Virginia Department of Corrections
CQI Public Meeting
April 8, 2026, at 11:30A.M.

In Person Meeting
Location: 6900 Atmore Drive
Richmond, VA 23225

Agenda:

I. Call to order – Paul Targonski, MD

II. Roll Call of Committee Members– Paul Targonski, MD

III. Instructions/housekeeping for in-person meeting- Distarti Whitehead

IV. Old Business/Recap of Last Meeting - Dr. Herrick

V. New Business
   a. Health Services Unit- ACA Healthcare Outcome Measure Review 3rd and 4th Quarter 2025- Distarti Whitehead.
   b. Review genesis of the California Department of Corrections CQI Dashboard- Dr. Gerald Craver.

VI. Public Comment-2 minutes each up to 5 members of the public. Public questions can be emailed to docmail@vadoc.virginia.gov. Media questions can be emailed to Kyle.Gibson@vadoc.virginia.gov

VII. Actions for next quarter-Dr. Herrick/Dr. Targonski

VIII. Adjournment – Dr. Targonski, MD

HSU CQI Meeting
3rd and 4th Quarters 2025
Date: April 8, 2026

Distarti Whitehead RN, MSN/Ed

HSU Quality Improvement Specialist

Health Care Outcomes

The below facilities passed the ACA audit during the 3rd and 4th quarters of 2025.

- Halifax Correctional Unit- July 2025
- Lunenburg Correctional Center- September 2025
- Patrick Henry Correctional Unit- September 2025
- Rustburg Correctional Unit- September 2025
- Nottoway Correctional Center and Work Center- October 2025
- Deerfield Correctional Center-October 2025
- Brunswick CCAP- November 2025
- State Farm Correctional Center- December 2025

Standard 1A

- Number of inmates diagnosed with MRSA
- Number of inmates diagnosed with active tuberculosis
- Number of inmates who are new converters on a TB test that indicates newly acquired TB infection
- Number of inmates who completed treatment for latent tuberculosis infection
- Number of inmates diagnosed with Hepatitis C viral infection (at any given time)
- Number of inmates diagnosed with HIV infection (at any given time)

Standard 1A

- Number of inmates with HIV infection who are being treated with HAART (at any given time)
- Number of selected inmates with HIV infection who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml (at any given time)
- Number of inmates with an active individualized services/treatment plan for a diagnosed mental disorder(excluding sole diagnosis of substance abuse) (at any given time)

Standard 1A

- Number of inmate admissions to off-site hospitals
- Number of inmates transported off-site for treatment of emergency health conditions
- Number of inmate specialty consults completed
- Number of selected hypertensive inmates with a B/P reading >140mm hg/>90 mm hg (at any given time)
- Number of selected diabetic inmates who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent (at any given time)
- The number of completed dental treatment plans

Standard 2A

- Number of health care staff with lapsed licensure or certification
- Number of new health care staff that completed orientation training prior to undertaking their job
- Number of occupational exposures to blood or other potentially infectious material
- Number of direct care staff with a conversion of a TB test that indicates newly acquired TB infection

Standard 3A

- Number of inmate grievances related to health care services found in favor of the offender
- Number of inmate grievances related to safety or sanitation
- Number of adjudicated inmate lawsuits related to the delivery of health care found in favor of the inmate

Standard 4A

- Number of problem identified by quality assurance program that were corrected
- Number of high-risk events or adverse outcomes identified by the quality assurance program
- Number of inmate suicide attempts
- Number of suicides
- Number of unexpected natural deaths
- Number of serious medication errors

REVIEW OF CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES' QUALITY PERFORMANCE DASHBOARD

AGENDA

- Correctional Health Care Services (CCHCS)
- Analytical Approach Used in Current Review
- Purpose of CCHCS Dashboard and How it is Used
- Health Care Department Operations Manual
- Care Management Dashboard Example
- Takeaway Message

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES (CCHCS)

- California Correctional Health Care Services (CCHCS), in partnership with the California Department of Corrections and Rehabilitation (CDCR), provides comprehensive health care services to almost 100,000 inmates residing in 31 state correctional facilities.
- In 2006, after finding that CDCR had not provided a constitutional level of medical care to inmates, a federal court appointed an independent body known as a "receiver" to remedy an array of access to and quality of care problems. Numerous corrective actions were implemented, including a system for monitoring quality improvement. A unique feature was the development of a **public dashboard** for tracking health measures for accountability purposes.
- By consolidating facility-level and statewide data into a central location, the public dashboard provides information that stakeholders can use for improving performance and value of health care services and patient outcomes in California's correctional system.

