



Lifeline

NEWSLETTER

CALIFORNIA PRISON HEALTH CARE SERVICES

INSIDE THIS ISSUE

"Taxpayer's Relief" legislative package moves forward	1
OIG pharmacy report is a "snapshot of a changing situation"	2
Nursing Medication Safety Campaign Moves Forward	3
Nursing Spotlight on Diabetes Self-Management	4
Nursing: Karen's Corner M.E.D.S.	4
Nursing Patient-Inmate Education Makes a Difference	5
Telemedicine is improving at CPHCS	6
Allied Health Services HIM: Introducing the Scanned e-UHR	7
IT: Solution Center New Health Care Solution Center Launched and Available	8
Women's Prisons Accredited & Certified in Mammography	9
Human Resources: Emergency Contact and CalPERS Beneficiary Designee.	10
Human Resources: Changing your name	10
Human Resources: The President's New Health Care Package	11
Human Resources: Training Corner	11
Nurse Honored with Medal of Valor	12

Court Affirms Receivership



The Ninth Circuit Court of Appeals denied the State of California's request to end the Receivership and nullify his construction plan.

Upon reviewing the appellate court's 20-page opinion, the Receiver J. Clark Kelso said, "The decision by the Ninth Circuit Court of Appeals reaffirms the legal basis and factual need for the Receivership over California's prison medical care system. This most recent affirmation of the Receivership by the Court of Appeals is the strongest signal yet to the State that further legal challenges to the Receiver's Turnaround Plan of Action and scaled-down construction program will only burden California's taxpayers with wasteful legal costs and expensive delays. We have successfully negotiated a cost-effective construction plan with the Administration that moves us closer to settling these lawsuits and bringing this matter to a final close. We have forged excellent relationships with the Administration and the Legislature, and we are explaining all aspects of our program and our progress with full transparency. It is time for all of the powers in the State Capitol to coalesce in support of our plan and efforts to end the unconstitutional medical conditions in California's prisons, which will result in the most cost-effective and expeditious termination of the Receivership and resolution of these cases."

The full text of the decision can be found at:

http://www.cphcs.ca.gov/docs/court/Case09-15864_20100430_AppealDecision.pdf

"Taxpayer's Relief"

Legislative Bills Pass First Muster



(L to R) Leg. Authors: Assm. Juan Arambula, Sen. Mark Leno, Assm. Bonnie Lowenthal, Receiver J. Clark Kelso, and Assm. Cathleen Galgiani.

(Sacramento, CA) Proposed new laws by Senator Mark Leno and Assembly members Juan Arambula, Cathleen Galgiani, and Bonnie Lowenthal, which are supported by California Prison Health Care Services Receiver J. Clark Kelso, have passed their first round of legislative committee hearings. The bills are designed to help cement important health care programs into law while helping to cut the cost of prison health care. It is expected that the package of bills could yield savings to California Taxpayers of as much as \$350 million while helping make improved quality of care more feasible. The Receiver says, "Frustrated California Taxpayers deserve relief from the high cost of prison health care. I greatly appreciate these legislators for stepping up. The new laws will ensure that cost-effective solutions that we know work are either put in place or made permanent." Four legislative bills make up the "Taxpayer's Relief" package:

SB 1399 (Leno) Transferring Inmates Rendered Harmless- would allow the Secretary of Corrections to "medically parole" specified inmates who are in a persistent vegetative state, ventilator-dependent, or an end-stage debilitating disease such as Alzheimer's, and who do not pose a threat to public safety to a secured facility outside prison making them eligible for federal payment of their health care costs. The bill would not apply to persons who are sentenced to death, life without

(CONTINUED ON PAGE 9)

Receiver: OIG Pharmacy Report is a “Snapshot of a Changing Situation”

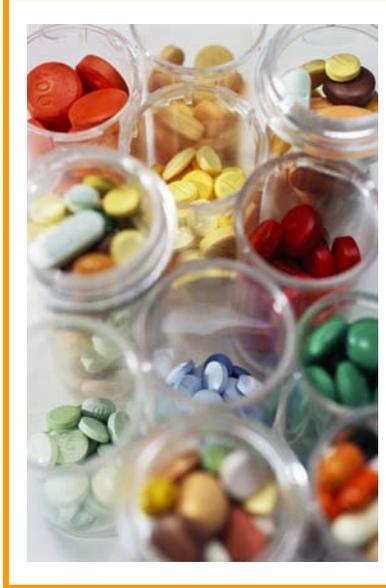
MANY COST-SAVING MEASURES NOW IN PLACE IN PRISON PHARMACIES

Federal Receiver J. Clark Kelso is responding to the OIG report entitled -Lost Opportunities for Savings within the California Prison Pharmacies, saying: “I appreciate the work of the OIG in preparing this report. While there is still more to do to rein in the high cost of inmate medicines, for the most part, the report is a snapshot of a changing situation in our pharmacies. The Receivership inherited an extreme challenge in reforming the prison pharmacy system in California that was in a severe state of disarray. However, we are already taking decisive steps to cut the cost of inmate medications with the implementation of several initiatives.”

