EXHIBIT 14

1. Reception Standards and Compliance

Project Lead: Jayne Russell

At the outset, the major objective for this subproject was to comply with the Plata standards related to Reception; however, upon assignment of Jayne Russell as the San Quentin Program Director, it was determined that the Plata standards were creating an immense backlog and exceeded both industry standard and National Commission of Correctional Health Care recommendations for intake processes. With court approval, San Quentin was granted authorization to modify the Plata requirements, making it possible to complete intake screenings on the same day of arrival for all incoming inmates.

The objective for his subproject was modified to enable San Quentin staff to provide to all inmates on the same day as arrival a comprehensive multidisciplinary screening and evaluation to identify any serious or immediate health care needs. A Quality Improvement Team was formed and drafted a new integrated screening process that includes a medical screening, a basic dental screening, and a mental health evaluation. Implementation of the new process will complete all intakes each day, with the exception of those inmates referred to a mid-level provider [assigned to the Receiving and Release (R&R) area] for further evaluation of health care issues identified during the medical screening. Depending on the daily intake volume, health care staff will also be scheduled to accommodate inmates arriving during 2nd and 3rd watch; however those inmates arriving after 7p.m. or on weekends are scheduled for a separate mental health and dental evaluation.

Though, the current screening process has improved within the existing infrastructure, implementation of the integrated screening plan cannot occur until the current R&R space is modified and adequate working space is available. A mental health relocatable building has been purchased and is located outside the current R&R space; the relocatable building will be utilized for the new screening process. Vanir estimates that the construction will be completed in the R&R on March 2007.

Following implementation of the integrated plan, a program has been designed wherein staff will complete tracking logs to monitor the intake flow, evaluate the process for quality of care and service delivery, and collect necessary data. An Access database will also provide multidisciplinary screening information which will allow staff to access previous evaluation dates to avoid screening duplications.

San Quentin is in need of IT support and equipment to support the new intake screening processes. Jayne Russell has initiated an evaluation of existing and necessary IT resources and will present the findings to the Receiver's team upon completion.

This subproject is ongoing, and the monitoring should continue through 2007.

1	RECEPTION STANDARDS AND COMPLIANCE Team Oversight: J. Russell	Start Date	Completion Date	Responsible Party
	Design a Receiving & Release area that complies with *Plata* standards.	**7/19/2006**	**8/21/2007**	**J. Russell & Dr. Saylor**
1.1	**Gather and analyze data regarding 'through put' of patients being evaluated and/or treated at the reception center.**	**7/5/2006**	**8/18/2006**	**M. Connell**
1.2	**Evaluate the following current areas:** Assessment, intake, triage and referral processes Space (clinical and support) Medical records Privacy	**7/5/2006**	**8/18/2006**	**M. Connell**
1.3	**Implement a medical confidentiality agreement for all correctional officers**	**8/1/2006**	**8/17/2006**	**Capt. Day & D. Meier**
1.4	**Implement a process regarding transfer lists**	**8/1/2006**	**10/26/2006**	**Capt. Day**
1.4.1	Establish a 12 p.m. noon deadline for finalizing and distributing the transfer lists to Health Records, Pharmacy, Transfer Nurse, and R&R Nurse.	8/1/2006	8/18/2006	S. Petrakis
1.4.2	Distribute a notice immediately that ensures transfer lists and parole lists are finalized by 12p.m. noon the day before the transfer and are distributed immediately	7/19/2006	8/18/2006	Dr. Saylor, S. Petrakis & Capt. Day
1.4.3	Conduct a QIT to address the R&R transfer process (tasks 1.4.1 and 1.4.2 are accomplished but did not solve the larger transfer list problem)	9/21/2006	10/26/2006	Capt. Day, J. Russell & Ricardo Brau
1.5	**Design a new R&R model which includes appropriate space for administrative support; provides proximity/access to all ancillary services; and ensures the model includes privacy based upon security/custody level.**	**3/19/2007**	**8/21/2007**	**VANIR, Dr. Saylor, J. McGrath, J. Russell & K. Page**
1.5.1	Implement an interim R&R checklist based on current process	8/1/2006	8/4/2006	M. Connell
1.5.2	Establish policies and procedures regarding R&R processes (including a policy regarding when, how and whom will distribute medications in the R&R including when it is appropriate for a c.o. to give meds and a policy regarding transfer lists and distribution timeframes)	3/19/2007	8/21/2007	J. Russell, Tonya Church, M. Connell, Dr. Silacci, & Capt. Day
1.5.3	Implement a check list, according to the new R&R model, that requires completion prior to any inmate leaving the R&R	3/19/2007	8/21/2007	M. Connell
1.6	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

2. Outpatient Housing Unit

Project Lead: Terry Hill, M.D.

The overall objectives for this subproject were achieved. Policies and procedures (P&Ps) were drafted for the OHU, and Dr. Hill recommends that San Quentin implement the P&Ps.

Monitoring the implementation of the OHU P&PS should continue through 2007.

2	**OUTPATIENT HOUSING UNIT** **Team Oversight: Dr. Hill**	**Start Date**	**Completion Date**	**Responsible Party**
	Ensure appropriate levels of quality care based on determined treatment criteria.	**7/5/2006**	**11/2/2006**	**J. Russell & Dr. Saylor**
2.1	**Evaluate Outpatient Housing Unit (OHU) by reviewing the following:** Purpose statement and clarification of clinical criteria for care in OHU Policies (e.g., timely transfer of patients to outside hospitals or other prisons) Staffing Equipment and supplies Admission, discharge and treatment criteria with quality and utilization oversight	**7/5/2006**	**8/3/2006**	**J. Robinson**
2.2	**Define the OHU program**	**7/21/2006**	**8/18/2006**	**Dr. Saylor & J. Robinson**
2.2.1	Determine clinical criteria for admission and discharge; who is authorized to admit and discharge; treatment criteria; criteria for transfer of patients to an outside hospital; quality and utilization oversight, etc.	7/19/2006	8/18/2006	Dr. Saylor & J. Robinson
2.2.2	Determine what clinical responsibilities are required for various levels of care (i.e. are vitals for all OHU patients each shift necessary?)	7/19/2006	8/18/2006	Dr. Saylor & J. Robinson
2.2.3	Revise the current OHU operating procedure to include the clinical criteria, admit/discharge criteria, treatment criteria and related processes, etc. OR develop a new OHU policy and procedure	7/19/2006	8/18/2006	Dr. Saylor & J. Robinson
2.3	**Evaluate current and anticipated staffing levels and compose a staffing plan that includes nursing posts (24/7)**	**7/19/2006**	**8/18/2006**	**Dr. Saylor & J. Robinson**
2.4	**Evaluate and determine necessary space for administrative staff and equipment**	**7/27/2006**	**8/18/2006**	**Dr. Saylor & J. Robinson**

