



MEMORANDUM

DATE	July 10, 2020
TO	Veterinary Medical Board
FROM	Patty Rodriguez, Inspection Program Manager
SUBJECT	14 F. Hospital Inspection Program Report

Staff Update

On May 27, 2020, the last vacancy in the Veterinary Medical Board’s (Board) Inspection Program was filled by Lisa Chan. Ms. Chan is a licensed Pharmacy Technician; she is knowledgeable with the Department of Justice’s CURES program as she worked with a national retail pharmacy for nearly five years. We are excited to have her join the team.

Due to the ongoing concerns with COVID-19, the team continues to deal with the pandemic’s impacts; this includes our Inspectors. Staff continues to work from home to minimize exposure to others, rarely going to the office unless a physical file is needed or medical records must be scanned. While we have had a staff member focus on a scanning project that must be done at the office, all efforts are made to maintain appropriate social distancing even with minimal staff in the office. Staff strives to perform their duties as efficiently as possible and have proven to be resourceful as new challenges present themselves under these unusual circumstances. The daily video calls have been instrumental in collaborating on program issues, resolving challenges that arise, providing training to new staff, and retaining personal connections. Inspectors are also adjusting the way inspections are conducted as veterinary facilities modify business practices in light of the pandemic and public health guidelines. Inspectors have been instructed to wear a face mask and gloves when conducting inspections and to only conduct inspections if they are symptom-free.

Inspections

Staff has shifted its focus to compliance document review of complaint-related inspections, as well as probation-related inspections. These reviews are much more complex and laborious than the routine inspection reports. The focus remains on facilities that fall short of the minimum standards and taking appropriate action.

The transition to cloud technology for submission of inspection corrections is ongoing; the team continually works on improving this process. Staff is also working on improving utilization of BreEZe to maintain consistent and updated premises and inspection data. We are currently partnering with the Department of Consumer Affairs (DCA), Organizational Improvement Office in a process mapping workshop for the premises and inspection procedures to identify gaps and create process improvements.

Outreach efforts with local veterinary associations continue via video calls. We continue to promote the Hospital Standards Self-Evaluation Checklist at every opportunity, encouraging Managing Licensees and practice managers to conduct mock inspections at their facilities.

Due to COVID-19 and in an effort to reduce costs, this year's annual Inspector training will be a one-day WebEx meeting next month.

In order to retain talented and competent inspectors in the future, the Board should consider a possible increase in reimbursement rates and providing inspectors with tools and technology to efficiently conduct inspections.

Routine Inspections

Updated statistical reporting reveals a detailed representation of the inspection workload and cycle times. Previous statistics reflected the number of inspections performed but failed to show the whole story. Performing the inspection is merely the beginning of an extensive process, currently averaging 490 days, in which Board staff assists Managing Licensees and their staff in attaining minimum standards within their facilities. This includes a great deal of communication, verbal and written, with the facility. This also involves consulting with our In-House Inspection Consultant, who spends hours reviewing medical records.

The statistics show a significant decrease in routine inspections performed this year (134) in comparison to last year (423). With staff focusing on compliance review, which was significantly backlogged, much improvement has been made in this area. At this time last year, staff was reviewing compliance documents from November 2017, nearly an 18-month backlog. Currently, there is a three-month backlog on reviewing routine inspection reports; nevertheless, a backlog persists, despite a 66% drop in the routine inspection workload. Presently, 94 routine inspections remain pending.

Complaint/Probation Inspections

While routine inspections have decreased, complaint and probation inspections have nearly doubled from 36 last year to 70 this year. Staff has also focused on reviewing complaint and probation compliance review. As previously mentioned, these reviews are complex and even more time-consuming when compared to routine inspection reports. Until this past December, these inspections were only being reviewed by myself, and I was falling behind on the reviews, as well. Now, all three analysts are assisting with these reviews; yet, the average cycle time is nearly 18 months. Currently, there are 68 pending complaint-related inspections, and with the Enforcement team leaning more on Inspections, these numbers will increase.

The inspection analysts are also starting to process complaint-related cases, as opposed to submitting the case back to the Enforcement analyst for further processing. These duties include preparing cases not only for citations but also for transmittal to the Attorney General's Office when disciplinary action is warranted. This new process requires extensive training and is expected to affect processing times in the coming fiscal year.

Probation inspections are a crucial tool in monitoring individuals who have harmed animal patients. These inspections have revealed several non-compliance issues that have been reported to the Board's probation monitor. There are 26 probation inspections pending at this time, and the current cycle time is six months.

Inadequate Staffing

The updated data reveals the three positions added to the Inspection program at the beginning of the fiscal year are inadequate. We will continue to collect additional data to substantiate a future Budget Change Proposal for additional staff needed to meet the Board's inspection mandate.

