



MEMORANDUM

DATE	July 9, 2021
TO	Veterinary Medical Board (Board)
FROM	Patty Rodriguez, Inspection Program Manager
SUBJECT	Inspection Program Report

Staff Update

On May 5, 2021, inspection analyst, Joclynn July, resigned from State service to pursue starting an African safari tour company designed to impact local communities and their ecosystems. We thank Ms. July for all her work with the Board and wish her the best in this exciting new endeavor. Staff worked with the Office of Human Resources (OHR) to fill this vacancy, which was recently filled by Ashley Sanchez. Ms. Sanchez was hired as the program’s Office Technician just over one year ago and has proven to be an extremely capable staff member with an exceptional work ethic and unique background in veterinary care as a Registered Veterinary Technician.

Given the current complexity and volume of the Inspection Unit’s workload, the decision was made to reclassify the now vacant Office Technician position to the Staff Services Analyst classification. The reclassification request was recently approved by OHR, and a tentative offer has been made. It is anticipated that the new analyst could begin with the Board this month. This will increase the number of analysts in Inspections from three to four and will greatly benefit Inspections as we continue to work on improving efficiencies and reducing the significant backlog the Unit faces.

As mentioned in Executive Management Reports, the MDC will consider the return of Inspections to the Enforcement Unit at their July 21, 2021 meeting. The managers met and discussed this possibility with the Inspection Subcommittee in June. Given the fact that Inspections was originally a part of the Enforcement Unit until a few years ago and considering the obstacles both units have been facing, it seems rational to reintegrate Inspections back to Enforcement. This will eliminate confusion in tracking cases and responsibility, as well as reduce the number of staff involved in cases. More importantly, this transition will bolster the Board’s ability to efficiently meets its consumer protection mandate.

Inspection staff has transitioned to a hybrid telework schedule and are coming into the office several times a week; clerical support staff is back in the office full time. As needed, staff continues to maintain regular ongoing contact via MS Teams to discuss program issues and process modifications. Training on enforcement case reviews and preparation for administrative and disciplinary action is ongoing.

Strategic Plan Accomplishments for FY 20/21

Promoting the Veterinary Premises Self-Evaluation Checklist (Strategic Plan Objective 6.1)

The Hospital Standards Self-Evaluation Checklist is being promoted through the Board's social media accounts. The Checklist will be posted on these accounts on a quarterly basis. Staff is in contact with the curriculum directors of the veterinary schools and will be working with them to provide the Checklist to fourth-year students. Staff is also in the process of reaching out to local veterinary medical association chapters and linking the Checklist to those chapters with websites.

Evaluate Inspection Mandate (Strategic Plan Objective 6.2)

Staff conducted meetings with other Department of Consumer Affairs (DCA) Board and Bureau Inspection programs to gather information to begin creating best practices. Staff will continue gathering data and holding meetings regarding this objective. Meetings with the Inspection Subcommittee are ongoing. Staff is working to finalize a report of previous fiscal years to ascertain how close the Board has come to the 20% inspection mandate.

Inspection Process Analysis (Strategic Plan Objective 6.3)

The use of Box, a single, secure, user-friendly platform created for storing files has been fully implemented. All inspection documents used by the inspectors and facilities are stored on Box. Box's granular access control capabilities allow staff to limit access to documents, which is critical in the inspection process. As collaboration continues with other DCA Boards and Bureaus, staff recently gave a Box demonstration to inspection staff from the Dental Board of California, State Board of Barbering and Cosmetology, and California State Board of Pharmacy.

The DCA Organizational Improvement Office recently completed mapping the premises inspection process, as well as the enforcement component of inspection cases. Gaps have been identified in the process; staff continues discussions regarding process improvements, particularly in the development of improved monitoring methods. Staff spent a significant amount of time analyzing BreEZe's enforcement module and continues to work closely with the BreEZe Reports Team. Inspection Unit staff will begin attending the Enforcement Users Group meetings to gain additional knowledge of the BreEZe enforcement module as soon as these meetings resume, which were suspended due to last year's COVID-19 restrictions.

Retain Proficient Inspectors (Strategic Plan Objective 6.5)

In an effort to maintain consistent information content to veterinary facilities, staff has been providing feedback to inspectors as appropriate. The recruitment process remains challenging as budget constraints limit the Board's ability to provide competitive compensation to inspectors. Veterinary facilities have seen a dramatic rise in pet care and pet ownership as a result of the COVID-19 pandemic. This has resulted in many of our inspectors having less time to conduct Board inspections. In the last 18 months, the number of Board inspectors has fallen 50% from 16 inspectors in January 2020, to just 8 inspectors currently. Staff is working to recruit inspectors in the needed geographical areas, including reaching out to the local veterinary association chapters of those geographical areas.

