as we implement Information Technology improvements.

During the next reporting period, we expect to move from the pilot phase of specialty expansion to a 'continuous improvement' approach as these system defaults become the standard for chosen Telemedicine services. We also anticipate another release of our current scheduling system that includes institution-available reports.

## **Goal 6. Provide for Necessary Clinical, Administrative and Housing Facilities**

### **Objective 6.1. Upgrade administrative and clinical facilities at each of CDCR's 33 prison locations to provide patient-inmates with appropriate access to care.**

Progress on this objective continues to be impacted. Assessments, planning, design and construction timeframes originally established in the action items are no longer feasible and are currently under revision. The Statewide Master Plan has been completed and the first projects are now in the approval process.

#### ***Action 6.1.1. By January 2010, completed assessment and planning for upgraded administrative and clinical facilities at each of CDCR's 33 institutions.***

The 30-Day Letter for California Medical Facility and California State Prison, Solano projects was submitted to the Department of Finance in July 2010. Public Works Board (PWB) projects approval is expected in October 2010. Project approval packages for Folsom State Prison and California State Prison, Sacramento and for California Institution for Men and California Institution for Women will be submitted to the Joint Legislative Budget Committee and to PWB for projects approval in November 2010. The remaining four intermediate care institutions are still in the planning phase.

#### ***Action 6.1.2. By January 2012, complete construction of upgraded administrative and clinical facilities at each of CDCR's 33 institutions.***

Upgrade Construction at Avenal State Prison and San Quentin State Prison have been completed.

The design, bid, and construction phases for each project will begin once PWB project approval and Pool Money Investment Board (PMIB) loan approval have been acquired. The typical duration for these activities is 2-3 years from PMIB loan approval.

### **Objective 6.2. Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.**

The Receiver and CDCR have developed a finalized bed plan that provides medical and mental health facilities for the projected patient-inmate population through 2013. The approved plan envisions one new facility of approximately 1,700 beds and the use of three former Division of Juvenile Justice (DJJ) facilities, which would be converted to accommodate inmates with medical and mental health conditions.

#### ***Action 6.2.1 Complete pre-planning activities on all sites as quickly as possible.***

During this reporting period, the 30-Day Letter for the California Health Care Facility (CHCF) and two of the former Division of Juvenile Justice (DJJ) facilities (DeWitt Nelson and Estrella Correctional Facility) were submitted to the Joint Legislative Budget Committee (JLBC) in June 2010. These projects were approved by the Public Works Board (PWB) and received Pooled

Money Investment Board (PMIB) loan approval. The 30-Day Letter for the remaining DJJ facility (Herman G. Stark) was submitted to the JLBC on August 18, 2010.

***Action 6.2.2 By February 2009, begin construction at first site.***

Construction of the CHCF will begin December 2010.

***Stockton Site Environmental Impact Report (EIR) Status:***

The parties reached a tentative settlement agreement in late April 2010 and finalized the agreement and obtained all necessary governmental approvals. An integrated global settlement agreement memorializing the agreed upon terms was signed on August 2, 2010 and the case was dismissed in its entirety on August 3, 2010.

***Action 6.2.3 By July 2013, complete execution of phased construction program.***

A phased construction schedule has been developed to allow the first patient-inmates to be housed at the Stockton site by March 2013.

**Objective 6.3. Complete Construction at San Quentin State Prison**

***Action 6.3.1. By December 2008, complete all construction except for the Central Health Services Facility.***

This action has been completed.

***Action 6.3.2. By April 2010, complete construction of the Central Health Services Facility.***

This action has been completed.

