

# APPENDIX 1

The following Tri-Annual Report action items are complete:

## **Goal 1: Ensure Timely Access to Health Care Service**

### **Objective 1.1. Redesign and Standardize Screening and Assessment Processes at Reception/Receiving and Release**

*Action 1.1.1. By January 2009, develop standardized reception screening processes and begin pilot implementation.*

*Action 1.1.2. By January 2010, implement new processes at each of the major reception center prisons.*

Refer to Section 3B: Population Management Care Coordination Committee for additional information related to this action.

*Action 1.1.3. By January 2010, begin using the new medical classification system at each reception center prison.*

*Action 1.1.4. By January 2011, complete statewide implementation of the medical classification system throughout CDCR institutions.*

### **Objective 1.2. Establish Staffing and Processes for Ensuring Health Care Access at Each Institution**

*Action 1.2.1. By January 2009, the Receiver will have concluded preliminary assessments of custody operations and their influence on health care access at each of CDCR's institutions and will recommend additional staffing, along with recommended changes to already established custody posts, to ensure all patient-inmates have improved access to health care at each institution.*

*Action 1.2.2. By July 2011, the Receiver will have fully implemented Health Care Access Units and developed health care access processes at all CDCR institutions.*

Refer to [Appendix 15](#) for the Executive Summary and Health Care Access Quality Reports for August through November 2014.

### **Objective 1.3. Establish Health Care Scheduling and Patient-Inmate Tracking System**

*Action 1.3.1. Work with CDCR to accelerate the development of the Strategic Offender Management System (SOMS) with a scheduling and inmate tracking system as one of its first deliverables.*

**Objective 1.4. Establish a Standardized Utilization Management System**

*Action 1.4.1. By May 2010, open long-term care units.*

*Action 1.4.2. By October 2010, establish a centralized UM System.*

**Goal 2: Establish a Prison Medical Program Addressing the Full Continuum of Health Care Services**

**Objective 2.1. Redesign and Standardize Access and Medical Processes for Primary Care**

*Action 2.1.1. By July 2009, complete the redesign of sick call processes, forms, and staffing models.*

Refer to Section 3B: Population Management Care Coordination Committee for additional information related to this action.

*Action 2.1.2. By July 2010, implement the new system in all institutions.*

Refer to Section 3B: Population Management Care Coordination Committee for additional information related to this action.

**Objective 2.2. Improve Chronic Care System to Support Proactive, Planned Care**

*Action 2.2.1. By April 2009, complete a comprehensive, one-year Chronic Care Initiative to assess and remediate systemic weaknesses in how chronic care is delivered.*

**Objective 2.3. Improve Emergency Response to Reduce Avoidable Morbidity and Mortality**

*Action 2.3.1. Immediately finalize, adopt and communicate an Emergency Medical Response System policy to all institutions.*

*Action 2.3.2. By July 2009, develop and implement certification standards for all clinical staff and training programs for all clinical and custody staff.*

*Action 2.3.3. By January 2009, inventory, assess and standardize equipment to support emergency medical response.*

**Objective 2.4. Improve the Provision of Specialty Care and Hospitalization to Reduce Avoidable Morbidity and Mortality**

*Action 2.4.1. By June 2009, establish standard utilization management and care management processes and policies applicable to referrals to specialty care and hospitals.*

*Action 2.4.2. By October 2010, establish on a statewide basis approved contracts with specialty care providers and hospitals.*

*Action 2.4.3. By November 2009, ensure specialty care and hospital providers' invoices are processed in a timely manner.*

### **Goal 3: Recruit, Train and Retain a Professional Quality Medical Care Workforce**

#### **Objective 3.1. Recruit Physicians and Nurses to Fill Ninety Percent of Established Positions**

Refer to [Appendix 11](#), Human Resources Recruitment and Retention Reports for September through December 2014, for details related to vacancies and retention.

