



**PHARMACY MANAGEMENT CONSULTING
SERVICES**

**Monthly Progress Report
To The
California Prison Health Care
Receivership Corporation**

April 2008

Contents

Introduction.....	1
Objectives Completed.....	4
Objectives Delayed.....	4
Obstacles or Issues for Success.....	5
Progress Report by Goal.....	5
Goal A.....	5
Actions Taken.....	5
Objectives Completed.....	7
Issues or Obstacles to Success.....	8
Goal B.....	8
Actions Taken.....	8
Objectives Completed.....	9
Issues or Obstacles to Success.....	9
Goal C.....	9
Actions Taken.....	9
Objectives Completed.....	10
Issues or Obstacles to Success.....	10
Goal D.....	10
Actions Taken.....	11
Objectives Completed.....	12
Issues or Obstacles to Success.....	12
Goal E.....	12
Actions Taken.....	12
Objectives Completed.....	13
Issues or Obstacles to Success.....	14
Goal F.....	14
Actions Taken.....	14
Objectives Completed.....	15
Issues or Obstacles to Success.....	15
Goal G.....	15
Actions Taken.....	15
Objectives Completed.....	15
Issues or Obstacles to Success.....	15
Summary of Changes to Timeline.....	16
Objective Timelines Proposed for Change.....	16
Objective Timelines Change Approvals.....	16
Conclusion.....	16
Monthly Attachments.....	16
Appendix A—Pharmacy Dashboard.....	16
Appendix B—Facility Inspection Grid.....	16
Appendix C—Timeline and Tracking Grid.....	17
Appendix D—GuardianRx® Implementation Schedule.....	17

PHARMACY MANAGEMENT CONSULTING SERVICES

Quarterly Progress Report April 2008

Introduction

Through the month of April 2008, implementation activities related to the *Road Map to Excellence* continue to move forward in a deliberate and timely manner. This monthly progress report provides a detailed summary by goal of actions taken in the first four months of this year.

Implementation activities have been focused upon staffing, implementation of the GuardianRx® pharmacy operating system, maintaining the positive momentum of the P&T Committee process, enhancing the CDCR pharmaceutical contracting and procurement processes and developing the centralized pharmacy facility. While there have been some obstacles and challenges encountered in many of the implementation activities, the Maxor and CPR teams have addressed each of those directly and have been able to maintain positive momentum towards accomplishing each objective.

The collective efforts of the pharmacy improvement program guided by the *Road Map* give priority to achieving improved patient safety and health outcomes, developing an evidence-based pharmacy practice and increasing cost-efficiency. Progress continues to be made in addressing each of these priorities.

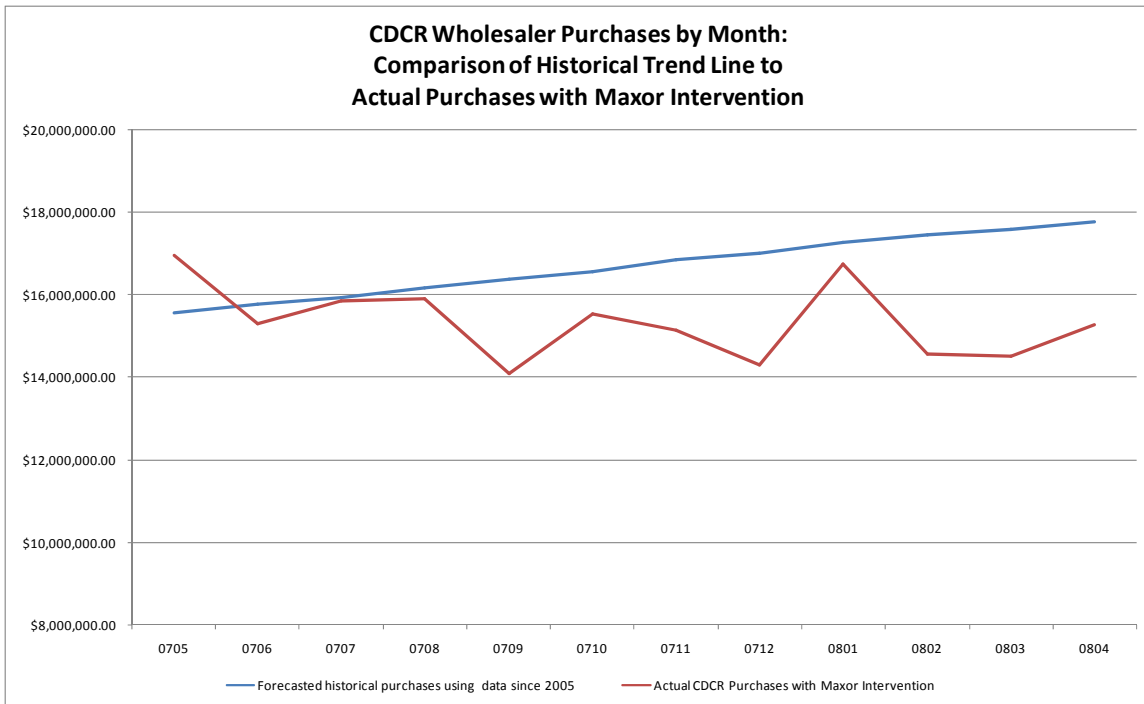
Even as the enhanced CDCR Pharmacy and Therapeutics Committee continues to mature into an effective pharmacy program oversight entity, their collective efforts are showing results. Carefully considered, evidence-based Disease Medication Management Guidelines have been developed for Hypertension and Hypertension Urgency, Asthma (acute and chronic), Diabetes (type 1 and type 2), Hyperlipidemia, HIV, Seizure (acute and chronic), Schizophrenia, Gastroesophageal Reflux Disease (GERD), Peptic Ulcer Disease (PUD) and Chronic Obstructive Pulmonary Disease (COPD). These guidelines outline appropriate clinical standards of care for each of these disease states.

