RECIEVER'S STRATEGIC PLAN

ACTION 1.3.1 EMERGENCY RESPONSE

- WILL THERE BE GUIDELINES TO WHAT A MEDICAL EMERGENCY IS?
- OVER THIS PAST WEEKEND I WORKED THE EMR POST. I WAS CALLED TO RESPOND TO THE MAIN YARD FOR A PT/IM THAT USED THE BATHROOM IN HER PANTS.

- ASSISTANCE OF THE CUSTODY STAFF IS NECESSARY TO OPEN ALL GATES WHEN THE EMERGENCY RESPONSE VEHICLE IS ENROUTE TO THE CALL.
  - RESPONSE TIME IS GREATLY LENGTHENED WHEN WE HAVE TO GET IN AND OUT OF THE VEHICLE SEVERAL TIMES TO OPEN AND CLOSE GATES.

ACTION 1.3.2 DEVELOP CERTIFICATION STANDARDS

- ALL MEDICAL PERSONELL ARE REQUIRED TO HAVE VALID BASIC LIFE SUPPORT TO KEEP Licensure CURRENT.

ACTION 1.3.3 INVENTORY EMR

- TO ENSURE ALL STAFF ARE ADEQUETLY TRAINED AND RETRAINED ANNUALLY TO KEEP UP SKILLS AND LEARN NEW POLICY AND PROCEDURES.

ACTION 1.4.1 ESTABLISH PROCESS, HEALTHCARE ACCESS

- IF A PT/IM CONSISTENTLY REFUSES HER HEALTHCARE APPOINTMENTS WILL THERE BE A MORE EFFECTIVE METHOD OF DOCUMENTATION THAN WE CURRENTLY HAVE.
- PT/IM HAVE THE RESPONSIBILITY TO BE A PART OF THEIR HEALTH CARE WE SHOULD NOT HAVE TO BADGER THEM INTO IT.

ACTION 1.4.2 DEVELOPE HEALTHCARE ACCESS PROCESSES

- IT SHOULD BE CONSIDERED THAT AN OFFICER WITH A NURSING BACKGROUND BE CONSIDERED FOR THE PLATA POSITIONS.
- THIS COULD ENSURE HEALTHCARE CONFIDENTIALLITY. AS WELL THE COUNSELING AND THE REFUSAL COULD BE SIGNED ON THE FACILITY YARD AFTER COUNSELING THE IMPORTANCE OF HEALTHCARE IS EXPLAINED TO PT/IM.
• Acute care facility at each institution could be fully function with proper staff with 24 hour MD coverage on site.
• Possibly a residency medical program be utilized for this aspect.

**Action 2.2.1 Drug Formulary**

• Has there been any concern on the impact the change in the formulary has on the clinic nursing staff.
• Will narcotics be kept separate or a better system of accountability be placed on facility Medlines.
• Will there be in-services on medications added to the formulary over time for the nursing staff.
• Is there a system in place to assure the primary care physician diagnos the ailment vs continue to prescribe narcotics?

**Action 2.2.1 Standardized CDCR Formulary**

• Were the three female institutions taken into consideration?
• Specifically the high risk GYN CCP clinics.

**Action 2.2.2 Pharmacy Policies and Practices**

• Will the training include all medical personel?
• Does each individual institution have a nursing liasion to work with staff on medication management processes?

**Action 3.3.1 Recruit Nurses**

• Specifically the LVN classification. Hiring the LVN at various rates has brought most of the staff at the maximum in the range.
• Basically the salary range was front loaded to increase interest in the positions. It may work for the time being but I don’t forsee any longevity if the salary does not get reviewed and changed.
• Did this agreement take into consideration the nurses who had actual CDCR experience? Was there
ANY CONSIDERATION FOR THAT SALARY TO BE ABOVE THE NEWEST INCOMING LVN STAFF?

**ACTION 3.1.2 PHYSICIANS POSITIONS**

- AT CCWF THERE ARE NURSE PRACTITIONERS ON CALL FOR THE TRIAGE TREATMENT AREA. AT NIGHT AND ON WEEKENDS AND HOLIDAYS. THIS IS NOT A COMMUNITY STANDARD. I WOULD IMAGINE IT TAKES PLACE AT OTHER INSTITUTIONS.

**ACTION 3.2.1 PROFESSIONAL TRAINING PROGRAMS**

- THERE IS NO EFFECTIVE TRAINING TO THE CLINICS FOR THE LVN. THEY ARE PLACED IN A POST. THEY OBSERVE AND TRY AND VERY QUICKLY ON THEIR OWN.
- I BELIEVE ALL INCOMING NURSING STAFF SHOULD BE ROTATED THROUGH ALL POSSIBLE POSITIONS THEY MAY BE MANDATED IN. THIS WILL GIVE A BASE KNOWLEDGE AS WELL AS AN APPRECIATION FOR THE POSITIONS

**ACTION 3.5.1 INMATE APPEALS**

- THE PT/IM USE THE APPEALS PROCESS AS A THREAT TO MEDICAL PROFESSIONALS. IT IS THEIR OPINION THAT YOU WILL BUCKLE UNDER PRESSURE AT THE MENTION OF 602
- WILL THERE BE ANY REGULATIONS TO HELP CURB THIS BEHAVIOR?

**ACTION 4.1.1 MEDICAL REPOSITORY**

- IT IS IMPORTANT THAT A PROCESS BE IMPLEMENTED IN R&R OR DURING THE FIRST HEALTHCARE PHYSICAL FOR RECORDS THAT MAY INVOLVE SURGERY, HX OF CANCER OR ANY OTHER RELEVANT MEDICAL INFORMATION THAT IS NOT CURRENTLY ON HAND.
- FOR INSTANCE THIS BECOMES IMPORTANT WHEN THE PT/IM ARRIVES AT THE GYN CLINIC BASED ON A CONSULTATION THAT REFERENCES UTERINE CA. THIS INFORMATION BECOMES CRUCIAL TO THE CONTINUITY OF CARE OF THE PT/IM.