ANALYTICAL APPROACH USED IN CURRENT REVIEW

- During the last meeting of the Virginia Department of Corrections (VADOC) Continuous Quality Improvement (CQI) Committee, members requested information on CDCR's Health Care Services Dashboard. Specifically, members wanted information that would help them better understand how the dashboard is structured and used.
- To comply with the request, Health Services Unit (HSU) staff reviewed the CCHCS' website (https://cchcs.ca.gov/) and conducted internet searches for relevant documents. Key information from these sources was identified and summarized for inclusion this presentation.

PURPOSE OF CCHCS DASHBOARD

- As a monthly report, the dashboard collects and organizes information from multiple sources about how well CDCR is performing in different health care service areas. The dashboard serves several key purposes:
  - **Performance Monitoring:** Tracks 286 health performance indicators grouped into 12 domains to ensure health services meet established benchmarks and goals.
  - **Accountability & Transparency:** Provides a public framework for assessing whether CDCR is delivering constitutionally adequate care to all inmates.
  - **Operational Improvement:** CDCR leadership uses the data to identify specific service areas for improvement, trend performance over time, and comparing outcomes statewide and across institutions.
  - **Accessibility:** In May 2023, the dashboard transitioned from monthly PDF reports to an interactive, web-based tool to provide stakeholders and the public with a more user-friendly and ADA-compliant experience.
- The CCHCS Dashboard along with the CDCR Dashboard provide a comprehensive view of operations within California's correctional system.

