

**TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING ONE  
TCCF CAP WEEKLY REPORT  
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**FINDING ONE**

**CURRENT MANAGEMENT STAFF WITHIN CORRECTIONS CORPORATION OF AMERICA (CCA) AND TALLAHATCHIE COUNTY CORRECTIONAL FACILITY (TCCF) CANNOT IMPLEMENT THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION (CDCR) REMEDIAL PLAN WITHOUT ASSISTANCE.**

**GOAL**

Develop and establish a management structure that encompasses an executive, managerial and supervisory staff that is competent to properly train and monitor all levels of clinical and administrative staff.

**FINDING ONE-OBJECTIVE 1 (F1-O1)**

**Augment the current management staff in the TCCF Medical Department.**

**Remedial Timeline: To be determined between CCA and the Office of the Receiver.**

**F1-O1 Action Steps:**

**F1-O1A**

Effective Thursday, July 10, 2008, Beverly Overton, Regional Health Services Director, was assigned to TCCF until the CAP is fully implemented.

- a) Ms. Overton's responsibilities were reassigned to other personnel.
- b) TCCF staff, CCA Health Services leadership, and affected wardens were notified of change in structure.

**F1-O1B**

Effective Thursday, August 21, 2008, Dr. Keith Ivens was appointed permanently as the Regional Medical Director for California inmates with an on-site presence at TCCF until such time as a full time MD (Senior Physician) is recruited and trained to assume the Senior Physician duties. Currently, Dr. Ivens is serving both a managerial oversight and an administrative role at TCCF.

Once the Senior Physician is hired for TCCF, Dr. Ivens will continue to serve as a full-time Regional Medical Director solely dedicated to the California population on a permanent basis (this role is in addition to the two full-time physicians at TCCF).

Dr. Ivens will be on-site at TCCF, in addition to the periodic on-site reviews and oversight by Drs. Andrade (CCA Chief Medical Officer) and Garriga (CCA Utilization Review Physician) and the weekly scheduled case review calls by Drs. Andrade, Garriga and Ivens. Dr. Ivens has also been instructed to partner with other members of the leadership team (Allen Cooper, Don Stewart, Beverly Overton) to ensure that the CAP is executed and that regular communication and collaboration occurs with the Receiver's Office and CDCR.

- a) Effective Friday, August 18, 2008, Dr. Michael Hegmann (Board Certified in Internal Medicine) is serving as the La Palma Facility Physician/CCA Regional Medical Director to allow Dr. Ivens to serve as the California specific Regional

- Medical Director and to allow Dr. Ivens to immediately provide direct oversight to TCCF until a Senior Physician (California equivalent to Chief Physician and Surgeon) is recruited for TCCF.
- b) TCCF medical direction and oversight responsibilities have been assigned to Dr. Ivens.
  - c) A full-time physician is being actively recruited for TCCF to serve as the Senior Physician for TCCF. Once the Senior Physician for TCCF is on-site, Dr. Ivens will resume his duties as Regional Director for the California population (through this role Dr. Ivens will remain involved with the TCCF management structure).
  - d) Dr. Bill Andrade will continue to serve as CCA's Chief Medical Officer.

**FI-OIC**

Effective no later than Monday, July 28, 2008 (exact start dates below), a team of subject matter experts was assigned to TCCF in the areas of Information Systems and Technology, Nursing Practice and Training, Quality Improvement, and other areas as determined by Ms. Overton.

- a) The following FSC staff have been assigned (reporting to Ms. Overton):
  - i) Steve Baxley, RN, Director Clinical Services was on site from May 20, 2008 to May 23, 2008. Mr. Baxley completed an Emergency Preparedness assessment and training for custody and medical personnel at TCCF. Mr. Baxley returned to the facility Monday, August 11, 2008 to reassess compliance with the emergency plan including the evaluation of all emergency medical equipment.
  - ii) Susan Montford, RN, Director, Quality Improvement was on site the week of June 2, 2008. Ms. Montford assisted Ms. Overton in an overall assessment of access to care and the functioning of the department.
  - iii) Ann Hall, Business Systems Liaison, Information Technology was on site from Monday May 26, 2008 through Saturday, June 28, 2008. During that time Ms. Hall completed staff training in the proper use of the electronic medical record (EMR) and checked off the clinical staff in the core competency areas of the EMR.
  - iv) Dr. Jose Garriga, Regional Medical Director, was on site Wednesday June 18, 2008 to assess the TCCF providers and to ensure that scope of practice was appropriate.
  - v) Effective Wednesday, August 6, 2008, Ms. Belinda Watkins, RN was hired and is on-site at TCCF to serve as a Deputy Director to Ms. Overton. In this capacity she will have the day-to-day management responsibility of the TCCF medical department with a special focus on the development and mentoring of the TCCF Health Services management team. Ms. Watkins' resume and a copy of the offer letter are attached hereto.
  - vi) Ms. Ellie Qualls, RN from the Information Technology Department reported TCCF to assist Ms Overton for 4 weeks starting Monday, July 28, 2008. Her primary role was to ensure data integrity in the reports function of the Electronic Medical Record (EMR) and to work directly with the medical staff to ensure that the appointment scheduling system is being used correctly and all documentation is reported correctly.

- b) Assign other subject matter experts as requested by Ms. Overton.

**FI-O1D**

Effective Monday June 23, 2008, provide consultation expertise to the TCCF medical department to assist with the development, implementation, and monitoring of the TCCF CAP.

- a) The week of June 23, 2008, the expert panel was in Sacramento to assist COCF and the Receiver's Office in the development of the TCCF Remedial Plan.
- b) CCA contracted with the expert panel members who assisted COCF and the Receiver's office in the development of the TCCF Remedial Plan to be on-site for four consecutive weeks (beginning Monday, July 14, 2008) to assist with the development, implementation and monitoring of the TCCF CAP until the CAP is fully implemented. The initial schedule was as follows:
- i) Gerry Johnson, DDS: Weeks of July 14, 2008, July 21, 2008, and August 25, 2008.
- ii) Keith Ivens, MD: Week of July 21, 2008 (he also attended COCF meetings in Sacramento with Dr. Andrade on July 29<sup>th</sup> and 30<sup>th</sup>). Dr. Ivens is currently on-site at TCCF.
- iii) Jan Lindsey, RN: Week of August 4, 2008
- c) Dr. Ivens is currently on-site to support the TCCF medical department. Dr. Johnson is assigned to TCCF every two/three weeks and is providing oversight and monitoring through on-going quality control functions.

**FI-O1E**

Executive leadership is on-site at TCCF to ensure compliance with the CAP and to ensure that all clinical and administrative staff are functioning properly and all systems are working effectively and efficiently.

- a) Effective Thursday, July 10, 2008, Ms. Beverly Overton, Regional Director Health Services was assigned to and is on-site at TCCF to provide executive level health services oversight. Ms. Overton will remain on-site until the CAP is fully implemented and will continue to provide regular oversight after the CAP is fully implemented.
- b) Mr. Don Stewart arrived at TCCF on Monday, July 7, 2008 to begin immediate executive support and oversight. Effective Saturday, July 26, 2008 Mr. Stewart was appointed as Senior Director California Contract Compliance. Mr. Stewart will remain on-site at TCCF until the CAP is fully implemented.
- c) Effective Thursday, July 3, 2008, Mr. Allen Cooper was appointed as Acting Director Quality Assurance, to provide Tallahatchie leadership on-site on a regular basis to ensure compliance with the CAP through full CAP implementation and to ensure that all staff and systems are functioning effectively and efficiently.

**FI-O1F**

Health Services management structure at TCCF, Regional CCA and National CCA levels is currently being evaluated and the permanent structure will be modified and/or supplemented as appropriate.

- a) Needs assessments are being performed specific to California contract.
  - i) Time requirements are being tracked for the following positions:
    - (1) John Tighe, Vice President, Health Services
    - (2) Dr. Bill Andrade, Chief Medical Officer
    - (3) Herb Spiwak, Director, Patient Care Health Services
    - (4) Steve Baxley, Manager, Physician Relations
    - (5) Beverly Overton, Regional Director, Health Services
    - (6) Gloria Johnson, TCCF Health Services Administrator
    - (7) Dr. Schafer, TCCF Physician
    - (8) Other key staff as needed
  - ii) View California-specific time requirements of above staff and evaluate whether California-specific positions are needed for one or more of the above positions.
- b) Evaluate current (and potential) personnel to ensure competencies and personalities match with California counterparts; realign as appropriate.

**F1-O1 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F1-O1A: E-mail from John Tighe notifying CCA staff of reassignment of Ms. Overton*
- *See attachment F1-O1B1: Agreement with Dr. Hegmann*
- *See attachment F1-O1B2: Agreement with Dr. Ivens*
- *See attachment F1-O1B3: Email from John Tighe detailing updated assignment for Dr. Ivens*
- *See attachment F1-O1C1: Agreement with Belinda Watkins*
- *See attachment F1-O1C2: Resume for Ms. Watkins CV*
- *See attachment F1-O1E: Appointment of Allen Cooper*
- *See attachment F1-O1E1: Resume for Mr. Cooper*
- *See attachment F1-O1E2: Appointment of Don Stewart*
- *See attachment F1-O1E3: Resume for Mr. Stewart*

**FINDING ONE-OBJECTIVE 2 (F1-O2)**

**Augment the overall current TCCF management structure (outside of the Medical Department) to allow the Warden and his staff to focus on day-to-day operations while providing dedicated senior leadership to ensure compliance with the TCCF Remedial Plan and overall compliance with COCF and contractual requirements.**

**F1-O2 Action Steps:**

**F1-O2A**

Effective Thursday, July 3, 2008, Mr. Allen Cooper was assigned as the Director, Quality Assurance for TCCF. Mr. Cooper will assist with ensuring overall compliance and contractual requirements through full CAP implementation.

**F1-O2B**

Effective Saturday, July 26, 2008, Mr. Don Stewart was appointed as the Senior Director, California Compliance. Mr. Stewart began acting in this role and was on-site at TCCF beginning Monday July 7, 2008. This is a new full-time position that is assigned to be on-site at TCCF through full CAP implementation and will then be detailed to other facilities housing CDCR inmates.

**F1-O2C**

Additional restructuring or assignment of additional full-time positions at TCCF, Regional CCA and National CCA levels are being evaluated.

- a) A needs assessment is being performed specific to the California contract.
  - i) Time requirements are being tracked for the following positions:
    - (1) Jimmy Turner, Vice President, Operations, Business Unit 2
    - (2) Jack Garner, Managing Director, Division IV
    - (3) Robert Adams, Warden, Tallahatchie County Correctional Facility
    - (4) Other key staff as needed
- b) View California-specific time requirements of above and evaluate whether California-specific positions are needed for one or more of the above.
- c) Evaluate current (and potential) personnel to ensure competencies and personalities match with California counterparts; realign as appropriate.

**F1-O2 PROOF OF PRACTICE DOCUMENTS:**

*See appointments and resumes for Mr. Cooper and Mr. Stewart under F1-O1 above.*

**FINDING ONE-OBJECTIVE 3 (F1-O3)**

**Provide COCF with a detailed summary, weekly, of the status of the corrective actions as taken, to date, pursuant to the TCCF Remedial Plan.**

**F1-O3 Action Steps:**

**F1-O3A**

The TCCF CAP is being developed.

- a) The TCCF Draft Remedial Plan developed in meetings between CCA Experts, CDCR representatives, and Receiver staff the week of June 23, 2008 was received by CCA staff immediately prior to the Tuesday, July 1, 2008 meeting with the Receiver and was reviewed by CCA staff the week of July 1, 2008 and week of July 8, 2008.
- b) An Initial Remedial Plan update was provided on Friday, July 11, 2008.
- c) Based on feedback, a new format and revised sample TCCF CAP and timeline were submitted on Friday, July 18, 2008. Based on feedback from these samples, a full CAP was drafted and was submitted on Friday, July 25th, 2008.
- d) Further feedback was received, revisions were made and revised drafts were exchanged over the following week with a final TCCF CAP submitted for approval on Thursday, July 31st, 2008. A formal letter to Mr. Hagar requesting approval of the CAP was also submitted.

- e) Based upon Mr. Hagar's comments a revised Finding One was submitted on Friday, August 15, 2008.
- f) Based upon feedback received from Mr. Hagar, all Findings have been revised and are being resubmitted for approval with this report Friday, August 29, 2008.

**FI-03B**

TCCF CAP Implementation Time frame was developed.

- a) The implementation time frame included as part of TCCF Draft Remedial Plan developed in meetings between CCA Experts, CDCR representatives, and Receiver staff the week of June 23, 2008 was reviewed.
- b) A timeline was developed which incorporated the implementation time frame for each Goal, Category and Objective within the TCCF Remedial Plan noting those items due: Immediately upon approval of CAP; within 14 days of approval of CAP; within 30 days of approval of CAP; within 45 days of approval of CAP; within 60 days of approval of CAP; within 90 days of approval of CAP.
- c) A sample draft timeline was submitted on Friday, July 18, 2008.
- d) A full Implementation Timeframe schedule was submitted on Friday, July 25th, 2008.
- e) A Team Leader for each Objective was inserted on Wednesday, August 13, 2008.
- f) Based upon feedback from Mr. Hagar, the timeline has now been incorporated into this CAP report.

**FI-03C**

Develop weekly reporting document which encompasses Action Items from approved CAP.

- a) Immediately following submission of the CAP, CCA began developing a status report to CDCR/COCF. The first weekly report on the CAP was submitted on Friday, August 1, 2008. Updates and Proof of Practice documents were sent on an on-going basis as tasks were completed in order to avoid overburdening COCF and Receiver staff on Fridays. Accordingly, the TCCF weekly report was split into sixteen parts, one report document for each of the sixteen Findings. In this manner, CCA staff sent only those Findings with an update; thereby, streamlining the review process for COCF and Receiver staff.
- b) Two weeks of reports were submitted (Week One Reports for the Week ending Friday, August 1, 2008 and Week Two Reports for the Week ending Friday, August 8, 2008). The reports for the Third week (Week ending Friday, August 15, 2008) were held based upon feedback regarding the CAP. Reports as of August 29, 2008 are incorporated into this CAP report.
- c) CCA looks forward to receiving further feedback from Mr. Hagar regarding an appropriate ongoing reporting process.

**FI-03D**

A Gantt chart format has been developed which presents detailed timeline and aging of each action item within the appropriate implementation time frame.

- a) CCA developed a draft Gantt chart which presents the detailed timeline and aging of each action and submitted this draft Gantt chart as part of the Weekly Report

on Friday, August 1, 2008. The draft Gantt chart was presented in order to solicit feedback from Mr. Hagar and Receiver Staff regarding whether the format and basic content of the draft Gantt chart meets the needs and purposes of the Receiver.

- b) The draft Gantt chart was developed utilizing a formal Program Management Office (PMO) Methodology. The PMO will maintain a Project Plan at both the detail and summary task level, with each Finding as a top level summary task. If this meets with the intent of the Receiver, for each week's report, a real time Gantt chart for each Finding section will be generated and included in the report.

**F1-03 PROOF OF PRACTICE DOCUMENTS:**

*Please refer to previously submitted documents under this Finding. Any and all documents shall be resubmitted upon request.*

**FINDING ONE-OBJECTIVE 4 (F1-04)**

**Coordinate with California Out-of-State Correctional Facility (COCF) and/or the Medical Oversight Program (MOP) team to allow on-site facility investigations both during and after the period of remediation at TCCF.**

**F1-04 Action Steps:**

**F1-04A**

Discuss schedule for on-site investigations with COCF.

**F1-04B**

Support such on-site investigations as appropriate.

**F1-04C**

Arrange for payment or reimbursement of costs associated with such on-site investigations.

**F1-04 PROOF OF PRACTICE DOCUMENTS:**

*Proof of Practice will be submitted upon receipt of notification of invoice from COCF. CCA remains committed to full cooperation with this investigative process and reimbursement of the same.*

**FINDING TWO  
TCCF CAP WEEKLY REPORT  
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**FINDING TWO**

**STAFFING REQUIREMENTS ARE INADEQUATE.**

**GOAL**

Provide Sufficient Number of RNs to provide necessary medical services.

**FINDING TWO-OBJECTIVE 1 (F2-O1)**

**Provide sufficient number of RNs to provide:**

- **Face-to-Face triage a minimum of five days per week;**
- **Emergency response 24/7;**
- **Required Intake Services.**

**Remedial Timeline: Facility medical demands and staffing needs to meet those demands to be determined within 14 days of CAP approval.**

**F2-O1 Action Steps:**

**F2-O1A**

During the full implementation and development of the CAP, CCA immediately recruited and hired six (6) additional RNs (for a total of twelve (12) TCCF RNs) to ensure that necessary medical services are delivered within the mandatory timeframes required by the remedial plan.

The inmate population was then evaluated to confirm appropriate enrollment in the chronic care clinic and to confirm that sick call requests were immediately assessed by an RN and seen by a physician, as appropriate, within the specified time frames dictated by the remedial plan.

At this time, chronic clinic backlogs have been cleared and there is no backlog in patient-inmate's sick call requests (confirmed through August 28, 2008 audit).

**F2-O1B**

In order to determine the long-term medical demands and staffing needs for sick call, emergency response, intake screening, and other nursing processes, a detailed study was completed using the methodology described below. This study was submitted to Ms. Yulanda Mynhier for review and comment on Tuesday, August 12, 2008 (attached hereto as a proof of practice document). The methodology and steps used were as follows:

- a) **Collect activity associated with nursing processes:** The TCCF YTD June 2008 monthly statistical report, MSR (attached hereto as a proof of practice document) was utilized to establish a baseline for the following volumes and activities: intake screening; sick call; treatments outside of sick call; laboratory blood draws; medications administered at pill line (DO/KOP); chart reviews; and, emergency response. In addition, statistics regarding the number of sick call slips reviewed and pharmacy ordering are not included in the MSR and were gathered from reports taken from the electronic medical record and from CCA's pharmacy provider (attached hereto as proof of practice documents are the Sick Call

- Monitoring report, and Diamond Pharmacy Services report) In addition, the Pill line count was revised to reflect more accurate data using supplemental statistical data (the CCA Pill Line Count is attached hereto as a proof of practice document).
- b) **Establish time frames for each activity:** Standard times were calculated based on time studies performed at a 773 bed jail, a 1000 bed and 1500 bed state prison. Time frames for processes not included in the time studies, such as review of sick call slips and nursing chronic care encounters, were based upon input from the TCCF Health Services Administrator and queries to other CCA medical departments regarding the duration of that activity. The information from the TCCF Health Services Administrator was confirmed through the responses from these other CCA medical departments.
  - c) **Determine frequency of the activity daily, weekly, monthly:** Frequency of processes were based on current day of the week activity at TCCF.
  - d) **Decide on the right skill mix (RN vs. LPN):** Scope of license was considered for each process.
  - e) **Determine the appropriate statistic to be utilized to compile the data:** The monthly statistical report identifies the appropriate statistic to be used. Each statistic is the key workload unit for that activity.

#### **F2-O1C**

No later than Monday, September 9, 2008, (assuming that feedback and approval of the methodology and data described under F2-O1A is received by Ms. Mynhier the week of September 2, 2008) utilize the data gathered as described in F2-O1A above, to calculate the appropriate required staffing to meet facility medical needs.

#### **F2-O1D**

No later than Monday, September 15, 2008 (within 14 days of CAP approval assuming CAP is approved week of September 2, 2008 and assuming that feedback is received to allow the calculations described in F2-O1B above) develop a revised facility staffing pattern that incorporates the necessary staff identified as described under F2-O1B above. This revised staffing pattern shall be submitted to COCF for review and approval no later than Monday, September 15, 2008 (assuming feedback as detailed above) and shall contain appropriate staffing for the following operational circumstances:

- a) Normal operations;
- b) Mass-movement intakes; and
- c) When lock-downs exceed the current state of operations (e.g., if lockdowns are beyond the current averages).

#### **F2-O1E**

No later than 30 days from receipt of staffing pattern approval from COCF, CCA shall fully implement the approved staffing pattern at TCCF. In anticipation of the forthcoming revised staffing pattern, and in recognition that RN recruitment will be a key component to meet the revised staffing pattern, on Friday, July 11, 2008, CCA began an intensive effort to recruit nursing staff. This recruitment effort included the appointment of Ms. Nicole Carter, Human Resources Recruiter, to specifically recruit medical personnel to TCCF. Ms Carter began her duties on Monday, July 14, 2008 and she will

remain dedicated to TCCF until the revised staffing pattern has been fully implemented. As a result of the recruiting effort six (6) additional RN positions have been recruited for the facility. All six (6) RNs were on-site at TCCF by Monday, August 25, 2008.

**F2-O1 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F2-O1A: Table of statistical data re nursing processes, time frames, frequency and skill mix (sent via email to Ms. Mynhier on Tuesday, August 12, 2008)*
- *See attachment F2-O1A1: Monthly / Annual Health Services Statistical Report*
- *See attachment F2-O1A2: COCF Sick Call Monitoring Requirements*
- *See attachment F2-O1A3: Diamond Pharmacy*
- *See attachment F2-O1A4: CCA Pill Call Count*
- *See attachment F2-O1D: Appointment of Nicole Carter, Full Time Recruiter*
- *See attachment F2-O1D1: Offer(s) of Employment*
- *See attachment F2-O1D2: CVs for RNs*

**GOAL**

Provide adequate physician coverage for 24/7 urgent/emergent availability and midlevel supervision.