## **Section 4**

### **Additional Successes Achieved by the Receiver**

#### **A. Quality Management Initiatives**

During this reporting period, CPHCS conducted several special studies to identify and address opportunities for improvement and promote patient safety. The Quality Management (QM) Section staff continued to work with institution champions to implement specific strategies and tools, which included the issuance of an institution diabetic patient registry and the Death Review Supplement Report to improve the care of patient populations such as those who have diabetes, chronic pain or advanced liver disease and those who require preventive services to screen for certain types of cancers. The following provides additional information on this activity:

##### Diabetes

CPHCS produced the second quarterly report on diabetic patient outcomes. The Diabetes Care Report tracks performance on five quality and outcome measures related to cardiovascular risk and diabetes based on the 2010 QM Plan. The second report on diabetic patient care includes evaluation of blood pressure control and rates of retinal eye examinations, areas that were not presented in the initial report from March 2010. (The 2<sup>nd</sup> Quarterly Diabetes Outcomes Report is attached as [Appendix 5](#)).

The diabetic patient registry, distributed in July and August, lists each institution's diabetic patients and flags those patients that have not received services per guidelines nor have abnormal laboratory results. The registry is sorted by primary care team assignment. (A sample view of the diabetic patient registry, with identifying information redacted, is attached as [Appendix 8](#)). Release of the registry gave clinical champions an opportunity to lead positive changes in diabetic care at the clinic level and institution-wide, through steps such as distributing the diabetic patient lists to the appropriate primary care team, following up to ensure that primary care teams have taken action to improve patient outcomes, comparing primary care teams' performance, and using the diabetic patient list data to perform problem analysis and enact system change. CPHCS will add to the registry as this year progresses, including patients with Hepatitis C virus on combination therapy and patients with Human Immunodeficiency Virus.

##### Inmate Mortality

CPHCS released a study statewide in July that analyzed the four major causes of death – cancer, liver disease, cardiovascular disease, and drug overdose – to determine immediate actions that might be taken to improve patient outcomes in these areas, serving as a supplement to the annual review of inmate deaths. (The report, entitled “Patterns and Trends in Inmate Mortality: 2009,” is attached as [Appendix 6](#)). At the end of the supplemental report, recommendations for program improvements are listed, including development or modification of policies, creation of decision support tools, and staff development activities. Several recommendations call for training professional staff in the findings from this report and in specific practice and process changes

that improve patient care and reduce unnecessary costs – CPHCS held training on the report findings in July.

Also in July, the QM Section issued the Death Review Supplement Report, which identified lapses in care relative to the four leading causes of death for CPHCS patients, and recommended practice improvements in these areas. CPHCS Clinical champions will support improvements for patients at risk of overdose, cardiovascular disease, liver disease, and cancer by reviewing the report with healthcare staff in a variety of forums, ensuring that primary care teams attend continuing education sessions linked to the report, ensuring that primary care teams have Access to Care Guides, which summarize guidelines and provide medication information, treatment algorithms, and patient self-management materials, at the point of care. In addition, clinical champions will use a Quality of Care Review Tool, which is an audit instrument that can be applied during chart reviews to assess whether providers' practice aligns with clinical guidelines, and to review providers' clinical practice that may lead provider self-assessment activities or group case conferences incorporating this tool. (A sample CareGuide and Quality of Care Review Tool is attached in [Appendix 9](#)).

#### Pain Management

As part of an effort to improve pain management statewide, CPHCS released a report in August that evaluates pain medication prescribing practices at the 33 institutions. The report covers prescribing of non-opioid, opioid, and adjunctive medications. (The Pain Management Report is attached as [Appendix 7](#)). In conjunction with the performance report, CPHCS distributed decision support materials to institution staff to facilitate improvements in pain management, including a Care Guide that summarizes current guidelines for effective management of pain, and provides medication information, treatment algorithms, and patient self-management and education materials. CPHCS will follow the release of the report and decision support materials with statewide continuing education in October, and will provide technical assistance, more detailed data analysis, and on-site support for institutions that may benefit from further assistance.

