

San Quentin Pilot Project Initiative Appendices

San Quentin Pilot Project Initiative Appendix 1 – San Quentin Project Matrix

APPENDIX 1

SAN QUENTIN PROJECT
July 5, 2006 - November 2, 2006

1	Proof of Practice Received	RECEPTION STANDARDS AND COMPLIANCE Team Oversight: J. Russell	Start Date	Completion Date
		Design a Receiving & Release area that complies with Plata standards.	7/5/2006	10/3/2006 8/21/2007
1.1	*	Gather and analyze data regarding 'through put' of patients being evaluated and/or treated at the reception center.	7/5/2006	8/10/2006 8/18/2006
1.2	*	Evaluate the following current areas: Assessment, intake, triage and referral processes Space (clinical and support) Medical records Privacy	7/5/2006	8/10/2006 8/18/2006
1.3	*	Implement a medical confidentiality agreement for all correctional officers	8/1/2006	8/17/2006
1.4		Implement a process regarding transfer lists	8/1/2006	TBD 10/26/2006 4/27/07
1.4.1		Establish a 12 p.m. noon deadline for finalizing and distributing the transfer lists to Health Records, Pharmacy, Transfer Nurse, and R&R Nurse.	8/1/2006	8/2/2006 8/18/2006
1.4.2		Distribute a notice immediately that ensures transfer lists and parole lists are finalized by 12p.m. noon the day before the transfer and are distributed immediately	7/19/2006	8/4/2006 8/18/2006
1.4.3		Conduct a QIT to address the R&R transfer process (tasks 1.4.1 and 1.4.2 are accomplished but did not solve the larger transfer list problem)	9/21/2006 10/2006	10/26/2006 ongoing
1.5		Design a new R&R model which includes appropriate space for administrative support; provides proximity/access to all ancillary services; and ensures the model includes privacy based upon security/custody level.	12/1/2006	8/21/2007
1.5.1		Implement an interim R&R checklist based on current process	8/1/2006	8/4/2006
1.5.2		Establish policies and procedures regarding R&R processes (including a policy regarding when, how and whom will distribute medications in the R&R including when it is appropriate for a c.o. to give meds and a policy regarding transfer lists and distribution timeframes)	3/7/2007	8/21/2007
1.5.3		Implement a check list, according to the new R&R model, that requires completion prior to any inmate leaving the R&R	3/7/2007	8/21/2007
1.5.4		Train staff and implement tracking logs to monitor intake flow, evaluate the process for quality of care and service	1/25/2007	8/21/2007
1.5.5		Train staff and implement an Access database to provide multidisciplinary screening information to avoid process duplications.	1/25/2007	10/1/2007
1.6		Address daily intake cap	1/25/2007	7/30/2007
1.7		Metrics	9/15/2006	TBD

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2	Proof of Practice Received	OUTPATIENT HOUSING UNIT Team Oversight: Dr. Hill	Start Date	Completion Date
		Ensure appropriate levels of quality care based on determined treatment criteria.	7/5/2006	10/31/2006 11/2/2006
2.1	*	Evaluate Outpatient Housing Unit (OHU) by reviewing the following: Purpose statement and clarification of clinical criteria for care in OHU Policies (e.g., timely transfer of patients to outside hospitals or other prisons) Staffing Equipment and supplies Admission, discharge and treatment criteria with quality and utilization oversight	7/5/2006	8/3/2006
2.2	*	Define the OHU program	7/21/2006	8/18/2006
2.2.1	*	Determine clinical criteria for admission and discharge; who is authorized to admit and discharge; treatment criteria; criteria for transfer of patients to an outside hospital; quality and utilization oversight, etc.	7/19/2006	8/18/2006
2.2.2	*	Determine what clinical responsibilities are required for various levels of care (i.e. are vitals for all OHU patients each shift necessary?)	7/19/2006	8/18/2006
2.2.3	*	Revise the current OHU operating procedure to include the clinical criteria, admit/discharge criteria, treatment criteria and related processes, etc. OR develop a new OHU policy and procedure	7/19/2006	8/18/2006
2.2.4		Implement revised policies and procedures	8/18/2006	8/18/2006
2.2.5		Monitor compliance with the policies and procedures	1/25/2007	ongoing
2.3	*	Evaluate current and anticipated staffing levels and compose a staffing plan that includes nursing posts (24/7)	7/19/2006	8/18/2006
2.4		Evaluate and determine necessary space for administrative staff and equipment	7/27/2006	8/18/2006
2.5	*	Determine necessary equipment and supplies for the OHU (including a call system)	8/2/2006	8/18/2006
2.5.1	*	Order new cell doors for the 2nd floor	7/27/2006	7/27/2006
2.5.2		Coordinate with A. Laird to ensure ongoing availability of all needed equipment and supplies	8/2/2006	8/18/2006 and ongoing
2.6		Improve availability and administration of medication in the OHU	8/2/2006	8/16/2006 8/23/2006
2.6.1	*	Evaluate availability and administration of medication in the OHU	8/2/2006	8/16/2006 8/18/2006
2.6.2	n/a	Consider implementing a PYXIS unit in the OHU	8/2/2006	8/16/2006 8/18/2006
2.7		Coordinate with Jeff Metzner and Michael Keating regarding OHU issues	7/5/2006	ongoing
2.8		Metrics (data on adverse patient incidents)	9/15/2006	TBD

