



# Lifeline

## NEWSLETTER

CALIFORNIA PRISON HEALTH CARE SERVICES

### INSIDE THIS ISSUE

Flu Vaccines: All Frontline CPHCS Staff Offered Vaccines	1
First Sites Become Cer- tified in Primary Care	1
▲ <i>Above and Beyond</i> ▲ ASP Nurses were Ready for Riot Response	2
Allied Health Services: The Telemedicine Six- Institution Initiative	3
CSECC: State Charitable Campaign Begins	3
Health Care Scheduling System: Deployment to Begin June 2010	4

### Do You Know:

Governor Schwarzenegger recently signed a law which will reduce the prison population by 20-25 thousand prisoners. Among the many measures included in the law is a measure that will decrease the number of people sent back to prison for technical parole violations.

## All Frontline CPHCS Staff Offered Vaccines



There are two flu vaccines recommended this fall by the federal Centers for Disease Control—the regular seasonal vaccine, and the new H1N1 vaccine. CPHCS intends to offer them both to every frontline employee working in CDCR prisons. Despite the temporary shortage

of seasonal flu vaccine on October 2<sup>nd</sup> (the first planned seasonal mass vaccination day for inmates), many prisons have already offered some of their initial allotment of seasonal vaccine to staff members. Plans are underway to offer vaccination to all employees in prisons as soon as the next shipment arrives. Your institution will inform you when the next vaccine clinics are scheduled for you. If you're planning not to wait and you're getting your shot at a drugstore or scheduling a vaccination with your own provider – good job! You'll be building your immune response to seasonal flu and you'll be ready for the next vaccine, arriving over the next few months, to protect against the novel H1N1 flu. This second influenza vaccine will be distributed to our institutions initially as both injectable and Flumist® (nasal inhalation) **(Cont. Page 2)**

## First Sites Become Certified In Primary Care



**Folsom State Prison became the first certified site. The Team: (Front row, left to right: )** Ian Maghamil (LVN), Julie Hyde (LVN), Donna Miller (SRN II), Noemi Montemayor (SRN II), Jasmine Demegillo (RN), Elizabeth Guitarte (LVN), Lucita Ibarra (LVN), Marlene Javier (LVN), Mark Glowski (DON), Mary Puryear (SRN II), Erick Washburn (PHN), Juanita Myers (RN), Raymond Morales (LVN). **Back row, left to right:** Colin Gobourne (SRN II), Mark Lambertson (CO), Valentina Tucker (RN), Helen Antwi (LVN), Victoria DePalo (LVN), Eddie Isip (LVN), Daryl Kirby (RN), Diane O'Laughlin (SRN II).

All but 4 state prisons have self-reported ready for certification and have been scheduled for on-site visits through the month of October 2009. It's all part of a new Primary Care Policy and Procedure for the institutions that began last spring. It creates a foundation for clinical care based on a Primary Care Model, sometimes called a "Patient-Centered Medical Home". This model is the basis on which Episodic Care as well as Chronic and Preventive Care will be built. All 33 institutions created Local Operating Procedures, obtained approval of these procedures from the Regional Leadership Teams, **(Cont. Page 2)**

## Hours of grueling tear gas training pays off...

### When Riot Broke Out & Injuries Mounted, Avenal Clinicians Were Ready



**ASP Responders** (Back Row: L to R) Joe Doyle, LVN; Ashley Abalos, LVN; Walter Emegasim, LVN; Tiffany Walker, LVN; Moses Chasimba, LVN; Gerald Williams, SRN II; (Front Row: L to R) Angela Garcia, LVN; Koneechia Brown, CAN; Brenda Brown, SRN II; Carlee Seelbach, LVN