Central Fill/ eMAR Equipment installation and staff training has begun at a Central Fill Pharmacy Facility in Sacramento which will ‘blister pack’ and bar code inmate medications in one central location and ship them to the 33 prisons statewide. The centralized and automated method of filling a majority of the prescriptions will save costs by allowing for greater bulk purchasing, speed up and simplify distribution, improve inventory control through the use of barcode tracking, increase patient safety, and make it easier to return unused medicines to stock. Individual prison pharmacies will send back all unused medications to the central location where high priority will be placed on reclaiming all usable medications and returning all other medications to the distributors for partial credit. Only immediate needs prescriptions, intravenous medications, medications that require refrigeration, and other special medications will be required to be filled at the small and crowded prison pharmacies. The Central Fill Pharmacy is scheduled to be opened in May of this year and begin dispensing to prisons at an implementation rate of 2 facilities per month as early as June of this year. Additionally, a new Electronic Medication Administration Record, or eMAR, is planned for development beginning in 2012. The eMAR system will help cost-effectively improve tracking of prisoner medications as inmates are transferred or moved through the system.

Returning Unused Medications to Stock or for credit Additionally, the Receivership has achieved savings of \$6 million from July through December of 2009 and is projected to *save a total of \$13 million this year alone, by instituting a return-to stock (RTS) program*. The program, similar to that used in community and hospital pharmacies, allows for the return of medication back to stock if it has not been in the patient-inmate’s hands. Less than one year ago, millions of dollars

worth of prescription medications were wasted whenever a patient-inmate was transferred from reception centers to more permanent institutions or from one institution to another. Now, it is expected that this new program will save California taxpayers about \$1.3 million a month. Additionally, a contract initiated by the Receivership also allows for a portion of the drugs which have been handled by inmates and therefore cannot be returned to stock to be returned to a distributor for partial credit. **\$4.7 million in credit for returned drugs have been recorded since 2007.**



Generics/ Formulary Management California Prison Health Care Services has avoided costs of \$20.3 million in 2009 due to targeted changes in the drug formulary (the list of allowed medications) which has resulted in a high rate of generics use and lower contract purchase costs of drugs at bulk rates. Currently, 80% of all prescription drugs dispensed in California Prisons are generics. **The savings in the decreased use of non-formulary drugs was \$2.6 million in 2009.** Under the recent formulary policies, clinicians may not prescribe a brand-name product when a generic equivalent is available unless a non-formulary request is approved by their supervisor. Additionally, the position of Chief Pharmacist was recently established, in part to provide oversight and ensure accountability in the use of formulary drugs.

Giveaways Halted In an effort to further reduce costs, and improve patient access to medically necessary services within prison healthcare system, California Prison Health Care Services has halted the dispensing of over-the-counter (OTC) items such as protein powder, vitamins, lotions, muscle rub, vapor rub, talc, and peppermint oil which had long been made available to inmates within the correctional system. This is the most recent pharmacy policy change. Inmates were notified on February 1st that the items would be withheld in 90 days. Effective April 1, 2010, several over-the-counter (OTC) items are no longer available. Federal Receiver J. Clark Kelso says, *“Distribution of these over-the-counter items increase costs to the taxpayers by creating a heavier workload for the nurses and pharmacists who administer and deliver these non-medically necessary items. Inmates can still purchase some of these items at the prison canteen.”* For more information on these and other cost-saving programs, the *Receivership’s Response to the Pharmacy OIG Report* can be accessed at:

<http://www.cphcs.ca.gov/docs/resources/OIG_ResponseToOIG_SpecialReportPharmacies20100407.pdf>



Medication Safety Campaign Moves Forward As Patient Advocates, Nurses Give Inmate-Patients a Voice

Registered nurses are licensed, independent practitioners who work hand-in-hand with their physician colleagues. They are accountable for their own actions and the care administered by the members of their care team. More importantly, they are responsible for the quality of that care and the environment in which it is provided. The Medication Safety campaign is about nursing in action. It is a nursing driven effort that represents and exemplifies the profession of nursing and its ability to self-govern.

The role of nursing, whether in CDCR or private sector, is vast and multi-faceted.

First and foremost, nurses are patient advocates providing their patients with a voice while serving as a check and balance within the system. Secondly, nurses manage and coordinate all aspects of patient care including scheduling, resource allocation, monitoring, and intervention. Third and lastly, nurses are responsible for the provision and quality of a litany of services including assessment, teaching, hygiene, nutrition, ADLs, treatments, and medication administration.

In November of 2009, responding to observed deficiencies in both the quality and safety of medication administration, nursing advocated for its patients and took responsibility for its actions by kicking off the "Medication Safety Campaign."