2.5	**Determine necessary equipment and supplies for the OHU (including a call system)**	**8/2/2006**	**8/18/2006**	**J. Robinson**
2.5.1	Order new cell doors for the 2nd floor	7/27/2006	7/27/2006	J. Curzon
2.5.2	Coordinate with A. Laird to ensure ongoing availability of all needed equipment and supplies	8/2/2006	8/18/2006 and ongoing	J. Robinson & J. Dominie
2.6	**Improve availability and administration of medication in the OHU**	**8/2/2006**	**8/23/2006**	**J. Robinson & Dr. Silacci**
2.6.1	Evaluate availability and administration of medication in the OHU	8/2/2006	8/18/2006	J. Robinson & Dr. Silacci
2.6.2	Consider implementing a PYXIS unit in the OHU	8/2/2006	8/18/2006	J. Robinson & Dr. Silacci
2.7	**Coordinate with Jeff Metzner and Michael Keating regarding OHU issues**	**7/5/2006**	**ongoing**	**Dr. Hill & J. Hagar**
2.8	**Metrics (data on adverse patient incidents)**	**9/15/2006**	**TBD**	**SQ Project Team**

3. Supplies & Equipment

Project Lead: Linda Buzzini

Many of the objectives of the Supplies and Equipment subproject were accomplished. A streamlined ordering and approval policy and procedure for supplies and equipment were implemented, making acquisition of goods easier and timelier. The streamlined process primarily happens locally, and what was discovered in designing the new process is that the Department of General Services was not the problem. Rather, internal CDCR processes were creating delays and difficulty. As a result of the revised ordering and approval process, necessary medical supplies and equipment were obtained in the various clinical areas at the Institution and a truck was purchased to assist with supply delivery on Institution grounds. The M&SSI from Pelican Bay State Prison visited San Quentin and assisted staff with organizing their current storage areas.

A single temporary medical supply area was not established at the Institution, and supplies are still located in various locations on grounds. Establishment of a temporary site never occurred because it is believed that construction of the permanent medical warehouse could be accomplished rather quickly. A site for the medical warehouse has been identified, and the M&SS I from Pelican Bay will assist Vanir Construction Management in the design of the warehouse. Vanir estimates that the medical warehouse will be completed in December 2007. Still pending, in addition to the construction of the warehouse, are the subsequent implementation of the policies and procedures associated with the medical warehouse and use of the current SLAMM system within the new warehouse facility.

Monitoring of this subproject is ongoing and should continue through 2007.

3	**MEDICAL SUPPLIES** **Team Oversight: L. Buzzini**	**Start Date**	**Completion Date**	**Responsible Party**
	Ensure the adequate, appropriate, timely ordering, inventory, storage, and receipt of supplies by all clinical areas and a standard compliment of equipment by function and provider-type.	**7/5/2006**	**12/12/2006**	**K. Mitchell**
3.1	**Evaluate ordering, taking into consideration the following:** Internal and external procurement processes Standardization and exception for procurement processes Determine what role, if any, the warden should have in health care procurement processes and decisions	**7/5/2006**	**8/18/2006**	**L. Buzzini & QIT**
3.2	**Evaluate the following with respect to supplies:** Delivery to San Quentin Warehousing Delivery to clinical sites Security Inventory Control systems Accounting and timely payment of invoices Clinical site storage Standard compliment of supplies by function and provider-type	**7/5/2006**	**8/18/2006**	**L. Buzzini & QIT**
3.3	**Identify source of PIA requirements and determine what is necessary for a waiver for SQ to utilize SQ's PIA services**	**7/19/2006**	**8/18/2006**	**L. Buzzini**
3.4	**Implement a streamlined ordering and approval policy and procedure for supplies and equipment (i.e. from originator to CMO for approval; P.O. to procurement officer and Budget Analyst; P.O. to vendor, etc.)**	**7/27/2006**	**8/24/2006**	**K. Mitchell**
3.4.1	Set up a QIT to evaluate the ordering and approval process and to develop a standard process	8/2/2006	ongoing	L. Buzzini
3.4.1.1	Implement a temporary 90-day process (HCM approval, 24-hour turn-around on Form 5s, no veto in procurement office)	7/27/2006	7/27/2006	J. Curzon, J. Dominie, & A. Laird
3.4.1.2	Develop a flowchart of new request and purchase order process resulting in routine procurement requests being processed in 2-3 days	8/2/2006	8/25/2006	J. Dominie
3.4.1.3	Provide a flowchart illustrating a new "service and expense" process resulting in routine requests being processed in 2-3 days	8/2/2006	8/25/2006	J. Dominie

