



Medical Inspections Unit Fact Sheet

April 9, 2026

Penal Code section 6126, subdivision (f): The Inspector General shall conduct an objective, clinically appropriate, and metric-oriented medical inspection program to periodically review delivery of medical care at each state prison.

The OIG Medical Inspection Unit (MIU) Purpose and History

2005: Federal Receiver appointed to improve health care across the California prisons.

2008: The Receiver worked with OIG to establish a permanent, independent medical oversight program to assess progress and ensure ongoing sustainability of improvements after all institutions are delegated back to the State of California.

2026: OIG is now in its 8<sup>th</sup> cycle of inspecting the medical care in all CDCR adult institutions.

Our Method: We assess the quality of medical care provided at each institution through two unique components:

Policy Compliance Testing: Registered Nurses (RN) test each institution’s broad compliance with the department’s Health Care Department Operations Manual across hundreds of samples.

Case Review: Physicians and Nurse Consultants evaluate the clinical quality of medical decision making by reviewing a combination of detailed six-month case record studies and focused events, such as deaths, hospitalizations, and emergency responses.

Our two teams of medical inspectors, Policy Compliance RNs and Case Review Clinicians, evaluate each institution’s medical program through 15 “indicators,” which are different measures of a good health care system.

- Access to Care
- Administrative Operations
- Diagnostic Services
- Emergency Services
- Health Information Management
- Health Care Environment
- Medication Management
- Nursing Performance
- Prenatal and Postpartum Care\*
- Preventive Services
- Provider Performance
- Reception Centers\*
- Specialized Medical Housing
- Specialty Services
- Transfers

\* Prenatal and Postpartum Care is only assessed at the two female institutions.

\* Reception Center care is only assessed at the three Reception Center institutions.

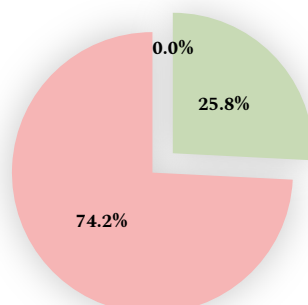
After we complete each inspection, our Case Review and Policy Compliance teams rate each individual indicator as well as the institution’s overall performance with one of three ratings:

Proficient: Extraordinarily high level of care

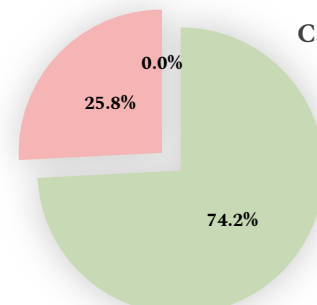
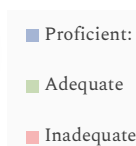
Adequate: Passing level of care

Inadequate: Non-passing level of care

Percentage of Institutions Scoring in the Proficient, Adequate, or Inadequate Range for Overall Performance in Cycle 7



Compliance



Case Review



## Cross-Institution Trends over Cycle 7

### Indicators with Highest Percent of Passing Ratings

CASE REVIEW	% Institutions Passing
Access to Care	100% (31 of 31)
Diagnostic Services	93.5% (29 of 31)
Transfers	90.3% (28 of 31)
COMPLIANCE	% Institutions Passing
Health Information Mgmt.	83.9% (26 of 31)
Access to Care	80.6% (25 of 31)
Preventive Services	67.7% (21 of 31)

### Indicators with Lowest Percent of Passing Ratings

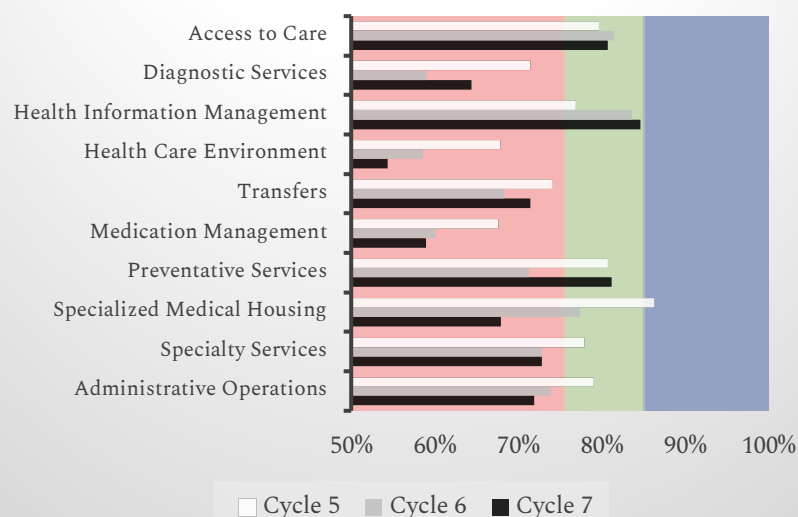
CASE REVIEW	% Institutions Passing
Emergency Services	58.1% (18 of 31)
Nursing Performance	71.0% (22 of 31)
Specialized Medical Housing	76.9% (20 of 26)*
COMPLIANCE	% Institutions Passing
Medication Management	3.2% (1 of 31)
Health Care Environment	3.2% (1 of 31)
Diagnostic Services	16.1% (5 of 31)