Improve Inspection Effectiveness (Strategic Plan Objective 6.6)

Staff has reviewed the inspection content on the Board website, which appears adequate. Board Counsel revised the inspection report templates, which are being reviewed by Board staff. As previously mentioned, staff continues to collaborate with other inspection programs to identify best practices. Staff is considering having

inspectors prepare detailed narrative reports on all inspections; currently, narrative reports are only required on complaint and probation related inspections. As this will result in an increase in expenditures, it is still being studied.

Routine/Complaint/Probation Inspections

The fiscal year's statistical reporting show minimal routine inspections performed this year (10) compared to last year (134). As staff continued to focus on compliance review, namely for complaint and probation inspections, there remains a backlog in routine inspections awaiting further action. Approximately, half of the pending routine inspections are at a standstill, as there is no inspector available to conduct the inspection.

As a result of a recent shift of licensing duties, the Office Technicians have been able to focus on routine inspections, preparing the inspections for further action by Board analysts. Currently, there is a four-month backlog in reviewing routine inspection reports; the backlog persists despite another significant drop in the routine inspection workload. However, should the Inspections Unit transition back to Enforcement, routine inspections may gradually resume with the technician reviewing and completing the inspection or transferring it to an analyst for further enforcement action. They will also provide administrative support in preparing complaint and probation inspection cases needing further action. Presently, 51 routine inspections remain pending.

Complaint and probation inspections have decreased from 70 last year to 39 this year. As mentioned in previous reports, these reviews are complex and significantly more time-consuming when compared to routine inspection reports. Staff remains focused on reviewing complaint-related inspections, reviewing those cases with the oldest inspection dates first.

As staff began reviewing and processing multiple complex complaint-related cases, as opposed to submitting the case back to the Enforcement analyst for further processing, the processing times increased this past fiscal year, as expected. These duties include preparing cases for transmittal to the Office of the Attorney General that requires extensive training. Staff is also focusing on conducting follow-up inspections for aging complaint cases with outstanding compliance issues as requested by the Enforcement staff.

Despite efforts to adhere to response times in a timely manner, Inspections staff have been unable to meet this goal. The average cycle time has decreased from nearly 18 months last year, to just over 12 months. Currently, there are 51 pending complaint-related inspections. Response and processing times may continue to rise 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 27 probation inspections pending at this time, and the current cycle time is just under a year.

Inspection Statistics

FY 2020-2021

		Q1			Q2			Q3			Q4			Total
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
Routine	Assigned	0	0	0	0	0	0	0	0	1	0	0	0	1
	Performed	3	0	0	0	0	1	0	0	3	2	0	1	10
	Closed*	0	5	3	0	3	1	2	4	2	1	0	1	22
	Pending**	72	67	64	64	61	60	58	54	53	52	52	51	51
	Avg. Cycle Time***	N/A	1,417	878	N/A	836	482	220	423	1,086	587	N/A	94	804
	Compliance Rate	N/A	0%	0%	N/A	0%	100%	50%	25%	0%	0%	N/A	0	19%
	Document Review	Apr-20	Apr-20	Apr-20	Apr-20	Apr-20	Apr-20	Apr-20	Apr-20	Jul-20	Jul-20	Jul-20	Mar-21	Mar-21
Complaint Related	Requested	2	0	1	2	0	0	2	3	5	2	2	4	23
	Assigned	2	1	0	0	0	6	1	1	2	0	0	1	14
	Performed	4	1	2	0	1	1	3	2	4	1	2	3	24
	Closed*	0	7	1	10	2	1	1	7	1	1	1	1	33
	Pending**	72	66	65	55	53	58	58	52	53	52	51	51	51
	Compliance Rate	N/A	0%	0%	0%	0%	100%	0%	0%	0%	0	0	0	9%
	Avg. Cycle Time***	N/A	418	668	315	327	394	446	464	387	505	321	547	401
Probation Related	Requested	5	0	0	0	0	0	3	0	0	0	0	0	8
	Assigned	5	0	2	0	0	0	3	0	0	0	1	0	11
	Performed	4	3	4	0	0	0	1	2	0	1	0	0	15
	Closed*	0	0	0	0	0	0	0	3	0	2	0	3	8
	Pending**	29	29	31	31	31	31	34	31	31	29	30	27	27
	Compliance Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	N/A	33%	44%
	Avg. Cycle Time***	N/A	N/A	N/A	N/A	N/A	N/A	N/A	348	N/A	252	N/A	408	346
Citations	Issued													0
	Fines Ordered													0
	Fines Collected													0
	Fines Outstanding													0
AG	Transmitted											5	1	6
	Filed													0
	Hearings Scheduled													0

*Closed means all corrections have been addressed, 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