March 13, 2018

Tami J. Holt, Chief
Taft Modified Community Correctional Facility
330 Commerce Way
Taft, CA 93268

Dear Chief Holt,

The staff from California Correctional Health Care Services (CCHCS) completed an onsite health care monitoring audit at Taft Modified Community Correctional Facility (TMCCF) on January 9 through 10, 2018. The purpose of this audit was to ensure that TMCCF is meeting the performance targets established based on the *Receiver's Turnaround Plan of Action* dated June 8, 2006.

On February 27, 2018, a draft report was sent to your management providing the opportunity to review and dispute any findings presented in the draft. On March 7, 2018, your facility submitted a response accepting the findings in the report.

Attached you will find the final audit report in which TMCCF received an overall audit rating of ***proficient***. The report contains an executive summary table, an explanation of the methodology behind the audit, findings detailed by component of the *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide,* and findings of the clinical case reviews conducted by CCHCS clinicians.

The audit findings reveal that, during the audit review period of August through November 2017, TMCCF was providing proficient health care to CDCR patients housed at the facility. However, during the audit, a number of new minor and critical deficiencies were identified in the following program components and require TMCCF's immediate attention and resolution:

- Access to Care
- Initial Health Assessment/Health Care Transfer
- Medical/Medication Management
- Specialty Services
- Preventative Services
- Emergency Medical Response/Drills & Equipment

The deficient areas listed above can be brought to compliance by the facility's strict adherence to the established policies and procedures outlined in the *Inmate Medical Services Policies and Procedures* and the contract.

Taft MCCF is congratulated on obtaining an audit rating of ***proficient*** *(*94.2%*)* which is an increase of 0.8 percentage points from the April 2017 audit. The facility's ***proficient*** rating indicates TMCCF is providing quality medical care to the patient population.

Thank you for your assistance and please extend my gratitude to your staff for their professionalism and cooperation during this audit. Should you have any questions or concerns, you may contact Amy Padilla, Health Program Manager II, Private Prison Compliance Monitoring Unit (PPCMU), Corrections Services, CCHCS, at (916) 691-3524 or via email at amy.padilla@cdcr.ca.gov.

Sincerely,

Joseph (Jason) Williams, Deputy Director
Field Operations, Corrections Services
California Correctional Health Care Services
Enclosure

cc: Vincent S. Cullen, Director, Corrections Services, CCHCS
Joseph W. Moss, Chief, Contract Beds Unit (CBU), California Out of State Correctional Facility (COCF), Division of Adult Institutions (DAI), California Department of Corrections and Rehabilitation (CDCR)
David Hill, Chief Executive Officer, Wasco State Prison, CCHCS
Brian Coates, Associate Administrator, CBU, COCF, DAI, CDCR
Laurene Payne, Correctional Administrator (A), Field Operations, Corrections Services, CCHCS
Amy Padilla, Health Program Manager II, PPCMU, Corrections Services, CCHCS
Kanika Broussard, Health Program Manager I, PPCMU, Corrections Services, CCHCS

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

PRIVATE PRISON COMPLIANCE AND HEALTH CARE MONITORING AUDIT

Taft Modified Community Correctional Facility

January 9-10, 2018

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March 13, 2018

INTRODUCTION

As a result of an increasing patient population and a limited capacity to house patients, the California Department of Corrections and Rehabilitation (CDCR) entered into contractual agreements with private prison vendors to house California patients. Although these patients are housed in a contracted facility, either in or out-of-state, the California Correctional Health Care Services (CCHCS) is responsible to ensure health care standards equivalent to California's regulations, CCHCS's policy and procedure, and court ordered mandates are provided.

As one of several means to ensure the prescribed health care standards are provided, CCHCS staff developed a tool to evaluate and monitor the delivery of health care services provided at the contracted facility through a standardized audit process. This process consists of a review of various documents obtained from the facility; including medical records, monitoring reports, staffing rosters, Disability Placement Program list, and other relevant health care documents, as well as an onsite assessment involving staff and patient interviews and a tour of all health care service points within the facility.

This report provides the findings associated with the audit conducted at Taft Modified Community Correctional Facility (MCCF), located in Taft, California, for the audit review period of August through November 2017. Based on the CDCR's *Weekly Population Count* report, dated January 5, 2018, at the time of the onsite audit at Taft MCCF, the patient population was 593, with a budgeted capacity of 600.

EXECUTIVE SUMMARY

From January 9 through 10, 2018, the CCHCS audit team conducted an onsite health care monitoring audit at Taft MCCF. The audit team consisted of the following personnel:

R. Delgado, Medical Doctor, Retired Annuitant (RA)
G. Hughes, Nurse Consultant, Program Review, RA
S. Fields, Nurse Consultant, Program Review, RA
S. Thomas, Health Program Specialist I (HPS I)

The audit includes two primary sections: a *quantitative* review of established performance measures and a *qualitative* review of health care staff performance and quality of care provided to the patient population at Taft MCCF. The end product of the quantitative and qualitative reviews is expressed as a compliance score, while the overall audit rating is expressed both as a compliance score and an associated quality rating.

The CCHCS rates each of the chapters for each component based on case reviews conducted by CCHCS clinicians, medical record reviews conducted by registered nurses, and onsite reviews conducted by CCHCS physician, CCHCS nurse, and Health Program Specialist I auditors. The compliance scores for every

applicable component may be derived from the clinical case review results alone, the medical record and/or onsite audit results alone, or a combination of both of these information sources (as reflected in the *Executive Summary Table* below).

Based on the quantitative and/or clinical case reviews conducted for the 14 components, Taft MCCF achieved an overall compliance score of **94.2%,** which corresponds to a quality rating of *proficient*. Refer to Appendix A for results of the quantitative review, Appendix B for results of the patient interviews conducted at Taft MCCF, and Appendix C for additional information regarding the methodology utilized to determine the facility's compliance for each individual component and overall audit scores and ratings. Comparatively speaking, during the previous Taft MCCF audit conducted April 11 through 13, 2017, the overall compliance rating was 93.4%, indicating a current increase of 0.8 percentage points.

The completed quantitative reviews, a summary of clinical case reviews, and a list of critical issues identified during the audit are attached for your review. The *Executive Summary Table* below lists all the administrative and medical components the audit team assessed during the audit and provides the facility's overall compliance score and quality rating for each operational area.

Executive Summary Table

Component	Nurse Case Review Score	Provider Case Review Score	Overall Case Review Score	Quantitative Review Score	Overall Component Score	Overall Component Rating
1. Administrative Operations	N/A	N/A	N/A	98.3%	98.3%	Proficient
2. Internal Monitoring & Quality Management	N/A	N/A	N/A	98.4%	98.4%	Proficient
3. Licensing/Certifications, Training & Staffing	N/A	N/A	N/A	100.0%	100.0%	Proficient
4. Access to Care	93.9%	100.0%	97.0%	91.9%	95.3%	Proficient
5. Diagnostic Services	100.0%	100.0%	100.0%	100.0%	100.0%	Proficient
6. Emergency Services & Community Hospital Discharge	60.0%	100.0%	80.0%	N/A	80.0%	Adequate
7. Initial Health Assessment/Health Care Transfer	90.9%	N/A	90.9%	95.1%	92.3%	Proficient
8. Medical/Medication Management	100.0%	82.4%	91.2%	94.5%	92.3%	Proficient
9. Observation Cells	N/A	N/A	N/A	N/A	N/A	N/A
10. Specialty Services	100.0%	85.7%	92.9%	90.4%	92.1%	Proficient
11. Preventive Services	N/A	N/A	N/A	92.3%	92.3%	Proficient
12. Emergency Medical Response/Drills & Equipment	N/A	N/A	N/A	88.9%	88.9%	Adequate
13. Clinical Environment	N/A	N/A	N/A	100.0%	100.0%	Proficient
14. Quality of Nursing Performance	N/A	94.2%	N/A	N/A	N/A	Proficient
15. Quality of Provider Performance	94.9%	N/A	N/A	N/A	N/A	Proficient
			Overall Audit Score and Rating		94.2%	Proficient

NOTE: For specific information regarding any non-compliance findings indicated in the tables above, please refer to the *Identification of Critical Issues* located on page five of this report, or to the detailed audit findings by component sections (located on pages seven through 20) of this report.

IDENTIFICATION OF CRITICAL ISSUES

The table below reflects all quantitative analysis standards in which the facility's compliance fell below acceptable compliance levels, based on the methodology described in Appendix C. The table also includes any *qualitative* critical issues or concerns identified by the audit team which rise to the level at which they have the potential to adversely affect patient's access to health care services.

Critical Issues – Taft Modified Community Correctional Facility	
Question 4.5	Nursing staff do not consistently document that effective communication was established and that education related to the treatment plan was provided to the patient. ***This is a new critical issue.***
Question 4.8	The facility does not regularly conduct and adequately document a Daily Care Team Huddle during all business days. ***This is a new critical issue.***
Question 7.5	The facility does not consistently conduct a complete screening for signs and symptoms of tuberculosis (TB) upon patients' arrival at Taft MCCF. ***This is a new critical issue.***
Question 8.1	The facility does not consistently provide the patients their chronic care medications within the required time frame. ***This is a new critical issue.***
Question 10.1	Patients referred for specialty services are not being seen by the specialist within the specified time frame. ***This is a new critical issue.***
Question 11.2	The facility did not consistently document the administration or refusal of the influenza vaccine for all patients for the most recent influenza season. ***This is a new critical issue.***
Question 12.2	The facility does not consistently document if a registered nurse (RN) or primary care provider (PCP) responded within eight minutes after the emergency medical alarm was sounded during emergency medical response drills and actual medical emergencies. ***This is a new critical issue.***
Question 12.4	The facility does not consistently provide supporting documents along with the Emergency Medical Response Review Committee (EMRRC) meeting minutes for all emergency medical response drills and actual emergency medical responses. ***This is an unresolved critical issue initially identified during the May 2016 audit.***
Qualitative Issue #1	The facility does not have a custody officer present in the clinic to ensure safety and security for health care staff when providing health care services to the patient population. ***This is a new critical issue.***
Qualitative Issue #2	The facility's custody staff do not attend the morning Daily Care Team Huddle to provide information to the health care team regarding changes to facility programing, patients housed in the temporary housing unit, or to coordinate with health care staff for the need to have custody officers present in the medical clinic. ***This is a new critical issue.***

Qualitative Issue #3	The health care staff management does not conduct a quality control check of the health care documents being forwarded to the hub institution for scanning into the electronic medical record to ensure the documents are being scanned. ***This is a new critical issue.***

NOTE: A discussion of the facility's progress toward resolution of all critical issues identified during *previous* health care monitoring audits is included in the *Prior Critical Issue Resolution* portion on page 21 of this report.