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3	Proof of Practice Received	MEDICAL SUPPLIES	Start Date	Completion Date
		Team Oversight: L. Buzzini		
		Ensure the adequate, appropriate, timely ordering, inventory, storage, and receipt of supplies by all clinical areas and a standard compliment of equipment by function and provider-type.	7/5/2006	10/3/2006- 12/12/2006
3.1	*	Evaluate ordering, taking into consideration the following: Internal and external procurement processes Standardization and exception for procurement processes Determine what role, if any, the warden should have in health care procurement processes and decisions	7/5/2006	8/18/2006
3.2	*	Evaluate the following with respect to supplies: Delivery to San Quentin Warehousing Delivery to clinical sites Security Inventory Control systems Accounting and timely payment of invoices Clinical site storage Standard compliment of supplies by function and provider-type	7/5/2006	8/18/2006
3.3	n/a	Identify source of PIA requirements and determine what is necessary for a waiver for SQ to utilize SQ's PIA services	7/19/2006	8/18/2006
3.4	*	Implement a streamlined ordering and approval policy and procedure for supplies and equipment (i.e. from originator to CMO for approval; P.O. to procurement officer and Budget Analyst; P.O. to vendor, etc.)	7/27/2006	8/10/2006- 8/24/2006
3.4.1	n/a	Set up a QIT to evaluate the ordering and approval process and to develop a standard process	8/2/2006	8/10/2006- ongoing
3.4.1.1	n/a	Implement a temporary 90-day process (HCM approval, 24-hour turn-around on Form 5s, no veto in procurement office)	7/27/2006	7/27/2006
3.4.1.2	*	Develop a flowchart of new request and purchase order process resulting in routine procurement requests being processed in 2-3 days	8/2/2006	8/10/2006- 8/25/2006
3.4.1.3	*	Provide a flowchart illustrating a new "service and expense" process resulting in routine requests being processed in 2-3 days	8/2/2006	8/10/2006- 8/25/2006
3.4.1.4	*	Review and identify statutes, rules, regulations and policies that require change in order to implement most efficient and timely procurement of supplies, equipment, and staff	8/10/2006	8/18/2006
3.4.1.5	*	Obtain secondary access to DGS procurement program so healthcare can prepare its own routine purchase orders	8/10/2006	8/18/2006
3.4.1.6	n/a	Determine what percentage of procurement exceeds SQ's delegated authority, why its not all delegated, and whether delegation is possible	8/10/2006	8/25/2006
3.4.1.7	*	Order another 'drop' for supply room computer	8/17/2006	8/24/2006
3.5		Construct a medical supply and equipment warehouse and improve warehousing processes	7/19/2006	9/15/2007- 12/2007
3.5.1		Form a QIT (determine the size necessary for a warehouse, define inventory of supplies and equipment, do we need refrigeration?, who will have access?)	10/18/2006	12/12/2006- 3/30/2007- 5/30/2007
3.5.1.1		Determine a site for a temporary medical supply warehouse (UPS warehouse)	8/3/2006	8/3/2006- 8/31/2007
3.5.1.2		Move all supplies to temporary space, inventory all supplies, and enter data into the Slamm system	8/3/2006	8/31/2007
3.5.1.3		Ensure outside vendors, UPS, and FedEx are aware of new delivery site for medical supplies	8/3/2006	2/15/2008
3.5.2		Establish usage patterns and reorder points for needed supplies	8/18/2006	2/15/2008
3.5.3		Establish a distribution system for centrally located supplies	8/18/2006	8/30/2007
3.5.4		Establish an inventorying, ordering, and delivery system for supplies stored in each clinic location.	8/18/2006	2/15/2008

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3.5.5		Hire a M&SSI to receive all medical and stationary supplies, maintain warehouse storage area and assist with supply orders and deliveries	7/19/2006	10/3/2006
3.5.6		Adjust and amend the SLAMM (State Logistics and Materials Management) system to monitor and control the inventory of equipment and supplies	8/18/2006	12/15/2007
3.5.6.1		Set up a revised office and forms supply catalog	Pending SLAMM implementation	1/15/2008
3.5.7	*	Establish policies regarding supply and equipment processes (including a policy and logbook for after-hours access to supply areas and provisions for custody access)	8/8/2006	9/5/2006
3.5.7.1		Compose a letter regarding how and when to order supplies in the interim until the new policies are distributed	8/18/2006	1/30/2007
3.5.8		Establish medical supply room policies regarding supply room processes and functions	9/21/2006	10/26/2006
3.5.9		Determine if a van, forklift or other equipment is necessary for warehouse	9/15/2006	12/12/2006
3.6	*	Purchase 40 text pagers for clinical staff supervisors	7/27/2006	8/10/2006
3.7	*	Compose a letter to R. Kirkland (HQ Budgets) regarding SQ not subject to CDCR handbook related to procurement. R.Kirkland to contact J. Hagar if there are questions	8/17/2006	8/24/2006
3.8		Metrics	9/15/2006	TBD