Additionally, the P&T Committee has continued its march through a complete revision of the Pharmacy Policies and Procedures, reviewing and updating them to reflect improved practice standards, implement quality control measures and standardize pharmacy processes. Over the first part of this year, the P& T Committee has reviewed and updated eleven chapters of the procedures manual.

At the same time, we have continued to refine and develop standards for measuring pharmacy program performance. The Pharmacy Dashboard (see Appendix A), reviewed monthly by the P&T Committee, provides current and historical data on workload,

staffing, prescription utilization and cost data for each facility. During this reporting period, stoplight measures were evaluated and added for many Pharmacy Dashboard indicators. Targets were determined after careful evaluation of 2007 data and agreement on acceptable measures of performance. The stoplight status will be updated monthly and will help identify facilities that are significantly above or below goal, requiring closer monitoring.

A year ago in April 2007, in the early stages of the pharmacy improvement project, the Receiver determined that it was necessary to assume responsibility from DGS over the CDCR portions of the existing DGS pharmaceutical contracts. The Receiver requested that Maxor manage the pharmacy contracting processes on behalf of CDCR in an effort to be more responsive to CDCR needs and to improve the cost-effectiveness of the procurement processes. The chart below illustrates the impact of the first year of Maxor’s intervention in the purchasing process as compared to prior trends.



The establishment of a viable, active and engaged Pharmacy and Therapeutics Committee process; the implementation of a CDCR-specific formulary that is managed on an ongoing basis; and the development of treatment medication guidelines that are evidence-based and focused on patient safety are critical components of achieving improved cost-effectiveness in the system. This integrated approach provides a firm foundation for more effective pharmaceutical contracting. In such a system, good clinical decision-making determines the purchasing needs. By standardizing the clinical pathways, those needs can be targeted through appropriate contracting strategies, including an ability to drive market share. Under the revamped system, each purchase is actively monitored to ensure it is the best relative value. As the pharmacy operating system (GuardianRx®) comes online at each facility, this monitoring moves to a real-time basis. These

responsive contract strategies and management continue to provide opportunities for cost avoidance. In the first four months of 2008, Maxor has documented cost avoidance of \$4,834,079 from the use of targeted contracting strategies resulting from P&T Committee decisions.

In addition, effective February 1, 2008, the Receiver, acting on behalf of CDCR, entered into a new wholesaler (also referred to as a Prime Vendor) agreement with Amerisource Bergen tailored specifically to address the pharmaceutical demands of the CDCR health care system. Prior audits and reviews had repeatedly documented failures in pharmacy contract management, accountability and oversight, which when coupled with other pharmacy program deficiencies translated to higher costs for medications and a system that was not responsive to the CDCR offender patient needs. As the *Road Map* implementation proceeded, it became evident that a more responsive wholesaler contract would be beneficial in achieving these goals. The resulting contract leverages CDCR's developing abilities to manage its pharmacy needs and results in a more responsive, cost-effective arrangement for CDCR.