AUDIT FINDINGS – DETAILED BY COMPONENT

1. ADMINISTRATIVE OPERATIONS

This component determines whether the facility's policies and local operating procedures (LOP) are in compliance with *Inmate Medical Services Policies & Procedures* (IMSP&P) guidelines and that contracts or service agreements for bio-medical equipment maintenance and hazardous waste removal are current. This component also focuses on the facility's effectiveness in filing, storing, and retrieving medical records and medical-related information, as well as maintaining compliance with all Health Insurance Portability and Accountability Act requirements.

Case Review Score: *Not Applicable*
Quantitative Review Score: *98.3%*

Overall Score: 98.3%

The compliance for this component is evaluated by CCHCS auditors through the review of patient electronic health records and the facility's policies and LOPs. Since no clinical case reviews are conducted to evaluate this component, the overall score is based entirely on the results of the quantitative review.

Quantitative Review Results

Taft MCCF received a compliance score of 98.3% (*Proficient*) for the *Administrative Operations* component. Thirteen of the facility's 15 policies and procedures were found to be in compliance with the IMSP&P. However, the policies appear to have been copied directly from IMPS&P and do not accurately describe the procedures followed at Taft MCCF. The *Access to Care* and *Initial Health Screening/Health Care Transfer Procedure* policies remain non-compliant. The *Access to Care* policy does not have the logistics of the Daily Care Team huddles such as the mandatory time, members, and the required documentation. The *Initial Health Care Screening/Health Care Transfer* procedure does not have the transfer summary listed as a required document needed to be included in the transfer packet.

2. INTERNAL MONITORING & QUALITY MANAGEMENT

This component focuses on whether the facility completes internal reviews and holds committee meetings in compliance with the CCHCS policies. The facility's quality improvement processes are evaluated by reviewing minutes from Quality Management Committee meetings to determine if the facility identifies opportunities for improvement; implements action plans to address the identified deficiencies; and continuously monitors the quality of health care provided to patients.

Case Review Score: *Not Applicable*
Quantitative Review Score: *98.4%*

Overall Score: 98.4%

Additionally, the CCHCS auditors review the monitoring logs that the facility utilizes to document and track all patient medical encounters such as initial intake, health assessment, sick call, chronic care, emergency, and specialty care services. These logs are reviewed by the auditors to validate accuracy of the data reported and timely submission of the logs. Lastly, CCHCS auditors evaluate whether the facility promptly

processes and appropriately addresses health care grievances. The clinical case reviews are not conducted for this component; therefore, the overall chapter score is based entirely on the results of the quantitative review.

Quantitative Review Results

Taft MCCF received a compliance score of 98.4% (*Proficient)* in the *Internal Monitoring and Quality Management* component. All 13 questions assessed in this component scored at or above 90.0% compliance. Of the five monitoring logs reviewed by the HPS I auditor, two logs, namely the Specialty Care and Initial Intake Screening monitoring logs, contained incorrect data or data that could not be validated due to missing records in the electronic health record. Additionally, of the 62 monitoring logs required to be submitted during the audit review period, the Private Prison Compliance and Monitoring Unit (PPCMU) did not receive the two monthly logs (Chronic Care and Initial Intake Screening) for the month of August, 2017.

3. LICENSING/CERTIFICATIONS, TRAINING & STAFFING

This component will determine whether the facility adequately manages its health care staffing resources by evaluating whether: job performance reviews are completed as required; professional licenses and certifications are current; and training requirements are met. The CCHCS auditors will also determine whether clinical and custody staff are current with their emergency medical response certifications and if the facility is meeting staffing requirements specified in the contract.

Case Review Score: *Not Applicable*
Quantitative Review Score: *100%*

Overall Score: 100%

This component is evaluated by CCHCS auditors through the review of facility's documentation of health care staff licenses, emergency medical response certifications, health care staff training records, and staffing information. The clinical case reviews are not conducted for this component; therefore, the overall chapter score is based entirely on the results of the quantitative review.

Quantitative Review Results

Taft MCCF received a compliance score of 100% (*Proficient*) for the *Licensing/Certifications, Training, and Staffing* component.

4. ACCESS TO CARE

This component evaluates the facility's ability to provide patient population with timely and adequate medical care. The areas of focus include, but are not limited to: nursing practice and documentation, timeliness of clinical appointments, acute and chronic care follow-ups, face-to-face nurse appointments, provider referrals from nursing lines, daily Care Team Huddles, and timely triage of sick call requests. Additionally, the auditors perform onsite inspection of housing units and logbooks to determine if patients have a means to request medical services and to confirm there is continuous availability of CDCR Form 7362*, Health Care Services Request*.

Case Review Score: *97.0%*
Quantitative Review Score: *91.9%*

Overall Score: 95.3%

The facility received an overall compliance score of 95.3% (*Proficient*) in the *Access to Care* component. Specific findings related to the provider and nurse case reviews and the electronic health record reviews are documented below.

Case Review Results

The CCHCS clinicians reviewed a combined total of 43 encounters related to *Access to Care*. The facility received an overall Case Review compliance score of 97.0% for this component. The CCHCS nurse auditor reviewed 33 nursing encounters and identified two deficiencies. The CCHCS physician auditor reviewed ten provider encounters and did not identify any deficiencies.

Nurse Case Reviews

- In **Case 18**, the patient submitted a sick call request form on October 11, 2017, requesting a dental exam. Based on the illegibility of the initials on the sick call form, it was not clear who triaged the sick call request form. The sick call form is required to be reviewed by an RN and must be referred to Dental Services on the same day.
- In **Case 19**, the nursing staff documented on the patient's sick call form to "See nursing encounter." However, no nursing assessment or nursing encounter form related to the patient's complaint was found in the patient's electronic health record.

Physician Case Reviews

The CCHCS physician auditor did not identify any specific areas of concern for this component during the case reviews.

Quantitative Review Results

Taft MCCF received a quantitative compliance score of 91.9% (*proficient*) for this component with two deficiencies identified. Seven of the ten questions reviewed in this chapter scored 100% compliant, one scored 83.3% compliant and two fell below the required 80.0% compliance threshold.

In five out of 16 medical records reviewed, nursing staff failed to consistently document effective communication was established during patient encounters. In addition, 21 days of Daily Care Team Huddle documentation were reviewed by the CCHCS nurse auditor and seven days were found to have

inadequate documentation of issues that were discussed in the huddles. On November 7, 8, 14, 16, 24, and 27, 2017, several patients with offsite or outside appointments were discussed during the Daily Care Team Huddle; however the documentation did not include details of the preparation that was needed for the appointment and the documents that needed to be completed for the patient's transfer to the offsite appointment. On November 22, 2017, there was no documentation that a Daily Care Team Huddle was held. In addition, nursing staff failed to use the standard CDCR CCHCS *Daily Huddle Activity Sheet* for documentation of the huddle. The CCHCS nurse auditor recommended to the Taft MCCF nursing supervisor that the facility use the CDCR CCHCS *Daily Huddle Activity Sheet* to ensure that all the required information is documented.

5. DIAGNOSTIC SERVICES

For this component, the CCHCS clinicians assess several types of diagnostic services such as radiology, laboratory, and pathology. The auditors review the patient medical records to determine whether radiology and laboratory services were provided timely, whether the PCP completed a timely review of the results, and whether the results were communicated to the patient within the required time frame. Information regarding the appropriateness, accuracy and quality of the diagnostic tests ordered, and the clinical response to the results is evaluated via the case review process.

Case Review Score: *100%*
Quantitative Review Score: *100%*

Overall Score: 100%

The facility received an overall compliance score of 100% (*Proficient*) in the *Diagnostic Services* component. The CCHCS clinicians reviewed 27 encounters related to this component and did not find any deficiencies related to the provider and nurse case reviews. In addition, there were no deficiencies identified during the electronic health record reviews.

6. EMERGENCY SERVICES and COMMUNITY HOSPITAL DISCHARGE

This component evaluates the facility's ability to complete timely follow-up appointments on patients discharged from a community hospital. Some areas of focus are the nurse face-to-face evaluation of the patient upon the patient's return from a community hospital or hub institution, timely review of patient's discharge plans, and timely delivery of prescribed medications.

Case Review Score: *80.0%*
Quantitative Review Score: *Not Applicable*

Overall Score: 80.0%

The CCHCS auditors evaluate the emergency medical response system and the facility's ability to provide effective and timely emergency medical responses, assessment, treatment and transportation 24 hours per day. The CCHCS clinicians assess the timeliness and adequacy of the medical care provided based on the patient's emergency situation, clinical condition, and need for a higher level of care.

The facility received an overall compliance score of 80.0% (*Adequate*) in the *Emergency Services and Community Hospital Discharge* component. Specific findings related to the provider and nurse case reviews are documented below.

Case Review Results

The CCHCS clinicians reviewed seven encounters related to *Emergency Services and Community Hospital Discharge* component. The facility received an overall case review compliance score of 80.0% for this component. The CCHCS nurse auditor reviewed five nursing encounters and identified two deficiencies. The CCHCS physician auditor reviewed two provider encounters and did not identify any deficiencies.

Nurse Case Reviews

- In **Case 16**, the patient submitted a sick call slip complaining of chest pain. The patient complained of sharp chest pain 10/10, left sub pectoral/lateral area, radiating to the back. The patient appeared anxious and afraid and becoming progressively anxious and tachypneic[1] during the nursing assessment. Patient's blood pressure was elevated at 145/93. A 12-lead EKG was done. A nursing assessment was completed and the patient was instructed to use ice as needed and the medication ibuprofen was given. Per the IMPS&P, nursing staff is required to notify the physician stat (immediately) for chest pain accompanied by the symptoms exhibited by this patient (anxious, dyspneic, and hypertensive). The RN failed to notify the physician stat. The medication ibuprofen and ice treatments are for chest wall pain, conditions which the nurse had ruled out as she had crossed it out on the nursing protocol form.
- In **Case 25**, the patient had a seizure while at Taft MCCF and was sent to the emergency department (ED). The patient was later transferred to the hub institution, Wasco State Prison (WSP), post ED visit. Taft MCCF's nursing staff failed to document in the patient's electronic health record regarding the patient's seizure and subsequent transfer to the ED.