**FINDING TWO-OBJECTIVE 2 (F2-O2)**

**Provide nurse and midlevel practitioners with 24/7 physician access.**

**Remedial Timeline: Within 14 days of CAP approval.**

**F2-O2 Action Steps:**

**F2-O2A**

A 24/7 call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call (in the event an approved nurse practitioner is on call) and Emergency (911) was initially implemented, posted and communicated to staff on July 1, 2008. By agreement between CCA and CDCR, the current nurse practitioner at TCCF will not take call. Should a CDCR approved nurse practitioner be hired at TCCF, then in the event that nurse practitioner takes call a physician will be available during the entire call time. The call schedule will ensure that there is always a licensed MD on call to provide sufficient formal supervision and consultation for the nurses and midlevel practitioners. The initial call schedule was forwarded to Dr. Wolf on Friday, July 11, 2008. Following discussions with CDCR/COCF medical staff, the call schedule was revised and updated with suggested changes on Friday, August 22, 2008, effective immediately.

**F2-O2B**

The call schedule for September will be immediately delivered. Going forward, each monthly call schedule will be submitted to COCF and the Office of the Receiver by the 15<sup>th</sup> of the prior month (for example, the October call schedule will be delivered by September 15, 2008).

**FINDING TWO-OBJECTIVE 3 (F2-O3)**

**Provide Licensed Independent Practitioner (LIP) on call to TCCF 24/7 in order to evaluate patients with urgent/emergent conditions for those patients not transferred to a higher level of care.**

**Remedial Timeline: Within 14 days of CAP approval.**

**F2-O3 Action Steps:**

**F2-O3A**

Beginning in August 2008, the call schedule identified under F2-O2A identifies the primary care provider accountable for on-site response to the facility to evaluate patients with urgent/emergent conditions not referred to a higher level of care.

**F2-O2 and F2-O3 PROOF OF PRACTICE DOCUMENTS:**

*Proof of Practice Documents provided including July, August and September call schedules.*

**GOAL**

Increase number of LIPs (1.4 MDs and 1.2 Nurse Practitioners).

**FINDING TWO-OBJECTIVE 4 (F2-O4)**

**Ensure sufficient LIP coverage to provide sick call, chronic care, urgent/emergent services, initial health appraisals, and follow-ups on a timely basis.**

**Remedial Timeline: Facility medical demands and staffing needs to meet those demands to be determined within 14 days of CAP approval.**

**F2-O4 Action Steps:**

**F2-O4A**

During the full implementation and development of the CAP, an additional full-time nurse practitioner was added (start date of September 2, 2008) and an additional physician hours were added (Dr. Liddell is currently contributing a minimum of 12 hours a week).

The inmate population was then evaluated to confirm appropriate enrollment in the chronic care clinic and to confirm that sick call requests were immediately assessed by an RN and seen by a physician, as appropriate, within the specified time frames dictated by the remedial plan.

At this time, chronic clinic backlogs have been cleared and there is no backlog in patient-inmate's sick call requests (confirmed through August 28, 2008 audit).

**F2-O4B**

No later than Monday, September 9, 2008, (assuming that feedback and approval of the methodology and data described under F2-O1A is received by Ms. Mynhier the week of September 2, 2008) and utilizing the data gathered as described under F2-O1 above, as

well as utilization and access to care time frame data to include the Medical Observation requirement under F2-O5 below and the Pending Specialty Referral requirements under F2-O8 below, determine the LIP staffing needs and the appropriate mix of providers required to meet medical needs.

**F2-O4C**

No later than Monday, September 15, 2008 (within 14 days of CAP approval assuming CAP is approved week of September 2, 2008 and assuming that feedback is received to allow the calculations described in F2-O4A above) develop a revised facility staffing pattern that incorporates the necessary staff identified as described under F2-O4A above. This revised staffing pattern shall be submitted to COCF for review and approval no later than Monday, September 15, 2008

**F2-O4D**

In anticipation of the forthcoming revised staffing pattern, and in recognition that recruitment for employee or contract LIP staff would be a key component to meet the revised staffing pattern, on Friday, July 11, 2008, CCA began an intensive effort to recruit such staff. This recruitment effort included the appointment of Ms. Nicole Carter, Human Resources Recruiter, to specifically recruit medical personnel to TCCF. Ms Carter began her duties on Monday, July 14, 2008 and she will remain dedicated to TCCF until the revised staffing pattern has been fully implemented. As a result of the recruiting effort the facility has completed a contract with a physician, Dr. Liddell, to provide at least an additional 12 hours of service per week (she is contracted to provide up to 16 to 20 hours a week). Dr. Liddell is a Board Certified Family Medicine Physician and is currently serving as a facility physician (in addition to Dr. Schaeffer – full time, Dr. Johnson – part time). Dr. Liddell is currently evaluating whether she wishes to accept full-time employment at TCCF. In addition, an offer of employment for an additional full time Nurse Practitioner has been made and accepted. The Nurse Practitioner is scheduled to start employment at TCCF on Tuesday, September 2, 2008.

**F2-O4 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F2-O4A: Facility LIP and RN Schedule*
- *See attachment: F2-O4D: Agreement with Dr. Liddell*
- *See attachment: F2-O4D1: Appointment Memo/Acceptance for Nurse Practitioner*

**FINDING TWO-OBJECTIVE 5 (F2-O5)**

**Ensure sufficient LIP coverage to allow a complete history, physical evaluation, and daily face-to-face rounds by the LIP for each patient-inmate admitted to the observation unit.**

**Remedial Timeline: Upon CAP approval.**

**F2-O5 Action Steps:**

**F2-O5A**

Please see F2-O4 above regarding the determination of needs, the revision of the staffing pattern and the recruitment of LIPs.

**F2-O5B**

Effective Tuesday, July 1, 2008, CCA requires complete history, physical evaluation, and daily face-to-face rounds for each patient-inmate admitted to the observation unit.

- a) On Thursday, July 24, 2008, Dr. Bill Andrade and Dr. Keith Ivens met with all providers at TCCF and provided training and guidelines for performance under the contract with CDCR regarding the requirement for the LIP to prepare a complete history and physical on any patient-inmate admitted to the medical observation unit and the requirement for daily face-to-face rounds on the patient-inmate as long as he is in a medical observation cell. Each provider was given written instructions as to the requirements of the contract and all applicable court decisions. This document is titled “CDCR Requirements for CCA Providers” and was effective Tuesday, July 1, 2008.
- b) Monitor compliance through the TCCF Continuous Quality Improvement (CQI) Program.

**F2-O5C**

On Friday, August 8, 2008 a revision to CCA policy 13-63, Observation Beds was forwarded to Ms. Mynhier and Ms. Lea for review. This revision to this policy includes the medical observation unit requirement for TCCF (and ultimately will be extended to other CCA facilities housing CDCR patient-inmates) as an ATF (At this Facility).

**F2-O5 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F2-05B: CDCR Requirements for CCA Providers*
- *See attachment F2-05B1: Training / Attendance Roster*
- *Please reference E-mail from Amy Garner to Yulanda Mynhier and Melissa Lea dated August 8, 2008 regarding and containing Revised Policies.*

**FINDING TWO-OBJECTIVE 6 (F2-O6)**

**Ensure sufficient LIP coverage to allow a face-to-face assessment at least every 30 days for each patient-inmate referred to a specialty clinic for so long as such referral is pending.**

**Remedial Timeline: Upon CAP approval.**

**F2-O6 Action Steps:**

**F2-O6A**

Please see F2-O4 above regarding the determination of needs, the revision of the staffing pattern and the recruitment of LIPs.

**F2-O6B**

Please see F2-O5B above regarding the instructions and training provided to TCCF staff regarding the requirement that a face-to-face assessment is performed at least every 30 days for each patient-inmate referred to a specialty clinic for so long as such referral is pending.

**F2-O6 PROOF OF PRACTICE DOCUMENTS:**

- *See reference attachments provided under F2-O4 and F2-O5 above.*

**GOAL**

Ensure that specialty referrals have a priority assessment and sufficient tracking.

**FINDING TWO-OBJECTIVE 7 (F2-O7)**

**Prioritize specialty referrals for emergent (immediately), urgent (within 14 days) or routine (within 90 days) referral.**

**Remedial Timeline: Upon CAP approval.**

**F2-O7 Action Steps:**

**F2-O7A**

On Friday, August 8, 2008, CCA submitted a revision to Policy 13-64 Offsite Care/Consultation to Ms. Mynhier and Ms. Lea including language to ensure prioritization of specialty referrals, including:

- a) A priority system for the scheduling and completion of specialty consultations and referrals utilizing the criteria of:
  - i) Emergency referrals immediately;
  - ii) Urgent referrals within 14 days; and
  - iii) Routine referrals within 90 days.
- b) This incorporates the priority system into CCA Policy Chapter 13.

**F2-O7A PROOF OF PRACTICE DOCUMENTS:**

*Please reference E-mail from Amy Garner to Yulanda Mynhier and Melissa Lea dated August 8, 2008 regarding and containing Revised Policies.*

**F2-O7B**

On Wednesday, July 30, 2008, a telephone conference was conducted with CCA's off-site vendor, Medical Development International (MDI), instructing the vendor to incorporate the specialty priority time frames in F2-O7A into their scheduling and appointment system.

**FINDING TWO-OBJECTIVE 8 (F2-O8)**

**Report specialty referrals under routine monitoring provisions of the TCCF Remedial Plan.**

**Remedial Timeline: Upon CAP approval.**

**F2-O8 Action Steps:**

**F2-O8A**

A tracking system for specialty consultations and referrals is provided as a part of MDI's agreement to provide services to CCA. This report is being revised to include all necessary information in an electronic format. Until such time, specialty consultations and referrals shall be reported on the California Out-of-State Correctional Facility Specialty Care Referral Monitoring Requirements Form. This report will be provided as part of the routine monitoring under the TCCF remedial plan.

**F2-O8A PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F2-08A: MDI Report*
- *See attachment F2-08A1: California Out-Of-State Correctional Facility Specialty Care Referral Monitoring Requirements Form*

**FINDING THREE  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING THREE**

**THE PROCESS FOR SCHEDULING, TRACKING, AND FOLLOW-UP OF MEDICAL APPOINTMENTS DOES NOT COMPLY WITH BASIC PLATA STANDARDS.**

**GOAL**

Establish a scheduling process that is conducted by appropriate nursing staff and assesses priority.

**FINDING THREE-OBJECTIVE 1 (F3-O1)**

Ensure that when an RN or LPN refers a patient to an LIP, they will prioritize that referral and schedule it on the LIP's schedule directly within the context of Plata standards. In particular:

- All patient visits requiring an assessment must be conducted by an RN.
- When referral is necessary, the RN must identify a timeline for an LIP visit according to protocol.
- Patients must be seen by the LIP within the time frame established by the physician and used by the RN for scheduling.

**Remedial Timeline: Vendor has 30 days from approval of the CAP.**

**F3-O1A**

Nurses are currently prioritizing referrals to the LIPs per Guidelines for Urgent/Emergent Care (attached hereto as a proof of practice document) and all referrals are being entered on the LIPs schedule.

**F3-O1B**

No later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) CCA shall develop standardized priority guidelines and timeframes for any process that requires a nursing assessment, including, but not limited to, intake screening, sick call and nursing protocols.

**F3-O1C**

CCA shall review and update CCA Policy to:

- a) Incorporate the standardized priority guidelines and timeframes described in F3-O1B above into CCA Policy.
- b) Require that all nurses prioritize referrals to LIPs per the CCA guidelines (as described under F3-O1B above).
- c) Require that all nurses enter the referral on the LIP's schedule.

**F3-O1D**

On Thursday, July 31, 2008 Courtney Blevins, CCA IT, performed a review of the current Allscripts systems to determine what reports are currently available in the Allscripts software program (a copy of this review is attached hereto as a proof of practice document). One element of Allscripts that must be upgraded is an upgrade to include an “internal referral” form to be used by nurses when referring patients to LIPs. Once upgraded:

- a) Conduct a training session for all nurses to instruct the nurses on:
  - i) The use of the “internal referral” form, and
  - ii) The CCA standardized guidelines for referral time frames.
- b) Upon completion of training, the referring nurses will begin using the “internal referral” form to prioritize referrals.

**F3-O1E**

Effective Monday, July 1, 2008, when an RN identifies a patient in need of emergency services, the RN will call 911 if the patient is in imminent danger. In other cases, the RN will immediately do a face-to-face consultation with the LIP when there is an LIP on-site. If there is no LIP on-site, the RN will call the LIP on call for consultation. If necessary, the LIP will physically come to the facility to evaluate the patient.

**F3-O1F**

Use of the referral guidelines and the “internal referral” form will be added to the performance evaluation criteria for all nurses to ensure that the effectiveness of each nurse is evaluated annually.

- a) Education and training will be provided for all nurses who do not meet the criteria.

**F3-O1G**

Appropriate referrals from nurses to LIPs will be monitored on an ongoing basis via the QA Program (standard = Number of negative outcomes resulting from referrals that fall outside the physician guidelines).

**F3-O1H**

Effective Thursday, June 19, 2008, Daily, Weekly, and Monthly reporting is based on the data elements detailed below. Beginning August 1, 2008, TCCF has incorporated the use of the “California Out-of-State Correctional Facility Sick Call Referral Monitoring Requirements” form.

- a) Total number of referrals by provider.
- b) All referrals made from nurses to LIPs.
- c) Date of referral.
- d) Date of appointment.
- e) Whether or not the appointment with the LIP took place.
- f) For appointments that did not take place on the scheduled day – the date of the rescheduled appointment.
- g) The reason the appointment was rescheduled.

h) Whether or not the rescheduled appointment took place.

**F3-O1 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O1A1: Sick Call Triaging*
- *See attachment F3-O1A2: Guidelines for Urgent/Emergent Care*
- *See attachment F3-O1C: TCCF CAP Reports Analysis*
- *See attachment F3-O1D: Medical 24-hour Call Schedule*
- *See attachment F3-O1D1: Progress Notes showing Dr. Schafer returning to the facility*
- *Please see attachment F3-O1G: California Out-of-State Correctional Facility Sick Call Monitoring Requirements*

**FINDING THREE-OBJECTIVE 2 (F3-O2)**

All referrals shall be captured and recorded as required under the monitoring provisions of the TCCF Remedial Plan. If such referrals do not occur in a timely manner, a statement must be provided detailing the reasons why the referral did not occur.

**Remedial Timeline: 30 days from approval of the CAP.**

**F3-O2 Action Steps:**

**F3-O2A**

As indicated in F3-O1F above, a review of the data in Allscripts began on Thursday, July 31, 2008. CCA will work with Allscripts to define the reporting requirements until completion.

**F3-O2B**

Beginning in June 2008 Ann Hall and Ellie Qualls from CCA-FSC Information Technology department have been on-site at TCCF conducting training with medical personnel on usage of the electronic medical record.

**F3-O2C**

Effective Thursday, June 19, 2008, reports are run daily, weekly, monthly based on the data detailed below. Beginning August 1, 2008, TCCF has incorporated the use of the “California Out-of-State Correctional Facility Sick Call Referral Monitoring Requirements” form.

- a) Total number of referrals by provider.
- b) All referrals made from nurses to LIPs.
- c) Date of referral.
- d) Date of appointment.
- e) Whether or not the appointment with the LIP took place.
- f) For appointments that did not take place on the scheduled day – the date of the rescheduled appointment.
- g) The reason the appointment was rescheduled.
- h) Whether or not the rescheduled appointment took place.

**F3-O2 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O1G: California Out-of-State Correctional Facility Sick Call Monitoring Requirements*

**GOAL**

Provide access to care which is not adversely affected by lockdowns or Administrative Segregation placement.

**FINDING THREE-OBJECTIVE 3 (F3-O3)**

**Ensure timely access to medical care paying special attention to patient-inmates in lockdown or Administrative Segregation. Provide:**

- **Two additional escort officers for access to medical care and assign additional officers and resources to facilitate movements to medical appointments.**

**Remedial Timeline: Upon approval of the CAP.**

**F3-O3 Action Steps:**

**F3-O3A**

Effective in April, 2008, CCA assigned two additional escort officers to improve access to medical care and designated them as mandatory posts.

**F3-O3B**

CCA has evaluated custody staffing needs to ensure timely access to medical appointments especially during lockdowns and for patient-inmates in Administrative Segregation. The facility has initiated a lay-in system (similar to the CDCR ducat process) consistent with Title 15 to identify the location of prisoners with scheduled appointments and establish accountability for adherence with the appointment schedule.

**F3-O3 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-03A: TCCF Shift Roster Assignment (particularly page 2 showing designation of medical posts).*
- *See attachment F3-03B: Memorandum to Inmates Regarding Medical Appointments*
- *See attachment F3-03B1: Memorandum from Robert Adams Regarding Tracking Inmate Movements*

**FINDING THREE-OBJECTIVE 4 (F3-O4)**

**Modify Mandatory Post Chart to reflect positions added under F3-O3 above.**

**Remedial Timeline: Upon approval of the CAP.**

**F3-O4 Action Steps:**

**F3-O4A**

Effective August 7, 2008 the two additional escort officers were added to the TCCF staffing pattern and to the Mandatory Post chart and submitted to COCF for review.

**F3-O4 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O4A: Revised Staffing Pattern showing additional escort officers*
- *See attachment F3-O4A1: Revised Mandatory Post chart showing additional escort officers.*

**FINDING THREE-OBJECTIVE 5 (F3-O5)**

**Designate RN or LIP to do face-to-face, at cell interviews for patient-inmates in Administrative Segregation and to participate in “morning muster” per Coleman.**

**Remedial Timeline: Within 30 days of approval of the CAP.**

**F3-O5 Action Steps:**

**F3-O5A**

Effective July 2007 CCA was required per Coleman to have an RN, or LIP assigned to do medical rounds in Administrative Segregation (cell to cell/face-to-face) on a daily basis. Each patient-inmate is given an opportunity to request medical services (turn in a sick call slip) or discuss health concerns with the RN or LIP. This process also meets the requirements of the Remedial Plan.

**F3-O5 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O5A: Segregation Watch Log*
- *See attachment F3-O5B: Morning Muster*

**FINDING THREE-OBJECTIVE 6 (F3-O6)**

**Develop a process to ensure that patient-inmates in lockdown or Administrative Segregation appear for their medical appointment. A reporting system shall be implemented which provides immediate notification to the Warden or designee in the event that a patient-inmate does not appear for the appointment. The CCA Facility Support Center shall be notified in the event that the patient-inmate does not appear at the medical appointment once the Warden or designee has been notified.**

**Remedial Timeline: Process formalized and implemented within 30 days of approval of the CAP.**

**F3-O6 Action Steps:**

**F3-O6A**

Effective in July, 2008, a medical examination room was constructed and completed in H Unit Segregation. This eliminates the need to escort patient-inmates from H Unit Segregation to Medical for Sick Call. Medical staff continues to review the scheduled appointments on the electronic Scheduler each morning to determine if there are any patients in other Administrative Segregation areas (the electronic Scheduler notes the housing assignments). In the event that a patient-inmate has an appointment:

- a) The Medical Escort Officers are requested to bring the patient-inmates from Administrative Segregation to the medical clinic for their appointments.
- b) If the patient-inmate is not escorted to the medical clinic for their scheduled appointment, the HSA notifies the Unit Manager for assistance in escorting patient-inmates to the clinic.
- c) If the Unit Manager cannot arrange for the patient-inmates to be escorted to the clinic, the Unit Manager shall contact the Chief of Security.
- d) If the Chief of Security cannot arrange for the patient-inmates to be escorted to the clinic, the HSA reports the situation to the Warden.
- e) If the Warden does not allow the patient to be escorted to the clinic, the HSA reports the situation to the CCA Facility Support Center to request assistance.
- f) The CCA Facility Support Center contacts the Warden to facilitate patients being brought to the clinic.

**F3-O6 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O6A: Pictures of Medical Area in Segregation*
- *See attachment F3-O6A1: Segregation Officers Log Showing medical presence*
- *See attachment F3-O1G: California Out-of-State Correctional Facility Sick Call Monitoring Requirements*

**FINDING THREE-OBJECTIVE 7 (F3-O7)**

**A report shall be provided to CDCR with respect to all missed appointments for patient-inmates in lockdown or Administrative Segregation. The report shall include:**

- **The date of the missed appointment.**
- **The reason for the missed appointment.**
- **The date for the rescheduled appointment.**
- **The date the appointment actually occurred.**

**Remedial Timeline: Manual reports upon approval of the CAP and electronic reports once system is established for tracking.**

**F3-O7 Action Steps:**

**F3-O7A**

Effective Monday, June, 30, 2008, manual reports are being prepared detailing: the date of the missed appointment, the reason for the missed appointment, the date for the rescheduled appointment and the date the appointment actually occurred.

**F3-O7B**

As part of the Thursday, July 31, 2008 review by Courtney Blevins detailed in F3-O1F above, a GAP analysis was conducted to allow Allscripts to be modified to capture the data needed for the CDCR Reports and for Quality Monitoring.

- a) Data elements were identified and contained in the Monday, August 5, 2008 report.
- b) Data elements will be reported to IT and Allscripts.
- c) IT and Allscripts will construct a report including all data elements.

Step 1 of this process was completed by Courtney Blevins and reported on August 5, 2008.