Months before almost 200 inmates at Avenal State Prison (ASP) were involved in the recent riot that left dozens of inmates injured, the clinical staff had been preparing for duty under the worst of circumstances. So when violence erupted between rival inmate gangs on September 22nd, they were ready. "Their professionalism and training paid off. They all coped very well with the unfortunate emergency." ASP's Chief Medical Officer and Health Care Manager, Dr. Ellen Greenman credits nurse instructor Kim Adkins and the entire staff who underwent Adkin's grueling but crucial in-service-training out in the range to get accustomed to the effects of the pepper spray that's used to quell riots. "It can be quite discomforting, your eyes sting, you can't breath..." says the doctor, "and yet the clinical staff must administer life-saving care while in the most chaotic of conditions. The staff pulled through it all commendably." She says. "It makes you proud to know that all of your staff can do outstanding work while

under severe pressure. They weren't even flustered." Supervising Registered Nurse Gerald Williams couldn't agree more. "Things went remarkably smoothly," he says. Dr. Greenman is quick to add that Williams' actions were remarkably commendable as well. His group was one of the first in the yard when he heard one of the a custody officers yell out, "we need you in here, in building 50. I've got a lot of casualties in here!" The rescue bags were being used by others, but he went in anyway. "I had no equipment, no gloves, I just used my training to try and determine who to get out first. I squeezed their wounds to see if they had puncture wounds, I checked their eyes and tracheas, their levels of consciousness." Of the 24 total inmates that were transported, 8 came from Bldg. 50, and one of them was in critical condition.

Williams thanks all the custody officers, especially Sgt. Miner, for staying with him as he triaged the inmates. Miner literally watched his back. "I'm really thankful for the custody guys. I felt I could concentrate on doing my job because there was somebody watching out for me.. all nurses did too." Many others stood out as well. SRN Cindy Ramsey, who doubles as a paramedic, happened to be dispatched with an ambulance crew to the prison and stayed over after her run to help coordinate the response. Additionally, LVN Amanda Lane did such a professional job that one of the ambulance companies sent a letter praising her efforts. Williams says the incident response was definitely a team effort of the most valuable kind, "I'm really proud to be part of our response. I just really was!"

### Staff Vaccines Offered: Two for Flu

(Cont. from Page 1) when it becomes available later this month. While it is a vaccine for a new set of flu viruses, it has been developed using the same practices as for seasonal influenza and passed the safety tests required by the Center for Disease Control. During an afternoon press conference, the chief of the U.S. Centers for Disease Control and Prevention reiterated that the vaccine is safe and effective with no serious side effects yet reported. "With the production of this strain [of vaccine], we have cut no corners," said CDC Director Dr. Thomas R. Frieden. "This flu vaccine is made as flu vaccine is made each year, by the same companies, in the same production facilities, with the same procedures, with the same safety safeguards." "We have had hundreds of millions of people vaccinated against flu with flu vaccine made in this way. That enables us to have a high degree of confidence in the safety of the vaccine," he added. Although federal guidelines and the availability of the new vaccine require that certain categories of clinic and hospital staff are offered the initial doses of vaccine, our overall plan is to ensure that sufficient vaccine is available by late November for ALL FRONTLINE PRISON STAFF who want to receive it.

### Most Prisons Ready for Certification

(Cont. from Page 1) transformed their clinical operations to comply with the policy, and provided weekly status reports on their progress. Once an institution reported "ready for certification", a certification review team performed an onsite visit to review their progress and determine if complete compliance with the policy had been demonstrated. On July 30, 2009, Folsom State Prison (FSP) became the first certified site. When asked how FSP felt about being the first to successfully implement the Primary Care Policy, CEO, Andrew Deems wrote, "All of us at FSP are very pleased and proud of being able to lead the way in the certification process. It's all about continuous improvement and we feel honored to be part of the effort to benefit our patient inmates." On August 13, 2009, Richard J. Donovan Correctional Facility (RJD) became the second site to be certified. "We are thrilled at RJD to have achieved this goal! It shows how multiple disciplines can work together effectively towards the ultimate goal of delivering quality health care to all of our patients" wrote Dr. Liz Romero, HCM and CMO for RJD.

In recent weeks, three additional institutions have been certified for a total of five to date: Deuel Vocational Institution (DVI), Valley State Prison for Women (VSPW), and California State Prison, Los Angeles (LAC).



