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The TURNAROUND Lifeline

California Prison Health Care Services

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Do you know?

Newsletter Production Costs Trimmed

In order to be sensitive to California's current economic crisis, the production and distribution costs associated with the Turnaround Lifeline Newsletter have been cut by more than half. After a survey of all 33 institutions, we are reducing the number of hard-copy newsletters we send out each month. At the same time, we are using lighter paper and significantly reducing our shipping costs. As a result, we are now able to publish a thriftier version of our newsletter without sacrificing any content. In fact, we will even be able to introduce an occasional informational insert while still cutting costs. Also considered was printing in black and white only, but it turns out that the cost difference between color and black and white is negligible.

Attorney General Keeps 'Smoking Gun' E-Mail About Construction Funding Secret From Court

Apparently concerned that a key e-mail from the Director of Finance to the Receiver may be viewed as a 'smoking gun,' Attorney General Jerry Brown has successfully motioned to keep the e-mail secret from the Ninth Circuit Court. The e-mail in question proves that the Administration had fully agreed to the Receiver's construction program, irrespective of legislative approval and contrary to the assertions made in the State's opening brief. It was written by Mike Genest, the Governor's Director of Finance to Federal Receiver J. Clark Kelso regarding plans in the highest levels of the Governor's staff to circumvent the California State Legislature and obtain billions of dollars for Prison Health Care funding without legislative approval. The e-mail could have been pivotal in the pending appeal by the Governor and State Controller John Chiang regarding the contempt of court case against them. Attorney General Jerry Brown, who represents the appellants, claims Schwarzenegger and Chiang have always maintained that funding for necessary Health Care Facilities was dependant on approval by the state legislature and that without it, the Administration could not fund the Receivership's construction. The Genest e-mail proves differently. **(Please see inset above)** Schwarzenegger's Chief of Staff is Susan Kennedy, the Governor's Legal Affairs Secretary is Andrea Hoch, and Molly Arnold is an attorney from the Department of Finance. The e-mail references the administration's plans to turn to the California Infrastructure and Economic Development Bank (also known as the 'I-Bank') to seek funding for the Receiver's construction project if legislation did not pass in a timely manner. The I-Bank is commonly used by non-profit agencies to seek construction bonds. The Appeals Court granted the A.G.'s motion not to allow new evidence to be introduced in an appeals hearing, but if the Appeal's Court sends the matter back to the District Court, the e-mail could still be entered into evidence.

Clark Kelso

From: Genest, Mike [redacted]
Sent: Friday, July 11, 2008 1:40 PM
To: Clark Kelso
Cc: Arnold, Molly; Andrea Hoch
Subject: Okay

We are good to go on a strong recommendation to proceed with Plan B development. Molly tells me that the hang up now is minor and that as soon as we get back to Orrick on the description document (of the order), they are going to be fine to proceed. Andrea is also calling the AG and I'll call Treasurers' to make it perfectly clear that we want to proceed on this. Susan is also OK, so this position is definitely administration policy (in the event that the bill is not passed in time, recognizing that you have the clock and the starting gun).

Colleague's Life 'Miraculously' Saved at SVSP as Mental Health and Medical Staff Combine Efforts

A dramatic life-saving resuscitation was conducted at Salinas Valley State Prison recently when the Mental Health and Medical staff combined as a team to save one of their own. Public Information Officer Eric Moore tells it this way: "On January 14, 2009, at about 9:51 AM, psychologist Dr. Jeanne Card collapsed while participating in a meeting at Salinas Valley State Prison. A Code I response was initiated and the Mental Health staff who were in the unit began to evaluate and treat Dr. Card. The Correctional Treatment Center Emergency Room Nurse responded to the unit to assist the on-site Mental Health staff. "Dr. Card was unresponsive, not breathing, with no pulse and at one point later, a nurse apparently even stated that she 'was dead.' " says Dr. Tia Araminta, the Regional Chief of Mental Health for the Central Region. Moore says the Mental Health staff initiated CPR and the Medical Staff utilized an Automated External Defibrillator a total of four times in the unit and during transport to the CTC ER about fourteen minutes later. After taking over, the Medical staff stopped conducting CPR after they determined that Dr. Card had a pulse, self sustained breathing and a normal heart rhythm. When Dr. Card was transported to Salinas Valley Memorial Hospital, she hadn't regained consciousness. She was admitted to the Intensive Care Unit at Salinas Valley Memorial Hospital (SVMH). Her immediate family were notified and rushed to the hospital. But the bleak diagnosis soon turned much brighter. Warden Tony Hedgpeth broke the news to his staff: "I just received a call ...that Dr. Card is alert and doing excellent. SVMH staff say "it is miracle that she is alive ... (she) actually expired in ASU and was brought back by the quick and heroic acts of the staff. " The Warden credits the Mental Health Staff at the SVSP for saving Dr. Card's life. He says Dr. Kahle, with training as a paramedic, apparently took lead with Dr. Mary Anne Rowe, who had been an ER Nurse and Dr. Gauch with experience as a Registered Nurse and Dr. David Hamlin assisting. Receiver Clark Kelso and Chief Physician Executive, Dr. Dwight Winslow, send their congratulations: "We thank everyone involved for their heroic efforts and wish Dr. Card a full and speedy recovery."

