

APPENDIX 11

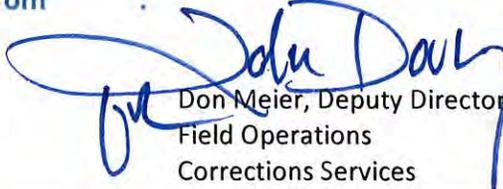


CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date : August 7, 2014

To : Wardens
Chief Executive Officers

From : 
Don Meier, Deputy Director
Field Operations
Corrections Services

Subject : IMPLEMENTATION OF UPDATED MONTHLY HEALTH CARE ACCESS QUALITY REPORT

Field Operations, Corrections Services is implementing an updated version of the Health Care Access Quality Report (AQR). The updates are intended to streamline AQR reporting, and better align with the redefined relationship and roles of California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) subsequent to the October 26, 2012 Delegation of Authority. The updates in no way impact the established means of monitoring the Health Care Access Units (HCAU) utilizing the "Custody AQR Performance Indicators" or performance targets outlined in the Delegation. The updated AQR, version 2.0, was vetted and is approved for use effective as of the August 2014 reporting cycle.

With the development of electronic resources for collecting and reporting data for health care services, the AQR was revised with the intent to eliminate redundant processes of data collection and update existing data elements to mirror current resources. Although the appearance of the AQR is slightly different, the structure remains the same – an accounting of ducats issued and the categorization of the respective outcomes. The revisions include,

- Elimination of reporting for the overtime dollars and hours for medical transportation and medical guarding (this data is readily available as needed);
- Consolidation of fields related to appointment outcome codes to focus more acutely on those appointments not completed due to custody; and
- Clarification of some terminology to improve understanding, accuracy, and consistency of the data being reported.

The current AQR requires institution staff to extract data pertaining to overtime dollars and hours for medical transportation and medical guarding from the Personnel Post Assignment System, "PPAS".

MEMORANDUM

Since this system has been replaced with the Business Information System Time and Shift Module – TeleStaff at each institution over the past 12 months, we now have the ability to independently access this information. Institutions are no longer required to report this data.

In 2008 the AQR was initiated to not only document custody's ability to provide inmate access to care, but to also document the workload associated with custody positions primarily via measurement of health care ducats. Six years later, the health care services program has established automated systems to measure clinical workload and performances and no longer utilize AQR data for such purposes, and the purpose and focus of the AQR now rest intently on custody performance. As a result, two of the three major appointment outcome categories, "provider" and "other," are collapsed into one category: "non-custody." This reduces the 23 combined appointment outcome codes for inmates not seen due to "provider" and "other" across the four health care disciplines into four codes, one code per discipline – "non-custody".

Lastly, in an effort to promote a more custody-centric report, focusing on custody success or failure to move inmate-patients as scheduled, the terminology for appointment outcomes is rephrased to reference the outcome of the "ducat," instead of the outcome of the appointment. For example, if an inmate is escorted to the clinic, but is ultimately not seen by the provider, the outcome is recorded as completed ducat as opposed to "inmate not seen due to provider." The ducat was completed by the inmate being escorted to the appointment location; the outcome of the appointment itself is another matter entirely. A second example is refusals. An inmate refusing to come to the appointment location would be recorded as a "refusal," explaining the reason the ducat was not completed. An inmate complying with the ducat and refusing treatment would be recorded as a completed ducat.

Attached for your reference are the following:

- AQR Instruction Guide and Counting Rules (version 2.0)
- Sample Institution AQR

This week, each institution HCAU Analyst will receive an institution specific AQR template. This template is embedded in a master template Excel based workbook for use by the HCAU Analyst to capture data daily and for auto-populating the month's AQR. Training on the updated AQR, the workbook, and the counting rules is planned for the week of August 11, 2014. Additional information will follow.

Field Operations staff are available should you need further information or clarification. Please contact your institution's Field Operations analyst: Dana Johnson at (916) 691-0325 or dana.johnson@cdcr.ca.gov for institutions A through F, and Sue Howe at (916) 691-4839 or susan.howe@cdcr.ca.gov for institutions H through W. You may also contact Anastasia Bartle, Program Manager, at (916) 691-4921 or anastasia.bartle@cdcr.ca.gov.

Attachments

cc: John Dovey, Director, Corrections Services, CCHCS
M.D. Stainer, Director, Division of Adult Institutions (DAI), California Department of Corrections and Rehabilitation (CDCR)
R. Steven Tharratt, M.D., M.P.V.M., F.A.C.P., Director, Health Care Operations, CCHCS

MEMORANDUM

Timothy G. Belavich, Ph.D., M.S.H.C.A., C.C.H.P., Director (A), Division of Health Care Services (DHCS) and Deputy Director, Statewide Mental Health Program, DHCS
Eureka Daye, Chief Executive Officer, Region I, CCHCS
Robert Herrick, Chief Executive Officer, Region IV, CCHCS
Chris Podratz, Chief Executive Officer, Region III, CCHCS
Charles Young, Chief Executive Officer, Region II, CCHCS
Karen Rea, P.H.N., M.S.N., F.N.P., Statewide Chief Nurse Executive, Nursing Services, CCHCS
Kelly Harrington, Deputy Director, Facility Operations, DAI, CDCR
Kathleen Allison, Deputy Director, Facility Support, DAI, CDCR
Ralph Diaz, Associate Director, High Security (Males), DAI, CDCR
Connie Gipson, Associate Director (A), General Population (Males), DAI, CDCR
Vimal J. Singh, Associate Director, Reception Centers Mission, DAI, CDCR
Jay Virbel, Associate Director, Female Offender Programs and Services/Special Housing, DAI, CDCR
Jeri Fry, Chief (A), Program Support Unit, DAI, CDCR
Associate Wardens, Health Care Access Units
Anastasia Bartle, Program Manager, Field Operations, Corrections Services, CCHCS
Rita Lowe, Manager, Field Operations, Corrections Services, CCHCS
Sue Howe, Analyst, Field Operations, Corrections Services, CCHCS
Dana Johnson, Analyst, Field Operations, Corrections Services
HCAU Analysts, Health Care Services



California Correctional Health Care Services

Monthly Health Care Access Quality Report

Instruction Guide and Counting Rules

Field Operations, Corrections Services
August 2014
Version 2.0

Introduction

Field Operations, Corrections Services, a division of the California Correctional Health Care Services (CCHCS), developed a means to measure the effectiveness of Health Care Access Units (HCAU) and custody operational procedures in an effort to establish standards and processes for inmate access to care. This measurement instrument, the Monthly Health Care Access Quality Report (AQR), is designed to report data from multiple health care access points inclusive of medical, mental health, dental, and diagnostic/specialty care services for use as a performance management tool. The AQR includes a dashboard illustrating the Custody Access to Care Success Rate; a percentage of inmates issued a ducat, or requested to be seen the same day, and were present at the health care service site for the appointment.

At each institution data is collected, reconciled, and recorded each business day by the HCAU Analyst. At the end of each month, the analyst is responsible for completing the institution's AQR. Once approved by institution management, this report is submitted to a Field Operations analyst who compiles all institution AQRs into one statewide AQR. The finalized AQR is published with an *Executive Summary* and posted on the CCHCS *Lifeline* intranet site. The published statewide monthly *Health Care Access Quality Reports* may be obtained from the following link: <http://lifeline/Resources.aspx#>.

Background

In 2006, shortly after the appointment of a Receiver, a process was initiated to identify and eliminate barriers preventing inmates from accessing health care services within an institution or at an offsite community-based provider. A pilot custody operational assessment was conducted at San Quentin State Prison. As a result, a custody staffing model was created and the first HCAU was established. The model properly designates staff as responsible for escorting and transporting inmates to and from health care appointments on and off grounds, as well as providing security within the clinical areas of an institution. Working in concert with health care staff at every level, the HCAU creates a mechanism to effectively utilize custody and health care resources, promote timely inmate access to health care services, and thereby reduce avoidable inmate morbidity and mortality. Following the pilot, an operational assessment known as the Preliminary Operational Review was conducted at each institution. Staffing resources were allocated based upon those assessments, and an HCAU was established at each institution.

In 2008 the AQR was initiated to not only document custody's ability to provide inmate access to care, but to also document the workload associated with custody positions primarily via measurement of health care ducats, as this had not been done before on a statewide basis. At the time the AQR was being developed, Medical Services and Nursing Services were developing similar tools to collect data. Therefore, the Receiver combined the tools together and the scope of the AQR became inclusive of such measures as the number of sick call requests, the number of Request for Services, the number of Primary Care Provider and Registered Nurse ducats issued, etc. The intent was to utilize a manual means of collecting and reporting data until such time the AQR could be replaced with an electronic system. Beginning July 2008, an AQR pilot was initiated at four institutions having existing HCAUs: San Quentin State Prison, Avenal State Prison, California Medical Facility, and California State Prison at Corcoran. As of November 2008, AQR reporting was initiated at all institutions statewide.

On October 26, 2012, the *Delegation of Authority from the Receiver to the Secretary of the California Department of Corrections and Rehabilitation Related to Health Care Access Units* (Delegation) was signed. Pursuant to the Delegation, the Secretary of the California Department of Corrections and Rehabilitation (CDCR) was assigned provisional authority over the HCAUs until either the termination of the Receivership or the revocation of the Delegation. Each Warden likewise was assigned local control of the institution's HCAU, working collaboratively with the institution's Chief Executive Officer (CEO). As of this version of the AQR Instruction Guide and Counting Rules, the Delegation remains in effect.

As part of the Delegation, each institution is required to continue collecting and reconciling data in accordance with the instructions and counting rules outlined within this document, complete an institution AQR, and submit it to Field Operations, Corrections Services, on or before the specified due date. The AQR is one measure of the Delegation utilized to document an institution's success at achieving and sustaining inmate-patient access to health care services.

About AQR Version 2.0

Since the initial AQR in 2008, the health care services program has established automated systems to measure clinical workload and performances, and experienced an overall program maturity. Together, these circumstances inherently resulted in a need to update the AQR. The updates are intended to streamline AQR reporting, and better align with the redefined relationship and roles of CCHCS and CDCR subsequent to the October 26, 2012 Delegation of Authority agreement. The updates in no way impact the established means of monitoring the HCAUs utilizing the "Custody AQR Performance Indicators" or performance targets as outlined in the Delegation.

Although the appearance of the AQR is slightly different, the structure remains the same – an accounting of ducats issued and the categorizing of the respective outcome. Below is a summary of the elements either removed or modified to further define or draw focus to the reporting of custody activity.

Elements Removed

- Ducat Outcomes for "provider" and "other": these ducat outcomes are collapsed into one category, "non-custody". This reduces the 23 combined appointment outcome codes, for inmates not seen due to "provider" and "other" across the four health care disciplines, into four codes, one code per discipline – "non-custody".
- Overall AQR Performance Indicator: given the removal of the categories explained above, this indicator is no longer relevant and no longer able to be tabulated; leaving the Custody AQR Performance Indicator as the only indicator on the AQR.
- PPAS Timekeeper's Monthly Overtime and Expenditure Report data: CDCR's Division of Adult Institutions retired the Personnel Post Assignment System (PPAS) and replaced it with a system, TeleStaff, now accessible from headquarters. Institutions are no longer responsible for providing this information.
- Number of 7362s and RFSs: captured electronically by Utilization Management.