In the following pages, specific actions taken for each *Road Map* goal are outlined in detail, along with the identification of any obstacles to success.

Summary of Key Points in this Report

The following summary listings highlight key accomplishments, delays experienced and obstacles or issues related to achieving the required goals and objectives noted in more detail within this month's Progress Report.

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007.
- Objective A.2. Direct lines of authority were established to all pharmacy services personnel and linkages to central medical staff were defined.
- Objective B.1. A revised and reconstituted Pharmacy & Therapeutics Committee was established. Meetings are held the second Tuesday of each month. Current membership includes representation from central, regional and institutional level providers, as well as experts representing *Coleman* and *Perez* issues.
- Objective B.4: Develop and implement an effective and enforceable institution audit process.
- Objective C.1: Monitor wholesaler (vendor) to ensure contract compliance.
- Objective D.2: Complete skill set inventory of State and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing personnel.
- Objective D.3: Develop an effective means of documenting and tracking employee training, education, performance, and disciplinary action.

Objectives Delayed

All objectives except for A1.1 (hiring clinical specialists); a portion of B.3 (relating to the approval of psychiatric DMMGs); and F.4 (GuardianRx® implementation) are progressing according to the revised schedule adopted earlier this year as a part of the Receiver's Plan of Action.

Hiring qualified clinical pharmacists has been difficult, due in large part to the travel requirements for the positions. Active recruitment efforts for hiring of clinical pharmacists continue. Consideration of alternative means of recruitment and development for these positions is also underway.

The initial development of psychiatric medication guidelines was postponed beyond the original timeframes at the request of CDCR psychiatry, but is resumed in March 2008, with the first of three psychiatric guidelines (Schizophrenia) presented for P&T Committee review and approval. Completion of this objective will be strongly dependent upon movement by CDCR psychiatry in cooperation with Maxor.

The originally contemplated timeline for implementation of the GuardianRx® pharmacy operating system has changed due to the need to address each facility's infrastructure issues and to coordinate medication management improvements with the CPR Nursing leadership teams. Accordingly, a detailed implementation schedule was jointly

developed by the CPR teams and Maxor to ensure a coordinated implementation effort and effective deployment of resources. In this report, Maxor is requesting that the timeline for Objective F.4 be revised to reflect that agreed-upon schedule.

Obstacles or Issues for Success

CDCR Pharmacy Staffing Coordination. There has been a continuing need for improved coordination of staffing issues related to CDCR pharmacies. Efforts to assess and implement changes to staffing patterns have been hindered by a lack of follow-through communication to the facilities on approved changes. In late April, the revised pre-centralization staffing patterns that were previously approved were distributed by letter to each facility. A monthly meeting between Maxor and the Director of the Plata Support Division has been established to ensure coordination of such issues occurs on a timely basis. In addition, Maxor has been working with the CPR leadership to implement the CPR's decision to centralize pharmacy hiring processes. Maxor believes this change will assist in improving the overall coordination of staffing matters.

GuardianRx[®] Implementation. A modified implementation plan was approved by the Office of the Receiver to allow for the rapid deployment of GuardianRx[®] to CDCR facilities over the next 15 months. Maxor, working in conjunction with the CPR in implementing the GuardianRx[®] pharmacy operating system, has adopted an intensive process of needs assessment, process review and gap analysis, which includes the identification and corrective actions needed to address key infrastructure needs. This process ensures a comprehensive look at each facilities needs and the development of an effective plan to address identified deficiencies. The implementation schedule is highly dependent upon infrastructure, staffing, process improvement and related activities being completed in a timely manner. While each scheduled "go-live" deadline has been met to date, any delay in addressing these factors will result in implementation delays.

Progress Report by Goal

For each goal in the *Road Map*, a summary of actions taken and progress achieved during this reporting period is listed, along with the identification of any obstacles or issues that may impede progress.

Goal A

Develop meaningful and effective centralized oversight, control and monitoring over the pharmacy services program.