*Action 3.1.1. By January 2010, fill ninety percent of nursing positions.*

*Action 3.1.2. By January 2010, fill ninety percent of physician positions.*

#### **Objective 3.2. Establish Clinical Leadership and Management Structure**

*Action 3.2.1. By January 2010, establish and staff new executive leadership positions.*

*Action 3.2.2. By March 2010, establish and staff regional leadership structure.*

#### **Objective 3.3. Establish Professional Training Programs for Clinician**

*Action 3.3.1. By January 2010, establish statewide organizational orientation for all new health care hires.*

*Action 3.3.2. By January 2009, win accreditation for CDCR as a Continuing Medical Education provider recognized by the Institute of Medical Quality and the Accreditation Council for Continuing Medical Education.*

#### **Objective 4.1. Establish Clinical Quality Measurement and Evaluation Program**

*Action 4.1.2. By July 2009, work with the Office of the Inspector General to establish an audit program focused on compliance with Plata requirements.*

Refer to Section 6D: Development of Independent Systems for Evaluation of the Quality of Health Care for additional information related to this action.

#### **Objective 4.2. Establish a Quality Improvement Program**

*Action 4.2.2. By September 2009, establish a Policy Unit responsible for overseeing review, revision, posting and distribution of current policies and procedures.  
This action is completed.*

***Action 4.2.3. By January 2010, implement process improvement programs at all institutions involving trained clinical champions and supported by regional and statewide quality advisors.***

This action is combined with Action 4.2.1.

**Objective 4.3. Establish Medical Peer Review and Discipline Process to Ensure Quality of Care**

***Action 4.3.1. By July 2008, working with the State Personnel Board and other departments that provide direct medical services, establish an effective Peer Review and Discipline Process to improve the quality of care.***

**Objective 4.4. Establish Medical Oversight Unit to Control and Monitor Medical Employee Investigations**

***Action 4.4.1. By January 2009, fully staff and complete the implementation of a Medical Oversight Unit to control and monitor medical employee investigations.***

**Objective 4.5. Establish a Health Care Appeals Process, Correspondence Control and Habeas Corpus Petitions Initiative**

***Action 4.5.1. By July 2008, centralize management over all health care patient-inmate appeals, correspondence and habeas corpus petitions.***

Refer to [Appendix 16](#) for health care appeals and habeas corpus petition activity for September through December 2014.

***Action 4.5.2. By August 2008, a task force of stakeholders will have concluded a system-wide analysis of the statewide appeals process and will recommend improvements to the Receiver.***

**Objective 4.6. Establish Out-of-State, Community Correctional Facilities (CCF) and Re-entry Facility Oversight Program**

***Action 4.6.1. By July 2008, establish administrative units responsible for oversight of medical care given to patient-inmates housed in out-of-state, community correctional and re-entry facilities.***

Refer to Section 3E: In-State Contracting for Community Correctional Facility for additional information related to this action.

**Objective 5.1. Establish a Comprehensive, Safe and Efficient Pharmacy Program**

***Action 5.1.1. Continue developing the drug formulary for the most commonly prescribed medications.***

Refer to [Appendix 17](#) for Top Drugs, Top Therapeutic Category Purchases, and Central Fill Pharmacy Service Level for September through December 2014.

***Action 5.1.2. By March 2010, improve pharmacy policies and practices at each institution and complete the roll-out of the GuardianRx® system.***

***Action 5.1.3. By May 2010, establish a central-fill pharmacy.***

**Objective 5.2. Establish Standardized Health Records Practice**

***Action 5.2.1. By November 2009, create a roadmap for achieving an effective management system that ensures standardized health records practice in all institutions***

**Objective 5.4. Establish Clinical Information Systems**

***Action 5.4.1. By September 2009, establish a clinical data repository available to all institutions as the foundation for all other health information technology systems.***

**Objective 5.5. Expand and Improve Telemedicine Capabilities**

***Action 5.5.1. By September 2008, secure strong leadership for the telemedicine program to expand the use of telemedicine and upgrade CDCR's telemedicine technology infrastructure.***

**Objective 6.1. Upgrade administrative and clinical facilities at each of CDCR's thirty-three prison locations to provide patients with appropriate access to care**

***Action 6.1.1. By January 2010, completed assessment and planning for upgraded administrative and clinical facilities at each of CDCR's thirty-three institutions.***

Refer to Action 6.1.2 for additional information related to this action.

**Objective 6.2. Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs**

***Action 6.2.1. Complete pre-planning activities on all sites as quickly as possible.***

***Action 6.2.2. By February 2009, begin construction at first site.***

***Action 6.2.3. By July 2013, complete execution of phased construction program.***

**Objective 6.3. Complete Construction at San Quentin State Prison**

***Action 6.3.1. By December 2008, complete all construction except for the Central Health Services Facility.***

***Action 6.3.2. By April 2010, complete construction of the Central Health Services Facility.***