



# Lifeline NEWSLETTER

## CALIFORNIA PRISON HEALTH CARE SERVICES

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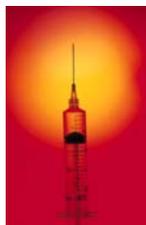
### Do You Know?

Every year, CPHCS tests all CDCR and CPHCS employees for Tuberculosis. TB Testing is coming up in January - check the headquarters schedule on the Lifeline INTRANET or keep an ear out for the schedule at your institution.

## H1N1 Update: Vaccines Arriving at Institutions

Recently, California Prison Health Care Services received a boost in its ongoing battle against influenza in California State Prisons. By December 11<sup>th</sup>, more than 74,500 doses had been received with 21 of the 33 prisons reporting their shipments. The California Public Health Department says that the short-term goal is to ensure that California Prison Health Care Services receives doses in the same percentage relative to the total inmate population as the percentage of vaccines available for the general public in California. The number of doses for the inmate population had lagged behind for several months. This recent vaccine delivery for inmates is the second wave of vaccines received by CPHCS. The first wave was received in early November and was distributed only to CPHCS front-line staff and fewer than 200 pregnant inmates. Despite the lag in vaccine availability, overall, outbreaks of H1N1 flu in California prisons have been small so far this summer and

fall, with fewer than 30 patients per outbreak in most cases; the median size of confirmed H1N1 influenza outbreaks in California prisons is 9 cases. Of California's approx. 170,000 inmates, there have been 65 hospitalizations for H1N1 influenza complications. Statewide, 11% of persons in the general population who are hospitalized for H1N1 influenza infections have died. In contrast, the death rate has been fewer than 5% among patients hospitalized due to H1N1 influenza complications identified in CDCR adult institutions. There have been three inmate deaths from H1N1. The latest fatality was an inmate from a central California prison facility that died Friday, November 27<sup>th</sup>. Previously, two other California inmates died as a result of what are now confirmed H1N1-related complications. One death was reported in central California on Tuesday, November 17, 2009. The other H1N1-related inmate death was reported in southern California on Friday November 13, 2009.



## Investing in Correctional Nursing Leadership



Larry Schmidt, RN, BSN, MSA, RCNE

The primary role of a nurse is to advocate for the patient. However, when nursing professionalism is not embraced, valued, or supported, roles can become blurred and the correctional nurse runs the risk of becoming institutionalized. "Correctional administrators must clearly define the professional boundaries that exist between correctional nurses and security staff... Correctional nurses must also be able to identify with a strong correctional health care organization and be able to network with other correctional nurses. Without such networking and support, the temptation to identify with the strong custody orientation found in correctional settings may become tempting" (Smith, S., 2005). Without a strong nursing identity, defined and demonstrated by the presence of professional nursing leadership, correctional nurses will inevitably acquire

characteristics reflective of their custody partners and over time, lose their objectivity. They will stop advocating, stop nurturing, and essentially become jailers. They will do whatever is necessary to fit in. It is therefore very important for the Nurse Leader to be highly educated, assertive, well disciplined, and extremely effective in his or her position. Nursing leadership, whether in corrections, state service, the military, or the private sector must always be cognizant of their role, their purpose, and their profession. They must vigorously support, model, and reinforce nursing professionalism, ideals, and principles. Lastly, they must remain vigilant and never compromise or abdicate their nursing identity.

Nurse leaders must genuinely like working with people. They must be just as comfortable in groups as they are in intimate settings. They must be able to converse in a professional manner and not be afraid to confront issues and undesirable behavior. By and far the single most important skill a leader must possess is the ability to communicate effectively. The nurse leader must be



## Co-workers cover for teammate overseas...

### CPHCS Doctor returns from service in Afghanistan, dedicates flag to his UM team



Dr. Oliver Lau (right) presents Dr. Ricki Barnett with the flag that flew over his Army Base in Afghanistan on September 11, 2009.

