

**CALIFORNIA  
PRISON HEALTH CARE  
RECEIVERSHIP CORP.**

J. Clark Kelso  
Receiver

April 24, 2008

Nancy Lyerla  
Rionna Jones  
Chairpersons, Unit 17 and 20 Negotiating Councils  
Service Employees International Union  
1808 14<sup>th</sup> Street  
Sacramento, CA 95811

Dear Ms. Lyerla and Jones:

Thank you for taking the time to provide comments regarding my Draft Strategic Plan dated March 11, 2008. I found your comments helpful and enlightening.

**EFFECTIVE COMMUNICATION**

You are absolutely correct that most – if not all – of the objectives set forth in my Draft Strategic Plan rely on effective communications. Publishing the draft plan; soliciting public comment; and, providing feedback to each person or organization remarking about the plan is the first step. After the plan is finalized I envision effective communication being a fundamental element inherent within each action item. Depending on the action item, the type of communication will vary, as will those involved.

**OBJECTIVE 1.4 - ACCESS TO CARE**

I agree with your observation about the importance of inmates accessing medical care, and the important role custody staff has in that regard. As I said in the draft plan, ensuring access to care requires more than just hiring additional staff. However, as you point out, access to care requires the presence of custody – not just during transporting – but in locations enabling the safe (and therefore effective) delivery of care. I also agree that educating custody staff regarding inmates' rights to constitutionally-adequate care must occur, and I believe this kind of education and the associated expectations go well beyond the Health Care Access Units discussed in my draft plan.

**OBJECTIVE 2.2 - PHARMACY PROGRAM**

Maxor National Pharmacy Services Corporation has been engaged to assist in establishing a comprehensive and modern pharmacy program. My expectation is that as Maxor undertakes initiatives to improve pharmacy policies and practices they consider ongoing input from staff which work in, and interface with the pharmacies because as noted in the Draft Strategic Plan, pharmacists and pharmacies do not work in isolation so the plan recognizes the byplay which must occur with nursing. That is why the plan calls for nursing leadership involvement regarding medication management processes.

My expectation is that the nursing leadership be completely informed and that will undoubtedly require them to be fully acquainted with what you refer to as "frontline" staff considerations.

**OBJECTIVE 3.1 – RECRUIT PHYSICIANS AND NURSES TO FILL NINETY PERCENT OF ESTABLISHED POSITIONS**

Your comments regarding this objective all generally center on SEIU concerns about the use of registry personnel.

The State defaulted to the use of registry personnel because all too often it was left with this choice or not providing care at all. Objective 3.1 is aimed at minimizing the use of registries which will consequently improve the continuity of care and ease concerns brought about by the use of registries.

**OBJECTIVE 3.3 – MEDICAL PEER REVIEW AND DISCIPLINE PROCESS**

I disagree with your belief that establishing a peer review process will likely cause greater damage to an already dysfunctional system. In fact, I believe making the system functional is – in part – dependent on medical professionals evaluating the quality of care provided by their peers through processes fairly conducted and designed to promote candor and honesty.

The Receiver's Office has been working extensively with the Union of American Physicians and Dentists on a peer review process that I anticipate establishing on a statewide basis for physicians by July 1, 2008.

Sincerely,



J. Clark Kelso  
Receiver