

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 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 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.