Above and Beyond

On their First Anniversary,

Medical Oversight Program
Celebrates a Milestone of Progress

Bottom row left to right, Robin Robinson, NCPR; Joyce Hadnot, Chief; Dr. Robert Chapnick, M.D.,CMO; Inderpal Bal, M.D.; Top row left to right, Samuel Mahoi, NCPR; Carlitta Armour, NCPR; Richard Gray, Jr., M.D.; Margie Vasquez, NCPR.
Not pictured: Marlo Kleckley, M.D.;

Joyce Hadnot knows this callously made comment is heard all too often: "prisoners don't deserve treatment." Say that in front of her and she will grimace as if holding back a fury and shake her head from side to side. The goal and mission of the Medical Oversight Program (MOP) is definitely heartfelt for Hadnot. Before accepting her position at the Receivership, she had witnessed the effects of the lack of healthcare in California's Prisons from members of the community. Like many in California, she had met families whose relative had been permanently disabled due to the lack of health care in California's prisons. A distant relative of hers even died as a result of the lack of health care in one of CDCR's institutions. But as Deputy Director of the Clinical Operations Branch she has been an integral part of setting up the MOP and is an important part of the team that's remedying the problems that led to those deaths. She's been with it since day one, January 1, 2008. Like her colleagues, she is marking the MOP's one-year anniversary with pride and says "it has been an amazing opportunity to develop and implement such a unique program. I am extremely impressed with the collaboration and synergy that occurs with such a diverse group of professionals."

Left to right: EAPT Attorney Vince O'Brien, Dr. Dwight Winslow (Statewide Physician Executive) and Dr. Galen

The MOP was established by the Receivership in hopes of addressing the patient-inmates advocate *out-cry*, regarding the death of inmates. MOP began as a medical investigative pilot within the Clinical Operations Support Branch at California Prison Health Care Services (CPHCS). The initial focus was to investigate unexpected deaths of the patient-inmate population. At the one year milestone, the MOP has made an indelible mark and is now a permanent program. Its clinical investigations team consists of doctors and registered nurses from the CPHCS, special agents from CDCR Office of Internal Affairs (OIA), and attorneys from the CDCR Employee Advocacy Prosecution Team (EAPT.) It is monitored by the Office of Inspector General (OIG). The program now encompasses the review of other incidents of serious medical harm to patient-inmates, and system failures in the delivery of health care services. Since its inception, the MOP has been conducting multi-disciplinary clinical investigations. Because of that, the MOP's team of professionals must be ready to travel and hit the ground running within a 72 hour time period when the team is activated to investigate a death or serious physical or psychological injury. The activation of each MOP roll-out team includes a physician, a registered nurse, a special agent, and an attorney to conduct the multi-disciplinary clinical investigations at the designated institutions. " The MOP is an extremely effective tool to continuously improve the quality of care provided throughout CDCR. We have been tremendously successful in collaborating with a wide variety of people, both at the headquarters and institutional level," says Indie Bol, MD. The program strives to provide rapid evaluations of deaths, rapid response to sentinel events, and timely recommendations regarding patient safety issues. In one short year, the program has been deemed a success and is not only utilized within the state but has been activated to investigate an incident at an out-of-state facility in Mississippi where CDCR has placed inmates. MOP continues to provide ongoing clinical resources and expertise to help correct the shortcomings there. It's challenging work, but it's also a fulfilling mission. "Participating in the MOP has been a career highlight working in an innovative program with great people," says Nurse Robin Robinson. And for many, like for Hadnot, it's a matter of fairness. "They're somebody's family member and they deserve to be treated humanely."