HOW THE CCHCS DASHBOARD IS USED

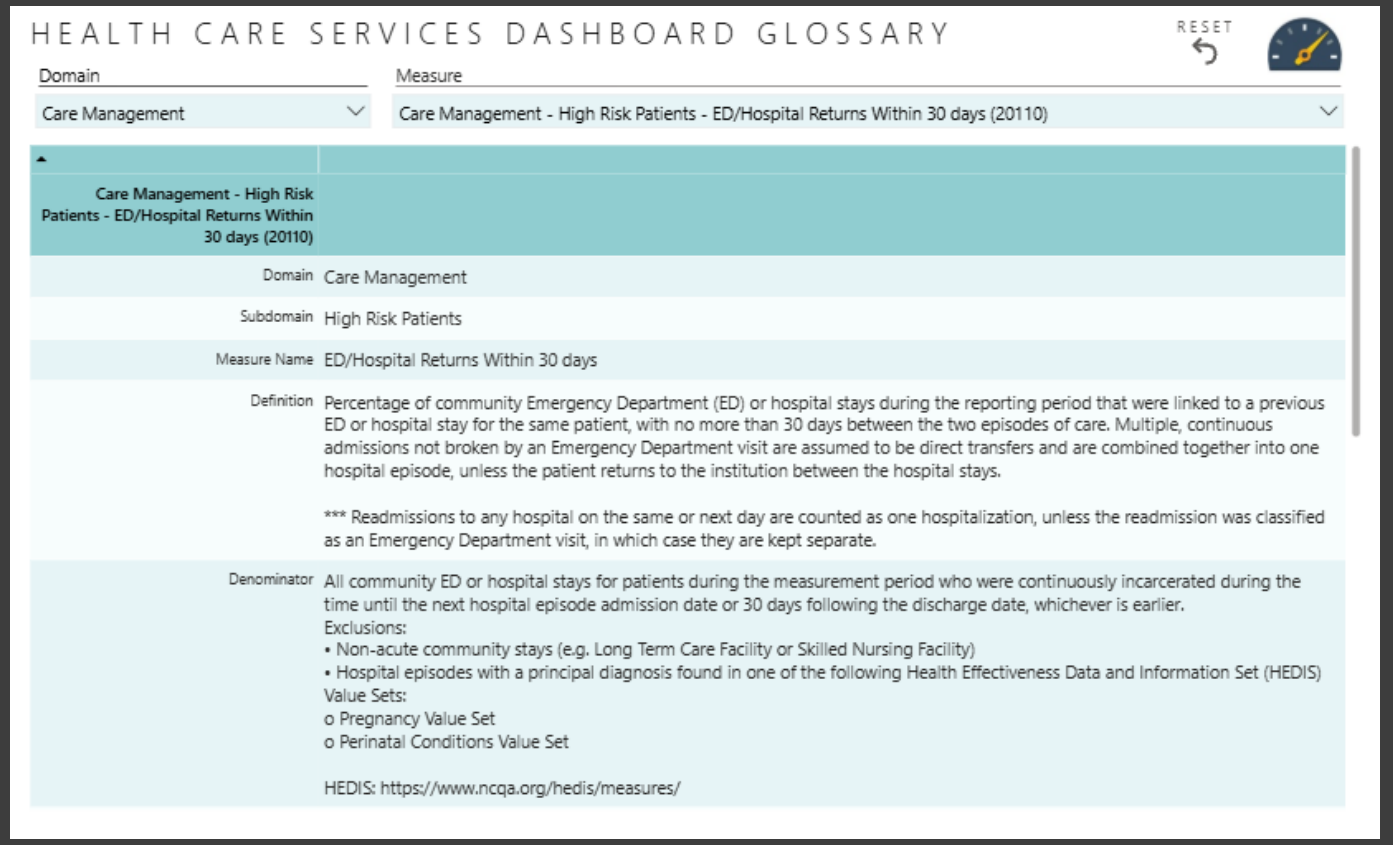
- Since 2011, the CCHCS Dashboard has been a vital tool to provide quality improvement information in areas like patient access to care, disease management, utilization, and cost.
- In May 2023, the CCHCS Dashboard became available as an online report using Microsoft Power BI, an artificial intelligence-powered business intelligence platform, allowing stakeholders to uncover, analyze, and share actionable insights. The new dashboard consists of a glossary and an interactive, web-based tool.
- The dashboard can accommodate numerous reports allowing for cross-sectional comparisons and trend performance over time. CDCR leaders and program managers use the dashboard to monitor data on clinical outcomes, operational efficiency, and financial performance, thus enabling data-driven decision-making to improve patient care and reduce costs. Key applications include tracking patient flow, managing staff levels, reducing readmission rates, and monitoring budget compliance.

HEALTH CARE DEPARTMENT OPERATIONS MANUAL

- The CCHCS Dashboard is operationalized in the Health Care Department Operations Manual (https://www.cdcr.ca.gov/hcdom/dom/), which states that its primary goal is to provide information to improve the performance and value of health care services and patient outcomes.
- At the state level, the operations manual directs that the CDCR's quality improvement program to use information from the dashboard to assess critical health care processes and outcomes, identify areas for improvement and evaluate performance at all levels of the organization.
- The manual directs facilities to use the dashboard to monitor and report on performance of critical clinical and administrative processes monthly. To ensure that the dashboard is useful, facilities are required to ensure staff are appropriately trained to use the dashboard and follow standardized methods of data collection, work with an independent reviewer on periodic data validation exercises (e.g., check dashboard against other data sources), conduct inter-rater reliability testing, and select data using statistically valid samples.

CARE MANAGEMENT DASHBOARD GLOSSARY EXAMPLE

- Care Management (Domain) – High Risk Patients (Subdomain) – ED/Hospital Returns Within 30 Days (Performance Measure)
- For each performance measure, the glossary includes the domain, subdomain, and measure name; denominator and numerator; rate calculation; data source and reporting frequency; general comments; and the assigned QMC committee.



