Health Care Definitions

Accommodation: Reasonably necessary and appropriate modification or adjustment, not imposing a disproportionate or undue burden, to ensure a patient with a disability has equal access to programs, services, and activities.


Addendum: Any change made to a final examination report including, but not limited to, correction of spelling errors and clarification of examination results.

Administer: The direct application of a drug or device to the body of a patient by injection, inhalation, ingestion, or other means.

Administrative Review: A comprehensive health record review of the clinical care preceding and surrounding a patient’s death to identify areas in need of improvement and includes a review of level of care, health care services operations, emergency response actions, and correctional operations when applicable.

Administrative Support: Administrative member of a Care Team who ensures the team has the necessary information they need for planned patient care.

Advance Directive for Health Care: A written instrument which allows the patient to do either or both of the following: 1) state instructions for future health care decisions; and/or 2) appoint an agent with Power of Attorney for Health Care.

Advanced Cardiac Life Support: Emergency care consisting of Basic Life Support procedures and definitive therapy including the use of invasive procedures, medications, and manual defibrillation.

Advanced Practice Provider: Nurse Practitioner and Physician Assistant staff who are authorized to provide health care and dispense controlled substances by the state in which they practice.

Adverse Drug Reaction: Any undesired, unintended, or unexpected response to a medication administered that requires discontinuing or modifying the medication or dose; admission to a higher level of care; additional treatment with alternative medications; or that results in a physical or cognitive impairment to the patient.

Aerosol Transmissible Diseases: A disease or pathogen for which droplet or airborne precautions are required, as stated under California Occupational Safety and Health Administration (CalOSHA) Aerosol Transmissible Diseases (ATD) Standards under the California Code of Regulations (CCR), Title 8, Section 5199.

Aerosol Transmissible Exposure Control Plan: A written plan for controlling exposures specific to the work place or operation(s) that contains all of the elements in the CalOSHA ATD Standards under the CCR, Title 8, Section 5199, subsection (d)(2).

Aerosol Transmissible Exposure Control Plan Administrator: A person designated by the institution's Chief Executive Officer, as described by the CalOSHA ATD Standards under the CCR, Title 8, Section 5199, who is responsible for the establishment, implementation and maintenance of effective written infection control procedures to control the risk of transmission of Aerosol Transmissible Diseases. The administrator shall have the authority to perform this function and shall be knowledgeable in infection control principles as they apply specifically to the facility, service or operation.

After-hours: Times when the pharmacy is closed or unavailable including holidays, weekends, and after regular business hours.

Agent: An individual designated in a power of attorney for health care to make a health care decision for the principal, regardless of whether the person is known as an agent, legally recognized decision-maker, or attorney-in-fact, or by some other term. Agent includes a successor or alternate agent.

Aggregate Root Cause Analysis: An aggregate Root Cause Analysis may include multiple health care incidents that occurred within a designated time period, but not to exceed the previous 12 months; health care incidents involving a specific characteristic such as medication type, medical equipment, procedure type, or process; or health care incidents that occur within the same patient population or health care setting.

Allied Health Care Staff: Respiratory Therapists, Physical Therapists, Occupational Therapists, Radiology Technicians, Laboratory Technologists/Technicians and Phlebotomists, and registered dieticians.

Allied Health Services: Health care professions including clinical laboratory personnel, physical therapy, occupational therapy, dietetic services, medical record personnel, radiologic services, speech-language pathology and audiology, and respiratory therapy that promote interdisciplinary communication and collaboration and the efficient use of resources by various health care providers to improve health care.

Ancillary Staff: Staff that includes intern pharmacists, pharmacy technicians, and any non-licensed personnel.
Antineoplastic: Inhibiting or preventing the development, maturation, and proliferation of malignant cells.

Associated Supplies: Items with a shortened lifespan that may enhance the use or are necessary for the use of durable medical equipment.

Authorized Discharge and Parole Medication: Medications necessary to protect life, prevent significant illness or disability, alleviate severe pain, or mitigate side effects of other essential medications. This includes medications prescribed to treat chronic or acute illness which are scheduled to be taken on a routine or as needed (PRN) basis and may occasionally include prescribed over-the-counter (OTC) medications.

- Examples of prescribed OTC medications which may be provided include, but are not limited to:
  - Aspirin 81mg
  - Proton pump inhibitors
  - H2 antagonists
- Medications that shall NOT be provided include:
  - OTC medications for minor ailments such as seasonal allergies, dandruff, and acne.
  - Items such as shampoos, moisturizing lotions, antacids, and sunscreen.

Automated Drug Delivery System: A controlled access storage unit, also known as an Automated Dispensing Cabinet, which electronically furnishes medication in a secure and trackable fashion. Pursuant to California Business and Professions Code, Division 2, Chapter 9, Article 6, Section 4105.5(a), an “automated drug delivery system” has the same meaning as defined in paragraph (1) of subdivision (a) of Section 1261.6 of the California Health and Safety Code, Division 2, Chapter 2, Article 1.

Automatic Substitution: Drug substitution by the pharmacist without prior approval from the ordering provider based upon the Systemwide Pharmacy and Therapeutic Committee’s determination.

Backlog: An undesirable condition that occurs when today’s work (both the planned work and the work that is unplanned, but needs to be accomplished by today) is not completed today.

Basic Life Support: Emergency care performed to sustain life that includes cardiopulmonary resuscitation, automated external defibrillation, control of bleeding, treatment of shock, and stabilization of injuries and wounds.

Beyond-Use Dates: The date beyond which dispensed medication may not be used when different from the expiration date.

Biohazard Bag: A red disposable film bag marked by the manufacturer as having met the requirements of American Society for Testing Materials (ASTM) 1922 and ASTM 1709 used to contain medical biohazardous waste.

Biohazardous: Containing infectious or potentially infectious substances that pose a threat to humans or the environment.

Biohazardous Waste: Waste, also known as infectious waste, which contains recognizable, semi-liquid or liquid human blood or blood products, human body parts, containers, or equipment containing liquid human blood. Also includes waste containing discarded materials contaminated with excretion, exudate, or secretions from humans that are required to be isolated to protect others from highly communicable diseases or diseases of animals that are communicable to humans.

Blameworthy Act/Reckless Behavior: A criminal act, a purposefully unsafe act, an act involving patient abuse of any kind, or a situation in which an individual takes a substantial and unjustifiable risk that may result in patient harm.

Blanket Restriction: Rules routinely applied to all patients that restrict a patient’s or a group of patients’ rights.

Board Certification Exam Administration Period: A board certification exam administration period is part of the process to become board certified. For purposes of California Correctional Health Care Services and California Department of Corrections and Rehabilitation, the board certification exam administration period commences upon the administration of the exam and concludes when the results of the exam are released or published by the certifying board.

Breach: The unauthorized acquisition, access, use or disclosure of Protected Health Information (PHI) or Personally Identifiable Information (PII) that compromises the security, confidentiality, or integrity of personal information maintained by California Correctional Health Care Services (CCHCS). Good faith acquisition of PHI or PII by an employee or agent of CCHCS for the purposes of CCHCS is not a breach, provided that the PHI or PII is not used or subject to further unauthorized disclosure.

Bundling: When a patient has multiple pending appointments, setting appointments sequentially on the same day so that a patient need only be seen in one encounter for multiple purposes. Bundling helps increase clinic efficiency, meet mandated timeframes, and limit the need for custody escorts, lessening redundant work for custody and health care staff as well as making appointments more convenient for the patient.
**Business Associate:** An individual or corporate “person” who performs on behalf of California Correctional Health Care Services (CCHCS) or on behalf of another business associate of CCHCS any function or activity involving the use or disclosure of Protected Health Information for which CCHCS is responsible, and is not a member of the CCHCS’ workforce.

- The definition of “function or activity” includes but is not limited to: claims processing or administration, data analysis, utilization review, quality assurance, billing, legal, actuarial, accounting, consulting, data processing, management, administrative, accreditation, technology services, financial services and similar services for which CCHCS might contract, if access to Protected Health Information (PHI) is involved.

The following are not business associates or business associate relationships, but may still require an agreement with CCHCS:

- When a patient’s PHI is disclosed based solely on a patient’s authorization.
- A health care provider, with respect to disclosures by CCHCS concerning the treatment of an individual.
- A plan sponsor, with respect to disclosures by CCHCS to the extent that CCHCS is acting in the capacity of a group health plan as defined in the Health Insurance Portability and Accountability Act of 1996.
- A government agency, with respect to determining eligibility for, or enrollment in, a government health plan that provides public benefits and is administered by another government agency, or collecting protected health information for such purposes, to the extent such activities are authorized by law.
- A covered entity participating in an organized health care arrangement that performs the function or activity of a business associate to or for such organized health care arrangement by virtue of such activities or services.
- When a health information organization, e-prescribing gateway, or other person that provides data transmission services with respect to PHI to CCHCS does not require access on a routine basis to such PHI.
- When a patient’s PHI is not being disclosed.
- When the only health information being disclosed is completely de-identified in accordance with the Health Care Department Operations Manual, Section 2.2.8, De-identification of Patient Information and Use of Limited Data Sets Policy.

**Business Associate Agreement:** A contract between California Correctional Health Care Services and a business associate concerning the information privacy and security obligations imposed on the business associate. A Business Associate Agreement is necessary for most disclosures of Protected Health Information to business associates.

**Business day:** Monday through Friday, except for holidays.

**Bus List:** A list of patients who have a bus seat or have an alternate means of transport scheduled.

**California Correctional Health Care Services Care Guides:** Clinical guidelines issued by the California Correctional Health Care Services Clinical Guidelines Committee for specific conditions or services, tailored to the needs of patients in a correctional health care setting.

**California Correctional Health Care Services Nursing Protocols:** Guidelines for a sound nursing practice issued by the statewide Nursing Program pertaining to common health conditions.

**California Correctional Health Care Services Nutrition Subcommittee:** A pharmacy and therapeutics subcommittee consisting of members from medical, nursing, pharmacy, dental, custody, mental health, and leadership from the institutions.

**California Correctional Health Care Services Standardized Health Care Menu:** A three week therapeutic diet cycle menu that is planned and approved by the Chief of Dietary Services.

**California Department of Corrections and Rehabilitation Heart Healthy Diet:** A diet plan restricted in sodium and fat while supplying adequate calories, fiber and all essential nutrients, supported by California Department of Corrections and Rehabilitation and approved by a Registered Dietitian.

**California Department of Public Health, 110a, Confidential Morbidity Report:** The official state case report form for reporting Title 17 reportable diseases. The Confidential Morbidity Report is used by California Correctional Health Care Services for all Title 17 reportable diseases except tuberculosis (TB), human immunodeficiency virus (HIV), and acquired immunodeficiency syndrome (AIDS).

**California Medical Waste Management Act:** The statute that governs the disposal of biohazardous waste, sharps containers, pharmaceutical waste exempt from the Resource Conservation and Recovery Act, trace chemotherapy waste, and pathology waste.
**Capacity:** A person's ability to understand the nature and consequences of a decision and to make and communicate a decision; in the case of proposed health care, this includes the ability to understand its significant benefits, risks, and alternatives.

**Carcinogenicity:** The power, ability, or tendency to produce a malignant new growth made up of epithelial cells tending to infiltrate the surrounding tissues and give rise to metastases.

**Care Coordination:** The deliberate organization of patient care activities between two or more participants involved in a patient’s care to facilitate the appropriate delivery of health care services and minimize the danger of care fragmentation.

**Care Coordinator:** A Primary Care Licensed Vocational Nurse or Psychiatric Technician who is assigned a group of patients within the patient panel; normally these will be less complex patients in the primary prevention group. The Care Coordinator uses his/her skills, according to his/her scope of practice, to meet the goals of each patient’s care plan. The Care Coordinator shall collect data, provide patient education, document findings, and interactions, and communicate patient information and provide input to the Registered Nurse Care Manager and other members of the Care Team.

**Care Guide:** A care guide supports the application of proven prevention, diagnosis, and treatment strategies, and the overall practice of evidence-based medicine improving patient care and outcomes by supporting the application of evidence-based medicine; developing recommendations conforming to current evidence in clinical science in the form of treatment guidelines; and providing assistance in clinical decision-making for California Correctional Health Care Services health care staff.

**Care Management:** A collaborative process of patient assessment, evaluation, advocacy, care planning, facilitation, and coordination. The extent of care management services varies according to the complexity of the patient.

**Care Manager:** A Primary Care Registered Nurse who develops, implements, and evaluates patient care services and care plans for an assigned patient panel. The Care Manager collaborates with the patients and all other members of the Care Team to ensure that the patients receive necessary health care services in a safe, timely, and medically appropriate manner. The Care Manager provides clinical direction and support for the Licensed Vocational Nurse/Psychiatric Technician Care Coordinator’s assigned patients in their panel.