Physician Case Reviews

The CCHCS physician auditor did not identify any specific areas of concern for this component during the case reviews.

Quantitative Review Results

The CCHCS nurse auditor did not identify any patients who met the criteria for the questions in this component during the electronic health record review. Therefore, the quantitative portion of this component was scored as not applicable (N/A).

[1] Tachypneic - excessively rapid respiration (breathing).

7. INITIAL HEALTH ASSESSMENT/HEALTH CARE TRANSFER

Case Review Score: *90.9%*
Quantitative Review Score: *95.1%*
Overall Score: 92.3%

This component determines whether the facility adequately manages patients' medical needs and continuity of patient care during inter- and intra-facility transfers by reviewing the facility's ability to timely: perform initial health screenings, complete required health screening assessment documentation (including tuberculin screening tests), and deliver medications to patients received from another facility. Also, for those patients who transfer out of the facility, this component reviews the facility's ability to accurately and appropriately document transfer information that includes pre-existing health conditions, pending medical, dental and mental health appointments, medication transfer packages, and medication administration prior to transfer.

The facility received an overall compliance score of 92.3% (*Proficient*) in the *Initial Health Assessment/Health Care Transfer* component. Specific findings related to the provider and nurse case reviews and the electronic health record reviews are documented below.

Case Review Results

The facility received a compliance score of 90.9% for case reviews in the *Initial Health Assessment/Health Care Transfer* component. The CCHCS nurse auditor reviewed 11 encounters related to this component and identified one deficiency. There were no provider encounters identified for review for this component.

Nurse Case Reviews

- In **Case 28**, Taft MCCF nursing staff failed to evaluate the patient for signs and symptoms of TB upon patient's transfer into Taft MCCF.

Physician Case Reviews

There were no provider encounters identified for review for this component.

Quantitative Review Results

Taft MCCF received a quantitative compliance score of 95.1% (*Proficient*) for this component with one deficiency identified. Six of the eight questions reviewed in this component scored above 90.0% while one fell below the required 80.0% compliance threshold scoring 75.0%, and one question was scored as N/A as there were no samples identified for that question. During the electronic health record review, the CCHCS nurse auditor found that the facility failed to consistently complete screening of patients for the signs and symptoms of TB upon their arrival to Taft MCCF.

8. MEDICAL/MEDICATION MANAGEMENT

Case Review Score: *91.2%*
Quantitative Review Score: *94.5%*

Overall Score: 92.3%

For this component, the CCHCS clinicians assess the facility's health care staff performance to determine whether appropriate and medically necessary care was provided to patient population that is in line with the nursing and physician scope of practices and clinical guidelines established by the department. This includes, but is not limited to the following: proper diagnosis, appropriateness of medical/nursing action, and timeliness and efficiency of treatments and care provided related to the patient's medical complaint. The CCHCS clinicians also assess the facility's process for medication management which includes: timely filling of prescriptions, appropriate dispensing of medications, appropriate medication administration, completeness in documentation of medications administered to patients, and appropriate maintenance of medication administration records. This component also factors in the appropriate storing and maintenance of refrigerated drugs, vaccines, and narcotic medications.

The facility received an overall compliance score of 92.3% (*Proficient*) in the *Medical/Medication Management* component. Specific findings related to the provider and nurse case reviews and the electronic health record reviews are documented below.

Case Review Results

The facility received a compliance score of 91.2% in case reviews for the *Medical/Medication Management* component. The CCHCS clinicians reviewed a combined total of 87 encounters related to this component. The CCHCS nurse auditor reviewed 70 nursing encounters and did not identify any deficiencies. The CCHCS physician auditor reviewed 17 encounters and identified three deficiencies. Two of the three deficiencies were identified in Case 15. The specific deficiencies identified are documented below.

Nurse Case Reviews

The CCHCS nurse auditor did not identify any specific areas of concern for this component during the case review.

Physician Case Reviews

- In **Case 9**, the patient was seen by the PCP for follow-up and review of laboratory results that showed elevated a D-Dimer[2]level, and continued swelling of his left leg. The PCP ordered a venous duplex[3] scan as "expedited routine." While concern for a possible deep vein thrombosis[4]

[2] D-Dimer Test – A test to determine whether a patient may have a blood clot. An elevated D-dimer level is not normal and is usually found after a clot has formed and is in the process of breaking down.

[3] Venous Duplex Scan - a painless exam that uses high-frequency sound waves (ultrasound) to capture images of internal views of veins that return blood to the heart.

[4] Deep Vein Thrombosis - occurs when a blood clot (thrombus) forms in one or more of the deep veins in the body, usually in the legs.

(DVT) is of low clinical risk, an elevated D-Dimer level mandates the need to exclude a DVT and requires the testing to be done on an emergent basis; routine testing is inappropriate.

- In **Case 15**, the patient was seen by the PCP for a follow-up and review of laboratory results. The patient had a D-Dimer level twice the normal range and the patient's left calf remained swollen. On November 17, 2017, the PCP wrote a Referral for Services (RFS) for a venous duplex; however, it was written as routine with a request to expedite. As in Case 9 above, an elevated D-Dimer level mandates the need to exclude a DVT and requires the testing to be done on an emergent basis; routine testing is inappropriate. The RFS for the venous duplex scan was approved on November 21, 2017, however the patient was transferred to another institution on December 14, 2017, without the scan being completed. The scan was eventually performed on December 26, 2017, over two months after the patient's injury. The procedure should have been performed prior to the patient's transfer out of Taft MCCF.

Quantitative Review Results

Taft MCCF received a quantitative compliance score of 94.5% (*Proficient*) for this component with one deficiency identified. Ten of the twelve questions reviewed in this component scored above 90.0% compliant, one scored 86.7% compliant, and one fell below the required 80.0% compliance threshold. Two questions in this component were not reviewed as there were no samples identified that met the questions' criteria. For the question rated as inadequate, the CCHCS nurse auditor reviewed medical records of patients who were prescribed chronic care medications during the audit review period and found Taft MCCF failed to consistently provide the patients their chronic care medications within the required time frame.

9. OBSERVATION CELLS (CALIFORNIA OUT OF STATE CORRECTIONAL FACILITIES (COCF) Only)

Case Review Score: *Not Applicable*
Quantitative Review Score: *Not Applicable*
Overall Score: Not Applicable

This component applies only to California out-of-state correctional facilities. The CCHCS auditors examine whether the facility follows appropriate policies and procedures when admitting patients to onsite inpatient cells. All aspects of medical care related to patients housed in observations cells are assessed, including quality of provider and nursing care.

This component does not apply to the modified community correctional facilities and was not reviewed during this audit.

10. SPECIALTY SERVICES

In this component, CCHCS clinicians determine whether patients are receiving approved specialty services timely, whether the provider reviews related specialty service reports timely and documents their follow-up action plan for the patient, and whether the results of the specialists' reports are communicated to the patients. For those patients who transferred from another facility, the auditors assess whether the approved or scheduled specialty service appointments are received and/or completed within the specified time frame.

Case Review Score: *92.9%*
Quantitative Review Score: *90.4%*

Overall Score: 92.0%

The facility received an overall compliance score of 92.0% (*Proficient*) in the *Specialty Services* component. Specific findings related to the provider and nurse case reviews and the electronic health record reviews are documented below.

Case Review Results

The facility received a compliance score of 92.9% in case reviews for the *Specialty Services* component. The CCHCS clinicians reviewed a combined total of 16 encounters related to this component. The CCHCS nurse auditor reviewed nine nursing encounters and did not identify any deficiencies. The CCHCS physician auditor reviewed seven encounters and identified one deficiency. The specific deficiency identified is documented below.

Nurse Case Reviews

The CCHCS nurse auditor did not identify any specific areas of concern for this component during the case review.

Physician Case Reviews

- In **Case 13**, the patient was scheduled for an ultrasound at the hub institution and was transported to the hub. However the procedure had to be cancelled as Taft MCCF health care staff did not ensure the patient did not consume anything prior to the procedure, resulting in a poor use of time and resources.

Quantitative Review Results

Taft MCCF received a quantitative compliance score of 90.4% (*Proficient*) for this component with one deficiency identified. Two of the four questions reviewed in this chapter scored 100% compliant, while one scored 88.9% compliant and the remaining question scored below the required 80% compliance threshold. For the question which was found to be deficient, during the CCHCS nurse auditor's review of electronic health records of patients who received specialty services during the audit review period, the review revealed that patients were not consistently seen by the specialist for their specialty services referral within the specified time frame.

While Taft MCCF received an overall score of 92.0% for the *Specialty Services* component, there is a serious breakdown in processing and adjudication of the RFS requests submitted by Taft MCCF by the hub institution. Taft MCCF's health care staff report that RFS requests are only occasionally returned as

approved or denied by the hub institution and Taft MCCF health care staff are required to make numerous phone calls or emails to staff at the hub inquiring about the status of the RFS request and then the patient is scheduled for an appointment. While the Taft MCCF PCP stated his access to specialty care services was good and within compliance, there are occasional difficulties obtaining the dictated consultation results.

11. PREVENTIVE SERVICES

This component assesses whether the facility offers or provides various preventive medical services to patients meeting certain age and gender requirements. These include cancer screenings, TB evaluation, influenza and chronic care immunizations. The clinical case reviews are not conducted for this component; therefore, the overall chapter score is based entirely on the results of the quantitative review.

Case Review Score: *Not Applicable*
Quantitative Review Score: *92.3%*

Overall Score: 92.3%

Quantitative Review Results

Taft MCCF received an overall compliance score of 92.3% (*Proficient*) for this component with one deficiency identified. Two of the three questions reviewed in this chapter scored 100%, while one fell below the required 80.0% compliance threshold. For the one deficient question, the CCHCS nurse auditor's review of electronic health records revealed that there was missing or incomplete documentation in the patients' electronic health records showing Taft MCCF health care staff administered or had the patient sign a refusal to receive the influenza vaccine.