**F3-O7 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O7A: Sample manual report*
- *See attachment F3-O1F: TCCF CAP Reports Analysis*

**FINDING THREE-OBJECTIVE 8 (F3-O8)**

**Support DAI COCF's increased oversight to increase visibility of patient-inmate access to care. In particular:**

- **Provide daily Program Status Reports to DAI COCF Chief and Associate Director – Reception Centers to reflect the number of patient-inmates affected by lockdown and the status of access to care.**
- **Appropriate staff shall complete and document training relative to completion of Program Status Reports and access to care shall be emphasized.**
- **Participate in daily conference calls with DAI COCF regarding all lockdown programming with emphasis on timing or reprogramming patient-inmates having greater access to care and return to normal program.**
- **Provide report to DAI COCF when facility is in lockdown or modified program reflecting scheduled patient-inmate visits, medical visits completed, medical visits that failed to occur, and when such visit is rescheduled to occur.**
- **Collaborate with DAI COCF to create a lockdown policy or adopt COCF operational procedure regarding access to medical care and redirecting resources to ensure that medical appointments are not cancelled.**
- **Provide a report when the facility is in lockdown or modified program status which provides each patient-inmate, by name, whose medical visit failed to occur and the reason for that failed visit, and when that patient-inmate was rescheduled and actually seen.**

**Remedial Timeline: Daily Program Status Reports to DAI COCF Chief and Associate Director – Reception Centers to reflect the number of patient-inmates affected by lockdown and the status of access to care and regarding lockdown programming, upon approval of the CAP, all other reports within 30 days of approval of the CAP.**

**F3-O8 Action Steps:**

**F3-O8A**

Effective Tuesday, July 15, 2008 during instances of lockdown or partial lockdown daily Program Status Reports are provided via conference call to DAI COCF Chief and Associate Director – Reception Centers and COCF Medical will participate in the conference call bi-weekly.

**F3-O8B**

Training was conducted on Thursday, July 3, 2008 and Monday, July 7, 2008, by COCF Captain David Willey, in the Program Status process and reporting required.

**F3-O8 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O8A: Program Status Reports*
- *See attachment F3-O8C: Training Activity Enrollment/Attendance Roster*

**F3-O8C**

No later than Tuesday, September 30, 2008, COCF Operational Plan 528 “Program Status Review” shall be incorporated into CCA Policy and Procedure in accordance with Chapter 4 Access to Care, subsection G, Lockdown and submit the draft lockdown plan to DAI COCF for consideration and approval.

**F3-O8D**

Effective Tuesday, July 15, 2008, the following reports were provided to DAI COCF on a daily basis if the facility is in lockdown or modified lockdown:

- Scheduled patient-inmate visits;
- Medical visits completed;
- Medical visits that failed to occur;
- When such visit is rescheduled to occur; and
- When such visit actually did occur.

The California Out-of-State Correctional Facility Sick Call Monitoring Requirements (Daily Report) will replace the above documents.

**GOAL**

Provide a system of logging and acknowledging patient-inmate requests for medical services. Additional resources shall be designated as needed to accomplish all objectives identified under this Goal and prevent backlog.

**FINDING THREE-OBJECTIVE 9 (F3-O9)**

**Create a mechanism to log and track patient-inmate requests for service.**

**Remedial Timeline: Upon approval of the CAP.**

**F3-O9 Action Steps:**

**F3-O9A**

A manual log of all sick call requests (California Out-of-State Correctional Facility Sick Call Monitoring Requirements Daily Report) is being generated, daily, until Allscripts can be modified to automatically generate the reports.

- a) All sick call appointments are entered on the Scheduler by the sick call RN.
- b) The Scheduler lists all sick call appointments to create another form of the manual sick call log.
- c) The log is monitored throughout the day to ensure that all patients are seen or refusals are appropriately signed.

**F3-O9 PROOF OF PRACTICE DOCUMENTS:**

*See attachment F3-O9A: California Out-of-State Facility Sick Call Monitoring Requirements*

*See attachment F3-O9A1: Sick Call Requests*

*See attachment F3-O9A2: Daily Medical Appointments*

*See attachment F3-O6A2: Daily Reports of Medical Appointments*

**FINDING THREE-OBJECTIVE 10 (F3-O10)**

**Create a process whereby:**

- An RN reviews all requests within 24 hours of receipt to determine triage.
- An RN conducts a face-to-face evaluation within 24 hours or the next business day.
- The RN shall indicate whether referral to an LIP is necessary. If a referral is necessary, the RN shall prioritize and schedule the referral.

**Remedial Timeline: Upon approval of the CAP, the RN shall review all requests within 24 hours to determine triage and conduct a face-to-face evaluation within 24 hours or the next business day. The RN shall indicate whether referral to LIP is necessary and if necessary, shall prioritize and schedule the referral within 30 days of approval of the CAP.**

**F3-O10 Action Steps:**

**F3-O10A**

RNs perform sick call triage on a daily basis. Additional RNs have been added to ensure sufficient staffing to meet needs, accordingly, three new RN's started in the medical unit

on Wednesday, August 13, 2008. Another three RN's started at the facility August 11, 18, 19 respectively. Effective Tuesday, August 19, 2008, there were a total of 12 RNs at Tallahatchie.

**F3-O10B**

RNs review each sick call slip immediately after sick call slips are collected.

**F3-O10C**

Based upon the review of the sick call slip, the RN determines if:

- a) The patient should be seen immediately (urgent). If so, the RN takes immediate action to see the patient-inmate and refer as appropriate.
- b) The patient-inmate does not need immediate (urgent) attention. If so, the medical sick call request is scheduled to be seen within the next 24 hours or the next business day by an RN.
- c) After, face-to-face evaluation, the RN indicates whether referral to an LIP is necessary. If a referral is necessary, the RN prioritizes and schedules the referral.

**F3-O10 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O9A: California Out-of-State Correctional Facility Sick Call Monitoring Requirements*
- *See attachment F3-O10A: Offer(s) of Employment*
- *See attachment F3-O10B: RN Review of Sick Call Slips*
- *See attachment F3-O10A1: CVs for RNs*
- *See attachment F3-O10C1: Sick Call Record (Routine)*
- *See attachment F3-O10C2: Sick Call Record (Urgent)*

**FINDING THREE-OBJECTIVE 11 (F3-O11)**

**Capture all referrals and record as required by the monitoring provisions of the TCCF Remedial Plan. If a referral does not occur in a timely manner, a statement will be included regarding why the referral did not occur.**

**Remedial Timeline: Within 60 days of approval of the CAP.**

**F3-O11 Action Steps:**

**F3-O11A**

The RNs are noting the referral time frame and level of provider on each sick call slip and in the manual log until such time as an electronic report can be generated.

**F3-O11B**

The RN also enters each referral onto the Scheduler for the appropriate provider.

- a) At the end of each day shift, the Scheduler is reviewed to determine if all the sick call appointments were seen that day.
- b) For patients with urgent issues, the physician remains on-site until the patient is seen.

- c) In extraordinary circumstances, the provider may request approval of the Health Services Administrator or Regional Director to re-schedule non-urgent appointments, in such cases, the provider shall complete a medical record review to verify that such rescheduling does not threaten patient safety and the patient shall be rescheduled for the next available appointment. Such rescheduled patient shall be reported as a backlog until such time as the patient appointment is completed.

**F3-O11 PROOF OF PRACTICE DOCUMENTS:**

*See attachment F3-O11B: Sick Call Referral Packet*

**FINDING THREE-OBJECTIVE 12 (F3-O12)**

**Utilize a single scheduling and tracking system throughout the facility (to include patient-inmates in lockdown and Administrative Segregation). Time specific backlogs will be accurately captured.**

**Remedial Timeline: Within 60 days of approval of the CAP.**

**F3-O12 Action Steps:**

**F3-O12A**

The CCA Scheduler is being utilized. All sick call requests are entered onto the Scheduler by the Sick Call RN at the time of sick call slip triage.

**F3-O12B**

Time specific backlogs will be maintained and accurately captured. Pending the development of electronic backlog reports, manual records are in place and will continue to be utilized. The electronic Backlog Reports will be designed to include all required fields.

**F3-O12 PROOF OF PRACTICE DOCUMENTS:**

*See attachment F3-O12A: Utilization of Scheduling/Tracking System*

**FINDING THREE-OBJECTIVE 13 (F3-O13)**

**Conduct sick call a minimum of five days per week.**

**Remedial Timeline: Upon approval of the CAP.**

**F3-O13 Action Steps:**

**F3-O13A**

Sick call is conducted seven days per week.

**F3-O13 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O9A: California Out-of-State Correctional Facility Sick Call Monitoring Requirements*
- *See attachment F3-O13A: Allscripts Sick Call List (Full week)*

**GOAL**

Prepare and provide appropriate documentation for no shows and refusals of care.

**FINDING THREE-OBJECTIVE 14 (F3-O14)**

Utilize the following steps for documentation of no-shows and refusals of care:

- The patient-inmate refusal form will be signed in the presence of an RN or higher level credentialed provider.
- The provider shall memorialize discussions with the patient-inmate and document the reason for refusal of medical care. The documentation will be maintained in the patient-inmate's health record.
- The RN shall contact the housing unit supervisor to ascertain the reason for the no-show. The reasons shall be recorded in the UHR. The RN shall contact the LIP who shall determine, as clinically indicated, when the patient-inmate shall be rescheduled.

**Remedial Timeline: Upon approval of the CAP.**

**F3-O14 Action Steps:**

**F3-O14A**

An ATF (At this Facility) revision to CCA policy 13-49 Informed Consent/Refusal of Care was submitted to CDCR/COCF on Friday, August 8, 2008 and will be issued to instruct staff that all refusal forms must be signed in the presence of an RN or higher level credentialed provider in all cases where:

- a) A patient-inmate refuses treatment;
- b) A refuses to come to the clinic for an appointment; or
- c) A patient-inmate refused to take prescribed medications.
- d) The ATF (At this Facility) includes the procedure governing when a patient-inmate refuses to sign the Refusal Form (detailed in F3-O14B below).

**F3-O14B**

As a portion of the requirements under CCA Draft Policy 13-49 when a patient-inmate brought to the medical clinic refuses treatment, an RN or higher will:

- a) Explain the health consequences of the refusing medication or treatment, and
- b) Explain that a refusal form must be signed.
- c) The RN or higher will obtain the patient-inmate signature on the form.
- d) If the patient-inmate refuses to sign the form, the RN or higher level provider will note, on the refusal form, that the patient-inmate refused to sign then request two others (health care staff members or custody officers) to witness the refusal and sign the form.

This practice is currently in place and will remain permanently.

**F3-O14C**

In compliance with Draft CCA Policy 13-49, submitted on August 8, 2008, when a patient-inmate refuses to come to the clinic for a medical, dental, or mental health appointment:

- a) Custody staff will be informed and requested to bring the patient-inmate to the medical department to sign the Refusal Form.
- b) If the patient-inmate refuses to come to the clinic, an RN or higher level provider will go to the housing unit to obtain the patient-inmate signature on the Refusal Form.

This practice is currently in place and will remain permanently.

**F3-O14D**

In Draft CCA Policy 13-49, in an ATF (At this Facility) language is included to instruct providers that they must enter a note in the patient medical record for all refusals.

- a) The Refusal Form will be scanned into the medical record.
- b) The requirement to do a note in the patient record will be monitored in the QA Program via periodic chart reviews.

**F3-O14E**

In Draft CCA Policy 13-49, in an ATF (At this Facility) language is included to direct the medical and custody staff on the process for handling No Shows. For patient-inmates who do not report to the medical clinic (No Shows), RNs will contact the Unit Manager to have the patient-inmate brought to the clinic.

**F3-O14D PROOF OF PRACTICE:**

- *See attachment F3-O14A: Inmate Refusal of Treatment*
- *See attachment F3-O14A1: E-mail from Amy Garner to Yulanda Mynhier and Melissa Lea dated August 8, 2008 regarding and containing Revised Policies – See draft CCA Policy 13-49 submitted August 8, 2008.*

**GOAL**

Physicians shall review referrals and communicate priority to their LPN/schedulers.

**FINDING THREE-OBJECTIVE 15 (F3-O15)**

**The RN or LPN will prioritize patient referrals and schedule directly on the LIP's schedule.**

**Remedial Timeline: Within 30 days of approval of the CAP.**

**F3-O15 Action Steps:**

**F3-O15A**

No later than Monday, September 15, 2008 an ATF (At this Facility) directing the proper scheduling practices will be submitted to Ms. Mynhier/COCF for approval and will include the following points:

- a) LPNs may schedule patients on the Scheduler if directed to do so by an LIP.
  - i) The LIP will identify the time frame in which the patient is to be scheduled and shall document the time frame when follow up is to occur.
  - ii) If the LPN is not able to schedule the patient within the physician directed time frame, the LPN will confer with the LIP to determine an alternate date.
  - iii) Such rescheduled patient shall be reported as a backlog until such time as the patient appointment is completed.
- b) LPNs should not determine time frames for follow-up appointments on their own.

**FINDING THREE-OBJECTIVE 16 (F3-O16)**

**The physician will develop time guidelines for the LPN, RN, and midlevel providers to make referrals.**

**Remedial Timeline: Within 30 days of approval of the CAP.**

**F3-O16 Action Steps:**

**F3-O16A**

No later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) CCA shall develop standardized priority guidelines and timeframes for any process that requires a nursing assessment, including, but not limited to, intake screening, sick call and nursing protocols.

**F3-O16B**

CCA shall review and update CCA Policy to:

- a) Incorporate the standardized priority guidelines and timeframes described in F3-O16A above into CCA Policy.
- b) Require that all nurses prioritize referrals to LIPs per the CCA guidelines (as described under F3-O16A above).
- c) Require that all nurses enter the referral on the LIP's schedule.

**F3-O16C**

No later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) CCA shall develop standardized classifications for:

- a) Guidelines regarding conditions that are urgent vs. non-urgent.
- b) Timeframes for referral associated with urgent vs. non-urgent conditions.

**GOAL**

Visits with LIPs will be scheduled in a consistent manner.

**FINDING THREE-OBJECTIVE 17 (F3-O17)**

**The RN or LPN will prioritize patient referrals and schedule directly on the LIP's schedule.**

**Remedial Timeline: Within 30 days of approval of the CAP.**

**F3-O17 Action Steps:**

**F3-O17A**

No later than Monday, September 15, 2008 an ATF (At this Facility) directing the proper scheduling practices will be submitted to Ms. Mynhier/COCF for approval and will include the following points:

- a) LPNs may schedule patients on the Scheduler if directed to do so by an LIP.
  - i) The LIP will identify the time frame in which the patient is to be scheduled and shall document the time frame when follow up is to occur.
  - ii) If the LPN is not able to schedule the patient within the physician directed time frame, the LPN will confer with the LIP to determine an alternate date.
  - iii) Such rescheduled patient shall be reported as a backlog until such time as the patient appointment is completed.
- b) LPNs should not determine time frames for follow-up appointments on their own.

**FINDING THREE-OBJECTIVE 18 (F3-O18)**

**The physician will develop time guidelines for the LPN, RN, and midlevel providers to make referrals.**

**Remedial Timeline: Within 30 days of approval of the CAP.**

**F3-O18 Action Steps:**

**F3-O18A**

No later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) CCA shall develop standardized priority guidelines and timeframes for any process that requires a nursing assessment, including, but not limited to, intake screening, sick call and nursing protocols.

**F3-O18B**

CCA shall review and update CCA Policy to:

- a) Incorporate the standardized priority guidelines and timeframes described in F3-O18A above into CCA Policy.
- b) Require that all nurses prioritize referrals to LIPs per the CCA guidelines (as described under F3-O18A above).
- c) Require that all nurses enter the referral on the LIP's schedule.

**F3-O18C**

No later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) CCA shall develop standardized classifications for:

- a) Guidelines regarding conditions that are urgent vs. non-urgent.
- b) Timeframes for referral associated with urgent vs. non-urgent conditions.

**GOAL**

Providers will document requested follow-up.

**FINDING THREE-OBJECTIVE 19 (F3-O19)**

**LIPs will indicate in their plan when follow-up is necessary and specify time frame for follow-up.**

**Remedial Timeline: Upon approval of the CAP.**

**F3-O19 Action Steps:**

**F3-O19A**

Effective Tuesday, July 1, 2008, LIPs have been instructed that they are to document specific time frames for follow-up in the appropriate location in the electronic medical record. On Thursday, July 24, 2008 Dr. Bill Andrade and Dr. Keith Ivens met with all providers at TCCF and provided training and guidelines for performance under the contract with CDCR. Each provider was given written instructions as to the requirements of the contract and all applicable court decisions. This document is titled “CDCR Requirements for CCA Providers” and was effective July 1, 2008.

**F3-O19 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F3-O19A: Progress Note*
- *See attachment F3-O19A1: CDCR Requirement for CCA Providers*
- *See attachment F3-O19A2: Training/Attendance Roster*

**FINDING THREE-OBJECTIVE 20 (F3-O20)**

**A mechanism shall be put in place to guarantee that the patient-inmate is scheduled for follow-up in accordance with the LIP plan.**

**Remedial Timeline: Upon approval of the CAP.**

**F3-O20 Action Steps:**

**F3-O20A**

On Thursday, July 24, 2008 in-service training was held to inform the LIPs that they must enter all follow-up appointments directly onto the Scheduler.

**F3-O20B**

Upon completion of in-service training:

- a) Monitoring will take place daily for the first two weeks. After the first two weeks, monitoring will take place through the CQI process.

- b) Monitoring will consist of a 20% chart review to ensure that all patients needing follow-up care have been scheduled on the Scheduler.

**GOAL**

A system will be put in place to track backlogged patient-inmate appointments and the duration of the backlog.

**FINDING THREE-OBJECTIVE 21 (F3-O21)**

**A mechanism shall be put in place to:**

- **Determine the number of backlogged patient-inmate appointments.**
- **Create a report for CDCR detailing the duration.**

**Remedial Timeline: Within 60 days of approval of the CAP.**

**F3-O21 Action Steps:**

**F3-O21A**

The data elements that are required to generate these reports have been identified by Dr. Gerry Johnson and are provided as Finding 15, Objective #2 within this report.

**F3-O21B**

A requirements document will be generated for the IT Department to negotiate with Allscripts electronic medical record programmers to do the necessary customization of the CCA Electronic Medical Record (EMR). This document is found in Finding 15, Objective #2 of this report.

- a) Customization of the EMR will be performed.
- b) All staff will be directed to enter all needed data into the EMR.
- c) Training will be provided for staff that are not competent in using the EMR.
- d) Reports will be run, daily, to determine the backlogs.
- e) All patients shall be scheduled for all needs at each encounter. The backlog shall be a report of all patients who were not seen on that day.
- f) Until the electronic Backlog Reports can be run, data will be recorded in manual backlogs.

**FINDING THREE-OBJECTIVE 22 (F3-O22)**

Reports will be provided regarding the backlog, if any, for sick call, chronic care, specialty clinic, initial health care appraisals, and urgent/emergent referral. The backlog report shall include:

- Patient-inmate last name and CDCR number;
- Length of backlog; and
- Reason for backlog.

**Remedial Timeline: Manual backlog report within 14 days of approval of the CAP.**

**F3-O22 Action Steps:**

**F3-O22A**

The following records are monitored to assure that backlogs are addressed: Chronic Clinic Log, Sick Call Logs and Specialty Referral logs. Pending the development of electronic backlog reports, manual records are in place and will continue to be utilized. The electronic Backlog Reports will be designed to include all required fields.

**F3-O22 PROOF OF PRACTICE DOCUMENTS:**

*Please see attachment F3-O22B: Copy of Chronic Clinic, Sick Call and Specialty Referral logs*

**GOAL**

The standard for chronic care follow-up will be three months or less.

**FINDING THREE-OBJECTIVE 23 (F3-O23)**

Health care staff will see patient-inmates in the chronic care program every 90 days or less. A log will be kept detailing who is in the chronic care program.

**Remedial Timeline: Upon approval of the CAP.**

**F3-O23 Action Steps:**

**F3-O23A**

Chronic Care Clinics are meeting required time frames at this time. The reporting information is being transferred to the forms provided by CDCR/COCF and the Receivers Office. All patient-inmates designated as requiring Chronic Clinics have been seen as of Thursday, August 28, 2008, or have signed a refusal statement after being advised of the risk by an RN or higher level provider.

**F3-O23B**

CCA Policy was reviewed and updated to clarify that patients with chronic health problems will be entered into the chronic care clinics and will be seen by LIPs every 90 days or less. A Draft Revision of CCA Policy 13-06 Chronic Care & Disease Management was submitted to CDCR/COCF on Friday, August 8, 2008.

**F3-O23C**

The Draft CCA Policy 13-06 “Chronic Care” outlines how TCCF will perform chronic clinic assessments consistent with the Plata Chronic Clinic standards. Chronic clinics will be performed by an LIP who will also determine the frequency of the follow up visits. In particular,

- a) After the chronic care intake evaluation the patient-inmate shall be evaluated a minimum of every 90 days or less by an LIP as clinically indicated.
- b) If the degree of control is not likely to worsen with less frequent visits, patient-inmates whose disease process is well controlled over a six-month period and are not high-risk, as documented on two consecutive visits, may be seen every 6 months, as determined by the LIP.
- c) COCF approval shall be required prior to any patient-inmate being placed on a 6 month program.