Elements Modified

- Terminology for appointment outcomes: rephrased to reference the outcome of the “*ducat*,” instead of the outcome of the *appointment*. For example, if an inmate is escorted to the clinic, but is ultimately not seen by the provider, the outcome is recorded as completed ducat as opposed to “inmate not seen due to provider.” The ducat was completed since the inmate arrived at the prescribed time and place; the outcome of the appointment itself is another matter entirely. A second example is refusals. An inmate refusing to come to the appointment at the prescribed time and place would be recorded as a “refusal,” explaining the reason the ducat was not completed. An inmate complying with the ducat and refusing treatment would be recorded as a completed ducat.
- LVN Ducats: line item added to appropriately account for LVN issued ducats in an effort to capture all health care related custody movement.
- Mental Health Group Ducats: to be included in the number of ducats issued for mental health group therapy in the number of ducats issued for Mental Health Services in an effort to capture all health care related custody movement.

Feedback from the institution HCAU Analysts and HCAU staff over the last several years has been incorporated in this instruction guide. Best practices are placed in call-out boxes to emphasize key elements and policy references are now included to provide additional clarification. Other pertinent information is highlighted as “Important to note”.

Objective

The objective of the AQR is to identify custody barriers to health care access, consistently improve performance, and establish accountability. The AQR is designed to track and monitor *custody resources and custody functions* as they relate to facilitating inmate-patient access to health care. Keep this design principle in mind as you review the instructions and as you collect data for the AQR.

The AQR documents the number of ducats issued by health care discipline for scheduled appointments; the number of add-on appointments; the accessibility to those appointments; the utilization of Emergency Health Care Services; the number of inmate-patient transports utilized for accessing community based health care providers; and HCAU staffing. The structure of the report consists of 34¹ institution-specific reports with identical data elements.

The basic tenet upon which the AQR depends is credible and verifiable data, and as the reporting vehicle for that data, the success of the AQR depends on the staff responsible for its collection. Against this backdrop, the following instructions and counting rules are intended to clarify what data should be included in the AQR, what data should not be included, and the appropriate sources of that data.

¹ Data is not collected from the Correctional Health Care Facility at this time.

Glossary of Acronyms

For ease of reference, the following is a table of acronyms used in the remainder of this guide.

| | |
|---------|--|
| A/O | Add-On |
| AW | Associate Warden |
| CEO | Chief Executive Officer |
| CHB | Central Health Building |
| C/O | Correctional Officer |
| DMS | Daily Movement Sheet |
| DSTS | Dental Scheduling Tracking System |
| eUHR | Electronic Unit Health Record |
| HCA | Health Care Access – used in post/position title |
| HCAU | Health Care Access Unit |
| IDTT | Inter-Disciplinary Treatment Team |
| IMSP&P | Inmate Medical Services Policies and Procedures |
| LVN | Licensed Vocational Nurse |
| MD | Medical Doctor |
| MGU | Medical Guarding Unit |
| MHCB | Mental Health Crisis Bed |
| MHTS | Mental Health Tracking System |
| MPL | Master Pass List |
| MedSATS | Medical Scheduling and Tracking System |
| MTI | Medical Transportation of Inmate |
| PAS | Post Assignment Schedule |
| PCP | Primary Care Provider |
| PPAS | Personnel Post Assignment System |
| PY | Personnel Years |
| RFS | Request for Services |
| RN | Registered Nurse |
| TTA | Triage and Treatment Area |

Timeline for Completing the Monthly Institution AQR

The completion of the AQR is cyclical in nature and requires data to be collected by the HCAU Analyst on a daily or monthly basis. The reporting dates are in line with the calendar month, for example the January AQR includes data for the first day through the last day of the month.

Tasks to be completed on the 1st of the month:

- ✓ Copy Excel AQR workbook template and save as the current month's workbook
- ✓ Add or delete worksheet tabs according to the number of days in the month
- ✓ Update institution AQR worksheet to reflect current month

Tasks to be completed on a daily basis:

- ✓ Collect custody tracking sheets and MPL
- ✓ Review custody tracking sheets for completeness (ensure signatures are present, add-ons are clearly identified, outcome codes are present)
- ✓ Reconcile custody tracking sheets with the MPL to ensure an accounting of all ducats listed
- ✓ Collect and review the source documents pertaining to Emergency Services, transports, and redirect staff hours that are available on a daily basis (if not available, collect on a weekly basis)
- ✓ Follow up on any discrepancies identified during the reconciliation process with appropriate supervisor, i.e. HCAU Sergeant, Transportation Sergeant, Inmate Assignment Lieutenant, Supervising Registered Nurse
- ✓ Enter data into the analyst's AQR workbook for the month

Tasks to be completed on a monthly basis at month's end, sometime between the 1st and 5th of the following month:

- ✓ Look up institution's inmate population on the CDCR intranet and enter on the AQR worksheet
- ✓ Ensure all access-to-care data is accurately entered in the workbook; revise the AQR worksheet if needed
- ✓ Print out the AQR worksheet for review by HCAU AW/Captain; revise the worksheet if needed
- ✓ Identify and analyze data to determine trends, discrepancies, and variations; research to determine causes for inclusion in the AQR cover memorandum
- ✓ Prepare and print the AQR cover memorandum for signature by the HCAU AW/Captain
- ✓ Print the AQR worksheet for signature by the HCAU Analyst and AW/Captain
- ✓ Route signed AQR and cover memorandum to Warden and CEO for review and signature, if required by your institution

Tasks to be completed by the 5th of the month:

- ✓ Email to Field Operations' analyst and CEO the PDF of the signed and approved monthly AQR and cover memorandum, as well as the Excel AQR worksheet
- ✓ Organize and file all supporting documents with the approved/signed AQR and AQR cover memorandum

Institution AQR – What Data is Collected and Where is it Reported

An institution AQR template is created by Field Operations staff in collaboration with HCAU staff at the institution. The template is created in Excel and formatted specific to the footprint of the institution and the locations where health care services are provided within the institution.

The AQR template is a worksheet embedded in an Excel workbook which provides the HCAU Analyst a daily reconciliation tool for auto-populating the AQR template. The AQR workbook contains a worksheet for each day of the month for use in recording the day's ducat related data plus worksheets to assist in recording the data for Emergency Services, Transports, and HCAU Redirect Hours. Each month the institution's HCAU Analyst is to save the workbook as a new Excel file for use in populating the month's AQR. The workbook is locked so the structure of it can only be changed by Field Operations staff. This is done to ensure Field Operations are able to seamlessly roll all institutions' data into one statewide monthly report.

The HCAU Analyst is to submit to Field Operations the AQR cover memorandum, the signed AQR, and the AQR Excel worksheet on or before the 5th of the following month. The documents submitted as well as all supporting documentation relative to the data reported on the monthly AQR is to be retained onsite for a minimum of 18 months. The supporting documentation is requested as part of the institution's HCAU Operations Monitoring Audit document production and/or monthly AQR data validation process completed by Field Operations staff.

The institution AQR consists of seven subject related sections of data measures, all of which roll up into a one-page cover page. The cover page, the first page of the report, contains; a dashboard, a summary of the ducat related data measures, and a signature block for the HCAU Analyst and HCAU AW/Captain.

The dashboard displays the Custody Access to Care Success Rate by health care discipline and overall percentage. The rate is a calculation derived from data entered into other sections of the report. All cells are formula-driven; meaning they will auto-populate based on the data entered within the report.

| DASHBOARD | Medical Services | Mental Health Services | Dental Services | Diagnostic/ Specialty Services | Overall Success Rate |
|-------------------------------------|------------------|------------------------|-----------------|--------------------------------|----------------------|
| Custody Access to Care Success Rate | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% |

The October 26, 2012 Delegation of Authority stipulates that the institutions maintain a 99.00% or better standard for the Custody Access to Care Success Rate. The custody access to care success rate is calculated as follows:

$$1 - \left(\frac{\text{Ducats not Completed: Custody}}{(\text{Total Ducats} + \text{Add-ons}) \text{ less Refused Ducats}} \right)$$

The summary section consists of the month's institution population, a roll-up by health care discipline and month total of ducats issued, add-on appointments, ducats completed, and ducats not completed. All cells, with the exception of the monthly inmate population, are formula-driven; meaning they will auto-populate based on data entered within the report.

| SUMMARY | Medical Services | Mental Health Services | Dental Services | Diagnostic/Specialty Services | Month Totals |
|--|------------------|------------------------|-----------------|-------------------------------|--------------|
| Monthly Inmate Population | | | | | [0] |
| Total Ducats Issued and Add-on Appointments | 0 | 0 | 0 | 0 | 0 |
| Ducats Issued | 0 | 0 | 0 | 0 | 0 |
| Add-on Appointments | 0 | 0 | 0 | 0 | 0 |
| Total Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 |
| Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 |
| Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 |
| Percentage of ducats refused by inmate | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 |
| Custody percentage of ducats not completed | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 |
| Non-Custody percentage of ducats not completed | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

On the first line, the Monthly Inmate Population, the red "0" is to be replaced with the month's inmate population. This information is obtained from the following link:

<http://intranet/res/offender-information/reports/Pages/MonthlyTotalPopulation.aspx>

Click on the link for the correct month for the report titled "Monthly Total Population". On page 2, the population is broken out by institution. For reporting on the AQR, use the number listed under the third column titled "Total".

| MONTHLY INSTITUTION/CAMPS POPULATION DETAIL | | | | MIDNIGHT June 30, 2014 | | |
|---|-----------------|-----------------|-------|------------------------|---------------------|---------------------|
| INSTITUTIONS/CAMPS | FELON/ OTHER | CIVIL ADDICT | TOTAL | DESIGN CAPACITY | PERCENT OCCUPIED | STAFFED CAPACITY |
| MALE | | | | | | |
| ASP (Avenal SP) | 3,893 | | 3,893 | 2,920 | 133.3 | 4,702 |
| CAL (Calipatria SP) | 3,856 | | 3,856 | 2,308 | 167.1 | 3,833 |
| CCC (CA Correctional Center) | 4,972 | 1 | 4,973 | 3,883 | 128.1 | 4,872 |
| CCI (CA Correctional Institution) | 4,366 | | 4,366 | 2,783 | 156.9 | 4,412 |
| CEN (Centinela SP) | 2,823 | | 2,823 | 2,308 | 122.3 | 3,433 |
| CHCF (CA Health Care Fac - Stockton) | 1,502 | | 1,502 | 2,951 | 50.9 | 2,951 |
| CIM (CA Institution for Men) | 4,683 | | 4,683 | 2,976 | 157.4 | 4,728 |
| CMC (CA Men's Colony) | 4,274 | 1 | 4,275 | 3,838 | 111.4 | 4,659 |
| CMF (CA Medical Fac) | 2,090 | | 2,090 | 2,361 | 88.5 | 2,522 |
| CCE (CA SP, Corcoran) | 4,285 | | 4,285 | 3,116 | 137.5 | 4,445 |

The last section of the cover page contains a signature block for the HCAU Analyst and HCAU AW/Captain. All red text is to be replaced with the month's applicable information. Once the AQR is ready for submission to Field Operations, it is to be printed for the HCAU Analyst and HCAU AW/Captain to sign and date.

| | |
|--|--|
| [Name], [AW or Captain] Health Care Access Unit Phone: ([xxx]) [xxx-xxxx] | [Name], Analyst Health Care Access Unit Phone: ([xxx]) [xxx-xxxx] |
| _____ Signature/Date | _____ Signature/Date |

The seven subject related sections of data measures are as follows:

- I. Medical Services
- II. Mental Health Services
- III. Dental Services
- IV. Diagnostic and Specialty Services
- V. Emergency Services
- VI. Transports
- VII. Health Care Access

The primary source of data for the first four sections of the AQR is the HCAU Custody Tracking Sheet. The purpose of the custody tracking sheet is to provide a documented record of the ducats issued for scheduled health care appointments, add-on appointments, and the resulting outcomes of those appointments. The tracking sheets are standardized and must indicate the date, the location, a list of inmates scheduled to be seen at the location, and, if applicable, a list of inmates seen as add-ons. For each inmate listed on the sheet, an officer is to record at a minimum: inmate CDCR number, inmate name, scheduled appointment time, and time inmate arrived for the appointment or a code corresponding to the outcome of the appointment, i.e. ducat not completed due to a custody related reason such as modified program, or ducat not completed do non-custody related reason. The requirements pertaining to the use of the tracking sheets are outlined in a CDCR policy memorandum dated February 14, 2013, *Daily Reconciliation of Health Care Tracking Sheets*.