3.4.1.4	Review and identify statutes, rules, regulations and policies that require change in order to implement most efficient and timely procurement of supplies, equipment, and staff	8/10/2006	8/18/2006	K. Mitchell
3.4.1.5	Obtain secondary access to DGS procurement program so healthcare can prepare its own routine purchase orders	8/10/2006	8/18/2006	K. Mitchell
3.4.1.6	Determine what percentage of procurement exceeds SQ's delegated authority, why its not all delegated, and whether delegation is possible	8/10/2006	8/25/2006	K. Mitchell & L. Buzzini
3.4.1.7	Order another 'drop' for supply room computer	8/17/2006	8/24/2006	D. Marshall
3.5	**Construct a medical supply and equipment warehouse and improve warehousing processes**	**7/19/2006**	**unknown**	**VANIR & K. Mitchell**
3.5.1	Form a QIT (determine the size necessary for a warehouse, define inventory of supplies and equipment, do we need refrigeration?, who will have access?)	10/18/2006	12/12/2006	VANIR, J. Robinson, K. Mitchell, R. Rossen, T. McKay & Dr. Saylor
3.5.1.1	Determine a site for a temporary medical supply warehouse (UPS warehouse)	8/3/2006	pending QIT	VANIR & Dr. Saylor
3.5.1.2	Move all supplies to temporary space, inventory all supplies, and enter data into the Slamm system	8/3/2006	pending QIT	J. Jordan
3.5.1.3	Ensure outside vendors, UPS, and FedEx are aware of new delivery site for medical supplies	8/3/2006	pending QIT	J. Jordan
3.5.2	Establish usage patterns and reorder points for needed supplies	8/18/2006	pending QIT	J. Jordan
3.5.3	Establish a distribution system for centrally located supplies	8/18/2006	pending QIT	J. Jordan
3.5.4	Establish an inventorying, ordering, and delivery system for supplies stored in each clinic location.	8/18/2006	pending QIT	J. Jordan
3.5.5	Hire a M&SSI to receive all medical and stationary supplies, maintain warehouse storage area and assist with supply orders and deliveries	7/19/2006	10/3/2006	J. Dominie
3.5.6	Adjust and amend the SLAMM (State Logistics and Materials Management) system to monitor and control the inventory of equipment and supplies	pending QIT	pending QIT	J. Jordan
3.5.6.1	Set up a revised office and forms supply catalog	Pending SLAMM implementation	Pending SLAMM implementation	J. Jordan
3.5.7	Establish policies regarding supply and equipment processes (including a policy and logbook for after-hours access to supply areas and provisions for custody access)	8/8/2006	9/5/2006	B. Welch & A. Laird

3.5.7.1	Compose a letter regarding how and when to order supplies in the interim until the new policies are distributed	8/18/2006	8/24/2006	J. Robinson & Dr. Saylor
3.5.8	Establish medical supply room policies regarding supply room processes and functions	9/21/2006	10/26/2006	B. Welch & T. McKay
3.5.9	Determine if a van, forklift or other equipment is necessary for warehouse	9/15/2006	12/12/2006	J. Jordan
3.6	**Purchase 40 text pagers for clinical staff supervisors**	**7/27/2006**	**8/10/2006**	**Dr. Saylor**
3.7	**Compose a letter to R. Kirkland (HQ Budgets) regarding SQ not subject to CDCR handbook related to procurement. R.Kirkland to contact J. Hagar if there are questions**	**8/17/2006**	**8/24/2006**	**K. Mitchell**
3.8	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

4. HEALTH RECORDS

PROJECT LEAD: KATHY PAGE

The major objectives for this subproject have not been accomplished, although some improvements have been made in Health Records. A health records consultant was hired to review the San Quentin Health Records Unit, and the consultant provided a report with several quick-fix and long-term recommendations. To date, some of the quick-fix recommendations have been implemented: a drop-box will be installed for return of health records to the Unit; a golf cart was purchased for staff to deliver and pick up health records on grounds; and a half-door was installed in the Unit to maintain a more secure environment while providing access to staff. The consultant also recommended that a full-time Medical Records Director be hired to assist in more comprehensive and sustainable improvements in Medical Records, because without strong leadership and supervision in Health Records, sound patient care and an effectively functioning Health Records Unit cannot be achieved. The Medical Records Director is in the process of being hired for San Quentin and is expected to begin work in the next few weeks. Additionally, Giselle Matteson was hired at San Quentin as the Chief of Support Operations, and she will oversee Health Records and provide assistance to the Medical Records Director in effectuating long-term positive change.

Health Records is one of two areas at San Quentin that remains most problematic, as the operations and performance of the Health Records Unit has not changed significantly. It is common to see three or four clinical staff standing outside of the Health Record Unit awaiting receipt of a record; however nearly 50% of all records requests are not retrievable. Clinic staff also make hundreds of calls to the Health Records Unit each week requesting information in order to treat patients; this volume of phone calls further impedes the work of both San Quentin clinicians and the Health Records staff. There are also various systemic issues which are causing difficulty in Health Records. For example, management of the flow of inmates continues to be a major problem; the limited hours of operations in Health Records require healthcare staff to access and search for health information on their own; and ducating and re-ducating of inmates who are "no-shows" causes health records to be pulled, filed, and re-pulled several times.

Several changes implemented by the Receiver have not had the desired outcome. For example, new positions were established in the Health Records Unit to assist with the backlog, but currently approximately half of the Health Records staff are registry personnel who are untrained, unmotivated, and may hinder patient care. The Receiver's group learned more staff were necessary, but increasing the number of positions did not solve the problem. Also, standard timeframes (24-hours max.) were established when loose filing is to be filed in health record and when loose filing needs to be mailed to other institutions for inmates who had transferred. San Quentin is currently complying with the requirement to send loose filing to other institutions when an inmate transfers but is not complying with the requirement that filing in the health record be completed within 24-hours. The failure of Health Records staff to file within the appropriate timeframe results in a delay of treatment and inefficiencies. Request for care, procedures, prescriptions, outside consultants reports, and pertinent medical histories are not filed for days, weeks, and even months. The failure to have this information

appropriately filed has resulted in many bad outcomes and unnecessary hospitalizations.

This subproject is ongoing through 2007-2008, as critical improvements, procedural changes, and requirements have not yet been implemented.

