

CHAPTER 1

Administration Overview

I. AUTHORITY

The Director of the California Department of Corrections (CDC) under the Secretary of the Youth and Adult Correctional Agency delegates the responsibility for the delivery of health care services for inmates committed to the CDC to the Health Care Services Division (HCSD) according to provisions of the Penal Code and in compliance with California and Federal laws.

II. GOVERNING BODY

There is a Governing Body for CDC (CDC GB) under the leadership of the Deputy Director, HCSD. Membership consists of the Assistant Deputy Directors, the HCSD Regional Administrators, and other senior staff as appointed by the Deputy Director. The CDC GB shall contain members who are licensed physicians. The CDC GB shall be responsible to the Director of CDC for the administration, direction, monitoring and quality of health care services provided.

- Where mandated by Title 22 of the California Code of Regulations, institutions that have a licensed health facility (i.e., General Acute Care Hospitals and Correctional Treatment Centers) shall have a Local Governing Body (LGB). The LGB will act at the institution level for the CDC GB. Decisions made by the LGB are subject to review and approval by the CDC GB. (See Chapter 4, Governing Body, for LGB responsibilities and bylaws.)

III. ADMINISTRATION AND MANAGEMENT

Administrative and management personnel are in place to supervise, oversee, and direct health care services at the institution. Institutional personnel shall include the following:

Health Care Manager (HCM) - Responsible for the daily administration and management of health care services. Clinical oversight and direction of the delivery and quality of health care services shall be delegated to a physician if the HCM is not a licensed physician. The HCM administratively reports to a HCSD Regional Administrator.

Chief Medical Officer (CMO) – A licensed physician who provides clinical management, supervision and leadership to all medical clinicians and supervises the delivery of health care services. The CMO also has specific responsibilities under California laws and regulations and may also be the HCM.

Associate Warden, Health Care Operations (AW, HCO) – The liaison between the institutions' health care services and custody staff. Responsible for coordinating with the HCM to facilitate access to health care and for addressing security issues in health care areas.

Chief Psychiatrist - Manages, monitors and provides leadership to all mental health clinicians, provides clinical oversight and direction for the delivery and quality of mental health treatment.

Chief Psychologist – Supervises, plans, organizes, directs and monitors the delivery of psychological services. Where there is no Chief Psychologist, a Senior Psychologist may perform these duties.

Chief Dentist (CD)- Supervises, plans, organizes, directs and monitors the dental program.

Director of Nursing – Supervises, plans, organizes, directs and monitors nursing services. Usually a Supervising Registered Nurse II or III (SRN II or SRN III). An SRN I may perform this function when an institution does not have a SRN II or III.

Pharmacist in Charge (PIC)- Oversees and directs the day-to-day pharmacy operations and supervises the activities of pharmacy staff, under general direction of the HCM/CMO.

Other administrative supervisory positions which may be staffed in some institutions:

Chief Physician and Surgeon - Under general direction of the HCM/CMO, serves as Chief of Services for the medical staff, and supervises and provides assistance on clinical issues to physicians practicing in the institution.

Health Program Coordinator (HPC) – Under medical direction of the HCM/CMO and in custody consultation with the institutional Captain, plans, organizes, assists with supervision, and administratively directs the custody-related nursing and medical support services staff.

Standards Compliance Coordinator (SCC) - Responsible for achieving and maintaining the licensing, certification, and accreditation of the various components in health care services. This position also may have the functional management of the ancillary services, laboratory and diagnostic imaging. A physician manager may also provide clinical direction and oversight of these services.

Correctional Health Services Administrator (CHSA I or II) - Assists the HCM in the administration of non-medical functions in larger health services delivery programs. Duties usually encompass, but are not limited to, purchasing, budget management, personnel issues, and functional management of ancillary services. The CHSA II has an expanded scope of responsibility and may serve more than one institution, assisting the HCSD Regional Administrator in providing administrative direction, oversight and resource management.

IV. HEALTH CARE SERVICES STANDING COMMITTEES

HCSD has established standing committees to assist and advise in the management of services provided to inmate/patients. Each standing committee consists of appointed health care staff members and appropriate non-medical representatives.

HCSD headquarters committees are:

- Health Care Morbidity and Mortality Review Committee
- Health Care Review Committee
- Health Care Services Quality Management Committee
- Public Health and Infectious Disease Advisory Committee
- Pharmacy Drug Formulary Committee

The local institution committees function under the direction of the HCM/CMO and, where there is an organized medical staff, the Medical Executive Committee according to their bylaws. Recommendations and reports of the results of committee actions are submitted to the LGB or to HCSD committees as appropriate. Standing committees have established regular meetings. The local standing committees are:

- Medical Authorization Review Committee
- Quality Management Committee or Patient Care Policy Committee
- Infection Control
- Pharmacy and Therapeutics or Pharmacy Services Committee
- Suicide Prevention Committee
- Death Review Committee (shall meet within 14 days of a inmate/patient's death)

In addition, health care staff shall participate with institutional staff in multidisciplinary standing committees such as:

- Exposure Control Committee
- Health and Safety Committee
- Medical Emergency Response Review Committee
- Disaster Committee
- Unit Classification Committee
- Institutional Classification Committee
- Interdisciplinary Treatment Team

V. QUALITY MANAGEMENT PROGRAM

HCSD requires an ongoing Quality Management (QM) Program to provide systematic monitoring and evaluation of the quality and appropriateness of health care services provided, with the goal of achieving a more effective and efficient process. (See Volume 3, Quality Management System.)

VI. PROFESSIONAL MEDICAL STAFF

Where there is an organized medical staff (e.g., General Acute Care Hospitals), the CDC GB through its LGB shall delegate to it the responsibility for the adequacy and quality of health care rendered to patients pursuant to the requirements of Title 22 of the California Code of Regulations.

Pursuant to those regulations the medical staff shall be self-governing. There shall be bylaws and rules and regulations developed and adopted by the medical staff and approved by the LGB, which approval shall not be unreasonably withheld, consistent with applicable state

and federal laws and state regulations. Bylaws and regulations are to be reviewed at least once a year and revised as necessary and changes approved by the LGB as necessary.

Membership in the organized medical staff shall consist of physicians, dentists, podiatrists and psychologists licensed to practice by the State of California and permanently employed by CDC or, as appropriate, contracted to provide consultative services. Recommendations regarding medical staff membership and clinical privileges shall be submitted by the medical staff to the LGB for approval.