12. EMERGENCY MEDICAL RESPONSE/DRILLS and EQUIPMENT

For this component, the CCHCS nurses review the facility's emergency medical response documentation to assess the response time frames of facility's health care staff during medical emergencies and/or drills. The CCHCS nurses also inspect emergency response bags and various emergency medical equipment to ensure regular inventory and maintenance of equipment is occurring. The compliance for this component is evaluated entirely through the review of emergency medical response documentation, inspection of emergency medical response bags and crash carts, and inspection of medical equipment located in the clinics.

Case Review Score: *Not Applicable*
Quantitative Review Score: *88.9%*

Overall Score: 88.9%

Quantitative Review Results

Taft MCCF received an overall compliance score of 88.9% (*Adequate*) for this component with two deficiencies identified. Seven of the nine questions reviewed in this chapter were found 100% compliant, while two fell below the required 80.0% compliance threshold. Six questions were scored at N/A as there were no samples identified that met the criteria for one question, and five questions do not pertain to the in-state MCCFs as they pertain only the out-of-state facilities.

The CCCHS nurse auditor reviewed documentation for three emergency medical drills and one actual emergency medical response that occurred during the audit review period. Two emergency medical drills conducted on first and second watch on September 29, 2017, had documentation that an RN or PCP responded within eight minutes after the emergency medical alarm was sounded. However, there was no documentation included with the EMRRC meeting minutes for one emergency medical drill conducted on third watch on September 28, 2017, and the actual emergency response on August 21, 2017. Therefore, the CCHCS nurse auditor was unable to determine if the RN or PCP responded to the two incidents within the eight minute requirement.

Due to the facility failing to submit the required documents for all the emergency medical drills and actual emergencies to the EMRRC for review during their monthly meetings, the facility was found to have performed a timely incident package review of only 50.0% of the incidents. The facility's EMRRC has failed to perform a timely incident package review for all emergency medical drills and actual medical emergency responses since the May 2016 audit.

13. CLINICAL ENVIRONMENT

This component measures the general operational aspects of the facility's clinic(s). The CCHCS auditors, through staff interviews and onsite observations/inspections, determine whether health care management implements and maintains practices that promote infection control through general cleanliness, adequate hand hygiene protocols, and control of blood-borne pathogens and contaminated waste. Evaluation of this component is based entirely on the quantitative review results from the visual observations auditors make at the facility during their onsite visit, as well as review of various logs and documentation reflecting maintenance of clinical environment and equipment.

Case Review Score: *Not Applicable*
Quantitative Review Score: *100%*

Overall Score: 100%

Quantitative Review Results

The facility received an overall compliance score of 100% (*Proficient*) for the *Clinical Environment* component. All 15 questions reviewed for this component received a 100% compliance score. The CCHCS auditors found the clinical space was clean and organized with excellent access to hand washing, sanitizing, sharps disposal, and appropriate biohazard disposal. The medical clinic's examination rooms provided for visual and auditory privacy during patient health care encounters.

14. QUALITY OF NURSING PERFORMANCE

The goal of this component is to provide an evaluation of the overall quality of health care provided to the patients by the facility's nursing staff. Majority of the patients selected for retrospective chart review were the ones with high utilization of nursing services, as these patients were most likely to be affected by timely appointment scheduling, medication management, and referrals to health care providers.

Case Review Score: *94.2%*
Quantitative Review Score: *Not Applicable*
Overall Score: 94.2%

Case Review Results

The *Quality of Nursing Performance* component received a compliance score of 94.2%, equating to a quality rating of *proficient*. This determination was based upon the detailed case review of nursing services provided to ten patients housed at Taft MCCF during the audit review period of August 2017 through November 2017. Of the ten detailed case reviews conducted by the CCHCS nurse auditor, eight were found *proficient* (scored 90.0% and above), one *adequate* (scored between 80.0 and 89.9%), and one was *inadequate* (scored 79.9% or below). Of 132 total nursing encounters assessed within the ten detailed case reviews, four deficiencies were identified related to nursing care and performance which are documented in the *Access to Care* and *Community Hospital Discharge/Emergency Services* components above.

Taft MCCF received a Nursing Case Review score of 93.3% (*Proficient*) for the *Access to Care* component during the current audit. The two deficiencies related to this component involved nursing staff's failure to review the sick call request and refer the patient to dental services on the same day as required. Additionally, documentation of nursing staff's nursing assessment and the treatment rendered related to the patient's chief complaint was not found in the electronic health record.

Taft MCCF received a Nursing Case Review Score of 60.0% (*Inadequate*) for the *Community Hospital Discharge/Emergency Services* component. The deficiencies identified in this component are due to nursing staff's failure to take appropriate action on a patient complaining of chest pain, specifically failure to notify the physician stat (immediately), and missing documentation of a nursing assessment of a patient's complaint of a seizure in the patient's electronic health record.

Below is a brief synopsis of the one case for which the CCHCS nurse auditor determined the facility nursing staff's performance was inadequate.

Case Number	Deficiencies
Case 25	***Inadequate (66.7%).*** The patient is a 60-year old male with chronic diagnoses of gastroesophageal reflux disease, diabetes mellitus, and hyperlipidemia. Three nursing encounters were reviewed and one encounter was deemed deficient. The nurse auditor was unable to locate documentation of an assessment of the patient's seizure completed by the facility nurse in the patient's electronic health record. There was also no documentation of a nursing assessment prior to the patient being transferred to the hub institution. This case was chosen as a sample for Emergency Services but due to the limited number of encounters, a single deficiency adversely affected the overall case rating.

Recommendations:

- Continue daily Care Team Huddle meetings each business morning utilizing the correct form and completing the form as required. Custody staff should be attending the daily Care Team Huddle meetings to provide information to the team on changes to program, patients housed in the temporary housing unit or to coordinate with health care staff for the need to have custody officers present in the clinic.
- Custody staff should be present in the medical clinic whenever patients are present to provide safety and security when health care staff are seeing patients for scheduled appointments or medication administration.
- Continued annual training for health care staff on the facility's policies and procedures and IMPS&P.

15. QUALITY OF PROVIDER PERFORMANCE

In this component, the CCHCS physicians provide an evaluation of the adequacy of provider care at the facility. Appropriate evaluation, diagnosis, and management plans are reviewed for programs including, but not limited to, sick call, chronic care programs, specialty services, diagnostic services, emergency services, and specialized medical housing.

Case Review Score: *94.9%*
Quantitative Review Score: *Not Applicable*

Overall Score: 94.9%

Case Review Results

Based on the detailed review of 15 cases conducted by the CCHCS physician auditor, the facility provider's performance received a score of 94.9% compliance, equating to an overall quality rating of *Proficient.* Of the 15 detailed case reviews conducted, 12 were found to be *proficient*, two *adequate*, and one case was rated as *inadequate*. Out of a total of 49 physician encounters assessed, four deficiencies were identified.

The PCP at Taft MCCF has been working full time at the facility for approximately a year and a half. He participates in the Daily Care Team Huddles held at the facility and attends the monthly Quality Management Committee meetings. During the April 2017 audit, communication between the Taft MCCF PCP and external sources of care such as specialty consultants, local hospitals and the hub medical leadership was virtually non-existent. However, during the current audit, the Taft MCCF PCP reported communication between Taft MCCF and the external care resources has significantly improved with the exception of the processing of RFS requests as documented in the *Specialty Services* component on page 15 of this report.

Although the Taft MCCF PCP is contracted to provide coverage for 40 hours a week, Monday through Friday and the on-call coverage is provided by the hub institution (WSP), the Taft MCCF PCP has encouraged the facility's health care staff to contact him after hours with questions and concerns. Overall the CCHCS physician auditor found the Taft MCCF PCP's performance to be excellent and found that prompt care is being delivered to the patient population.

Below is a brief synopsis of the one case for which the CCHCS physician determined the facility providers' performance to be *inadequate*.

Case Number	Deficiencies
Case 15	***Inadequate (60.0%).*** The patient was seen on October 16, 2017, in the Chronic Care Clinic for left calf pain following a basketball injury five days prior. The patient was seen on November 17, 2017 for follow-up and was found with continued left calf swelling and a diagnostic study (venous duplex) was ordered to rule out a DVT. The PCP wrote an RFS for the study, however it was ordered as routine expedited rather than urgent. The patient did not receive the ordered study until he was transferred to another prison in December 2017. The study should have been completed prior to his transfer out of Taft MCCF. The study was completed on December 26, 2017, more than two months after the injury.

Recommendations:

- Continue high-quality Daily Care Team Huddle meetings each business morning utilizing the correct form and completing the form as required. Custody staff should be attending the Daily Care Team Huddle meetings.
- Custody staff should be present in the medical clinic whenever patients are present to provide safety and security.
- Continue to encourage nurses to seek contemporaneous advice or physical examination of patients with new symptoms or worsening conditions.
- The Taft MCCF PCP should document after hours phone calls with Taft MCCF health care staff, specialists, emergency room physicians and other providers who have seen the patient to ensure that the Taft MCCF PCP and the other providers/specialists are communicating as needed. These documents should be forwarded to the hub daily to be scanned into the patients' electronic medical records to memorialize these telephonic communications.
- The Taft MCCF PCP is encouraged to advocate for the patients so that cases requiring urgent or emergent medical workups are not labeled as routine. If a delay appears inevitable, the patient should be sent out immediately to a local ED for evaluation and treatment.
- Health care staff and management at Taft MCCF should discuss the deficiencies with the hub institution (WSP), especially regarding the processing of RFS, patient retention at the hub after medical services have been provided, and the difficulties obtaining dictated consultation results.