**Care Summaries:** Written descriptions maintained in the patient record and provided to the patient after an episode of care which describes the condition treated during the encounter and the care rendered, provides patient instructions and educational information, and often lists important clinical and demographic information.

**Care Team:** An interdisciplinary group of health care professionals who combine their expertise and resources to provide care for a panel of patients.

**Case Conference:** For the purposes of the Health Care Department Operations Manual, Section 1.3.2, Medical Peer Review, a case conference is an action recommended by the Medical Peer Review Committee requesting that the originating institution’s Chief Medical Executive meet with all medical staff to discuss a specific concern(s) resulting from a peer review case for the purpose of learning from the situation and improving the quality of care provided in the future.

**Category “S” Patients:** Patients who were transferred into a California Department of Corrections and Rehabilitation institution from county/city jails for reasons such as riots or an earthquake.

**Cause and Effect Diagramming:** A visual tool used to organize the potential causes of variation in an activity or process.

**Chart Order:** A prescriber’s order entered on the chart or health record for the purpose of providing medications for health care to eligible patients of California Department of Corrections and Rehabilitation pursuant to Business and Professions Code, Division 2, Chapter 9, Article 2, Section 4019. A chart order (order) shall be considered to be a “prescription” if the medication is to be furnished directly to the patient by the pharmacy, provided that all of the requirements for a prescription have been met either within the order itself or within the health record, and the order has been signed by the practitioner authorized by law to prescribe drugs, if he or she is present when the drugs are given. If he or she is not present at the time the medication is administered, the order shall be signed either by the attending physician or by the practitioner who ordered the drugs on the practitioner’s next visit to the institution.

**Cheeking:** Hiding Nurse Administered (NA) or Directly Observed Therapy (DOT) medications inside the mouth rather than swallowing them.

**Chemotherapeutic:** Pertaining to the treatment of disease by chemical agents.

**Chemotherapeutic Agent:** An agent that kills or prevents the reproduction of malignant cells.

**Chronic Care:** The ongoing care for a current health problem that impacts or has the potential to impact a patient’s functioning and long-term prognosis and has lasted, or is expected to last, for more than six months.
**Chronic Disease:** Any current medical problem that impacts or has the potential to impact a patient’s functioning and long-term prognosis that has lasted, or is expected to last for more than six months. Chronic diseases include, but are not limited to, cardiovascular disease, diabetes mellitus, some gynecological disorders or diseases, chronic infectious diseases, chronic pulmonary diseases, and seizure disorders.

**Clinic Evaluation:** Post-telemedicine clinic documentation and data completed by the institution Telemedicine Coordinator.

**Clinic Manager:** The Supervising Registered Nurse II who is assigned to the clinic.

**Clinic Pathway:** A complex, interdisciplinary management tool and series of interventions based on evidence-based practice for the mutual decision-making and organization of care processes for a well-defined group of patients with a predictable clinical course. The goal of a clinical pathway is to enhance the quality of care across the continuum by improving risk-adjusted patient outcomes, promoting patient safety; increasing patient satisfaction; and optimizing the use of resources where the professionals involved in the patient care perform tasks (interventions) that are defined, optimized, and sequenced with outcomes tied to specific interventions.

**Clinical Performance:** Inclusive term for “clinical practice” and “professional misconduct.”

**Clinical Performance Appraisal:** An evaluation conducted at the request of the Medical Peer Review Committee (MPRC) and/or the Health Care Executive Committee (HCEC). The Clinical Performance Appraisal (CPA) shall evaluate the recent clinical performance of the licensed medical provider or areas of concern identified by the MPRC and/or the HCEC. The CPA shall be performed by a licensed medical provider or designee of the same discipline as the licensed medical provider being evaluated. The CPA is a tool that may be used as part of a Focused Professional Practice Evaluation.

**Clinical Practice:** The skill, knowledge, and competence of a licensed medical provider reflected in the licensed medical provider’s quality of care.

**Clinical Presenter (Patient Presenter):** A nurse, midlevel provider, physician or other appropriate licensed health care provider, trained in the use of telemedicine equipment, who is available at the originating site to present the patient, manage the telemedicine peripherals, and perform any hands-on exams to complete the encounter successfully. The role of the Clinical Presenter may be interchangeable with the Telemedicine Coordinator.

**Clinical Support Unit (Medical):** A headquarters based group of California Correctional Health Care Services (CCHCS) physicians who specialize in reviewing and auditing clinical medical care delivered by CCHCS licensed medical providers in California Department of Corrections and Rehabilitation institutions and in providing education to CCHCS licensed medical providers.

**Coccidioidomycosis 2 Area:** Institutions that pose the highest risk of coccidioidomycosis exposure.

**Coccidioidomycosis 2 Restriction:** A medical restriction based on a combination of a history of coccidioidomycosis (cocci) disease, medical high risk, negative cocci skin test results (if tested), race (e.g., African-American or Filipino), and medical conditions (e.g., diabetes mellitus); patients with a Cocci 2 restriction are designated as such in the cocci risk registry managed by Quality Management.

**Coccidioidomycosis Skin Test:** The skin test used to determine hypersensitivity reaction to the spherulin antigen (a component of the fungus that causes coccidioidomycosis).

**Competency:** Documented demonstration of an individual having the requisite or adequate abilities or qualities capable to perform up to a defined expectation.

**Complex Care Management:** Management of patients with complex biopsychosocial needs.

**Computerized Tomography:** Radiography in which a three-dimensional image of a body structure is constructed by computer from a series of plane cross-sectional images made along an axis.

**Concurrent Medical Record Review:** The review of a case, including the anticipated treatment plan, prior to the actual rendering of care so as to prospectively evaluate the critical thinking surrounding the case, the diagnostic process, and the ability to formulate an appropriate treatment plan.

**Concurrent Review:** A review to evaluate the ongoing need for acute, sub-acute, or non-acute levels of care including review of admissions, continued stays, and discharge planning activities.

**Consent Calendar:** A record of action items awaiting committee vote. These items are not expected to be substantially opposed and therefore are scheduled for review and automatic adoption unless a committee member specifically objects. Use of a consent calendar helps to close many agenda items quickly and efficiently.
Continuum of Care Review: A type of review conducted by Nursing Consultant Program Review staff which assesses the quality and appropriateness of a continuum of care delivered by several nursing staff members over a defined period of time in a specific clinic setting or service line that resulted in adverse patient outcome(s).

Contraband Surveillance Watch: Isolation and restriction of movement for observation of inmates who are suspected or known to have ingested or inserted contraband into a body cavity.

Controlled Access: A means of preventing unauthorized access to an Automated Dispensing Cabinet either by lock and key or electronic device using fingerprint access or passwords.

Controlled Room Temperature: United States Pharmacopeia guidelines for the storage of pharmaceuticals at room temperature.

Controlled Substances: Medications classified under federal and state law as Schedule II, III, IV, and V by the Drug Enforcement Administration.

Controlled Use of Force: The force used in an institution/facility setting when an inmate’s presence or conduct poses a threat to safety or security and the inmate is located in an area that can be controlled or isolated. These situations do not normally involve the immediate threat to loss of life or immediate threat to institution security.

Core Competency Standards: The standards utilized to evaluate the competency of civil service primary practice practitioners which include but are not limited to the following:

- **Patient care** that is compassionate, appropriate, and effective for treatment of health problems and the promotion of health.
- **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- **Interpersonal and communication skills** that result in effective information exchange and collaboration with patients and other health professionals.
- **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Systems-based practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Core Primary Care Team Members: The Primary Care Provider, Primary Care Registered Nurse, and support staff person assigned to a specific patient panel.

Correctional Clinic: A primary care clinic, pursuant to California Health and Safety Code Division 2, Chapter 1, Article 1 Section 1206(b), conducted, maintained, or operated by the State to provide health care to eligible patients of California Department of Corrections and Rehabilitation.

Correctional Facility Tuberculosis Patient Plan: The official state form developed by the California Correctional Health Care Services Public Health Branch in consultation with the California Department of Public Health to collect information on patients with suspect or confirmed Tuberculosis.

Correctional Pharmacy: A pharmacy, licensed by the California State Board of Pharmacy as a Licensed Correctional Facility, located within a correctional facility for the purpose of providing drugs to a correctional clinic (pursuant to Business and Professions Code, Division 2, Chapter 9, Article 13.5, Section 4187) and providing pharmaceutical care to inmates within the correctional facility. A Correctional Pharmacy may dispense or administer medication pursuant to a chart order, as defined in Business and Professions Code, Division 2, Chapter 9, Article 2, Section 4019, or other valid prescription consistent with federal and state law.

Correctional Standard Precautions: Hospital standard precautions adapted to a correctional setting that take into account security issues, inmate housing factors, and infection control concerns inherent to jails and prisons.

Correctional Treatment Center: A health facility operated by California Department of Corrections and Rehabilitation that provides inpatient health care services to patients who do not require a general acute care level of essential services and are in need of professionally supervised health care that cannot be provided on an outpatient basis.

Corrosivity: A substance that has a pH of less than or equal to two (highly acidic) or greater than or equal to 12.5 (highly basic).
**Countback:** An inventory auditing procedure whereby a user identifies the remaining inventory of a specified item pursuant to a prompt by an Automated Dispensing Cabinet. Typical countbacks are completed without the user knowing the expected medication count, usually called a blind countback.

**Covered Entity:** Health plans, health care clearinghouses, and health care providers who transmit any health information in electronic form in connection with a transaction that is subject to federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements, as those terms are defined and used in the HIPAA regulations, 45 Code of Federal Regulations sections 160 and 164.

**Credential Alert:** A flag in a licensed medical provider's file which serves to draw a reviewer's attention of some prior irregularity, unresolved issue, or other matter of concern which should be considered as part of any subsequent request to review credentials and/or grant privileges.

**Credential Bar:** A notification placed in a licensed medical provider’s file which shall act to prevent the Medical Reviewer from approving credentials until the matter creating the credential bar is considered by the Medical Peer Review Committee, who shall have the authority to take such steps as may be necessary to resolve the issue creating the credential bar or to instruct the Medical Reviewer to deny the application based on those issues. Placement of a credential bar may result from, but is not limited to:

- Suspension or revocation of the licensed medical provider’s privileges by any California Correctional Health Care Services (CCHCS) peer review body or officer.
- Separation for cause from civil service employment.
- Termination for cause of contract or registry services.
- Any legally enforceable agreement including, but not limited to, a settlement agreement prohibiting the licensed medical provider from future employment with California Department of Corrections and Rehabilitation (CDCR)/CCHCS or providing contract or registry services to CDCR/CCHCS.

**Credentialing:** The system of screening and evaluating qualifications and other credentials including, but not limited to, license, certification, required education, relevant training and experience, and current competence and health status.

**Cycle Count:** An inventory auditing procedure whereby a small subset of inventory within an Automated Dispensing Cabinet is counted such that the entire inventory is counted at preset intervals. The purpose of cycle counting is to verify inventory accuracy and to identify root causes of inventory errors.

**Cytotoxic:** Pertaining to, resulting from, or having the action of a toxin or antibody that has a specific toxic action upon cells of specific organs.

**“D” Listed Hazardous Waste:** Resource Conservation and Recovery Act hazardous waste identified due to its characteristics of “toxicity.” Separate containers may be required for each substance identified.

**Dangerous Drugs or Dangerous Devices:** Any drug or device unsafe for self-use in humans or animals and includes the following warnings: (a) any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import; (b) any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a prescriber," "Rx only," or words of similar import; or (c) any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to California Business and Professions Code, Division 2, Chapter 9, Article 1, Section 4006. A dangerous drug or dangerous device is also known as a prescription drug or prescription device.

**Data Use Agreement:** A contractual agreement that establishes who is permitted to use and receive a Limited Data Set, and the permitted uses and disclosures of such information by the recipient.

**Day Forward Scanning:** Documents produced by clinicians at the institutions after a clinical encounter or appointment which are scanned into the health record.

**Death Review:** A type of review conducted by Nurse Consultant Program Review staff which assesses the quality and appropriateness of nursing care, nursing practice issues, best practices, and factors that may have significantly impacted the quality of patient care, thereby contributing to the death of a patient.

**Decision Support Tools:** Materials used by clinical staff to inform and support evidence-based practices based on clinical knowledge and patient specific assessments. Decision support tools are standardized procedures, protocols, order sets, clinical pathways, guidelines, and standing orders developed in accordance with the Health Care Department Operations Manual, Section 1.4.19, Nursing Standardized Procedures, Protocols, Order Sets, Clinical Pathways, and Standing Orders.