Citations

Although no citations have been issued for veterinary premises violations, the focus will be on taking appropriate action as efficiently as possible when premises fall short of the minimum standards.

Inspection Statistics

FY 2019-2020

		Q1			Q2			Q3			Q4			Total
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
Routine	Assigned	1	84	26	1	0	0	0	13	14	1	1	3	144
	Performed	1	52	58	1	0	0	0	1	19	0	2	0	134
	Closed*	3	6	50	30	38	51	63	34	37	13	10	3	338
	Pending**	286	364	340	311	273	222	159	138	115	103	94	94	94
	Avg. Cycle Time***	1340	287	682	468	252	413	628	470	332	331	827	166	490
	Compliance Rate	0%	17%	10%	20%	33%	12%	14%	6%	32%	27%	0%	0%	14%
	Document Review	Nov-17	Nov-17	Aug-18	Oct-18	Dec-18	Aug-19	Aug-19	Aug-19	Sep-19	Mar-20	Mar-20	Apr-20	
Complaint Related	Requested							2	1	0	1	4	5	13
	Assigned	1	0	3	8	7	27	2	1	2	0	3	5	59
	Performed	1	0	2	8	8	15	9	1	2	1	3	2	52
	Closed*	0	0	1	0	0	0	3	3	5	1	4	2	19
	Pending**	29	29	31	39	46	73	72	70	67	66	65	68	68
	Compliance Rate			0				0	0	0	0	0	0	0
	Avg. Cycle Time***			1162				400	224	695	602	450	708	524
Probation Related	Requested							1	19	0	0	0	0	20
	Assigned	0	0	0	0	0	1	1	8	8	0	5	4	27
	Performed	0	0	0	0	0	1	1	2	4	1	6	3	18
	Closed*	0	0	0	0	0	0	0	1	2	1	0	0	4
	Pending**	2	2	2	2	2	3	4	11	17	16	22	26	26
	Compliance Rate								0	0	100%			25%
	Avg. Cycle Time***								43	334	30			185
Citations	Issued													
	Fines Ordered													
	Fines Collected													
	Fines Outstanding													

- *“Closed” means all corrections have been addressed (or citation issued), and the inspection record is closed.
- **“Pending” means any assigned inspections that have not been closed
- ***“Cycle Time” means the average number of days from assignment to closure

Fiscal Year 2019/2020 Inspection Program Accomplishments

Increased Licensee Knowledge and Compliance (Strategic Plan Objectives 6.1)

In an effort to educate Managing Licensees and practice managers on the minimum standards, staff continues to promote the Veterinary Premises Self-Evaluation Checklist at every opportunity. At inspection, the Checklist is provided to the Managing Licensee or practice manager. Hardcopies are also provided to attendees at association chapter meetings. Further, after a new veterinary premises registration is issued, a link to the Checklist, which includes the minimum standards regulations, is provided.

Maximize BreEZe Utilization (Strategic Plan Objective 6.5)

Staff has been working diligently to understand the importance of BreEZe and how it affects statistical reporting. Significant efforts in the area of data cleanup have been made. Staff has identified gaps in the premises and inspection modules and is working with DCA’s Office of Information Services (OIS) to develop process improvements in those areas.

Probation Inspections

Earlier this year, Board staff began focusing on probation inspections. Nearly all probationers have been inspected; these inspections have revealed several non-compliance issues that have been report to the Board’s probation monitor for appropriate action.

Paperless Inspections

At the beginning of the fiscal year, the Board began utilizing cloud technology not only for electronic submission of Inspector reports and photographs but also submission of compliance documentation by the facilities. In February, the Board completely converted to paperless submissions for complaint and probation related inspections. As there have been challenges, particularly with the collection of electronic medical records, staff continues to work with the document scanning provider to improve the quality of records. Additionally, the Post-Inspection Survey is paperless, as well.

FY 2020/2021 Goals:

- Increase number of inspections to comply with statutory mandate. (Strategic Plan Objective 6.2)
- Collaborate with professional organizations to circulate Self-Evaluation Checklist to all veterinary premises; this may include providing links to the Checklist on their websites. (Strategic Plan Objective 6.3)
- Design minimum standard attestation for new premises. (Strategic Plan Objective 6.4)
- Retain experienced and dedicated inspectors by equipping them with tools and technology. (Strategic Plan Objectives 6.6 and 6.8)
- Utilize Cite and Fine authority to address minimum standards violations. (Strategic Plan Objective 6.7)
- Develop additional educational tools to further educate Managing Licensees and their staff. (Strategic Plan 6.9)
- Continue to evaluate the Post-Inspection Survey to improve feedback. (Strategic Plan Objective 6.10)
- Train inspection analysts as they begin to review and prepare cases for disciplinary action.