

## **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 LEGTHENED 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 DEVOLOPE HEALTHCARE ACCESS PROCESSES**

- IT SHOULD BE CONSIDERED THAT AN OFFICER WITH A NURSING BACKGROUND BE CONSIDERED FOR THE PLATA POSITIONS.
- THIS COULD ENSURE HEALTHCARE CONFIDENTIALLLITY. 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 FULLLY 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 INSTITUIONS 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 AVARIOUS RATES HAS BROUGHT MOST OF THE STAFF AT THE MAXIMUM IN THE RANGE.
- BASICALLY THE SALRARY 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.