It is important to note: During an health care appointment in a clinic, an inmate may be seen by more than one clinician or for more than one reason; therefore, it should be understood the number of ducats and add-ons will not equal the number of encounters as tracked by health care staff or recorded in a related health care electronic system (i.e. MedSATS). "Ducat" is a custody term and "encounter" is a health care term. They don't always mean the same thing. *This distinction is critical, as the outcome of a ducat is quite frequently not the same as the outcome of a scheduled appointment/encounter.*

The subject matter expert at each institution with regard to the correct coding of ducat outcomes is the HCAU Analyst and the HCA AW or Captain is responsibility for the correctness/accuracy of the report. Therefore, it is absolutely and wholly appropriate that while the custody officer and the clinician will consult and concur on the outcome of each ducat, the HCAU Analyst will have the discretion and responsibility to correctly code that outcome so as to comply with the AQR Instruction Guide and Counting Rules.

Data measures will be collected, reconciled, and recorded on a daily basis. The daily tracking for ducats (labeled as tabs **1-31** in the AQR workbook) will be specific to the points of services delineated on the institution's MPL. Please note, it is the HCAU Analyst's responsibility to notify Field Operations of changes in points of service as soon as possible so the template may can be updated.

Below is a screenshot of the HCAU Analyst's AQR workbook.

The screenshot shows the Microsoft Excel interface for the 'CSP AQR Daily Tracking TEMPLATE 07.24.2014 (d)' workbook. The active sheet is 'Institution Monthly Health Care Access Quality Report'. The spreadsheet is organized into three main sections: I. Medical Services (rows 36-50), II. Mental Health Services (rows 51-65), and III. Dental Services (rows 70-78). Each section has a header row with columns for 'A (H)', 'B (H SNY)', 'C (H SNY)', 'D (H SNY)', 'AGI (H)', 'MSF (H)', and 'Total'. The data rows show various categories like 'Ducats Issued', 'Add-on Appointments', and 'Completed Ducats and Add-ons'. A callout box points to a cell in the 'Total' column of the Medical Services section, stating 'Cells turn to zero when the ducats balance with the outcomes.' Another callout box at the bottom points to the 'CSP AQR' tab, stating 'Monthly AQR Roll-up Tab'. A third callout box at the bottom points to the first 31 tabs, stating 'Tabs 1-31; each corresponding to the day of the month'.

Each health care discipline has the same data elements that require daily reconciliation and recording. (There is a minor exception for medical services due to the need to account for PCP, RN, and LVN ducat outcomes.) Broadly, the data elements are as follows:

- A. Ducats Issued
- B. Add-on Appointments
- C. Completed Ducats/Add-ons
- D. Total Ducats Not Completed

To ensure ducats balance the outcomes for each discipline, a cell to the right of the 'Total' column is formatted to turn to zero when the ducats balance with the outcomes. Prior to submitting the monthly AQR to Field Operations, please make sure this cell is zero indicating the ducats are in balance with the outcomes.

The ducats should balance as follows:

| | | |
|--|---|---|
| Total Ducats Issued + Add-on Appointments | = | Refused Ducats + Completed Ducats/Add-ons + Total Ducats Not Completed |
|--|---|---|

Below is a snapshot of the HCAU Analyst’s daily worksheet.

| I. Medical Services | A Clinic (II SNY) | A Complex Clinic (II SNY) | A ASU Clinic (II) | B Clinic (II SNY) | B Complex Clinic (II SNY) | C Clinic (II SNY) | C Complex Clinic (II SNY) | D Clinic (II SNY) | D Complex Clinic (II SNY) | E Clinic (II GP/SNY) | E Complex Clinic (II GP/SNY) | F Clinic (II GP) | F Complex Clinic (II GP) | Total |
|--------------------------------------|----------------------|---------------------------------|-------------------------|----------------------|---------------------------------|----------------------|---------------------------------|----------------------|---------------------------------|-------------------------|------------------------------------|---------------------|--------------------------------|-------|
| A Ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. PCP ducats issued | | | | | | | | | | | | | | 0 |
| 2. RN ducats issued | | | | | | | | | | | | | | 0 |
| 3. LVN ducats issued | 0 | | | | | | | | | | | | | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. PCP add-on appointments | 0 | | | | | | | | | | | | | 0 |
| 2. RN add-on appointments | | | | | | | | | | | | | | 0 |
| 3. LVN add-on appointments | | | | | | | | | | | | | | 0 |
| C Completed Ducats/Add-ons | | | | | | | | | | | | | | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) PCP ducats refused by inmate | | | | | | | | | | | | | | 0 |
| b) RN ducats refused by inmate | | | | | | | | | | | | | | 0 |
| c) LVN ducats refused by inmate | | | | | | | | | | | | | | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | | | | | | | | | | | | | | 0 |
| b) Modified program in effect. | | | | | | | | | | | | | | 0 |
| c) Other custody related reason | | | | | | | | | | | | | | 0 |
| 3. Ducats Not Completed: Non-Custody | | | | | | | | | | | | | | 0 |

The data collected on the daily worksheets will roll-up into a single report on the institution’s AQR template as show below.

| I. Medical Services | Facility A (II SNY) | Facility B (II SNY) | Facility C (II SNY) | Facility D (II SNY) | Facility E (II GP/SNY) | Facility F (II GP) | Total |
|--------------------------------------|------------------------|------------------------|------------------------|------------------------|---------------------------|-----------------------|-------|
| A Ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. PCP ducats issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. RN ducats issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. LVN ducats issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. PCP add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. RN add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. LVN add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats/Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) PCP ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) RN ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) LVN ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

I. Medical Services

This section of the AQR tracks the number of priority medical ducats issued, add-on appointments, and the outcomes. This data is to be reported under the respective health care services location/point of service, as it appears in the institution's AQR workbook. The health care services locations will vary for each institution as these are specific to the footprint, physical design, and mission of the institution.

Snapshot of Medical Services Section of AQR Template

| I. Medical Services | A (II) | B (II SNY) | C (II SNY) | D (II SNY) | ASU (II) | MSF (II) | Total |
|---------------------------------------|-----------|---------------|---------------|---------------|-------------|-------------|-------|
| A Ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. PCP ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. RN ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. LVN ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. PCP add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. RN add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. LVN add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) PCP ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) RN ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) LVN ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

It is important to note: The medical ducats issued, add-on appointments, and outcomes data is NOT to be obtained from MedSATS as the system may track the number of medical encounters and not necessarily ducats.

Line A: Ducats Issued

Measure: The number of total ducats issued by//for PCP, RN, and LVN.

Source: This line is locked and will auto-populate based on the sum of Lines A.1 through A.3.

It is important to note: Following the implementation of the Health Care Scheduling and Tracking System, some institutions have been reporting issues with incorrectly scheduled inmate-patient appointments appearing on the MPL, thereby causing erroneous ducats to be generated. The number of erroneous ducats ("ghost ducats") generated may vary significantly among the institutions depending on the technical expertise and training of the schedulers. Therefore, "ghost" ducats are not to be reported on the institution's AQR. Instead, this number, by health care discipline, is to be included and reported in the AQR cover memorandum.

Below is a snapshot of a MPL reflecting ghost ducats (ghost ducats generally indicate a scheduled time of 00:00). These ducats are to be excluded from the total ducat count reported on the AQR.

MASTER PASS LIST
FOR: 03/19/2014

PAGE: 5 of 14
PROCESSED: 03/18/2014 13:09
REQUESTOR: [REDACTED]

| | | INSTITUTION: [REDACTED] | | | |
|-------|------------|---------------------------------|------|----------------------------------|-------------------|
| | | FACILITY: [REDACTED] Facility C | | LOCATION: C PC RN Clinic Medical | |
| I: NO | | TYPE: Medical/Nursing | | REASON: | |
| | | | | PRI: YES | |
| TIME | LAST NAME | CDC# | ETH. | HOUSING | JOB |
| 00:00 | [REDACTED] | [REDACTED] | BLA | C 002 2 - 226001L | |
| 00:00 | [REDACTED] | [REDACTED] | MEX | C 003 1 - 127001U | BLDG C3-A 3/W PTR |
| 00:00 | [REDACTED] | [REDACTED] | BLA | C 004 1 - 132001L | BLDG C4-C 3/W PTR |
| 00:00 | [REDACTED] | [REDACTED] | HIS | C 005 1 - 123001L | |
| 10:00 | [REDACTED] | [REDACTED] | MEX | C 001 1 - 119001L | |
| 10:00 | [REDACTED] | [REDACTED] | BLA | C 001 2 - 226001L | BLDG C1-C 2/W PTR |

Line A.1: PCP Ducats Issued

Measure: This is the number of ducats issued by//for a PCP. On this line, record only scheduled appointments for the PCP line, excluding the "ghost" ducats mentioned in Line A above.

Source: This data is obtained from the MPL, which has been reconciled/cross-referenced with the custody tracking sheets to ensure all the ducats on the MPL are accounted for. Collect, reconcile, and record this data daily.

Line A.2: RN Ducats Issued

Measure: This is the number of ducats issued by//for an RN. On this line, record only scheduled appointments for the RN line, excluding the "ghost" ducats mentioned in Line A above.

☞ Please note ducats issued by//for a public health nurse are to be recorded in this category.

Source: This data is obtained from the MPL, which has been reconciled/cross-referenced with the custody tracking sheets to ensure all the ducats on the MPL are accounted for. Collect, reconcile, and record this data daily.

Line A.3: LVN Ducats Issued

Measure: This is the number of ducats issued by//for an LVN. On this line, record only scheduled appointments for the LVN line, excluding the "ghost" ducats mentioned in Line A above.

Source: This data is obtained from the MPL, which has been reconciled/cross-referenced with the custody tracking sheets to ensure all the ducats on the MPL are accounted for. Collect, reconcile, and record this data daily.

Line B: Add-on Appointments

Measure: This is the number of add-on appointments requested by a PCP, RN, or LVN. An add-on appointment is essentially an appointment that occurred the same day.

Source: This line is locked and will auto-populate based on the sum of Lines B.1 through B.3.

Line B.1: PCP Add-on Appointments

Measure: This is the number of add-on appointments requested by a PCP. An add-on appointment is essentially an appointment that occurred the same day. Typically, these are appointments that do not appear on the MPL, but are handwritten (in rare cases these may be typed in) on the custody tracking sheets and indicated as "A/O" (add-on). Ensure PCP add-ons are clearly identified and differentiated on the custody tracking sheet.