**F3-023D**

A manual log is kept for all patients in Chronic Care Clinics using the following criteria:

- a) Patient-inmate name;
- b) CDCR number;
- c) Chronic Care Diagnosis;
- d) Date of Chronic Care Intake or face-to-face by Physician;
- e) Date patient-inmate scheduled for follow-up;
- f) Date follow-up completed;
- g) If not seen, why;
- h) Date appointment rescheduled by the LIP;
- i) Date actually seen by the LIP;
- j) LIP name and classification.

**F3-023E**

Pursuant to the current Allscripts system review conducted on Thursday, July 31, 2008, the Electronic Medical Record will be programmed to provide a report of all patients in chronic care clinics and track the following information:

- a) Patient-inmate name;
- b) CDCR number;
- c) Chronic Care Diagnosis;
- d) Date of Chronic Care Intake or face-to-face by Physician;
- e) Date patient-inmate scheduled for follow-up;
- f) Date follow-up completed;
- g) If not seen, why;
- h) Date appointment rescheduled by the LIP;
- i) Date actually seen by the LIP;
- j) LIP name and classification.

**F3-023F**

Prior to Friday, August 8, 2008 CCA QA staff have entered *Plata* compliance standards into the QA Program (standard = all chronic care patients are seen every three months, all chronic care patients have an initial workup by an LIP, all chronic care clinic patients will be seen by an LIP every six months if the LIP determined that the patient-inmate’s

chronic disease is in well controlled condition; otherwise the LIP shall see the patient-inmate in the frequency dictated by the *Plata* policy).

CCA shall collaborate with CDCR to develop a mutually agreeable QA program.

**F3-O23 PROOF OF PRACTICE:**

- *See attachment F3-O23B: Chronic Care Clinics Chart*
- *See attachment F3-O23B1: Chronic Care Clinics Schedules*
- *See attachment F3-O23C: Chronic Clinic Tracking Form*
- *See attachment F3-O7A: Daily Medical Reports for Pre-Segregation*

**GOAL**

Prioritize patient-inmate visits to a provider.

**FINDING THREE-OBJECTIVE 24 (F3-O24)**

The following priority time frames shall be followed:

- An RN shall perform a face-to-face evaluation immediately following a patient-inmate's return from a hospital or emergency department visit in order to prioritize the LIP follow-up (not to exceed five days). Follow-up shall be documented.
  - Within five days of the return from the hospital or emergency department the face-to-face evaluation with the LIP will take place.
- An RN shall perform a face-to-face evaluation immediately following a patient-inmate's return from an outpatient specialty/consult appointment in order to prioritize the LIP follow-up.
  - Within three business days of the return from an outpatient specialty/consult appointment, patient-inmates referred to specialty as high priority will have a face-to-face consult with an LIP.
- Routine consult patient-inmates will be seen by the LIP within fourteen calendar days.

**Remedial Timeline: Upon approval of the CAP.**

**F3-O24 Action Steps:**

**F3-O24A**

Time frames for the following are being monitored and reported per the TCCF Remedial Plan reporting requirements and action steps in Finding Fifteen:

- a) RN shall perform a face-to-face evaluation immediately following a patient-inmate's return from a hospital, emergency department visit, or outpatient specialty/consult appointment
- b) LIP face-to-face follow-up and documentation:
  - i) Within five days after hospitalization or ER visit.
  - ii) Within three business days of the return from an outpatient specialty/consult appointment for high priority consultations/referrals.

- iii) Within fourteen calendar days of the return from an outpatient specialty/consult appointment for routine consultations/ referrals.

**F3-O24 PROOF OF PRACTICE:**

- *See attachment F3-O1G: California Out-of-State Correctional Facility Specialty Care Referral Monitoring Requirements*

**FINDING FOUR  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING FOUR**

**LPNs APPEAR TO BE PRACTICING OUTSIDE THEIR SCOPE OF PRACTICE AS DEFINED BY PLATA.**

**GOAL**

Ensure LPNs are practicing within their scope of practice as defined by *Plata*.

**FINDING FOUR-OBJECTIVE 1 (F4-O1)**

**Adopt CDCR nursing protocols or develop a mutually agreeable set of protocols. The following guidelines will be adhered to:**

- **California parameters of clinical practice will be the standard regardless of the state in which the CDCR inmates are placed.**
- **In the event local law is more restrictive than California standards, local law will be followed.**
- **In the event that local law is more expansive than California standards of practice, CDCR policy will be followed.**

**Remedial Timeline: Substantial progress on collaborative progress within 30 days of approval of CAP. Final protocols agreed upon within 60 days of approval of CAP. Full implementation within 90 days of approval of CAP.**

**F4-O1 Action Steps:**

**F4-O1A**

On Thursday, August 7, 2008, four draft nursing protocols incorporating best practices from CCA, CDCR, and other correctional systems were forwarded by John Tighe to Ms. Mynhier/COCF for review, with a focus on:

- a) Incorporating a chief complaint, presenting symptoms and patient history.
- b) Ensuring that the subjective and objective components of the protocol are within the scope of practice of an LPN.
- c) Identifying Assessment and Plans as RN responsibilities.
- d) Providing clear direction as to referral requirements to the LIP (i.e. Immediate, within “X” days, etc.).

Feedback was received from Ms. Mynhier and staff on Tuesday, August 26, 2008. Accordingly the four draft protocols were revised based upon this feedback and resubmitted to Ms. Mynhier on Friday, August 29, 2008.

**F4-O1B**

Using the feedback received from the first four protocols as a guidepost, CCA shall systematically draft the remaining protocols and shall:

- a) Submit each protocol to Ms. Mynhier/COCF for review as completed. All protocols shall be submitted to Ms. Mynhier/COCF no later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).

**F4-O1C**

Upon receipt of feedback regarding the submitted protocols (as described under F4-O1B(a) above), CCA shall:

- a) Make necessary revisions to the protocols and submit to Ms. Mynhier/COCF by Thursday, October 30, 2008 (within 60 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).
- b) Submit such agreed upon final protocols to the Mississippi Board of Nursing for review and comment. Any concerns raised by the Mississippi Board of Nursing will be communicated to Ms. Mynhier and staff for mutually agreed upon resolution.

**F4-O1D**

No later than Wednesday, November 12, 2008 CCA shall develop a revised policy and procedure regarding the implementation of said protocols and submit such policy to Ms. Mynhier/COCF for review and approval. This policy will provide:

- a) Clear delineation of scope of practice guidelines.
- b) Any necessary ATF's (At this Facility) to accommodate specific COCF requirements; and,
- c) Revised final protocols shall be attached.

**F4-O1E**

No later than Friday, November 28, 2008, (within 90 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) the revised protocols shall be fully implemented. Accordingly, CCA shall:

- a) Input agreed upon protocols into the Electronic Medical Record and test (prior to November 28, 2008).
- b) Train and educate staff regarding the revised policy and procedure and the use of revised protocols (prior to November 28, 2008).

**F4-O1F**

Effective Tuesday, July 1, 2008, and continuing until such time as protocols are revised to the satisfaction of CCA and Ms. Mynhier/COCF, RNs will complete the assessment and plan components of the nursing protocols, LPNs have been instructed that they cannot perform this function. Effective Tuesday, July 1, 2008, LPNs are limited to screening and collection of objective data, unless expanded responsibilities are approved with mutual agreement with CDCR/COCF, Mississippi Board of Nursing and CCA. Auditing is being conducted to ensure compliance. Please see the random sample of completed nursing protocols attached hereto as Attachment F4-O1F.

**F4-O1 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F4-O1A: E-mail from John Tighe to Yulanda Mynhier regarding Nursing Protocols, August 7, 2008*
- *See attachment F4-O1A1: Draft Protocols – Abdominal Pain, Breathing Difficulties, Elevated Blood Pressure, and Dermatitis*
- *See attachment F4-O1A2: E-mail from Yulanda Mynhier and revisions attached*

- *See attachment F4-O1A3: E-mail from Susan Montford, August 29, 2008*
- *See attachment F4-O1F: Random Sample of Nursing Protocols from TCCF*

**FINDING FIVE  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING FIVE**

**FORMAL SUPERVISION OF MIDLEVEL CLINICIANS IS INADEQUATE TO ENSURE COMPLIANCE WITH PROTOCOLS.**

**GOAL**

Develop physician on call system to provide for sufficient formal supervision of midlevel clinicians to ensure compliance with protocols.

**FINDING FIVE-OBJECTIVE 1 (F5-O1)**

**Ensure that physician is available 24/7, on-site or through the call system.**

**Remedial Timeline: Upon approval of CAP.**

***F5-O1 Action Steps:***

***F5-O1A***

A 24/7 call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call (in the event a CDCR approved nurse practitioner is on call) and Emergency (911) was initially implemented, posted and communicated to staff on July 1, 2008. By agreement between CCA and CDCR, the current nurse practitioner at TCCF will not take call. Should a CDCR approved nurse practitioner be hired at TCCF, then in the event that nurse practitioner takes call a physician will be available during the entire call time. The call schedule will ensure that there is always a licensed MD on call to provide sufficient formal supervision and consultation for the nurses and midlevel practitioners. The initial call schedule was forwarded to Dr. Wolf on Friday, July 11, 2008. Following discussions with CDCR/COFC medical staff, the call schedule was revised and updated with suggested changes on Friday, August 22, 2008, effective immediately.

***F5-O1B***

The call schedule for September will be immediately delivered. Going forward, each monthly call schedule will be submitted to COFC and the Office of the Receiver by the 15<sup>th</sup> of the prior month (for example, the October call schedule will be delivered by September 15, 2008).

**FINDING FIVE-OBJECTIVE 2 (F5-O2)**

**Develop a physician on call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call, Emergency (911). In the event that a nurse practitioner is on call, there shall be a designated physician on call for back-up.**

**Remedial Timeline: Within 14 days of approval of CAP.**

***F5-O2 Action Steps:***

***F5-O2A***

A 24/7 call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call (in the event a CDCR approved nurse practitioner is on call) and Emergency (911) was initially implemented, posted and communicated to staff on Tuesday, July 1, 2008. By agreement between CCA and CDCR, the current nurse practitioner at TCCF will not take call. Should a CDCR

approved nurse practitioner be hired at TCCF, then in the event that nurse practitioner takes call a physician will be available during the entire call time. The call schedule will ensure that there is always a licensed MD on call to provide sufficient formal supervision and consultation for the nurses and midlevel practitioners. The initial call schedule was forwarded to Dr. Wolf on Friday, July 11, 2008. Following discussions with CDCR/COCF medical staff, the call schedule was revised and updated with suggested changes on Friday, August 22, 2008, effective immediately.

**F5-O2B**

The call schedule for September will be immediately delivered. Going forward, each monthly call schedule will be submitted to COCF and the Office of the Receiver by the 15<sup>th</sup> of the prior month (for example, the October call schedule will be delivered by September 15, 2008).

**FINDING FIVE-OBJECTIVE 3 (F5-O3)**

**Provide Licensed Independent Practitioner (LIP) on call to TCCF 24/7 in order to evaluate patients with urgent/emergent conditions for those patients not transferred to a higher level of care.**

**Remedial Timeline: Upon approval of CAP.**

**F5-O3 Action Steps:**

**F5-O3A**

A 24/7 call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call (in the event a CDCR approved nurse practitioner is on call) and Emergency (911) was initially implemented, posted and communicated to staff on Tuesday, July 1, 2008. By agreement between CCA and CDCR, the current nurse practitioner at TCCF will not take call. Should a CDCR approved nurse practitioner be hired at TCCF, then in the event that nurse practitioner takes call a physician will be available during the entire call time. The call schedule will ensure that there is always a licensed MD on call to provide sufficient formal supervision and consultation for the nurses and midlevel practitioners. The initial call schedule was forwarded to Dr. Wolf on Friday, July 11, 2008. Following discussions with CDCR/COCF medical staff, the call schedule was revised and updated with suggested changes on Friday, August 22, 2008, effective immediately.

**F5-O3B**

The call schedule for September will be immediately delivered. Going forward, each monthly call schedule will be submitted to COCF and the Office of the Receiver by the 15<sup>th</sup> of the prior month (for example, the October call schedule will be delivered by September 15, 2008).

**F5-O3 PROOF OF PRACTICE:**

*Please see the Proof of Practice documents provided under F2-O2 and F2-O3 which include the July, August and September call schedules.*

## **GOAL**

Ensure midlevel practitioners are following agreed upon protocols.

### **FINDING FIVE-OBJECTIVE 4 (F5-O4)**

**Adopt CDCR midlevel protocols or develop a mutually agreeable set of protocols and ensure that midlevel practitioners, in fact, follow the established midlevel protocols. The following guidelines will be adhered to:**

- **California parameters of clinical practice will be the standard regardless of the state in which the CDCR inmates are placed.**
- **In the event local law is more restrictive than California standards, local law will be followed.**
- **In the event that local law is more expansive than California standards of practice, CDCR policy will be followed.**

**Remedial Timeline: Mid-levels shall follow established protocols upon approval of CAP; substantial progress shall be made on the collaborative process within 30 days of approval of CAP; agreed upon final protocols shall be reached within 60 days of approval of CAP; and full implementation within 90 days of approval of the CAP .**

#### **F5-O4 Action Steps:**

##### **F5-O4A**

Effective immediately, TCCF is ensuring that the ARNP is working within the bounds of the Mississippi State Board of Nursing collaborative agreement and under the supervision of the facility physician. The CCA Chief Medical Officer, Dr. Bill Andrade and the Deputy Medical Director, Dr. Keith Ivens are overseeing this process and reporting weekly as necessary to Dr. Carl Wolf. Any breach of clinical practice will be immediately addressed.

##### **F5-O4B**

During the weeks of June 9, 2008 and June 16, 2008, a special peer review process was undertaken to review Ms. Taylor's performance. The review was completed by four (4) Licensed Independent Practitioners. The provider team included:

- Keith Ivens, MD
- Peter Schafer, MD
- Gerald Stipanuk, MD (Facility physician at West Tennessee Detention Facility)
- Virginia Grider, ARNP (CCA Regional Health Services Director for KY and TN)

A corrective action plan was undertaken to address deficiencies and the plan was then shared and discussed with Ms. Taylor on Thursday, June 19, 2008.

##### **F5-O4C**

The peer review of Ms. Taylor and the associated corrective action plan were reviewed with CDCR/COCF medical staff leadership on Wednesday, July 30, 2008. It was agreed that ongoing weekly oversight of Ms. Taylor's clinical practice would be provided by Dr. Ivens and Dr. Schafer. In addition, CCA put in place (with CDCR/COCF's knowledge) a

random medical record review process. These random reviews are being completed by Dr. Stipanuk and include the following key quality indicators:

- Reason for the visit is defined in the medical record;
- All inmate problems are listed;
- All problems are addressed;
- The history and exam are complete and appropriate;
- The intervention complies with the standard of care;
- The follow-up plan is adequate; and
- The documentation engages the ancillary staff.

Data from these random chart reviews are tabulated and graphed and comments provided. The reviews are submitted to the CCA Chief Medical Officer. Any patterns or concerns are immediately addressed and if concerns are identified the COCF Chief Medical Officer will be notified.

**F5-04D**

The CCA Chief Medical Officer shall collaborate with CDCR regarding the appropriate sharing of information gathered during the review process.

**F5-04E**

CCA's Chief Medical Officer, Dr. Andrade met with the COCF medical and administrative leadership team on Tuesday, July 29, 2008 and Wednesday, July 30, 2008. The team discussed, analyzed and compared respective credentialing policies and best practices. Key principles were identified that would form the basis for a CCA Nurse Practitioner Protocol.

**F5-04F**

Using the key principles identified during the meetings described in F5-04E above, a Draft CCA Nurse Practitioner (ARNP) protocol was developed by CCA. The protocol documents:

- a) The duties and scope of practice of the ARNP (consistent with the State Board of Nursing collaborative agreement between the facility physician and the ARNP working under his/her supervision).
- b) The circumstances requiring consultation with the Physician.
- c) Recordkeeping requirements.
- d) On call system utilization.
- e) The required evaluations of Clinical Competency including an initial evaluation and ongoing evaluations by the facility physician.

**F5-04G**

The ARNP Protocol was finalized on Monday, August 4, 2008 and sent to COCF Chief Medical Officer Dr. Carl Wolf, TCCF Nurse Practitioner Tammy Taylor, the Facility Physician, Dr. Schafer and Dr. Keith Ivens. A meeting was held with Ms. Taylor to discuss expectations with particular emphasis on circumstances requiring consultation with a physician. Further, she was made aware of the level of oversight of her clinical

practice that would be performed by the medical staff leadership described in F5-O4C above.

**F5-O4H**

Ongoing oversight of the ARNP's clinical practice and compliance with the established protocol (See F5-O4A above) will be completed by Dr. Ivens and Dr. Schafer on a weekly basis. In addition, Dr. Stipanuk will continue his concurrent review of medical records to ensure that there is compliance with the protocol and that clinical care meets all standards. As noted in F5-O4C, the COCF CMO will be notified if any patterns or concerns are identified by Dr. Ivens or the other CCA medical leadership.

**F5-O4 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F5-O4A1: Collaborative Agreement / Mississippi Board of Nursing*
- *See attachment F5-O4A2: Draft Nurse Practitioner Protocol*

**FINDING FIVE-OBJECTIVE 5 (F5-O5)**

**Establish procedures to ensure that:**

- **Each midlevel will go through a credentialing process. Credentialing evaluation will be in collaboration with CDCR.**
- **A Clinical Performance Appraisal (CPA) process is developed with input from CDCR staff.**
- **A process is developed for providing follow-up, to CDCR, regarding supervision and monitoring of midlevels.**

**Remedial Timeline: Substantial progress on credentialing and CPA process within 30 days of approval of CAP; agreed upon final processes and process for providing follow-up to CDCR regarding supervision and monitoring of mid-levels within 60 days of approval of CAP; fully implemented processes within 90 days of approval of CAP.**

**F5-O5 Action Steps:**

**F5-O5A**

On Tuesday, July 29, 2008 and Wednesday, July 30, 2008, Dr. Bill Andrade met with CDCR/COCF Medical staff to review the current CCA credentialing process with COCF and discussed concerns, recommendations, and best practices, thereby completing the first collaborative step necessary to develop the process. The team discussed, analyzed and compared respective credentialing policies and best practices. Key principles have been identified which shall form the basis for revisions to CCA's policy and credentialing practices.

**F5-O5B**

Using feedback gathered in the aforementioned review of CCA's current credentialing process, CCA developed an algorithm defining the credentialing process and shared it with CDCR/COCF for their review on Thursday, August 7, 2008.

**F5-05C**

On Wednesday, August 27, 2008, the CCA Chief Medical Officer, Dr. Bill Andrade, and CDCR/COCF representatives conducted a follow-up conference call to continue the collaborative process on the credentialing process. During the call clarification was received on multiple medical staff processes including the screening, evaluation and hiring of LIP's at CDCR and CCA facilities. CCA described the process used and criteria for evaluation. CDCR/COCF agreed to send Dr. Andrade their screening and evaluation criteria to understand what, if any, additional criteria will be used to evaluate LIP candidates who would be caring for CDCR inmates in CCA facilities.

**F5-05D**

Immediately upon receipt of the screening and evaluation criteria from CDCR/COCF, a side by side review will be performed. CCA shall incorporate any additional criteria present in the CDCR/COCF document into the CCA criteria, and an At This Facility (ATF) procedure will be added to CCA Policy 13-56 detailing the review criteria, the process for dealing with candidates who do not meet the agreed upon criteria, and the process for communicating with CDCR/COCF.

**F5-05E**

Discussion during the Wednesday, August 27, 2008 conference call included the CCA peer review process (utilized for NCCHC accredited facilities) and the CDCR/COCF (Clinical Performance Appraisal) model. It was agreed that while the CCA process was generally acceptable, there were some practices used by CDCR/COCF (i.e., the initial peer review done after 10 days) that would be good to institute at CCA.

**F5-05F**

CCA will incorporate the recommended additions to the CCA Peer Review process and document in an algorithm that will be sent to COCF/CDCR and all LIP's no later than Monday, September 30, 2008. The algorithm will then be incorporated into CCA Policy 13-56.

**F5-05 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F5-04A: Follow-up E-mail from Yulanda Mynhier regarding two-day meeting with COCF medical/administrative Leadership Team and CCA*
- *See attachment F5-05C: NCCHC Standards for Credentialing*
- *See attachment F5-05C1: Midlevel Providers Credentials*
- *See attachment F5-05C2: CCA Policy 13-56 Licensure/Credentialing/Continuing Education*
- *See attachment F5-05C3: CCA Provider Credentialing Process*

**GOAL:**

Develop adequate on call back-up system for physicians.

**FINDING FIVE-OBJECTIVE 6 (F5-O6)**

**Ensure that physician is available 24/7, on-site or through the call system.**

**Remedial Timeline: Upon approval of CAP.**

**F5-O6 Action Steps:**

**F5-O6A**

There is a physician on call 24/7 at TCCF. A 24/7 call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call (in the event an approved nurse practitioner is on call) and Emergency (911) was initially implemented, posted and communicated to staff on Tuesday, July 1, 2008. By agreement between CCA and CDCR, the current nurse practitioner at TCCF will not take call. Should a CDCR approved nurse practitioner be hired at TCCF, then in the event that nurse practitioner takes call a physician will be available during the entire call time. The call schedule will ensure that there is always a licensed MD on call to provide sufficient formal supervision and consultation for the nurses and midlevel practitioners. The initial call schedule was forwarded to Dr. Wolf on Friday, July 11, 2008. Following discussions with CDCR/COCF medical staff, the call schedule was revised and updated with suggested changes on Friday, August 22, 2008, effective immediately.