Actions Taken

- Three additional Operations Manager (pharmacist) positions have been approved, filled and trained along with the pharmacy technologist positions to assist each team. (Objective A1, E1, F4)

- The management staff for the San Quentin pharmacy project is in place to include an operations manager, pharmacist-in-charge (PIC) and four technologists. (Objective A1, E1)
- Extensive advertising for additional pharmacy nurse liaison support has been conducted and several potential candidates interviewed. One position was filled during the reporting period. Mary Adams, RN, began in April 2008 and is currently in training. Maxor staff will be attending the National Commission on Correctional Health Care Conference in May in an effort to identify and recruit additional nursing liaison support. (Objective A1)
- Recruitment activities related to the Director of Pharmacy position and for Clinical Pharmacy Specialists have also intensified, with local and national advertising, the use of recruiting firms and solicitation of interest at pharmacy conferences. Two Director of Pharmacy candidates were interviewed and one offer extended, but not accepted. Recruitment activities continue. (Objective A1)
- Maxor team members along with CDCR Human Resources personnel attended the American Pharmaceutical Association's annual meeting in San Diego during March 2008 where they held a recruiting booth. (Objective A1)
- As project activities and staff have increased to meet the implementation challenges, Maxor revised its project organizational structure to adapt to those needs. A revised organizational structure was implemented effective February 14, 2008. (Objective A1, A2)
- Maxor continues its efforts to create a single standardized set of policy and procedures for all institutions. During the reporting period, The P&T Committee reviewed and approved eleven pharmacy policy and procedure updates, including: (Objective A3)
 - Chapter 2- Pharmacy Licensing Requirements
 - Chapter 3 – Pharmacy Responsibilities and Scope of Service
 - Chapter 6 – After-hours Medication Supply
 - Chapter 9 -Prescription Requirements
 - Chapter 10 –Automatic Medication Stop Orders
 - Chapter 12 - Labeling & Storage Requirements
 - Chapter 13 -Physician Order Forms
 - Chapter 14 -Rescue Medications
 - Chapter 17 - Ordering, Receiving, and Stocking of Medications
 - Chapter 20 – Floor Stock Medications
 - Chapter 27 – Medication Errors and Adverse Drug Reaction Reporting
- In addition to pharmacy policy revisions, the P&T Committee also reviewed and approved one medical and one dental policy and procedure revision: (Objective A3)
 - Medical Services Chapter 11 – Medication Management
 - Dental Services Chapter 5.8 – Dental Emergencies
- Maxor continues to provide support for implementation as well as monitoring for adherence to pharmacy policy and procedure. (Objective A3, D2)
 - Clinical Pharmacy Specialists (CPS) continue to provide in-service and implementation support to facility staff as new procedures are released. In

addition, CPS have also provided in-services at Regional leadership meetings.

- The quarterly PIC meeting was held in February 2008, and extensively covered policy and procedure implementation issues.
- Five new *MC Strategies* policy and procedure training modules were created and deployed to pharmacy personnel during the reporting period.
- An evaluation committee was formed to review report requests from the GuardianRx® system. Standardized utilization and provider reports for improved monitoring and reporting purposes are currently under development. Once completed, the reports will be made available monthly to Pharmacists-In-Charge, Chief Medical Officers and Health Care Administrators. (Objective A4, F5)
- Stoplight measures were evaluated and added for many Pharmacy Dashboard indicators. Targets were determined after careful evaluation of 2007 data and agreement on acceptable measures of performance. The stoplight status will be updated monthly and will help identify facilities that are significantly above or below goal, requiring closer monitoring. (Objective A4)
- The Dashboard was also updated to include recently updated staffing levels to accurately track workload measure. (Objective A4, D4)
- The P&T Committee approved three new Disease Medication Management Guidelines (DMMG) during the reporting period:
 - Gastroesophageal Reflux Disease (GERD) and Peptic Ulcer Disease (PUD)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Schizophrenia

Maxor has provided DMMGs for Hepatitis C and Depression which are currently being reviewed by the Committee. (Objective A5)

- The pharmacy inspection process has been well established with documented movement towards compliance across the state. The number of pharmacies with an inspection rating score of pass/problem (not failed) has increased from 21% in March 2007 to 67% in March 2008. Verification and validation of the pharmacy inspections process by the Maxor team has been initiated with the first onsite inspection completed at Avenal. The purpose of the on-site evaluations is to ensure accurate reporting and to determine whether problems identified in previous inspections have been appropriately addressed. (Objective A5, B4)

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007. Recruitment and selection efforts for clinical and facility management positions continued this reporting period.
- Objective A.2. Direct lines of authority to all pharmacy services personnel were established and linkages to central medical staff were defined.