PRIOR CRITICAL ISSUE RESOLUTION

The previous audit conducted on April 11-13, 2017, resulted in the identification of two quantitative critical issues. During the current audit, auditors found one of the two issues resolved. Below is a discussion of each previous critical issue:

Critical Issue	Status	Comment
Question 1.2 – *NOT ALL OF THE FACILITY'S POLICIES AND PROCEDURES ARE COMPLIANT WITH IMSP&P.*	**Resolved**	This critical issue was previously identified during the April 2017 audit. Thirteen of the facility's 14 policies and procedures were found to be non-compliant with the IMSP&P. The facility had simply copied the entire IMSP&P into their policies and procedures and failed to customize them to reflect Taft MCCF's specific processes and procedures. During the current audit, 13 of the 15 policies and procedures reviewed were found to be compliant with IMSP&P. The facility customized the policies and procedures, however, the policies and procedures still do not fully reflect the processes and procedures followed at Taft MCCF. ***This critical issue has been resolved by the facility.***
Question 12.4 – *THE FACILITY'S EMERGENCY MEDICAL RESPONSE REVIEW COMMITTEE FAILED TO PERFORM TIMELY INCIDENT PACKAGE REVIEWS THAT INCLUDED THE USE OF REQUIRED REVIEW DOCUMENTS.*	**Unresolved***	This deficiency was initially identified during the May 2016 audit. During the April 2017 audit, the facility received a 41.7% compliance rating for this question. During the current audit, this issue was found still to be unresolved. There was no documentation included with the EMRRC meeting minutes for one of the three emergency medical response drills and the one actual emergency medical response for the EMRRC meetings conducted in September and October 2017. ***This critical issue is unresolved and will be monitored during subsequent audits for compliance.***

* The facility failed to address this deficiency effectively; therefore, it is considered unresolved and will continue to be monitored during subsequent audits until resolved.

CONCLUSION

The audit findings presented in this report encompass an evaluation of care provided by the facility to its patient population from August 2017 through November 2017. The facility's overall performance during this time frame was rated *Proficient*. Of the 14 components evaluated, CCHCS found 12 components to be *Proficient*, and two to be *Adequate* (refer to the *Executive Summary Table* on page 4). The facility has resolved one of the two prior critical issues, however the remaining critical issue has been deficient since the May 2016 audit (see chart below). In addition, there were seven new quantitative and three qualitative critical issues identified during the current audit.

The CCHCS Private Prison Compliance and Monitoring Unit has completed full audits annually at Taft MCCF since the facility opened in March 2014. Furthermore, one additional limited review was conducted in November 2015 to review the facility's progress in resolving the critical issues that were identified during the April 2015 audit. During the September 2014 and April 2015 audits, Taft MCCF received overall ratings

of *Adequate*. During the May 2016, April 2017, and the current January 2018 audits, Taft MCCF has received an overall rating of *Proficient*.

However, since the May 2016 audit, Taft MCCF has struggled with one critical issue related to the submission of all emergency medical response documentation to the EMRRC for review. Please see the table below for a summary of the facility's performance ratings for this question during the audits conducted from 2014 through 2018.

Critical Issue	Full Audit September 2014	Full Audit April 2015	Limited Review November 2015	Full Audit May 2016	Full Audit April 2017	Full Audit January 2018
Question 12.4 The incident packages, submitted to the EMRRC for review, do not include all the required documents and forms.		Pass	N/A	Fail	Fail	Fail

During the January 2018 full audit, the CCHCS auditors made a recommendation to the facility's Nursing Supervisor to place copies of the documents for each emergency medical drill or emergency medical response into a folder in the medical clinic area after each drill or incident. Those documents can then be provided to the EMRRC for their monthly meetings.

It was also found that there was minimal to no custody supervision in the medical clinic during times that patients are present. This is a safety concern and was discussed with facility management. Additionally found was a breakdown in communication with the hub institution (WSP) regarding the RFS process and lack of communication from the hub to Taft MCCF regarding denial or acceptance of the referrals as stated in the *Specialty Services* component on page 15 of this report. At the time of the drafting of this report, a conference call meeting was scheduled in February 2018 with the CCHCS physician auditor, WSP health care management, and Taft MCCF health care management to discuss creating a process which would resolve the issue.

At the conclusion of the onsite visit on Wednesday, January 10, 2018, the CCHCS audit team held an Exit Conference which included representatives from facility and health care management at Taft MCCF, the Contract Beds Unit, and CCHCS Private Prison Compliance and Monitoring Unit. This meeting afforded the CCHCS audit team an opportunity to provide feedback and recommendations on the case review, the chart review, and the onsite findings.

The Taft MCCF's management and health care staff were receptive and open to the findings presented by the audit team and reiterated their dedication to continue providing quality health care to their patient population.

Taft MCCF is congratulated for having attained a ***Proficient*** rating receiving an overall compliance score of 94.2% during this current audit. The facility's overall rating of *Proficient* indicates Taft MCCF has been successful in continuing to provide quality medical care to its patient population.

APPENDIX A – QUANTITATIVE REVIEW RESULTS

Taft Modified Community Correctional Facility *Range of Summary Scores: 88.9% - 100%*	
Audit Component	**Quantitative Review Score**
1. Administrative Operations	98.3%
2. Internal Monitoring & Quality Management	98.4%
3. Licensing/Certifications, Training & Staffing	100%
4. Access to Care	91.9%
5. Diagnostic Services	100%
6. Emergency Services & Community Hospital Discharge	Not Applicable
7. Initial Health Assessment/Health Care Transfer	95.1%
8. Medical/Medication Management	94.5%
9. Observation Cells (COCF)	Not Applicable
10. Specialty Services	90.4%
11. Preventive Services	92.3%
12. Emergency Medical Response/Drills & Equipment	88.9%
13. Clinical Environment	100%
14. Quality of Nursing Performance	Not Applicable
15. Quality of Provider Performance	Not Applicable

1. Administrative Operations		Yes	No	Compliance
1.1	Does health care staff have access to the facility's health care policies and procedures and know how to access them?	4	0	100%
1.2	Does the facility have current and updated written health care policies and local operating procedures that are in compliance with *Inmate Medical Services Policies and Procedures* guidelines?	13	2	86.7%
1.3	Does the facility have current contracts/service agreements for routine oxygen tank maintenance service, hazardous waste removal, and repair, maintenance, inspection, and testing of biomedical equipment?	3	0	100%
1.4	Does the patient orientation handbook/manual or similar document explain the sick call and health care grievance processes?	1	0	100%
1.5	Does the facility's provider(s) access the California Correctional Health Care Services patient electronic medical record system regularly?	1	0	100%
1.6	Does the facility maintain a Release of Information log that contains ALL the required data fields and all columns are completed?	1	0	100%
1.7	Did the facility provide the requested copies of medical records to the patient within 15 business days from the date of the initial request?	7	0	100%
1.8	Are all patient and/or third party written requests for health care information documented on a CDCR Form 7385, *Authorization for Release of Information*, and copies of the forms filed in the patient's electronic medical record?	7	0	100%
	Overall Percentage Score:			**98.3%**

Comments:

Question 1.2. Two of Taft MCCF's policies and procedures reviewed, namely, the *Access to Care* policy and *Initial Screening/Health Care Transfer* procedure, were found to be non-compliant with the IMSP&P.

2. Internal Monitoring & Quality Management		Yes	No	Compliance
2.1	Did the facility hold a Quality Management Committee meeting a minimum of once per month?	4	0	100%
2.2	Did the Quality Management Committee's review process include documented corrective action plan for the identified opportunities for improvement?	4	0	100%
2.3	Did the Quality Management Committee's review process include monitoring of defined aspects of care?	4	0	100%
2.4	Did the facility submit the required monitoring logs by the scheduled date per Private Prison Compliance and Monitoring Unit program standards?	60	2	96.8%
2.5	Is data documented on the sick call monitoring log accurate?	20	0	100%
2.6	Is data documented on the specialty care monitoring log accurate?	13	1	92.9%
2.7	Is data documented on the hospital stay/emergency department monitoring log accurate?	2	0	100%
2.8	Is data documented on the chronic care monitoring log accurate?	20	0	100%
2.9	Is data documented on the initial intake screening monitoring log accurate?	18	2	90.0%
2.10	Are the CDCR Forms 602-HC, *Health Care Grievance (Rev. 06/17) and 602 HC A, Health Care Grievance Attachment (Rev. 6/17),* readily available to patients in all housing units?	8	0	100%
2.11	Are patients able to submit the CDCR Forms 602-HC, *Health Care Grievances,* on a daily basis in all housing units?	8	0	100%
2.12	Does the facility maintain a Health Care Grievance log that contains all the required information?	1	0	100%

2.13	Are institutional level health care grievances being processed within specified time frames?	3	0	100%
	Overall Percentage Score:			**98.4%**

Comments:

Question 2.4. The facility failed to submit two of the eight monthly logs to PPCMU. Taft MCCF failed to submit the Chronic Care and Initial Intake Screening monitoring logs to PPCMU in August 2017.

Question 2.6. Fourteen entries on the Specialty Care Log were reviewed by the CCHCS auditor. Taft MCCF failed to document required information for the October 31, 2017.

Question 2.9. Twenty entries were reviewed on the Initial Intake Screening log by the CCHCS auditor. One entry had a different date of service than the date that was documented in the patient's electronic health record. The date documented in the other entry could not be verified as there was no documentation of the encounter in the patient's electronic health record.

3. Licensing/Certifications, Training, & Staffing		**Yes**	**No**	**Compliance**
3.1	Are all health care staff licenses current?	14	0	100%
3.2	Are health care and custody staff current with required emergency medical response certifications?	54	0	100%
3.3	Does the facility provide the required training to its health care staff?	14	0	100%
3.4	Is there a centralized system for tracking all health care staff licenses and certifications?	1	0	100%
3.5	Does the facility have the required health care and administrative staffing coverage per contractual requirement?	1	0	100%
3.6	Are the peer reviews of the facility's providers completed within the required time frames?	2	0	100%
	Overall Percentage Score:			**100%**

Comments:

None.

4. Access to Care		**Yes**	**No**	**Compliance**
4.1	Did the registered nurse review the CDCR Form 7362, *Health Care Services Request*, or similar form, on the day it was received?	16	0	100%
4.2	Following the review of the CDCR Form 7362, or similar form, did the registered nurse complete a face-to-face evaluation of the patient within the specified time frame and document the evaluation in the appropriate format?	16	0	100%
4.3	Was the focused subjective/objective assessment conducted based upon the patient's chief complaint?	16	0	100%
4.4	Did the registered nurse implement appropriate nursing action based upon the documented subjective/objective assessment data within the nurse's scope of practice or supported by the standard Nursing Protocols?	16	0	100%
4.5	Did the registered nurse document that effective communication was established and that education was provided to the patient related to the treatment plan?	11	5	68.8%
4.6	If the registered nurse determined a referral to the primary care provider was necessary, was the patient seen within the specified time frame?	10	2	83.3%
4.7	Was the patient's chronic care follow-up visit completed as ordered?	16	0	100%
4.8	Did the Care Team regularly conduct and properly document a Care Team Huddle during business days?	14	7	66.7%
4.9	Does nursing staff conduct daily rounds in segregated housing units and collect CDCR Form 7362, *Health Care Services Request*, or similar forms? (COCF only)	Not Applicable		

4.10	Are the CDCR Forms 7362, *Health Care Services Request,* or similar form, readily accessible to patients in all housing units?	8	0	100%
4.11	Are patients in all housing units able to submit the CDCR Forms 7362, *Health Care Services Request*, or similar form, on a daily basis?	8	0	100%
	Overall Percentage Score:			**91.9%**

Comments:

Question 4.5. During the CCHCS nurse auditor's review of 16 electronic health records, five records failed to have documentation that the nurse established effective communication during patient encounters.

