

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**1.4.13 Nursing Services Leadership**

**(a) Policy**

California Correctional Health Care Services (CCHCS) shall ensure nursing care services are planned, organized, and directed by a licensed professional Registered Nurse (RN) leader who has the education and experience commensurate with his/her responsibilities. RN leaders shall have the responsibility and authority to ensure the quality of nursing practice within the California Department of Corrections and Rehabilitation.

**(b) Purpose**

To promote quality in the provision of safe, efficient, and competent nursing care in all service line delivery areas to include inpatient, outpatient, specialty care, patient scheduling, Triage and Treatment Area, Receiving and Release, and Reception Center.

**(c) Responsibility**

**(1) Chief Nurse Executive (CNE)**

(A) The Statewide CNE (SCNE) is responsible for statewide strategic vision, policy development, and quality outcomes and is accountable for CCHCS nursing clinical and operations oversight.

1. The SCNE shall interpret and communicate organizational and institutional mission/programmatic goals and objectives.
2. The SCNE is a full partner of the headquarters' senior executive team as the Deputy Director of Nursing Services and shall report directly to the Director of Health Care Operations.

(B) The Headquarters' CNE (HQCNE) is responsible for service line delivery across all institutions. The HQCNE shall:

1. Provide direction, strategic leadership, planning, and organization for all aspects of nursing services, ensuring standardization and integration of nursing services into the health care delivery system.
2. Report directly to the Deputy Director of Nursing Services, SCNE.

(C) The Regional CNE (RCNE) is responsible for coordinating nursing care services, informing policy and procedure, and ensuring implementation of statewide programs within a region spanning multiple institutions. The RCNE shall:

1. Ensure institutional nursing practices comply with headquarters' directives and professional standards.
2. Report to the Regional Health Care Executive with functional supervision by the SCNE.

(D) The institutional CNE shall coordinate nursing care services, inform policy and procedure, and ensure oversight for the professional practice of nursing and the provision of nursing care within an institution. For the purposes of this subsection, oversight is defined as having responsibility for quality, service, resources, nursing staff competency, evaluation of the overall delivery of nursing care, and adherence with regulations.

1. The institutional CNE shall implement the statewide programs or directives into institution operations, ensuring 24 hour nursing services are available.
2. The institutional CNE is the institution's senior nurse leader, full partner of the institutional executive team and shall report directly to the Chief Executive Officer with functional supervision by the RCNE.

**(2) Supervising Registered Nurse III (SRN III)/Coordinator of Nursing Services (CNS)**

(A) The SRN III/CNS shall inform policy and procedure and is responsible for organizing, developing, directing, and managing nursing services and ensuring the delivery of quality nursing care as defined by the CNE.

(B) The SRN III/CNS is responsible for developing local operating procedures and administrative and internal management of clinical operations in keeping with policies, regulations, and standards.

(C) In compliance with California Code of Regulations, Title 22, Section 79629, at least one SRN III/CNS shall be designated as Director of Nursing for licensed inpatient areas. The SRN III/CNS shall report directly to the CNE.

**(3) Supervising Registered Nurse II (SRN II)/Nursing Coordinator (NC)**

The SRN II/NC shall:

- (A) Assume the first line of leadership, supervision, and accountability for the delivery of patient care for day-to-day operations.
- (B) Facilitate efficient and cost-effective daily operations and monitor staff compliance with regulatory, clinical, and institutional requirements.
- (C) Assume leadership for their respective service line(s).
- (D) Supervise licensed and unlicensed nursing staff and ensure quality patient outcomes.

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(E) Shall manage assigned facilities, patient flow, scheduling, and clinic operations to include patient care supplies and equipment.

(F) Report directly to the SRN III/CNS or CNE in the event of an SRN III vacancy.

**(4) Nursing Consultant, Program Review (NCPR)**

The NCPR is responsible for the implementation, monitoring, and review of nursing programs, including service and projects in institutions, at the regional level and statewide. The NCPR shall:

(A) Provide overall consultation, including recommendations and directions, to all nursing and health care services as assigned.

(B) Serve as the subject matter expert in nursing professional practice, standards of care, and the health care delivery system.

(C) Participate in the statewide and regional planning, development, implementation, evaluation, and monitoring of nursing services programs.

(D) Assist in developing and providing consultation for compliance with nursing practice, regulatory standards, and policy and procedures. The NCPR shall provide direct and indirect patient care services for select health care populations and/or patients.

**References**

- California Code of Regulations, Title 22, Division 5, Chapter 12, Article 3, Section 79629, Nursing Services – Director of Nursing Services
- American Nurses' Association. *Standards of Nursing Practice in Correctional Facilities*, Kansas City, Mo., 1985

**Revision History**

Effective: 11/2017