**F5-O6B**

The call schedule for September will be immediately delivered. Going forward, each monthly call schedule will be submitted to COCF and the Office of the Receiver by the 15<sup>th</sup> of the prior month (for example, the October call schedule will be delivered by September 15, 2008).

**FINDING FIVE-OBJECTIVE 7 (F5-O7)**

**Develop a physician on call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call, Emergency (911). In the event that a nurse practitioner is on call, there shall be a designated physician on call for back-up.**

**Remedial Timeline: Within 14 days of approval of CAP.**

**F5-O7 Action Steps:**

**F5-O7A**

There is a physician on call 24/7 at TCCF. A 24/7 call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call (in the event an approved nurse practitioner is on call) and Emergency (911) was initially implemented, posted and communicated to staff on Tuesday, July 1, 2008. By agreement between CCA and CDCR, the current nurse practitioner at TCCF will not take call. Should a CDCR approved nurse practitioner be hired at TCCF, then in the event that nurse practitioner takes call a physician will be available during the entire call time. The call schedule will ensure that there is always a licensed MD on call to provide sufficient formal supervision and consultation for the nurses and midlevel practitioners. The initial call schedule was forwarded to Dr. Wolf on Friday, July 11, 2008. Following discussions

with CDCR/COCF medical staff, the call schedule was revised and updated with suggested changes on Friday, August 22, 2008, effective immediately.

**F5-07B**

The call schedule for September will be immediately delivered. Going forward, each monthly call schedule will be submitted to COCF and the Office of the Receiver by the 15<sup>th</sup> of the prior month (for example, the October call schedule will be delivered by September 15, 2008).

**FINDING FIVE-OBJECTIVE 8 (F5-O8)**

**Provide Licensed Independent Practitioner (LIP) on call to TCCF 24/7 in order to evaluate patients with urgent/emergent conditions for those patients not transferred to a higher level of care.**

**Remedial Timeline: Upon approval of CAP.**

**F5-O8 Action Steps:**

**F5-O8A**

There is a physician on call 24/7 at TCCF. A 24/7 call schedule for 1<sup>st</sup> on call, 2<sup>nd</sup> on call (in the event an approved nurse practitioner is on call) and Emergency (911) was initially implemented, posted and communicated to staff on Tuesday, July 1, 2008. By agreement between CCA and CDCR, the current nurse practitioner at TCCF will not take call. Should a CDCR approved nurse practitioner be hired at TCCF, then in the event that nurse practitioner takes call a physician will be available during the entire call time. The call schedule will ensure that there is always a licensed MD on call to provide sufficient formal supervision and consultation for the nurses and midlevel practitioners. The initial call schedule was forwarded to Dr. Wolf on Friday, July 11, 2008. Following discussions with CDCR/COCF medical staff, the call schedule was revised and updated with suggested changes on Friday, August 22, 2008, effective immediately.

**F5-O8B**

The call schedule for September will be immediately delivered. Going forward, each monthly call schedule will be submitted to COCF and the Office of the Receiver by the 15<sup>th</sup> of the prior month (for example, the October call schedule will be delivered by September 15, 2008).

**F5-O6, O7 and O8 PROOF OF PRACTICE DOCUMENTS:**

- *See Attachments under F2-O2 and F2-O3 which include the July, August and September call schedules.*

**FINDING SIX  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING SIX**

**PEER REVIEW OR QUALITY REVIEW OF CLINICIANS APPEARS TO BE INADEQUATE TO ENSURE COMPLIANCE WITH PROTOCOLS AND THE STANDARD OF CARE.**

**GOAL**

Develop a well-designed, effective peer review tool and ensure that quality review of clinicians is adequate to ensure compliance with protocols and the standard of care.

**FINDING SIX-OBJECTIVE 1 (F6-O1)**

Adopt the CA peer review process or collaborate with CDCR on a mutually agreeable peer review process that embodies the core concepts of the CA peer review process. The peer review process will meet the following parameters:

- The peer review committee will be comprised solely of physician peers.
- The peer review process shall clearly distinguish between “for cause” and routine peer review.
- The peer review process shall specify due process for identified providers with peer review actions.
- The peer review process shall define standard of care.

**Remedial Timeline: Substantial progress on peer review process within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F6-O1 Action Steps:**

**F6-O1A**

On Tuesday, July 29, 2008 and Wednesday July 30, 2008, CCA’s Chief Medical Officer and COCF’s Chief Medical Officer and other physician staff met to collaboratively review the current CCA peer process and discuss concerns, recommendations and best practices. Key principles were identified which shall form the basis for revisions to CCA’s policy and peer review practices.

**F6-O1B**

On Thursday, August 7, 2008, Dr. Andrade submitted a draft policy concerning professional documents on peer review to Dr. Chapnick, Chief Medical, Quality Management Assistance Program, for his review, approval and recommendations pending further input from other CDCR physicians. Dr. Chapnick responded with recommendations on Monday, August 11, 2008.

**F6-O1C**

No later than Tuesday, September 30, 2008, CCA shall refine the current peer review process, develop a peer review tool and submit the revised peer review process and tool to CDCR/COCF for review and comment. At a minimum, the process shall include the following items identified in the collaborative process:

- a) The peer review committee shall be comprised solely of physician peers.

- b) The peer review process shall clearly distinguish between “for cause” and routine peer review.
- c) The peer review process shall specify due process for identified providers with peer review actions.
- d) The peer review process shall define the standard of care.
- e) The peer review tool shall assist CCA in measuring compliance with protocols and standards of care.

**F6-O1D**

During the duration of the collaborative process, CCA shall ensure that the peer review process for all providers meets NCCHC standards, as required by CCA Policy 13-52 Quality Management Program, effective May 5, 2008.

**F6-O1E**

At the July 29<sup>th</sup> and 30<sup>th</sup>, 2008, meetings CCA, in collaboration with CDCR, began developing a mutually agreed upon process for providing feedback to CDCR on the peer review process.

**F6-O1 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F6-O1B: E-mail from Dr. Andrade to Dr. Chapnick regarding Professional Practice Related Documents, August 7, 2008*
- *See attachment F6-O1B1: E-mail from Dr. Chapnick, August 11, 2008*
- *See attachment F6-O1D: NCCHC Standard on Clinical Performance Enhancement*
- *See attachment F6-O1D1: CCA Policy 13-52 Quality Management Program*

**FINDING SIX-OBJECTIVE 2 (F6-O2)**

**Provide a list of all LIPs who have or will be seeing CA patient-inmates and ensure that each such LIP is evaluated by CDCR physicians utilizing the California CPA tool.**

**Remedial Timeline: Within 14 days of approval of CAP.**

**F6-O2 Action Steps:**

**F6-O2A**

On Wednesday, August 6, 2008, CCA developed, published, and maintains a list of LIPs that provide medical care to CDCR patient-inmates. The list includes the LIP’s name and the classification of the LIP.

**F6-O2B**

The Provider List was provided to CDCR the weeks of August 12 and August 21, 2008. TCCF shall update and resend the list as new providers are added, deleted or their classification is otherwise modified.

**F6-O2C**

CCA shall assist CDCR in the LIP evaluation process by providing needed data, access to the Electronic Medical Record, and any other assistance required.

**F6-O2 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F6-O2A: List of LIPs and their Classification*
- *See attachment F6-O2B: E-mail from Beverly Overton to Susan Thomas, CDCR*
- *See attachment F6-O2C: E-Mail from Jay Hanson to Allen Cooper regarding California IMS2 Remote Access List, August 13, 2008*

**GOAL**

Ensure adequate orientation of nursing staff in clinical policies and procedures and consistent implementation of evaluation of nurses for competence and performance.

**FINDING SIX-OBJECTIVE 3 (F6-O3)**

**Develop and implement a comprehensive program of training, evaluation, and monitoring of nursing staff for competence on revised nursing protocols.**

**Remedial Timeline: Substantial progress on collaborative nursing protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F6-O3 Action Steps:**

**F6-O3A**

As detailed in Finding Four, the protocols are currently being exchanged and revised in collaboration with Ms. Mynhier and her staff and COCF. As further detailed in Finding Four, the protocols are scheduled to be fully implemented no later than Friday, November 28, 2008 (within 90 days of approval of CAP assuming a CAP approval during the week of September 2, 2008). Also as detailed in Finding Four, staff shall be educated and trained on these protocols prior to Friday, November 28, 2008 and a series of teaching tools and mentoring shall be put in place for ongoing use at each CDCR facility. These tools shall consist of, at a minimum, the following:

- a) Mentoring – Health Service Administrators and Clinical Supervisors shall be trained as preceptors on all aspects of the protocol processes. The preceptors shall then train all nursing staff on the revised protocols.
- b) Video –
  - i) Training shall be provided on the purpose of utilizing nursing protocols
  - ii) Algorithms that ensure that the correct protocols shall be utilized and will include what point to refer to a higher level of care.
  - iii) A step-by-step approach on the appropriate use of the protocol utilizing a SOAP format that would include collecting critical information, for example:
    - Chief complaint
    - Current symptoms

- Prior history

A post test shall be given to evaluate knowledge and comprehension on the protocols.

**F6-O3B**

Ongoing performance evaluation of the effectiveness of the training shall be completed including:

- a) All current employees at CDCR facilities shall be given this training.
- b) All new employees shall receive the training in addition to their formal orientation.
- c) All staff that do not demonstrate a passing grade on the post test, or, that in the judgment of the preceptor, are not appropriately using the protocols shall be given remedial training and close supervision.

**FINDING SIX-OBJECTIVE 4 (F6-O4)**

**Develop a comprehensive tool for evaluation of nurses for competence to include the following:**

- **Performance standards.**
- **Ongoing competency performance evaluations.**

**Remedial Timeline: Substantial progress on performance evaluation tool within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F6-O4 Action Steps:**

**F6-O4A**

No later than Friday, November 28, 2008 (within 90 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) a comprehensive tool shall be in place to assess nurses on competencies. Competencies shall include, but shall not be limited to: basic nursing competencies, intake screenings, training on urgent vs. emergent, and physical assessment skills. Post tests shall be given to evaluate knowledge and comprehension. CCA shall accept CDCR's offer to participate in CDCR's training for trainers program in order to support the ongoing training of CCA nursing staff.

**FINDING SIX-OBJECTIVE 5 (F6-O5)**

**Ensure each clinician has a documented record of training.**

**Remedial Timeline: Upon approval of CAP.**

**F6-O5 Action Steps:**

**F6-O5A**

Each clinician shall have a documented record of training. As a part of the training program, CCA shall incorporate training into the core competencies program that includes a sign off sheet with has a pass/fail grade, name of individual and classification. Effective immediately and pending the revision of protocol instruction into the core competencies program, TCCF is maintaining, per the remedial plan, documented training on all nursing staff.

**F6-O5 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F6-O5A: Training Documentation on Nursing Staff*

**FINDING SEVEN  
TCCF CAP WEEKLY REPORT  
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**FINDING SEVEN**

**QUALITY IMPROVEMENT PROCESS APPEARS TO BE INADEQUATE TO ENSURE COMPLIANCE WITH PROTOCOLS AND THE STANDARD OF CARE.**

**GOAL**

Ensure quality review process adequately reflects raw data and does not inflate scores.

**FINDING SEVEN-OBJECTIVE 1 (F7-O1)**

**Develop a mutually agreeable quality improvement process in collaboration with CDCR which evaluates and documents clinician's compliance with protocols.**

- **Quality improvement process will be based upon defined analytic standards and ensure evaluations are accurate to reflect meaningful information.**

**Remedial Timeline: Substantial progress on quality improvement process within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F7-O1 Action Steps:**

**F7-O1A**

During the meetings on Tuesday, July 29, 2008 and Wednesday, July 30, 2008, between Dr. Bill Andrade and CDCR/COCF Medical it was agreed that there was a need for additional meetings. One of the items remaining to be discussed is the need to develop and finalize the evaluation criteria and the frequency of data collection. The date for a follow up meeting has not yet been determined.

**F7-O1B**

It is anticipated that a follow-up meeting or telephone conversation will take place shortly to allow mutually agreed upon indicators to be developed and shared prior to Monday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) and final process to be agreed upon no later than Thursday, October 30, 2008 (within 60 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).

**F7-O1C**

Upon completion, no later than Friday, November 28, 2008 (within 90 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) CCA shall incorporate the indicators into the TCCF Quality Improvement Process and enter frequency of data collection on the Quality Improvement Calendar.

**F7-O1D**

CCA shall identify and train a responsible person for collecting the data. In order to ensure accurate results and conclusions, the individual in the role will require a person with adequate training in CQI processes, data collection and analysis, and the use of the Allscripts system (in the event that the data can be managed through the Allscripts system).

**F7-O1E**

Once reports are produced, CCA shall review the reports for accuracy utilizing a credentialed health care analyst to ensure that the outcome of the data analysis is accurate.

**GOAL**

Ensure nursing protocols are clear, unambiguous and consistently utilized.

**FINDING SEVEN-OBJECTIVE 2 (F7-O2)**

**Adopt CDCR nursing protocols or develop a mutually agreeable set of protocols and ensure that nurses, in fact, follow the established nursing protocols. The following guidelines will be adhered to:**

- **California parameters of clinical practice will be the standard regardless of the state in which the CDCR inmates are placed.**
- **In the event local law is more restrictive than California standards, local law will be followed.**
- **In the event that local law is more expansive than California standards of practice, CDCR policy will be followed.**

**Remedial Timeline: Substantial progress on collaborative nursing protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP. Bulleted parameters stated above will be adhered to upon approval of the CAP.**

**F7-O2 Action Steps:**

**F7-O2A**

On Thursday, August 7, 2008, four draft nursing protocols incorporating best practices from CCA, CDCR, and other correctional systems were forwarded by John Tighe to Ms. Mynhier/COCF for review, with a focus on:

- a) Incorporating a chief complaint, presenting symptoms and patient history.
- b) Ensuring that the subjective and objective components of the protocol are within the scope of practice of an LPN.
- c) Identifying Assessment and Plans as RN responsibilities.
- d) Providing clear direction as to referral requirements to the LIP (i.e. Immediate, within “X” days, etc.).

Feedback was received from Ms. Mynhier and staff on Tuesday, August 26, 2008. Accordingly the four draft protocols were revised based upon this feedback and resubmitted to Ms. Mynhier on Friday, August 29, 2008.

**F7-02B**

Using the feedback received from the first four protocols as a guidepost, CCA shall systematically draft the remaining protocols and shall:

- a) Submit each protocol to Ms. Mynhier/COCF for review as completed. All protocols shall be submitted to Ms. Mynhier/COCF no later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).

**F7-02C**

Upon receipt of feedback regarding the submitted protocols (as described under F7-02B(a) above), CCA shall:

- a) Make necessary revisions to the protocols and submit to Ms. Mynhier/COCF by Thursday, October 30, 2008 (within 60 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).
- b) Submit such agreed upon final protocols to the Mississippi Board of Nursing for review and comment. Any concerns raised by the Mississippi Board of Nursing will be communicated to Ms. Mynhier and staff for mutually agreed upon resolution.

**F7-02D**

No later than Wednesday, November 12, 2008 CCA shall develop a revised policy and procedure regarding the implementation of said protocols and submit such policy to Ms. Mynhier/COCF for review and approval. This policy will provide:

- a) Clear delineation of scope of practice guidelines;
- b) Any necessary ATF's (At this Facility) to accommodate specific COCF requirements; and,
- c) Revised final protocols shall be attached.

**F7-02E**

No later than Friday, November 28, 2008, (within 90 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) the revised protocols shall be fully implemented. Accordingly, CCA shall:

- a) Input agreed upon protocols into the Electronic Medical Record and test (prior to November 28, 2008).
- b) Train and educate staff regarding the revised policy and procedure and the use of revised protocols (prior to November 28, 2008).

**F7-O2F**

Effective Tuesday, July 1, 2008, and continuing until such time as protocols are revised to the satisfaction of CCA and Ms. Mynhier/COCF, RNs will complete the assessment and plan components of the nursing protocols. LPNs have been instructed that they cannot perform this function. Effective Tuesday, July 1, 2008, LPNs are limited to screening and collection of objective data, unless expanded responsibilities are approved with mutual agreement with CDCR/COCF, Mississippi Board of Nursing and CCA. Auditing is being conducted to ensure compliance. Please see the random sample of completed nursing protocols attached as Attachment F4-O1F.

**F7-O2 PROOF OF PRACTICE DOCUMENTS:**

- *See attached Proof of Practice Documents under F4-O1*

**FINDING EIGHT  
TCCF CAP WEEKLY REPORT  
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**FINDING EIGHT**

**PROCESS TO CREDENTIAL OR HIRE CLINICIANS DOES NOT APPEAR TO ADEQUATELY MATCH SKILLS WITH SCOPE OF WORK.**

**GOAL**

Clearly define credentialing processes and standards.

**FINDING EIGHT-OBJECTIVE 1 (F8-O1)**

**The protocols for nurse practitioner, physician's assistant, and clinician practice shall meet the core concepts of CA credentialing process as delineated in CDCR protocols, including education, experience and certification.**

**Remedial Timeline: Substantial progress on collaborative credentialing process within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F8-O1 Action Steps**

**F8-O1A**

On Tuesday, July 29, 2008 and Wednesday, July 30, 2008, Dr. Bill Andrade met with CDCR/COCF Medical staff to review the current CCA credentialing process with COCF and discussed concerns, recommendations, and best practices, thereby completing the first collaborative step necessary to develop the process. The team discussed, analyzed and compared respective credentialing policies and best practices. Key principles have been identified which shall form the basis for revisions to CCA's policy and credentialing practices.

**F8-O1B**

Using feedback gathered in the aforementioned review of CCA's current credentialing process, CCA developed an algorithm defining the credentialing process and shared it with CDCR/COCF for their review on Thursday, August 7, 2008.

**F8-O1C**

On Wednesday, August 27, 2008, the CCA Chief Medical Officer, Dr. Bill Andrade, and CDCR/COCF representatives conducted a follow-up conference call to continue the collaborative process on the credentialing process. During the call clarification was received on multiple medical staff processes including the screening, evaluation and hiring of LIP's at CDCR and CCA facilities. CCA described the process used and criteria for evaluation. CDCR/COCF agreed to send Dr. Andrade their screening and evaluation criteria to understand what, if any, additional criteria will be used to evaluate LIP candidates who would be caring for CDCR inmates in CCA facilities.

**F8-O1D**

Immediately upon receipt of the screening and evaluation criteria from CDCR/COCF, a side by side review will be performed. CCA shall incorporate any additional criteria present in the CDCR/COCF document into the CCA criteria, and an At This Facility (ATF) procedure will be added to Policy and Procedure 13-56 detailing the review

criteria, the process for dealing with candidates who do not meet the agreed upon criteria, and the process for communicating with CDCR/COCF.

**F8-O1E**

Discussion during the Wednesday, August 27, 2008 conference call included the CCA peer review process (utilized for NCCHC accredited facilities) and the CDCR/COCF (Clinical Performance Appraisal) model. It was agreed that while the CCA process was generally acceptable, there were some practices used by CDCR/COCF (i.e., the initial peer review done after 10 days) that would be good to institute at CCA.

**F8-O1F**

CCA will incorporate the recommended additions to the CCA Peer Review process and document in an algorithm that will be sent to COCF/CDCR and all LIP's no later than Monday, September 22, 2008. The algorithm will then be incorporated into CCA Policy 13-56.

**F8-O1 PROOF OF PRACTICE DOCUMENTS:**

- *Please refer to attachments submitted with Finding Five.*

**FINDING EIGHT-OBJECTIVE 2 (F8-O2)**

**The credentialing process will address specifically identified deficiencies and CCA will collaborate with CDCR in formalization and approval of the credentialing process. In particular:**

- **CDCR shall have the right to review any potential candidate, to include a face-to-face interview, who does not meet the CDCR basic experience requirement.**
- **For each candidate approved in this manner, CCA shall establish an individual supervision and monitoring program to ensure basic competency, above and beyond the candidate's formal orientation.**

**Remedial Timeline: Substantial progress on collaborative credentialing process within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F8-O2 Action Steps:**

**F8-O2A**

Effective Wednesday, July 30, 2008, CCA, through its Chief Medical Officer, Dr. Bill Andrade, agreed to share credential files as appropriate with COCF medical staff leaders and coordinate face-to-face interviews with candidates that are outside of the agreed upon basic experience guidelines.

**F8-O2B**

CCA shall continue to collaborate with CDCR to develop a mentoring process including the supervision and monitoring of licensed independent providers (LIPs).

**F8-O2C**

Upon approval of the policy being developed under F8-O1A, CCA shall implement the agreed upon credentialing processes for all LIPs practicing at CCA facilities that house CDCR inmates, within 30 days.

**FINDING EIGHT-OBJECTIVE 3 (F8-O3)**

**Establish the minimum qualifications for each respective LIP through a collaborative effort between CCA and CDCR.**

**Remedial Timeline: Substantial progress on collaborative credentialing process within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F8-O3 Action Steps:**

**F8-O3A**

Minimum qualifications for LIPs was initially discussed during the July 29<sup>th</sup> and 30<sup>th</sup>, 2008, meetings and followed up by correspondence between Dr. Andrade and Dr. Chapnick on Thursday, August 7, 2008.