HEALTH CARE SERVICES DASHBOARD GLOSSARY

RESET

Domain: Care Management

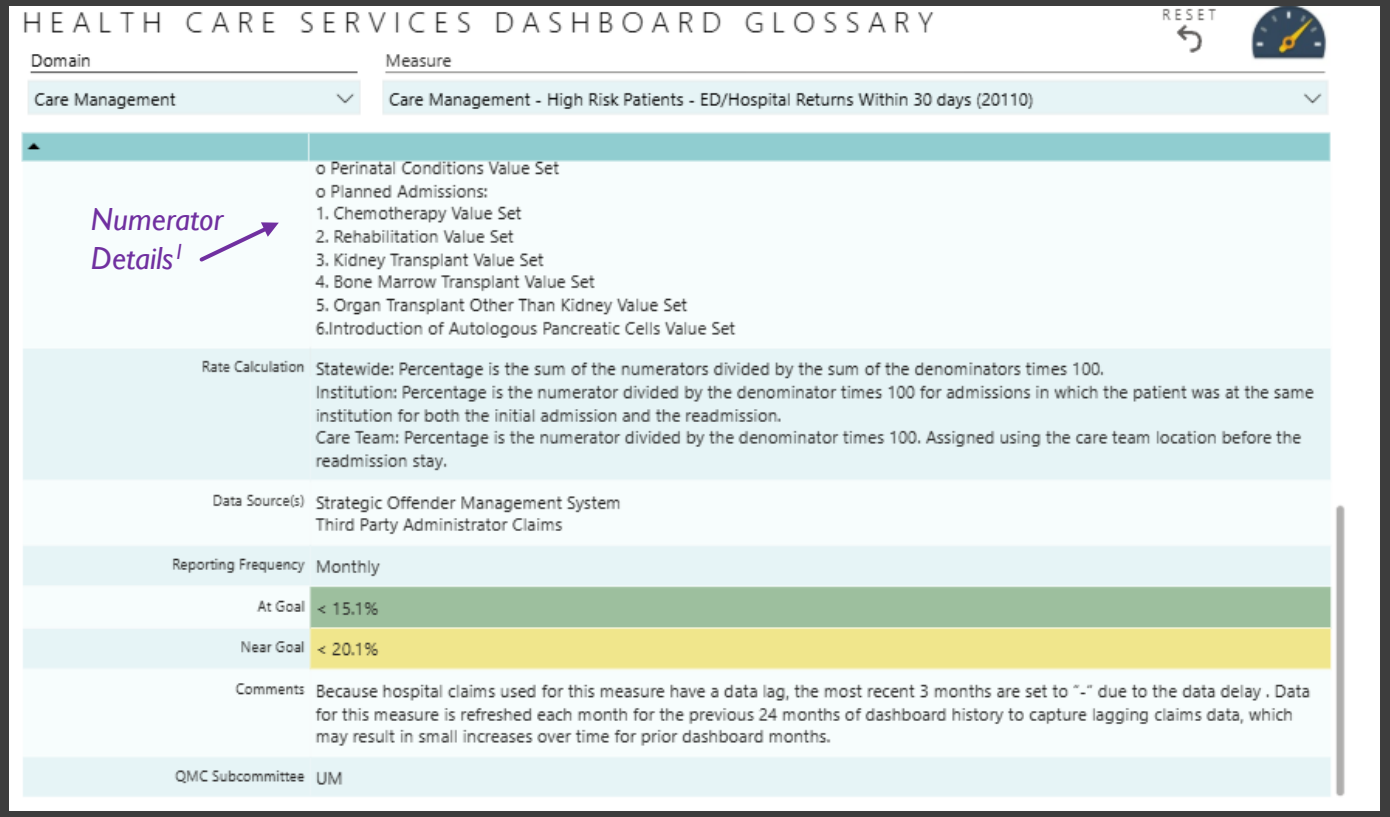
Measure: Care Management - High Risk Patients - ED/Hospital Returns Within 30 days (20110)