Question 4.6. The CCHCS nurse auditor reviewed 12 electronic health records and found two records missing documentation that upon RN's referral to the PCP, the patients were seen within the required time frame.

Question 4.8. The CCHCS nurse auditor reviewed documentation for 21 days of Daily Care Huddles and found the documentation to be missing or incomplete for seven days.

Question 4.9. N/A. This question does not apply to California in-state modified community correctional facilities.

5. Diagnostic Services		**Yes**	**No**	**Compliance**
5.1	Did the primary care provider complete a Physician's Order for each diagnostic service ordered?	12	0	100%
5.2	Was the diagnostic test completed within the time frame specified by the primary care provider?	12	0	100%
5.3	Did the primary care provider review, sign, and date the patient's diagnostic test report(s) within two business days of receipt of results?	12	0	100%
5.4	Was the patient given written notification of the diagnostic test results within two business days of receipt of results?	12	0	100%
	Overall Percentage Score:			**100%**

Comments:

None.

6. Emergency Services & Community Hospital Discharge		**Yes**	**No**	**Compliance**
6.1	Did the registered nurse review the discharge plan/instructions upon patient's return?	Not Applicable		
6.2	Did the RN complete a face-to-face assessment prior to the patient being re-housed?	Not Applicable		
6.3	Was the patient seen by the primary care provider for a follow-up appointment within five calendar days of return?	Not Applicable		
6.4	Were all prescribed medications administered/delivered to the patient per policy or as ordered by the primary care provider?	Not Applicable		
	Overall Percentage Score:			**Not Applicable**

Comments:

Questions 6.1 through 6.4. N/A. The CCHCS nurse auditor did not identify any records that met the criteria for these questions during the medical record review.

7. Initial Health Assessment/Health Care Transfer		Yes	No	Compliance
7.1	Did the patient receive an initial health screening upon arrival at the receiving facility by licensed health care staff?	12	0	100%
7.2	If YES was answered to any of the questions on the *Initial Health Screening* (CDCR Form 7277/7277A or similar form), did the registered nurse document an assessment of the patient?	10	1	90.9%
7.3	If the patient required referral to an appropriate provider based on the registered nurse's disposition, was the patient seen within the required time frame?	Not Applicable		
7.4	If upon arrival, the patient had a scheduled or pending medical, dental, or a mental health appointment, was the patient seen within the time frame specified by the sending facility's provider?	1	0	100%
7.5	Did the patient receive a complete screening for the signs and symptoms of tuberculosis upon arrival?	9	3	75.0%
7.6	Did the patient receive a complete initial health assessment or health care evaluation by the facility's Primary Care Provider within the required time frame upon patient's arrival at the facility?	12	0	100%
7.7	When a patient transfers out of the facility, are all pending appointments that were not completed, documented on a CDCR Form 7371, *Health Care Transfer Information*, or a similar form?	8	0	100%
7.8	Does the Inter-Facility Transfer Envelope contain all the required transfer documents and medications?	2	0	100%
	Overall Percentage Score:			**95.1%**

Comments:

Question 7.2. The CCHCS nurse auditor reviewed 11 medical records and found that RN staff failed to document an assessment of one patient when the patient answered "yes" to a question on the *Initial Health Screening* form.

Question 7.3. N/A. There were no patients identified by the RN during initial intake screening who required to be referred to a provider.

Question 7.5. The CCHCS nurse auditor reviewed twelve medical records and found nursing staff failed to conduct a complete screening for signs and symptoms of TB for three patients upon their arrival to Taft MCCF.

8. Medical/Medication Management		Yes	No	Compliance
8.1	Were the patient's chronic care medications received by the patient within the required time frame?	9	7	56.3%
8.2	If the patient refused his/her keep-on-person medications, was the refusal documented on the CDCR Form 7225, *Refusal of Examination and/or Treatment*, or similar form?	Not Applicable		
8.3	If the patient did not show or refused the nurse administered/direct observation therapy medication(s) for three consecutive days or 50 percent or more doses in a week, was the patient referred to a primary care provider?	Not Applicable		
8.4	*For patients prescribed anti-Tuberculosis medication(s):* Did the facility administer the medication(s) to the patient as prescribed?	15	0	100%

8.5	For patients prescribed anti-Tuberculosis medication(s): Did the facility monitor the patient monthly while he/she is on the medication(s)?	13	2	86.7%
8.6	Did the prescribing primary care provider document that the patient was provided education on the newly prescribed medication(s)?	12	0	100%
8.7	Was the initial dose of the newly prescribed medication administered to the patient as ordered by the provider?	11	1	91.7%
8.8	Did the nursing staff confirm the identity of a patient prior to the delivery or administration of medication(s)?	2	0	100%
8.9	Did the same medication nurse who administers the nurse administered/direct observation therapy medication prepare the medication just prior to administration?	2	0	100%
8.10	Did the medication nurse directly observe the patient taking nurse administered/direct observation therapy medication?	2	0	100%
8.11	Did the medication nurse document the administration of nurse administered/direct observation therapy medications on the *Medication Administration Record* once the medication was given to the patient?	2	0	100%
8.12	Is nursing staff knowledgeable on the Medication Error Reporting procedure?	2	0	100%
8.13	Are refrigerated drugs and vaccines stored in a separate refrigerator that does not contain food or laboratory specimens?	1	0	100%
8.14	Does the health care staff monitor and maintain the appropriate temperature of the refrigerators used to store drugs and vaccines twice daily?	62	0	100%
8.15	Does the facility employ medication security controls over narcotic medications assigned to its clinic areas? (COCF only)	Not Applicable		
8.16	Are the narcotics inventoried at every shift change by two licensed health care staff? (COCF only)	Not Applicable		
8.17	Do patients, housed in Administrative Segregation Unit, have immediate access to the Short Acting Beta agonist inhalers or nitroglycerine tablets? (COCF Only)	Not Applicable		
	Overall Percentage Score:			**94.5%**

Comments:

Question 8.1. The CCHCS nurse auditor reviewed 16 medical records of patients prescribed chronic care medications and found the facility failed to provide chronic care medications to seven patients within the required time frame.

Questions 8.2 and 8.3. There were no patients identified who refused their keep on person (KOP), nurse administered/direct observation therapy (NA/DOT) medications during the audit review period.

Question 8.5. The CCHCS nurse auditor reviewed 15 medical records of patients who were prescribed anti-TB medications during the audit review period and found the facility failed to monitor two patients monthly while they were taking anti-TB medications.

Question 8.7. The CCHCS nurse auditor reviewed 12 medical records of patients who were prescribed new medications and found that the facility failed to administer one patient his medication as ordered by the PCP.

Questions 8.15 and 8.16. N/A. Taft MCCF does not house patients who are prescribed narcotic medication, therefore these questions are not scored.

Questions 8.17. N/A. Taft MCCF does not have an Administrative Segregation Unit, therefore this question is not scored.

9. Observation Cells (COCF only)		**Yes**	**No**	**Compliance**
9.1	Does the health care provider order patient's placement into the observation cell using the appropriate format for order entry?	Not Applicable		
9.2	Does the health care provider document the need for the patient's placement in the observation cell within 24 hours of placement?	Not Applicable		

9.3	Does the registered nurse complete and document an assessment on the day of a patient's assignment to the observation cell?	Not Applicable
9.4	Does the health care provider review, modify, or renew the order for suicide precaution and/or watch at least every 24 hours?	Not Applicable
9.5	Does the treating clinician document daily the patient's progress toward the treatment plan goals and objectives?	Not Applicable
9.6	Does nursing staff conduct rounds in observation unit once per watch and document the rounds in the unit log book?	Not Applicable
	Overall Percentage Score:	**Not Applicable**

Comments:

Questions 9.1 through 9.6. Not Applicable. These questions do not apply to California in-state modified community correctional facilities.

10. Specialty Services		**Yes**	**No**	**Compliance**
10.1	Was the patient seen by the specialist for a specialty services referral within the specified time frame?	8	3	72.7%
10.2	Upon the patient's return from the specialty service appointment, did the registered nurse complete a face-to-face assessment prior to the patient's return to the assigned housing unit?	11	0	100%
10.3	Upon the patient's return from the specialty services appointment, did the registered nurse notify the primary care provider of any immediate medication or follow-up requirements provided by the specialty consultant?	8	1	88.9%
10.4	Did the primary care provider review the specialty consultant's report/discharge summary and complete a follow-up appointment with the patient within the required time frame?	11	0	100%
	Overall Percentage Score:			**90.4%**

Comments:

Question 10.1. The CCHCS nurse auditor reviewed 11 electronic medical records of patients who received specialty services. The review revealed that three patients were not seen by the specialist for their specialty services referral within the specified time frame.

Question 10.3. The CCHCS nurse auditor reviewed nine electronic medical records of patients who received specialty services. The review revealed that for one patient the RN failed to notify the PCP of the recommendation by the specialty consultant that the patient receive an abdominal ultrasound.

11. Preventive Services		**Yes**	**No**	**Compliance**
11.1	*For all patients:* Were patients screened annually for signs and symptoms of tuberculosis by the appropriate nursing staff and receive a Tuberculin Skin Test, if indicated?	20	0	100%
11.2	*For all patients:* Were patients offered an influenza vaccination for the most recent influenza season?	10	3	76.9%
11.3	*For all patients 50 to 75 years of age:* Were the patients offered colorectal cancer screening?	12	0	100%
11.4	*For female patients 50 to 74 years of age:* Were the patients offered a mammography at least every two years?	Not Applicable		

11.5	*For female patients 21 to 65 years of age:* Were the patients offered a Papanicolaou test at least every three years?	Not Applicable
	Overall Percentage Score:	**92.3%**

Comments:

Question 11.2. The CCHCS nurse auditor reviewed thirteen medical records and found that the records of three patients had missing or incomplete documentation of the administration or refusal of the influenza vaccine for the most recent influenza season.