Dr. Oliver Lau travels all over the Northern Region of California for his job as a Utilization Management (UM) Physician Advisor with CPHCS. However, on September 11, 2009, Dr. Lau was not in California. In fact, he wasn't in this country, or even on this continent. On that day just a few months ago, Major Lau watched the American flag fly over U.S. Army forward operating base "Camp Blackhorse" just outside of Kabul, Afghanistan. As the flag was lowered at the end of the day and given to Major Lau in recognition of his service, he dedicated the flag to Dr. Ricki Barnett, Chief Medical Officer for the UM program at CPHCS, half a world away. Dr. Lau is now back on this side of the world after a grueling and emotional three-month combat deployment in Afghanistan during which time his unit lost six soldiers in the line of duty. Along with his military gear, he brought his flag all the way back to California in order to present it to Dr. Barnett and the UM team in honor of their support while he was away. That flag now sits in a place of honor in Dr. Barnett's office in Sacramento, but what it represents is perhaps more impressive than even the symbol itself.

Serving in the military with the U.S. Army Reserve has been an important part of Dr. Lau's life for some time, but it was not always easy to juggle with a full-time medical career. Physicians in the Army Reserve are on a rotation roster, meaning that they are called for three months of military service about every two years. Prior to this year, Dr. Lau had deployed twice (in 2005 and 2007), but his latest deployment did not occur at the most opportune moment in his professional career. Going into an interview for a job with CPHCS at the beginning of this last year, he knew that if he got the job, he would likely be called for military service soon after he started. "I was very concerned with wanting to make a good impression starting a new job," Dr. Lau said, "but I was very

impressed from the git-go with the support I received from my new unit at CPHCS." Instead of shying away from a professional with upcoming military commitments, Dr. Ricki Barnett hired Dr. Lau thinking that he was worth the time they might lose to his military service. "Being an idealist, he wanted to come and work with us and really believes passionately in the Receiver's objectives – and he's a patriot." Dr. Barnett explained. "I took a guess that it was well worth the risk of not having him for a while to get somebody mature and organized; he came back and that was definitely the case."

Dr. Lau credits Dr. Barnett and the entire UM team with helping and supporting him through his time abroad. He tells how in the past, his work often piled up while he was gone, but working for CPHCS was different. "I received a lot of emails from co-workers, lots of words of encouragement," Dr. Lau said. "They really covered for me while I was gone."

On the other hand, Dr. Barnett was impressed by Dr. Lau's involvement in his new job even while overseas. Even though they had only known him for three months before he deployed, Dr. Barnett says

"we were all worried to pieces about him when he went off to Afghanistan of course, so we emailed him every day. He actually kept in touch with his workload and got some work done for us while he was over there."

It seems that even while managing three medical clinics and all of the medics in his combat unit, Major Lau still found time for his CPHCS responsibilities.

Now that he is home, Dr. Lau should not have to deploy again for at least 18 months and can focus completely on his UM Physician Advisor role. That being said, it must be good to know that even if he is called up again, he can count on his co-workers to support him in his service.



Major Oliver Lau (right) at the flag ceremony on September 11th at forward operating base "Camp Blackhorse" in Afghanistan.



## Allied Health Investments Yield High Returns



*The Governor's unveiling of his state-wide Allied Health Initiative earlier this year is reflective of the importance of Allied Health Service Professionals within California Prison Health Care Services. The following is a general profile of Allied Health Service demands and considerations that underlie the relevancy of these professionals to effective health care, both inside and outside of our prison health care system in California.*