**Definitive Care:** The completion of appropriate care in a setting such as a hospital emergency department under the care of physician(s).
De-identified Health Information: Health information that does not identify a patient and with respect to which there is no reasonable basis to believe that the information can be used to identify the patient.

Designated Reception Center Institution: An institution that receives persons newly committed to California Department of Corrections and Rehabilitation custody.

Destruction/Return Perpetual Inventory Record: An inventory system that continually updates the controlled substances stored separately from the active inventory while awaiting transfer to the contracted return vendor. This inventory shall account for each addition to and each subtraction from the disposal inventory of controlled substances and tracks transfers to the contracted return vendor.

Diet Instruction: Specific dietary recommendations including careful food choices based on the California Department of Corrections and Rehabilitation Heart Healthy Diet, provided by a Registered Dietitian or other health care staff within the scope of their licensure.

Direct Observation: Real-time observation of a procedure or ongoing evaluation of a treatment plan and/or patient care as it is rendered. Direct observation is utilized only during training and orientation periods.

Direct Supervision and Control: A pharmacist shall be on the premises at all times and be fully aware of all activities performed by ancillary staff.

Directly Observed Therapy: Dose-by-dose administration of medications by appropriately licensed health care staff including, but not limited to, Registered Nurse, Licensed Vocational Nurse, or Psychiatric Technician using the highest level of observation of ingestion of medication administered to the patient.

Discharge: Release of a patient from custody and/or parole supervision after which the full sentence is completed, the patient/parolee can no longer be “violated” and returned to prison, and is completely released from California Department of Corrections and Rehabilitation custody/control.

Disclosure: The release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

Discrepancy: When a computer count kept by an Automated Dispensing Cabinet differs from an actual count usually identified by cycle count or countback.

Disease Management: A system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant. This system supports the physician or provider/patient relationship and plan of care, emphasizes prevention of exacerbations and complications utilizing evidence-based proactive guidelines and patient empowerment strategies, and evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health.

Dispense: The furnishing of drugs or devices following a prescription from a licensed prescriber. Dispense also means and refers to the furnishing of drugs or devices directly to a patient by a licensed prescriber.

Dispensing: The furnishing of drugs or devices upon a prescription from a physician, dentist, optometrist, podiatrist or authorized prescriber, or upon an order to furnish drugs or transmit a prescription from a nurse practitioner, physician assistant or pharmacist acting within the scope of his or her practice. Dispense also means and refers to the furnishing of drugs or devices directly to a patient by a physician, dentist, optometrist, podiatrist, nurse practitioner or physician assistant acting within the scope of his or her practice pursuant to Business and Professions Code, Division 2, Chapter 9, Article 2, Section 4024.

Disposal: The handling of controlled substances that, due to expiration date, spoilage, or contamination, are no longer suitable for use or returnable to contracted prime or secondary pharmaceutical vendors.

Diversion: The use of prescription drugs for other than the intended purpose.

Do Not Resuscitate: A written order which directs that resuscitation efforts (i.e., intubation and assisted mechanical ventilation, cardiac compression, defibrillation, and administration of cardiotonic drugs) are not to be initiated in the event of cardiac and/or respiratory arrest.

Downtime: The period of time when the Electronic Health Record System and/or other electronic information system is not operational or available for use.

Drug Enforcement Administration: Federal and state departments that regulate controlled substances.

Ducat: A common term for a CDC 129, Inmate Pass. There are two types of ducats, “Priority” and “Non-Priority.” Priority ducats are stamped with the word “Priority” and are used for scheduled health care appointments. Non-Priority ducats are used for unscheduled appointments and/or unescorted movement from one location to another.
Durable Medical Equipment: Equipment prescribed by a licensed provider to meet medical equipment needs of the patient that can withstand repeated use; is used to serve a medical purpose; is not normally useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly; and is appropriate for use in or out of the institutional housing.

Emergency Medical Response Coordinator: A person who is regularly assigned to be responsible for ensuring that emergency medical response incidents, audits, and drills are evaluated and reported.

Emergency Response: The organizing, coordinating, and directing of available resources in order to respond to an event and bring the emergency under control.

Emergent Health Care Request: An order for specialty services as determined by the provider that meets the definition of a medical emergency and where the patient is immediately referred for emergency care.

Empty: For the purposes of hazardous waste, both federal and state definitions below shall be met:

- California Hazardous Empty: When all pourable waste no longer pours from the container when the container is inverted and all non-pourable wastes are scraped or otherwise removed.
- Federal Resource Conservation and Recovery Act Empty: Liquids that have no more than 2.5 cm (1 inch) remaining in the container, or less than 3% remaining in containers less than 110 gallons, or less than 0.3% remaining in containers over 110 gallons. With compressed gas cylinders, the pressure in the container must have approached atmospheric pressure. Containers that held acute hazardous solid materials that have been triple rinsed with the rinsing solution managed as hazardous.

Encounter: For the purposes of the Health Care Department Operations Manual, Section 3.4.2, Telemedicine Specialty Services and Primary Care, encounter means a telemedicine appointment.

Encounter Consolidation (sometimes referred to as bundling or stacking): When a patient has multiple pending appointments, setting appointments sequentially on the same day so that a patient need only be seen in one encounter for multiple purposes. Encounter consolidation helps increase clinic efficiency, meet mandated timeframes, and limit the need for custody escorts, lessening redundant work for custody and health care staff as well as making appointments more convenient for the patient.

Endorsed Institution: A California Department of Corrections and Rehabilitation institution where a patient is housed and assigned after completing the Reception Center initial intake process.

Engagement of Services Date: The date upon which the registry/contracted nursing personnel starts providing services within California Department of Corrections and Rehabilitation.

Episodic Care: Services to assess and treat exacerbation of a pre-existing condition or symptoms of a new condition, often unplanned and initiated when a patient submits a request for services.

Examination Protocol: A written plan specifying the procedure to be followed to perform a medical imaging examination of a particular anatomical area, including body position, number of images to be taken, etc. Protocols are developed and approved by the interpreting Radiologist.

Exception: A transaction where a mismatch has been identified between the controlled substance management system and the Automated Dispensing Cabinet (ADC). This can occur when drugs are leaving the Correctional Pharmacy but are not attributed to the ADC, or drugs leaving the ADC are not attributed as returned to the Correctional Pharmacy, thereby identifying where items were not handled correctly. This helps to ensure secure management of controlled substances and limits the possibility of diversion.

Exception Processing Team: Selected Health Information Management staff are responsible for correcting scanned documents in the health record. The Exception Processing Team consists of Health Records Technician II Supervisors, Health Records Technician IIs, and Health Records Technician Is.

Exemplar: Examples of best practices.

Expected Death: A medically anticipated death which is related to the natural course of a patient’s illness or underlying condition.

 Expedited Review: A priority report completed within specific timeframes, based on information available at the time of the review.

Expiration Dates: Dates determined by stability assessments that follow scientifically based technical procedures and are approved by the Food and Drug Administration that drug manufacturers place on the containers/labels of each drug product. Expiration dates apply only when the drug is stored in the manufacturer’s original unopened container under defined conditions.
Exploratory Focused Professional Practice Evaluation: A confidential, time-limited process which allows medical leadership the opportunity to evaluate the licensed medical provider's clinical competence when an Ongoing Professional Practice Evaluation identifies significant practice variance with potential undesirable patterns or trends of practice or when there is a question regarding the licensed medical provider's performance.

Extreme Departure: Care given that may cause injury or expose patients to some substantial risk of injury or harm which no other reasonable and competent provider would provide under the same or similar circumstances.

Failure Mode and Effects Analysis: A systematic, proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures, in order to identify the parts of the process that are most in need of change.

Final Proposed Action: The Medical Peer Review Committee recommended final action to modify privileges in any manner which includes a chronology of the major events in the peer review process and supporting documentation that is submitted to the Health Care Executive Committee.

First Aid: Emergency care administered to an injured or sick patient before health care staff is available.

First Responder: The first staff member certified in Basic Life Support (BLS) on the scene of a medical emergency.

First Responder Response Time: The time interval starting at the placement of the first call for an emergency medical response and ending with the arrival of treating personnel trained in cardiopulmonary resuscitation (CPR) at the scene of the incident.

Focus - PDSA: A methodology that is used to identify improvement opportunities and create a systematic approach to implementing changes. The model is used to learn by doing and experimenting with improvements, examining what is learned and implementing what was learned into further improvement efforts.

Focused Professional Practice Evaluation: An evaluation process comprised of chart reviews and licensed medical provider’s input to obtain a generalized or focused overview of a licensed medical provider’s clinical performance. Monitoring/Monitoring Report, Clinical Performance Appraisal, and Pattern of Practice are three types of Focused Professional Practice Evaluations.

Foreign Body: An object within the body that has been introduced from the outside, including but not limited to contraband items.

Furnish: To supply by any means, by sale or otherwise.

Furnishing: To supply by any means, by sale or otherwise. Drugs provided by a Correctional Pharmacy to a licensed unit or to a physician, dentist, optometrist, podiatrist, nurse practitioner, or physician assistant acting within the scope of his or her practice is furnishing pursuant to Business and Professions Code, Division 2, Chapter 9, Article 2, Section 4026.

Gender Dysphoria: A Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnosis signifying distress caused by a disparity between the individual’s self-identified gender and his or her biologic or phenotypic gender.

Global Surgery Schedule Timeframe: A timeframe established by the Centers for Medicare and Medicaid Services during which all necessary services normally furnished by a surgeon before, during, and after a procedure shall occur. For minor procedures, the timeframe is ten calendar days from the date of the procedure. For major procedures, the timeframe is 90 calendar days from the date of the procedure.

Governing Body: A person, persons, board of trustees, directors, or other body in whom the authority and responsibility is vested for the conduct and oversight of a licensed inpatient facility.

Handoff: A transfer of information from one health care staff or care team to another for the purpose of ensuring the continuity and safety of the patient’s care.

Hazardous Drugs: Any drug identified by at least one of the following five criteria: carcinogenicity, teratogenicity, reproductive toxicity in humans, organ toxicity at low doses in humans or animals, mutagenic properties, or new drugs that mimic existing hazardous drugs in structure or toxicity. This encompasses drugs that are antineoplastic, chemotherapeutic, and cytotoxic.

Hazardous Waste: A waste that appears on Resource Conservation and Recovery Act (RCRA) hazardous waste lists (i.e., “P” list, “U” list, and “D” list) with properties that make it potentially dangerous or harmful to human health or the environment by exhibiting one of the four characteristics of ignitability, corrosivity, reactivity or toxicity. Also includes federally recognized hazardous waste not otherwise included in RCRA (also known as non-RCRA hazardous waste.) Hazardous wastes can be liquids, solids or contained gases. In a medical setting, pharmaceuticals are examples of substances that can become hazardous waste when discarded. Dental hazardous waste includes amalgam used for filling teeth.
Hazardous Waste Manifest: The shipping document that travels with Resource Conservation and Recovery Act (RCRA) hazardous waste from the point of generation, through transportation, to the final treatment, storage, and disposal facility. This document tracks RCRA hazardous waste from “cradle to grave.”

Hazardous Waste Storage Area: The storage area where all hazardous waste from the satellite accumulation points are collected to await pick up by the hazardous waste transporter.

Health Care Decision: A decision made by a patient, or the patient’s agent, conservator, or legally recognized decision-maker, regarding the patient’s health care, including, but not limited to the following:
- Approval or disapproval of diagnostic tests, surgical procedures, and medication.
- Directions to provide, withhold, or withdraw artificial nutrition, hydration, and all other forms of health care, including cardiopulmonary resuscitation.

Health Care First Responder: The first health care staff member certified in Basic Life Support (BLS) to arrive at the scene of a medical emergency.

Health Care Grievance Communications: Patient specific communication provided through health care grievance interviews, institution level responses, rejection notices, or withdrawal notices.

Health Care Incident: An unusual or unexpected occurrence in the clinical management of a patient or patients, such as an error, sentinel event, near miss, accident, or medication event that has or may have adverse health consequences for patients and/or staff, and requires submission of a written description of the event to the Statewide Health Care Incident Review Committee. Health care incidents include events as described in the Health and Safety Code, Section 1279.1; unusual occurrences as described in Title 22, Section 79787; adverse drug reactions submitted to the Food and Drug Administration MedWatch Reporting Program; incidents reported to the California Department of Public Health; and Potential Quality Issue Referrals.

Health Care Operations: Any of the following activities of the Department or a covered entity to the extent that the activities are related to covered functions: conducting quality assessment and improvement activities, including development of clinical guidelines; population-based activities related to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives, and related functions that do not include treatment; reviewing the competence or qualifications of health care professionals evaluating practitioner and provider performance, health plan performance, conducting training programs in which students and trainees in areas of health care learn under supervision to practice or improve their skills, accreditation, certification, licensing, or credentialing activities; conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse detection and compliance programs; business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payments; and business management and general administrative activities of the entity, including but not limited to the following: management activities relating to implementation of or compliance with federal, state and local law; customer service, including the provision of data analysis; resolution of internal grievances, including the resolution of disputes from patients regarding the quality of care and eligibility for services.