- ☞ If an inmate is on the custody tracking sheet but is not on the MPL, this appointment should be counted and recorded as an add-on.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line B.2: RN Add-on Appointments

Measure: This is the number of add-on appointments requested by an RN. An add-on appointment is essentially an appointment that occurred the same day an inmate was seen. Typically, these are appointments that do not appear on the MPL, but are handwritten (in rare cases these may be typed in) on the custody tracking sheets and indicated as “A/O” (add-on). Ensure RN add-ons are clearly identified and differentiated on the custody tracking sheet.

- ☞ If an inmate is on the custody tracking sheet but is not on the MPL, this appointment should be counted and recorded as an add-on.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line B.3: LVN Add-on Appointments

Measure: This is the number of add-on appointments requested by an LVN. An add-on appointment is essentially an appointment that occurred the same day an inmate was seen. Typically, these are appointments that do not appear on the MPL, but are handwritten (in rare cases these may be typed in) on the custody tracking sheets and indicated as “A/O” (add-on). Ensure LVN add-ons are clearly identified and differentiated on the custody tracking sheet.

- ☞ If an inmate is on the custody tracking sheet but is not on the MPL, this appointment should be counted and recorded as an add-on.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line C: Completed Ducats/Add-ons

Measure: This is the number of medical ducats and add-on appointments completed.

- ☞ If an inmate complies with the ducat, but refuses the treatment in the presence of a clinician, it should be recorded as a completed ducat. The ducat, in this case, has been completed, because custody staff did successfully ensure the inmate arrived at the time and place s/he was scheduled to be.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D: Total Ducats Not Completed

Measure: This is the total number of medical ducats not completed as a result of the following:

- ✓ Ducat refused by inmate
- ✓ Ducat not completed due to custody related outcome
- ✓ Ducat not completed due to non-custody related outcome

Source: This line is locked and will auto-populate based on the sum of Lines D.1 through D.3.

Line D.1: Ducats Refused by Inmate

Measure: This is the total number of PCP, RN, and LVN ducats refused by inmate. An inmate refusing to comply with the custody staff direction to report to the scheduled appointment location for a face-to-face encounter with a provider should be recorded as a “refusal”, explaining the reason the ducat was not completed.

- ☞ However, an inmate complying with the ducat, but refusing the treatment in the presence of a clinician, should be recorded as a completed ducat. The ducat, in this case, was completed, because custody staff did successfully ensure the inmate arrived at the time and place s/he was scheduled to be. The appointment outcome, however, will likely be recorded by the medical, dental, mental health, etc. provider as a “refusal” or “treatment declined” or similar. On the AQR, which tracks custody provision of access to health care, this should be recorded as a completed ducat. The provider, who is interested in quality of care, will most likely record this as a refusal. The purposes of the tracking systems are quite different, so keep in mind that the outcomes may, and most likely will, be recorded differently.

Source: This line is locked and will auto-populate based on the sum of Lines D.1 (a) through D.1 (c).

Line D.1 (a): PCP Ducats Refused by Inmate

Measure: This is the number of PCP ducats refused by inmate. The custody tracking sheets should clearly identify the ducat was refused by an inmate.

- ☞ If on the custody tracking sheet it is apparent the inmate arrived/was escorted to his/her appointment (in/out times are present) but the outcome was incorrectly coded as a refusal, it is the HCA Analyst’s responsibility to follow-up with the escorting and/or clinic C/O and/or HCAU Sergeant to correctly code the outcome so as to comply with the AQR Instruction Guide and Counting Rules.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.1 (b): RN Ducats Refused by Inmate

Measure: This is the number of RN ducats refused by inmate. The custody tracking sheets should clearly identify the ducat was refused by an inmate.

- ☞ If on the custody tracking sheet it is apparent the inmate arrived/was escorted to his/her appointment (in/out times are present) but the outcome was incorrectly coded as a refusal, it is the HCA Analyst’s responsibility to follow-up with the escorting and/or clinic C/O and/or HCAU Sergeant to correctly code the outcome so as to comply with the AQR Instruction Guide and Counting Rules.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.1 (c): LVN Ducats Refused by Inmate

Measure: This is the number of LVN ducats refused by inmate. The custody tracking sheets should clearly identify the ducat was refused by an inmate.

- ☞ If on the custody tracking sheet it is apparent the inmate arrived/was escorted to his/her appointment (in/out times are present) but the outcome was incorrectly coded as a refusal, it is the HCA Analyst’s responsibility to follow-up with the escorting and/or clinic C/O and/or HCAU Sergeant to correctly code the outcome so as to comply with the AQR Instruction Guide and Counting Rules.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2: Ducats Not Completed: Custody

Measure: This is the number of medical ducats not completed due to custody related outcomes such as insufficient custody staff, modified program in effect, not enough holding space, lack of intra-facility transport, and other custody related reasons.

Source: This line is locked and will auto-populate based on the sum of Lines D.2 (a) through D.2 (c).

Line D.2 (a): Insufficient Custody Staff

Measure: This is the number of medical ducats not completed due to insufficient custody staff; meaning there were not enough C/Os to escort an inmate to the clinic.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2 (b): Modified Program in Effect

Measure: This is the number of medical ducats not completed due to a modified program in effect for security reasons and the inmate was not allowed to leave the housing unit. Explanation for data reported under this category must be explained in the AQR cover memorandum.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2 (c): Other Custody Related Reason

Measure: This is the number of medical ducats not completed due to other custody related reason other than what is stated on Lines D.2 (a) and D.2 (b). Explanation for data reported under this category must be explained in the AQR cover memorandum.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.3: Ducats Not Completed: Non-Custody

Measure: This is the number of medical ducats not completed due to non-custody related outcomes. This category encompasses all other ducat outcomes that are not related to custody.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in

order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

II. Mental Health Services

This section of the AQR tracks the number of mental health ducats issued, add-on appointments, and the outcomes. This data is to be reported under the respective health care services location/point of service, as it appears on the institution's AQR workbook. The institution is to report ALL priority mental health ducats listed on the MPL, including ducats issued for group appointments, Enhanced Out Patient (EOP), etc. Please note, ducats issued for Keyhea Hearings are not to be reported on the AQR, but may be reported on the AQR cover memorandum.

Snapshot of Mental Health Services Section of AQR Template

| II. Mental Health Services | A (II) | B (II SNY) | C (II SNY) | D (II SNY) | ASU (II) | MSF (II) | Total |
|---------------------------------------|-----------|---------------|---------------|---------------|-------------|-------------|-------|
| A Ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

It is important to note: The mental health ducats issued, add-on appointments, and outcomes data is NOT to be obtained from MHTS as the system tracks the number of mental health encounters and not necessarily ducats.

Line A: Ducats Issued

Measure: This is the number of ducats issued by/for a mental health provider, less the "ghost" ducats mentioned above in Line A of Medical Services section.

Source: This data is obtained from the MPL, which has been reconciled/cross-referenced with the custody tracking sheets to ensure ALL mental health ducats on the MPL are accounted for. This data is NOT to be obtained from MHTS as the system tracks the number of mental health encounters and not necessarily ducats.

Line B: Add-on Appointments

Measure: The number of add-on appointments requested by a mental health provider. An add-on appointment is essentially an appointment that occurred the same day. Typically, these are appointments that do not appear on the MPL, but are handwritten (in rare cases these may be typed in) on the custody tracking sheets and indicated as "A/O" (add-on). Ensure add-ons are clearly identified on the custody tracking sheet. Determine whether a discrepancy exists, and if so, follow-up and research to determine cause(s) and/or the correct ducat outcome.

- ☞ If an inmate is on the custody tracking sheet but is not on the MPL, this appointment should be counted and recorded as an add-on.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. This data is not to be obtained from MHTS as the system tracks the number of mental health encounters and not necessarily ducats. Collect, reconcile, and record this data daily.

Line C: Completed Ducats/Add-ons

Measure: This is the number of mental health ducats and add-on appointments completed. Ensure ducat outcomes are clearly identified on the custody tracking sheets.

- ☞ If an inmate is seen cell-side by a clinician, the ducat/add-on should be reported as *not completed*; meaning the clinician saw an inmate in a housing unit and not at a location listed on the ducat. The inmate did not arrive/was not escorted to his/her scheduled location. Determine whether a correct outcome code was assigned, and if not, follow-up and research to determine cause(s) and the correct ducat outcome.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. This data is not to be obtained from MHTS as the system tracks the number of mental health encounters and not necessarily ducats. Collect, reconcile, and record this data daily.

Line D: Total Ducats Not Completed

Measure: The total number of mental health ducats not completed as a result of the following:

- ✓ Ducat refused by inmate
- ✓ Ducat not completed due to custody related outcome
- ✓ Ducat not completed due to non-custody related outcome

Source: This line is locked and will auto-populate based on the sum of Lines D.1 through D.3.

Line D.1: Ducats Refused by Inmate

Measure: This is the number of mental health ducats refused by inmate. An inmate refusing to comply with the custody staff direction to report to the scheduled appointment location for a face-to-face encounter with a provider should be recorded as a “refusal”, explaining the reason the ducat was not completed.

- ☞ However, an inmate complying with the ducat, but refusing the treatment in the presence of a clinician, should be recorded as a *completed ducat*. The ducat, in this case, *was completed*, because custody staff did successfully ensure the inmate arrived at the time and place s/he was scheduled to be. The appointment outcome, however, will likely be recorded by the medical, dental, mental health, etc. provider as a “refusal” or “treatment declined” or similar. On the AQR, which tracks custody provision of access to health care, this should be recorded as a completed ducat. The provider, who is interested in quality of care, will most likely record this as a refusal. The purposes of the tracking systems are quite different, so keep in mind that the outcomes may, and most likely will, be recorded differently.
- ☞ If on the custody tracking sheet it is apparent the inmate arrived/was escorted to his/her appointment (in/out times are present) but the outcome was incorrectly coded as a refusal, it is the HCAU Analyst’s responsibility to follow-up with the escorting C/O and/or HCAU

Sergeant to correctly code the outcome so as to comply with the AQR Instruction Guide and Counting Rules.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. The custody tracking sheets should clearly identify the refusal of the ducat.

Line D.2: Ducats Not Completed: Custody

Measure: This is the number of mental health ducats not completed due to custody related outcomes such as insufficient custody staff, modified program in effect, not enough holding space, lack of intra-facility transport, and other custody related reasons.

Source: This line is locked and will auto-populate based on the sum of Lines D.2 (a) through D.2 (c).

Line D.2 (a): Insufficient Custody Staff

Measure: This is the number of mental health ducats not completed due to insufficient custody staff; meaning there were not enough C/Os to escort an inmate to the clinic and/or treatment center.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2 (b): Modified Program in Effect

Measure: This is the number of mental health ducats not completed due to a modified program in effect for security reasons and the inmate was not allowed to leave the housing unit. Explanation for data reported under this category must be explained in the AQR cover memorandum.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2 (c): Other Custody Related Reason

Measure: This is the number of mental health ducats not completed due to other custody related reason other than what is stated on Lines D.2 (a) and D.2 (b). Explanation for data reported under this category must be explained in the AQR cover memorandum.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.3: Ducats Not Completed: Non-Custody

Measure: This is the number of mental health ducats not completed due to non-custody related outcomes. This category encompasses all other ducat outcomes that are not related to custody.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

III. Dental Services

This section of the AQR tracks the number of dental ducats issued, add-on appointments, and the outcomes. This data is to be reported under the respective health care services location/point of service, as it appears on the institution's AQR workbook. The institution is to report ALL priority dental ducats listed on the MPL.