The purpose of the campaign is to: a) increase medication safety awareness at all facilities, b) identify and mitigate medication administration barriers, c) identify medication administration best practices, d) establish a reliable, consistent, timely and appropriate medication error reporting process, e) maximize patient safety through revision of policy and creation of statewide standardized processes.

The campaign is divided into two separate, yet distinct, complimentary tracks. The first track focuses on modification of the current medication error reporting process. In our efforts to identify the major causes for medication errors, it is important to create an anonymous, non-punitive reporting process that encourages and supports the reporting of both actual and near-miss errors. It is a process



that is both easy to use and allows for accurate identification and categorization of the systems, events, and practices that result in or contribute to medication errors.

The second track focuses on revision of the Medication Management Policy, Chapter 11, Volume 4. The revisions must accurately reflect nursing practice and current nursing standards. They must address the "5 R's" (right patient, right drug, right dose, right route, and right time), assessment, evaluation, and accurate documentation.

Additionally, the revised policy should address patient safeguards including productivity, realistic administration time frames, controlled substances, administration procedures, and, of course, error reporting requirements.

The Medication Safety Campaign is administered by a statewide Task Force comprised of 16 Directors of Nursing with equal representation from each region. Members of the Task Force participate in the following focus groups – Research, Policy Revision, Reporting Tool Modification, and Education & Training. In addition to the Task Force, an ad-hoc membership comprised of subject matter experts (SME) including LVNs, LPTs, SRN IIs, NCPRs, Pharmacists, and custody personnel (not all inclusive) provide expertise and guidance where needed. The ground swell surrounding the Medication Safety Campaign is rapidly developing as evidenced by an unsolicited increase in medication error reporting. Prior to September only Level 4 and 5 errors were tracked, at a rate of approximately 5-10 reports per month. In September, the Regional Nurse Executives began requesting a full count of medication errors at each facility. This was followed by the announcement of the Medication Safety Campaign last fall. The first analysis and categorization of errors has now been performed. As we learn more about the causes and groupings of medication errors, we can then focus our efforts on mitigation and resolution.

As the Medication Safety Campaign moves forward, the work of the Task Force will better define the scope of the problem through more accurate reporting and the capture of valuable data. In addition, policy revisions and standardization of processes across the state will improve the quality of care and enhance the safety afforded our patients.



SPOTLIGHT on Diabetes Self-Management

Diabetes is a disease in which the body does not produce or properly use insulin resulting in high levels of blood glucose. According to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC National Diabetes Fact Sheet 2007), 23.6 million people (7.8% of the population) in the United States alone, have diabetes. It is a chronic disease that makes huge demands of patients and can lead to serious complications, such as blindness, kidney damage, cardiovascular disease and premature death. However, individuals with diabetes can take steps to control the disease and lower the risk of complications. But how do patients with diabetes obtain that information? Diabetes Self-Management Education (DSME) is the cornerstone to improving health outcomes and quality of life for patients with diabetes. According to the National Standards for Diabetes Self-Management Education (Mensing et.al., 2000), "DSME is a critical component of diabetes treatment, yet the majority of individuals with diabetes do not receive any formal diabetes education" (p. 683). In order to successfully live with diabetes, patients must learn to make lifestyle and behavioral changes. This is where nurses and patient education can make a difference. By initiating a collaborative learning process that focuses on self-care behaviors, such as healthy eating, being active, monitoring blood sugar and managing co-

morbid conditions, the nurse can facilitate and assist the patient to gain the knowledge, insight and coping skills needed to successfully self-manage the disease. But, as we all know, change is hard, so the collaborative learning process must be ongoing to support and sustain the patient's lifestyle and behavioral changes. Every good education program starts with a plan. The first step in developing an education plan for diabetes self-management is to identify your target population and assess their educational needs. The Primary Care Team should assess the educational needs of all the patients with diabetes on their patient panel, not just those who make frequent visits to the clinic. From those assessments, individual teaching plans should be developed for each patient with diabetes. The goal of the individualized teaching plans is to provide the diabetes patient with the knowledge and skills to make informed choices, to make personal lifestyle and behavior changes, and ultimately to reduce the risk of complications. To this end, the teaching plan should include content areas tailored to the needs of the patient, such as, but not limited to, those discussed on the next page.

Karen's Corner: MEDS



Karen Rea
Chief Nurse Executive

Medication administration is one of the basic competencies of all nurses. Ensuring the Right Patient receives the Right Dose of the Right Medication at the Right Time via the Right Route is paramount to the quality of your nursing care.

Errors do occur periodically. Sometimes the errors are the result of inadequate systems, while others may be the result of an individual nurse's failure to comply with policy or adhere to accepted standards of practice. Regardless of the reason, it is important to first assess the patient and intervene as necessary. Second, notify the physician and implement any additional orders received. Next, the event must be documented accurately including a description of what occurred and what was done to limit the effect to the patient. Lastly, a medication error report must be completed and submitted to the immediate supervisor as soon as possible following the incident and before leaving at the end of your shift.