Questions 11.4 and 11.5. These questions do not apply to facilities housing male patients.

12. Emergency Medical Response/Drills & Equipment		**Yes**	**No**	**Compliance**
12.1	Did the facility conduct emergency medical response drills quarterly on each shift when medical staff was present during the most recent full quarter?	3	0	100%
12.2	Did a registered nurse, a mid-level provider, or a primary care provider respond within eight minutes after emergency medical alarm was sounded?	2	2	50.0%
12.3	Did the facility hold an Emergency Medical Response Review Committee meeting a minimum of once per month?	4	0	100%
12.4	Did the Emergency Medical Response Review Committee perform timely incident package reviews that included the use of required review documents?	2	2	50.0%
12.5	Is the facility's clinic Emergency Medical Response Bag secured with a seal?	62	0	100%
12.6	If the emergency medical response and/or drill warranted an opening of the Emergency Medical Response Bag, was it re-supplied and re-sealed before the end of the shift?	Not Applicable		
12.7	Was the Emergency Medical Response Bag inventoried at least once a month?	4	0	100%
12.8	Did the Emergency Medical Response Bag contain all the supplies identified on the facility's Emergency Medical Response Bag Checklist?	1	0	100%
12.9	Was the facility's Medical Emergency Crash Cart secured with a seal? (COCF Only)	Not Applicable		
12.10	If the emergency medical response and/or drill warranted an opening and use of the Medical Emergency Crash Cart, was it re-supplied and re-sealed before the end of the shift? (COCF Only)	Not Applicable		
12.11	Was the Medical Emergency Crash Cart inventoried at least once a month? (COCF Only)	Not Applicable		
12.12	Does the facility's Medical Emergency Crash Cart contain all the medications as required/approved per *Inmate Medical Services Policies and Procedures*? (COCF Only)	Not Applicable		
12.13	Does the facility's Medical Emergency Crash Cart contain the supplies identified on the facility's crash cart checklist? (COCF Only)	Not Applicable		
12.14	Does the facility have the emergency medical equipment that is functional and operationally ready?	2	0	100%
12.15	Does the facility store Naloxone (Narcan) in a secured area within each area of responsibility (medical clinics) and does the facility's health care staff account for the Narcan at the beginning and end of each shift?	1	0	100%
	Overall Percentage Score:			**88.9%**

Comments:

Question 12.2. Upon the CCHCS nurse auditor's review of four emergency medical alarm incidents, there was no documentation included for the September 28, 2017, third watch drill, or for the August 21, 2017, actual emergency medical response. Therefore the auditor was unable to determine the RN or PCP response times for these two incidents.

Question 12.4. Upon review of the EMRRC meeting minutes for the four months of the audit review period, the CCHCS nurse auditor found the facility failed to submit supporting documentation to the EMRRC for one of three emergency medical drills submitted and one actual emergency medical response.

For the drill conducted on September 28, 2017 on third watch and the actual emergency response incident which occurred on August 21, 2017, supporting documents were not included in the EMRRC meeting minutes.

Question 12.6. N/A. None of the emergency medical response drills or emergency responses required nursing staff to open any sealed compartment of the EMR bag. Therefore this question could not be scored.

Questions 12.9 through 12.13. N/A. These questions do not apply to California in-state modified community correctional facilities.

13. Clinical Environment		**Yes**	**No**	**Compliance**
13.1	Are packaged sterilized reusable medical instruments within the expiration dates shown on the sterile packaging?	1	0	100%
13.2	If autoclave sterilization is used, is there documentation showing weekly spore testing?	4	0	100%
13.3	Are disposable medical instruments discarded after one use into the biohazard material containers?	1	0	100%
13.4	Does clinical health care staff adhere to universal/standard hand hygiene precautions?	2	0	100%
13.5	Is personal protective equipment readily accessible for clinical staff use?	1	0	100%
13.6	Is the reusable non-invasive medical equipment disinfected between each patient use when exposed to blood-borne pathogens or bodily fluids?	2	0	100%
13.7	Does the facility utilize a hospital grade disinfectant to clean common clinic areas with high foot traffic?	1	0	100%
13.8	Is environmental cleaning of common clinic areas with high foot traffic completed at least once a day?	31	0	100%
13.9	Is the biohazard waste bagged in a red, moisture-proof biohazard bag and stored in a labeled biohazard container in each exam room?	2	0	100%
13.10	Is the clinic's generated biohazard waste properly secured in the facility's central storage location that is labeled as a "biohazard" area?	1	0	100%
13.11	Are sharps disposed of in a puncture resistant, leak-proof container that is closeable, locked, and labeled with a biohazard symbol?	2	0	100%
13.12	Does the facility store all sharps in a secure location?	1	0	100%
13.13	Does health care staff account for and reconcile all sharps at the beginning and end of each shift?	62	0	100%
13.14	Is the facility's biomedical equipment serviced and calibrated annually?	10	0	100%
13.15	Do clinic common areas and exam rooms have essential core medical equipment and supplies?	13	0	100%
13.16	*For Information Purposes Only (Not Scored):* Does the clinic visit location ensure the patient's visual and auditory privacy?	Not Scored		
	Overall Percentage Score:			**100%**

Comments:

Question 13.16. This question is for informational purposes and is not scored, however the medical clinic examination rooms at Taft MCCF do provide patients with visual and auditory privacy.

14. Quality of Nursing Performance	Yes	No	Compliance
The quality of nursing performance is assessed during case reviews, conducted by CCHCS clinicians and is not applicable for the quantitative review portion of the health care monitoring audit. The methodology CCHCS clinicians use to evaluate the quality of nursing performance is presented in a separate document entitled *Private Prison Compliance and Health Care Monitoring Audit – Clinical Case Review Methodology/Guide.*	Not Applicable		

15. Quality of Provider Performance	Yes	No	Compliance
The quality of provider performance is assessed during case reviews, conducted by CCHCS clinicians and is not applicable for the quantitative review portion of the health care monitoring audit. The methodology CCHCS clinicians use to evaluate the quality of provider performance is presented in a separate document entitled *Private Prison Compliance and Health Care Monitoring Audit – Clinical Case Review Methodology/Guide.*	Not Applicable		

APPENDIX B – PATIENT INTERVIEWS

The intent of this portion of the audit is to elicit substantive responses from the patient population, by utilizing each question as a springboard for discussion, with appropriate follow up to identify any areas where barriers to health care access may potentially exist. This is accomplished via interview of all the Americans with Disability Act (ADA) patients housed at the facility, the Inmate Advisory Council (IAC) executive body and a random sample of patients housed in general population (GP). The results of the interviews conducted at Taft MCCF are summarized in the table below.

Please note that while this section is not rated, audit team members made every attempt to determine with surety whether any claim of a negative nature could be supported by material data or observation. The results are briefly discussed in the "comments" section below.

Patient Interviews (not rated)
1. Are you aware of the sick call process?
2. Do you know how to obtain a CDCR Form 7362 or sick call form?
3. Do you know how and where to submit a completed sick call form?
4. Is assistance available if you have difficulty completing the sick call form?
5. Are you aware of the health care grievance process?
6. Do you know how to obtain a CDCR Form 602-HC *Health Care Grievance* form?
7. Do you know how and where to submit a completed health care grievance form?
8. Is assistance available if you have difficulty completing the health care grievance form?
Questions 9 through 21 are only applicable to ADA patients.
9. Are you aware of your current disability/DPP status?
10. Are you receiving any type of accommodation based on your disability? (Like housing accommodation, medical appliance, etc.)
11. Are you aware of the process to request reasonable accommodation?
12. Do you know where to obtain a reasonable accommodation request form?
13. Did you receive reasonable accommodation in a timely manner?
14. Have you used the medical appliance repair program? If yes, how long did the repair take?
15. Were you provided interim accommodation until repair was completed?
16. Are you aware of the grievance/appeal process for a disability related issue?
17. Can you explain where to find help if you need assistance for obtaining or completing a form, (i.e., CDCR Form 602-HC, *Health Care Grievance*, CDCR Form 1824, Reasonable Modification or Accommodation Request or similar forms)?
18. Have you submitted an ADA grievance/appeal? If yes, how long did the process take?
19. Do you know who your ADA coordinator is?
20. Do you have access to licensed health care staff to address any issues regarding your disability?
21. During the contact with medical staff, do they explain things to you in a way you understand and take time to answer any question you may have?

Comments:

There were a total of 19 patients interviewed by the CCHCS auditors during the onsite audit. Three ADA, six IAC members, and ten patients randomly chosen from the facility roster.

The HPS I auditor questioned the ADA patients as to whether they were aware of the sick call and grievance processes and whether they experienced any barriers in receiving health care services related to their disabilities, while housed at Taft MCCF. One patient was hearing impaired and the HPS I auditor

established Effective Communication by speaking slowly and directly and asking for confirmation from the patient that he could hear and understand the auditor. Another patient spoke only Spanish. An interpreter was requested and provided interpretive services during the interview. All three patients reported they had no difficulty obtaining medical services when needed.

The CCHCS audit team interviewed the members of the IAC. Although these members had limited experiences with access or obtaining medical services, the overall impression confirmed by them was that the patient population felt the medical department is providing appropriate and timely health care services. The committee was encouraged by the auditors to invite representatives from the medical department to attend some or all of their IAC meetings, as this avenue will improve communications between the medical department and the patient population as well as help answer questions that may arise.

During the April 2017 audit, the IAC had inquired about the availability of over the counter medications (OTC) in the canteen which is available to patients housed at the CDCR institutions. The IAC members again inquired about this same issue during this audit. The auditors informed the IAC members that the issue had been brought to the attention of the Contract Beds Unit, who is currently working with the MCCFs to implement a similar program.