Snapshot of Dental Services Section of AQR Template

| III. Dental Services | A (II) | B (II SNY) | C (II SNY) | D (II SNY) | ASU (II) | MSF (II) | Total |
|---------------------------------------|-----------|---------------|---------------|---------------|-------------|-------------|-------|
| A Ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

It is important to note: The dental ducats issued, add-on appointments, and outcomes data is NOT to be obtained from DSTS as the system tracks the number of encounters and not necessarily ducats.

Line A: Ducats Issued

Measure: This is the number of ducats issued by/for a dentist or hygienist, less the "ghost" ducats mentioned above in Line A of Medical Services section.

Source: This data is obtained from the MPL, which has been reconciled/cross-referenced with the custody tracking sheets to ensure all dental ducats on the MPL are accounted for. Collect, reconcile, and record this data daily.

Line B: Add-on Appointments

Measure: The number of add-on appointments requested by a dental provider. An add-on appointment is essentially an appointment that occurred the same day. Typically, these are appointments that do not appear on the MPL, but are handwritten (in rare cases these may be typed in) on the custody tracking sheets and indicated as "A/O" (add-on). Ensure add-ons are clearly identified on the custody tracking sheet. Determine whether a discrepancy exists, and if so, follow-up and research to determine cause(s) and/or the correct ducat outcome.

- ☞ If an inmate is on the custody tracking sheet but is not on the MPL, this appointment should be counted and recorded as an add-on.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. This data is not to be obtained from DSTS as the system tracks the number of encounters and not necessarily ducats. Collect, reconcile, and record this data daily.

Line C: Completed Ducats/Add-ons

Measure: This is the number of dental ducats and add-on appointments completed. Ensure ducat outcomes are clearly identified on the custody tracking sheets. Determine whether a discrepancy exists, and if so, follow-up and research to determine cause(s) and/or the correct ducat outcome.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. This data is *not* to be obtained from the DSTS as the system tracks the number of encounters and not necessarily ducats. Collect, reconcile, and record this data daily.

Line D: Total Ducats Not Completed

Measure: The total number of dental ducats not completed as a result of the following:

- ✓ Ducat refused by inmate
- ✓ Ducat not completed due to custody related outcome
- ✓ Ducat not completed due to non-custody related outcome

Source: This line is locked and will auto-populate based on the sum of Lines D.1 through D.3.

Line D.1: Ducats Refused by Inmate

Measure: This is the number of dental ducats refused by inmate. An inmate refusing to comply with the custody staff direction to report to the scheduled appointment location for a face-to-face encounter with a provider should be recorded as a “refusal”, explaining the reason the ducat was not completed.

- ☞ However, an inmate complying with the ducat, but refusing the treatment in the presence of a clinician, should be recorded as a completed ducat. The ducat, in this case, was completed, because custody staff did successfully ensure the inmate arrived at the time and place s/he was scheduled to be. The appointment outcome, however, will likely be recorded by the medical, dental, mental health, etc. provider as a “refusal” or “treatment declined” or similar. On the AQR, which tracks custody provision of access to health care, this should be recorded as a completed ducat. The provider, who is interested in quality of care, will most likely record this as a refusal. The purposes of the tracking systems are quite different, so keep in mind that the outcomes may, and most likely will, be recorded differently.

- ☞ If on the custody tracking sheet it is apparent the inmate arrived/was escorted to his/her appointment (in/out times are present) but the outcome was incorrectly coded as a refusal, it is the HCAU Analyst’s responsibility to follow-up with the escorting and/or clinic C/O and/or HCAU Sergeant to correctly code the outcome so as to comply with the AQR Instruction Guide and Counting Rules.

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. The custody tracking sheets should clearly identify the ducat was refused by an inmate. Collect, reconcile, and record this data daily.

Line D.2: Ducats Not Completed: Custody

Measure: This is the number of dental ducats not completed due to custody related outcomes such as insufficient custody staff, modified program in effect, not enough holding space, lack of intra-facility transport, and other custody related reasons.

Source: This line is locked and will auto-populate based on the sum of Lines D.2 (a) through D.2 (c).

Line D.2 (a): Insufficient Custody Staff

Measure: The number of dental ducats not completed due to insufficient custody staff; meaning there were not enough C/Os to escort an inmate to the clinic.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2 (b): Modified Program in Effect

Measure: This is the number of dental ducats not completed due to a modified program in effect for security reasons and the inmate was not allowed to leave the housing unit. Explanation for data reported under this category must be explained in the AQR cover memorandum.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2 (c): Other Custody Related Reason

Measure: This is the number of dental ducats not completed due to other custody related reason other than what is stated on Lines D.2 (a) and D.2 (b). Explanation for data reported under this category must be explained in the AQR cover memorandum.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.3: Ducats Not Completed: Non-Custody

Measure: This is the number of dental ducats not completed due to non-custody related outcomes. This category encompasses all other ducat outcomes that are not related to custody.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

IV. Diagnostic & Specialty Services

This section of the AQR tracks the number of ducats issued for onsite diagnostic and specialty services and appointments scheduled for offsite specialty services, add-on appointments, and the outcomes. This data is to be reported under the respective health care services location/point of service, as it appears on the institution's AQR workbook. The institution is to report ALL priority ducats issued for specialty services listed on the MPL and all offsite specialty care appointments listed on the DMS. In addition, a ducat issued to an inmate for review of his/her health records, as well as for Inter-Disciplinary Treatment Team (IDTT), is to be counted and reported in the eUHR Review/IDTT column of this section.

Snapshot of Diagnostic & Specialty Services Section of AQR Template

| IV. Diagnostic & Specialty Services | Lab | Imaging | Physical Therapy | Tele-Services | eUHR Review/IDTT | Onsite S.C. | Offsite S.C. | Total |
|---------------------------------------|-----|---------|------------------|---------------|------------------|-------------|--------------|-------|
| A Ducats Issued* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Line A: Ducats Issued

Measure: This is the number of ducats issued for diagnostic/specialty services (i.e. Laboratory, X-ray, Telemedicine, Onsite Specialty Care, UHR Review, IDTT, and Offsite Specialty Care Services), less the “ghost” ducats mentioned above in Line A of Medical Services section.

Source: This data, with exception of offsite specialty care, is obtained from the MPL, which has been reconciled/cross-referenced with the custody tracking sheets. The number of offsite specialty appointments is obtained from the daily transportation log(s). The transportation log should clearly identify all the inmate-patients scheduled to be transported for offsite specialty care appointment that day.

It is important to note: In the case of offsite specialty care appointments; an inmate will not receive a ducat due to security reasons, but will be scheduled via the Out-to-Medical Scheduler. Nevertheless, these appointments are to be reported under Offsite Specialty Care category to ensure all specialty care appointments are accounted and reported.

Line B: Add-on Appointments

Measure: This is the number of add-on appointments requested for diagnostic/specialty services. An add-on appointment is essentially an appointment that occurred the same day. Typically, these are appointments that do not appear on the MPL, but are handwritten (in rare cases these may be typed in) on the custody tracking sheets and indicated as “A/O” (add-on). Ensure add-ons are clearly

identified on the custody tracking sheet. Determine whether a discrepancy exists, and if so, follow-up and research to determine cause(s) and/or the correct ducat outcome.

- ☞ If an inmate is on the custody tracking sheet but is not on the MPL, this appointment should be counted and recorded as add-on.
- ☞ For offsite specialty care, an add-on appointment is any inmate transported for an offsite health care appointment at a last minute. These appointments are not listed on the offsite appointments report/schedule submitted by Offsite Scheduler to the Transportation Unit, but are typically identified on the transportation log(s) as an A/O (add-on).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. The add-on appointments data for offsite specialty care is obtained from the daily transportation log(s) which should clearly differentiate the scheduled appointments from the add-ons. Collect and record this data daily.

Line C: Completed Ducats/Add-ons

Measure: This is the number of diagnostic/specialty services ducats and add-on appointments completed. Ensure ducat outcomes are clearly identified on the custody tracking sheets. Determine whether a discrepancy exists, and if so, follow-up and research to determine cause(s) and/or the correct ducat outcome.

Source: This data, with exception of offsite specialty care, is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL.

The number of completed offsite specialty care appointments is obtained from the inmate DMS (Daily Movement Recap section). Per CDCR's Operations Manual, Section 52020.5.5 "The inmate DMS shall list all arrivals, departures, temporary releases, out-to-courts, family visits, changes in housing, work assignments, or custody classification during the previous 24-hour period".

For example, the July 1st DMS will reflect the offsite health care appointments that were completed/occurred the previous day, and will also include the MPL for the next day. See below a snapshot of where and how the offsite health care appointments data (under *Temporary Release Orders*) is reflected on the DMS.

| TEMPORARY RELEASE ORDERS | | | | | | | | |
|--------------------------|------------|------------|------------------|------------------|----------------------|----------|---------|-------------------------|
| INMATE NAME | CDC# | DOB | CUSTODY | HOUSING AREA/BED | OTHER LOCATION | TIME OUT | TIME IN | REASON |
| [REDACTED] | AP771P | [REDACTED] | Medium Custody A | B 083 1- 03003L | DR. K SINGH - MADERA | 11:36 | 14:28 | Health Care Appointment |
| [REDACTED] | PA316A | [REDACTED] | Medium Custody A | B 083 1- 01209L | SJGH - FRENCH CAMP | 11:48 | 17:40 | Health Care Appointment |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | COURT | | | |

The DMS is to be reconciled with the daily transportation log(s) to ensure all offsite health care appointments that actually occurred have been accounted for. Collect, reconcile, and record this data daily.

Line D: Total Ducats Not Completed

Measure: This is the total number of diagnostic/specialty services ducats not completed as a result of the following:

- ✓ Ducat refused by inmate
- ✓ Ducat not completed due to custody related outcome

- ✓ Ducat not completed due to non-custody related outcome

Source: This line is locked and will auto-populate based on the sum of Lines D.1 through D.3.

Line D.1: Ducats Refused by Inmate

Measure: This is the number of diagnostic/specialty services ducats refused by inmate. An inmate refusing to comply with the custody staff direction to report to the scheduled appointment location for a face-to-face encounter with a provider should be recorded as a “refusal”, explaining the reason the ducat was not completed.

- ☞ However, an inmate complying with the ducat, but refusing the treatment in the presence of a clinician, should be recorded as a completed ducat. The ducat, in this case, was completed, because custody staff did successfully ensure the inmate arrived at the time and place s/he was scheduled to be. The appointment outcome, however, will likely be recorded by the medical, dental, mental health, etc. provider as a “refusal” or “treatment declined” or similar. On the AQR, which tracks custody provision of access to health care, this should be recorded as a completed ducat. The provider, who is interested in quality of care, will most likely record this as a refusal. The purposes of the tracking systems are quite different, so keep in mind that the outcomes may, and most likely will, be recorded differently.

- ☞ If on the custody tracking sheet it is apparent the inmate arrived/was escorted to his/her appointment (in/out times are present) but the outcome was incorrectly coded as a refusal, it is the HCAU Analyst’s responsibility to follow-up with the escorting and/or clinic C/O and/or HCAU Sergeant to correctly code the outcome so as to comply with the AQR Instruction Guide and Counting Rules.

