

## **Clinical Operations Initiative Appendices**

Clinical Operations Initiative Appendix 1 – CCF/Out-of-State and Re-Entry Inspection  
Template

# APPENDIX 1

# COMMUNITY CORRECTIONAL FACILITY INSPECTION INSTRUMENT

Facility name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Inspection team members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I. DESCRIPTION OF FACILITY** include the number of inmates, and/or children, address, physical size, purpose, contract costs and length of contract, and other relevant information.

## **II. STAFFING**

### **A. Primary Care Providers:**

1. Number of budgeted/authorized positions \_\_\_\_\_
  - Physicians \_\_\_\_\_
  - Nurse Practitioners \_\_\_\_\_
  - Physician Assistants \_\_\_\_\_
2. Number of positions filled \_\_\_\_\_
  - Physicians \_\_\_\_\_
  - Nurse Practitioners \_\_\_\_\_
  - Physician Assistants \_\_\_\_\_
3. Number of hours on-site each week \_\_\_\_\_
  - Physicians \_\_\_\_\_
  - Nurse Practitioners \_\_\_\_\_
  - Physician Assistants \_\_\_\_\_
4. Contract/registry staff hired due to vacant positions? (Indicate number of hours per week).
  - Physicians \_\_\_\_\_
  - Nurse Practitioners \_\_\_\_\_
  - Physician Assistants \_\_\_\_\_
5. Obtain a copy of the 24-hour on-call procedure and/or 24-hour on call schedule for the current week/month.

### **B. Nursing:**

1. Number of budgeted/authorized positions \_\_\_\_\_
  - Registered Nurse \_\_\_\_\_
  - Licensed Vocational Nurse \_\_\_\_\_

2. Number of positions filled \_\_\_\_\_
  - Registered Nurse \_\_\_\_\_
  - Licensed Vocational Nurse \_\_\_\_\_
3. Number of hours on-site each week \_\_\_\_\_
  - Registered Nurse \_\_\_\_\_
  - Licensed Vocational Nurse \_\_\_\_\_
4. Contract/registry staff hired due to vacant positions? (Indicate number of hours per week).
  - Registered Nurse \_\_\_\_\_
  - Licensed Vocational Nurse \_\_\_\_\_
5. Obtain a copy of the 24-hour on-call procedure and/or 24-hour on call schedule for the current week/month.
6. Obtain a copy of the past three months of nursing coverage.
7. Obtain an organization chart identifying the supervisory chain for the nursing staff.

### III. HEALTH CARE OPERATIONS

1. **Intake screening:**
  - a. Obtain a copy of the written procedure for health care intake screening.
  - b. Who (i.e. PCP, RN, LVN) conducts the healthcare screening of new arrivals?
  - c. Obtain a copy of the form used.
  - d. Is the health care record available at the time of screening?
  - e. Is the new arrival screening conducted on the same day of arrival?
  - f. Obtain a copy of the prior months new arrivals, randomly select 10 inmates, pull those UHRs to confirm local procedure was complied with.
  - g. Review the intake screening for clinical competency, completeness of history and physical, appropriateness of any referrals or lack of referrals based on objective data.
2. **Sick Call procedure:**
  - a. Obtain a copy of the facilities Sick Call procedure.
  - b. How do inmates access health care staff? (i.e., submit a written form, sign up-sheet?)
  - c. Obtain a copy of the past three months of sick call requests. Randomly select 10 percent of the total requests and pull the Unit Health Record (UHR). Review the UHR and determine if the inmate was seen within an appropriate timeframe based on the complaint.
  - d. Was an appropriate history and physical taken based on complaint?
  - e. Was appropriate action/referral made based on examination and recorded information?

- f. Are inmates transported to a CDCR facility for health care appointments or are community health care clinics utilized? Obtain a copy of the log that documents health care appointments outside of the CCF.
- g. Are inmates seen by a PCP within an appropriate timeframe based on the complaint?

**3. Emergency response:**

- a. Obtain a copy of the facilities Medical Emergency Response procedure.
- b. Does the facility have a signed contract for ambulance service?
- c. Does the facility have AEDs? If yes, where are they located?
- d. Are staff trained in the use of the AED?
- e. Is there documented checks of the AEDs to ensure they are operational?
- f. What medical emergency equipment is present?
- g. Is the emergency medical equipment adequate?
- h. Is the equipment checked at least weekly to ensure it is operational or has not expired?
- i. Obtain a copy of the last three emergency medical incidents and conduct a quality review of the actions taken.
- j. Are medical emergency drills being conducted at least quarterly? If yes, obtain a copy of the last two drills and conduct a quality review of the exercise.