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4	Proof of Practice Received	HEALTH RECORDS Team Oversight: K. Page	Start Date	Completion Date
		Ensure the availability of timely, complete and accurate medical records.	7/5/2006	10/3/2006 11/2/2006
4.1	*	Evaluate medical records operations and processes, including the following: Space and location Personnel (numbers and minimum qualifications) Equipment (e.g., facsimile, scanner) Storage, delivery (including availability), return and retention of records Coding Transfer of patients to other facilities and parole Shredding of county jail medical information Organization and content of medical records	7/5/2006	7/19/2006
4.2		Provide a refresher/retrain regarding Plata P&Ps related to medical records	8/1/2006	8/31/2006
4.2.1		Revise the P&Ps to be more user friendly, to eliminate redundant information, and to add additional info.	8/31/2006	2/4/5/2008
4.3		Improve supervision and staffing in Medical Records	7/19/2006	8/18/2006
4.3.1		Obtain new position for a Medical Records Director	8/10/2006	8/18/2006
4.3.2		Secure SPB approval to use existing Medical Records Director class beginning immediately	8/10/2006	8/18/2006
4.3.3		Secure revision to Medical Records Director class specification	8/18/2006	9/5/2006
4.3.4		Secure an additional HRT III position (new Medical Records Director to select IIIs)	7/27/2006	7/28/2006
4.3.5	*	Obtain an out-of-class for S. Van Hook (HRT III)	8/1/2006	8/2/2006
4.3.6	*	Move scheduling responsibility from S. Van Hook to Jane Robinson (memo from Dr. Saylor)	8/1/2006	8/2/2006
4.4	*	Evaluate and report to Receiver's staff regarding equipment needs (i.e. medical records locator, status of stools)	7/19/2006	8/31/2006
4.5	*	Move mailboxes from Medical Records area to create secure medical records area	7/19/2006	8/4/2006
4.6	n/a	Transfer census coding/logbook from Health Records to appropriate nursing unit	8/18/2006	8/24/2006
4.7		Assess training needs of Health Records staff and develop a training plan.	2/20/2007	12/15/2007
4.8	*	Research contracting options for transcription services and report on findings	8/3/2006	8/18/2006
4.8.1		Initiate lay off of current transcriptionist	8/3/2006	8/11/2006
4.9	*	Establish daily overnight mailing of loose filing health documents left behind when an inmate transfers	8/18/2006	9/1/2006
4.10	n/a	Arrange for medical document shredding with a shredding company	8/24/2006	9/7/2006
4.11		Metrics (possible metrics could be data on the increase in delivery/retrieval of medical records to the clinic areas following addition of new staff; collection of data on information not provided in the logbooks for coding census purposes; spot audit findings regarding HR organization, errors, etc.; data on availability and delivery of HRs when an inmate transfers)	9/15/2006	1/15/2008

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5	Proof of Practice Received	SPECIALTY SERVICES Team Oversight: Dr. Hill	Start Date	Completion Date
		Ensure the availability of timely medical specialty services necessary for quality medical care.	7/5/2006	10/3/2006-11/2/2006
5.1	*	Evaluate specialty services delivery, including the following: On-site (preferred, as appropriate) and off-site Scheduling Transportation (internal and external) Telemedicine Utilization review (internal and external) Need for appropriate clinical and support staff (e.g., scheduling and tracking services) Reimbursement for private providers Propose a timeframe and milestones for the above elements	7/5/2006	7/19/2006
5.2		Designate an administrative position/individual to coordinate schedules with outside providers from 8:30a.m. to 4:30p.m. (not an RN) and transition responsibilities	7/27/2006	8/16/2006-8/31/2006
5.2.1	*	Coordinate with frequently used off-site providers to have specific days/times reserved for inmate patients	8/16/2006	8/23/2006-8/31/2006
5.3		Develop a contract with Doctors Medical Center for approval by the Receiver	8/3/2003	9/7/2006
5.3.1	n/a	Visit Doctors to discuss the lock-up area in facility	8/2/2006	8/2/2006
5.3.2	n/a	Meet with the chief of police of San Pablo regarding community concerns of use of the hospital space	8/17/2006	8/17/2006
5.3.3		Identify a coordinator (LVN) to be responsible to manage Doctors Medical Center relationship and scheduling (i.d. problems, troubleshoot, and ride on the transfers)	8/24/2006	9/7/2006
5.4	*	Establish a QIT (with representatives from medical and custody-transportation) to coordinate all off-site specialty appointments and transportation	7/19/2006	9/6/2006
5.4.1	*	Implement a short-term plan: Immediately triage all requests for services and prioritize requests (urgent & routine)	8/1/2006	8/4/2006
5.4.1.1	*	Schedule and complete all urgent requests for services on-site and off-site (@ Doctors)	8/1/2006	8/25/2006
5.4.1.2	n/a	Triage routine requests for service and prioritize requests	8/7/2006	8/11/2006
5.5		Implement a health care access team at SQ	7/27/2006	8/10/2006-9/28/2006-4/27/2007
5.5.1		Submit a proposal to Receiver's staff regarding scheduling, transportation etc.	7/27/2006	9/28/2006
5.6		Establish agreements for additional services on-site at SQ (e.g.Ortho, HIV) and for off-site services (e.g. Gastro, Cardio)	7/19/2006	12/1/2007
5.7		Implement a primary care model with assistance from UCSF (Buddy system)	8/1/2006	8/7/2006
5.8		Develop and implement policies, procedures, protocols and forms related to specialty services	8/1/2006	9/6/2006-2/28/2007-4/30/2007
5.8.1		Monitor compliance with the policies and procedures	4/30/2007	ongoing
5.9		Identify resources necessary for long-term specialty services program	1/25/2007	6/1/2007
5.10		Metrics	9/15/2006	10/1/2007