4	**HEALTH RECORDS** **Team Oversight: K. Page**	**Start Date**	**Completion Date**	**Responsible Party**
	Ensure the availability of timely, complete and accurate medical records.	**7/5/2006**	**11/2/2006**	**Dr. Saylor & S. Van Hook**
4.1	**Evaluate medical records operations and processes, including the following:** Space and location Personnel (numbers and minimum qualifications) Equipment (e.g., facsimile, scanner) Storage, delivery (including availability), return and retention of records Coding Transfer of patients to other facilities and parole Shredding of county jail medical information Organization and content of medical records	**7/5/2006**	**7/19/2006**	**S. Van Hook**
4.2	**Provide a refresher/retrain regarding Plata P&Ps related to medical records**	**8/1/2006**	**8/31/2006**	**M. Meyers**
4.2.1	Revise the P&Ps to be more user-friendly, to eliminate redundant information, and to add additional info.	8/31/2006	TBD	Pending Medical Records Director
4.3	**Improve supervision and staffing in Medical Records**	**7/19/2006**	**8/18/2006**	**Dr. Saylor**
4.3.1	Obtain new position for a Medical Records Director	8/10/2006	8/18/2006	L. Buzzini
4.3.2	Secure SPB approval to use existing Medical Records Director class beginning immediately	8/10/2006	8/18/2006	L. Buzzini
4.3.3	Secure revision to Medical Records Director class specification	8/18/2006	9/5/2006	L. Buzzini
4.3.4	Secure an additional HRT III position (new Medical Records Director to select IIIs)	7/27/2006	7/28/2006	L. Buzzini
4.3.5	Obtain an out-of-class for S. Van Hook (HRT III)	8/1/2006	8/2/2006	SQ Personnel
4.3.6	Move scheduling responsibility from S. Van Hook to Jane Robinson (memo from Dr. Saylor)	8/1/2006	8/2/2006	Dr. Saylor & J. Robinson
4.4	**Evaluate and report to Receiver's staff regarding equipment needs (i.e. medical records locator, status of stools)**	**7/19/2006**	**8/31/2006**	**B. Welch & A. Laird**

4.5	**Move mailboxes from Medical Records area to create secure medical records area**	**7/19/2006**	**8/4/2006**	**M. Barker**
4.6	**Transfer census coding/logbook from Health Records to appropriate nursing unit**	**8/18/2006**	**8/24/2006**	**J. Robinson**
4.7	**Assess training needs of Health Records staff and develop a training plan.**	**TBD**	**TBD**	**Pending Medical Director Director**
4.8	**Research contracting options for transcription services and report on findings**	**8/3/2006**	**8/18/2006**	**D. Sallade & Dr. Saylor**
4.8.1	Initiate lay off of current transcriptionist	8/3/2006	8/11/2006	L. Buzzini
4.9	**Establish daily overnight mailing of loose filing health documents left behind when an inmate transfers**	**8/18/2006**	**9/1/2006**	**S. Van Hook**
4.10	**Arrange for medical document shredding with a shredding company**	**8/24/2006**	**9/7/2006**	**J. Robinson**
4.11	**Metrics (possible metrics could be data on the increase in delivery/retrieval of medical records to the clinic areas following addition of new staff; collection of data on information not provided in the logbooks for coding census purposes; spot audit findings regarding HR organization, errors, etc.; data on availability and delivery of HRs when an inmate transfers)**	**9/15/2006**	**TBD**	**SQ Project Team**

5. Specialty Services

Project Lead: Terry Hill, M.D.

The objectives of this subproject have been accomplished. However, despite the progress and successes in this area, specialty services at San Quentin are still vulnerable.

San Quentin staff organized and eliminated a severe backlog of specialty services, and regular reports to the Receiver from Renee Kanan M.D. indicate that specialty services are under control. San Quentin is now effectively tracking specialty services (manually and with IMSATS), but an IT improvement is necessary immediately for tracking and scheduling. A solution should be delivered to San Quentin quickly, and the Receiver's group recommends that John Hummel, Chief Information Officer (CIO), and Justin Graham M.D., Chief Medical Information Officer, (CMIO) be enlisted to assist San Quentin with a scheduling and tracking application. This solution should not be an Access database, and should be acquired with statewide implementation in mind, considering the statewide backlog of requests for specialty appointments recently uncovered by the regional nurses.

Contracting for specialty services for San Quentin was stalled in the Doctors Hospital debacle. It was recently discovered that the Office of Business Services was awaiting direction from the Receiver's Office before proceeding in establishing the contracts.

San Quentin staff developed P&Ps and protocols for specialty services, and Dr. Hill recommends that San Quentin implement the P&Ps and the protocols.

Health Care Access

Project Lead: Joe McGrath

The concept for the Health Care Access Teams originated from the Specialty Services subproject but should be addressed separately. Initially, San Quentin staff were recruited to assist with the development of this program, but the Receiver's group learned that the institutions do not have the resources to do this locally. Therefore, the Receiver will have to design and implement a health care access program.

Although, this subproject progressed slower than originally expected, Joe McGrath, Don Meier, and Don Hill have prepared a complete package program that includes all documentation necessary to implement the program. Linda Buzzini and Joe McGrath met with CCPOA and they are currently awaiting a response from CCPOA regarding the program.

5	SPECIALTY SERVICES Team Oversight: Dr. Hill	Start Date	Completion Date	Responsible Party
	Ensure the availability of timely medical specialty services necessary for quality medical care.	**7/5/2006**	**11/2/2006**	**Dr. Saylor**
5.1	**Evaluate specialty services delivery, including the following:** On-site (preferred, as appropriate) and off-site Scheduling Transportation (internal and external) Telemedicine Utilization review (internal and external) Need for appropriate clinical and support staff (e.g., scheduling and tracking services) Reimbursement for private providers Propose a timeframe and milestones for the above elements	**7/5/2006**	**7/19/2006**	**Dr. Saylor**
5.2	**Designate an administrative position/individual to coordinate schedules with outside providers from 8:30a.m. to 4:30p.m. (not an RN) and transition responsibilities**	**7/27/2006**	**8/31/2006**	**J. Robinson**
5.2.1	Coordinate with frequently used off-site providers to have specific days/times reserved for inmate patients	8/16/2006	8/31/2006	J. Robinson
5.3	**Develop a contract with Doctors Medical Center for approval by the Receiver**	**8/3/2003**	**9/7/2006**	**D. Sallade & Dr. Hill**
5.3.1	Visit Doctors to discuss the lock-up area in facility	8/2/2006	8/2/2006	J. McGrath, Dr. Saylor & Dr. Hill
5.3.2	Meet with the chief of police of San Pablo regarding community concerns of use of the hospital space	8/17/2006	8/17/2006	J. McGrath & B. Ayers
5.3.3	Identify a coordinator (LVN) to be responsible to manage Doctors Medical Center relationship and scheduling (i.d. problems, troubleshoot, and ride on the transfers)	8/24/2006	9/7/2006	Dr. Saylor
5.4	**Establish a QIT (with representatives from medical and custody-transportation) to coordinate all off-site specialty appointments and transportation**	**7/19/2006**	**9/6/2006**	**Dr. Kanan, Capt. Day & M. Barker**
5.4.1	Implement a short-term plan: Immediately triage all requests for services and prioritize requests (urgent & routine)	8/1/2006	8/4/2006	Dr. Kanan
5.4.1.1	Schedule and complete all urgent requests for services on-site and off-site (@ Doctors)	8/1/2006	8/25/2006	Dr. Kanan & Sgt. Melton
5.4.1.2	Triage routine requests for service and prioritize requests	8/7/2006	8/11/2006	Dr. Kanan
5.4.2	Develop a long term specialty services plan	8/2/2006	9/28/2006	Capt. Day, Dr. Kanan & Sgt. Melton