Source: This data, with exception of offsite specialty care, is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. The custody tracking sheets should clearly identify the ducat was refused by an inmate. As for offsite specialty care, this data is obtained from the daily transportation log(s) which has been reconciled/cross-referenced with the DMS. The inmate’s refusal of the offsite specialty care appointment should be clearly noted on the transportation log(s). Collect, reconcile, and record this data daily.

Line D.2: Ducats Not Completed: Custody

Measure: This is the number of diagnostic/specialty services ducats not completed due to custody related outcomes such as insufficient custody staff, modified program in effect, not enough holding space, lack of intra-facility transport, and other custody related reasons.

Source: This line is locked and will auto-populate based on the sum of Lines D.2 (a) through D.2 (c).

Line D.2 (a): Insufficient Custody Staff

Measure: The number of diagnostic/specialty services ducats not completed due to insufficient custody staff; meaning there were not enough C/Os to escort an inmate to the clinic.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn’t completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2 (b): Modified Program in Effect

Measure: This is the number of diagnostic/specialty services ducats not completed due to a modified program in effect for security reasons and the inmate was not allowed to leave the housing unit. Explanation for data reported under this category must be explained in the AQR cover memorandum.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.2 (c): Other Custody Related Reason

Measure: This is the number of diagnostic/specialty services ducats not completed due to other custody related reason other than what is stated on Lines D.2 (a) and D.2 (b). Explanation for data reported under this category must be explained in the AQR cover memorandum.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. Collect, reconcile, and record this data daily.

Line D.3: Ducats Not Completed: Non-Custody

Measure: This is the number of diagnostic/specialty services ducats not completed due to non-custody related outcomes. This category encompasses all other ducat outcomes that are not related to custody.

- ☞ If an inmate is on the MPL, but not on the custody tracking sheet, the ducat should be counted and recorded as ducat not completed. Research why the ducat wasn't completed in order to assign an appropriate outcome code (Ducat not completed due to custody related reason OR ducat not completed due to non-custody related reason).

Source: This data, with exception of offsite specialty care, is obtained from the custody tracking sheets, which has been reconciled/cross-referenced with the MPL. As for offsite specialty care, this data is obtained from the daily transportation log(s) which has been reconciled/cross-referenced with the DMS. Collect, reconcile, and record this data daily.

V. Emergency Services

The TTA, generally located in the CHB, is an area where emergency equipment and supplies, emergency medical bags, oxygen, and Automated External Defibrillators are stored and readily accessible to Health Care Staff in the event an inmate or staff member requests urgent/emergent medical attention or who is referred by staff. The care provided in the TTA is tracked on a log maintained by health care staff and governed by IMSP&P, Volume 4, Chapter 12, Section 1, *Emergency Medical Response System Policy*, where **medical emergency** is defined as:

“A medical emergency as determined by medical staff includes any medical, mental health, or dental condition for which evaluation and treatment are necessary to prevent death, severe or permanent disability, or to alleviate disabling pain. A medical emergency exists when there is a sudden marked change in a patient-inmate’s condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient-inmate or others.”

Given the lack of treatment space at some institutions, TTA locations are frequently utilized for MD, RN, and LVN lines for non-urgent/non-emergent clinical appointments. In this case, non-urgent/non-emergent clinical appointments are to be reported in the Medical Services section as add-on appointments, considering they are captured daily by custody staff and recorded on the custody tracking sheet.

Snapshot of Emergency Services Section of AQR Template

| V. Emergency Services | | 1W | 2W | 3W | Total |
|-----------------------|--|----|----|----|-------|
| A | Inmates escorted/transported to TTA for emergency services | | | | 0 |
| B | Code III | | | | 0 |
| C | Code II | | | | 0 |
| D | Code I (state vehicle) | | | | 0 |

Line A: Inmates escorted/transported to TTA for emergency services

Measure: Delineated by Watch, this is the number of inmates coming from inside the institution that were escorted to/seen in the TTA for **emergency services** which resulted in a Code III, Code II, Code I (state vehicle), or treatment provided onsite in the TTA whereby the inmate was placed in a medical/mental health bed or returned to housing unit.

 This number should NOT include the number of inmates coming back through the CHB/TTA from an offsite location such as court, a health care appointment, or hospital.

Source: This data is obtained from the daily TTA log(s) maintained by medical/nursing staff. This data is to be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Emergency Services tab (see *Snapshot of Emergency Services tab from AQR Workbook* located on the next page). This line is to include the code transports data reported on the lines following, Lines V.B, V.C, and V.D.

Line B: Code III

Measure: Delineated by Watch, this is the number of inmates transported via Code III community-run ambulance transport from the TTA to an outside community hospital or emergency room location.

Source: This data is obtained from the daily TTA log(s) maintained by medical/nursing staff. This data is to be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Emergency Services tab (see *Snapshot of Emergency Services tab from AQR Workbook* located on the next page).

Line C: Code II

Measure: Delineated by Watch, this is the number of inmates transported via Code II community-run ambulance transport from the TTA to an outside community hospital or emergency room location.

Source: This data is obtained from the daily TTA log(s) maintained by medical/nursing staff. This data is to be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Emergency Services tab (see *Snapshot of Emergency Services tab from AQR Workbook* located below).

Line D: Code I (state vehicle)

Measure: Delineated by Watch, this is the number of inmates transported off-site via state vehicle to a health care facility or community hospital located off-site.

Source: This data is obtained from the daily TTA log(s) maintained by medical/nursing staff. This data is to be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Emergency Services tab (see *Snapshot of Emergency Services tab from AQR Workbook* located below).

Snapshot of Emergency Services tab from AQR Workbook

| CSP EMERGENCY SERVICES | | | | | | | | | | | | | |
|------------------------|--|----------|----------|----------|------------------------|----------|----------|---------------------|----------|----------|---------------------------|----------|----------|
| MONTH YEAR | | | | | | | | | | | | | |
| Day of the Month | A. I/Ms escorted to TTA for emergency services | | | | B. Code III - emergent | | | C. Code II - urgent | | | D. Code I - state vehicle | | |
| | 1W | 2W | 3W | Totals | 1W | 2W | 3W | 1W | 2W | 3W | 1W | 2W | 3W |
| 1 | | | | 0 | | | | | | | | | |
| 2 | | | | 0 | | | | | | | | | |
| 3 | | | | 0 | | | | | | | | | |
| 4 | | | | 0 | | | | | | | | | |
| 27 | | | | 0 | | | | | | | | | |
| 28 | | | | 0 | | | | | | | | | |
| 29 | | | | 0 | | | | | | | | | |
| 30 | | | | 0 | | | | | | | | | |
| 31 | | | | 0 | | | | | | | | | |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

VI. Transports

The intent of this section is to track the state vehicle usage as it relates to only the inmate-patient transports to/from a location within the community. For the reporting purposes, a transport is defined as “an institution vehicle utilized to move/transfer an inmate off institution grounds.” This section is not designed to track intra-facility transports/escorts, even if the institution’s state vehicles are utilized to facilitate the transport/escort.

Snapshot of Transport Section of AQR Template

| VI. Transports | | 1W | 2W | 3W | Total |
|----------------|---|----|----|----|-------|
| A | Offsite specialty Care Transports | 0 | 0 | 0 | 0 |
| | 1. Inmates Transported for Offsite Specialty Care | 0 | 0 | 0 | 0 |
| B | Other Health Care Related Transports | 0 | 0 | 0 | 0 |
| C | Non-Health Care Related Transports | 0 | 0 | 0 | 0 |

Line A: **Offsite Specialty Care Transports**

Measure: Delineated by Watch, this is the number of institution vehicle transports (scheduled and unscheduled) leaving the institution and traveling to a health care provider, specifically for offsite specialty care services.

- ☞ The number of offsite specialty care transports should never be higher than the number of inmates transported for offsite specialty care (line A.1 totals).

It is important to note: This number should not include the vehicles used to transport only custody staff.

Source: This data is obtained from the daily transportation log(s) maintained by Transportation Unit and Watch Office (if applicable). This data is to be collected, reconciled, and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Transports tab (see *Snapshot of Transports tab from AQR Workbook* on the following page).

Line A.1: **Inmates Transported for Offsite Specialty Care**

Measure: Delineated by Watch, this is the number of inmates transported offsite, specifically for specialty care services.

- ☞ This number should not include any inmates who refused to travel offsite for a specialty care appointment nor should it include provider cancelled appointments.

Source: This data is obtained from the daily transportation log(s) maintained by Transportation Unit and Watch Office (if applicable). This data is to be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Transports tab (see *Snapshot of Transports tab from AQR Workbook* on the following page).

Line B: **Other Health Care Related Transports**

Measure: Delineated by Watch, this is the number of institution vehicle transports leaving/returning to the institution and traveling to/from an outside location, for a **health care related** purpose, such as MHC drop off/pick-up, hospital discharge/pick-up, or any other health care related transport that is neither emergency (with exception of Code I state vehicle transport) nor offsite specialty care.

Source: This data is obtained from the daily transportation log(s) maintained by Transportation Unit and Watch Office (if applicable). This data is to be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Transports tab (see *Snapshot of Transports tab from AQR Workbook* on the following page).

Line C: **Other Non-Health Care Related Transports**

Measure: Delineated by Watch, this is the number of institution vehicle transports leaving/returning to the institution and traveling to/from an outside location, for a **non-health care related** purpose, such as court drop off/pick-up, another institution (transfer) drop off/pick-up, or any other non-health care related purpose.

Source: This data is obtained from the daily transportation log(s) maintained by Transportation Unit and Watch Office (if applicable). This data is to be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Transports tab (see *Snapshot of Transports tab from AQR Workbook* on the following page).

Snapshot of Transports tab from AQR Workbook

| CSP TRANSPORTS MONTH YEAR | | | | | | | | | | | | | | | |
|------------------------------|--------------------------------------|----------|----------|--|----------|----------|---|----------|----------|---------------------------------------|----------|----------|------------------|----------|----------|
| Day of the Month | A. Offsite Specialty Care Transports | | | A.1 Inmates Transported for Offsite Specialty Care | | | B. Other Health Care Related Transports | | | C. Non-Health Care Related Transports | | | Total Transports | | |
| | 1W | 2W | 3W | 1W | 2W | 3W | 1W | 2W | 3W | 1W | 2W | 3W | 1W | 2W | 3W |
| 1 | | | | | | | | | | | | | 0 | 0 | 0 |
| 2 | | | | | | | | | | | | | 0 | 0 | 0 |
| 3 | | | | | | | | | | | | | 0 | 0 | 0 |
| 4 | | | | | | | | | | | | | 0 | 0 | 0 |
| 5 | | | | | | | | | | | | | 0 | 0 | 0 |
| 6 | | | | | | | | | | | | | 0 | 0 | 0 |
| 7 | | | | | | | | | | | | | 0 | 0 | 0 |
| 28 | | | | | | | | | | | | | 0 | 0 | 0 |
| 29 | | | | | | | | | | | | | 0 | 0 | 0 |
| 30 | | | | | | | | | | | | | 0 | 0 | 0 |
| 31 | | | | | | | | | | | | | 0 | 0 | 0 |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

VII. Health Care Access Unit

This section captures two types of data specific to the institution's HCAU; staff redirect hours and budget staffing.