## Two Month CalPERS PPO Premium Holiday

As a result of health plan reserves that accumulated over the past several years, the State Controller's Office (SCO) will implement a two-month premium holiday, for both the employee and employer share, during the September and October 2009 pay periods for employees enrolled in CalPERS Preferred Provider Organization (PPO) health benefits plans (PERSCare, PERS Choice, PERS Select). During the September and October pay periods, no monthly CalPERS PPO premium will be due. This will result in an increase in gross pay, commensurate with the employee's share of health benefits premium. The increased gross pay resulting from the premium holiday is subject to income tax withholding. **Employees' health coverage will continue uninterrupted.** Regular CalPERS PPO premium billing will resume with the November 2009 pay period.

Employees enrolled in other health benefits plans, FlexElect or CoBen cash options and employees not eligible for health benefits are not affected.

### Impact to Affected Rank-and-File Employees

During the two-month premium holiday, affected rank-and-file employees:

- Receiving a traditional health contribution, will see a zero (\$0.00) health deduction on their payroll warrant.
- Participating in the Consolidated Benefits (CoBen) program, will see a zero (\$0.00) health premium and adjusted (reduced) CoBen amount on their payroll warrant.

The adjusted CoBen allowance represents the current CoBen allowance, minus the health benefits contribution. The adjusted CoBen allowance is valid for all affected rank-and-file employees participating in the CoBen program.

### Impact to Affected Excluded Employees

During the two-month premium holiday, affected excluded employees will see a zero health benefits premium deduction and an adjusted CoBen amount on their payroll warrant. The adjusted CoBen allowance represents the current CoBen allowance, minus the health contribution.

SCO will continue reporting the value of health benefits for domestic partners as federally taxable income during the premium holiday.

## Teach LEARN TRAINING

### CORNER

The Education and Training unit is working on ways in which to get training out to employees utilizing cost effective methods. If you or your unit has a training need, please don't hesitate to contact us so we can help! Contact Mary Barnett, Manager at [Mary.Barnett@cdcr.ca.gov](mailto:Mary.Barnett@cdcr.ca.gov).

Healthcare New Employee Orientation (HCNEO) for Sacramento Area staff is continuing. The next session will be held October 19th-21st. (To sign up please contact Lisa Blutman at [Lisa.Blutman@cdcr.ca.gov](mailto:Lisa.Blutman@cdcr.ca.gov)). However, HCNEO for field staff is currently on hold due to the budget restrictions on traveling.

#### Useful Links

- Microsoft Office training programs: <http://office.microsoft.com/en-us/training/default.aspx>
- Safari Books: <http://proquest.safaribooksonline.com/>

#### Upcoming Events

- Wellness Workshops — (contact [Lisa.Blutman@cdcr.ca.gov](mailto:Lisa.Blutman@cdcr.ca.gov) for more information)



## REPORT IMPROPER ACTIVITY TODAY

### Contact the Whistleblower Hotline

**1-800-952-5665**

**[www.bsa.ca.gov](http://www.bsa.ca.gov)**



#### WHAT TO REPORT

Improper acts by a state employee (not including the State Legislature, the courts or their employees):

- **Any suspected misuse of Recovery Act funds.**
- Theft, fraud, or conflicts of interest.
- Misuse or abuse, or anything that's wasteful of state property or employee time.
- Gross misconduct, incompetence, or inefficiency.

#### YOUR IDENTITY IS PROTECTED

The Whistleblower Protection Act requires the State Auditor to protect your identity.

#### COMPLAINTS ARE INVESTIGATED

The California State Auditor investigates complaints and reports the results of substantiated allegations to the:

- Head of the employing agency.
- The Legislature, the Governor, and appropriate law enforcement agencies.
- General public, keeping identities confidential.

#### HOW TO REPORT

 **Contact the Whistleblower Hotline:**  
(800) 952-5665  
(866) 293-8729 (TTY)  
(916) 322-2603 (Fax)

 **Mail information to:**  
Investigations  
Bureau of State Audits  
555 Capitol Mall, Suite 300  
Sacramento, California 95814

 **Submit a complaint online to:**  
[www.bsa.ca.gov/hotline](http://www.bsa.ca.gov/hotline)  
(Note: complaints not accepted via e-mail.)