When people think of health care professions, usually doctors and nurses come to mind first. However, doctors and nurses only make up about 40 percent of the health care workforce. The remaining 60 percent of health care workers are in one of approximately 50 allied health-related professions including laboratory, imaging, and pharmacy, which through surveys have been identified as having the largest effect on access to care and hospital efficiency (excluding nurses). Like doctors and nurses, allied health professionals are of high importance to the health care industry. For example, laboratory technologists conduct numerous diagnostic tests which help doctors diagnose and create patient treatment plans; medical radiology technologists provide therapeutic, diagnostic and interventional services using different modalities such as magnetic resonance imaging (MRI), fluoroscopy, x-ray, and ultrasound; and pharmacists evaluate medications as well as provide appropriate drug treatment that is safe and effective for each individual patient. Because of the services that allied health professionals provide, there is a great demand for them, and this demand will increase drastically by an estimated 63 percent in the next 20 years. One of the causes is that California's overall population will increase by 10.2 million. In addition, the number of individuals over the age of



65 will increase from 11.3 percent of the total population to 18 percent. This aging population utilizes health care services more than any other. Life expectancies have also increased which equates to these individuals being in an age group that utilizes more of these services for a longer period of time. Another cause is that changes are being made to the way that health care is delivered to patients due to medical technological advancements. These advancements have allowed a shift from extended hospital visits to quicker, more cost-effective ambulatory visits. These procedures are being performed by staff within the ambulatory sector, which is the largest employer of allied health professionals, totaling almost half of its entire workforce. Since the need for allied health professionals is expanding, California will need to expand health care education programs to accommodate the increasing demand. Currently, these programs are impacted due to insufficient school capacity, shortage of professionals willing to teach rather than practice, and lack of clinical and experiential training opportunities due to state training program requirements and student-teacher ratios. These programs will become more impacted unless they are expanded to accommodate the increasing population and demand. By investing in educational programs, California will not only help to keep up with the amount of health care needed for its growing number of residents, but it will also help with its current economic situation. Health care will create more new jobs than any other industry, estimating at 3 million between 2006 and 2016. Payroll for allied health professionals will collectively increase five times the current amount in the next 20 years to an estimated \$116 billion, and from that, income taxes paid by allied health workers will then estimate at \$1.9 billion in state revenues.

## When Health Care Workers are Sued: Do's and Don'ts

Many health workers find themselves the subject of lawsuits. If this should come to pass, you would be served with a copy of the lawsuit by the U.S. Marshall Service either by mail or personal service. If you work at an institution, contact your institution's Litigation Coordinator immediately upon receipt of service. If you work at CPHCS Headquarters, contact Allie Baker, Litigation Coordinator, Litigation Management Section, immediately upon receipt. If you are served legal paperwork, it is important that you keep the original material you are served including the envelope. Do not sign any of the documents. Your Litigation Coordinator will need all the original material you receive

and will assist in the preparation of the paperwork required in order for CDCR to represent you in the lawsuit. Once your paperwork has been forwarded to the Attorney General's Office by your respective Litigation Coordinator, the Deputy Attorney General assigned to the case will prepare an acknowledgement letter and may contact you for a statement, if necessary. If you have any questions about this process and work at Headquarters, please contact Allie Baker at (916) 324-7105 or [Allie.Baker@cdcr.ca.gov](mailto:Allie.Baker@cdcr.ca.gov). If you have questions and work in the field, the list of institutional Litigation Coordinators is as follows: ASP-John Parreira, CAL-Gabriela Nunez, CCC-Wayne

Dennler, CCI-Brian Snider, CCWF- Bart Fortner, CEN-Laurie A. Shipman, CIM- Lou Jeffers, CIW-Jeff Richardson, CMC- Doug Murphy (A), CMF- B.C. Williams, COR-Mary Kimbrell, CRC-Dwayne Mugiishi, CTF-Dan Pherigo, CVSP- Jerome Olearnick, DVI- Curtis Gamble, FOL- Dan Johnson, HDSP- Rich Dreith, ISP-Kendra Chambers, KVSP- William Adams, LAC-Curtis Carson, MCSP- Sherry West, NKSP-Laura Williams, PBSP- William Barlow, PVSP Larry Mackin, RJD- Ronald Olson, SAC- Linda Young, SATF- Johanna Cordova, SCC- Emma McCue, SOL-Tonia Lewis, SVSP-Enedelia Donnelly, SQ- Eric Messick, VSPW-Rick Ratliff, WSP- Henry Cervantes.