Care Management - High Risk Patients - ED/Hospital Returns Within 30 days (20110)	
Domain	Care Management
Subdomain	High Risk Patients
Measure Name	ED/Hospital Returns Within 30 days
Definition	Percentage of community Emergency Department (ED) or hospital stays during the reporting period that were linked to a previous ED or hospital stay for the same patient, with no more than 30 days between the two episodes of care. Multiple, continuous admissions not broken by an Emergency Department visit are assumed to be direct transfers and are combined together into one hospital episode, unless the patient returns to the institution between the hospital stays. *** Readmissions to any hospital on the same or next day are counted as one hospitalization, unless the readmission was classified as an Emergency Department visit, in which case they are kept separate.
Denominator	All community ED or hospital stays for patients during the measurement period who were continuously incarcerated during the time until the next hospital episode admission date or 30 days following the discharge date, whichever is earlier. Exclusions: • Non-acute community stays (e.g. Long Term Care Facility or Skilled Nursing Facility) • Hospital episodes with a principal diagnosis found in one of the following Health Effectiveness Data and Information Set (HEDIS) Value Sets: o Pregnancy Value Set o Perinatal Conditions Value Set HEDIS: https://www.ncqa.org/hedis/measures/

Source: Care Management – High Risk Patients – ED/Hospital Returns Within 30 Days (Performance Measure). Accessed January 31, 2026, from https://cchcs.ca.gov/dashboard-glossary/.

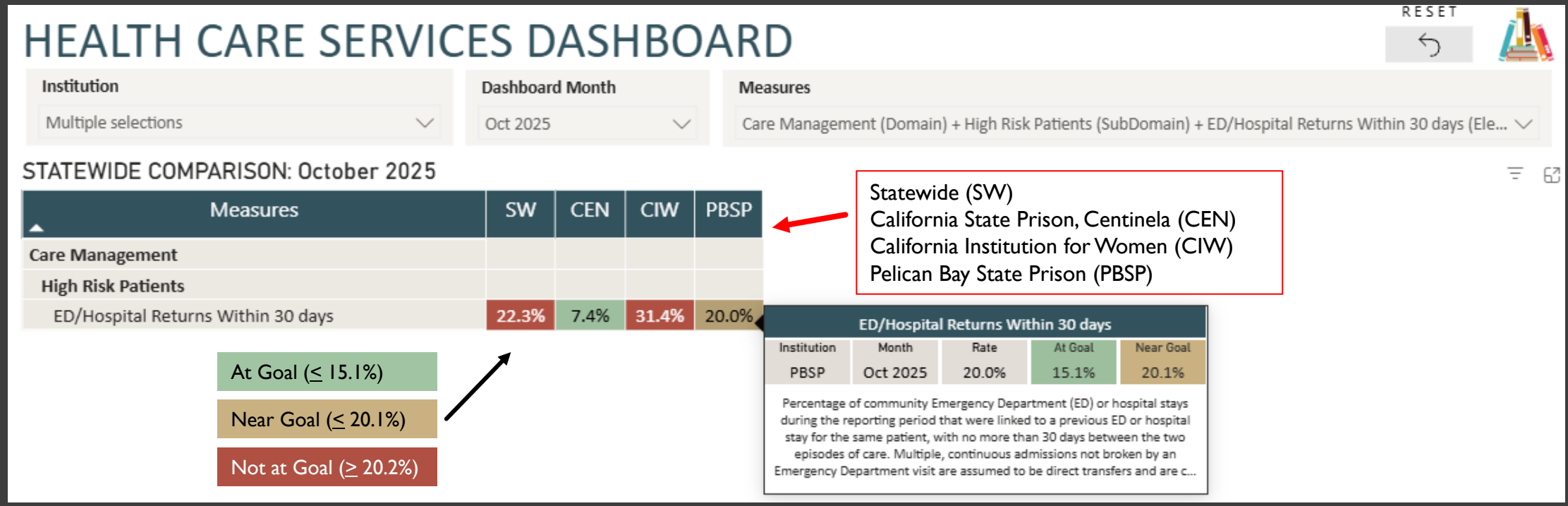
CARE MANAGEMENT DASHBOARD GLOSSARY EXAMPLE

- Screenshot of ED/Hospital Returns Within 30 Days Performance Measure [*Continued*]