Issues or Obstacles to Success

- Maxor's scope of work anticipated hiring 8 clinical specialists including one with specialty training in psychiatry. Due to the national pharmacist shortages, and difficulty recruiting into these positions, only three clinical pharmacists are actively employed at this time. Maxor continues to aggressively recruit for these positions by engaging professional recruiting services and coordinating efforts with CPR/CDCR human resources.

Goal B

Implement and enforce clinical pharmacy management processes including formulary controls, Pharmacy and Therapeutics committee, disease management guidelines, and the establishment of a program of regular prison institution operational audits.

Actions Taken

- The Pharmacy and Therapeutics (P&T) Committee continues its monthly meetings to address formulary issues, discuss and approve Disease Medication Management Guidelines (DMMG), and review and approve pharmacy policies and procedures. (Objective B1)
- Formulary review and maintenance is an ongoing process for the P&T Committee. Several formulary decisions were made during the reporting period. (Objective B1, C3)
 - The Committee approved the deletion of quetiapine (Seroquel[®]) (an atypical antipsychotic with well known potential for abuse and misuse) from the formulary along with a transition plan and specific non-formulary criteria for use within the system.
 - An antipsychotic therapeutic category review was conducted in conjunction with the development of the Schizophrenia DMMG. Preferred formulary agents were selected and approved. Announcement and distribution of the DMMG is pending contract approval on selected formulary agents.
 - A category review of the gastrointestinal agents was also conducted. Approved recommendations included selection of a preferred proton pump inhibitor as well as prescribing criteria for use.
- Access to the formulary was made available to all providers through the *Epocrates* on-line system. This program is a web-based service designed to ensure that the latest formulary and medication related information is readily available to prescribers and pharmacists. (Objective B1, D2, F5)
- Maxor Clinical Pharmacy Specialists continue to provide support to facility staff on implementing the formulary and other P&T Committee initiatives by working directly with their assigned facilities and providing in-services to Regional leadership. (Objective B1, B2)

- As stated under Goal A, three new DMMGs were approved during the reporting period and two more are currently under review by the P&T Committee. (Objective 3)
- Also discussed under Goal A, facility inspections continue to show improvement in operations and movement towards standardization. (Objective B4)

Objectives Completed

- Objective B.1. A revised and reconstituted Pharmacy & Therapeutics Committee was established on February 13, 2007. Current membership includes representation from central, regional and institutional level providers and Court expert representatives from the *Coleman* and *Perez* cases.
- Objective B.4: Develop and implement an effective and enforceable institution audit process.

Issues or Obstacles to Success

- Facility-level implementation of P&T Committee initiatives continues to be sporadic and requires constant monitoring.

Goal C

Establish a comprehensive program to review, audit and monitor pharmaceutical contracting and procurement processes to ensure cost efficiency in pharmaceutical purchases.

Actions Taken

- A new contract with Amerisource Bergen to serve as the general pharmaceutical wholesaler for CDCR was approved by the Receiver and implemented effective February 1, 2008. This contract is expected to yield significant savings for the CDCR. (Objective C1)
- Maxor was able to further identify \$12,630 in contract mispricing during the last two quarters of 2007 which has been corrected during the current reporting period. An additional \$35,000 in over charges was identified in which the state contracted price for the items was higher than the GPO price. This overage could not be collected because the prior DGS negotiated contract required the state price to be preferentially loaded. This type of over charge will be averted with the new wholesaler contract which requires the "best" price to be loaded. (Objective C1)
- Movement continues towards elimination of bulk stock and moved toward patient specific prescriptions. The total number of facilities using bulk stock for prescriptions has been reduced from thirteen to eight. (Objective C2)
- Maxor continues to have issues maintaining a perpetual inventory at GuardianRx® sites. Maxor will continue to work with facility staff to adequately address the issue of returned inventory and implement a resolution. As a result, the GuardianRx® inventory return module is now included as a part of site