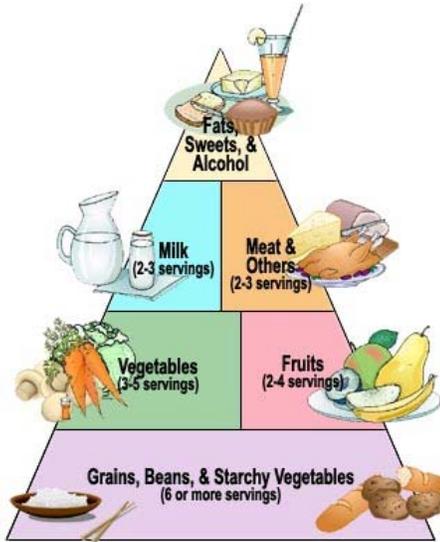
Documentation of all medication administration in accordance with policy is an absolute necessity. Documentation is not only a record of the care you provided, failure to document medication at the time of administration may result in the patient receiving a second dose by mistake.

Safe environment should be afforded every patient. It is the nurse's responsibility as a patient advocate, to ensure the patient's environment is clean and safe.



SPOTLIGHT on Diabetes Self-Management Patient-Inmate Education Makes a Difference

Nutritional Management



Patients with diabetes have to make smart food choices and monitor their dietary intake to balance their medications and exercise to manage their blood glucose levels. Healthy food choices will improve overall health and reduce risk for

complications such as heart disease and stroke. A healthy diet includes eating a wide variety of foods including vegetables, whole grains, fruits, non-fat dairy products, beans, lean meats, poultry, and fish. A registered dietitian can assist the patient with diabetes to make appropriate food choices from the institutional meals.

Incorporating Physical Activity



Being active is a big part of living a healthy lifestyle. It offers up many health benefits. This is true for people of all ages and especially true for people with diabetes. Activity makes the body more sensitive to the insulin it produces and also burns glucose. Both actions lower blood glucose levels. Activity or exercise helps to lower

blood pressure, raise good cholesterol (HDL), and lower bad cholesterol (LDL) and triglycerides, all of which help to reduce the risk of cardiovascular disease. Physical activity burns calories, which will help patients maintain a healthy weight, builds stronger bones and muscles, produces energy and better sleep, and relieves stress. Exercise does

not have to be strenuous or completed in one long session. Taking a ten minute walk and building up to 30 minutes will still reap the benefits of being active. Just keep moving.

Preventing & Treating Complications

Patients with diabetes are at risk for serious complications, such as blindness, kidney damage, cardiovascular disease, and lower-limb amputations, but the risk or occurrence of these complications can be reduced by controlling blood glucose, blood pressure, and blood lipids. Studies have shown that every percentage point drop in A1c blood test results (e.g., from 8.0% to 7.0%) can reduce the risk of microvascular complications (eye, kidney,



and nerve diseases) by 40% (CDC National Diabetes Fact Sheet, 2007). Reducing blood pressure in patients with diabetes reduces the risk of cardiovascular disease (heart disease and stroke) by 33% to 50%, reduces the risk of microvascular complications (eye, kidney and

nerve diseases) by approximately 33%, and reduces the decline in kidney function by 30% to 70% (CDC National Diabetes Fact Sheet, 2007). In general, for every 10 mm Hg reduction in systolic blood pressure, the risk for any complication related to diabetes is reduced by 12%. Improving control of LDL cholesterol can reduce cardiovascular complications by 20% to 50%.

As the adage goes, knowledge is power. By providing diabetes self-management education tailored to the patients' needs, nurses can give patients with diabetes the knowledge, power and skills to manage their disease. "The value of diabetes education is evident from research demonstrating that the patients who never received diabetes education showed a striking four-fold increased risk of a major complication" (Mensing, et. al., 2000). Patient education does make a difference.



Telemedicine is Improving at CPHCS



Telemedicine is the delivery of health care services using telecommunication technologies. Telemedicine has revolutionized the delivery of health care in the military, the

space program, correctional institutions, and other areas where difficulties exist in bringing medical providers face-to-face with patients. There is some confusion about telemedicine as it is not designed to replace doctors or other clinicians but rather increase access to cost-effective specialty care.

CPHCS uses telemedicine for both medical specialty consultations and psychiatric services. Today, telemedicine is available for medical specialty services at all CDCR institutions, and psychiatric telemedicine is provided at four institutions.

The Telemedicine Program at CPHCS is managed by the Office of Telemedicine Services (OTS), headed by Linda McKenny, RN, NCPR.

The OTS has expanded the pool of providers and number of medical specialties available through telemedicine. The OTS is working closely with health care services staff at institutions to expand awareness of the telemedicine program, provide additional telemedicine equipment and infrastructure where necessary, and to remove roadblocks in order to increase the number of telemedicine encounters.