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6	Proof of Practice Received	LABORATORY SERVICES Team Oversight: K. Page	Start Date	Completion Date
		Ensure the availability of timely, complete and accurate laboratory services needed for quality medical care.	7/5/2006	10/3/2006 11/2/2006
6.1	*	Evaluate laboratory services, including the following: Phlebotomy Level of services on-site Contracts for off-site services Process for ordering, processing, receiving results, acting on results and storing results Demand data Coordinating patient transfers with receipt of laboratory results Reporting the results to patients	7/5/2006	7/19/2006
6.2	*	Utilize contract phlebotomists to fill 2 current vacancies	7/24/2006	8/18/2006
6.2.1	*	Add 2 civil service clinical lab technologist (phlebotomist) positions	8/10/2006	8/18/2006
6.3	n/a	Improve the turn-around times from request for service to service delivery to reporting to physician	7/27/2006	8/31/2006
6.3.1	*	Re-define the lab process flow	7/27/2006	8/18/2006
6.3.2	*	Identify appropriate standard regarding timeframes (72 hours max.)	7/27/2006	8/18/2006
6.3.3	*	Modify duty statements to include standards	8/24/2006	8/31/2006
6.3.4		Monitor compliance with turn-around times	1/25/2007	ongoing
6.4		Improve ducating issues, no-show rate, and adherence to pre-lab instructions (coordinate custody interface regarding meals and lab fasting)	7/5/2006	8/23/2006
6.4.1	*	Team (Van Hook, Sgt. Melton, Lt. Massey) will review and evaluate the existing functional Ducat procedure for problematic areas.	7/5/2006	8/7/2006
6.4.1.1	n/a	Evaluate the impact of phlebotomists collecting blood in the units vs. ducating	7/5/2006	8/7/2006
6.5	*	Address issues related to Quest and Nichols (UCSF) computers and staff access	7/27/2006	9/6/2006
6.5.1	n/a	Provide D. Marshall an overview of IT Lab needs	7/27/2006	8/10/2006
6.5.2	n/a	Team to provide HCM with a report regarding an upgraded system to include cost, availability, and system capabilities	8/3/2006	8/9/2006
6.6		Develop and implement policies and procedures related to laboratory services	8/10/2006	9/30/2007
6.6.1		Monitor compliance with the policies and procedures	1/25/2007	ongoing
6.7		Contact Quest and ensure new forms are immediately available (at SQ and statewide)	1/25/2007	3/6/2007
6.8		Metrics	9/15/2006	TBD

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7	Proof of Practice Received	DIAGNOSTIC IMAGING Team Oversight: G. Matteson	Start Date	Completion Date
		Ensure performance and storage of diagnostic studies by qualified personnel who are properly trained and equipped.	7/5/2006	40/3/2006 11/2/2006
7.1	*	Evaluate diagnostic imaging services by reviewing the following: Qualifications of personnel Viability, licensure and quality of equipment, including maintenance and repair Process for ordering, performing studies, receiving results, acting on results, storing results and informing patients Contracts for services Demand data Coordinating patient transfers with availability of study results	7/5/2006	7/19/2006
7.2	n/a	Secure a radiology consultant to assess the long-term radiology needs and to propose a solution for SQ	pending	9/7/20006
7.3		Order and obtain new x-ray equipment	8/10/2006	9/1/2006
7.4		Implement an interim process for diagnostic imaging	7/21/2006	8/8/2007
7.4.1		Contract out all Radiology Services for 90 days to include taking x-rays, reading films, on-line availability, and transcription	7/21/2006	9/4/2006 Pending Radiology Consultant
7.4.2		Initiate lay-off of x-ray tech	7/27/2006	9/4/2006 10/4/2006
7.4.3		Evaluate the effectiveness of the radiology contract and the long-term feasibility of continuing and expanding throughout the State the radiology contract (vs. utilizing civil service positions)	7/21/2006	40/20/2006 Pending Radiology Consultant
7.5		Metrics (possible metrics may include data on the no-show log system, data on loose filing audits, data on medical records audits, data on equipment maintenance)	9/15/2006	2/15/2008

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8	Proof of Practice Received	PATIENT ADVOCACY & CORRESPONDENCE PROCESSES Team Oversight: J. Russell	Start Date	Completion Date
		Ensure the effectiveness of the Patient Advocacy Process	7/5/2006	10/3/2006 11/2/2006
8.1	*	Develop and implement a local supplemental triage process for effective response to patient clinical complaints and patient grievances that demand immediate attention (detailing immediate nurse intervention for medical complaints and grievances that does not initially route medical appeals through the Appeals Coordinator).	7/5/2006	8/3/2006
8.1.1	*	Refine the clinical criteria and duty statement regarding what the RN does not respond to and which dental and mental health issues should be responded to medically	8/24/2006	9/7/2006
8.2	*	Hire RN to provide patient advocacy function and implement triage process	7/21/2006	7/31/2006
8.2.1	*	Develop duty statements for appeals analyst and RN (must include that RN shall personally respond to some	8/3/2006	8/18/2006
8.3	*	Determine and implement a mechanism for collecting complaints and that ensures timely pick-up of complaints	8/24/2006	9/7/2006
8.3.1		Paint the medical slip boxes	9/21/2006	10/3/2006
8.4	*	Upgrade appeals OA position to OT	8/10/2006	8/18/2006
8.4.1		Colocate and coordinate the medical and inmate appeals OT's	pending hire of OT	1/10/2007
8.5		Develop and implement a patient advocacy correspondence process	9/7/2006	5/15/2007
8.5.1		Develop a policy and procedure which establishes the following: (1) routes correspondence from inmate families and attorneys related to patient healthcare to the Patient Advocate for review, attention, coordination with the patient, and response; (2) manages duplicate correspondence received by all involved parties (including the PLO); (3) routes correspondence to the Receiver's Office, DCHCS, and the institution as appropriate; (4) an attorney position that reports to the Health Care Manager and Warden and who partners with the Patient Advocate and who manages all attorney responses	9/7/2006	12/5/2007
8.5.2	n/a	Coordinate with CDCR's Legal Affairs regarding attorney position	9/7/2006	9/14/2006
8.6	*	Look into data recovery and whether the loss of data was intentional	8/3/2006	8/10/2006
8.7	*	Follow up on Bowen case	8/3/2006	8/10/2006
8.8	*	Develop policies and procedures related to Patient Advocacy	8/24/2006	10/26/2006
8.8.1		Refine the P&Ps	1/25/2007	4/27/2007
8.9		Evaluate Patient Advocacy process for implementation statewide	9/14/2006	10/26/2006 4/27/2007
8.10		Metrics (data on the number of grievances and complaints, appeal issue, housing unit, and number progressing to a higher level)	9/15/2006	TBD