Left to right: EAPT Attorneys Chris Swanberg, Andie McNeil and Dr. Galen Church

OIA Special Agent Ed Dong and Jane Robinson (Regional Director of Nursing)

New Tool for "Utilization Management": InterQual

Photo by Ray Chavez

InterQual medical screening standards now govern health care referrals

Addie Morris, Utilization Management Nurse at VSPW, used to spend too much of her valuable time filling out referral paperwork by hand. Referrals for patient-inmate care have always been an important part of prison health care, but the system was not very efficient. But, clinicians and healthcare staff across the state will soon have a new Utilization Management (UM) tool at their disposal. A team of project specialists and advocates is in the process of rolling out *InterQual* software, an evidence-based clinical decision support program. The new program will standardize and streamline patient-inmate care, especially for outpatient referrals. It will also mean that clinicians like Morris no longer has to take time out of their schedule to update referral records. Instead, the electronic *InterQual* program recognizes referrals automatically, ensuring accurate treatment procedures and saving everybody a bit of busy work.

Besides being a time-saving tool, there are many other advantages to this program. One serious benefit is the cost avoidance associated with implementing effective clinical decision standards. Because the *InterQual* clinical guidelines are developed using universally accepted, evidence-based criteria, they are essentially litigation-proof. This will save the State money by avoiding potential legal fees and ensure that CPHCS clinicians can make all of their referral decisions with confidence. Standardized referral guidelines will also save a significant amount of money by eliminating the significant custody and transportation costs associated with unnecessary outpatient referrals. In addition to cost avoidance, *InterQual*'s electronic database will make it possible for all health care staff to access uniform clinical decision support quickly and easily at every institution.

Bob Johnson, UM Project Manager, emphasized that the *InterQual* program has enormous potential but will only succeed as a collaborative effort between administrative and clinical staff. There is a learning curve associated with any new system, but Johnson believes that a cooperative support and feedback network can easily overcome any implementation challenges. "I can't say enough about the positive response we've gotten so far", says Johnson. "This program will improve our standard of care, make everyone's job easier, and save a lot of money. What's not to like?"

Project Sponsor Dr. Ricki Barnett

The *InterQual* program will be accessible from each institution over the internet. Implementation of the program has been completed for the Central Region and is expected for all regions by October 2010. The UM project is sponsored by Dr. Ricki Barnett and is part of the larger "Access to Care" initiative established as part of the Receiver's Turnaround Plan of Action.

Registry Will Help Track and Treat Chronic Conditions

Dr. Thomas Bzoskie, project sponsor for the new Chronic Care Registry, understands that the proper management of chronic medical conditions is an important part of any health care program. Unfortunately, consistent chronic care is often difficult to manage, especially in the prison health care system. Bzoskie says that spotty access to patient-inmates' medical information and a lack of uniform treatment guidelines have created obvious impediments to chronic care in the past. In addition, the lack of a centralized chronic care scheduling system has impeded the proper provision of follow-up care. All that may be about to change as the CPHCS rolls out its new Chronic Care Registry for the management of chronic medical conditions.

The goal of this new system is to identify those patient-inmates who have chronic health conditions like asthma, diabetes, or hepatitis-C, and provide them with appropri-

ate ongoing medical attention. In order to make this happen, the registry system will be used starting right from the patient-inmate's initial medical screening through the duration of their incarceration. With the implementation of the Chronic Care Registry, medical staff will be better able to monitor chronic medical conditions as well as manage the timely provision of routine follow-up care through an integrated scheduling system.

The chronic care registry is needed for several reasons. First and foremost, it will drastically improve the quality of care provided to patient-inmates whose chronic conditions may have previously gone unaddressed. Second, as a result of proper chronic care, less chronic health conditions will progress to the stage where they must be addressed from a more expensive acute care standpoint. As such, the medical pre-emption established by the registry will not only relieve patient-inmate suffering, it will also be much less costly. And lastly, the implementation of the Chronic Care Registry will provide a much-needed tool for collecting information about the health of the prison population as a whole.