Health Care Provider: A Medical Doctor, Doctor of Osteopathy, Doctor of Podiatric Medicine, Clinical Psychologist, Dentist, Clinical Social Worker, Nurse Practitioner, or Physician Assistant.

Health Care Services: California Correctional Health Care Services and Division of Health Care Services; medical, mental, and dental health services.

Health Care Services Dashboard: A monthly report that consolidates strategic performance information across key health care areas. The Dashboard provides data at both statewide and institution levels and shows trends in performance over time. The primary goal of the Dashboard is to provide California Correctional Health Care Services staff with information that can be used to improve the performance and value of health care services and patient outcomes.

Health Care Staff: Physicians, Dentists, Registered Nurses, Physician Assistants, Nurse Practitioners, Licensed Vocational Nurses, Certified Nursing Assistants, Psychiatrists, Psychologists, Licensed Clinical Social Workers, Licensed Psychiatric Technicians, Registered Dental Assistants and Registered Dental Hygienists.

Health Care Staff: For the purposes of the Health Care Department Operations Manual, Section 2.4.19, Nursing Standardized Procedures, Protocols, Order Sets, Clinical Pathways, and Standing Orders, health care staff means any person legally authorized to perform a health care function under standardized procedures, protocols, order sets, clinical pathways, guidelines, and standing orders. This includes Registered Nurses, Licensed Vocational Nurses, Psychiatric Technicians,
Certified Nurse Assistants, and Medical Assistants as outlined in the California Code of Regulations, Title 16, Division 13, Chapter 3, Article 2, Sections 1366-1366.4, 1379, and 1470-1474.

**Health Care Staff Response Time:** The time interval starting at the placement of the first call for an emergency medical response and ending at the time a physician, mid-level provider, or Registered Nurse has contact with the patient, or communicates via radio or telephone with the Health Care First Responder.

**Health Care Treatment Areas:** Any location where patient health care services are provided including, but not limited to, medical clinics, dental clinics, designated triage and treatment areas, or standby emergency rooms where urgent/emergent treatment may be required and the location is not licensed by the California Department of Public Health under California Code of Regulations, Title 22, Division 5, or by the California State Board of Pharmacy pursuant to Business and Professions Code, Division 2, Chapter 9, Article 13.5, section 4187.

**Health Home:** A care model that involves the coordinated care of an individual's overall health care needs and where individuals are active in their care.

**Health Information Portability and Accountability Act Waste:** Protected Health Information (PHI) waste (shred waste) defined as documents (e.g., paper, film, printer ribbon, labels containing PHI) that require shredding, pulping, burning, or pulverizing so that PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

**Health Literacy:** The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

**Health Maintenance Services:** A systematic program or procedure planned to prevent illness, maintain maximum function, and promote health.

**Health Promotion Services:** Providing clients with information to enhance health and prevent disease and encouraging lifestyles that influence good health.

**Health Record Custodian:** The person(s) or California Correctional Health Care Services subdivision(s) responsible for the maintenance, retention, access, data integrity, and data quality of Protected Health Information.

**Heat Alert Medications:** Medications that can pose a serious risk to a patient’s health during times of extreme heat by impairing the body’s ability to regulate temperature.

**Heat Medications Registry (Clinical View):** A type of Heat Medication Report intended for clinical staff only that provides clinical details and protected health information about all patients currently prescribed a Heat Alert Medication.

**Heat Meds Custody Report:** A type of Heat Medication Report intended for custody staff only that provides the Care Team, cell bed location, and facility location of all patients currently prescribed a Heat Alert Medication.

**Heat Plan:** A documented local operating procedure to prevent adverse drug reactions in patients prescribed medications that have the potential to impair thermoregulation. The Heat Plan is enforced from May 1 through October 31 each year and whenever temperatures warrant.

**High Alert Medications:** A drug that bears a heightened risk of causing significant patient harm when used in error. Mistakes may or may not be more common with these drugs, but the consequences of an error are more devastating to patients.

**High-Cost Medication:** A nonformulary pharmaceutical with a cost in excess of $5,000.00 per prescription per month.

**High Priority Health Care Request:** A request for immediate medical attention based on the patient’s or non-health care staff’s belief that a medical condition, signs, or symptoms require immediate attention by staff trained in the evaluation and treatment of medical problems. High priority consultations or procedures shall be provided within 14 calendar days of the Primary Care Provider order.

**High-Risk Hunger Strike Participant:** A hunger strike participant who is identified by health care staff as being at high-risk of suffering a medical complication from fasting or refeeding. High-risk patients shall be identified through a review of registries of patients with chronic medical conditions and through a review of medication prescriptions for patients (e.g., prescriptions for insulin).

**Hoarding:** Stockpiling of medications by the patient.

**Home Institution:** The institution where a patient is endorsed and to which the patient will return after completing the medically necessary health care services at the treating institution.
Hospice: Services that are designed to provide palliative services to patients needing end-of-life care. Services are designed to alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease and to provide supportive care to the primary caregiver and the family. A skilled or unskilled person may provide care under a plan of care developed by a physician or interdisciplinary team under medical direction. Hospice services may be provided in all levels/areas of a specialized health care housing unit.

Hospital Standard Precautions: Infection control practices used in the hospital setting to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Hub: Site where the physician or other licensed practitioner delivering the service is located when the service is provided via telecommunications system. These services are provided by a medical group, physician, or group of physicians (including support staff) who may be responsible for the coordination and administration of telemedicine services at the provider site.

Hygiene Supplies: Supplies available without a prescription for personal care. Hygiene supplies are generally used for non-medical purposes and are not medical supplies.

Ignitability: A substance that presents a fire hazard under routine storage, disposal, and transportation or is capable of exacerbating a fire once it has started.

Individual Hunger Strike Participant: An inmate who is identified by California Department of Corrections and Rehabilitation custody staff as a participant in an individual hunger strike.

Individual Improvement Plan: A personalized training and education plan created in conjunction with and based on the results of an Initial Focused Professional Practice Evaluation, Ongoing Professional Practice Evaluation, or Exploratory Focused Professional Practice Evaluation. The Individual Improvement Plan shall include a reassessment plan to evaluate improvement in any core competency in which the licensed medical provider is deemed to be deficient.

Informal Hearing: A hearing offered to licensed medical providers who are subject to a modification of privileges in order to provide a licensed medical provider with an opportunity to respond to and/or provide evidence to refute the allegations that provide the basis for the modification of clinical privileges.

Initial Focused Professional Practice Evaluation: An evaluation conducted during a licensed medical provider's probationary period which allows medical leadership the opportunity to evaluate the licensed medical provider's professional performance prior to granting active privileges, as well as to assess an existing licensed medical provider's clinical competence for performing a newly requested privilege.

Institution Attributes: The important capacities, capabilities, and characteristics of institutions that affect the institution’s ability and efficiency to provide medical services to patients with various Patient Attributes. For example, the institution has a 15 bed Correctional Treatment Center.

Institution Leadership Team: Composed of all supervisors and managers at the institution who are responsible for the planning and provision of health care services to meet the needs of the patient. This group includes, but is not limited to, the institutional health care executives, and all medical, nursing, mental health, dental, and other classifications designated as exempt, supervisory, or managerial by departmental policy.

Institution Performance Improvement Plan: A plan that is updated at least every 12 – 15 months or more frequently as needed and identifies the institution priority areas for improvement that are consistent with statewide performance improvement objectives, as well as performance objectives and strategies used to achieve objectives.

Institution Scorecards: A report updated monthly that shows each institution’s individual performance for measures included in the Dashboard.

Institutional Health Care Executives: Chief Medical Executive; Chief of Mental Health; Chief Nurse Executive; Health Program Manager III, Dental and Quality Management Programs; and Chief Support Executive.

Institutional Leadership Team: Chief Executive Officer; Chief Medical Executive; Chief of Mental Health; Chief Nurse Executive; Supervising Dentist; Health Program Manager III, Quality Management Program; and Chief Support Executive.

Interfacility Transfers: Transfers occurring from one California Department of Corrections and Rehabilitation (CDCR) institution to a separate CDCR institution (e.g., from Richard J. Donovan State Prison to California State Prison, Sacramento).

Interferon-Gamma Release Assays Test: The standard method used by California Correctional Health Care Services for the detection of recent or past Tuberculosis infection.
Interim Accumulation Area: The location at or near any point of generation where medical waste is initially accumulated in containers before moving the waste to the medical waste accumulation area. This will typically be health care services locations.

Interventions: Actions that focus on the execution of the specific care management activities that are necessary for accomplishing the goals set forth in the patient’s treatment plan, linking the patient to the services needed to optimize health.

Intrafacility Transfers: Transfers occurring within an institution (e.g., from A yard to B yard), causing a patient’s medications to be distributed from a different medication administration location.

Inventory Control Method: A record of all receipts, administration, and waste or return of controlled substances kept at a medication storage area. An Inventory Control Method includes data maintained electronically as well as information maintained on paper and includes the following data elements:

- Date
- Time
- Patient name
- California Department of Corrections and Rehabilitation number
- Dose to be administered
- Quantity removed from stock
- Quantity remaining in stock (running total)
- Amount of waste (if any)
- Reason for waste (when applicable)
- Licensed health care staff who withdrew the medication
- Co-signer (when applicable)
- Indications of shift count quantity signed by the outgoing with the incoming designated Supervising Registered Nurses II/III
- Names and strengths of controlled substances.

Involuntary Medication: Medications which are administered involuntarily under:

- Penal Code 2602, the Keyhea v. Rushen court order process (formerly Keyhea), for psychotropic medications.

Judicial Review Committee: A three-member panel composed of independent and impartial physicians who shall, by majority vote, determine the final outcome of a privileging action taken against a licensed medical provider when appealed by the licensed medical provider.

Keep-on-Person: Medications that the prescriber believes can be safely self-administered by the patient.

Keep-on-Person Ready List: Pharmacy-generated list of patient names and California Department of Corrections and Rehabilitation numbers whose Keep-on-Person (KOP) medications are ready for pick up.

Lapse In Care: Any departure from the standard of care which poses a risk to patient safety.

Large Quantity Generator: (California) For the purposes of California medical waste, an institution registered with the State or local jurisdiction which generates more than 200 pounds of medical waste in any month within a 12 month period, not including Resource Conservation and Recovery Act waste.

Large Quantity Generator: (Resource Conservation and Recovery Act [RCRA]) For the purposes of federal waste, an institution which generates 1,000 kilograms or more per month of RCRA hazardous waste or more than one kilogram of acute hazardous waste.

Latent Tuberculosis Infection: A TB infection that has not developed into disease. Most TB infections do not progress to TB disease. However, persons with latent TB infection (LTBI) are at risk of developing TB disease throughout their lifetime and are at higher risk of developing TB disease in the first two years after becoming infected. Patients with LTBI who are immunocompromised are at even higher risk of developing TB disease in the first two years after becoming infected.

Layover: A temporary delay or stop at an intermediate location during the transportation phase of a transfer of care. These typically occur during interfacility transfers of care and are of limited duration (e.g., overnight).

Lean Model: An approach that centers on the separation of "value-added" from "non-value-added" work and seeks to improve quality and productivity, reduce inefficiencies, and eliminate waste.
Legally Recognized Decision-Maker: Includes an agent designated in an advance directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, court-appointed conservator or guardian, or person whom the patient’s Primary Care Provider believes best knows what is in the patient’s best interest and shall make decisions in accordance with the patient’s expressed wishes and values to the extent known.

Legend Medications: Medications that can only be dispensed upon orders of a physician. The labels on these medications include the sentence: “Federal Law prohibits dispensing without a prescription.”

Licensed Correctional Clinic: A correctional clinic with its own discrete medication storage area which has been licensed by the California State Board of Pharmacy pursuant to Business and Professions Code, Division 2, Chapter 9, Article 13.5, Section 4187. A Licensed Correctional Clinic (LCC) may obtain drugs from a Correctional Pharmacy, the California Department of Corrections and Rehabilitation-Central Fill Pharmacy, or from another LCC within the same institution for the administration or dispensing of drugs or devices to patients eligible for care at the correctional facility if under either: (1) the direction of a physician and surgeon, dentist, or other person lawfully authorized to prescribe or (2) a statewide-approved protocol.

Licensed Medical Provider: Chief Medical Executive, Deputy Medical Executive, Chief Physician and Surgeon, Physician and Surgeon, Nurse Practitioner, Physician Assistant, Nurse Anesthetist, Podiatrist, and Specialty Consultant Practitioners.