The Receiver has launched an ambitious program to improve and expand telemedicine services. In 2009,

the OTS increased the number of medical specialties available via telemedicine by 40%.

Also during 2009, the OTS added 28 new telemedicine providers, which is an increase of 54%. To support additional growth, CPHCS has established a new telemedicine hub at California Men's Facility (CMF). This new hub will provide telemedicine services for HIV and HCV to other CDCR institutions.



Today, telemedicine is offered for the following specialties:

- Cardiology (new)
- Dermatology
- Endocrinology
- Gastroenterology (new)
- Hematology (new)
- Hepatology
- Infectious Disease (HIV, HCV, etc.)
- Nephrology (new)
- Neurology
- Neurosurgery
- Oncology (new)
- Orthopedic Surgery
- Pain Management
- Plastic Reconstructive Surgery (new)
- Pulmonary Medicine (new)
- Rheumatology
- General Surgery (new)
- Transgender Medical Case Management
- Urology (new)

The OTS is in the final stages of an initiative to increase telemedicine at six specific institutions. The purpose of the initiative is to reduce off-site specialty referrals for specialties that are available via telemedicine. The initiative will allow OTS to gain experience and develop business processes to expand telemedicine at other institutions. The initiative was completed in February 2010.

Soon, the OTS will roll out expansion of telemedicine services to additional institutions.

The OTS is exploring the use of store and forward technology, the use of telemedicine for wound care, and real-time telemedicine collaboration between physicians. Because of telemedicine's ability to provide timely and economical access to specialty medical services at all CDCR institutions, the improvement of telemedicine is a vital part of the Receiver's vision to increase health care access, cost-effectiveness, and quality of care for patient-inmates.

Health Information Management: A Solution to All Those Paper Documents

Introducing the Scanned UHR (e-UHR) Project

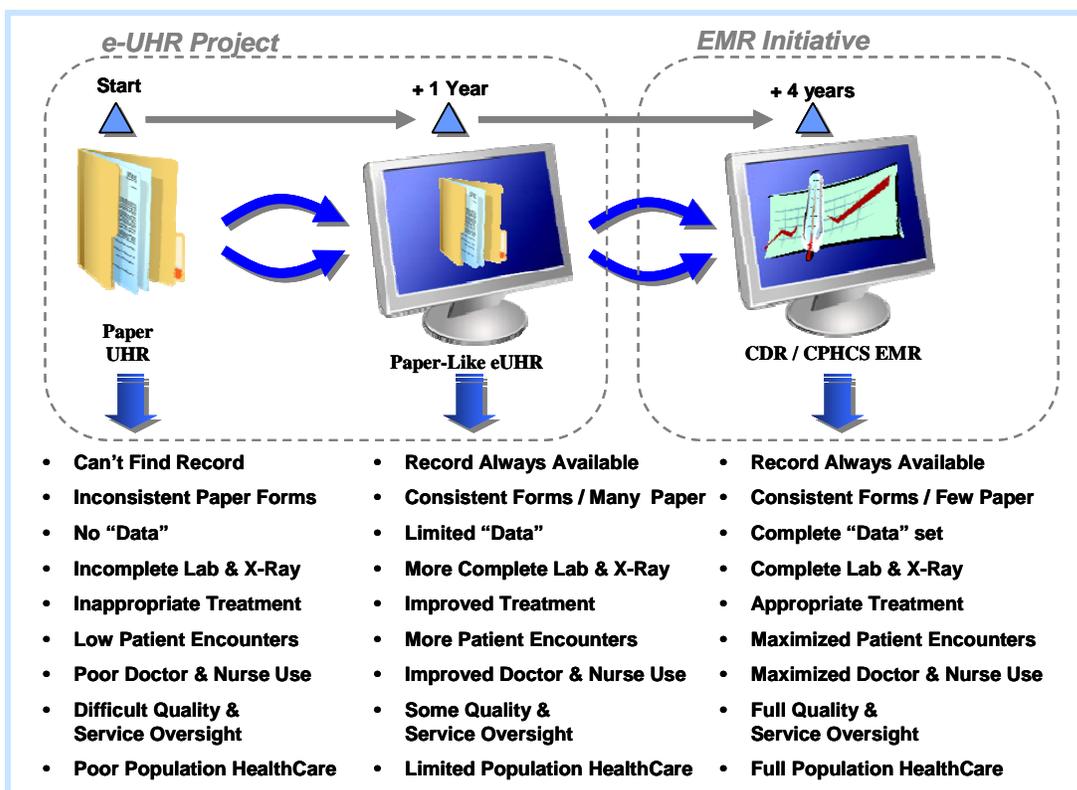
Health Information Management (HIM) is defined by the American Health Information Management Association as being the "discipline that focuses on health care data and the management of health care information, regardless of the medium and format." Specifically, HIM professionals design, manage, and support health information practices to guarantee adherence to medical, legal, and ethical standards. They play a crucial role in the management of health information that is used by doctors, nurses, and other health care providers.