The day-to-day development of the Chronic Care Registry program is being directed by Project Manager Cary Amo and was designed as a tool to improve chronic care problems addressed in the Receiver's Turnaround Plan of Action. The project is currently being piloted at 6 institutions and is expected to be implemented system-wide within the next few months.

We're on the Web at:

www.cphcs.ca.gov

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Story Ideas, Comments , or Questions: lifeline@cdcr.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 integrate the delivery of medical care with mental health, dental and disability programs.

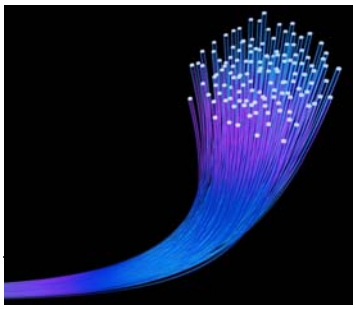
Recruitment : Do you Know someone Interested in Joining our Health Care Team?

Website: ChangingPrisonHealthCare.org

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

Investigative Report on $27.6 Million IT Purchase is Released

Shortly after his appointment in late January, 2008, Federal Receiver J. Clark Kelso learned that some $27.6 Million dollars of Information Technology (IT) contracts executed during his prede-



cessor's tenure may not have followed appropriate state laws and policies. He immediately contacted the Bureau of State Audits and requested that they conduct an investigation and audit.

The results of that investigation were released Thursday, January 22, 2009. The resulting Audit report was released, January 29, 2009.

"I want to thank the Bureau of State Audits for their evident professionalism in investigating and documenting the IT contracting concerns that I brought to their attention. I am also thankful to Jamie Mangrum, the Chief Information Officer for bringing them to my attention," says Kelso.

The report confirms that in early 2008, Kelso replaced the Receivership's former CIO – who had no prior state government experience – with the current CIO, Jamie Mangrum, who has decades of state IT experience. Kelso then directed Mr. Mangrum to immediately begin reviewing the Receivership's processes to ensure compliance with state law. As previously found by the federal court in *Plata v. Schwarzenegger*, not only was the clinical side of the prison medical system broken prior to the Receivership, but the administration of the contracting system was also in shambles.

"For better or for worse, the greater balance of the resources of the Receivership under my predecessor were applied to addressing the abhorrent clinical conditions on the ground in the prisons. This, as found by Mr. Mangrum, may have been at the expense of the need to focus a greater degree of effort on much needed administrative controls. However, progress has been made in this regard," says Kelso.

Since the discovery, the Receivership has worked closely with the Department of General Services to ensure that the continuing use of services from the IT vendor at the center of the investigation is appropriate and in the best interest of the state. To that end, we have sought and obtained an appropri-

> ***"For better or for worse, the greater balance of the resources of the Receivership under my predecessor were applied to addressing the abhorrent clinical conditions on the ground in the prisons."***

ately justified approval for a non-competitive bid for the ongoing use of the services. In addition, the Receivership has adopted a formal policy governing use of the federal court's waiver of state contracting laws.

According to Kelso, "Achieving perfection in processing IT contracts remains a challenge under the state's overly complex IT procurement rules, but I am heartened at our improvements and confident that, with the information provided to us by the audit, we can do even better." Kelso's experience as State CIO makes In 2002, Governor Gray Davis appointed Kelso as the State CIO in the aftermath of the Oracle contracting problem. Kelso is widely credited for turning California into one of the most tech-savvy states.

Madrid/Plata Lawsuits Merge

As of June 2008, Pelican Bay State Prison was included as one of the covered institutions under *Plata v. Schwarzenegger, et al.* The parties in the *Madrid v. Cate* class action, which previously only covered operations at Pelican Bay, stipulated that when health care monitoring ceased under the Special Master in

Madrid, it would be taken over by the Receiver via the *Plata* case. The stipulation was approved by the Court and filed in the *Plata* case on June 10, 2008. As a result, all of Pelican Bay's patient-inmates are currently class members of the *Plata* class action, and the Receiver now has responsibility for health care services in all of CDCR's 33 institutions.