Snapshot of Health Care Access Unit Section of AQR Template

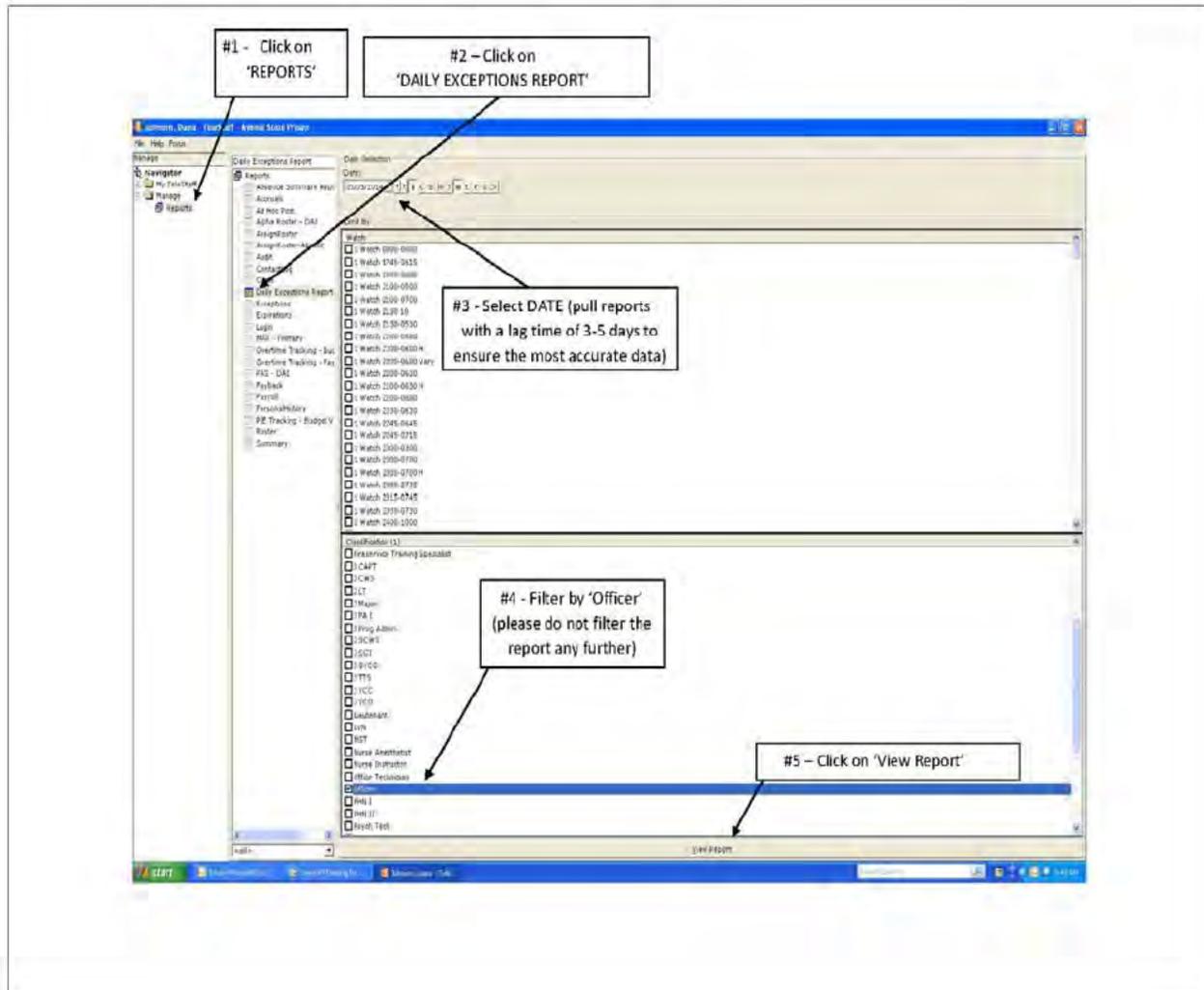
| VII. Health Care Access Unit | 1W | 2W | 3W | Total |
|---|----|----|----|-------|
| Redirect Staff Hours | | | | |
| A Transportation | 0 | 0 | 0 | 0 |
| B Medical Guarding | 0 | 0 | 0 | 0 |
| C Health Care Access - any other HCA posts | 0 | 0 | 0 | 0 |
| Staffing | | | | |
| D Budgeted HCAU posts | | | | 0 |
| E PY value of budgeted HCAU posts | - | - | - | |

Staff Redirect Hours

The intent of capturing redirect staff hours for the AQR is to track possible closure risk to institution programs due to inmate health care needs. The question of redirect staff hours looks at the post impacted, not the officer working. For example, if an officer was redirected into a Transportation post from an institution post and worked 12 hours (8 hours worked straight time and 4 hours worked overtime), the risk associated with the redirect lies within the initial post; therefore, only 8 hours would be counted. Redirect staff hours are counted as both a positive (hours into the HCAU) or a negative (hours out of the HCAU). The resulting total can either be positive or negative. A positive number indicates more staff hours were redirected into the HCAU than outside of the HCAU. A negative number indicates more staff hours were redirected outside of the HCAU than into the HCAU. Any HCAU post

(Transportation, Community Hospital, Medical Guarding, or Health Care Access) redirected into another HCAU post is considered a zero (0).

See below for instructions on how to retrieve the *TeleStaff - Daily Exceptions Report*.



See below for an example of redirect tracking on a *Daily Exceptions Report*.

| Daily Exceptions Report | | | | | | | |
|--------------------------------|---------------|-------|--------------|-------|------|-------|------|
| 06/23/2014 | | | | | | | |
| Watch 1 | | | | | | | |
| Officer | | | | | | | |
| Post Name | Employee Name | PERNR | Abs/Att Code | Start | End | Hours | |
| 111001 A 110 FLR 1 | | | SAS | 22:30 | 6:30 | 8 | |
| 111001 A 110 FLR 1 | | | WP_S | 22:30 | 6:30 | 8 | |
| 111009 A 130 FLR 1 | | | SST | 22:30 | 6:30 | 8 | |
| 111009 A 130 FLR 1 | | | SSW | 22:30 | 6:30 | 8 | |
| 121025 RO104 B 210 FLR 1 (PVO) | | | VP_PVO | 22:30 | 6:30 | 8 | |
| 121031 RO105 B 220 FLR 2 | | | SAS | 22:30 | 6:30 | 8 | |
| 121031 RO105 B 220 FLR 2 | | | VP_S | 22:30 | 6:30 | 8 | |
| 121033 B 230 FLR 1 | | | SMVSP | 22:30 | 6:30 | 8 | |
| 121033 B 230 FLR 1 | | | VP_FMLA | 22:30 | 6:30 | 8 | |
| 121035 RO106 B 230 FLR 2 | | | P10 | 22:30 | 6:30 | 8 | |
| 121035 RO106 B 230 FLR 2 | | | VP_LTS | 22:30 | 6:30 | 8 | |
| 121037 RO107 B 250 FLR 1 (PVO) | | | VP_PVO | 22:30 | 6:30 | 8 | |
| 131081 C 350 FLR 1 | | | V | 22:30 | 6:30 | 8 | |
| 131081 C 350 FLR 1 | | | W_V | 22:30 | 6:30 | 8 | |
| 131083 RO111 C 350 FLR 2 (PVO) | Staff #1 | | W_PVO | 22:30 | 6:30 | 8 | p. 2 |
| 141081 D 430 FLR 1 (PVC) | | | VP_PVC | 22:30 | 6:30 | 8 | |
| 141085 D 450 FLR 1 | | | V | 22:30 | 6:30 | 8 | |
| 141085 D 450 FLR 1 | | | W_V | 22:30 | 6:30 | 8 | |
| 151107 RO117 E 530 FLR 2 (PVO) | | | VP_PVO | 22:30 | 6:30 | 8 | |
| 151111 RO118 E 550 FLR 2 (PVO) | | | VP_PVO | 22:30 | 6:30 | 8 | |
| 151117 E SEC PAT 1 (ML) | | | VP_ML | 22:30 | 6:30 | 8 | |
| 161121 F 810 FLR 1 | | | SMVC | 22:30 | 6:30 | 8 | |
| 161121 F 810 FLR 1 | | | IP_FMLA | 22:30 | 6:30 | 8 | |
| 161125 F 830 FLR 1 | | | SST | 22:30 | 6:30 | 8 | |
| 161125 F 830 FLR 1 | | | SSW | 22:30 | 6:30 | 8 | |
| 161129 F 840 FLR 1 | | | SMLC | 22:30 | 6:30 | 8 | |
| 161129 F 840 FLR 1 | | | W_FMLA | 22:30 | 6:30 | 8 | |
| 161133 F 850 FLR 1 (ML) | | | VP_ML | 22:30 | 6:30 | 8 | |
| 171145 S CMPLX CNTRL 1 | | | SF_C | 22:30 | 6:30 | 8 | |
| 171145 S CMPLX CNTRL 1 | Staff #2 | | W_SF | 22:30 | 6:30 | 8 | p. 2 |
| 171149 S CMPLX CNTRL 3 | | | SFA_SIB | 22:30 | 6:30 | 8 | |

| Daily Exceptions Report | | | | | | |
|---------------------------------------|---------------|-------|-------------------|-------|------|--------------|
| 06/23/2014 | | | | | | |
| Post Name | Employee Name | PERNR | Abs/Att Code | Start | End | Hours |
| 185056 HCA CHS CH ESCRT 2 | Staff #1 | | RWL026C350F LR | 22:30 | 6:30 | 8 -H, p.1 |
| 185060 RO129 HCA CHS CH ESCRT 4 (PVO) | -- | | | 22:30 | 6:30 | 8 |
| 185062 HCA CHS CH ESCRT 5 (PVO) | -- | | | 22:30 | 6:30 | 8 |
| 185064 HCA CHS CH ESCRT 6 (PVO) | -- | | | 22:30 | 6:30 | 8 |
| 185066 RO130 HCA CHS CH ESCRT 7 (PVO) | | | TRN | 22:30 | 6:30 | 8 |
| 185066 RO130 HCA CHS CH ESCRT 7 (PVO) | -- | | | 22:30 | 6:30 | 8 |
| 185068 RO131 HCA CHS CH ESCRT 8 | Staff #2 | | RWL026ECXC | 22:30 | 6:30 | 8 -H, p.1 |
| 185070 HCA CHS CH ESCRT 9 (PVO) | -- | | | 22:30 | 6:30 | 8 |
| 185072 HCA CHS CH ESCRT 10 | | | SMASELF | 22:30 | 6:30 | 8 |
| 185072 HCA CHS CH ESCRT 10 | -- | | | 22:30 | 6:30 | 8 |
| Ext Leave Officer | | | LTS | 22:30 | 6:30 | 8 |
| Ext Leave Officer | | | MLE | 22:30 | 6:30 | 8 |
| Ext Leave Officer | | | LTS | 22:30 | 6:30 | 8 |

1st W Totals:
T= 0
H= -16
HCAU= 0

Line A: Transportation (MTI) Redirect Staff Hours

Measure: Delineated by Watch, this is the number of regular hours (NOT overtime) worked by a C/O whose post is either not assigned to HCAU to transport an inmate to and from an offsite location, or is assigned to the Transportation Unit but works an institution post for the shift. For reporting purposes on the AQR, look for redirect/reassign codes, RAD, RBS, RWL, RE, and for the following two different types of redirects:

1. Institution post redirected into a Transportation Unit post [count as plus (+) for MTI].
 - ☞ This could be either an institution post redirected into an established Transportation Unit post (refer to your institution's *HCAU Staffing Base*) or into an MTI post created for the shift (i.e., TRA3001 TRANSPORT).
2. Budgeted transportation post redirected into institution post [count as minus (-) for MTI].
 - ☞ If the person used to fill one of the posts created for the day (i.e., TRA3001 TRANSPORT) does not appear anywhere else on the report to track where the C/O was redirected from, the C/O is most likely a Coverage Relief Officer who was assigned to that post for the day and not redirected into it. This can be verified by looking at the *TeleStaff - Alpha Roster - DAI - Officer* report.
 - ☞ Please be aware the codes IP (Involuntary Premium) and VP (Voluntary Premium) are the overtime codes used in *TeleStaff*.
 - ☞ When counting redirects, be sure to track the post within the report to see where the C/O was redirected **from** and **to** in order to count accurately. If unable to identify/locate where the post was redirected to, refer to the corresponding daily *TeleStaff - Assignment Roster*.

