



The **TURNAROUND** Lifeline

California Prison Health Care Services

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Stage Set for Historic Contempt Hearing in October Receiver Addresses Governor's Opposition to Motion



The stage is set for an historic legal hearing in San Francisco, between Federal Prison Health Care Receiver J. Clark Kelso and California State Governor Arnold Schwarzenegger and Controller John Chiang. Kelso has asked the Federal Judge that appointed him Receiver, Judge Thelton Henderson, to hold the Governor and Controller in contempt of Court because the State has not come up with a plan to fund the Receiver's \$8 billion plan to build the 10,000 beds that are central to his court-approved Turnaround Plan of Action. As the Defendants in the *Plata* lawsuit, the Governor and Controller have the responsibility to find funding for Kelso's plan to fix the health care system in California Prisons. The State of California has been judged in violation of U.S. Constitutional protections against "cruel and unusual punishment" because of the lack of access inmates have to health care. The Governor had previously asked the Receivership to seek legislative funding, however, the lawmakers have now failed to pass funding legislation four times by narrow partisan margins. Recently, Attorney General G. Edmund Brown filed a brief opposing the contempt motion on behalf of the Governor and Controller. Kelso's attorneys issued a reply. In regards to the failed legislation, the reply states that if legislation is the Defendants' preferred funding method, "then one would have expected them to move heaven and earth to encourage the legislature to authorize such fund-

ing. Defendants have offered no evidence to show that they have made any effort to cause the legislature to act." The Attorney General's opposition brief also states that the scope and projected cost of the Receiver's construction project has taken the Governor and Controller by surprise. Kelso's brief replies, "for roughly two years, State representatives have been working closely with the Receiver's staff to plan and develop the very projects that Defendants now claim are so startling in scope and cost." "Without so much as a whisper of an objection from Defendants," add Kelso's lawyer, "Judge Thelton Henderson's Court specifically approved the capital projects *and their estimated cost* when it ruled that the Receiver's Turnaround Plan of Action is the "plan for moving this case forward." The reply adds, "Defendants and the Attorney General have relied upon the Receiver's plans as a basis for contesting the overcrowding claim in the three-judge panel proceeding. Just last week, a Deputy Attorney General filed a declaration arguing that improvements are being made in the delivery of health care, notwithstanding overcrowding in the prisons. The defendants cannot have it both ways. They cannot rely upon the Receiver's construction plans in one set of proceedings, but seek to challenge those same plans in another proceeding." The Hearing is scheduled in Judge Henderson's courtroom on October 6, 2008.



Do you know?

As of August 2008, approximately 89 percent of all nursing and physician positions statewide are filled. Some institutions are doing better than others; however, we are well within reach of the Receiver's goal of having 90 percent of nursing and physician positions filled statewide by January 2009.



(L to R: Betsy Chang-Ha, Paul Carlisle & Dwight Winslow)

CPHCS Grows in Prestige Chang-Ha: 3rd CPHCS Leader to be Awarded Fellowship

CPHCS Chief Nurse Executive Betsy Chang-Ha has been selected for a Fellowship in Cohort 8 of the Center for the Health Professions Health Care Leadership Program at the University of California, San Francisco. She is the third CPHCS executive to be accepted in to the prestigious year-long leadership program. CPHCS Chief Executive Officer Terry Hill says Chang-Ha's selection speaks well of the entire department. "It's recognition on the part of the mainstream Health Care Leadership that the population

we serve is an important one and that prisons are a vital part of the Health Care Safety net." Chang-Ha joins past fellows Dr. Dwight Winslow, Chief Physician Executive, and Dr. Paul Carlisle, Chief of Rehabilitation, as the three CPHCS leaders who have been selected for the fellowship. "The fact that we have three current or past fellows documents that we are actively involved with the best and the brightest health care change agents in the State and that we are considered among the group of leaders in the medical field." explained Dr. Hill.

"We are we, regardless of discipline."