Licensed Units: Any health care treatment area which has beds that have been licensed by the California Department of Public Health under California Code of Regulations, Title 22, Division 5 or a health care treatment area that has been licensed by the California State Board of Pharmacy pursuant to Business and Professions Code Chapter 9, Division 2, Article 13.5, section 4187.

Limited Data Set: Protected Health Information that excludes the following direct identifiers of the patient or of relatives, employers, or household members of the patient; names; postal address information other than town or city, state and zip code; telephone numbers; fax numbers; electronic mail addresses; social security numbers; health record numbers; health plan beneficiary numbers (such as Medi-Cal numbers); account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers.

Listed Hazardous Waste: Resource Conservation and Recovery Act hazardous waste identified due to its characteristics of “toxicity,” “ignitability,” “corrosivity,” or “reactivity.” Separate containers may be required for each substance identified.

Local Enforcement Agency: The California Department of Public Health or a local agency electing to implement a medical waste management program. Agencies may differ by county or locale. Refer to the following link: [https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/Local-Enforcement-Agencies.aspx](https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/Local-Enforcement-Agencies.aspx)

Local Health Officer: Any one of the 61 legally appointed physician health officers in California, one for each of the 58 counties and three cities of Berkeley, Long Beach, and Pasadena.

Lockdown: An emergency safety procedure where a portion of the facility is affected by suspension of required programs or services, and patients are not released except as determined by the facility administration on an individual, case-by-case basis.

Locked Unit: A restricted or segregated program housing unit to include Protective Housing Units, Psychiatric Services Units, Security Housing Units, and Administrative Segregation Units.

Mammography: The process of using low-energy X-Rays to examine breast tissue, used both as a diagnostic and screening tool.

Mass Organized Hunger Strike: An organized hunger strike including multiple inmates who have a common goal or set of demands. A mass organized hunger strike disrupts institution operations and requires statewide or institutional mobilization to effectively and safely evaluate and manage the health needs of patients.

Mass Organized Hunger Strike Participant: An inmate identified by California Department of Corrections and Rehabilitation custody staff as participating in a mass organized hunger strike.

Medical Classification: The process of mapping patient attributes to Medical Classification Factors.

Medical Classification Factors: A set of data elements that abstract and connect the Patient Attributes and the Institution Attributes. For example, “Correctional Treatment Center Level of Care.”

Medical Classification System: The system that provides the matching between patients and institutions based on patient attributes and institution attributes. The system answers questions such as, “Where can Inmate Smith go?” The system includes the designation of the Patient and Institution Attributes and the processes necessary for the matching.
**Medical Disciplinary Cause or Reason:** That aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care. This term is defined pursuant to Business Professions Code section 805.

**Medical Emergency:** Any medical, mental health, or dental condition, as determined by health care staff for which immediate evaluation and treatment are necessary to prevent death, severe or permanent disability, or to alleviate disabling pain. A medical emergency exists when there is a sudden, marked change in an individual’s condition so that action is immediately necessary for the preservation of life, alleviation of severe pain, or the prevention of serious bodily harm to the patient or others.

**Medical High Risk:** Patients who have a medical risk designated as high per the automated clinical classification system.

**Medical Hold:** A transfer restriction placed on an individual patient when the patient requires medically necessary health care services, and it is medically prudent to provide these services at the California Department of Corrections and Rehabilitation institution where the patient is currently housed. A medical hold may be placed on a patient by health care staff at the licensure level of Registered Nurse or higher.

**Medical Necessity:** Health care services that are determined by the licensed provider to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data as being effective medical care.

**Medical/Psychiatric and Return:** The process used when a patient requires medically necessary health care services which are only accessible at or via a California Department of Corrections and Rehabilitation institution other than the patient’s home institution. Medical/psychiatric and Return requires an overnight stay at the treating institution prior to the return to the home institution.

**Medical Reviewer:** An individual appointed by the Deputy Director or Deputy Medical Executive, Medical Services, who reviews credentials applications and makes a determination as to whether credentials can be approved or whether the application requires additional evaluation. The Medical Reviewer shall possess the same licensure as the applicant and must be in good standing with his/her licensing board and within California Correctional Health Care Services.

**Medical Supplies:** Supplies prescribed by a licensed provider to meet medical supply needs of the patient that meet the following criteria: cannot withstand repeated use; are usually disposable in nature; are used to serve a medical purpose; are not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly; and are intended for use by the patient in an outpatient setting.

**Medical Waste:** Waste produced as a result of the delivery of health care that is regulated by the California Medical Waste Management Act including biohazardous, pathology, pharmaceutical, or trace chemotherapy waste that is not regulated by the Resource Conservation and Recovery Act; sharps and trace chemotherapy waste generated as part of diagnosis, treatment, immunizations, or care of humans.

**Medical Waste Accumulation Area:** The storage area where all medical waste from the interim accumulation areas are collected to await pick up by the medical waste transporter.

**Medical Waste Management Plan:** A document required by the Medical Waste Management Act specific to a single generator which defines the generator’s processes for the disposal of the medical waste that it generates.

**Medication Adherence:** The extent to which patients take medications as prescribed.

**Medication Administration Area:** All areas that store medications located outside of the Correctional Pharmacy irrespective of license (e.g., medication cart, medication room, nursing stations, or Triage and Treatment Area).

**Medication Error:** Any preventable event that may cause or lead to inappropriate medication use or patient harm as a result of professional practice, health care products, procedures, and systems. Errors may occur in prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

**Medication Event:** Any preventable event that may cause or lead to inappropriate medication use or patient harm as a result of professional practice, health care products, procedures, and systems. Errors may occur in prescribing, order communication, product labeling, packaging, nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

**Medication No-Show:** The patient is not present to receive the prescribed medication.

**Medication Order Override:** A recorded transaction in an Automated Dispensing Cabinet where a medication has been furnished pursuant to a medication order in the electronic health records system prior to its verification.
**Medication Point of Service:** A set, defined location where medications are routinely administered to a specific set of patients. Examples include, but are not limited to, Medication Rooms, Injection Rooms, and Medication Carts (for those locations where fixed medication rooms are not available/practical [e.g., Deuel Vocational Institution “Housing Units/Wings”]).

**Medication Refill:** Repeat dispensing of the same medication pursuant to an active valid prescription order which indicates an authorized number of refills or authorized duration of the prescription.

**Medication Refusal:** The patient declines the prescribed medication (Directly Observed Therapy [DOT], Nurse Administered, or Keep-on-Person) or declines to comply with medication procedures either at the cell front or during medication line (i.e., patient covering lights and windows so that DOT cannot occur, refusing to cuff up or come to the cell door with water, refusing to come to the medication line).

**Medication Renewal:** A new medication order which is required for dispensing of any medication for which the current order is expired or expiring.

**Medium Priority Health Care Request:** Any health care request that includes, but is not limited to, preventive care, screening, or follow-up care and does not meet the definition of urgent care or an emergency but requires services to be provided within a shorter timeframe than routine requests as determined by the licensed provider. Medium priority specialty services shall be provided between 15-45 calendar days of the Primary Care Provider order.

**Mental Health Evaluation:** A psychological evaluation performed by a mental health clinician that includes a brief narrative of the presenting problem, historical information of relevance, a mental status examination and assessment of level of functioning, determination of need for mental health treatment and recommended level of care, and a referral to a psychiatrist if there is a possible need for psychotropic medication or other psychiatric intervention.

**Metered Dose Inhalers:** A pressurized medical device, also known as “MDI,” used for delivering medication into the lungs.

**Milestone Credits:** Credits awarded for the successful completion of approved rehabilitative or educational programs designed to better prepare patients to find employment and to successfully reintegrate into the community upon release and thereby reduce recidivism. Patients may also be awarded for the achievement of a distinct objective based on instruction and classwork time. To qualify for Milestone Completion Credits, programs must be included in California Department of Corrections and Rehabilitation’s Milestone Complete Schedule, have specific education or career training goals, and have attendance and performance requirements.

**Model for Improvement:** The Model for Improvement is a framework for structuring a quality improvement project that focuses on answering a set of fundamental questions followed by small but frequent tests of change, using Plan-Do-Study-Act cycles.

**Modified Program:** The suspension or restriction of patient program activities and/or movement that impacts less than all programs or less than all patients. A modified program may either occur independently in response to an incident or unusual occurrence or may occur as a facility transitions from a lockdown to regular programming.

**Monitoring/Monitoring Report:** Ongoing evaluation of a licensed medical provider's care ordered by a peer review body when the peer review body has concerns that the licensed medical provider may be deficient in a particular area of clinical practice. The monitoring and subsequent Monitoring Report shall be performed by institutional medical leadership, Chief Medical Executive and/or Chief Physician and Surgeon unless the peer review body identifies another reviewer. Monitoring is one type of Focused Professional Practice Evaluation used to oversee and evaluate all or a portion of a licensed medical provider's delivery of clinical care over a specified period of time.

**Multi-dose Vial:** A vial of liquid medication intended for parenteral administration (injection or infusion) that contains more than one dose of medication.

**Mutagenic:** Capable of inducing genetic mutation.

**Near Miss:** An event or situation that could have resulted in a health care incident but did not, either by chance or through timely intervention.

**Nonformulary Accommodation:** An accommodation not listed in the formulary or a formulary accommodation based on medical necessity.
**Nonhazardous Pharmaceutical Waste:** Pharmaceutical waste (also known as California hazardous pharmaceutical waste) which requires special disposal under the California Medical Waste Management Act but is not identified as hazardous by federal standards.

**Non-business Days:** Saturdays, Sundays and State holidays.

**Non-routine Disclosure:** The disclosure of records outside California Correctional Health Care Services that is not for a purpose for which it was collected.

**Non-urgent:** Needed no later than three business days based on the clinical judgment of the provider.

**Normal Business Hours:** A minimum of eight hours per business day. These hours may vary by institution, but are generally between the hours of 0700 and 1800.

**Not Preventable Death:** A death that could not have been prevented or significantly delayed despite identified opportunities for improvement in the medical care or systemic issues.

**Nourishments:** Approved food items, in addition to the standard meal, ordered for patients with certain medical or dental conditions.

**Nuclear Medicine:** The branch of medicine that deals with the use of radioactive substances in research, diagnosis, and treatment.

**Null Transactions:** Authorized access into an Automated Dispensing Cabinet where either no medication has been furnished or required processes have not been completed.

**Nurse Administered:** Dose-by-dose administration of medications by appropriately licensed health care staff that do not require Directly Observed Therapy procedures, only reasonably observed ingestion of medication.

**Nurse Practitioner:** A Registered Nurse who has achieved an expert knowledge base through additional education, training, and skills in physical diagnosis, psycho-social assessment, and management of health care needs in primary health care settings, and with additional training, in certain specialty health care settings.

**Nurse Protocol:** A specific written procedure that prescribes nursing actions in a given situation. Health agencies and physicians establish protocols to ensure consistency and quality of care. A protocol may describe mandatory nursing assessments, behaviors, and documentation for establishing and maintaining invasive appliances; methods of administering specific drugs; special-care modalities for patients with certain disorders; other components of patient care; lines of authority; or channels of communication under particular circumstances.

**Nurse Reviewer:** A designated Nursing Consultant Program Review staff assigned to perform a review.

**Nursing:** The protection, promotion, and optimization of health and abilities, prevention of illness, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, communities, and populations.

**Nursing Care:** Nursing care is delivered to patients within the framework of the Complete Care Model in the correctional setting and delegated by licensed Registered Nurses to patients at California Correctional Health Care Services. Nursing care is the result of the nursing process and is directed toward assisting the patient to maintain or regain a maximum level of health, accept reduced capabilities, or cope with terminal illness and death.

**Nursing Deficiency:** Nursing care which deviates from nursing scope and standards of practice established by the California Nursing Practice Act, American Nurses Association and/or California Correctional Health Care Services/California Department of Corrections and Rehabilitation policies and procedures, including deviations from nursing performance duties.

**Nursing-led Therapeutic Group:** Structured, standardized groups facilitated by a Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, or Certified Nursing Assistant. The groups provide patients with basic information about their diagnosis, symptoms, medication side effects, treatment options, and supportive interventions.

**Nursing Performance Duties:** A code of conduct for nursing professionals that consists of the following: Duty to avoid causing unjustifiable risk or harm, Duty to follow a procedural rule, Duty to produce an outcome.

**Nursing Practice:** Treatment of human response to health problems, through utilization of the nursing process. The performance of these acts requires specialized knowledge, judgement and skills based upon principles of psychological, social, physical and biological sciences and utilization of the nursing process. Nursing is both an art and science.