**F8-O3B**

CCA continue to collaborate with Dr. Chapnick and other appropriate staff to develop mutually agreeable minimum qualifications which shall be fully implemented no later than Friday, November 28, 2008 (within 90 days of approval of CAP assuming a CAP approval during the week of September 2, 2008). The agreed upon minimum qualifications shall be incorporated into CCA Policy 13-56 Licensure/Credentialing/Continuing Education. Until such time as the revised minimum qualifications are implemented, CCA shall continue to follow CCA Policy 13-56 Licensure/Credentialing/Continuing Education which is based upon NCCHC Standards and ensures that the credentialing process for all LIPs meets those standards and all mid-level providers are appropriately credentialed.

**FINDING EIGHT-OBJECTIVE 4 (F8-O4)**

**CDCR will continue to have the option to participate in CCA's credentialing committee and will be notified of such meetings.**

**Remedial Timeline: Upon approval of CAP.**

**F8-O4 Action Steps:**

**F8-O4A**

At the medical staff meeting held in Sacramento on July 29<sup>th</sup> and 30<sup>th</sup>, 2008, Dr. Bill Andrade made the offer to the COCF/CDCR medical leadership to share credential files and offered participation in the CCA Credentials Committee. He further offered, if more convenient, that CCA would be willing to join their committee meeting as deemed appropriate.

**GOAL**

Establish and implement a privileging process.

**FINDING EIGHT-OBJECTIVE 5 (F8-O5)**

**In collaboration with CDCR, establish a privileging process which meets the core concepts of CA's privileging process. CCA will collaborate with CDCR in defining the core privileges required of each respective LIP.**

**Remedial Timeline: Substantial progress on establishment of a privileging process within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F8-O5 Action Steps:**

**F8-O5A**

CCA and CDCR continue to collaborate to mutually define the core privileges required of each respective LIP.

**F8-O5B**

On Thursday, August 7, 2008, Dr. Andrade and Dr. Chapnick exchanged documents that will establish the foundation for a policy revision. A policy revision will be submitted for review and approval no later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008)

**F8-O5C**

Policy revisions and the final process shall be agreed upon no later than Thursday, October 30, 2008 (within 60 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) with a fully implemented process no later than Friday, November 30, 2008 (within 90 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).

**FINDING NINE  
TCCF CAP WEEKLY REPORT  
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**FINDING NINE**

**CHRONIC CARE PROCESSES ARE OUT OF COMPLIANCE WITH THE STANDARD OF CARE.**

**GOAL**

Establish chronic care processes in compliance with the standard of care.

**FINDING NINE-OBJECTIVE 1 (F9-O1)**

**Perform a one time face-to-face evaluation of all chronic care patient-inmates.**

**Remedial Timeline: Within 30 days of approval of CAP.**

**F9-O1 Action Steps:**

**F9-O1A**

All patient-inmates designated as requiring Chronic Clinics have been seen as of Thursday, August 28, 2008, or have signed a refusal statement after being advised of the risk by an RN or higher level provider.

**F9-O1B**

Procedures have been established at TCCF to ensure that a qualified licensed physician reviews chronic care clinic initial assessments and conducts face-to-face interviews with each chronic care clinic patient. This review and interview will be documented, and shall be the basis for determining the appropriateness of chronic care clinic designation, current treatment and follow-up plan. Any inmate who is missing an initial assessment shall have one completed at the time of the face-to-face interview.

**F9-O1C**

No later than Tuesday, September 30, 2008, (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) CCA shall update CCA policy to clarify that an LIP must perform the initial face-to-face chronic care evaluations for all referred patient-inmates. In addition, CCA will develop an audit tool to ensure and capture information regarding:

- a) All chronic care patient-inmates had their initial intake assessment,
- b) All chronic care patient-inmates are current on their health appraisals,
- c) The patient-inmate had their initial chronic care clinic visit,
- d) The patient-inmate had a 90 day follow-up,
- e) That appropriate processes and approvals received for any patient-inmate transferred to a 6 month program,
- f) Reasons for any patient-inmate who does not have a 90 day follow-up,
- g) Tracking of the backlog for follow-up visits,
- h) Rescheduling of any backlogged visits,
- i) Reason for backlog.

**F9-O1 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F9-O1A: Chronic Care Log*

- *See attachment F9-O1A1: E-Mail from Dr. Bill Andrade to Dr. Robert Chapnick on Thursday, August 7, 2008. (A copy was also sent to Yulanda Mynhier).*

**FINDING NINE-OBJECTIVE 2 (F9-O2)**

**Develop a comprehensive Chronic Care Program in collaboration with CDCR.**

**Remedial Timeline: Substantial progress on development of policy and procedures for Chronic Care Program within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F9-O2 Action Steps:**

**F9-O2A**

TCCF is following the NCCHC guidelines for chronic clinic patients and implementing the corrective action steps of the CAP. Process modifications shall accommodate CDCR specific needs (for example, the frequency of chronic care follow ups shall follow CDCR standards, not NCCHC). No later than Thursday, October 30, 2008 (within 60 days of approval of CAP assuming a CAP approval during the week of September 2, 2008), CCA shall provide CDCR with a revised draft Chronic Care program for review and comment.

**FINDING NINE-OBJECTIVE 3 (F9-O3)**

**Use NCCHC standards as the basis in establishing chronic care process with process modifications to address evolving clinical information.**

**Remedial Timeline: Upon approval of CAP.**

**F9-O3 Action Steps:**

**F9-O3A**

TCCF is following the NCCHC guidelines for chronic clinic patients and implementing the corrective action steps of the CAP. In addition, CCA is utilizing information gathered through the CQI process to identify areas of opportunity to improve program outcomes based on evolving clinical information. On an ongoing basis, CCA shall perform, at a minimum, an annual review of the chronic care program to ensure that the program meets NCCHC standards. No later than Thursday, October 30, 2008 (within 60 days of approval of CAP assuming a CAP approval during the week of September 2, 2008), CCA shall provide CDCR with a revised draft Chronic Care program for review and comment.

**F9-O3 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F9-O3A: NCCHC Standards*

**FINDING NINE-OBJECTIVE 4 (F9-O4)**

**Evaluate clinician designated to care for CA's chronic care patient-inmates and ensure such clinician can provide care consistent with the standard of care.**

**Remedial Timeline: Upon approval of CAP**

**F9-O4 Action Steps:**

**F9-O4A**

On July 29<sup>th</sup> and 30<sup>th</sup>, 2008 CCA and CDCR/COCF Medical Staff began a discussion of the processes listed below to maximize the utilization of the following processes to ensure that clinicians can provide care consistent with the appropriate standard of care:

- a) Credentialing (Please refer to Objectives and Action Steps under Finding Eight),
- b) Peer Review (Please refer to Objectives and Action Steps under Finding Six), and
- c) Quality Improvement (Please refer to Objectives and Action Steps under Finding Seven).

**FINDING NINE-OBJECTIVE 5 (F9-O5)**

**Ensure all midlevel clinicians providing care to CA chronic care patient-inmates have immediate access to a physician.**

**Remedial Timeline: Upon approval of CAP.**

**F9-O5 Action Steps:**

**F9-O5A**

There is a physician on call 24/7 at TCCF. Midlevel providers have access to a physician 24/7 either on-site or through the on call system.

Effective Tuesday, July 1, 2008, CCA provided detailed orientation/training to all new physicians with respect to CCA's policies regarding the amount and type of physician oversight that must be provided when patient-inmates are in the care of midlevel providers. In addition, TCCF LIP hours have been augmented by the addition of Dr. Liddell for 16-20 hours per week. Dr. Keith Ivens was assigned to TCCF full time beginning Thursday, August 21, 2008. In this role, Dr. Ivens is providing additional oversight to midlevel providers at TCCF.

**F9-O5A PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F9-O5A: Agreement with Dr. Liddell*
- *See attachment F9-O5A1: CV for Dr. Liddell*
- *See attachment F9-O5A2: CDCR Requirements for CCA Providers*
- *See attachment F9-O5A3: Training Activity Record*

**FINDING NINE-OBJECTIVE 6 (F9-O6)**

**Adopt CDCR chronic care protocols or collaborate with CDCR to develop a mutually agreeable set of chronic care protocols.**

**Remedial Timeline: Substantial progress on chronic care protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F9-O6 Action Steps:**

**F9-O6A**

TCCF is following the NCCHC guidelines for chronic clinic patients and implementing the corrective action steps of the CAP. Process modifications shall accommodate CDCR specific needs (for example, the frequency of chronic care follow ups shall follow CDCR standards, not NCCHC). No later than Thursday, October 30, 2008 (within 60 days of approval of CAP assuming a CAP approval during the week of September 2, 2008), CCA shall provide CDCR with a revised draft Chronic Care program for review and comment.

**GOAL**

Establish chronic care documentation and reporting.

**FINDING NINE-OBJECTIVE 7 (F9-O7)**

**Maintain and provide to CDCR a list of all patient-inmates assigned to chronic care clinic.**

**Remedial Timeline: Within 14 days of approval of CAP.**

**F9-O7 Action Steps:**

**F9-O7A**

CCA maintains a list of all chronic care patient-inmates assigned to a chronic care clinic and a listing shall be provided as a part of the status report at least monthly beginning in September 2008.

**F9-O7A PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F9-O7A: List of Chronic Care Inmates at TCCF*

**FINDING NINE-OBJECTIVE 8 (F9-O8)**

**Provide CDCR a report of all patient-inmates scheduled for a chronic care appointment including information regarding any circumstance when a patient-inmate failed to keep an appointment, the date of the failed appointment, date appointment was rescheduled and the date appointment actually occurred.**

**Remedial Timeline: Manual backlog within 14 days of approval of CAP.**

**F9-O8 Action Steps:**

**F9-O8A**

CCA has created a report on all chronic care patient-inmates that includes the following data elements. This report shall be provided as a part of the status report at least monthly beginning in September 2008.

- Patient-inmate name;
- CDCR number;
- Chronic Care Diagnosis;
- Date of Chronic Care Intake or face-to-face by Physician;
- Date patient-inmate scheduled for follow-up;
- Date follow-up completed;
- If not seen, why;
- Date appointment rescheduled by the LIP;
- Date actually seen by the LIP;
- LIP name and classification.

**F9-O8 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F9-O8A: Chronic Care Tracking Form*

**FINDING NINE-OBJECTIVE 9 (F9-O9)**

**Ensure regular chart review is conducted on all chronic care clinic charts for compliance with the Standard of Practice.**

**Remedial Timeline: Within 90 days of approval of CAP (consistent with peer review process).**

**F9-O9 Action Steps:**

**F9-O9A**

Upon agreement regarding the appropriate standard of practice, CCA shall perform initial monthly 5% chart reviews on all chronic care patient-inmates. This review will transition to quarterly once trends and patterns have confirmed the processes.

**FINDING TEN  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
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**FINDING TEN**

**EMERGENCY RESPONSE WAS INADEQUATE.**

**GOAL**

Ensure adequate emergency response procedures.

**FINDING TEN-OBJECTIVE 1 (F10-O1)**

**Adopt CDCR Emergency Medical Response System Protocol (with modification to address personnel organization and operations) or a mutually agreed upon Emergency Response Protocol.**

- **Ensure protocol includes an Emergency Response Review Committee with documented analysis of response.**

**Remedial Timeline: Substantial progress on development of an Emergency Medical Response System Protocol within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F10-O1 Action Steps:**

**F10-O1A**

Stephen Baxley, RN reviewed Emergency Medical Procedures while on site at TCCF Tuesday, May 20<sup>th</sup> through Friday, May 23<sup>rd</sup>, 2008. Upon receipt of the CDCR Emergency Response System Protocol, Mr. Baxley conducted a side by side review to identify the differences between CCA protocol and CDCR protocol. Mr. Baxley returned to TCCF and conducted a follow up inspection against the CDCR protocol on Monday, August 11, 2008.

**F10-O1B**

On Wednesday, August 20, 2008, Mr. Baxley, spoke with COCF representative Terry Taylor and reviewed the differences in the emergency medical protocols, CCA's approach to emergency response, and the role identification and certifications of ACLS under the Nurse Practice Act of any given state.

**F10-O1C**

As a result of the above conversation, CCA understands the COCF expectations and will incorporate the agreed upon emergency response process into a draft modification to the CCA Emergency Response policy and procedure (including the role, membership, and function of the Emergency Response Review Committee) and submit to CDCR for approval, no later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September, 2, 2008).

**F10-O1 PROOF OF PRACTICE DOCUMENT:**

- *See attachment F10-O1A: CDCR Emergency Medical Response Policies received July 28, 2008*

**GOAL**

Ensure adequate ambulance availability to meet the needs of the TCCF.

**FINDING TEN-OBJECTIVE 2 (F10-O2)**

**Ensure timely local ambulance availability 24/7.**

**Remedial Timeline: Upon approval of CAP.**

**F10-O2 Action Steps:**

**F10-O2A**

CCA entered into a contract with Tallahatchie County to purchase an additional ambulance for the county, which would be maintained on the facility grounds. This service includes a mobile home, which is adjacent to the facility, to be used by the full time ambulance staff (twenty-four hours a day, seven days a week) as a base of operations and a fully equipped ambulance. The new service was complete has been in continuous service since Tuesday, July 1, 2008.

**F10-O2B**

As a portion of that contract, and in order to ensure timely response, CCA obtained agreement with the ambulance contractor that the primary mission of the TCCF location is to respond to TCCF for emergency transports. Response to calls for the west side second judicial district of the county shall only be a secondary mission and shall be to a limited geographic area.

**F10-O2C**

CCA contracted with Pafford Ambulance Services in Coahoma County to provide back-up services in the event that neither the TCCF ambulance nor the County's primary ambulance (acts as second call for TCCF) are available in a timely fashion.

**F10-O2 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F10-O2A: Agreement between Tallahatchie County and Corrections Corporation of America and Agreement to Furnish Ambulance and Emergency Medical Service for Tallahatchie County, Mississippi*
- *See attachment F10-O2B: Pictures of Tallahatchie County Ambulance Service*
- *See attachment F10-O2C: Agreement with Pafford Ambulance Service*

**FINDING TEN-OBJECTIVE 3 (F10-O3)**

**Ensure Advanced Cardiac Life Support (ACLS) personnel are on-site 24/7.**

**Remedial Timeline: All persons to be ACLS certified must be enrolled in an ACLS class within 30 days, with full certification of designated personnel no later than 60 days. In the event CDCR's emergency response protocol is adopted, ACLS certification pursuant to protocol.**

**F10-O3 Action Steps:**

**F10-O3A**

The on-site ambulance crew at TCCF is ACLS certified. In addition, on Tuesday, August 19, 2008 CCA contracted with Dr. David Doernbak, an ACLS trainer, to provide ACLS training and certification for all registered nurses and LIPs.

**F10-O3B**

The first ACLS training class is tentatively scheduled for Wednesday, September 24, 2008. ACLS training shall be documented in the training records

**FINDING TEN-OBJECTIVE 4 (F10-O4)**

**Maintain and forward a log to COCF, which includes the following:**

- **Ambulance response time, to include: 1) Time from call to arrival at facility; 2) Time from arrival at facility to patient; 3) Time from patient to departure from facility; 4) Time from departure from facility to arrival at emergency provider.**
- **Sequence of events to include: 1) Time of the call from health care staff, requesting an ambulance; 2) Time of ambulance arrival at the sallyport; 3) Time ambulance staff made contact with the patient-inmate; 4) Time the ambulance leaves the sallyport; 5) Time the ambulance arrives at the emergency provider.**

**Remedial Timeline: Within 14 days of CAP approval.**

**F10-O4 Action Steps:**

**F10-O4A**

Effective Tuesday, July 15, 2008, a log of all emergency responses and times was initiated at TCCF. The log includes:

- a) Time of initial call from health care staff requesting an ambulance;
- b) Time of 911 call from Central Control;
- c) Time of ambulance arrival at the TCCF sallyport;
- d) Time ambulance staff made direct contact with the patient-inmate;
- e) Time the patient-inmate departs the TCCF sallyport.

**F10-O4B**

The log data is sequenced on a timeline documenting the actual time between each step and total time of the emergency response.

**F10-O4C**

The log and resulting sequencing of events shall be sent to CDCR and to the CCA Emergency Response Review Committee chairperson.

**F10-O4 PROOF OF PRACTICE DOCUMENTS:**

- ***See attachment F10-O4A: Ambulance Log Book***

**GOAL**

Ensure adequate supply of emergency medical supplies.

**FINDING TEN-OBJECTIVE 5 (F10-O5)**

**Adopt CDCR Emergency Medical Response System Protocol (with modification to address personnel organization and operations) or a mutually agreed upon Emergency Response Protocol.**

- **Ensure protocol includes an Emergency Response Review Committee with documented analysis of response.**

**Remedial Timeline: Substantial progress on development of an Emergency Medical Response System Protocol within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP.**

**F10-O5 Action Steps:**

**F10-O5A**

The emergency medical supply protocol is being included under the protocols being drafted as described in F10-O1, above.

**FINDING TEN-OBJECTIVE 6 (F10-O6)**

**Develop and implement effective inventory procedures to ensure that appropriate medical equipment is accessible throughout the facility.**

- **Maintain an inventory of medical equipment.**
- **Document medical equipment inventory compliance every shift.**
- **Document inventory of emergency medical supplies every shift.**

**Remedial Timeline: Upon approval of CAP.**

**F10-O6 Action Steps:**

**F10-O6A**

Prior to Friday, August 1, 2008, TCCF developed and maintains inventory systems for emergency medical equipment which includes:

- a) An inventory check sheet for the emergency bag and emergency equipment.
- b) A nurse assigned each shift to conduct an inventory of emergency medical equipment and supplies.

**F10-O6B**

In compliance with CCA Policy 2-8 Inventory Control, TCCF maintains an inventory of all other major medical equipment and supplies that are checked on a regular basis by the HSA or his/her designee. Medical Supplies are managed under CCA policy 13-53 Inventory Management. The equipment checklist provides for the location of the equipment and its appropriate functioning.

**F10-O6C**

Any outdated supplies or malfunctioning equipment shall be removed from the facility and replaced with properly functioning equipment and/or non-expired supplies.

**F10-O6D**

The above described medical inventory process is documented in policy and all nursing staff will receive in-service training on the procedures. All policies are reviewed at least annually, and these policies shall be reviewed no later than Tuesday, September 30, 2008, and needed or requested revisions shall be submitted to CDCR/COCF for review.

**F10-O6 PROOF OF PRACTICE:**

- *See attachment F10-O6A: Medical Equipment Inventories and Assignment Sheet*
- *See attachment F10-O6B: Perpetual Inventory Form*
- *See attachment F10-O6C: Capital Expenditure List*
- *See attachment F10-O6C1: Sample Medical Invoices*

**FINDING TEN-OBJECTIVE 7 (F10-O7)**

**Ensure response times do not exceed those as designated within CDCR's Emergency Medical Response System protocols, to include response times to Administrative Segregation.**

- **Purchase mobile ambulance carts, as needed, to facilitate an expedient response to medical incidents.**
- **Install exam rooms, as needed, to ensure timely medical attention can be provided to patient-inmates in each of the Administrative Segregation units.**
- **Response times for emergent medical care in Administrative Segregation units will not exceed those as designated within CDCR's Emergency Medical Response System protocol.**
- **Facility will fully cooperate with on-site COCF audits of process compliance.**

**Remedial Timeline: Purchase mobile ambulance carts and install exam rooms upon approval of CAP. Establish response times for emergent medical care in Administrative Segregation within 14 days of approval of CAP.**

**F10-O7 Action Steps:**

**F10-O7A**

CCA shall ensure that response times do not exceed those as designated within CDCR's Emergency Medical Response System protocols, to include response times to the TCCF Administrative Segregation Unit. The following steps have been taken:

- a) Drills are conducted to ensure that response times do not exceed those designated within CDCR's Medical Response System protocols. These drills include checking response times to Administrative Segregation.
- b) The ambulance arrived at TCCF and was put into use on Thursday, August 7, 2008.

- c) In July 2008, CCA completed a medical exam room inside the Administrative Segregation in order to ensure patient-inmates in segregation have access to timely medical care while providing privacy and the space and equipment for medical and mental health staff to complete patient encounters.
- d) During his TCCF on-site visit May 20, 2008 through May 23, 2008, Steve Baxley, RN, educated staff on the layout, design, and equipment location within the clinic.

#### **F10-07D**

TCCF meets CDCR's established emergency response times by:

- a) Installing emergency response equipment in the clinic, and
- b) Conducting mock drills which integrate medical, security, and other staff in response to simulated medical and suicide emergencies in Administrative Segregation at least once per quarter (drills have been conducted for housing units and kitchen on both shifts, an administrative segregation drill shall be conducted prior to Tuesday, September 30, 2008).

#### **F10-07 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F10-07A: Drill Documentation*
- *See attachment F10-07A1: Purchase Order for the Mobile Ambulance Cart*
- *See attachment F10-07B: Pictures of Medical Exam Room inside Administrative Segregation Unit*
- *See attachment F10-07C1: Training Roster*

#### **F10-07E**

CCA shall cooperate with COCF on-site audits supplying needed documentation and staff support related to the specific audit steps involved.

#### **GOAL**

Ensure effective communication during emergency response.