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ID	Proof of Progress Received	CLINICAL SPACE Team Oversight: VANIR	Start Date	Completion Date
9		Ensure clinical space is appropriate for the type and level of activity.	7/6/2006	8/21/2007
9.1		Evaluate the following: Location, size, access, design, security Infrastructure support (e.g. water, electrical, fixtures, communication devices, computers) Adequacy of space based on staffing for clinical, custody and support personnel	7/6/2006	8/10/2006 8/18/2006
9.2		Evaluate the need for additional space (new, remodeled and/or vacated), including the following: Trailers Permanent buildings Temporary buildings New Death Row building Use of vacated space	7/6/2006	8/10/2006 8/18/2006
9.3		Provide a location for an interim clinical administrative center (office space with computers)	7/19/2006	TBD 3/2/2007
9.3.1		Identify potential locations for an interim clinical administrative center	7/19/2006	10/31/2006
9.3.2		Evaluate the proposed interim space for computer drops and phone lines	TBD	8/18/2006 TBD 3/1/2007
9.4		Design and construct a permanent medical center	8/3/2006	TBD 8/24/2007 1/2010
9.4.1		Determine necessary services and number of inmates served	TBD 8/3/2006	TBD 3/16/2007
9.4.2		Evaluate staffing levels	TBD 8/3/2006	TBD 3/16/2007
9.4.3		Determine size, configuration to be constructed, and construction type (engineering phase)	3/7/2007	3/21/2007
9.4.4		Evaluate short-term options	8/24/2006	10/26/2006
9.4.5		Develop long-term construction plan	TBD	TBD
9.5		Construct a new R&R	8/3/2006	TBD 4/2010
9.5.1		Review county jail models and consult the NIC to identify several well functioning R&Rs	3/3/2007	3/17/2006
9.5.2	n/a	Visit a few well functioning R&R areas (Santa Clara jail & L.A. intake) to review their facility and operation	8/17/2006	8/31/2006
9.5.3		Determine necessary services and number of inmates served	TBD 8/3/2006	TBD 3/16/2007
9.5.4		Evaluate staffing levels	TBD 8/3/2006	TBD 3/16/2007
9.5.5		Determine size, configuration to be constructed, and construction type (engineering phase)	3/7/2007	3/21/2007
9.5.6		Coordinate clinical space in the new death row with the R&R project	8/3/2006	ongoing
9.5.7		Update current R&R space (for interim use)	12/20/2006	1/16/2007
9.5.8		Determine necessary services and number of inmates served	12/20/2006	3/30/2007 1/16/2007
9.5.9		Evaluate staffing levels	12/20/2006	1/16/2007
9.5.10		Evaluate and determine use for all vacated medical space (i.e. housing clinics)	TBD	TBD
9.6		Evaluate and secure additional space necessary for IT personnel, storage, and computer IT training	7/20/2006	8/17/2006
9.7		Construct a Personnel Recruiting area	8/2/2006	11/1/2007
9.8		Coordinate with Michael Keating regarding mental health space issues	7/27/2006	ongoing
9.9		Metrics	3/16/2006	TBD

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10	Proof of Practice Received	FACILITY MAINTENANCE Team Oversight: J. Russell	Start Date	Completion Date
		Ensure facilities and physical plant is maintained through preventative maintenance with timely responses to ongoing repair needs.	7/5/2006	10/3/2006- 11/2/2006- post-1/18/07
10.1	*	Evaluate existing facility maintenance system and implement a facility health care maintenance plan, including the following: Availability of supplies and necessary equipment Small repairs Painting Review existing, pending work orders The need for a specific health care facility maintenance team Preventative maintenance and repair	7/5/2006	7/19/2006
10.2	*	Take digital photographs of the SQ medical areas for documentation purposes	7/19/2006	8/3/2006
10.3	*	Establish a contract for pest control	7/21/2006	9/1/2006
10.3.1	*	Evaluate pest control contract and determine if the contract should be extended indefinitely	9/1/2006	10/3/2006- 10/20/2006
10.4		Evaluate and improve long-term facility maintenance staffing levels	post - 1/16/2007	2/15/2007
10.4.1	*	Determine most effective work schedule for casual (union) labor (Wed. - Sun. 2-10 p.m.)	7/19/2006	8/2/2006
10.4.2	*	Hire 6 casual (union) staff to begin repairs on the infirmary	7/21/2006	8/4/2006
10.5		Begin facility improvements	7/21/2006	ongoing
10.5.1	*	Establish tool room and material storage area	7/21/2006	8/18/2006
10.5.2	*	Obtain hazardous materials training for new staff	7/21/2006	9/1/2006
10.5.3		Fire Block between floors at core borings	7/21/2006	8/18/2006- 10/26/2006
10.5.4	*	Patch holes in walls and ceilings	7/21/2006	8/18/2006- 9/1/2006
10.5.5		Replace missing fire sprinkler escutcheons	7/21/2006	8/18/2006- 10/4/2006
10.5.6	*	Paint the interior as needed	7/21/2006	ongoing
10.6		Determine what long-term major repairs are needed in medical areas at SQ (i.e. replace ceiling tiles where needed, replace and standardize lighting or replace light diffusers, install new floor tile where needed)	8/18/2006	ongoing
10.6.1		Evaluate the level of staffing required to maintain repairs completed and to continue with long-term repairs	8/18/2006	10/3/2006
10.7		Address the ventilation problem in the North Block and clean the area	9/7/2006	10/3/2006
10.7.1		Hire an engineer to review and provide a solution for the HVAC problem	9/20/2006	9/15/2007
10.7.2		Develop a plan to clean the North Block (including steam washing the cell fronts) and reengineer the HVAC	9/7/2006	on hold
10.8		Determine if SQ requires a transformer and new feeders and distribution lines	8/18/2006	9/15/2007
10.9		Metrics	9/15/2006	TBD