5.4.2.1	Assemble a health care access team and submit a proposal to Receiver's staff regarding scheduling, transportation etc.	7/27/2006	9/28/2006	J. McGrath & D. Meier
5.4.2.2	Establish contracts for on-site services with Doctors Medical Center (Ortho, Gastro, and Cardio) and for off-site services with UCSF (HIV and PCP)	7/19/2006	10/3/2006	Dr. Saylor & Dr. Kanan
5.4.3	Implement a primary care model with assistance from UCSF (Buddy system)	8/1/2006	8/7/2006	Dr. Kanan & Dr. Saylor
5.4.4	Develop and implement policies and procedures related to specialty services	8/1/2006	9/28/2006	Dr. Saylor & T. Church
5.5	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

6. Laboratory Services

Project Lead: Kathy Page

The objectives of this subproject were accomplished. P&Ps related to laboratory operations were implemented, and a standard timeframe (72 hours) was established from when a lab test is ordered until a lab specimen is drawn. Two new positions were added to assist with the new timeframe requirements, and a lab technician was assigned to the R&R area to expedite lab work and decrease the number of inmates that need to be "ducated" in the future. Quest Lab revised a lab form, at the request of San Quentin staff, to include a space for the date the provider ordered the test. The new form will be implemented when the current supply runs out. IT, lab staff and the Quest Lab coordinated, and Triage and Treatment Area staff now have direct access to on-line lab reports, as needed.

Although progress was made related to lab services, additional workload and time requirement for lab draws may be problematic due to inconsistent staffing levels. Untimely filing of the lab reports by Medical Records staff results in delay of treatment and inefficiencies. Clinic staff makes hundreds of calls to the lab each week to request lab results in order to treat the patients, and the high volume of phone calls between clinicians and laboratory services staff further hinders the work of the lab staff. "Ducating" special program inmates and West Block inmates continues to be problematic as well.

Strong leadership is not present in the lab, and constant reinforcement and encouragement of the lab staff are needed due to years of being "powerless." Giselle Matteson was recently hired at San Quentin as the Chief of Support Operations, and she will oversee Laboratory Services and provide assistance to the staff in effectuating long-term positive change.

Monitoring of laboratory services is critical through 2007, as procedural changes have not yet been.

6	LABORATORY SERVICES Team Oversight: K. Page	Start Date	Completion Date	Responsible Party
	Ensure the availability of timely, complete and accurate laboratory services needed for quality medical care.	**7/5/2006**	**11/2/2006**	**Dr. Saylor & R. Tejada**
6.1	**Evaluate laboratory services, including the following:** Phlebotomy Level of services on-site Contracts for off-site services Process for ordering, processing, receiving results, acting on results and storing results Demand data Coordinating patient transfers with receipt of laboratory results Reporting the results to patients	**7/5/2006**	**7/19/2006**	**R. Tejada**
6.2	**Utilize contract phlebotomists to fill 2 current vacancies**	**7/24/2006**	**8/18/2006**	**K. Tate**
6.2.1	Add 2 civil service clinical lab technologist (phlebotomist) positions	8/10/2006	8/18/2006	L. Buzzini
6.3	**Improve the turn-around times from request for service to service delivery to reporting to physician**	**7/27/2006**	**8/31/2006**	**R. Tejada**
6.3.1	Re-define the lab process flow	7/27/2006	8/18/2006	K. Page
6.3.2	Identify appropriate standard regarding timeframes (72 hours max.)	7/27/2006	8/18/2006	K. Page
6.3.3	Establish a means to measure compliance	8/17/2006	8/31/2006	J. Robinson & Dr. Saylor
6.3.4	Modify duty statements to include standards	8/24/2006	8/31/2006	J. Robinson & Dr. Saylor
6.4	**Improve ducating issues, no-show rate, and adherence to pre-lab instructions (coordinate custody interface regarding meals and lab fasting)**	**7/5/2006**	**8/23/2006**	**J. Robinson & Sgt. Melton**
6.4.1	Team (Van Hook, Sgt. Melton, Lt. Massey) will review and evaluate the existing functional Ducat procedure for problematic areas.	7/5/2006	8/7/2006	J. Robinson & Sgt. Melton
6.4.1.1	Evaluate the impact of phlebotomists collecting blood in the units vs. ducating	7/5/2006	8/7/2006	Sgt. Melton, R. Tejada & J. Robinson
6.5	**Address issues related to Quest and Nichols (UCSF) computers and staff access**	**7/27/2006**	**9/6/2006**	**D. Marshall**
6.5.1	Provide D. Marshall an overview of IT Lab needs	7/27/2006	8/10/2006	R. Tejada
6.5.2	Team to provide HCM with a report regarding an upgraded system to include cost, availability, and system capabilities	8/3/2006	8/9/2006	R. Tejada & D. Marshall
6.6	**Develop and implement policies and procedures related to laboratory services**	**8/10/2006**	**10/3/2006**	**R. Tejada**
6.7	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

7. Diagnostic Imaging

Project Lead: Kathy Page

Some of the objectives of this subproject were accomplished. Inmate workers are no longer allowed to perform x-ray functions, and the x-ray storage area has been cleaned out and back log of unfiled x-rays have been archived. A 72-hour timeframe for when an x-ray is ordered until the x-ray is taken has been established. A contract agency now provides one technician to meet new timeframe requirements, and the overall quality of films has improved. However, the current employee (for whom a lay-off was initiated) continues to take x-rays and the quality of films taken by this employee are poor.