\*Only 26 of the 31 institutions had operational Specialized Medical Housing in Cycle 7.

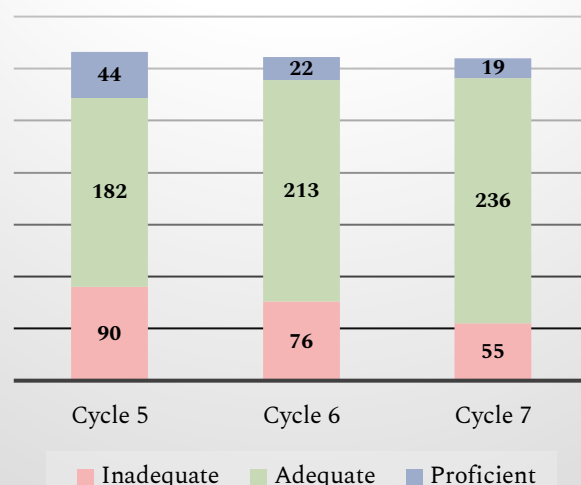
Note: We excluded the indicators for Reception Centers and Prenatal & Postpartum Care as they apply only to a few institutions.

## Cross-Cycle Trends over Cycles 5, 6, and 7

Policy Compliance: Average Compliance Scores by Indicator for All Institutions Across Cycles 5, 6, and 7



Case Review: Number of Proficient, Adequate, and Inadequate Case Review Indicator Ratings Across Cycles 5, 6, and 7



### COMPLIANCE TRENDS IN AVERAGE PERFORMANCE:

- **Consistently Good Performance:** Access to Care; Health Information Management
- **Performance declined in Cycle 6 but improved in Cycle 7:** Diagnostic Services; Transfers; and Preventative Services (improved to **Adequate**)
- **Significant Decline in Performance:** Specialized Medical Housing (**Proficient** in Cycle 5; **Adequate** in Cycle 6; **Inadequate** in Cycle 7); Specialty Services and Administrative Operations (**Adequate** in Cycle 5; **Inadequate** in Cycles 6 & 7)
- **Consistent Inadequate and Declining Performance:** Health Care Environment; Medication Management

### CASE REVIEW RATING TRENDS:

- **Overall Improvement** Through Continually Fewer **Inadequate** Ratings and Increased **Adequate** Ratings Over Each Cycle
- **Fewer Examples of Outstanding Best Practices** Through Continual Decline in **Proficient** Ratings Over Each Cycle

**Note:** For Case Review ratings, an indicator may occasionally not be applicable during one cycle, such as when a Specialized Medical Housing Unit is undergoing construction improvements. This accounts for the slight differences in the total number of indicators evaluated each cycle.

## MOST SIGNIFICANT CHANGES FOR CYCLE 8:

**Inspection Pacing:** Per stakeholder request, we significantly amended our processes to complete an institution's inspection and publish our final inspection report within **six months** of the last day of our review period (period ranging from approximately six to 12 months from which our policy compliance samples and case records are randomly selected for review).

**Cycle Pacing:** Our current projections indicate the length of time between when an institution will receive their Cycle 8 and Cycle 9 inspections is 2.88 years (approximately 2 years, 10.5 months).

**Policy Compliance Testing:** In Cycle 7, our case reviews indicated institutions struggled with clinical judgment during emergency responses. Based on this data, we relocated four tests measuring compliance with emergency preparedness and review policies into a new Emergency Services Indicator for Compliance, allowing us to highlight those tests. We also uncoupled some compound tests to more transparently identify specific test components in which institutions are performing well or need improvement.

**Case Reviews:** Per stakeholder request, in Cycle 8, we increased the number of death cases we review.