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11	Proof of Practice Received	IT, COMMUNICATION, & POWER	Start Date	Completion Date
		Team Oversight: John Hummel		
		Ensure that information technology resources and communication and power capabilities are improved to a level that enhances communication and assists healthcare staff in providing medical care and assists healthcare administrative staff in performing necessary administrative support functions.	7/5/2006	10/3/2007 11/2/2006
11.1		Evaluate IMSATS for long-term solution	7/27/2006	1/15/2007
11.1.1	*	Obtain a system summary from Quan Vu on the IMSATS	8/2/2006	8/4/2006
11.1.2	*	Obtain the set of plans for the HCMS project	7/27/2006	7/27/2006
11.2		Install phone lines and computer drops in SQ clinics as necessary	8/18/2006	11/15/2007
11.2.1	*	Initiate communication with Francine Pogue and Jeff Atkinson regarding telecom issues.	7/27/2006	8/3/2006
11.2.2	*	Obtain a grid from Tel-Com that indicates where the lines are to be dropped (for the clinic project)	7/21/2006	7/27/2006
11.3		Replace or increase the capacity of the network communication between SQ, EIS, and the internet	7/27/2006	12/15/2007
11.3.1	*	Provide a summary of data line drops to HCM & DON	7/27/2006	8/3/2006
11.4	*	Secure remote access to the CDCR network for the SQ IT staff so that support can be provided remotely when IT staff is not on-site	7/28/2006	7/28/2006
11.5	*	Compose a request regarding DDPS access (F4 function)	7/20/2006	7/24/2006
11.6		Secure additional SISA position for overall IT support	7/20/2006	8/18/2006
11.7		Improve the Personnel Office for expedited on-site hiring processes	7/19/2006	11/1/2007
11.7.1		Acquire online testing capability from SPB for all clinical classes (LVN has priority)	7/19/2006	9/1/2006
11.7.2		Purchase and install a computer with internet access in the SQ Personnel Office	7/19/2006	9/1/2006
11.7.3	*	Purchase and install a live fingerprint scanner	7/19/2006	8/31/2006
11.8		Acquire local area network connectivity for Procurement Tracking System	8/10/2006	9/1/2006
11.9		Metrics	9/15/2006	TBD

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12	Proof of Practice Received	SANITATION & JANITORIAL Team Oversight: L. Buzzini	Start Date	Completion Date
		Ensure all clinical space is clean, sanitary and meets with customary and accepted medical practice standards.	7/5/2006	10/3/2006 11/2/2006 3/1/2007
12.1	*	Evaluate the following: Whether there are appropriate hand washing facilities for all clinical personnel. Biohazard disposal processes Supplies, equipment and staffing Alternatives for securing janitorial maintenance (e.g., contract, in-house, vocational training program for inmates)	7/5/2006	7/19/2006
12.2		Establish an Environmental Services Program at SQ that includes janitorial services and bio-waste management	9/7/2006 1/15/2007	10/3/2006 3/1/2007 4/30/07
12.2.1		Define the Environmental Services program and provide a description to the Receiver's Team regarding how the program will function	9/7/2006 1/15/2007	12/15/2007
12.2.1.1		Determine what services are necessary in the medical areas	9/7/2006 1/15/2007	10/3/2006 3/1/2007 4/30/07
12.2.1.2		Create a schedule regarding what needs to be cleaned and how often	9/7/2006 1/15/2007	8/15/2007
12.2.1.3		Determine if contractors will be needed to augment the Environmental Services program	9/7/2006 1/15/2007	10/15/2007
12.2.2		Secure an instructor for the program	9/7/2006 1/15/2007	10/3/2006 3/1/2007 4/30/07
12.2.3		Evaluate previously developed curriculum and update as necessary	9/7/2006 1/15/2007	12/15/2007
12.2.4		Obtain necessary supplies and tools	9/7/2006 1/15/2007	12/15/2007
12.3	*	Order and install foot pedals on all sinks in medical clinic areas	7/19/2006	8/7/2006
12.4		Metrics	9/15/2006	TBD