**4. Medication Administration:**

- a. Obtain a copy of the facilities Medication Administration procedure.
- b. Obtain a copy of the CCFs drug formulary.
- c. Is the storage of medication appropriate, i.e., refrigeration, locked cabinet/room?
- d. Is there a medication access log?
- e. Are inmates allowed to have "keep-on-person medications?
- f. How are medications/prescriptions renewed and/or refilled?
- g. Does a CDCR institution provide the medications?
- h. Is the person administering the medication appropriately licensed?
- i. Medication error report?
- j. Narcotic security and log?

**5. Public Health and Immunization:**

- a. Obtain a copy of the facilities public health and immunization procedure. Review the procedure to see how they handle infectious disease out-breaks, such as chicken pox, TB, etc.
- b. Are inmate's tested annually for TB? Randomly select ten (10) UHRs and review for annual TB testing compliance.
- c. Are staff trained to conduct pre and post HIV/AIDS counseling?
- d. Are staff trained to conduct pre and post sexual assault counseling?
- e. Are inmate's offered annual immunization based on current DCHCS health care policy?
- f. Is staff trained annually regarding universal precautions?

- g. Does the CCF have an infectious disease isolation room (i.e., negative air flow room)?

**6. Clinic space and equipment:**

- a. Conduct a walk through of all clinic space, including examination rooms and offices.
- b. Is there a private area for pelvic examinations? (Female CCFs only).
- c. Are the rooms/clinics clean and well organized?
- d. Is there a set cleaning schedule?
- e. Obtain a copy of each clinic's equipment list. At a minimum, each clinic must have:
  - Hand-washing facilities or appropriate alternative means of hand sanitization;
  - Examination table;
  - A light capable of providing direct illumination;
  - Scales;
  - Thermometers;
  - Blood pressure monitoring equipment;
  - Stethoscope;
  - Ophthalmoscope;
  - Otoscope;
  - Transportation equipment, i.e., Wheelchair, stretcher;
  - Trash container for biohazardous materials and sharps container;
  - Equipment and supplies for pelvic examinations.
- f. Is the equipment list appropriate for the population being served?
- g. Is there appropriate equipment to provide care to infants and children?
- h. Is the waiting area and examination room child proof?
- i. Is the play area equipped with developmentally appropriate toys for children/toddlers?

**7. Patient Education:**

- a. Obtain a copy of the facilities patient education procedure.
- b. Pull ten (10) UHRs of inmate who had a sick call visit within the past month.
- c. Review the UHR to determine if "education" and/or self care was discussed with the patient AND documented in the UHR.
- d. Does the facility have any "handouts" regarding health topics, (i.e. Asthma, diabetes, prenatal care, parenting, immunization)? If yes, are they readily available to patients?

**8. Transfer process:**

- a. Obtain a copy of the facilities transfer out procedure.
- b. Review the transfer procedure for specific language regarding health care transfers, same day and return as well as over night medical stays.
- c. Are inmates transferred with their prescription medication?
- d. Are inmate paroled with a 30 day supply of prescribed medications?
- e. For specialty appointments, are inmates moved with all relevant studies/lab reports necessary for the Specialist?

- f. Are inmates evaluated by medical staff upon return to the facility following a specialty medical visit?
- g. Is the UM staff at the HUB institution involved in the process to determine appropriate housing? (i.e., can the inmate-patient be appropriately managed if returned to the CCF?)

**9. Pregnant inmate care:**

- a. Obtain a copy of the facilities pregnant care procedure.
- b. Does the procedure include prenatal care regarding:
  - Medical examination
  - Laboratory and diagnostic tests including offering HIV testing and prophylaxis.
  - Advice on levels of activity, safety precautions, nutrition and other counseling.
  - List of specialized obstetrical services.
- c. Does the local procedure address management of precipitous births and the management of the newborn prior to the arrival of the ambulance?
- d. Does the facility have an obstetrical emergency pack in the event of a precipitous birth?
- e. Is there a written agreement with a community facility for delivery?
- f. Is there documented postpartum care?
- g. Log/list of all pregnancies and their outcome for at least the past year.

**10. New-born, Infant, and toddler care:**

- a. Obtain a copy of the facilities procedure for new born, infant, and toddler care.
- b. Is there a contract in place for child care with local community provides for preventive services and urgent care?
- c. Are new born babies being enrolled into Medi-Cal or have other verified medical insurance?
- d. Are there medical records for pediatric patients? Is there a growth chart and immunization record in the chart?

**IV. CUSTODY OPERATIONS**

**1. Staffing**

- a. Obtain a copy of the CCF Post Assignment Schedule and Master Roster for all custody positions.
- b. Obtain a copy of the CCFs emergency medical response procedure and ensure custody participation/response to all medical emergencies.
- c. Is CCF custody staff trained in CPR/First Aid, AED application, and Universal precautions?
- d. Is CCF custody staff used to transport inmates to off-site medical visits, HUB institution medical visits, hospital for delivery of baby?
- e. Obtain a copy of the log for the last three months of transports for medical reasons.
- f. What is restraint policy for pregnant women during transport?
- g. Is custody staff assigned to assist medical staff during medication administration?