Block Scheduling & Open Communication Create Successful Custody/Clinical Staff Relationships



(Left to Right) Captain Gerard Brochu and Special Services Nurse Diane Oblonsky from CCI Tehachapi Coordinate Block Scheduling. Nurse Dixie Harper and Captain Brian Jones enjoy excellent communication at Mule Creek State Prison.

Captain Gerard Brochu, Special Services Nurse Diane Oblonsky, and Nurse Consultant Deborah Roberts are credited with having made big changes in the way Custody Officers and the Clinical Staff work together to increase the access to medical care for inmates at the California Correctional Institution in Tehachapi. Captain Brochu came up with a simple idea that's yielding far-reaching results. He calls it the Block Schedule. "People used to tell me, we need more vans. I said, we don't need more vans, we need to use them better." That's just what they did. Instead of just faxing doctor's offices for inmate's appointments, waiting for the doctor's office to set the date and time, and just sending one inmate in each

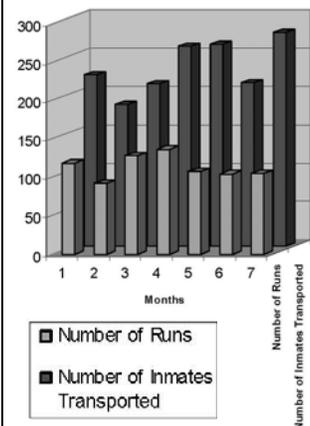
van to a single appointment, they called the Doctor's offices and coordinated blocks of time for multiple inmate appointments. "We went from sending out 1 inmate out in each of 15 trips, to sending out 15 inmates on just one trip." The result was eye-opening. As the chart on the right shows, CCI Tehachapi went from making 125 trips for servicing 210 inmates, to just little more than just 80 trips for almost 300 inmate appointments.

Another successful relationship between custody officers and clinical personnel can be found at Mule Creek State Prison. There, it's also all about teamwork, mutual respect

and communication. Director of Nursing Carolyn Clark, an 11-year veteran says it starts at the top. "I commend our Warden for communicating to custody staff that inmate-patient access to care is a shared responsibility." Facility Captain Marc Kaplan agrees. He's never seen better communication and cooperation between custody and medical staff than at MCSP. He should know. He's a veteran of more than 24 years and he's been to almost every institution within the Department. Nurse Clark adds, "I believe the reason a good working relationship exists between custody and medical at MCSP is because no matter what the goal, the issue or the new program we are tasked with, we tackle it as a team through collaboration in planning and decision making. Medical cannot succeed in inmate-patient care without custody buy-in and support." Carolyn says it's paying off with "enhanced access to medical care for the inmate-patient populations, enhanced safety for everybody and a more rewarding work experience for the staff in being part of a team." Health Care Manager Terri Weinhold is a 10-year veteran of MCSP. She says everyone shares in the Medical Team's mission. The warden includes

me in his daily briefings. The benefits of the open communication are being knowledgeable of upcoming changes, being able to handle issues and barriers at the local level more efficiently and effectively, and improved employee morale." Captain Kaplan says their formula for success can also be summed up simply. "We are we, regardless of discipline. Our obligation is to protect the public safety and public health, which is mutually dependent, not exclusive."

CCI Tehachapi: Coordination Yields More Inmates Transported With Fewer Runs



THE RECEIVER'S CORNER: STEADY PROGRESS IS EVIDENT

By J. Clark Kelso



The Receivership recently filed its Ninth Quarterly report with the federal courts, and the report is chock full of good news about our progress on virtually all objectives in our Turn-around Plan of Action. The highlights include:

- *Success in recruitment and training of clinical personnel. We are ahead of schedule concerning our goal of filling 90% of clinical positions with state employees.

- *Steady progress in all of our major medical program initiatives, including redesign of sick call (on track for completion by July 2009), improvements in

our chronic care system (with work starting at six pilot institutions: Folsom, Mule Creek, CWF, CMC, CIW and RJD), and standardization of the emergency response system. We recently hired a Chief Medical Officer to establish and administer a new Utilization Management Program.

- * All major information technology projects are still on schedule and within scope and budget, including the medical scheduling and tracking system, CDCR's BIS project and the foundational project to establish a central medical data repository. We

have brought on board a consultant to assist in bringing order to the medical records system.