**Nursing Practice Review:** A type of review conducted by Nursing Consultant, Program Review staff into the quality and appropriateness of services ordered or performed by nursing staff within California Correctional Health Care Services.

**Off-label Use:** Use of a Food and Drug Administration approved drug for an indication not listed in the package labeling or at doses not supported by the package labeling.
**On the Premises:** This term refers to the entire institution.

**Ongoing Professional Practice Evaluation:** A continuous process which allows medical leadership the opportunity to evaluate the licensed medical provider's professional performance at regular intervals to identify and resolve potential problems as soon as possible; provide structured, detailed, and clinically-relevant feedback; and foster an efficient, evidence-based re-privileging process.

**Open Access:** A scheduling strategy that involves “doing today’s work today” and seeing patients as soon as possible after they request care, and on the same day if appropriate. Open access slots are appointment times or blocks that are left open and unscheduled until one to two days prior to that date, allowing the care team to accommodate walk-in patients, patients with urgent health needs, and patients with routine health needs that would benefit from expedited services.

**Open Line:** Affording patients access to canteen services outside of their scheduled draw each month.

**Opt-Out Screening Method:** The patient is informed of the routine laboratory tests that will be performed as part of the Reception Center Initial Health Screening and triage unless the patient specifically declines a test.

**Order Sets:** Printed or electronic orders available for commonly performed interventions. These are different from standing orders in that they are not conditional. The provider determines whether the order sets will be used, and if variations to the order sets are required, the provider notes the variation in the patient’s chart.

**Organization List:** A guide to assist institution staff with proper placement of documents/forms in the health record.

**Originating Site:** Institutional location of the patient where the telemedicine service is provided.

**Outdated:** Medication which reached either its beyond-use date or expiration date.

**Outpatient Housing Unit:** A designated housing area within institutions designed to provide supportive services, including low-intensity nursing care, for patients who may require limited assistance with activities of daily living or short-term observations.

**Outpatient Therapeutic Diet:** A medically or clinically necessary therapeutic diet ordered by a Primary Care Provider or dentist.

**Outside Facility Transfers:** Transfers to facilities not under California Department of Corrections and Rehabilitation control and/or oversight (e.g., Modified Community Correctional Facility, Community Correctional Facility, county jails, federal and state courts, hospitals, Department of State Hospital Facilities)

**Override:** When permission has been granted to depart from the usual placement requirements for one or more Medical Classification Factors.

**Overstock:** Medication of such a quantity that goes beyond the predictable needs of a health care service area.

**Over-the-Counter Products:** A select list of commonly utilized health care products which are available to the general public without a prescription.

"P" Listed Hazardous Waste: A classification of Resource Conservation and Recovery Act hazardous waste which are specific chemicals or products identified due to their extreme toxicity or reactivity. All “P” listed hazardous wastes are identified as acute hazardous waste.

**Palliative Care:** Services that support a patient in managing his or her health care needs associated with a serious illness. Services are designed to provide comfort, relief from pain, support the patient, and to maintain or improve functioning and quality of life. Palliative care services can be provided at any stage of illness and at all levels of care within the Department.

**Panel:** A team comprised of the Medical Peer Review Committee Chairperson; the Deputy Director, Medical Services, or designee; and a licensed medical provider's Regional Deputy Medical Executive that conducts Safety Assessments into a licensed medical provider's clinical performance to arrive at an initial determination as to whether the failure to take immediate action may result in an imminent danger to the health of patient(s) and/or staff.

**Par Level:** A count or volume range for quantity of floor stock to be maintained at a specific location. A par level generally has two parts. The first is the quantity at which the medication is not sufficient for anticipated needs and requires additional stock. The second is the quantity at which the medication is considered to be the maximum amount sufficient for anticipated needs without becoming excessive. Stock on hand should fall between the two.

**Parole:** Release of an inmate from imprisonment to the community by a releasing authority prior to the expiration of his/her prison term.

**Parole Release:** Conditional release of a patient into the community requiring California Department of Corrections and Rehabilitation supervision of the ex-patient to ensure adherence to specific conditions of parole.

**Pathology Waste:** Consisting of any recognizable human or animal body part, organs, and tissue.

**Patient:** An inmate who is seeking or receiving health care services or who is assigned to a care team.
**Patient Attributes:** The important medical characteristics, clinical needs, and chronic conditions that patients have which affect their placement into institutions. For example, “the patient needs Correctional Treatment Center level of care.”

**Patient Panel:** A clearly defined group of patients that are assigned to a particular care team. Every care team has one panel of patients, and every patient is assigned to a care team.

**Patient Profiles:** Individual patient reports that provide important clinical data in one screen or document.

**Patient Registries:** Lists of patients with specific conditions or eligible for certain preventive services that include clinical information helpful to the management of these patients.

**Patient Safety Alert:** A bulletin issued to all institutions informing them of a patient safety issue with statewide implications, which may include actions to mitigate harm to patients. For example, a patient safety alert might be issued when a sentinel event is linked to malfunctioning medical equipment used by several institutions.

**Patient Summary:** A report that brings together clinical data from multiple databases to provide an individual profile of each patient including demographic information, diagnoses, medications, recent laboratory results, recent hospitalizations and other health care events, upcoming appointments, effective communication and accommodation data, medical hold status, and other important clinical information.

**Pattern of Practice:** One of the tools that may be utilized to conduct a Focused Professional Practice Evaluation. A Pattern of Practice (POP) may be requested by the Medical Peer Review Committee (MPRC) or the Health Care Executive Committee. POPs are conducted by a licensed medical provider from the same discipline as the subject licensed medical provider. Results of the POP are forwarded to the MPRC for a determination of appropriate action.

**Pattern of Practice Review:** A type of review conducted by Nurse Consultant Program Review staff to evaluate the quality and appropriateness of services ordered or performed by nursing staff over a specified period of time. Pattern of Practice reviews shall include a review of selected patient encounters by an individual nurse staff over a specified timeframe.

**Payment:** The activities undertaken by the Department to obtain or provide reimbursement for the provision of health care. Payment activities relate to the individual to whom health care is provided and include, but are not limited to; determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication of health benefit or health care claims; billing, claims management, collection activities, and related health care data processing; review of health care services with respect to medical necessity, appropriateness of care, or justification of charges; utilization review activities, including pre-certification and pre-authorization of services, concurrent and retrospective review of services.

**Pedigree:** An audit trail that follows a drug from the time it is manufactured through the distribution system to a pharmacy. The Food and Drug Administration defines a pedigree as a statement of origin that identifies each prior sale, purchase, or trade of a drug, including the date of those transactions and the names and addresses of all parties.

**Peer Mentor Program:** Inmate Peer Mentors provide structured peer prevention and evidence-based strategies to deliver patient education, support patient well-being, and modify patient behaviors within California Department of Corrections and Rehabilitation and following release.

**Peer Review Formal Investigation:** An investigation into the clinical performance and/or conduct of a licensed medical provider pursuant to allegations that the licensed medical provider's clinical performance or conduct falls below the applicable standard of care. A Formal Investigation is an investigation as that term is used in Business and Professions Code, sections 805(c) and 805.01(b).

**Peer Review Intake Screener:** A Chief Physician & Surgeon, or designee, within the Clinical Support Unit who shall preliminarily review and triage peer review referrals to determine whether the case meets the peer review referral criteria.

**Performance Improvement Plan:** A plan that is updated at least biennially and identifies priority areas for improvement, as well as performance objectives and strategies used to achieve objectives.

**Permanent:** Expected to last longer than six months.

**Perpetual Inventory Record:** An inventory system that continually updates the inventory records to account for each addition to and each subtraction from the active controlled substances inventory available for furnishing or dispensing.

**Personal Representative:** A person who has authority, under applicable state law, to act on behalf of a patient in making health care decisions related to the patient.

**Personally Identifiable Information:** Any information that is maintained by the Department that identifies or describes an individual, including, but not limited to, his or her name, social security number, physical description, home address, home telephone number, education, financial matters, and/or medical or employment history. It includes statements made by, or
attributed to, the individual. PII may include information that is not necessarily Protected Health Information and may pertain to the Department employees, members of the public, or other individuals who may or may not be patients.

**Pharmaceutical Return:** Any pharmaceutical product that has been previously dispensed where the drug has remained in the possession of institutional health care staff, the drug is no longer needed, and the drug remains usable for its intended purpose.

**Pharmaceutical Waste:** Any pharmaceutical product not suitable for disposal in regular trash that is no longer used for its intended purpose, requires special disposal by law, and is not returnable for credit.

**Pharmacist-in-Charge:** A pharmacist proposed by a pharmacy and approved by the California State Board of Pharmacy as the supervisor or manager responsible for ensuring the pharmacy’s compliance with all federal and state laws and regulations pertaining to the practice of pharmacy. Within California Department of Corrections and Rehabilitation and California Correctional Health Care Services, this shall refer to the Pharmacist-in-Charge of the local Correctional Pharmacy that services the institution.

**Pharmacy Administrator:** Pharmacy staff designated by the Statewide Chief of Pharmacy Services or Pharmacist-in-Charge to oversee the maintenance of databases within an Automated Dispensing Cabinet inclusive of the drug formulary and staff access rights.

**Pharmacy Technician:** An individual who is licensed by the California State Board of Pharmacy to assist a pharmacist in the performance of pharmacy related duties as specified in pharmacy policies and procedures and in accordance with state and federal laws.

**Physical Inventory:** A count of the actual number of units physically present (e.g., tablets/capsules, milliliters, vials).

**Physician Assistant:** A health care provider who acts as an agent on behalf of a supervising physician and is under his/her direct supervision.

**Physician Manager:** Within California Correctional Health Care Services, the physician manager for Advanced Practice Provider staff shall include a medical executive or Chief Physician & Surgeon.

**Physician Orders for Life-Sustaining Treatment:** A physician order that documents a patient’s “preferred intensity of care” concerning life-sustaining treatment and end of life care, including resuscitation status, and which translates those expressed preferences into a physician’s order.

**Picture Archiving and Communication System:** A medical imaging technology which provides storage and convenient access to images from multiple modalities.

**Population:** A group of patients sharing a common health characteristic, such as age, gender, race or ethnicity, risk level, or chronic condition.

**Population Management:** Systematic assessment, monitoring, and management of the health care needs of identified groups of patients.

**Possibly Preventable Death:** A death wherein opportunities for clinical intervention or significant lapses related to care delivery have been identified that may have prevented or significantly delayed the patient’s death.

**Potential Quality Issue:** A health care incident, regardless of severity, which occurs during the course of treatment by a Healthcare Provider Network facility or provider and requires submission of a written Potential Quality Issue referral.

**Potential Quality Issue Report:** A response from the California Correctional Health Care Services (CCHCS) contract provider network regarding clinical care concerns involving a licensed medical provider under contract with the provider network and treating CCHCS patients.

**Power of Attorney for Health Care:** A written instrument designating an agent, also known as legally recognized decision-maker, to make health care decisions for the principal.

**Pre-Poured/Pre-Packed:** The practice of setting up medications in unit dose packages for administration to one or more persons prior to the scheduled time and administering them at a later time.

**Preliminary Outbreak Reporting System:** The electronic outbreak and disease reporting system developed at California Correctional Health Care Services and available to public health nurses or their designees in California Department of Corrections and Rehabilitation institutions.
**Prepared Medication:** For pharmacy staff, prepared medications are those medications prepared, reconstituted, or compounded by pharmacy staff for administration to a specific patient in any form. For licensed health care staff, prepared medications are those medications removed from packaging in order to administer to the patient. Reconstitution of intravenous/intramuscular medications for administration to a specific patient shall be in accordance with departmental policies under specific circumstances.

**Prescription:** Oral, written, or electronic transmission that is given to the person for whom ordered and is issued by a physician, dentist, optometrist, podiatrist, naturopathic doctor, nurse practitioner, physician assistant, or other person lawfully authorized to prescribe pursuant to their license in the State of California.

**Preventable Death:** A death wherein opportunities for clinical intervention or significant lapses related to care delivery have been identified that would have prevented or significantly delayed the patient’s death.

**Prevention and Wellness Services:** Services focused on disease prevention and health maintenance.

**Primary Care Team:** An interdisciplinary team that organizes and coordinates services, resources, and programs to ensure consistent delivery of appropriate, timely, and patient-centered care.

**Primary Care Huddle:** A meeting of Care Team members to plan and coordinate the patient care activities, panel management, and clinical operations to reduce or prevent lapses of patient care and improve patient outcomes.

**Primary Care Provider:** A physician, Nurse Practitioner, or Physician Assistant designated to have primary responsibility for the patient's health care or, in the absence of a designation or if the designated physician is not reasonably available or declines to act as primary physician, a physician who undertakes the responsibility.