## **Section 5**

### **Particular Problems Faced by the Receiver, Including Any Specific Obstacles Presented by Institutions or Individuals**

While the Receivership continues to make progress in many key areas to achieve the goal of providing a constitutional level of healthcare within California's adult correctional system, the State's fiscal crisis and resulting employee furlough program has had an impact on CPHCS, as it has on many state government operations. While this impact is difficult to define and measure, this Tri-Annual Report identified programmatic areas in which timelines have been adjusted. While blame for these failures can not be placed solely on furloughs or the lack of funding for new positions, there is little doubt that budget cuts and furloughs are contributing factors to some of these setbacks.

The budget forecast coupled with California's low financial rating will present challenges for all in 2010 and the years that follow. However, the Receiver continues to utilize all available resources to ensure that the goals and objectives within the Turnaround Plan of Action are achieved and will continue strive in these efforts to fulfill the Vision and Mission.

## **Section 6**

### **An Accounting of Expenditures for the Reporting Period**

#### **A. Expenses**

The total net operating and capital expenses of the Office of the Receiver for the year ended June 2010 were \$3,127,741 and \$9,298,271 respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 11](#).

For the two months ending August 31, 2010 the net operating and capital expenses were \$423,525 and \$0.00 respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 11](#).

#### **B. Revenues**

For the months May and June 2010, the Receiver requested transfers of \$823,712 from the state to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. Total year to date funding for the 2009-2010 Fiscal Year to the CPR from the state of California is \$3,298,712.

On July 27, 2010 the Receiver requested a transfer of \$300,000.00 respectively from the State to the CPR to replenish the operating fund of the Office of the Receiver for the first month of the 2010-2011 Fiscal Year.

All funds were received in a timely manner.

## Section 7

### Other Matters Deemed Appropriate for Judicial Review

#### **A. Coordination with Other Lawsuits**

During the reporting period, regular meetings between the four courts, *Plata*, *Coleman*, *Perez*, and *Armstrong* (“Coordination Group”) class actions have continued. Coordination Group meetings were held on May 4<sup>th</sup> and July 27<sup>th</sup>. Progress has continued during this reporting period.

#### **B. Master Contract Waiver Reporting**

On June 4, 2007, the Court approved the Receiver’s Application for a more streamlined, substitute contracting process in lieu of State laws that normally govern State contracts. The substitute contracting process applies to specified project areas identified in the June 4, 2007 Order and, in addition, to those project areas identified in supplemental orders issued since that date. The approved project areas, the substitute bidding procedures and the Receiver’s corresponding reporting obligations are summarized in the Receiver’s Seventh Quarterly Report and are fully articulated in the Court’s Orders, and therefore, the Receiver will not reiterate those details here.

As ordered by the Court, included as [Appendix 12](#) is a summary of the contract the Receiver awarded during this reporting period, including (1) a brief description of the contract, (2) which project the contract pertains to, and (3) the method the Receiver utilized to award the contract (*i.e.*, expedited formal bid, urgent informal bid, sole source).

#### **C. Consultant Staff Engaged by the Receiver**

In accordance with Section III, Paragraph B, of the Court’s Order Appointing Receiver, dated February 14, 2006, the Receiver has engaged the following consultants:

No contracts to report this period.

## **Section 8**

### **Conclusion**

The most significant advance during this reporting period was the approval by the Legislature of the 30-day letters regarding construction of the California Health Care Facility in Stockton and conversion of two former Division of Juvenile Justice (DJJ) facilities (DeWitt Nelson and Estrella Correctional Facility) for use as secure healthcare facilities. With this action and initial funding approval by the Public Works Board (PWB) and the Pooled Money Investment Board (PMIB), construction planning and activity has kicked into high gear. We will be holding a groundbreaking for the Stockton facility in October. Other construction projects, also funded by AB 900, are now underway as well.

Construction of new beds and expanded treatment space should eventually help ameliorate some of the challenges we face in providing healthcare in the context of a severely overcrowded prison system, although the summary results reported by the Office of the Inspector General in his “Summary and Analysis of the First 17 Medical Inspections of California Prisons,” suggests that, notwithstanding our efforts, overcrowding remains an obstacle to delivering healthcare to the inmate population.