[1]A portion of the numerator was excluded to capture most of the glossary content for the performance measure (Excluded content: Community ED or hospital stays in the dominator associated with at least one subsequent community ED of hospital stay whose admission date is up to 30 days following discharge. Exclusions – Non-acute community stays; ED or hospital stays with a principal; diagnosis found in one of the following Health Effectiveness Data and Information Set (HEDIS) Value Sets – Pregnancy Value Set).
Source: Care Management – High Risk Patients – ED/Hospital Returns Within 30 Days (Performance Measure). Accessed January 31, 2026, from https://cchcs.ca.gov/dashboard-glossary/.

CARE MANAGEMENT DASHBOARD COMPARISON EXAMPLE (OCTOBER 2025)



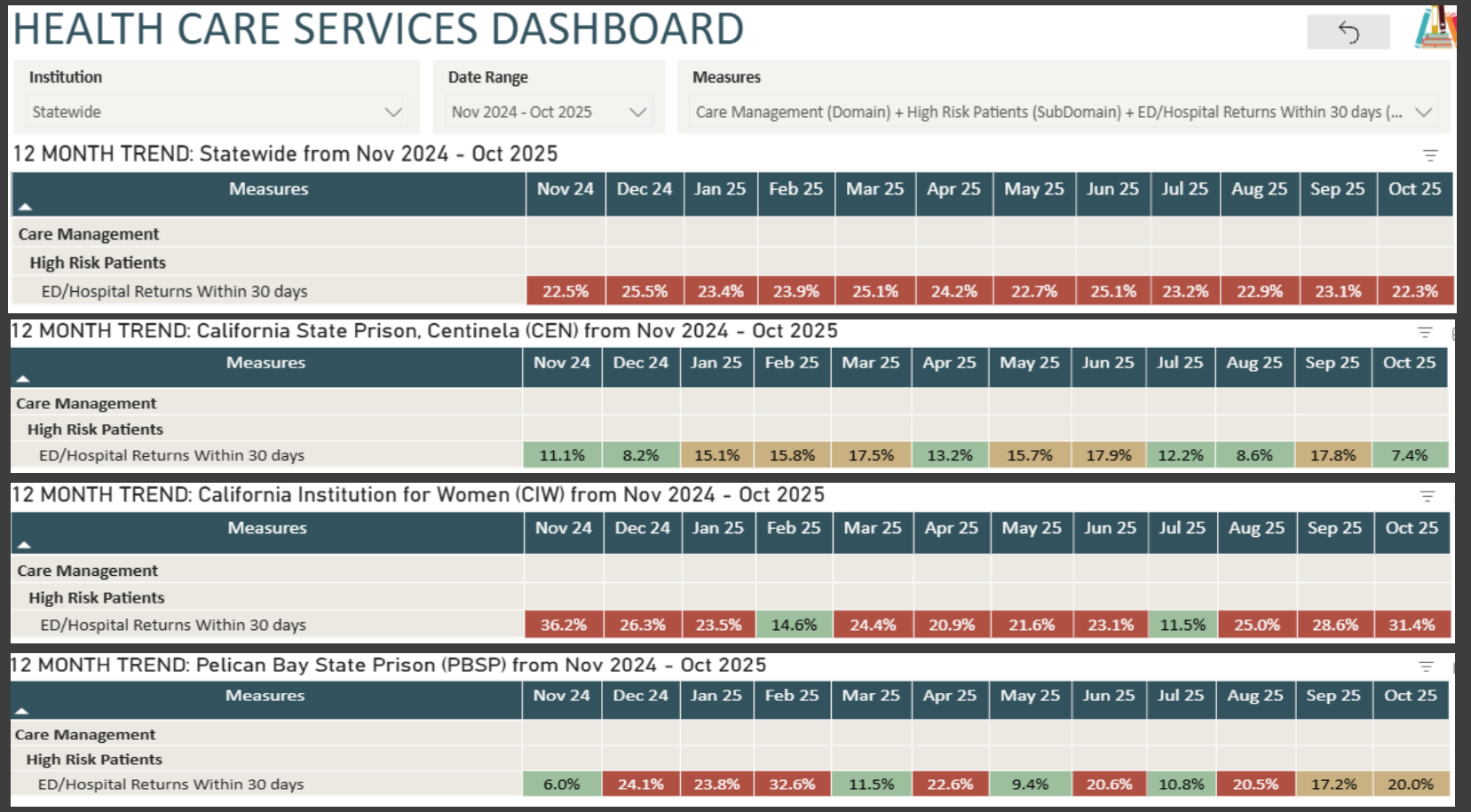
Source: Care Management – High Risk Patients – ED/Hospital Returns ≤ 30 Days (Performance Measure) for Statewide, California State Prison, California Institution for Women, and Pelican Bay State Prison. Accessed January 31, 2026 from https://cchcs.ca.gov/dashboard/.