- training to assure facilities accurately track returns and reissued items. (Objective C2)
- Contract, purchase and inventory monitoring efforts continue to yield results by avoiding unnecessary costs due to out-of-stock orders and ensuring that the correct contracted items are purchased. Since January 2008, \$652,988 in cost avoidance was realized by working with the wholesaler to ensure the best priced items were sufficiently stocked at the regional distribution centers and another \$640,238 in cost avoidance by directly working with the facilities to ensure the correct contracted items were purchased. (Objective C3, C4)
 - Targeted contracting strategies have resulted in a cost avoidance for the CDCR program of \$4,834,079 in the first four months of 2008:
 - Asmanex contract (implemented in February 2008): \$294,775
 - Insulin contract: \$184,115
 - Statin contract: \$2,640,113
 - Nasal steroids contract: \$531,866
 - PPIs contract: \$381,649
 - Pegasys contract: \$801,561
 - As stated under goal B, Maxor is in the final stages of contracting for selected formulary atypical antipsychotics as approved by the P&T Committee in April 2008. (Objective C3, B1)
 - During the first quarter of 2008, 42 lower priced drug items were identified and made available through the prime vendor. (Objective C3)
 - Drug ordering has been automated and standardized through the GuardianRx® system. Facilities utilizing the GuardianRx® system no longer need to use the wholesaler order entry system. (Objective C4)
 - The influenza vaccine purchasing and allocation process has been centralized for 2008-2009 season. Maxor worked with public health and clinical leadership to establish purchase and stock levels for the coming year. (Objective C4)

Objectives Completed

- Objective C.1: Monitor wholesaler (vendor) to ensure contract compliance.

Issues or Obstacles to Success

- No issues or obstacles identified at this time.

Goal D

Develop a meaningful pharmacy human resource program that effectively manages staffing, compensation, job descriptions, competency, performance assessment, discipline, training, and use of the workforce including temporary employees and non-pharmacist staff.

Actions Taken

- A comprehensive staffing pattern assessment was completed through February 2008 based on workload and related data. Maxor has been working to ensure that the approved staffing levels, including positions for the DMH conversion previously approved, are communicated to the facilities via Genets letters, although there have been delays in this process which resulted in Maxor requesting a meeting with the CPR Chief of Staff (held in early March 2008). Revised staffing patterns were approved and instructions given to ensure the approvals were communicated to the facilities. As a result, a letter on the approved staffing was sent to all facilities by CDCR Finance in late April 2008. A monthly meeting between Maxor project leadership and the Director of the Plata Support Division has been implemented to identify and address any such issues as they are identified. (Objective D1, D4)
- As stated under Goal A, the Dashboard was updated to include the approved staffing since the last staffing adjustment. (Objective D4)
- Maxor has continued to work on assisting in the identification and selection of Pharmacists-in-Charge at CDCR facilities, including participation in several interviews resulting in the hiring of a new State PIC for Ironwood State Prison and CSP LA County. The state PIC at ISP will serve as PIC for both ISP and CVSP and a registry PIC at CCC will serve as the PIC for both CCC and HDSP. This represents the first sites to use a shared PIC for collocated facilities to improve continuity and efficiency. (Objective D1)
- Maxor also worked with facility and registries to relieve significant staff shortages at SATF, CCWF, PVSP and SOL. (Objective D1)
- As stated under Goal B, the CDCR formulary has been made available to all providers through the *Epocrates* on-line system. (Objective D2, B1, F5)
- Maxor continues to provide required training and education on clinical, operational and fiscal matters related to the pharmacy program. (Objective D2)
 - As stated under Goal A & B, Clinical Pharmacy Specialists provide ongoing educational services to facility staff on implementing the formulary, pharmacy policies & procedures, and other P&T Committee initiatives.
 - Specialized training is targeted towards PICs to increase competency levels and equip them with the tools necessary to effectively manage the pharmacy services at their respective facilities to include service and QI measures and pharmacy workload layout.
 - The quarterly PIC meeting was held in February 2008. Discussion topics included policy and procedure implementation issues, processes and forms for formulary additions and non-formulary requests, controlled substances procedures and forms, and medication error and adverse drug reaction reporting processes. In addition, the PIC meeting covered expectations of the PIC, examined a number of formulary case studies and reviewed the GuardianRx® implementation schedule.
 - Eight new *MC Strategies* training modules have been created and deployed to pharmacy personnel during the reporting period. The new

modules include three lessons on Diabetes and five modules on Pharmacy policy and procedure revisions.