As a part of the Receiver's Turn-around Plan of Action and its goal to establish a standardized health records practice, the Allied Health Services HIM program is currently engaged in the analysis and planning phase of a scanned Unit Health Record (UHR) project.

The objective of the project is to migrate paper UHRs to a "paper-like" scanned UHR (e-UHR). The e-UHR will resemble the paper UHR and will be accessible via a simple document viewer. Each individual that utilizes a UHR will have electronic access to the e-UHR, including users at every point of care. An overview of the CPHCS migration path from paper to e-UHR and then to an EMR (electronic medical record) is illustrated in the graphic above.

The e-UHR project will leverage the Strategic Offender Management System (SOMS) project which is scanning all cus-

tomdy files. The scope of the e-UHR project will cover a 100% scanning conversion of all active UHR files (or at least one year) and all active loose filing at the Health Records Center (HRC). Included in the scope is the network infrastructure and "day forward" scanning capability as well as training and mentoring of all staff that utilizes the e-UHR. This project also includes some e-forms implementation to allow direct entry of clinical information, which advances our movement toward an electronic medical record.



Initial site visits are being scheduled as part of the planning phase.

We will begin the scanning of UHRs in the fall of 2010 with completion of scanning 12 months later. The HIM program will work with each institution to understand the needs and impacts that are unique to each facility. This

includes providing resources to transform existing paper UHR business practices into e-UHR business practices so that normal business operations are not interrupted. This also includes additional technology and computer drops into areas where UHRs are used routinely, such as all points of care for medical, dental, and mental health services.

The HIM team will be communicating with each institution to explain what is forthcoming and answer any questions surrounding the project.



New Health Care IT Solution Center Launched and Available



Meet the Health Care IT "Solution Center" Staff. From left to right: Eric Zirkelbach, David Darnell, Erica Chan, Noe Gutierrez, Satty Kaur, Shawn Symonds, Michael Edwards.

All CPHCS employees now have access to the new Health Care IT "Solution Center." The new solution center is staffed by Health Care IT employees that have the CPHCS and DCHCS knowledge and training required to deliver a "new and improved" service to the Health Care community.

For IT issues:

Call the "Solution Center" by using the phone number located on the blue or red sticker on your computer monitor OR

Use the "Solution Center" icon located on your desktop to create and track your own service ticket.



Solution Center operating hours will be Monday-Friday 6:00 a.m. – 6:00 p.m. Customers calling outside normal business hours will have the ability to leave a voice message and have their call returned the following

business day. For other questions and/or comments, please contact: David.darnell@cdcr.ca.gov.

What will stay the same?

- The phone number on the blue or red sticker on your PC will stay the same. Just dial this number to reach one of our Solution Center staff.

What will change?

- When you call the Solution Center, CPHCS IT staff with knowledge about our institutions and business will answer your call.

Meet the New Staff and

Read about their Attitudes

Erica Chan – The Solution Center is not just a unit, it is an attitude. The attitude says, "Dear Customer, I may not always have the solution, but I promise to find it... smiling!"

Eric Zirkelbach – Not only are we willing to listen and empathize with the customer, but we are ready to affect end to end resolutions.

Michael Edwards – The first step of providing excellent customer service is first and foremost caring about your customer and their needs.

Noe Gutierrez – Together we can save lives, by enabling you to aid others.

Satveer (Satty) Kaur – Here at the Solution Center, we listen; we talk and together we find solutions for you.

Shawn Symonds – I really believe we can provide a quality experience to our customers. We have the tools, the support and most importantly, the desire to succeed.

This will allow us to provide improved and more responsive service to our customers.

- The Solution Center staff will be available from 6 am to 6 pm on regular business days. Customers calling outside those hours will be able to leave a voicemail and will receive a return call the next business day.

- 24 hours a day, 7 days a week you can submit issues and requests to the Solution Center through the web portal using the Solution Center shortcut which has been loaded on your desktop. If your request is submitted outside of normal business hours the request will be assigned the next business day.

What Services will the Solution Center offer?

- Inform customers of outages and upcoming maintenance and upgrades.

- Serve as a single point of contact for all IT related requests (broken computer, projectors, loaner laptops, etc.).

- Log all IT related issues and route them to the appropriate IT staff for resolution, and follow your issue through to resolution.

Solution Center Vision

Our dedicated staff will successfully deliver services in a timely and professional manner. Our approach will be proactive and we will strive to provide the highest level of customer service.