#### YOU ARE LEGALLY PROTECTED FROM RETALIATION

Acts that could interfere with your right to report suspected improper governmental activities should be reported immediately:

- State employees contact the State Personnel Board in writing at 801 Capitol Mall, MS53, Sacramento, CA 95814.
- University of California (UC) employees contact the locally designated official for the UC facility at which you are employed. Visit [www.ucop.edu](http://www.ucop.edu).
- California State University employees contact the Vice Chancellor of Human Resources in writing at 401 Golden Shore, Long Beach, CA 90802-4210.

**Protect the State. Protect Yourself. Take Action Today.**

visit [www.bsa.ca.gov](http://www.bsa.ca.gov)

## The Telemedicine Six Institution Initiative

In response to the Receiver's Turn-around Plan of Action, CPHCS has secured strong leadership for the Telemedicine Services Program and launched the Telemedicine Services Project with a charter to improve and expand telemedicine services. One component of the Telemedicine Services Project charter is a Six Institution Initiative.



To launch the Initiative, six institutions were selected:

Centinela State Prison, California State Prison Corcoran, Kern Valley State Prison, North Kern State Prison, Richard J. Donovan Correctional Facility, and Substance Abuse Treatment Facility. The Initiative will improve and expand telemedicine services at these institutions.

Telemedicine is the delivery of medical services using electronic communications. At CPHCS, telemedicine services are conducted using two-way video conferencing equipment and specialized electronic medical equipment. This allows medical specialists to provide quality medical care to patient-inmates from remote locations. It is a cost-effective method for providing care at institutions where patient-inmates would otherwise need to be sent off-site for specialty care, resulting in significant savings from guarding and transportation costs.

The overall Initiative is being led by Linda McKenny, RN, a senior health care services manager who oversees the Office of Telemedicine Services (OTS). A cross-functional team has been formed at each institution consisting of medical and nursing



management, clinical nursing staff members, custody, IT representatives, and other key stakeholders. Each institution team is led by one of two project team leads from the OTS: Annie Brennan, RN and Elizabeth Hassman, RN. Both Ms. Brennan and Ms. Hassman are senior CPHCS nursing staff members with many years of clinical and telemedicine experience. Additionally, Unrika Simon-McCaulley of the OTS is leading the effort to expand the telemedicine provider network. Delane Roberts from

the Project Management Office (PMO) is serving as Project Manager. Our approach is to work closely with the clinical staff at the institutions to:

1. Identify roadblocks that may hinder the expansion of telemedicine.
2. Identify specialty services for which each institution has the greatest need of telemedicine services.
3. Identify and resolve shortfalls in telemedicine staffing, equipment, and space.
4. Collect statistics for each specialty area comparing the number of visits conducted by a specialist both on and off-site and the number of telemedicine visits.
5. Expand the provider network and conduct more telemedicine visits, while at the same time conducting fewer off-site medical specialty service visits.
6. Monitor the results.

## California State Employees Charitable Campaign Begins



During the month of October, California State employees should be on the lookout for a pledge form with their name on it. As part of the annual California State Employees Charitable Campaign (CSECC), each employee

has the opportunity to give to a charity or non-profit of their choice by enrolling in an automatic payroll deduction program. That means that this month, every single CPHCS employee will be receiving a personalized form which they should fill out and return to headquarters as soon as possible. Although seasoned State Employees will recognize the campaign from years past, here is a bit more information about how it works:

- The program dates back to legislation passed in 1957 which

gives every State employee the right to make charitable donations through payroll deduction.

- If employees choose to exercise this right, they can specify an amount of money they would like withheld from their check each month and have that money automatically go to a charity or non-profit of their choice.
- This type of automatically scheduled giving is convenient for the giver, but it also provides the beneficiary non-profit group with a steady source of income which they can budget and rely on.
- Last year, the campaign raised almost \$9 million dollars.

If you plan on making any charitable contributions this year, consider CSECC. If you have any questions, please contact the CSECC Prison Health Care Services Division Coordinator Chris Theg at [Chris.Theg@cdcr.ca.gov](mailto:Chris.Theg@cdcr.ca.gov).