The HPS I auditor also interviewed ten randomly selected patients to determine if they were knowledgeable with the sick call and health care grievance processes at Taft MCCF. All ten patients were aware of the sick call process at Taft MCCF, however, a number of them have never submitted a sick call request and only had visited the medical department during their initial intake screening. They all knew where and how to obtain the sick call slips and where to submit the request. The patients who had used the medical services reported they felt the health care staff at Taft MCCF are respectful and provided good health care services. As mentioned above, there remains a feeling among the patients interviewed that if they are sent to the hub institution for services, they may be kept there for a long time. The CCHCS auditors discussed this issue with facility management and the nursing supervisor who stated that the patients are sometimes not returned to Taft MCCF in a timely manner after receiving medical services at the hub.

During all patient interviews, the HPS I auditor discussed the new Health Care Grievance regulations which became effective September 1, 2017. The HPS I auditor explained the change in the number of levels of review, the number of days each level has to respond to the grievance, the change in the color of the health care grievance forms, and where to send the health care grievance for each level of review. All patients interviewed stated they understood the new process after the explanation. A video explaining the new grievance regulations was provided to Taft MCCF on or around September 1, 2017, which was to be aired on the facility TVs to inform patients of the changes. All patients interviewed reported they had not seen the video. The HPS I auditor spoke with the facility management and the supervising nurse and they reported they would re-run the video. The Taft MCCF patient orientation manual has been updated as of January 2018 to explain the grievance process to the incoming patient population upon their arrival at Taft MCCF.

APPENDIX C – BACKGROUND and AUDIT METHODOLOGY

1. BACKGROUND AND PROCESS CHANGES

In April of 2001, inmates, represented by the Prison Law Office, filed a class-action lawsuit, known as *Plata vs. Schwarzenegger*, alleging their constitutional rights had been violated as a result of the CDCR health care system's inability to properly care for and treat inmates within its custody. In June of 2002, the parties entered into an agreement (Stipulation for Injunctive Relief) and CDCR agreed to implement comprehensive new health care policies and procedures at all institutions over the course of several years.

In October 2005 the Federal Court declared that California's health care delivery system was "broken beyond repair," and continued to violate inmates' constitutional rights. Thus, the court imposed a receivership to raise the delivery of health care in the prisons to a constitutionally adequate level. The court ordered the Receiver to manage CDCR's delivery of health care and restructure the existing day-to-day operations in order to develop a sustainable system that provides constitutionally adequate health care to inmates.

In accordance with the Receiver's directive, the CCHCS Field Operations and Private Prison Compliance and Monitoring Unit's (PPCMU) management plan on conducting two rounds of audits in a calendar year for the private facilities Modified Community Correctional Facilities (MCCF) and the California out-of-state correctional facilities (COCF) currently in contract with CDCR. During the first six months of the calendar year, the PPCMU audit team will conduct a full audit on all the facilities using the revised *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* (Revised November 2017) and Audit Tools. Based upon the overall audit rating received by the MCCF facility in their initial audit (*inadequate* or *adequate*), the facility will undergo a second round audit, which would be either a full or a Limited Review. The COCF facilities will undergo two rounds of audits (full review or Limited Review) per calendar year regardless of the score received during the initial audit.

2. OBJECTIVES, SCOPE, AND METHODOLOGY

The *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* was developed by the CCHCS in an effort to evaluate the effectiveness, efficiency, and compliance of the health care processes implemented at each contracted facility to facilitate patient access to health care. This audit instrument is intended to measure facility's compliance with various elements of patient access to health care, and also to identify areas of concern, if any, to be addressed by the facility.

The standards being audited within the *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* are based upon relevant Department policies and court mandates, including, but not limited to, the following: *IMSP&P*, *California Code of Regulations*, Title 8 and Title 15; *Department Operations Manual*; court decisions and remedial plans in the *Plata* and *Armstrong* cases, and other relevant Department policies, guidelines, and standards or practices which the CCHCS has independently determined to be of value to health care delivery.

The audit incorporates both *quantitative* and *qualitative* reviews.

Quantitative Review

The *quantitative* review uses a standardized audit instrument, which measures compliance against established standards at each facility. The audit instrument calculates an overall percentage score for each of the chapters in the *Administrative* and *Medical Component* sections as well as individual ratings for each chapter of the audit instrument.

To maintain a metric-oriented monitoring program that evaluates medical care delivery consistently at each correctional facility, CCHCS identified 12 medical and three administrative components of health care to measure. The *Medical* components cover clinical categories directly relating to the health care provided to patients, whereas the *Administrative* components address the organizational functions that support a health care delivery system.

The 12 medical program components are: *Access to Care, Diagnostic Services, Emergency Services and Community Hospital Discharge, Initial Health Assessment/Health Care Transfer, Medical/Medication Management, Observation Cells, Specialty Services, Preventive Services, Emergency Medical Response/Drills and Equipment, Clinical Environment, Quality of Nursing Performance* and *Quality of Provider Performance.* The three administrative components are: *Administrative Operations, Internal Monitoring and Quality Management and Licensing/Certifications, Training and Staffing.*

Every question within the chapter for each program component is calculated as follows:

- Possible Score = the sum of all *Yes* and *No* answers
- Score Achieved = the sum of all *Yes* answers
- Compliance Score (Percentage) = Score Achieved/Possible Score

The compliance score for each question is expressed as a percentage rounded to the nearest tenth. For example, a question scored 13 'Yes', 3 'N/A', and 4 'No".
Compliance Score = 13 'Yes' / 17 (13 'Yes' + 4 'No') = .764 x 100 = 76.47 rounded up to 76.5%.

The chapter scores are calculated by taking the average of all the compliance scores for all applicable questions within that chapter. The outcome is expressed as a percentage rounded to the nearest tenth. The qualitative rating for each chapter is described as *proficient*, *adequate*, or *inadequate* according to whether standards were met more than 90%, more than 80% or less than 80%. See Table below for the breakdown of percentages and its respective quality ratings.

Percentile Score	Associated Rating
90.0% and above	Proficient
80.0% to 89.9%	Adequate
Less than 80.0%	Inadequate

Ratings for clinical case reviews in each applicable chapter and overall will be described similarly.

Qualitative Review

The *qualitative* portion of the audit consists of case reviews conducted by CCHCS clinicians. The CCHCS clinicians include physicians and registered nurses. The clinicians complete clinical case reviews in order to evaluate the quality and timeliness of care provided by the clinicians at the facilities. Individual patient

cases are selected and followed utilizing an individual case review similar to well established methods utilized by the Joint Commission on Accreditation of Healthcare. Typically, individuals selected for the case review are those who have received multiple or complex services or have been identified with poorly controlled chronic conditions.

The cases are analyzed for documentation related to access to care, specialty care services, diagnostic services, medication management and urgent or emergent encounters. Once the required documentation is located in the record, the CCHCS clinician reviews the documentation to ensure that the abovementioned services were provided to the patients in accordance with the standards and scope of practice and the IMSP&P guidelines and to ensure complete and current documentation.

The CCHCS physician and nurse case reviews are comprised of the following components:

1. *Nurse Case Review*

   The CCHCS nurse auditors perform two types of case reviews:

   a. Detailed reviews – A retrospective review of ten selected patient health records is completed in order to evaluate the quality and timeliness of care provided by the facility's nursing staff during the audit review period.

   b. Focused reviews – Five cases are selected from the audit review period of which three cases consist of patients who were transferred into the facility and two cases consist of patients transferred out of the facility with pending medical, mental health, or dental appointments. The cases are reviewed for appropriateness of initial nurse health screening, referral, timeliness of provider evaluations, continuity of care, and completeness of the transfer forms.

2. *Physician Case Review*

   The CCHCS physician completes a detailed retrospective review of 15 patient health records in order to evaluate the quality and timeliness of care provided to the patient population housed at that facility.

Overall Component Rating

The overall component rating is determined by reviewing the scores obtained from clinical case reviews and quantitative reviews. Scores for all chapters in the quantitative review are expressed as percentages. The clinical case review ratings are likewise reported in terms of the percentage of encounters that were rated as appropriate within the cases reviewed for each medical component. The final outcome for each chapter is expressed as a percentage and is calculated by averaging the quantitative and clinical case review scores received for that chapter.

For those chapters, where compliance is evaluated utilizing only one type of review (either clinical case or quantitative review), the overall chapter score will equate to the score attained in that specific review. For all those chapters under the *Medical Component* section, where compliance is evaluated utilizing both quantitative and clinical case reviews, **double weight** will be assigned to the results from the clinical case reviews, as it directly relates to the health care provided to patients. For example, in Chapter 4, *Access to Care*, Facility A received 85.5% for clinical case review and 89.5% for quantitative review. The overall

chapter score will be calculated as follows (85.5+85.5+89.5)/3 = 86.8%, equating to quality rating of *adequate*. *Note the double weight assigned to the case review score.*

Based on the derived percentage score, each quality component will be rated as either *proficient*, *adequate*, *inadequate*, or *not applicable*.

Overall Audit Rating

The overall rating for the audit is calculated by taking the percentage scores for all chapters (under both *Administrative* and *Medical* components) and dividing by the total number of applicable chapters.

$$\text{Overall Audit Rating} = \frac{\textit{Sum of All Points Scored on Each Chapter}}{\textit{Total Number of Applicable Chapters}}$$

The resultant percentage value is rounded to the nearest tenth and compared to the threshold value range (listed in Table below). The final overall rating for the audit is reported as *proficient, adequate, or inadequate* based on where the average percentage value falls among the threshold value ranges.

Average Threshold Value Range	Rating
90.0% - 100%	Proficient
80.0% - 89.9%	Adequate
0.0% to 79.9%	Inadequate

The compliance scores and ratings for each chapter are reported in the *Executive Summary table* of the final audit report.

Scoring for Non-Applicable Questions and Double-Failures:

Questions that do not apply to the facility are noted as Not Applicable (N/A). For the purpose of component compliance calculations, N/A questions will have zero (0) points available. Where a single deviation from policy would result in multiple question failures (i.e., "double-failure"), the question most closely identifying the primary policy deviation will be scored zero (0) points, and any resultant failing questions will be noted as N/A.

Resolution of Critical Issues

Although the facility will not be required to submit a corrective action plan to the Private Prison Compliance and Monitoring Unit for review, the facility will be required to address and resolve all standards rated by the audit that have fallen below the 80.0% compliance or as otherwise specified in the methodology. The facility will also be expected to address and resolve any critical deficiencies identified during the clinical case reviews and any deficiencies identified via the observations/inspections conducted during the onsite audit.