Many challenges still exist in the diagnostic imaging area. The current imaging equipment is old and in constant need of repair. This causes delays in effective and efficient patient care, and the fumes from the old developer tanks are an on-going concern. New radiology equipment has been ordered, but Vanir estimates that the relocatable building and equipment will not be operable until November 2007. Additionally, untimely return of x-ray reports also causes a delay in treatment, and untimely filing of the x-ray reports by Medical Records results in delay of treatment and inefficiencies.

Although one of the initial objectives and the responsibility of the radiology consultant, a contract has not been established for taking, reading, and managing the results of films at San Quentin. Issuance of an RFP for diagnostic imaging at San Quentin did not occur as planned due to negotiations with Doctors Hospital. Further, this process was delayed because it was determined that contracting out of this service should be consistent with the statewide plan. In formulating the statewide plan, the Receiver's group also recommends that an alternate radiology consultant be utilized, as the original consultant was helpful in making suggestions and answering questions but not in assisting with long-term plans.

Monitoring of diagnostic imaging is critical through 2007, as the long-term radiology solution is still outstanding, and personnel and procedural issues continue to be problematic.

7	DIAGNOSTIC IMAGING Team Oversight: K. Page	Start Date	Completion Date	Responsible Party
	Ensure performance and storage of diagnostic studies by qualified personnel who are properly trained and equipped.	**7/5/2006**	**11/2/2006**	**Dr. Saylor**
7.1	**Evaluate diagnostic imaging services by reviewing the following:** Qualifications of personnel Viability, licensure and quality of equipment, including maintenance and repair Process for ordering, performing studies, receiving results, acting on results, storing results and informing patients Contracts for services Demand data Coordinating patient transfers with availability of study results	**7/5/2006**	**7/19/2006**	**Dr. Saylor**
7.2	**Secure a radiology consultant to assess the long-term radiology needs and to propose a solution for SQ**	**8/24/2006**	**9/7/20006**	**Receiver's Team**
7.3	**Order and obtain new x-ray equipment**	**8/10/2006**	**9/1/2006**	**Dr. Saylor**
7.4	**Implement an interim process for diagnostic imaging**	**7/21/2006**	**unknown**	**Dr. Saylor**
7.4.1	Contract out all Radiology Services for 90 days to include taking x-rays, reading films, on-line availability, and transcription	7/21/2006	unknown	D. Sallade
7.4.2	Initiate lay-off of x-ray tech	7/27/2006	10/4/2006	L. Buzzini
7.4.3	Evaluate the effectiveness of the radiology contract and the long-term feasibility of continuing and expanding throughout the State the radiology contract (vs. utilizing civil service positions)	7/21/2006	unknown	D. Sallade & Team
7.5	**Metrics (possible metrics may include data on the no-show log system, data on loose filing audits, data on medical records audits, data on equipment maintenance)**	**9/15/2006**	**TBD**	**SQ Project Team**

8. Patient Advocacy Process

Project Lead: Joe McGrath

The objectives of this subproject have been accomplished, and the Patient Advocacy program is a genuine success of the San Quentin project. Currently there are two RNs administering the Patient Advocacy program, and the data shows that the nurses are addressing many patient concerns at a lowest level. Consequently, the second and third level health care related appeals have been reduced from levels present before this program was implemented. Data related to overdue appeals and workload is being reviewed currently to determine if another RN position is necessary.

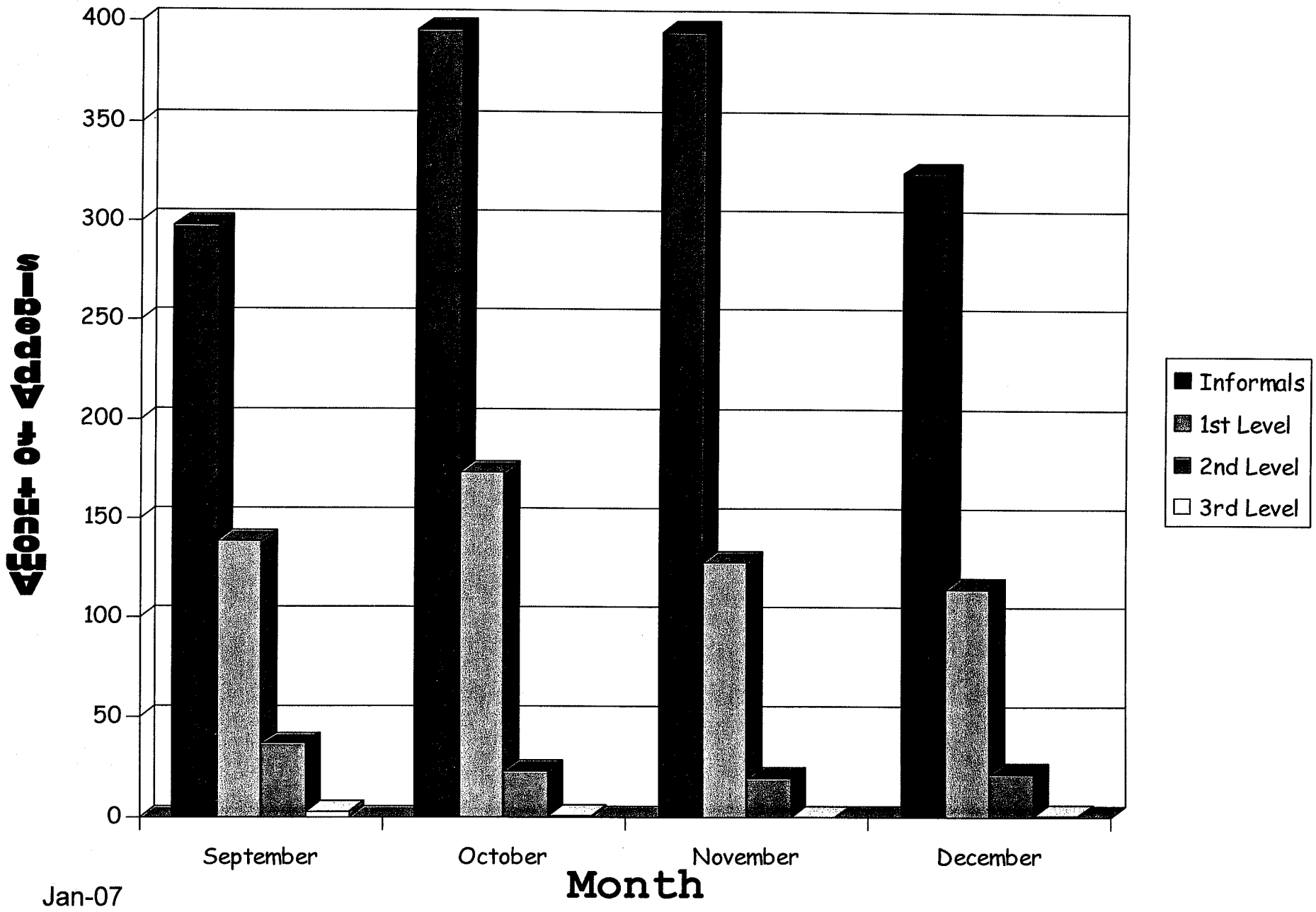
Although not part of the original pilot project, a patient advocacy correspondence process has been included. The correspondence attorney has been hired and will assist the Health Care Manager and Warden in responding to outside correspondence related to inmate health care that requires legal expertise.