Construction at San Quentin is *ahead of schedule and under budget!*

We are seeing more than just a list of accomplishments. We are seeing results. Our review of prisoner deaths shows that the rate of deaths per 100,000 is down *eighteen percent* from what it was in 2006. That means you are not just seeing an improved medical system being built around you, but each one of you is directly

contributing to better health outcomes for our patients. This reduction is particularly gratifying.

My friends, this is a remarkable list of accomplishments. I said several months ago, shortly after the Turn-around Plan of Action was approved by the court, that we were now entering the implementation phase. I did not fully appreciate then just how much we actually were going to accomplish so quickly. Each of you is doing your part to make this rapid transformation and turnaround come true.

Death Rates Decline Significantly Statewide Media Takes Notice of Improvement

The headlines told the story.

Los Angeles Times

"Inmate Death Rate Drops 30% in State Prisons"

Associated Press

"The rate at which inmates are dying in California prisons is dropping, a possible result of a federal takeover of the medical system."

While many problems of the California prison medical delivery system continue, and more remedial work (including the dire need for ade-

quate treatment space for chronically ill prisoners) is needed, there are, for the first time, indications that elements of the Turnaround Plan of Action, including the addition of clinical staff, are having a positive impact on prisoner deaths. The prisoner death rate in California's prisons has trended downward for the last 10 quarters. A more comprehensive study is due to be released in November. For more information and supporting documents on this topic please go to: <http://cphcs.ca.gov/> and click on 9th Quarterly Report.

San Quentin's New, 6-story Health Care Services Building to Replace Modulars in Summer '09

Staff and inmates at San Quentin, California's oldest prison, have watched with anticipation over the past months as the new Health Care Services Building rises up, floor by floor, before their eyes. In the next six weeks, with the steel framing complete, walls will start to enclose the structure. But the steel frame and walls are only a part of the story. Now that the walls are going up, you will not be able to see all of the work that must go into getting the building ready to use. Significant work must still be done on the inside of the building. It is likely that the doors will open in summer of 2009 replacing the recently opened modulars. Here's a rundown of what needs to be done: 1) Wiring: A health care facility like this one is full of high-tech equipment

that requires miles of cabling. 2) Interior space build out: All manner of exam rooms, labs, radiology space, offices, dental rooms and other such facilities need to be constructed. 3) Plumbing: Piping in, piping out. It's already started, but your average medical facility needs more than most regular buildings. 4) Elevators: This will be a six story building, so elevators are a must.

Creating laboratory testing and radiology space takes considerably more time and expertise than a regular exam room. When the building opens, there will be 75 medical beds, 8 dental chairs, numerous doctors' exam rooms – all contained in 138,000 square feet. For staff and inmates at San Quentin, you can expect a more comprehensive update on construction pro-

New Hotline Helps Inmates' Families Cope with Worry

Sara Gates uses one word to describe her job in Sacramento's Controlled Correspondence and Litigation Management Unit: *busy*. "There is something to do every day all day long. It's the same procedure, just with different issues" she explained. Sara is one of the analysts in her unit who deals with the large amount of health care-related correspondence that is mailed to their office on a daily basis. "We receive letters about *everything* – from an inmate with an ingrown toenail to an inmate who has cancer." Sara will soon be responsible not only for processing the written correspondence but also for responding to calls from the newly established Inmate Health Care Inquiry Hotline. The hotline is an outlet for family members or advocates to call regarding individual inmate-patient's medical care. Unit staff screen the messages from the Hotline and provide acknowledgement phone calls back to the caller within 48 hours. Responding to the specific issue is then assigned to an analyst, such as Sara, to review and begin the investigation process. The analysts have a 5-business day turnaround time to get back to the caller with their findings. Sara's workdays are undoubtedly busy, and she provides an important service to inmate-patients and their families. A job she takes great pride in.