Women's Prisons Accredited & Certified in Mammography

The Mammography Quality Standards Act (MQSA) was signed into law on October 27, 1992, to establish national quality standards for mammography. The MQSA required that all facilities become certified by the Food and Drug Administration (FDA) to legally perform screening or diagnostic mammography. As part of a facility's efforts toward compliance, it must complete two important initial phases -- accreditation and certification. To become certified, a facility must first be accredited by an Accreditation Body approved by the FDA. The accreditation process ensures the facility meets baseline requirements relative to personnel qualifications, equipment performance specifications, quality assurance and quality control testing and recordkeeping, and clinical and phantom image reviews. Once accredited, a separate process through the FDA qualifies a facility for the MQSA certification. After certification, a facility must fulfill certain requirements to maintain its MQSA status: it must pass an annual inspection, complete an annual medical physics survey, and perform periodic quality control tests, and take corrective action, where applicable.

The purpose of MQSA certification is to ensure that patients are receiving quality screening based on all facets of the examination process and equipment.



Certified Mammography screening is now available at all California women's institutions.

MQSA certifies that technologists performing Mammography exams are licensed and experienced; that the physician interpreting the exam has the qualifications of a breast imaging specialist, and the equipment utilized is maintained properly and operating within standard guidelines. Any facility legally performing mammography services must be informed, willing, and prepared to take the appropriate steps to successfully achieve accreditation and certification under the MQSA.

Central California Women's Facility in Chowchilla and California Institute for Women in Chino were previously accredited and both have passed their annual 2010 inspections. Valley State Prison for Women in Chowchilla went through the accreditation process in 2009, and successfully passed their first annual inspection in January of this year. This brings all three women's prisons into MQSA compliance for performing Mammography exams. The technologists and the support staff that assist them in maintaining certified

and accredited breast health screening programs include: Leslie Espinola RTM (sr.) Betty Gamboni RTM from CCWF; Tiffany Chavez RTM (Sr) from CIW; and Sharon Minor RTM (Sr), Michelle Avila RTM from VSPW.

Receiver's Bills Aim to Make Advances Sustainable

(Cont. from page 1) possibility of parole, or sentenced under the "three-strikes" law. As much as \$200 million could be saved over several years if SB 1399 is fully implemented.

AB 1817 (Arambula) Utilization Management- is a program to ensure the appropriate use of limited health care resources. AB 1817 will require that the California Department of Corrections and Rehabilitation (CDCR) continue to maintain a statewide utilization management program similar to that used by HMOs to limit visits to specialists which will ensure prison health care resources are used in the most cost effective and efficient manner possible and only when medically necessary. As much as \$100 million could be saved yearly by fully implementing this program.

AB 2747 (B. Lowenthal) Pharmacy Formulary and Central Fill- codifies into law a CDCR-specific formulary to sustain the use of generics and manage medication usage within the system and

establish an effective oversight body charged with that responsibility. The bill also provides for long-term savings in both staffing costs and medication inventory through the establishment of a Central Fill Pharmacy that will provide more than \$18 million in savings each year once fully implemented. The automated central pharmacy will offer advantages of scale related to efficient purchasing, inventory control, volume production, drug distribution, workforce utilization, and increased patient safety.

AB 1785 (Galgiani) Telemedicine- will require the prison system to increase the use of a cost-effective telemedicine system within each of CDCR's 33 correctional institutions. Telemedicine is the use of monitors and special tools to conduct doctor's visits remotely through computer network lines. It will result in significant cost avoidance of approx. \$5 - \$10 million dollars a year and improve public safety by reducing the number of guarded inmate trips to outside specialty doctors.



Emergency Contact and CalPERS Beneficiary Designee

If you have experienced life events (marriage, divorce, etc.) in the last year or are unsure who you currently have designated as your emergency contact and/or beneficiary, you may wish to change your designations. In order to change the parties designated, please complete the following forms and submit them to your Personnel office:

- Emergency Notification Information (CDC 894)
- Beneficiary Designation (PERS-BSD-241)
- Designation of Person Authorized to Receive Warrants (STD 243)

These forms can be found on the California Prison Health Care Services Human Resources forms page:

<http://lifeline/HumanResources/Forms/tabid/919/Default.aspx>

Regardless of your living situation or legal status, the parties designated on file will receive the relevant benefits and in the case of an emergency, will be contacted. Also, as stated on the PERS-BSD-241, if you are married or in a registered domestic partnership but do not name your spouse or domestic partner as beneficiary, he/she may still be entitled to a community property share of your "Lump Sum Contributions" or a share of any monthly allowance that may be payable.

For more information or questions, contact your Personnel office.



Changing Your Name?

If you have recently had a name change, you are required to file for an official name change with the Social Security Administration (SSA) and then make the change with your Personnel office. This will ensure there will be no complications with your tax records, Social Security benefits, or banking information (paychecks being issued in a different name than reflected in your bank account).

In order to officially change your name with the State Controller's Office (SCO), you must submit a completed STD 686—Employee Action Request (EAR) Form to your Personnel office with one of the following attached:

- Copy of the SS-5 form submitted to the SSA. This form will be provided to you by requesting "proof of filing" from the SSA.
- Copy of the corrected Social Security Card if you have already received it.