#### **FINDING TEN-OBJECTIVE 8 (F10-08)**

**All staff shall have a means of communicating a medical emergency.**

**Remedial Timeline: Substantial progress on Emergency Medical Response System Protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP, or if CDCR policy is adopted, then immediately upon approval of CAP.**

#### **F10-08 Action Steps:**

#### **F10-08A**

An inventory of communications equipment is conducted every shift at TCCF

**F10-O8B**

All employees have access to telephones and/or radios in all areas of the facility. Multiple phones are available in the medical department. In addition, an officer with a radio is present twenty-four hours a day. A second officer, with a radio, is also assigned to medical an additional sixteen hours a day. All other areas of the facility, where inmates are present, is equipped with a telephone or an officer equipped with a radio. An inventory is conducted in central control on each shift.

**F10-O8A PROOF OF PRACTICE:**

- *See attachment F10-O8A: Inventory of Communication Equipment*

**F10-O8C**

All staff shall be trained in use of the communication equipment necessary to report a medical emergency. This shall include First Responder use of radios, telephone systems, and voice to describe the issue observed and summons assistance. This training occurs in New Employee Orientation and in In-Service Training.

**F10-O8C PROOF OF PRACTICE:**

- *See attachment F10-O8C: New Employee Orientation Curriculum*
- *See attachment F10-O8C1: Employee Training Records*

**FINDING TEN-OBJECTIVE 9 (F10-O9)**

**Develop a policy and procedure detailing the appropriate chain of communication to be utilized in an emergency that meets the time parameters set forth in the CDCR Emergency Response Protocol.**

**Remedial Timeline: Substantial progress on Emergency Medical Response System Protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP, or if CDCR policy is adopted, then immediately upon approval of CAP.**

**F10-O9 Action Steps:**

**F10-O9A**

In collaboration with COCF, CCA shall review the Urgent/Emergent Response policy and develop a CCA specific policy which addresses First Responder, Health Care Staff, and Security Staff responsibilities in a medical emergency. A draft of the policy shall be submitted for COCF review no later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).

## **GOAL**

Clearly define roles of personnel during emergency response.

### **FINDING 10-OBJECTIVE 10 (F10-O10)**

**Adopt CDCR Emergency Medical Response System Protocol (with modification to address personnel organization and operations) or a mutually agreed upon Emergency Response Protocol.**

- **Ensure protocol includes an Emergency Response Review Committee with documented analysis of response.**

**Remedial Timeline: Substantial progress on Emergency Medical Response System Protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP, or if CDCR policy is adopted, then immediately upon approval of CAP.**

#### **F10-O10 Action Steps:**

##### **F10-O10A**

The roles of personnel during an emergency response are being included under the protocols being drafted as described in F10-O1, above.

### **FINDING TEN-OBJECTIVE 11 (F10-O11) Conduct emergency medical response drills, at least quarterly, on each shift.**

**Remedial Timeline: Substantial progress on Emergency Medical Response System Protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP, or if CDCR policy is adopted, then immediately upon approval of CAP.**

#### **F10-O11 Action Steps:**

##### **F10-O11A**

Emergency response drills have been conducted on all shifts. The Administrative Segregation drill shall be performed this quarter, as well as drills based on watch list cases.

##### **F10-O11B**

CCA Policy 8-1 requires the performance of monthly security drills on each shift every month, to include medical emergencies. No later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008) CCA shall expand existing policy 8-1, in an “At This Facility” to specify the frequency of emergency response drills specific to the health care needs of the COCF inmates housed in the facility, to include:

- a) Train staff on use of emergency equipment needed for response to each health crisis to be targeted in the drills.
- b) Conduct quarterly drills to assess staff responsiveness, ability to use necessary equipment, and appropriateness of response.

**F10-O11 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F10-O7A: Drill Documentation*

**GOAL**

Ensure that the Facility Emergency Flow Sheet provides clear and concise direction.

**FINDING TEN-OBJECTIVE 12 (F10-O12)**

**Adopt the following CDCR forms/reports, or a mutually agreed upon Emergency Care Flow Sheet, for utilization during an emergency response:**

- **CDCR Medical Report of Injury or Unusual Occurrence (CDCR 7219)**
- **CDCR Emergency Care Flow Sheet (CDCR 7403)**

**Remedial Timeline: Substantial progress on Emergency Medical Response System Protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP, or if CDCR policy is adopted, then immediately upon approval of CAP.**

**F10-O12 Action Steps:**

**F10-O12A**

CCA shall work collaboratively with COCF to review the Unusual Occurrence and Emergency Care flow sheets for adaptation and use as appropriate. A revised Emergency Care Flow Sheet shall be submitted to COCF for review and comment no later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).

**GOAL**

Ensure that Emergency Medical Response System processes do not delay 911 notifications.

**FINDING TEN-OBJECTIVE 13 (F10-O13)**

**Adopt CDCR Emergency Medical Response System Protocol (with modification to address personnel organization and operations) whereby all personnel may engage 911, or develop a mutually agreed upon Emergency Response Protocol.**

**Remedial Timeline: Substantial progress on Emergency Medical Response System Protocols within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of CAP, or if CDCR policy is adopted, then immediately upon approval of CAP.**

**F10-O13 Action Steps:**

**F10-O13A**

The roles of personnel during an emergency response are being included under the protocols being drafted as described in F10-O1, above.

**GOAL**

Ensure incident reporting is thorough and provides sufficient scrutiny.

**FINDING TEN-OBJECTIVE 14 (F10-O14)**

The following remedial training will be provided:

- Remedial training from DAI COCF with regard to the CDCR 837 reporting processes (all TCCF staff, including healthcare staff).
- Remedial training related to supervisory critique of incident reports (provided by DAI COCF).

**Remedial Timeline: Remedial training with regard to the CDCR 837 reporting process within 30 days of approval of CAP. Remedial training related to supervisory critique of incident reports within 60 days of approval of CAP.**

**F10-O14 Action Steps:**

**F10-O14A**

Beginning on Friday, August 22, 2008, CCA and DAI COCF implemented a schedule for training for all TCCF staff (including health care staff), which was more than 80% complete as of Friday, August 15, 2008. CCA staff attending Training for Trainers on report writing provided by COCF in Sacramento on Wednesday, August 27 through Friday, August 29, 2008. CCA and COCF staff shall continue to work collaboratively to create a schedule for remedial training based on critique of incident reports on an ongoing basis.

**F10-O14A PROOF OF PRACTICE:**

- *See Attachment F10-O14A: Email from Melissa Lea regarding attendees for Training.*

**FINDING TEN-OBJECTIVE 15 (F10-O15)**

Develop a program for ongoing training:

- Collaborate with DAI COCF to identify trainers who can provide the ongoing training, relative to incident report writing and review, in conjunction with New Employee Orientation.
- Provide monitored corrective action, where necessary, in response to DAI COCF independent review and oversight.

**Remedial Timeline: Identify agreed upon trainers within 90 days of approval of CAP.**

**F10-O15 Action Steps:**

**F10-O15A**

CCA and DAI COCF have worked collaboratively to determine characteristics of suitable trainers, and have identified these staff who attended training in Sacramento on August 27-29, 2008.

**F10-015B**

CCA includes incident report writing and review as a component of New Employee Training and Annual Training.

**F10-015C**

CCA will modify training module content annually, or more frequently as necessary based on DAI COCF monitoring of incident reports.

**FINDING ELEVEN  
TCCF CAP WEEKLY REPORT  
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**FINDING ELEVEN:**

**INCIDENT REVIEW WAS INADEQUATE AND INCOMPLETE.**

**GOAL**

Develop a process for true independent review.

**FINDING ELEVEN-OBJECTIVE 1 (F11-O1)**

**In collaboration with CDCR, establish mutually agreed upon criteria necessary to complete an independent evaluation of certain defined medical events. Such collaboration shall include an agreement regarding the list of staff necessary to complete each investigation, specifically clinical personnel.**

**Remedial Timeline: Substantial progress on development of independent review criteria within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of the CAP.**

**F11-O1 Action Steps:**

**F11-O1A**

In the event that COCF/CDCR determines to do its own independent investigation, CCA shall cooperate with the investigation.

**F11-O1B**

No later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008), the CCA Chief Medical Officer shall identify 10-12 experienced medical staff members made up of senior physicians, mid-level practitioners, Health Services Administrators, mental health professionals, and dentists as a SWAT team to respond to any investigation.

**F11-O1C**

The team of individuals and their backgrounds shall be shared with CDCR and once agreed upon, the team shall be trained in investigation techniques, specific CDCR requirements and protocols, key areas of investigation of mortalities and morbidities, interview techniques, and others to be mutually agreed upon with CDCR/COCF. None of the SWAT team members would be staff members of the facility where the medical event occurred.

**F11-O1D**

The team shall have regular, updated training sessions and communication with the CCA Chief Medical Officer and the COCF Medical Director, or his designee(s), to maintain skills and update the team on any evolving requirements.

**F11-O1E**

In the event that a medical event occurs requiring an investigation and CCA is completing the independent investigation, 3-4 members of the SWAT team representing various disciplines shall be deployed within 5-7 work days of the event to conduct a

separate medical investigation. None of the SWAT team members would be staff members of the facility where the medical event occurred.

**F11-O1F**

Effective immediately, all reports of the investigation, to include findings and recommendations, shall be within the recognized medical staff peer review process. A written report shall be issued through the Office of the Chief Medical Officer for CCA and the Medical Director's Office for COCF and shall be discussed and reviewed in a collaborative Mortality and Morbidity (M&M) committee.

**FINDING ELEVEN-OBJECTIVE 2 (F11-O2)**

**A uniform incident investigation policy will be implemented.**

**Remedial Timeline: Substantial progress on development of independent review criteria within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of the CAP.**

**F11-O2 Action Steps:**

**F11-O2A**

Using the July 21, 2008 teleconference as a starting point, CCA and COCF are working collaboratively to determine the agreed upon process for medical investigations.

**F11-O2B**

When completed, using the agreed upon medical investigations process as a base, CCA shall draft a policy or modify existing CCA policy for uniform medical incident investigations and submit this policy to CDCR/COCF for review. CCA is maintaining a target date for submission of no later than Tuesday, September 30, 2008 (within 30 days of approval of CAP assuming a CAP approval during the week of September 2, 2008). This date may be revised as the collaborative process progresses.

**FINDING ELEVEN-OBJECTIVE 3 (F11-O3)**

**In collaboration with CDCR, establish a list of medical events requiring independent evaluation. Upon the occurrence of such an event:**

- **An independent investigator will perform the investigation of the defined preventable medical events, pursuant to the established policy and protocol.**

**Remedial Timeline: Substantial progress on development of medical events list within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of the CAP.**

**F11-O3 Action Steps:**

**F11-O3A**

CCA is establishing a Sentinel Event policy designating events requiring investigation, for review and comment by CDCR. Additional clarification has been requested of CDCR on the criteria referred to in this action step and the clinical staff required to complete an investigation (pursuant to discussions with CDCR on September 4, 2008, these

clarifications will be gained through a work session between CDCR and CCA staff prior to September 30, 2008 (within 30 days of approval of the CAP assuming that the CAP is approved the week of September 2, 2008).

**GOAL**

CCA will provide a comprehensive Corrective Action Plan to address the circumstances surrounding Inmate Washington's death and the systemic deficiencies present at TCCF.

**FINDING ELEVEN-OBJECTIVE 4 (F11-O4)**

**All deficiencies identified in the independent investigation will be addressed in a timely manner in CCA's comprehensive corrective action plan.**

**Remedial Timeline: Within 14 days of event.**

**F11-O4 Action Steps:**

**F11-O4A**

Please see details of CCA's progress on submission of a CAP under Finding One.

**FINDING TWELVE  
TCCF CAP WEEKLY REPORT  
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**FINDING TWELVE**

**LACK OF A STANDARDIZED POLICY FOR THE RETURN OF INMATE TO CALIFORNIA DUE TO MEDICAL ISSUES.**

**GOAL**

Establish a policy for the return of inmates to California due to medical issues.

**FINDING TWELVE-OBJECTIVE 1 (F12-O1)**

**In collaboration with CDCR, establish standards for reporting certain identified patient conditions to CDCR.**

**Remedial Timeline: Substantial progress on establishment of patient conditions list within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of the CAP.**

**F12-O1 Action Steps:**

**F12-O1A**

CCA and CDCR are in collaboration and refining what information will be communicated to CDCR regarding its inmates.

**F12-O1A PROOF OF PRACTICE:**

*See attachment F12-O1A: E-mail and List of Needed Information Sent to Yulanda Mynhier and Melissa Lea*

**FINDING TWELVE-OBJECTIVE 2 (F12-O2)**

**Upon CDCR's development of an established protocol for returning inmates to California, the return policy will be implemented, tracked, and regularly reported to COCF.**

**Remedial Timeline: Substantial progress on establishment of patient conditions list within 30 days, agreed upon final process within 60 days, process fully implemented within 90 days of approval of the CAP.**

**F12-O2 Action Steps:**

**F12-O2A**

CCA shall ensure that any requested information is provided to CDCR in a timely manner, that processes are sufficient to ensure that the information is reported accurately and that transfer instructions are carried out in the manner instructed by CDCR.

**FINDING TWELVE-OBJECTIVE 3 (F12-O3)**

During the remediation process, provide a global list of inmates who have experienced any of the following:

- Loss of consciousness or altered mental status,
- Referral to a hospital or emergency department,
- Placement in in-house medical observation,
- Placement on CCA’s Watch List,
- Loss of the ability to function independently/meet his activities of daily living,
- Chronic disease which is excessively difficult to control, or
- Advanced interventional testing or complex surgical procedures.

**Remedial Timeline: Within 14 days of approval of the CAP.**

**F12-O3 Action Steps:**

**F12-O3A**

Medical Events: Based on the criteria set forth by Dr. Wolf, CCA developed a draft Medical Events Reporting List that includes:

- a) Event
- b) Staff responsible
- c) Timeline
- d) Person being notified

On Wednesday, August 13, 2008, Dr. Andrade held a conference call with the Health Service Administrator from the facilities housing CDCR inmates. The discussion centered on how the process will work, what the events are and the frequency of reporting.

A draft medical events reporting list (referred to as the “CCA Global List”) containing the above information is attached hereto as a proof of practice document. This format shall be revised based upon feedback from CDCR and the revised list shall be continually provided as directed.

**F12-O3A PROOF OF PRACTICE:**

- *See attachment F12-O3A: CCA Global List (Draft)*

**FINDING THIRTEEN  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING THIRTEEN**

**CDCR INMATE UNIT HEALTH RECORDS AND TRANSPORT ISSUES**

**GOAL**

Develop uniform protocols and systems for effective management of Unit Health Records (UHR).

**FINDING THIRTEEN-OBJECTIVE 1 (F13-O1)**

**Ensure development, in collaboration with CDCR, of a uniform protocol to ensure CDCR UHRs are:**

- **Reconciled by transportation staff prior to transport.**
- **Reconciled as to whether the UHR arrived with the inmate on the date of arrival.**

**Remedial Timeline: Develop and implement UHR protocol within 14 days of approval of CAP. Develop a system for reconciling whether the UHR arrived with the inmate upon approval of CAP.**

**F13-O1 Action Steps:**

**F13-O1A**

CCA has reviewed the CDCR processes and protocols and, on Friday, August 8, 2008, submitted the following revised CCA policies to Ms. Mynhier and Ms. Lea for review and approval:

- a) Policy 9-18 Transportation Procedures
- b) Policy 13- 58 Medical Records
- c) Policy 13-50 Initial Intake Screening

**F13-O1 PROOF OF PRACTICE DOCUMENTS:**

- *See draft Policy 9-18, 13-58 and 13-50 provided to Yulanda Mynhier and Melissa Lea on August 8, 2008.*

**FINDING THIRTEEN-OBJECTIVE 2 (F13-O2)**

**UHRs shall be maintained on-site and be readily accessible to providers.**

**Remedial Timeline: Upon approval of CAP.**

**F13-O2 Action Steps:**

**F13-O2A**

Effective immediately, all inmate UHRs are located in the medical records department and are readily available to providers. CCA Policy 13-58 Medical Records Section 13-58.4.D.1 states: “The medical record will be available and readily accessible to all qualified health services staff for each clinical encounter with patients.”

**F13-O2B**

Medical record and nursing staff have been instructed regarding the importance of such access and in what circumstances UHRs should always be pulled and available for the

providers (Example: for initial health appraisal). Training of medical records staff was conducted on Monday, July 29, 2008.

**F13-O2B PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F13-O2A: CCA Policy 13-58 Medical Records, Section 13.58.4.D.1.*
- *See attachment F13-O2B: Medical Records Meeting Minutes, July 29, 2008 and Sign-In Roster*

**FINDING THIRTEEN-OBJECTIVE 3 (F13-O3)**

**Conduct a documented review of the CDCR UHR at the next face-to-face evaluation of all patient-inmates after acceptance of the CAP.**

- **All significant findings must be recorded in the history and physical/problem list.**

**Remedial Timeline: Upon approval of the CAP and ongoing until all CDCR UHRs are reviewed and such review documented.**

**F13-O3 Action Steps:**

**F13-O3A**

Provider staff are routinely reviewing the UHR and documenting significant findings in electronic medical records. Pursuant to CCA Policy 13-58.4.D.1., Medical Record personnel shall pull UHRs on existing patient-inmates, provide to the nursing personnel assisting the provider, who in turn will ensure that the UHR is available for the LIP at the next scheduled patient encounter. The Provider shall complete a medical record review at the encounter and document significant findings in the history and physical/problem list.

**F13-O3 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F13-O2A: CCA Policy 13-58 Medical Records, Section 13.58.4D1*
- *See attachment F13-O3B: Provider's Review of California Medical Records*

**FINDING THIRTEEN-OBJECTIVE 4 (F13-O4)**

**Implement an effective system of UHR review on an ongoing basis.**

- **The LIP shall conduct a documented review of each patient-inmate's UHR at the time of initial screening.**
- **The LIP shall document that the patient-inmate's UHR was received at the time of the health appraisal.**
- **All significant findings from the patient-inmate's CDCR UHR shall be recorded in the patient-inmate's history and physical/problem list within the Electronic Medical Records (EMR) system.**

**Remedial Timeline: Upon approval of the CAP and ongoing until all CDCR UHRs are reviewed and such review documented.**

**F13-O4 Action Steps:**

**F13-O4A**

Clarification will be requested regarding the LIP review of patient-inmate's UHR at the time of initial health appraisal. Additionally, CCA has drafted revisions to the following CCA policies and submitted those listed to CDCR/COCF for review on Friday, August 8, 2008:

- a) Policy 13-40 Health Appraisals
- b) Policy 13- 58 Medical Records

**F13-O4B**

Continue to reinforce with all LIPs, and put into the peer review process, the requirement of:

- a) The review of the UHR and documentation of such review and findings at the time of the Initial Health Appraisal (currently found in CCA Policy 13-58 Medical Records).
- b) All significant findings from the patient-inmate's UHR must be recorded in the patient-inmate's history and physical/problem list within the Electronic Medical Record system.

**F13-O4 PROOF OF PRACTICE DOCUMENTS:**

- *See draft Policy 13-58 Medical Records provided to Yulanda Mynhier and Melissa Lea on August 8, 2008*

**GOAL**

Develop procedures for the transfer of UHR information in the event of a transfer/transport.

**FINDING THIRTEEN-OBJECTIVE 5 (F13-O5)**

**Develop an Information Transfer Policy and Transfer Protocol that includes the following directives:**

- **In the event a patient-inmate is transferred to the hospital, the patient-inmate's UHR will accompany the patient-inmate.**
- **Any additional information that may need to accompany the patient-inmate, to include pertinent excerpts from the UHR, will be identified and sent at the time of transfer/transport.**
- **Ensure that KOP medications are identified prior to transport and are available during transport.**

**Remedial Timeline: A system of ensuring a patient-inmate UHR accompanies him to the hospital will be developed upon approval of the CAP. Substantial progress on an Information Transfer policy within 30 days, completed Information Transfer policy within 45 days, process fully implemented within 60 days of approval of the CAP. CDCR will develop a KOP transfer policy and CCA shall implement within 14 days of receipt of protocol.**

**F13-05 Action Steps:**

**F13-05A**

On Friday, August 8, 2008 CCA submitted the following revised policies to Ms. Mynhier and Ms. Lea for review and approval:

- a) Policy 13-64 Off-Site Care / Consultations (UHR requirement)
- b) Policy 9-18 Transportation Procedures (KOP requirement)

**F13-05B**

On August 22, 2008 TransCor submitted a revised transportation administrative directive regarding KOP medications to Ms. Lea for review and approval.

**F13-05 PROOF OF PRACTICE DOCUMENTS:**

- *See draft Policy 13-64 Off-site Care/Consultations and Policy 9-18 Transportation Procedures provided to Yulanda Mynhier on August 8, 2008.*
- *See draft TransCor transport administrative directive submitted to Ms. Lea on August 22, 2008.*

**FINDING FOURTEEN  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING FOURTEEN  
INTAKE SCREENING**

**GOAL**

Re-design the intake screening process and forms to capture all medical issues presented by the patient-inmate.