Personnel Team: Time Running Out for Open Enrollment **OCTOBER 10TH MARKS DEADLINE FOR SIGN UPS OR CHANGES**

Open Enrollment for Health, Dental, Flex-Elect, and Consolidated Benefits (Co-Ben) is September 15, 2008 through October 10, 2008. If you want to enroll in these benefit programs, or make a change to your current enrollment, contact your Personnel Office for the necessary forms. The HBD-12 Health Enrollment Authorization form may be accessed at www.calpers.ca.gov under the forms directory. The STD. 692 Dental Plan Authorization form, FlexElect Brochure and Consolidated Brochure may be accessed at www.dpa.ca.gov.

Open Enrollment forms must be signed and submitted to your Personnel Office no later than October 10, 2008. All open enrollment actions will be effective January 1,

2009. You don't need to submit anything if you're not making any changes in your dental coverage or cash options. Permanent intermittent employees who want to continue receiving the cash option must re-enroll. If you have a FlexElect reimbursement account and want to participate again next year, you need to re-enroll during open enrollment. If you enroll in a Flex-Elect reimbursement Account, FlexElect Cash Option, or CoBen Cash Option during the open enrollment period, or if you are automatically re-enrolled in the FlexElect/ Coben Cash Option, you have until December 31, 2008 to cancel your enrollment or make changes. If you are enrolling in FlexElect Cash Option or Co-Ben Cash

Option for the first time and have a Health or Dental plan in place, you must submit cancellation of the Health and Dental with the enrollment as a package. If you are two married state employees electing these types of changes, the agency whose employee is electing the FlexElect Cash Option or CoBen Cash should coordinate the changes and submit the changes as a package to the State Controller's Office. If you have any questions regarding Open Enrollment, Please contact your respective Personnel Office.





We're on the Web at:

www.cphcs.ca.gov

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 coordinate the delivery of medical care with mental health, dental and disability programs.

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

[Website: ChangingPrisonHealthCare.org](http://ChangingPrisonHealthCare.org)

Phone: 1-877-793-HIRE (4473)

Guardian Rx Implementation at Halfway Point Full Conversion Expected by December 2009



A new pharmacy system (Guardian Rx) is being installed in the California Prison Health Care Services system to replace the antiquated PPTS system. The conversion to the new system includes a lengthy, multidisciplinary effort including training before, during and after "go-live," as well as several weeks of facility assessment, process improvement meetings and efforts to standardize key aspects of the medication management process at each facility.

The advantages of moving to the new operating system are numerous and include contributing to

the CPHCS goals associated with enhanced patient safety, better continuity of care, and increased access to prescription information, as well as resulting in improved operational processes, meeting regulatory and practice standard requirements, and providing for more accountable inventory control. Examples of improvements begin with the move to a system that is enterprise based. This means the medication profile information is available at all sites in real time allowing prescribers, nurses and pharmacy staff to access the patient medication information and history immediately

when inmate patients move between prisons. It also allows the immediate printing of medication reconciliation forms and other reports to support patient care. The new system meets regulatory and practice standard requirements, and, allows pharmacists and technicians to be supported with drug interaction and allergy flags and bar code checks to assure the correct product is selected, resulting in safer medication processes. Inventory is tracked and a manifest is provided allowing nursing staff to know what they received upon delivery. The system creates a clinical review allowing pharmacists to properly assess the patient medication prior to filling new orders and to provide a safety review and feedback to prescribers when appropriate. The system provides the pharmacist a product description and, in most cases, a picture of the product, to assist them in completing the final safety check before dispensing. The new system is also a key element in allowing facilities to access the central fill pharmacy due to open in 2009.

Unlike PPTS, the new system includes a new level of user support. There is a centralized Helpdesk for questions, operational

implementation staff (pharmacist managers and nurses) for training and ongoing support, and mechanisms to constantly assess quality to improve the program and functions, thereby meeting the unique needs of CPHCS. The new software and conversion process assists in building the pharmacy infrastructure and standardization of processes necessary to assure quality in medication management, helping move the system forward with the next steps in the court ordered reform. Guardian Rx has been implemented in 15 sites to date and it is anticipated that all sites will have been converted to the new operating system by late 2009.