CARE MANAGEMENT DASHBOARD TREND EXAMPLE (NOVEMBER 2024 – OCTOBER 2025)[1]

At Goal (≤ 15.1%)

Near Goal (≤ 20.1%)

Not at Goal (≥ 20.2%)



HEALTH CARE SERVICES DASHBOARD

Institution: Statewide | Date Range: Nov 2024 - Oct 2025 | Measures: Care Management (Domain) + High Risk Patients (SubDomain) + ED/Hospital Returns Within 30 days (...

12 MONTH TREND: Statewide from Nov 2024 - Oct 2025

Measures	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Care Management												
High Risk Patients												
ED/Hospital Returns Within 30 days	22.5%	25.5%	23.4%	23.9%	25.1%	24.2%	22.7%	25.1%	23.2%	22.9%	23.1%	22.3%

12 MONTH TREND: California State Prison, Centinela (CEN) from Nov 2024 - Oct 2025

Measures	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Care Management												
High Risk Patients												
ED/Hospital Returns Within 30 days	11.1%	8.2%	15.1%	15.8%	17.5%	13.2%	15.7%	17.9%	12.2%	8.6%	17.8%	7.4%

12 MONTH TREND: California Institution for Women (CIW) from Nov 2024 - Oct 2025

Measures	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Care Management												
High Risk Patients												
ED/Hospital Returns Within 30 days	36.2%	26.3%	23.5%	14.6%	24.4%	20.9%	21.6%	23.1%	11.5%	25.0%	28.6%	31.4%

12 MONTH TREND: Pelican Bay State Prison (PBSP) from Nov 2024 - Oct 2025

Measures	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Care Management												
High Risk Patients												
ED/Hospital Returns Within 30 days	6.0%	24.1%	23.8%	32.6%	11.5%	22.6%	9.4%	20.6%	10.8%	20.5%	17.2%	20.0%

[1]Trend function is applied individually. Trends across multiple facilities cannot be calculated at the same time.
Source: Care Management – High Risk Patients – ED/Hospital Returns ≤ 30 Days (Performance Measure) for Statewide, California State Prison, California Institution for Women, and Pelican Bay State Prison. Accessed January 31, 2026, from https://cchcs.ca.gov/dashboard/.

TAKEAWAY MESSAGE

- Since 2006, a federal receiver has managed inmate medical care in California prisons and has implemented a number changes to improve access to and quality of care including a robust, publicly available dashboard (a receiver was also appointed to control the correctional system's mental health services in March 2025).
- As an interactive web-based tool, the CCHCS Dashboard collects and organizes information from multiple sources about how well CDCR is performing in different health care service areas. Key purposes include performance monitoring, accountability and transparency, operational improvement, and accessibility.
- Although AI-powered business intelligence platforms such as the CCHCS Dashboard offer considerable potential for improving quality of care and operational efficiency, implementing and maintaining these systems can be resource intensive.