- PICs now have direct responsibility for managing staff compliance with the *MC Strategies* modules. PICs were provided administrative access to the program and are now required to complete monthly status reports regarding their staff's progress on *MC Strategies*. Maxor continues to provide general oversight of the monitoring and compliance process. (Objective D3)

Objectives Completed

- Objective D.2: Complete skill set inventory of State and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing personnel.
- Objective D.3: Develop an effective means of documenting and tracking employee training, education, performance, and disciplinary action.

Issues or Obstacles to Success

- Coordination of facility staffing issues remains cumbersome. A monthly meeting between Maxor and the Director of the Plata Support Division has been established to ensure coordination of such issues occurs on a timely basis. In addition, Maxor has been working with the CPR leadership to implement the CPR's decision to centralize pharmacy hiring processes. Maxor fully supports that decision and believes it will significantly improve the overall coordination of staffing matters.

Goal E

Redesign and standardize overall institution level pharmacy drug distribution operations for inpatient and outpatient needs. Design, construct and operate a centralized pharmacy facility.

Actions Taken

- The pre-centralization ambulatory model is being defined and implemented as processes are standardized and validated as part of the GuardianRx® implementation work plan. (Objective E1)
- During the reporting period, Maxor furthered its comprehensive efforts to improve medication management and pharmacy operations at San Quentin, in conjunction with other pilot improvement projects underway at that facility. (Objective E1)
 - Maxor has hired and placed an experienced Pharmacy Operations Manager on site, a Maxor Pharmacist-in-Charge to replace the registry PIC formerly assigned to the facility and four Maxor technologists.
 - Work with San Quentin nursing and support staff has been initiated using the tested and proven GuardianRx® implementation processes.

- GuardianRx® conversion team meetings began during March 2008, with an expectation that the system will “go live” in May 2008.
- Three additional Operations Teams have been approved, staffed and trained in order to expedite GuardianRx® implementation and assist with facility operational improvement efforts. Unfortunately, in late April, one of the Maxor operations managers resigned unexpectedly due to family health issues and will need to be replaced. Recruitment to replace that position began immediately. (Objective E1)
- Maxor is currently working with dental and nursing leadership on a pilot project at two CDCR facilities. The goal of the pilot is to devise and implement a standardized process for ensuring expedited or STAT dental orders reach the inmate-patient in a timely manner while upholding safety and legal responsibilities. (Objective E1)
- Working with DGS, the Maxor team has finalized preliminary site location recommendations for the Central Fill Pharmacy facility. (Objective E2)
 - A document outlining the recommendation was sent to the CPR for review and approval to finalize the proposed arrangements. Maxor team members met with CPR leadership in early March 2008 to present the recommendation.
 - Additional inquiries were requested relating to the flood plain status of proposed locations. Maxor worked with DGS to obtain the requested information which was subsequently provided to the CPR for consideration. As a result, one location was eliminated from the potential list.
 - Maxor is currently working with DGS to locate any additional properties outside of the flood plain that have become available during the interim since an initial review of sites was conducted several months ago.
 - Required state funding documents have been processed and approved. Once a site is approved by CPR, the DGS staff, CDCR and Maxor will negotiate final lease and/or purchase terms with the property owner.
 - Concurrently, a draft Request for Proposal was prepared to address automation needs for the Central Fill Pharmacy facility and also submitted to CPR for review and approval. CPR Legal Counsel approved the RFP draft in March 2008, with final authorization to proceed pending a decision by the Receiver. Because the RFP for pharmacy automation needs must be completed and the automation vendor chosen in order to finalize the floor plans and related specifications for the centralized pharmacy facility, it is important that the site recommendation and RFP process be closely coordinated. The RFP is scheduled for release in early May 2008. (Objective E2, F6)

Objectives Completed

- Objectives are in-progress at this time.

Issues or Obstacles to Success

- No issues or obstacles identified at this time.

Goal F

Based on a thorough understanding of redesigned work processes, design and implement a uniform pharmacy information management system needed to successfully operate and maintain the CDCR pharmacy operation in a safe, effective and cost efficient way.