Source: This data is primarily obtained from the *TeleStaff - Daily Exceptions Report* and must be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Redirects tab (see *Snapshot of Redirects tab from AQR workbook* below).

Snapshot of Redirects tab from AQR Workbook

| CSP REDIRECT STAFF HOURS | | | | | | | | | | | | |
|--------------------------|----------------|----------|----------|----------|------------------|----------|----------|----------|--------------------|----------|----------|----------|
| MONTH YEAR | | | | | | | | | | | | |
| Day of the Month | Transportation | | | | Medical Guarding | | | | Health Care Access | | | |
| | 1W | 2W | 3W | Totals | 1W | 2W | 3W | Totals | 1W | 2W | 3W | Totals |
| 1 | | | | 0 | | | | 0 | | | | 0 |
| 2 | | | | 0 | | | | 0 | | | | 0 |
| 3 | | | | 0 | | | | 0 | | | | 0 |
| 4 | | | | 0 | | | | 0 | | | | 0 |
| 5 | | | | 0 | | | | 0 | | | | 0 |
| 26 | | | | 0 | | | | 0 | | | | 0 |
| 27 | | | | 0 | | | | 0 | | | | 0 |
| 28 | | | | 0 | | | | 0 | | | | 0 |
| 29 | | | | 0 | | | | 0 | | | | 0 |
| 30 | | | | 0 | | | | 0 | | | | 0 |
| 31 | | | | 0 | | | | 0 | | | | 0 |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Line B: Medical Guarding (HOS) Redirect Staff Hours

Measure: Delineated by Watch, this is the number of regular hours (NOT overtime) worked by a C/O whose post is either not assigned to HCAU to guard an inmate housed at a health care related location within the community, or is assigned to the MGU, but worked an institution post for the shift. For reporting purposes on the AQR, look for these redirect/reassign codes: RAD, RBS, RWL, RE and for the following two different types of redirects:

1. Institution post redirected into a MGU post [count as plus (+) for HOS].
 - This could be either institution post redirected into an established MGU post (refer to your institution's *HCAU Staffing Base*) or into a hospital guarding post created for the shift (i.e., HOS1001 HOSPITAL COVERAGE).
2. Budgeted MGU post redirected into institution post [count as minus (-) for HOS].
 - ☞ If the person used to fill one of the posts created for the day (i.e., HOS1001 HOSPITAL COVERAGE) does not appear anywhere else on the report to track where the C/O was redirected from, the C/O is most likely a Coverage Relief Officer who was assigned to that post for the day and not redirected into it. This can be verified by looking at the *TeleStaff - Alpha Roster – DAI – Officer* report.
 - ☞ Please be aware the codes IP (Involuntary Premium) and VP (Voluntary Premium) are the overtime codes used in *TeleStaff*.
 - ☞ When counting redirects, be sure to track the post within the report to see where the C/O was redirected **from** and **to** in order to count accurately. If unable to identify/locate where the post was redirected to, refer to the corresponding daily *TeleStaff - Assignment Roster*.

Source: This data is primarily obtained from the *TeleStaff - Daily Exceptions Report* and must be collected and recorded by an HCAU Analyst on a daily basis. Enter the data into the AQR workbook – Redirects tab (see *Snapshot of Redirects tab from AQR workbook* above).

Line C: Health Care Access (Other HCA) Redirect Staff Hours

Measure: Delineated by Watch, this is the number of regular hours (NOT overtime) worked by a C/O, whose post is either not assigned to HCAU to provide custody coverage, or is assigned to the HCAU, but worked an institution post for the shift. For reporting purposes on the AQR, look for these redirect/reassign codes: RAD, RBS, RWL, RE and for the following two different types of redirects:

1. Institution post redirected into an HCA post that is neither a transportation post nor a medical guarding post [count as plus (+) for HCA].
2. A budgeted HCA post, that is neither a transportation post nor a medical guarding post, redirected into an institution post [count as minus (-) for HCA].

☞ Please be aware the codes IP (Involuntary Premium) and VP (Voluntary Premium) are the overtime codes used in *TeleStaff*.

☞ When counting redirects, be sure to track the post within the report to see where the C/O was redirected **from** and **to** in order to count accurately. If unable to identify/locate where the post was redirected to, refer to the corresponding daily *TeleStaff - Assignment Roster*.

Source: This data is primarily obtained from the *TeleStaff - Daily Exceptions Report* and must be collected and recorded by an HCAU Analyst on a daily basis. Occasionally, the corresponding daily *TeleStaff - Assignment Roster* is needed in addition to the *Daily Exceptions Report* as explained above. Enter the data into the AQR workbook – Redirects tab (see *Snapshot of Redirects tab from AQR workbook* located on the previous page).

Budgeted Staffing**Line D: Budgeted HCAU Posts**

Measure: Delineated by watch, this is the number of all budgeted custody POSTS assigned to the HCAU, which includes the AW and/or Captain, Lieutenant(s), Sergeants, and C/Os. This is a whole number and does NOT include a relief (position) value or any unbudgeted posts.

☞ A POSITION is a budgetary term that reflects the funding source and value that is utilized to establish a post.

☞ A POST is the worksite/workplace/work area that the person/body/individual works for one shift (8 or 10 hours)

Source: This data is obtained/derived from the institution's HCA PAS.

Line E: PY Value of Budgeted HCAU Posts

Measure: This is a total PY value of all custody posts in the HCAU. PY value for a post is 1 plus the relief associated with that post [no relief for a 5-day a week post (a total of 1.0 PY) and a relief of 0.4 for a 7-day a week post (a total of 1.4 PY)].

☞ The PY value of budgeted HCAU posts will always be higher than the number of budgeted HCAU posts.

Source: This data is obtained/derived from the institution's HCA PAS.



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**



Institution Monthly Health Care Access Quality Report

California State Prison - CSP

[Month Year]

| DASHBOARD | Medical Services | Mental Health Services | Dental Services | Diagnostic/ Specialty Services | Overall Success Rate |
|------------------|-------------------------|-------------------------------|------------------------|---------------------------------------|-----------------------------|
|------------------|-------------------------|-------------------------------|------------------------|---------------------------------------|-----------------------------|

| | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|
| Custody Access to Care Success Rate | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
|--|----------------|----------------|----------------|----------------|----------------|

| SUMMARY | Medical Services | Mental Health Services | Dental Services | Diagnostic/ Specialty Services | Month Totals |
|----------------|-------------------------|-------------------------------|------------------------|---------------------------------------|---------------------|
|----------------|-------------------------|-------------------------------|------------------------|---------------------------------------|---------------------|

| | | | | | |
|--|----------|----------|----------|----------|------------|
| Monthly Inmate Population | | | | | [0] |
| Total Ducats Issued and Add-on Appointments | 0 | 0 | 0 | 0 | 0 |
| Ducats Issued | 0 | 0 | 0 | 0 | 0 |
| Add-on Appointments | 0 | 0 | 0 | 0 | 0 |
| Total Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 |
| Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 |
| Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 |
| Percentage of ducats refused by inmate | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 |
| Custody percentage of ducats not completed | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 |
| Non-Custody percentage of ducats not completed | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |

[Name], [AW or Captain]
Health Care Access Unit
Phone: ([xxx]) [xxx-xxxx]

[Name], Analyst
Health Care Access Unit
Phone: ([xxx]) [xxx-xxxx]

 Signature/Date

 Signature/Date

California State Prison - CSP
[Month Year]

| I. Medical Services | A (II) | B (II SNY) | C (II SNY) | D (II SNY) | ASU (II) | MSF (II) | Total |
|---------------------------------------|-----------|---------------|---------------|---------------|-------------|-------------|-------|
| A Ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. PCP ducats issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. RN ducats issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. LVN ducats issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. PCP add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. RN add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. LVN add-on appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) PCP ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) RN ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) LVN ducats refused by inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| II. Mental Health Services | A (II) | B (II SNY) | C (II SNY) | D (II SNY) | ASU (II) | MSF (II) | Total |
|---------------------------------------|-----------|---------------|---------------|---------------|-------------|-------------|-------|
| A Ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| III. Dental Services | A (II) | B (II SNY) | C (II SNY) | D (II SNY) | ASU (II) | MSF (II) | Total |
|---------------------------------------|-----------|---------------|---------------|---------------|-------------|-------------|-------|
| A Ducats Issued | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

California State Prison - CSP

[Month Year]

| IV. Diagnostic & Specialty Services | Lab | Imaging | Physical Therapy | Tele-Services | eUHR Review/IDTT | Onsite S.C. | Offsite S.C. | Total |
|---------------------------------------|-----|---------|------------------|---------------|------------------|-------------|--------------|-------|
| A Ducats Issued* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B Add-on Appointments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Completed Ducats and Add-ons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D Total Ducats Not Completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Ducats Refused by Inmate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Ducats Not Completed: Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a) Insufficient custody staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Modified program in effect | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Other custody related reason | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Ducats Not Completed: Non-Custody | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

* For Offsite Specialty care, record only inmates to be transported for offsite specialty care.

| V. Emergency Services | 1W | 2W | 3W | Total |
|---|----|----|----|-------|
| A Inmates escorted/transported to TTA for emergency services | 0 | 0 | 0 | 0 |
| B Code III | 0 | 0 | 0 | 0 |
| C Code II | 0 | 0 | 0 | 0 |
| D Code I (state vehicle) | 0 | 0 | 0 | 0 |

| VI. Transports | 1W | 2W | 3W | Total |
|---|----|----|----|-------|
| A Offsite specialty Care Transports | 0 | 0 | 0 | 0 |
| 1. Inmates Transported for Offsite Specialty Care | 0 | 0 | 0 | 0 |
| B Other Health Care Related Transports | 0 | 0 | 0 | 0 |
| C Non-Health Care Related Transports | 0 | 0 | 0 | 0 |

| VII. Health Care Access Unit | 1W | 2W | 3W | Total |
|---|----|----|----|-------|
| Redirect Staff Hours | | | | |
| A Transportation | 0 | 0 | 0 | 0 |
| B Medical Guarding | 0 | 0 | 0 | 0 |
| C Health Care Access - any other HCA posts | 0 | 0 | 0 | 0 |
| Staffing | | | | |
| D Budgeted HCAU posts | | | | 0 |
| E PY value of budgeted HCAU posts | - | - | - | |