## Karen's Corner (Karen Rea is the CPHCS Chief Nurse Executive)

### N-U-R-S-I-N-G L-E-A-D-E-R-S-H-I-P is a Scrabble of Virtues

**L**, ift as you rise!! Nursing Leadership is by example, transform yourself from a job to a career; revolutionary thinkers and leaders are those who positively influence nursing practice.

**E**, ducate yourselves. Leadership and knowledge go hand in hand. Education keeps us current for our licensure, but it is a great way to pass on the knowledge that we have to the next generation.

**A**, dvocating for the patient is one of the aspects of nursing. Listen to what the patient says and pay attention to what is not being said as well. Stand up for your patient when they cannot.

**D**, ocumentation – Good documentation makes all our jobs easier. It is a skill. Learn to use abbreviations and write clearly. Be an example to others for good documentation. (see Lifeline web site for list of approved abbreviations)

**E**, valuate fully, each patient each time. Be an example of efficient but thorough evaluation, processing and documentation. Remember, evaluation is the last step in the nursing process; it tells you whether your efforts to address the patient's problem are working or not. A thorough evaluation determines the next steps you are going to take in the care of the patient.

**R**, esiliency – Adaptability allows fluidity through these ever-changing times. Resiliency in a leader broadens knowledge. Who are you grooming to take your place? Can you teach them to do it better than you do now?

**S**, tandards of Practice are the tools we use to guide, unify and acknowledge the profession of nursing. Familiarize yourself with Nursing Standards of Practice; discuss these during staff meetings and in other venues. (see Lifeline web site for links.)

**H**, elp others help themselves. This applies not only to your patients but your peers and colleagues as well. Helping is the foundation of nursing practice. Helping others without an eye to helping them do it themselves eventually is simply being a hand maiden and fosters dependency. Teach, coach, support, but always so that next time they can do more themselves.

**I**, ncentives bring about pride in our work. Acknowledging and praising good work is a powerful incentive to having the good work repeated. And it's free. Pride in your staff motivates positive thinking.

**P**, ersistence - Leaders not only set the path but persistently address every barrier that is in the way. Leaders are present day after day; coping, listening, fixing, and expecting. Don't let your attention be diverted or give up when problems appear. Learn from your mistakes. It is persistence that will finally get you to the goal; and remember others are counting on you to come through.

## Becoming a Nurse Leader

(Continued from Page 1) able to facilitate a conversation (regardless of the topic) in such a manner as to engage, explore, and empower without intimidating the person(s) with whom they are speaking. At the same time they must maintain control, and direct the conversation in a way that is both productive and meaningful.

Leadership and management are two separate and distinct entities, nevertheless the terms are often used interchangeably and the roles tend to overlap in the work place. So while it is very important for the professional nurse leader to perform their managerial duties (finance, quality, discipline) effectively, they must at the same time advocate for their nurses in a way that nurtures, grows, and promotes the profession of nursing. If you are a nurse leader or are considering a career in nursing leadership, two books that are highly recommend are "Crucial Conversations"

(Patterson et al, 2002) and "Crucial Confrontations" (Patterson et al, 2005). Patterson, K., Grenny, J., McMillan, R., Switzler, A. *Crucial Conversations: Tools for talking when the stakes are high*. 2002. McGraw-Hill Publishing, NY, NY. Patterson, K. Grenny, J., McMillan, R., Switzler, A. *Crucial Confrontations: Tools for resolving broken promises, violated expectations, and bad behavior*. 2005. McGraw-Hill Publishing, NY, NY. Smith, S. "Stepping Through the Looking Glass: Professional Autonomy In Correctional Nursing". *Corrections Today*. February 2005.

## CALIFORNIA PRISON HEALTH CARE SERVICES

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