Actions Taken

- As discussed in Goal E, four Operations Managers, eight technologists and one PIC (SQ) were hired for rapid implementation of GuardianRx®. The new operations team employees have completed intensive training on the GuardianRx® software and implementation process. (Objective F4, E1)
- Intensive training and preparation activities continue for GuardianRx® implementation. (Objective F4, E1)
 - GuardianRx® implementation has been successfully implemented at six facilities (Folsom, Mule Creek, CMC, CSP-Sacramento, COR and SATF). COR and SATF represents the first of several scheduled simultaneous dual facility GuardianRx® implementations.
 - A comprehensive Gantt chart tracking grid and schedule for implementation of the GuardianRx® system has been completed and approved by the CPR. This schedule calls for GuardianRx® conversion to be complete at 23 facilities by the end of 2008 and all facilities by May of 2009. The schedule (attached as Appendix D) outlines mandatory training sessions, conversion team schedules and “go-live” dates for each facility.
 - Conversion team meetings began the end of March 2008 for San Quentin, which was expected to go live in May 2008. Unfortunately, facility physical plant delays will result in the implementation being moved to June 2008.
 - Pre-Guardian work continues at several sites with pharmacy computer layout plans completed for CCC, HDSP, CVSP, ISP, CIW, VSPW, CCWF, KVSP, NKSP and SQ. In addition, initial medication management assessments have been completed at SQ, CVSP, ISP, CCWF, VSPW, KVSP, NKSP, CCC, HDSP and CIW.
 - Smaller group PIC training sessions that were started in November to train on service and QI measure implementation, GuardianRx® conversion and use and pharmacy workload layout have continued for CVSP, ISP, NKSP, CCWF and VSPW.
 - Two regional training centers have been established at SAC and COR for GuardianRx® pre-training and approval received for four pharmacy technologist positions to assist in training. ISP is the first southern region

location to go-live and will include 4 extra technicians to support training needs for the southern region.

- A joint Maxor IT/Maxor Corrections weekly operations meeting was established to discuss and resolve current GuardianRx® implementation issues as well as plan for upcoming implementations. (Objective F2)
- Additionally, an evaluation committee was formed to review report requests from the GuardianRx® system. Standardized utilization and provider for improved monitoring and reporting purposes are currently under development. Once completed, the reports will be made available monthly to Pharmacists-In-Charge, Chief Medical Officers and Health Care Administrators. (Objective A4, F5)

Objectives Completed

Issues or Obstacles to Success

- The originally contemplated timeline for implementation of the GuardianRx® pharmacy operating system has changed due to the need to address each facility's infrastructure issues and to coordinate medication management improvements with the CPR Nursing leadership teams. A detailed implementation schedule was jointly developed by the CPR teams and Maxor to ensure a coordinated implementation effort and effective deployment of resources. In this report, Maxor is requesting that the timeline for Objective F.4 be revised to reflect that schedule.

Goal G

Develop a process to assure CDCR pharmacy meets accreditation standards of the designated health care review body (NCCHC or ACA) and assist in obtaining accredited status.

Actions Taken

- No action taken to date pending completion of related objectives.

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- No previously unidentified or significant issues or obstacles have been encountered in this reporting period.

Summary of Changes to Timeline

A comprehensive review of the timeline was completed in December 2007 in conjunction with approval of the second amendment to the Maxor/CPR Agreement. Listed below are objective timelines proposed for change from that approved timeline (subject to review and approval of CPR).

Objective Timelines Proposed for Change

Objective F.4 GuardianRx® Implementation. Approval is requested to change the current timeline calling for completion of the GuardianRx® implementation by the end of December 2008 to May of 2009. This change is consistent with the jointly developed implementation schedule agreed to by the Maxor/CPR GuardianRx® teams.

Objective Timelines Change Approvals

No previously requested timeline change approvals are pending at this time.

Conclusion

Maxor remains committed to the accomplishment of the *Road Map* goals and objectives and has prepared this Progress Report as part of its ongoing initiative to maintain direct, open and constant communication with CPR throughout the pharmacy improvement project.

Maxor would like to thank the Receiver, his staff, and CDCR for their cooperation and support.

Monthly Attachments

The section below contains links to the Pharmacy Dashboard, Pharmacy Inspection Grid, and other important tracking grids and attachments provided for review.

Appendix A—Pharmacy Dashboard



2008 Pharmacy
Dashboard 5 8 08 (2)

Appendix B—Facility Inspection Grid



CY 2007 2008
Master Inspection Gri

Appendix C—Timeline and Tracking Grid



Maxor Timeline &
Tracking Grid

Appendix D—GuardianRx® Implementation Schedule



Guardian
Implementation Gantt