You must provide documentation from the SSA in order to request a name change with SCO. Simply providing supplemental documentation (marriage certificate, amended or corrected birth certificate, divorce decree, etc.) will not be sufficient. For more information on filing with the SSA, visit their website at www.ssa.gov. You can find a copy of the EAR form from your Personnel office or on the California Prison Health Care Services Human Resources intranet page: <http://lifeline/HumanResources/Forms/tabid/919/Default.aspx>

If you have any questions regarding documentation you need to provide or how to complete the EAR form, please contact your Personnel Specialist in your Personnel office.



The President's New Health Care Package Effects on Your Family: Dependent Children Eligibility Increased to Age 26



The HR Benefits Unit has been receiving calls regarding President Obama's Health Care Reform Package. The Health Care Reform Package includes covering eligible dependent children up to age 26 which will take effect January 1, 2011. Currently the age limitation is 23 and the State will continue to delete dependent children at age 23. However, the Department of Personnel Administration and CalPERS are working on a process for adding dependents that were deleted and will now be eligible under the new provisions. The process will be announced prior to the January 1, 2011 effective date of the Health Care Reform Package.



Teach Learn TRAINING

CORNER

Mandatory Refresher Sexual Harassment/EEO and Workforce Violence Prevention Training started in January for all HQ health care employees. If you have not attended this training, please contact Teresa.Vera@cdcr.ca.gov or Jason.Priest@cdcr.ca.gov to sign up. For institution staff, please check with your local IST office for upcoming block training dates.

Statewide Health Care New Employee Orientation (HCNEO) started in January! HCNEO will be offered at each institution, check with your local IST office for upcoming dates. For Headquarters staff, please see below for dates.

On the Job Training modules are being developed. Fire and Life Safety will be the first one introduced. Other topics will be available later. Check here in the next few months for more information!

Upcoming Events:

- Sexual Harassment Prevention/Equal Employment Opportunity/Workplace Violence for Headquarters staff: Contact Teresa.Vera@cdcr.ca.gov or Jason.Priest@cdcr.ca.gov.
- Upcoming HCNEO for Headquarters staff: May 24th-26th, June 28th-30th, and July 26-28th at 3701 N. Freeway in Natomas (contact Lisa.Blutman@cdcr.ca.gov for more information).
- Project Management Training: Effective Meetings and Gathering Effective Business Requirements, see the schedule on the Lifeline INTRANET for these and other class dates and times (contact Jason.Priest@cdcr.ca.gov for more information). These workshops are available to all employees statewide.
- CalPERS Home Loan Workshops available at HQ in May (contact Lisa.Blutman@cdcr.ca.gov for more information).

Useful Links

For information on training or to find out who your training coordinator is, please visit the ETU's intranet site at <http://lifeline/HumanResources/WorkforceDevelopment/EducationandTrainingUnit/tabid/912/Default.aspx>

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

Safari Books: <http://proquest.safaribooksonline.com/>. If you have a state library card, you can access this from home.

The California Department of Personnel Administration (DPA) has resources available for managers and supervisors: <http://www.dpa.ca.gov/training/supervisory-training/index.htm>.

Nurse Hernandez Wins CDCR Medal of Valor

North Kern State Nurse Shows Great Courage in the Face of Danger



(L to R) Karen Rea congratulates Supervising Nurse Francisco Hernandez for his Medal of Valor honor.

MAY IS NURSING MONTH. WE HONOR THE WORK YOU DO THROUGHOUT THE YEAR!

SACRAMENTO – The Department of Corrections and Rehabilitation awarded Medals of Valor during its 26th annual ceremony to employees who exhibited extraordinary bravery and conduct where safety was at risk.

Supervising Registered Nurse II Francisco Hernandez, North Kern State Prison, was a CDCR Medal of Valor recipient for actions taken in 2009. The awards were presented by CDCR Secretary Matthew L. Cate at a ceremony sponsored by the California Correctional Supervisors Organization.



The Medal of Valor

Hernandez was honored for his fearlessness in responding to a police officer struggling with a prisoner for control of the officer's duty weapon. Hernandez was working off-duty at a hospital's emergency room when he responded to the threatening situation and attempted to subdue the prisoner by using physical strength and holds.

Federal Receiver J. Clark Kelso said, "We are extremely proud of Mr. Hernandez. His bravery shows great courage in the face of immediate life-threatening danger and with full knowledge of the risk involved. We appreciate his professionalism everyday."

The Medal of Valor is the Department's highest award, earned by employees distinguishing themselves by conspicuous bravery or heroism above and beyond the normal demands of correctional service.

CALIFORNIA PRISON HEALTH CARE SERVICES
P.O. Box 4038 Sacramento, CA 95812-4038
Phone: 916-323-1923 www.cphcs.ca.gov

RECRUITMENT : DO YOU KNOW SOMEONE INTERESTED IN JOINING OUR HEALTH CARE TEAM?
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

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