P&Ps were developed for the Patient Advocacy program and capture the program appropriately but need to be refined somewhat. Once the P&Ps are improved by the Receiver's group, the P&Ps are recommended for implementation.

Monitoring of the Patient Advocacy process should continue through 2007 for the purpose of reviewing and analyzing the program for statewide implementation.

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

Medical Appeals Patient Advocacy Graph #2



Jan-07

9. CLINICAL SPACE

PROJECT LEAD: MANI SUBRAMANIAN

There are multiple construction and renovation projects underway at San Quentin. Most all of these subprojects will be ongoing through 2007 and 2008. Attached is a table which shows each outstanding project with the current status.

VANIR
CONSTRUCTION MANAGEMENT, INC.

San Quentin State Prison
Project Status Report Matrix

Status as of: Jan 19, 2007

Project No.	Description	Procurement	Budget	Completion	Stage	% CMP	Issues
1	Personnel Building	D-B-B	$2,100,000	Nov-07	Concept design	90	None
2	Parking						
	a. Entry Parking	P. O.	$60,000	Jan-07	Complete	100	None
	b. Rock Crusher	P. O.	$80,000	Nov-06	Complete	100	None
	c. Tower 1	P. O.	$85,000	Jan-07	Construction	98	Address Institution Concerns
3	Relocate Excercise yard	D-B-B	$980,000	May-07	Const.Docs	95	None
4	Medical Warehouse	D-B	$1,800,000	Dec-07	Concept Design	20	None
5	TTA Renovation	D-B	$1,400,000	Apr-07	Construction	2	None
6	North Block Ventilation	P.O	$200,000	May-07	Procurement	60	None
7	Cell Block Sick Call Units						
	a. Rotundas (East & West)	D-B-B	$2,000,000	Dec-07	Concept Design	80	Address Fire Marshal Concern
	b. North, AC, Gym				On Hold	0	Need to define scope
8	Medical Modular Bldgs	D-B	$5,000,000	Nov-07	Concept design	50	None
9	Remodel Medical Records		$0		On Hold	0	Awaiting Records Director
10	Remodel Existing R & R	Change Order	$150,000	Mar-07	Procurement	50	None
11	New Central Health Bldg.	D-B	$141,993,000	Apr-10	Concept Design	40	None
12	Vacate Neumiller			May-10		0	None
13	Interim Modulars						
	a. Facility Staff	P.O	$50,000	Jan-07	Furnishings	90	None
	b. Medical Admin	P.O	$150,000	Feb-07	Furnishings	70	Telecom Connection
	c. R & R Mental Health	P.O	$70,000	Mar-07	Construction	70	None
			$156,118,000				

Legend

D-B-B	Design-Bid-Build
D-B	Design-Build
P.O.	Purchase Order
C.O.	Change Order to Existing Contract

Notes

1. Some budgets are very conceptual & are intended to provide an order of magnitude cost for the projects.

10. Facility Maintenance

Project Lead: Joe McGrath

Most of the objectives for this subproject were accomplished. Casual union laborers were hired and completed various facility improvements at San Quentin. A pest control contract was also secured for the Institution. Although, not part of the initial pilot project, the ventilation problems in the North Block and the asbestos issues in the Neumiller building became the focus of the Facility Maintenance staff. Both of these matters are still being addressed.

Monitoring of the outstanding facility issues should continue through 2007, including some analysis of long-term maintenance plans and the staffing necessary to sustain acceptable facility standards.

10	FACILITY MAINTENANCE Team Oversight: Joe McGrath	Start Date	Completion Date	Responsible Party
	Ensure facilities and physical plant is maintained through preventative maintenance with timely responses to ongoing repair needs.	**7/5/2006**	**11/2/2006**	**T. Atkinson**
10.1	**Evaluate existing facility maintenance system and implement a facility health care maintenance plan, including the following:** Availability of supplies and necessary equipment Small repairs Painting Review existing, pending work orders The need for a specific health care facility maintenance team Preventative maintenance and repair	**7/5/2006**	**7/19/2006**	**T. Atkinson & M. O'Byrne**
10.2	**Take digital photographs of the SQ medical areas for documentation purposes**	**7/19/2006**	**8/3/2006**	**Lt. Rodriguez**
10.3	**Establish a contract for pest control**	**7/21/2006**	**9/1/2006**	**D. Sallade**
10.3.1	Evaluate pest control contract and determine if the contract should be extended indefinitely	9/1/2006	10/3/2006	D. Sallade & Team
10.4	**Evaluate and improve long-term facility maintenance staffing levels**	**post - 1/16/2007**	**post - 1/16/2007**	**T. Atkinson**
10.4.1	Determine most effective work schedule for casual (union) labor (Wed. - Sun. 2-10 p.m.)	7/19/2006	8/2/2006	T. Atkinson
10.4.2	Hire 6 casual (union) staff to begin repairs on the infirmary	7/21/2006	8/4/2006	T. Atkinson