**Primary Source Verification:** The documentation from the original source of a specific credential that verifies the accuracy of a qualification reported by an individual licensed medical provider. This can be documented in the form of a letter, documented telephone contact, or secure electronic communication with the original source.

**Principal:** An adult who executes a power of attorney for health care.

**Privilege Modification:** A temporary or permanent change in a licensed medical provider's privileges including a denial, suspension, restriction, reduction or revocation of any or all of a licensed medical provider's privileges.

**Privileging:** The process by which a licensed medical provider is permitted by law and the facility to provide specified medical or other patient care services. Clinical privileges must be facility-specific, provider-specific, and within available resources.

**NOTE:** There may be licensed medical providers who by the nature of their positions are not involved in patient care (e.g., researchers, administrative physicians). These health care professionals must be credentialed, but may not need to be privileged. Determinations regarding whether such individuals will need to apply for privileges shall be made on a case-by-case basis.

- **Active Privileges:** Granted to civil service licensed medical providers for a period not to exceed two years from the date of appointment for licensed medical providers who have completed proctoring requirements and have obtained advancement approval.

- **Provisional Privileges:** Granted to civil service licensed medical providers upon approval of credentials and lasting until completion of the four-month Initial Focused Professional Practice Evaluation and approval of active privileges. In no event shall provisional privileges last longer than 180 calendar days from the date of appointment.

- **Contract Privileges:** Granted to contract/registry licensed medical providers for a period not to exceed two years from the date credentials are approved.

**Process Flow Diagramming:** A way of designing and documenting business processes that illustrates and analyzes the overall flow of activities in providing a service.

**Proctoring:** The assignment of a licensed medical provider to observe the practice of another licensed medical provider performing specified activities and to provide required reports on those observations. The proctor must have privileges for the activity being performed but must not be directly involved in the medical care or treatment the observed licensed medical provider is delivering. Proctoring that requires a proctor to do more than just observe (i.e., exercise control or impart knowledge, skill, or attitude to another licensed medical provider to ensure appropriate, timely, and effective patient care) constitutes supervision. Such supervision may be considered a modification of privileges.

**Procurement:** The purchase of pharmaceuticals by the pharmacy. Various agencies may refer to a procurement as an order. To avoid confusion with the term chart order, “CII order” is used regarding the procurement of controlled substances.

**Professional Medical Staff:** Composed of Physicians, Dentists, Podiatrists and Clinical Psychologists engaged in their respective disciplines as health care providers either employed by or contracted with the institution.
Professional Misconduct: Conduct and behavior that disrupts, or is likely to disrupt, clinical operations and may impact patient and/or staff safety, or is “unprofessional” pursuant to California Business and Professions Code, sections 2220 et seq.

Professional Practice Organization: A nationally recognized organization that advocates for the members of the organization and sets expected standards of professional practice, ethics, and conduct for members of a particular profession. Examples of Professional Practice Organizations relevant to California Correctional Health Care Services nursing include, but are not limited to, the American Nurses Association, American Association of Critical Care Nurses, and American Academy of Nursing.

Prospective Review: A review conducted prior to services being rendered to determine whether the patient’s illness necessitates the requested level of care or services or could be provided at a lower level of care.

Prosthetic and Orthotic Appliance: Those appliances prescribed by a Primary Care Provider or Podiatrist for the restoration of function or replacement of body parts. A replacement, corrective, or supportive device worn on or in the body in order to artificially replace a missing portion of the body; prevent or correct a physical deformity or malfunction; or support a weak or deformed portion of the body.

Protected Health Information: Information created or received by California Correctional Health Care Services which identifies or can be used to identify an individual as it relates to past, present, or future health conditions; health care services provided to the individual; or health care related payments. This applies to information that is transmitted or maintained in verbal, paper, or electronic form.

Protocols: Evidenced based practice procedures that represent the framework for managing a specific disorder or clinical situation by outlining the desired outcome, the process steps and tasks, the skills and competencies required, scope of practice, and action taken.

Provider Network: A group of licensed health care practitioners and hospitals working under a contract with the Department who provide health care services to California Department of Corrections and Rehabilitation patients.

Psychotherapy Notes: Notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session, and that are separated from the rest of the patient’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Public: For the purposes of the Health Care Department Operations Manual, Section 3.5.35, Impaired Pharmacy Personnel, public refers to employees, co-workers, patients, and any other persons interacting with pharmacy personnel.

Public Official: A public official is any member, officer, employee, or consultant of a state or local government agency.

Quality Improvement: A rigorous approach to managing and improving organizational performance through the objective use of data and statistical tools to evaluate the structures, processes and outcomes of care and using improvement methods to design and test changes to continuously improve the value, quality and safety of health care systems.

Quality Improvement Monitors: Internal and external audits and reviews (i.e., Office of the Inspector General, court monitors, and Medication Administration Process Improvement Process).

Quality Management: A planned, strategic, system-wide approach to defining, evaluating, and improving organizational performance, thereby continually enhancing the quality and value of patient care and services provided and the likelihood of desired outcomes.

Radiologic Technologist: Medical personnel who perform diagnostic imaging examinations and administer radiation therapy treatments.

Radiology Information System: A software system for managing patient demographic and radiology imaging information. Used in conjunction with Picture Archiving and Communication System to manage patient imaging records.

Radiology Supervisor & Operator: The Radiologic Health Branch issues this State certificate to medical facilities to perform mammography, registers facilities possessing radiation sources such as X-Ray machines, and notifies the regulated community of radiation control changes.

Re-Privileging: The biennial process of re-evaluating privileges which have been granted to licensed medical providers who continue to treat and provide services to California Department of Corrections and Rehabilitation/California Correctional Health Care Services patients.
Reactivity: A substance that is unstable under normal conditions; can cause explosions, toxic fumes, gasses or vapors when heated, compressed, or mixed with water.

Reasonably Available: Readily available to be contacted without undue effort and willing and able to act in a timely manner considering the urgency of the patient's health care needs.

Recent Tuberculosis Infections: A Tuberculosis infection detected within the past two years. The new infection can be detected on entry to prison, during annual screening, in a clinic visit, or in a contact investigation.

Reception Center Focused Health Assessment: A face-to-face focused physical assessment performed by a Primary Care Provider and documented in the health record during the Reception Center Initial Screening.

Reception Center Initial Health Screening and Triage: A face-to-face assessment conducted by licensed nursing staff, which includes a review of the patient's available health records, an interview, a brief health history, and a focused objective physical assessment based on the records review and patient interview.

Reception Center Initial Intake Process: A multidisciplinary process of compiling and evaluating the inmate’s criminal records, life histories, medical, dental, physiological and mental health histories, and social histories and determining the inmate’s custody score in order to identify any specific placement needs and assigning them to a mainline institution. The Reception Center (RC) initial intake process is guided by California Department of Corrections and Rehabilitation custody staff and results in the patient's transfer to a mainline institution within 90 days of arrival at the RC.

Reconciliation: An accounting process that uses multiple sets of records to ensure that medication counts are correct and in agreement. It confirms the inventory on-hand after considering medication received, medication wasted, medication returned, and medication dispensed or furnished. This process may identify when diversion has occurred.

Registered Nurse Dispense: Notwithstanding any other provision of law, a Registered Nurse (RN) may dispense drugs or devices upon an order by a licensed physician and surgeon or an order by a certified nurse-midwife, nurse practitioner, or physician assistant if the RN is functioning within a licensed primary care clinic.

Registry: A decision support tool that lists patients who may be eligible for specific clinical services or interventions or who have specific clinical conditions.

Regulated Waste: Any waste generated by health care staff that requires special handling or any waste that cannot be discarded in regular trash pursuant to federal or state law.

Rehabilitative Achievement Credits: Credits earned for the successful completion of rehabilitative programming. Examples of rehabilitative programming include alcohol and substance abuse prevention, anger management, anti-gang life skills, victim awareness, and best parenting practices. To qualify for Rehabilitative Achievement Credits, programs must be approved by California Department of Corrections and Rehabilitation’s Division of Adult Institutions and the Warden, organized to achieve educational or rehabilitative goals, and be sponsored by department staff or volunteers.

Reportable Disease: A disease or condition that is mandated by law to be reported to the Local Health Officer for the jurisdiction in which a patient resides.

Reproductive Toxicity: Destructive to the ability to reproduce.


Resource Conservation and Recovery Act Hazardous Waste: Waste regulated by the Resource Conservation and Recovery Act whose properties make it potentially dangerous or harmful to human health or the environment by exhibiting one of the four characteristics of hazardous waste (ignitability, corrosivity, reactivity, or toxicity) or is a specifically listed D, P, or U waste. This includes waste where the drugs may not be hazardous but the vehicle in which they are dispersed is hazardous.

Retrospective Medical Record Review: The review of a case after care has been rendered which may include interviews with other personnel involved in the care of the patient, chart review, and/or evaluation of outcomes or work product.

Retrospective Review: A review to evaluate the medical necessity and appropriateness of treatment after it has been rendered, as well as to compare billed services with the actual treatment authorized.

Return Bin: A secure location accessible to designated pharmacy staff where recorded pharmaceutical returns are stored while awaiting inspection and review prior to incorporation into usable pharmacy medication inventory.

Reverse Distributor: A contractor that takes medication that is approaching or has exceeded its beyond-use or expiration date and submits the items to the manufacturers for potential monetary credit.

Risk Stratification: The continuous use of data and predictive modeling to differentiate patients into risk levels.
Root Cause Analysis: A structured and standardized process by which a multidisciplinary team analyzes a health care incident, near miss, or sentinel event, determines the fundamental reasons why the event occurred, and designs and implements a plan of action to prevent similar events from occurring in the future.

Rounds: The act of seeing a patient in an inpatient setting to observe and communicate with the patient, evaluate the patient's current condition, their response to treatment, determine if their care needs are being met by the current plan of care and to assess their environment of care. Rounds may be conducted by individual disciplines, or they may be multidisciplinary.

Routine and Recurring Disclosure: The disclosure of records outside California Correctional Health Care Services, without the authorization of the individual, for a purpose that is compatible with the purpose for which the information was collected.

Routine Health Care Request: Any health care request that includes, but is not limited to, preventive care, screening, or care as routine follow-up and does not meet the definition of urgent care or an emergency as determined by the licensed provider. Routine specialty services shall be provided within 46-90 calendar days of the Primary Care Provider order.

Routine Laboratory Orders: Any order that includes, but is not limited to, preventive care, screening, or care as routine follow-up and does not meet the definition of STAT laboratory orders or emergency care as determined by the licensed health care provider.

Safety Assessment: An evaluation to determine whether failure to take immediate action regarding the clinical performance of a licensed medical provider may result in imminent danger to the health of patient(s) and/or staff.

Satellite Accumulation Point: A location at or near any point of generation where Resource Conservation and Recovery Act hazardous waste is initially accumulated in containers before consolidating the waste at a hazardous waste storage area. For California Department of Corrections and Rehabilitation/California Correctional Health Care Services health care, this will typically be health care services locations.

Scheduling Support Staff: The member of the Care Team who ensures that all patients are appropriately scheduled and that Care Team members have the information they need for planned patient encounters. This is usually administrative support staff.

Self-Management: Patient activities to manage health on a day-to-day basis, in between contacts with the health care system. Self-management may also refer to collaborative processes between care teams and patients to develop specific plans and objectives to improve the patient's health status.

Sentinel Event: A patient safety event, including adverse events as defined in California Health and Safety Code, not primarily related to the natural course of the patient’s illness or underlying condition that results in death, permanent harm, or a temporary impairment that affects the patient and limits their ability to function normally for a significant amount of time.

Sexual Assault Response Team: A coordinated interdisciplinary team of law enforcement, prosecution, contract medical, and advocacy experts collaborating to meet the forensic needs of the criminal justice system and the medical and emotional needs of the victim of sexual violence or staff sexual misconduct.

Sharps Container: A rigid puncture-resistant United States Food and Drug Administration approved container for the collection of sharps waste.

Sharps Waste: Includes any device or object used to puncture or lacerate the skin including, but not limited to, hypodermic needles, lancets, scalpels, and suture needles.

Significant Finding: Important information discovered that causes concern for the interpreting radiologist and may influence patient care decision-making.

Single patient use: Replacement parts, accessories, and attachments used in conjunction with DME that are manufacturer recommended or intended to be used by a single person.

Six Sigma: A measurement-based, data-driven, systematic approach to process improvement and problem solving through the application of tools and techniques with the purpose of minimizing unnecessary variation in processes and eliminating defects.

Skilled Nursing Facility: A health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for skilled nursing care on an extended basis. It provides 24-hour inpatient care and at a minimum includes physician, skilled nursing, dietary, and pharmaceutical services as well as an activity program.