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13	Proof of Practice Received	CUSTODY/ CLINICAL RELATIONS Team Oversight: J. McGrath	Start Date	Completion Date
		Prepare and implement a plan to improve relations between health care and custody staff for the betterment of medical health care delivery, including the following elements:	7/5/2006	4/3/2006 4/2/2006 3/1/2007
13.1		Establish a mechanism of communication between Specialty Svs., Transportation, R&R, clinics, OHU, and TTA (i.e. shift reports)	8/3/2006	10/3/2006
13.2		Provide "Promoting a Positive Corrections Culture" course	7/19/2006	4/3/2006 11/14/2006
13.2.1		Determine general and specific issues (e.g., reception, transportation, incident reporting, professionalism)	7/19/2006	7/28/2006
13.2.2		Contact the course instructors and schedule course date	7/19/2006	7/28/2006
13.2.3		Contact the course developer (Carol Falherty-Zonis) and schedule her participation	7/19/2006	7/28/2006
13.2.4		Order O.C.I. survey materials	7/19/2006	8/1/2006
13.2.5		Schedule the course location (off-site)	7/19/2006	8/4/2006
13.2.6		Identify staff to participate in first course session	8/24/2006	9/4/2006 9/21/2006
13.2.7		O.C.I. survey at least 250 SQ staff	9/26/2006	8/31/2006 9/27/2006
13.2.8		Order materials, refreshments, lunch for group session (CPR to pay for lunch & refreshments)	8/24/2006	8/4/2006 9/8/2006
13.2.9	*	Conduct first course session (three days)	10/3/2006	10/6/2006
13.2.10		Evaluate course outcome	10/10/2006	10/10/2006
13.2.11		Identify staff to participate in second course session	10/12/2006	10/12/2006
13.2.12		Conduct second session (one day)	10/18/2006	10/18/2006
13.2.13		Evaluate course outcome from second session	10/20/2006	10/20/2006
13.2.14		Identify staff to participate in third course session	10/26/2006	10/26/2006
13.2.15		Conduct third course session (one day)	11/2/2006	11/2/2006
13.2.16		Evaluate course progress	11/3/2006	11/3/2006
13.2.17		Complete report to Warden, SQ staff, and Receiver	11/3/2006	4/3/2006 2/1/2007
13.3		Develop and implement joint orientation for custody and healthcare staff based on findings of training as well as general information necessary to healthcare and custody staff	7/19/2006	after 4/3/2006 3/1/07
13.4		Convene team building activities and implement employee recognition	9/1/2006	ongoing
13.5		Metrics (staff survey)	9/15/2006	TBD

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14	Proof of Practice Received	ORGANIZATIONAL STRUCTURE	Start Date	Completion Date
		Team Oversight: L. Buzzini		
		Ensure that the organizational relationship of clinical and administrative personnel enables the efficient delivery of quality medical care.	7/5/2006	10/3/2007 11/2/2006
14.1	x	In conjunction with a health care organizational consultant, develop prototype organizational structure, as a result of the study, and evaluate feasibility of application at San Quentin	8/1/2006	8/15/2006
14.1.1	n/a	Consider implementing a clerical and analyst pool to enhance productivity and to provide consistent supervision to staff	8/1/2006	8/15/2006
14.2		In conjunction with a health care organization consultant, develop duty statements and MQs for top 3-layers of SQ's healthcare structure	8/15/2006	9/15/2007
14.3		In conjunction with a health care organizational consultant, study organization needs and research organizational models for application to CDCR's health care system	TBD	TBD
14.4		Implement a Care Management structure (with an RN as a case manager for a population of patients who will coordinate with Spec. Svs., transportation, OHU etc.)	8/3/2006	6/5/2007
14.4.1	x	Develop and provide a detailed written plan to Receiver's staff	8/3/2006	10/4/2006
14.4.2		Initiate staffing movements necessary to implement this model (move RN to day shift; move OTs)	8/16/2006	10/3/2006
14.4.3	n/a	Coordinate with Mercer to ensure this model is incorporated in the Mercer study	8/16/2006	8/18/2006
14.4.4		Implement and train staff on Care Management processes	8/3/2006	11/2/2006 and ongoing
14.5		Metrics	9/15/2006	TBD