10.5	**Begin facility improvements**	**7/21/2006**	**ongoing**	**T. Atkinson & M. O'Byrne**
10.5.1	Establish tool room and material storage area	7/21/2006	8/18/2006	T. Atkinson & M. O'Byrne
10.5.2	Obtain hazardous materials training for new staff	7/21/2006	9/1/2006	T. Atkinson & M. O'Byrne
10.5.3	Fire Block between floors at core borings	7/21/2006	10/26/2006	T. Atkinson & M. O'Byrne
10.5.4	Patch holes in walls and ceilings	7/21/2006	9/1/2006	T. Atkinson & M. O'Byrne
10.5.5	Replace missing fire sprinkler escutcheons	7/21/2006	10/4/2006	T. Atkinson & M. O'Byrne
10.5.6	Paint the interior as needed	7/21/2006	ongoing	T. Atkinson & M. O'Byrne
10.6	**Determine what long-term major repairs are needed in medical areas at SQ (i.e. replace ceiling tiles where needed, replace and standardize lighting or replace light diffusers, install new floor tile where needed)**	**8/18/2006**	**ongoing**	**T. Atkinson**
10.6.1	Evaluate the level of staffing required to maintain repairs completed and to continue with long-term repairs	8/18/2006	10/3/2006	VANIR & T. Atkinson
10.7	**Address the ventilation problem in the North Block and clean the area**	**9/7/2006**	**10/3/2006**	**VANIR**
10.7.1	Hire an engineer to review and provide a solution for the HVAC problem	9/20/2006	10/4/2006	VANIR
10.7.2	Develop a plan to clean the North Block (including steam washing the cell fronts) and reengineer the HVAC	9/7/2006	9/21/2006	T. Atkinson
10.8	**Determine if SQ requires a transformer and new feeders and distribution lines**	**8/18/2006**	**10/3/2006**	**VANIR, T. Atkinson & D. Marshall**
10.9	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

11. IT, Communications & Power

Project Lead: Mani Subramanian

Most of the objectives of this subgroup were accomplished but have been further developed following the appointment of the Receiver's CIO. San Quentin hired a Staff Information Systems Analyst to support health care, and San Quentin acquired much needed permissions to maintain and support the current medical systems. With the recent assistance of John Hummel, San Quentin recently began to make great progress in identifying several IT solutions to provide needed network connectivity for the medical systems and staff. Now that several solutions to the networking issues have been identified, implementation of the solutions can begin as soon as possible to provide critical data access, communications, and expedient IT support.

Monitoring of this area should continue through 2007 to ensure continued improvements are made.

	IT, COMMUNICATION, & POWER Team Oversight: VANIR	Start Date	Completion Date	Responsible Party
11	**Ensure that information technology resources and communication and power capabilities are improved to a level that enhances communication and assists healthcare staff in providing medical care and assists healthcare administrative staff in performing necessary administrative support functions.**	**7/5/2006**	**11/2/2006**	**T. Atkinson & D. Marshall**
11.1	**Evaluate IMSATS for long-term solution**	**7/27/2006**	**10/26/2006**	**D. Marshall & Team**
11.1.1	Obtain a system summary from Quan Vu on the IMSATS	8/2/2006	8/4/2006	D. Marshall
11.1.2	Obtain the set of plans for the HCMS project	7/27/2006	7/27/2006	D. Marshall
11.2	**Install phone lines and computer drops in SQ clinics as necessary**	**8/18/2006**	**10/3/2006**	**T. Atkinson & M. Hussein**
11.2.1	Initiate communication with Francine Pogue and Jeff Atkinson regarding telecom issues.	7/27/2006	8/3/2006	J. McGrath
11.2.2	Obtain a grid from Tel-Com that indicates where the lines are to be dropped (for the clinic project)	7/21/2006	7/27/2006	J. McGrath
11.3	**Replace or increase the capacity of the network communication between SQ, EIS, and the internet**	**7/27/2006**	**unknown**	**D. Marshall**
11.3.1	Provide a summary of data line drops to HCM & DON	7/27/2006	8/3/2006	D. Marshall
11.4	**Secure remote access to the CDCR network for the SQ IT staff so that support can be provided remotely when IT staff is not on-site**	**7/28/2006**	**7/28/2006**	**D. Marshall**
11.5	**Compose a request regarding DDPS access (F4 function)**	**7/20/2006**	**7/24/2006**	**D. Marshall**
11.6	**Secure additional SISA position for overall IT support**	**7/20/2006**	**8/18/2006**	**L. Buzzini**
11.7	**Improve the Personnel Office for expedited on-site hiring processes**	**7/19/2006**	**pending Recruiting modular**	**L. Buzzini**
11.7.1	Acquire online testing capability from SPB for all clinical classes (LVN has priority)	7/19/2006	9/1/2006	L. Buzzini
11.7.2	Purchase and install a computer with internet access in the SQ Personnel Office	7/19/2006	9/1/2006	D. Marshall
11.7.3	Purchase and install a live fingerprint scanner	7/19/2006	8/31/2006	L. Buzzini & SQ Personnel
11.8	**Acquire local area network connectivity for Procurement Tracking System**	**8/10/2006**	**9/1/2006**	**D. Marshall**
11.9	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

12. Sanitation & Janitorial

Project Lead: Linda Buzzini

The objectives for this subproject have not yet been accomplished. Of all areas at San Quentin, this one had the least effective beginning; however, San Quentin recently hired a competent individual from Napa State Hospital who will implement a high quality environmental services program. The new staff person will be responsible for the vocational program, and a custodian will operate the implementation (e.g. on-the-job work by the inmates) of the overall program. The previous San Quentin custodian recently vacated her position, so the Institution will now need to fill that vacancy.

Monitoring of this subproject should continue through 2007 while the environmental services program is being developed and implemented.