Small Quantity Generator: (California) For the purposes of medical waste, an institution which generates less than 200 pounds of medical waste per month.
Small Quantity Generator: (Resource Conservation and Recovery Act [RCRA]) An institution which generates more than 100 kilograms but less than 1,000 kilograms per month of RCRA hazardous waste or generates one kilogram or less of acute hazardous waste.

Specialized Health Care Housing: A distinct housing unit located within a facility or institution operated by the Department that provides health care services 24 hours a day to patients who are in need of professionally supervised health care. Specialized Health Care Housing units may, or may not be licensed and/or accredited. Specialized Health Care Housing units include the following levels of care: Outpatient Housing Unit, Correctional Treatment Center, Mental Health Crisis Bed, Psychiatric Inpatient Program, Skilled Nursing Facility, Hospice, Acute Care Facility (Mental Health), and Intermediate Care Facility (Mental Health).

Specialized Medical Bed: An institutional Correctional Treatment Center, Outpatient Housing Unit, Skilled Nursing Facility, or Specialized Outpatient bed.

Specialized Outpatient: A high medical risk outpatient who has long-term care needs with the potential for clinical deterioration, decompensation, morbidity, or mortality.

Standard of Care: The reasonable degree of skill, knowledge, care, and conduct ordinarily possessed and exercised by members of the discipline and profession under similar circumstances. Within correctional settings in California, the standard of care also takes into account the provisions of California Code of Regulations, Title 15, relating to definitions of medical necessity and also exclusions from available services as contained therein. A failure to meet the standards or care means:

- Clinical conduct which fails to deliver care that is consistent with the degree of care, skill, or learning expected of a reasonable and prudent licensed medical provider acting in the same or similar circumstances.
- Clinical conduct which is disruptive and/or unethical in nature and which can be or is detrimental to patient care and/or safety and/or clinical operations.
- Clinical conduct which involves the licensed medical provider engaging in conduct providing care which requires skill or knowledge beyond those possessed by the licensed medical provider in willful disregard of the licensed medical provider's competencies.
- Clinical conduct which violates the Medical Board of California's Clinical Practice Act and/or which can be or is detrimental to patient care and/or safety and/or clinical operations.

Standard Precautions: Guidelines for the prevention of infectious diseases and nosocomial infections established by the United States Centers for Disease Control and Prevention. Standard precautions combine universal precautions and body-substance precautions for all patients regardless of diagnosis or possible infectious status.

Standardized Procedure: For the purposes of the Health Care Department Operations Manual, Section 1.4.4, Advanced Practice Provider (APP), standardized procedures are procedures developed for the consistent application of health care functions performed by an APP.

Standardized Procedure: For the purposes of the Health Care Department Operations Manual, Section 2.4.19, Nursing Standardized Procedures, Protocols, Order Sets, Clinical Pathways, and Standing Orders, a standardized procedure is a specific written procedure that prescribes nursing actions to be taken by Registered Nurses (RNs) in a given situation designed to ensure consistency and quality of care. Standardized procedures are the legal mechanism for RNs, Nurse Practitioners to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. Because of this interdisciplinary collaboration for the development and approval, there is accountability on several levels for the activities to be performed by the RN, Nurse Practitioner. Organized health care systems include health facilities, acute care clinics, home health agencies, physician's offices and public or community health services. Standardized procedures are developed under the guidelines of the California Board of Registered Nursing and the California Medical Board.

Standards: Authoritative statements, defined and promoted by the profession by which the quality of practice, service or education can be evaluated; consisting of structure, process, outcome or practice.

- Outcome Standards: Desired patient care outcome as a result of nursing intervention. Focus is on the end products of quality care and indicates patient status. Reflects effectiveness and results rather than the process of giving care.
- Practice Standards: Written statements specifying level of performance or set of conditions determined to be acceptable by a recognized authority (e.g., American Nurses Association).
• Process Standards: Processes involving the activities for delivering patient care. These standards measure nursing actions or lack of actions involving patient care. The process standards assist in measuring the degree of skills in which technique or procedures were carried out.

• Structure Standards: Involves the setup of the organization that includes a Chief Nurse Executive at all levels: Headquarters, Regional, and Institution. Examples include the Complete Care Model which is the framework for delivery of patient care services.

**Standing Order:** A printed or electronic order set containing orders for the conduct of patient care in various stipulated clinical situations. They are formulated collectively by the professional members of a health care organization. Standing orders name the specific condition and prescribe the action to be taken in caring for a patient including, but not limited to, the dosage and route of administration for a drug or the schedule for the administration of a therapeutic procedure or intervention.

**STAT Laboratory Orders:** An order for immediate processing for testing or analysis based on licensed health care staff’s belief that a medical condition, sign, or symptom requires immediate evaluation.

**Statewide Medical Authorization Review Team:** A group of licensed medical professionals who combine their expertise to perform third level review of any request for medical services.

**Substantial Evidence:** Relevant evidence that a reasonable person could accept as adequate to support a conclusion.

**Supplement:** Medically or clinically necessary high caloric drinks ordered by a Primary Care Provider or Dentist.

**Suspect:** A person who attempts to commit or commits sexual violence, staff sexual misconduct, or sexual harassment.

**System Issue:** A process or procedural component that impacts the likelihood of clinical errors.

**Targeted Review:** A focused review of a specific area of the licensed medical provider's practice that can utilize multiple sources of information including the licensed medical provider's Ongoing Professional Practice Evaluation results and individual patient records.

**TB High Risk:** Patients with a recent Tuberculosis (TB) infection (diagnosed with TB infection within the past two years) who are not currently on TB infection treatment or did not complete a full course of TB infection treatment.

**TB Low Risk:** Patients who are not infected with Mycobacterium Tuberculosis and patients with TB infections who have completed a full course of TB infection treatment or a full course of treatment for TB disease. Patients currently on TB infection treatment are considered low risk if they are being case managed pursuant to the Health Care Department Operations Manual, Chapter 3, Article 8, Section 3.8.7, Tuberculosis Surveillance Program.

**TB Medium Risk:** Patients with remote TB infections (diagnosed with TB infection greater than two years ago) who have not completed a full course of TB infection treatment.

**Team Nursing:** When required care for a patient or group of patients is carried out by several team members with the Registered Nurse serving in the role of team leader and, as such, using delegated authority to accomplish the work at hand.

**Telemedicine Coordinator:** A nurse or other licensed health care staff responsible for the implementation, operation, and monitoring of the telemedicine program within the institution. The role of the Telemedicine Coordinator may be interchangeable with the Clinical Presenter.

**Telemedicine Services:** Through the Telemedicine Program, California Correctional Health Care Services coordinates with private health care entities to provide specialty care services using audio-visual technologies to California patients in California Department of Corrections and Rehabilitation institutions. The Telemedicine Program links health care providers and patients with high-definition cameras, electronic medical instruments, and voice to enhance physicians’ abilities to diagnose and connect with patients remotely.

**Telemedicine Services Program:** Provides clinical, administrative, and operational support and oversight to Telemedicine Services to statewide institutions.

**Temperature Excursion:** An event during which medication is exposed to temperature outside the recommended range(s).

**Teratogenicity:** The tendency to produce anomalies of formation or development.

**Therapeutic Equivalents:** Drug products with different chemical structures that are of the same therapeutic or pharmacological class which can usually be expected to have similar outcomes and adverse reaction profiles when administered in therapeutically equivalent doses.

**Therapeutic Interchange:** The dispensing of a drug that is therapeutically equivalent to but chemically different from the drug originally prescribed by a physician or other authorized prescriber. Although usually of the same pharmacologic class, drugs appropriate for therapeutic interchange may differ in the chemistry or pharmacokinetic properties, and may possess...
different mechanism of action, adverse-reaction, toxicity, and drug interaction profiles. In most cases, the interchanged drugs have close similarity in efficacy and safety profiles.

**Toxicity:** Wastes that are hazardous due to the characteristic of being harmful when ingested or absorbed.

**Trace Chemotherapy Waste:** A waste that is contaminated through contact with, or having previously contained, chemotherapeutic agents including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing that are considered empty by federal and state standards. Trace chemotherapy waste is considered a medical waste and not a Resource Conservation and Recovery Act hazardous waste.

**Transfer:** The transportation of a patient between two points, such as from one prison to another or from one law enforcement entity (a state prison or a county jail) to another.

**Transgender:** Transgender is the state of one’s “gender identity” (self-identification as a woman, a man, neither or both) not matching one’s physically “assigned sex” (identification by others as male, female or intersex, based on physical/genetic sex).

**Transmission-Based Precautions:** Contact, droplet, and airborne precautions. These precautions are used when the routes of transmission are not completely interrupted using standard precautions. Transmission-based precautions shall be used in conjunction with standard precautions.

**Transport:** Movement of a patient from their home institution for the purposes of accessing health care or other services that are not available at the home institution.

**Transsexual:** A person who establishes, or wishes to establish, a permanent identity with the gender opposite their birth sex by utilizing some type of medical treatment.

**Treating Institution:** The institution where a patient is sent to receive medically necessary health care services that cannot be provided at the home institution.

**Treatment:** The provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or for the referral of a patient for health care from one health care provider to another.

**Triage and Treatment Area Registered Nurse:** A Registered Nurse assigned to work in the Triage and Treatment Area.

**Tuberculin Skin Test:** The Mantoux Tuberculin Skin Test is a method of determining whether a person is infected with Mycobacterium Tuberculosis.

**Tuberculosis Disease:** A disease caused by bacteria known as Mycobacterium Tuberculosis. TB is a treatable infectious disease that usually affects the lungs and airway, but may also affect other parts of the body. People with TB disease of the lungs or airway may be infectious to others until they have received their initial phase of treatment with TB medications. People with TB disease in other parts of the body are not infectious to others.

"U" Listed Hazardous Waste: Resource Conservation and Recovery Act hazardous waste whose characteristics are less toxic than acute hazardous waste.

**Ultrasound:** An imaging method that uses high-frequency sound waves to produce images of structures within the body.

**Unexpected Death:** Any unanticipated death which is not related to the natural course of a patient’s illness or underlying condition.

**Unit:** A single manufacturer-packaged quantity of a particular over-the-counter product. Examples include a single tube of cream, single bottle of lotion, single bottle of the same medication, or single box of blister cards filled with the same medication.

**Unit of Use:** A single container which contains more than one dosage unit, usually a sufficient quantity of medication for one normal course of therapy.

**Unlicensed Nursing Staff:** Refers to unlicensed assistive personnel or health care workers who are not licensed to perform nursing tasks; it also refers to those health care workers who may be trained and certified, but are not licensed. Examples of unlicensed nursing staff include certified nursing assistants and medical assistants.

**Unusable:** Medication that does not meet federal or state standards for the purpose of being dispensable to a patient. Unusable medications include, but are not limited to: contaminated, mislabeled, deteriorated, or outdated medications or medications not properly stored or returned from patients.

**Urgent:** Needed less than three business days based on the clinical judgment of the prescriber.

**Urgent Care:** Clinics that treat acute illnesses and injuries that are not serious enough for a visit to an emergency room.
**Urgent Condition:** Any medical condition that would not result in further disability or death if not treated immediately, but requires professional attention and has the potential to develop such a threat if treatment is not provided within 24 hours.

**Urgent Finding:** An unexpected finding that requires medical evaluation within 24 hours.

**Urgent Health Care Request:** An urgent health care request for immediate medical attention is based on the patient’s or non-health care staff’s belief that a medical condition, signs, or symptoms require immediate attention by staff trained in the evaluation and treatment of medical problems.

**Use:** When referring to Protected Health Information and Personally Identifiable Information, means the sharing, employment, application, utilization, examination, or analysis of information that identifies, or reasonably can be used to identify, an individual within the California Correctional Health Care Services.

**Verification:** The review of a chart order to identify potential therapeutic issues including, but not limited to, contraindications and adverse drug reactions. Verification occurs following pharmacist review or pursuant to the auto-verification process authorized by California Department of Corrections and Rehabilitation and California Correctional Health Care Services departmental leadership.

**Victim:** A victim is a patient who has been subjected to inmate sexual violence, staff sexual misconduct, or sexual harassment.

**Waste Containers:** Different colored containers for medical waste or hazardous waste defined by the type of waste. The containers may be disposable, reusable, or recyclable and shall meet the requirements of governing agencies including the United States Department of Transportation and the Food and Drug Administration.

**Workforce:** Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for California Correctional Health Care Services (CCHCS) or a business associate, is under the direct control of CCHCS or a business associate, whether or not they are paid by CCHCS or the business associate.

**X-Ray:** A photographic or digital image of the internal composition of something, especially a part of the body, produced by X-Rays being passed through it and being absorbed to different degrees by different materials.