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15	Proof of Practice Received	STAFFING	Start Date	Completion Date
		Team Oversight: L. Buzzini		
		Ensure qualified, competent and committed clinical and administrative support personnel are present in adequate numbers for delivery of quality medical care and support activities.	7/5/2006	40/3/2006 11/2/2006
15.1	*	Implement temporary reporting relationships	7/21/2006	7/21/2006
15.2		Improve SQ staffing levels by filling vacancies and increasing staffing levels	7/19/2006	ongoing
15.2.1		Acquire delegated testing to be administered on a continuous testing basis for all clinical classes and for the following additional classifications: Materials and Stores Supervisor I and II; Health Records Technician I, II (specialist and supervisor), and III; Property Controller II; Custodian, Plumber, Electrician, Office Assistant, and Office Technician.	7/19/2006	7/28/2006
15.2.2		Acquire delegated testing for Office Technician on an open and promotional basis	8/22/2006	9/7/2006
15.2.3	*	Hire immediately the following positions: 5 Office Technicians, 1 Health Records Technician III; 2 Health Records Technicians II, 6 Health Records Technicians I, 1 Property Controller II, 1 Warehouse Worker, 1 Materials & Stores Supervisor II, 1 Staff Information Systems Analyst, 2 Janitors, 1 Registered Nurse, 1 Associate Personnel Analyst, 1 CEA III, 1 attorney (for the Patient Advocacy and Correspondence Program), and 1 locksmith.	7/21/2006	11/2/2006
15.2.4	*	Upgrade all Office Assistant positions in SQ medical departments to Office Technician	8/10/2006	9/1/2006
15.3		Establish a new classification for Environmental Services Supervisor	9/7/2006	11/2/2006
15.3.1		Research and determine appropriate pay scale for EVS Supervisors	9/7/2006	9/14/2006
15.4	*	Expedite hiring at SQ	7/19/2006	8/31/2006 10/3/2006
15.4.1	n/a	Identify HQ Personnel Office liaison to report to SQ to assist in giving initial exams	7/21/2006	8/2/2006
15.4.2	*	Acquire local delegation to approve all out of class assignments	8/10/2006	10/3/2006
15.4.3	*	Acquire local delegation to approve Training and Development assignments	8/10/2006	10/3/2006
15.4.4	*	Acquire local delegation to approve Temporary Appointments Authority (TAU)	8/10/2006	10/3/2006
15.4.5	*	Acquire local delegation to approve Hiring Above Minimum (only to be exercised after receiving case by case approval from the Receiver's Office)	8/10/2006	10/3/2006
15.4.6	*	Acquire local authority to reclassify all positions regardless of difference in salary	8/10/2006	10/3/2006
15.5		Implement 'post' positions for clinical personnel	8/3/2006	10/3/2006 3/30/2007
15.5.1	*	Determine staffing levels for each work site by classification and shift	8/3/2006	10/3/2006
15.5.2	*	Determine which positions should be considered post positions	8/3/2006	10/3/2006
15.5.3	*	Determine appropriate "relief factor" to each positions (i.e., 1.8 for RNs) to determine number of staff to hire to ensure coverage in post positions	8/3/2006	10/3/2006
15.5.4	*	Based on 9/7/2006 presentation of staffing plan, develop a 3-phased implementation plan/roadmap for clinical personnel staffing plan (including PY's, post positions, and compliment of staff by classification)	9/7/2006	10/5/2006
15.6		Implement a strategy for post and bid for clinical & custody staff	8/3/2006	10/3/2006 3/30/2007
15.6.1		Identify source of all post/bid requirements	8/3/2006	10/3/2006
15.6.2		Evaluate impact of post/bid by classification, determine changes need to be made to various classifications, and consider legal implications	8/3/2006	10/3/2006
15.7	*	Evaluate custody staff support	8/3/2006	8/31/2006
15.8		Evaluate the need for administrative and clerical support personnel by class, shift, work site	8/1/2006	2/15/2008
15.8.1		Provide information to Mercer consultants for determination about where they fit into organizational structure	8/1/2006	8/9/2006
15.9		Evaluate enhanced technical support (e.g., telemedicine, training, orientation, information technology, facilities)	8/1/2006	8/9/2006 4/30/2007

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15.10		Develop a medical staffing levels package with the Receiver's staff based on medical services and level of care	7/19/2006	9/27/2006 post - 10/26/2006
15.10.1		Evaluate adequacy of staffing levels	8/3/2006	10/3/2006 and ongoing
15.10.2		Evaluate roles and responsibilities of clinical staff	8/1/2006	8/31/2006 post- 10/26/2006
15.10.3		Establish timekeeping and time accountability (e.g. administrative leave)	7/19/2006	8/2/2006 post- 10/26/2006
15.10.3.1		Implement staff sign-in/sign-out sheets	7/19/2006	8/18/2006
15.10.3.2		Establish accountability and supervision of the sign-in/sign-out process (Dr. Saylor or designee) for HR, providers, clinic staff, clerical staff etc. (i.d. the area and develop process for various clinical areas)	8/1/2006	8/18/2006
15.10.3.3		Establish accountability and supervision of overtime (OT pre-approved in writing)	8/1/2006	8/15/2007
15.11		Develop a long-term medical staffing package (duty statements, adding posts, scheduling, etc.) based upon recommendations from an outside consultant	8/15/2006	9/5/2007
15.12		Metrics	9/15/2006	TBD

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16	Proof of Practice Received	SALARIES	Start Date	Completion Date
		Team Oversight: L. Buzzini		
		Ensure competitive salaries that support the recruitment and retention of competent and committed clinical and support personnel within 60 days.	7/5/2006	10/3/2006 11/2/2006
16.1	n/a	Collect and analyze existing comparable salaries in the public and private sectors and recently completed studies and data from the DPA	7/5/2006	7/14/2006
16.2	n/a	Review pay differential data and court orders related to pay increases for various medical classifications	7/5/2006	8/4/2006
16.3	n/a	Propose salary ranges for review	8/4/2006	8/11/2006
16.4	n/a	Prepare a motion regarding salary increases	8/10/2006	8/24/2006
16.5	n/a	Implement	9/1/2006	9/1/2006
16.6		Metrics	9/15/2006	TBD

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17	Proof of Practice Received	INTERNAL & EXTERNAL COMMUNICATION Team Oversight: R. Kagan	Start Date	Completion Date
		Ensure ongoing, accurate information about the project reaches all relevant audiences.	7/5/2006	10/3/2006 11/2/2006
17.1	x	Develop and distribute initial communication regarding the San Quentin project	7/5/2006	7/5/2006
17.2	x	Develop and distribute ongoing internal communication regarding San Quentin project, including patients	7/21/2006	10/3/2006 & ongoing
17.3	x	Develop and distribute ongoing external communication regarding San Quentin project, including CDCR, other correctional facilities, elected officials, counsel (including the Prison Law Office and Attorney General's Office), the media and the public	7/5/2006	10/3/2006 & ongoing
17.4		Metrics	9/15/2006	TBD

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18	Proof of Practice Received	PLATA REMEDIAL PLAN REQUIREMENTS	Start Date	Completion Date
		Team Oversight: Receiver's Staff		
		Evaluate which provisions of the (1) June 13, 2002, stipulation for injunctive relief, and (2) September 17, 2004, stipulated order re quality of patient care and staffing order and injunction (and/or policies or procedures required thereby), should be carried forward and which, if any, should be modified or discontinued due to changed circumstances.	11/2/2006	TBD