**FINDING FOURTEEN-OBJECTIVE 1 (F14-O1)**

**Develop an intake screening process that includes the following:**

- **Forms that include provisions for completion of a history and physical assessment. Review CDCR Initial Health Screening (CDCR 7277) Form and utilize the values reflected in that document.**
- **A review of medical symptoms and documentation of the referral to an LIP for symptomatic patient-inmates.**

**Remedial Timeline: Substantial progress on redesigned intake screening process and forms within 30 days, agreed upon redesigned intake screening process and forms within 60 days, process fully implemented within 90 days of approval of CAP. LIP's will review and document such review of CDCR UHRs on all health appraisals performed after acceptance of the CAP. Ongoing until all patient-inmate's CDCR UHRs are reviewed and history and physical/problem lists are current.**

**F14-O1 Action Steps:**

**F14-O1A**

As an initial step in the re-design of the intake screening process, screening form CDCR 7277 was received and a side by side review completed alongside CCA intake form 13-50A. A number of enhancements were identified that would improve the quality of the intake process.

As a next step, a roundtable of CCA clinical staff met Wednesday, August 6, 2008 and Thursday, August 7, 2008 to develop a first draft of a revised screening process and supporting forms. This draft revised intake screening form was submitted to Ms. Mynhier, Dr. Wolf and Ms. Lea on Wednesday, August 27, 2008 for review and comment. Feedback received from this submittal will be utilized to further refine the process and forms in order to have a fully revised intake screening process and forms in place no later than Friday, November 29, 2008 (within 90 days of approval of CAP assuming a CAP approval during the week of September 2, 2008).

**F14-O1A PROOF OF PRACTICE DOCUMENTS:**

- ***See attachment F14-O1A: Proposed additions to Initial Health Screening Process to address inclusion of history and physical assessment, status of KOP medications and documented, standardized referrals to RNs or LIPs with tracking that such referral occurred***

- *See attachment F14-O1A1: Intake Screening Tracking Document to address inclusion of history and physical assessment, status of KOP medications and documented, standardized referrals to RNs or LIPs with tracking that such referral occurred*

**FINDING FOURTEEN-OBJECTIVE 2 (F14-O2)**

**Place sufficient emphasis on patient-inmate medical history:**

- **Peer review will include confirmation that providers perform an appropriately complete history at each encounter.**
- **LIP will document that the patient-inmate's UHR was received at the time of the health appraisal.**
- **All significant findings from the patient-inmate's UHR will be recorded in the patient-inmate's history and physical/problem list within the ELECTRONIC MEDICAL RECORD system.**

**F14-O2 Action Steps:**

**F14-O2A**

Effective Tuesday, July 1, 2008, and following reinforcement with all LIPs, CCA put into the peer review process the requirement of:

- a) The completion of a complete patient-inmate history at each LIP encounter.
- b) The review of the UHR and documentation of such review and findings at the time of the Initial Health Appraisal.
- c) All significant findings from the patient-inmate's UHR recorded in the patient-inmate's history and physical/problem list within the ELECTRONIC MEDICAL RECORD system.

**F14-O2A PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F14-O2A: Progress Note Regarding UHR Review*
- *See attachment F14-O2A1: CDCR Requirements for CCA Providers*
- *See attachment F14-O2A2: Training / Attendance Roster*

**FINDING FIFTEEN  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING FIFTEEN**

**LACK OF A FORMAL MEDICAL MONITORING PROGRAM**

**GOAL**

Develop and implement a formal medical monitoring program.

**FINDING FIFTEEN-OBJECTIVE 1 (F15-O1)**

In collaboration with COCF/CDCR develop a mutually beneficial monitoring structure for all facilities housing CA inmates:

- The established monitoring program will be consistent with the Office of the Inspector General (OIG) audit instrument.
- As policies are developed, the monitoring instrument and activities may be modified to reflect new or amended policies or additional concerns or needs of the Receiver.

**Remedial Timeline: COCF/CDCR will conduct an initial evaluation to assess the progress of items identified as having a 30 day deadline. COCF/CDCR will conduct a follow-up evaluation to assess the progress of items identified as having a 45 and/or 60 day deadline.**

**F15-O1 Action Steps:**

**F15-O1B**

Pursuant to discussions on September 4, 2008, COCF/CDCR shall provide CCA with the monitoring instrument that is being developed by COCF/CDCR based on the principles of the OIG audit instrument.

**FINDING FIFTEEN-OBJECTIVE 2 (F15-O2)**

Collaborate with COCF to identify daily, weekly and monthly reports necessary to capture key indicators/information in compliance with COCF program expectations. Initial information to be provided shall include:

- Daily report of patient-inmates scheduled for 1) Chronic Care Clinic 2) Sick Call 3) Intake Screening 4) Specialty Services/Out-of-Facility Referrals.
- Daily and aged reports regarding all appointments scheduled, appointments completed, if the patient-inmate was not seen and the reason why, when the patient-inmate was rescheduled, and when the appointment actually occurred.
- A real time listing of backlog, aged by day, will be provided in each of the care areas, to include: Chronic care clinic, sick call, intake screening, and specialty services/out-of-facility referrals.
- All reports shall identify data on patients housed in lockdown and Administrative Segregation.
- A Daily Off-Site Care Report will include data on: 1) All Patient-inmates admitted to a Hospital 2) Transported to an Emergency Provider or 3) Transported to Specialty Services Visits.

- For off-site specialty services, data points will include: 1) Date of Referral 2) Type of Specialist Referred to 3) Date of Appointment 4) Date Appointment Occurred 5) If Appointment did Not Occur a) The Date it was Rescheduled, and, b) The Date the Rescheduled Appointment Occurred.
- For hospital services, data points will include: 1) Admitting Diagnosis 2) Date of Admission, and, 3) Date of Discharge.
- Death reports.
- Daily staffing reports facility-wide and bi-monthly medical staffing reports.
- Patient-inmate grievances and appeals.
- Daily Movement Sheet and Daily Activity Report.
- All Crime/Incident Reports (CDCR form 837) regarding death or serious bodily injury.
- Meeting minutes and data for the following: 1) Quality Management 2) Managers Meeting 3) Peer Review 4) Credentialing and Privileging.

**Remedial Timeline: Begin providing manual reports of the information required by COCF until such time, anticipated to be 60 to 90 days, when CCA will have a uniform scheduling and tracking system to capture the requested information.**

**F15-O2 Action Steps:**

**F15-O2A**

Beginning in July 2008, CCA (based on the recommendations of Dr. Johnson) identified and began compilation of the data necessary to produce the reports required in the TCCF Remedial Plan. The following reports have been generated to gather the data necessary to populate the required cumulative reports until such time as electronic documents can be generated with a view towards consolidation of information:

- a) DAILY SCHEDULED MEDICAL VISITS REPORT (by patient-inmate name and number)
  - i) Scheduled medical appointments
  - ii) Medical visits accomplished per the schedule
  - iii) Medical visits that failed to occur
  - iv) Medical visits rescheduled when facility is in lockdown
- b) DAILY FAILED APPOINTMENT REPORT (for patient-inmates in Administrative Segregation by patient-inmate name and number)
  - i) Patient-inmates whose medical visit failed to occur
  - ii) The reason for the failed visit
  - iii) Date of rescheduled appointment
  - iv) Confirmation that rescheduled visit occurred
- c) DAILY RN/MLP REFERRAL to LIP REPORT (by patient-inmate name and number)
  - i) Date referral was initiated by RN/MLP to LIP
  - ii) RN/MLP name
  - iii) LIP name
  - iv) Date of scheduled referral appointment with LIP

- v) Date that scheduled visit occurred
- vi) If scheduled visit did not occur, the reason why
- vii) Date of rescheduled appointment
- viii) Date of rescheduled visit
- d) **DAILY INMATE REQUEST FOR HEALTH SERVICES REPORT (Sick Call Slips)**
  - i) Date of request received
  - ii) Patient's name
  - iii) CDCR Number
  - iv) Housing status (GP, Administrative Segregation, Lockdown)
  - v) Date RN completed 24 hour review
  - vi) Date RF FTF completed (24 hours of next bus day)
  - vii) RN prioritization for LIP (enter date)
    - (1) No Referral
    - (2) Emergency (Immediately)
    - (3) Urgent (within 48 hours)
    - (4) Routine (within 10 days or less)
  - viii) Date patient seen by LIP
  - ix) LIP name and classification
  - x) Refusal
  - xi) No Show
  - xii) If No Show, why?
- e) **RN TRIAGE BACKLOG (Aged Report)**
  - i) Names of all patient-inmates who put in a sick call slip but were not seen face-to-face by an RN or higher level provider within 24 hours
  - ii) Number of hours since the 24 hour threshold (Aged Report)
- f) **SICK CALL FOLLOW-UP BACKLOG (Aged Report)**
  - i) Names of all patient-inmates who put in a sick call slip and scheduled to see an LIP but were not seen in the specified time frame
  - ii) Number of days it has been since the scheduled appointment
- g) **SCHEDULED APPOINTMENT BACKLOG (Aged Report)**
  - i) Names of all patient-inmates who were scheduled for an appointment but did not see the health provider at the scheduled time
  - ii) Number of days that have passed since the appointment was supposed to occur
- h) **DAILY CHRONIC CARE REPORT**
  - i) All patient-inmates in the chronic care clinics by Patient-inmate Name/Number
  - ii) Date of initial Chronic Care workup (date patient-inmate placed in CC Clinic)
  - iii) Name of provider that performed CC Workup
  - iv) Date of next CC follow-up appointment
  - v) Provider designated to see patient at follow-up appointment
  - vi) Date of CC follow-up visit
  - vii) Date of rescheduled appointment if CC follow-up visit did not take place
  - viii) Reason that CC follow-up visit did not take place

- i) CHRONIC CARE BACKLOG (Aged Report)
  - i) Patient-inmate last name
  - ii) CDCR Number
  - iii) Number of days since the appointment was supposed to take place
  - iv) Reason that the appointment did not take place
- j) DAILY SPECIALTY REFERRAL REPORT
  - i) Patient-inmate last name
  - ii) CDCR Number
  - iii) Provider Name
  - iv) Specialty type
  - v) Time frame for referral
  - vi) Date of appointment
  - vii) Is the appointment within the time frame for referral
  - viii) Date of specialty visit
  - ix) If the specialty visit did not occur on the scheduled appointment date, the date of rescheduled appointment
  - x) Reason the visit did not occur
  - xi) If the rescheduled appointment exceeds the time frame for referral, date of appointment with referring provider for re-evaluation
- k) SPECIALTY CLINIC BACKLOG (Aged Report)
  - i) Name/Number of patient-inmate whose specialty appointment was not accomplished within the specified time frame
  - ii) Number of days since the appointment was supposed to take place
- l) INITIAL HEALTH APPRAISAL BACKLOG (Aged Report)
  - i) For patient-inmates who have no health problems, Patient-inmate name/Number who have not received initial health appraisal within 30 days of arrival
    - (1) Number of days since the 30 day deadline
    - (2) Reason visit did not take place on time
  - ii) For patient-inmates who have health problems, Patient-inmate name/Number who have not received initial health appraisals within the specified time frame
    - (1) Number of days since the specified time frames
    - (2) Reason visit did not take place on time
- m) DAILY URGENT/EMERGENT REPORT
  - i) Urgent or emergent encounters
- n) TRAINING RECORDS FOR EMPLOYEES
- o) AMBULANCE RESPONSE TIMES
  - i) Time of call
  - ii) Time of arrival at facility
  - iii) Time of arrival at facility to arrival at patient location
  - iv) Time of departure from facility
  - v) Time of arrival at ER/Emergency provider
- p) DAILY OFF-SITE MEDICAL TRANSPORTS REPORTS
  - i) List of patient-inmates who were transported and admitted to hospital

- (1) Diagnosis
  - (2) Time of admission
- ii) List of patient-inmates who were transported to the ER and returned
  - (1) Diagnosis
  - (2) Time of admission
  - (3) Time of discharge
  - (4) Time of face-2-face with RN
- iii) List of patient-inmates who were transported to Specialists
  - (1) Specialty type
  - (2) Time of return to the facility
  - (3) Time of face-2-face with RN
- q) **DAILY HOSPITAL SERVICES REPORT**
  - i) List of patient-inmates in hospital or other inpatient facility
  - ii) Admitting diagnosis
  - iii) Date of admission
  - iv) Date of discharge
- r) **DEATH REPORTS**
  - i) As defined by CDCR
- s) **DAILY STAFFING REPORTS**
- t) **BI-MONTHLY MEDICAL STAFFING REPORTS**
- u) **PATIENT-INMATE GRIEVANCES AND APPEALS REPORT**
- v) **DAILY MOVEMENT SHEET**
- w) **DAILY ACTIVITY REPORT**
- x) **CRIME/INCIDENT REPORTS**
- y) **QUALITY MANAGEMENT DATA AND MEETING MINUTES**
- z) **MANAGERS MEETING DATA AND MINUTES**
- aa) **PEER REVIEW DATA AND MEETING MINUTES**
- bb) **CREDENTIALING AND PRIVILEGING DATA AND MEETING MINUTES**
- cc) **GLOBAL LIST OF PATIENT-INMATES WHO HAVE EXPERIENCED**
  - i) Loss of consciousness or altered mental status
  - ii) Referral to emergency department of hospital
  - iii) Placed in in-house medical observation
  - iv) Placed on Watchlist
  - v) Loss of ability to function independently/meet ADLs
  - vi) Chronic disease excessively difficult to control
  - vii) Advanced interventional testing
  - viii) Complex surgical procedures

**F15-02B**

Based on a review of the above, CDCR and CCA are working collaboratively to establish a consolidated and streamlined reporting system that captures the above data elements and other identified data elements or reporting requirements in a concise fashion.

**F15-02C**

Once the collaboration is complete, CCA IT shall review the format and content of the agreed upon reporting formats for inclusion into CCA's electronic reporting program

(Allscripts). Until such time as the electronic reporting format is available, manual reports shall be produced and provided to CDCR.

**F15-O2A PROOF OF PRACTICE:**

- *See attachment F15-O2A: TCCF CAP Reports Analysis*
- *See attachment F15-O2A1: E-mail from Jay Hansom to Don Stewart regarding GAP analysis, August 14, 2008*

**F15-O2C**

Effective immediately, and continuing until such time as the documentation can be prepared electronically, additional staff resources will be dedicated to collect and format the information request outlined in F15-O2A above. The following staff resources have been assigned to date:

- a) Administrative Support to format the information requested: Tiffany Wardlow, Mary Ann Jackson, Jamie Warren, and Jana Hunt;
- b) Medical Support to collect the information requested: Christina Moran, Anne Diggs, and Joyce Alfano;
- c) Quality Assurance Support to provide a status report on the information requested: Penny Hart, David Brown, Teri Schmidt, and Tonee Wilson;
- d) Information Technology Support: Julia Jones and Ellie Qualls, RN;
- e) Additionally, Don Stewart and Allen Cooper have been tasked with identifying the staffing requirements going forward.

**FINDING FIFTEEN-OBJECTIVE 3 (F15-O3)**

**Cooperate with all additional monitoring processes.**

- **Ongoing site inspections.**
- **Scheduled and as-needed audits (utilizing the OIG audit tool).**

**F15-O3 Action Steps:**

**F15-O3A**

CCA will continue to cooperate with COCF/CDCR during all on-site monitoring processes and make available staff and other resources needed for COCF/CDCR to complete its processes.

**FINDING FIFTEEN-OBJECTIVE 4 (F15-O4)**

**Ensure adherence to all requirements regarding death notification and review.**

- **Immediately notify DAI COCF Chief or Administrative Officer of the Day (AOD).**
- **Submit the Crime Incident package (CDCR 837) within 24 hours of death.**
- **Notify COCF CMO within 24 hours or next business day.**
- **Conduct screening using the MOP criteria (to determine if the death was preventable) within one business day after death.**
- **All deaths will have a death review performed by a CDCR physician.**

**Remedial Timeline: None provided.**

**F15-O4 Action Steps:**

**F15-O4A**

CCA has been provided with a copy of CDCR's death review policy and is reporting consistently with the requirements contained within the death review policy attachments.

On Friday, August 1, 2008 Dr. Bill Andrade, CCA Medical Director, communicated to all CCA facilities, housing CDCR inmates, the required death notification and review processes including:

- a) Immediate notification of DAI COCF Chief or Administrative Officer of the Day (AOD) and the CCA Chief Medical Officer.
- b) Submission of the Crime Incident package (CDCR 837) within 24 hours of death.
- c) Notifying COCF Chief Medical Officer within 24 hours or next business day.
- d) Conducting screening using the MOP criteria (to determine if the death was preventable) within one business day after death.
- e) A death review performed by a CDCR physician on all deaths.

**F15-O4B**

CCA will document the above requirements in an ATF (At this Facility) in CCA Policy and Procedure not later than Tuesday, September 30, 2008 (Within 30 days of approval of CAP, assuming the CAP is approved the week of September 2, 2008).

**F15-O4 PROOF OF PRACTICE DOCUMENTS:**

- ***See attachment F15-O4A: E-mail from Dr. Bill Andrade regarding Death Notification Requirements, August 1, 2008***

**FINDING FIFTEEN-OBJECTIVE 5 (F15-O5)**

**Establish a process for the transfer of the patient-inmate's medical records from outside clinics and hospitals back to the correctional facility.**

**F15-O5 Action Steps:**

**F15-O5A**

CCA is currently utilizing a transfer packet that accompanies all patient-inmates to the Hospital, outpatient clinics, and specialists, containing the directive to return relevant patient treatment information in a sealed envelope to the transport officer, to include at a minimum:

- a) Emergency Room documentation,
- b) Problem lists,
- c) Discharge summaries and Plan,
- d) Diagnostic testing reports,
- e) Relevant Lab data, and
- f) Consultation reports.

**F15-O5B**

All transport and clinical staff were instructed regarding the procedure described under F15-O5A above to ensure compliance. This information will be incorporated into the Correctional Officers Transport Post Orders, no later than Tuesday, September 30, 2008, to ensure that this requirement is reinforced prior to an officer assuming a Transportation Post assignment.

**F15-O5C**

On Friday, August 1, 2008 Dr. Bill Andrade contacted our current off-site provider, Medical Development International and instructed Medical Development International (MDI) to contact all contracted off-site providers and reinforce that providers will not be paid for services until the documentation required under F15-O5A is provided to the facility. MDI confirmed that off-site providers were notified of this requirement during the weeks of August 4, 2008 and August 11, 2008.

**F15-O5 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F15-O5A: Sample Transport Packet*
- *See attachment F15-O5C: E-Mail from Drew Peterson regarding CCA Consult Forms, August 13, 2008*
- *See attachment F15-O5D: Medical Records Meeting Minutes, July 29, 2008 and Sign-In Roster*

**FINDING SIXTEEN  
TCCF CAP WEEKLY REPORT  
WEEK ENDING  
AUGUST 29, 2008**

**FINDING SIXTEEN  
INVESTIGATIONS**

**GOAL**

In collaboration with COCF/CDCR, establish criteria to define medical incidents that require independent investigation.

**FINDING SIXTEEN-OBJECTIVE 1 (F16-O1)**

**In collaboration with CDCR, establish mutually agreed upon criteria to define those medical events that require an independent investigation.**

**Remedial Timeline: Substantial progress on establishment of medical events list within 30 days, agreed upon medical events list within 60 days, process fully implemented within 90 days of approval of the CAP.**

**F16-O1 Action Steps**

**F16-O1A**

**Medical Events:** Based on the criteria set forth by Dr. Wolf, CCA developed a draft Medical Events Reporting List that includes:

- e) Event
- f) Staff responsible
- g) Timeline
- h) Person being notified

On Wednesday, August 13, 2008, Dr. Andrade held a conference call with the Health Service Administrator from the facilities housing CDCR inmates. The discussion centered on how the process will work, what the events are and the frequency of reporting.

In addition to the reporting mechanism, it is understood that some of these events, but not all, may trigger an independent investigation.

**F16-O1B**

**Sentinel Events:** On Monday, July 21, 2008, a preliminary conference call was held to discuss the investigation process. In addition, preliminary discussions have occurred between CCA's Chief Medical Officer and the COCF medical and administrative leadership team on July 29-30, 2008. This preliminary discussion led to a better understanding of the purpose and process involving the MOP team.

CCA is establishing a Sentinel Event policy designating events requiring investigation, for review and comment by CDCR. Additional clarification has been requested of CDCR on the criteria referred to in this action step and the clinical staff required to complete an investigation (pursuant to discussions with CDCR on September 4, 2008, these clarifications will be gained through a work session between CDCR and CCA staff prior to September 30, 2008 (within 30 days of approval of the CAP assuming that the CAP is approved the week of September 2, 2008).

**F16-O1 PROOF OF PRACTICE DOCUMENTS:**

- *See attachment F12-O1A1: CCA-COCF Medical Events Reporting List*

**FINDING SIXTEEN-OBJECTIVE 2 (F16-O2)**

**Upon the occurrence of any such event, an independent investigator will perform the investigation, pursuant to the established policy and protocol (cross-reference Finding Eleven).**

**Remedial Timeline: Substantial progress on establishment of medical events list within 30 days, agreed upon medical events list within 60 days, process fully implemented within 90 days of approval of the CAP.**

**F16-O2 Action Steps:**

**F16-O2A**

Cross-reference Finding Eleven.

**FINDING SIXTEEN-OBJECTIVE 3 (F16-O3)**

**In the event that CDCR/COCF elects to perform an investigation, ensure that staff is requested to consent to audio taped interviews.**

**Remedial Timeline: At COCF/CDCR discretion.**

**F16-O3 Action Steps:**

**F16-O3A**

CCA shall add into its policy an ATF (At this Facility) that describes the CDCR/COCF investigation process and the requirement to have employees consent to audio taped interviews not later than Monday, September 30, 2008. The policy shall be sent to COCF for review and comment.