# HEALTH CARE SCHEDULING SYSTEM DEPLOYMENT TO BEGIN JUNE 2010

Work on the design of the new Health Care Scheduling System is fully under way and progressing according to plan. Representatives from Medical, Nursing, Mental Health and Allied Health Services have been participating in numerous work sessions to identify the detailed requirements for the new system, provide input to the user interface design, and articulate the business rules.

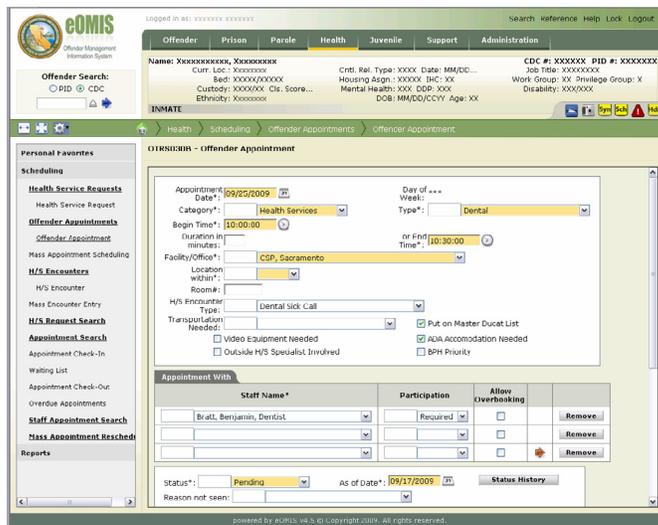
Health Care Scheduling will be part of the Strategic Offender Management System (SOMS) and will provide an integrated Health Care and Custody calendar. Fully integrated scheduling will help eliminate scheduling conflicts between the different health care disciplines and custody. The new system will fully facilitate the educating process. Access to sensitive health care information will be managed to ensure that only staff with proper authorization can see the detailed information of a request or appointment.

Requests for Health Services, once entered into the system, will be routed to schedulers and to assist them in finding an open appointment on both the inmates' and the

providers' calendar. Health Records will be notified of upcoming appointments. American Disability Act (ADA) needs will be automatically flagged by the system to ensure that scheduled appointments can be conducted successfully. Once an encounter has been held, the system will allow entering a disposition indicating whether a follow-up is required (in which case the system will automatically generate a request for a follow-up appointment) or enter a reason code for why an encounter could not be held (for example, a refusal, or appointment cancellation reason).

The Health Care Scheduling System will automatically track deadlines and due dates. The system will notify key personnel if appointments are not scheduled within the required timeframes. In addition, the system will have a set of standard reports for all three health care disciplines.

Deployment of the new system is scheduled to begin in June 2010 and continue through fall 2011. First on the list are institutions that are not currently using a computerized system for scheduling of medical appointments.



Above is a screenshot of the new Health Care Scheduling System. The new system will route requests for Health Services to schedulers who can use the program to find a time that works for both the inmate and provider.

**CALIFORNIA PRISON HEALTH CARE SERVICES**  
 P.O. Box 4038 Sacramento, CA 95812-4038  
 Phone: 916-323-1923 [www.cphcs.ca.gov](http://www.cphcs.ca.gov)

**RECRUITMENT : DO YOU KNOW SOMEONE INTERESTED IN JOINING OUR HEALTH CARE TEAM?**  
[www.ChangingPrisonHealthCare.org](http://www.ChangingPrisonHealthCare.org) 1-877-793-HIRE (4473)

**RECEIVERSHIP'S MISSION**  
 Reduce unnecessary morbidity and mortality and protect public health by providing patient-inmates timely access to safe, effective and efficient medical care, and integrate the delivery of medical care with mental health, dental and disability programs.

**Inmate health-related concerns or complaints? Call the CALIFORNIA PRISON HEALTH CARE SERVICES HOTLINE: (916) 324-1403**

**EMAIL STORY IDEAS, COMMENTS, OR QUESTIONS TO:** [lifeline@cdcr.ca.gov](mailto:lifeline@cdcr.ca.gov)

FOR CPHCS EMPLOYEES: TO ACCESS THE CPHCS INTRANET, GO TO [HTTP://LIFELINE/](http://LIFELINE/) OR JUST TYPE "LIFELINE" INTO YOUR BROWSER'S ADDRESS BAR