



## **SAN QUENTIN PROJECT UPDATE**

June 14 2007

### BACKGROUND: THE NEED

The Receivership started on April 17 2006. On April 18<sup>th</sup> the Receiver's team visited San Quentin. What we saw there illustrated the severe nature of the constitutional crisis that California prisons are in:

- An on-site emergency room with insufficient patient care space, lacking in equipment and supplies (e.g. broken defibrillators), unsanitary, with no staff work areas.
- A clinic in the back of a gym that houses about 300 men. To reach their work stations, medical staff must walk all the way through the gym, threading their way among bunks, with open toilets and showers in full view.
- A clinic for more than 600 inmates located in a converted cell where water, hair, soap and debris from inmate showers above pour into the clinic doorway.
- Medical exam areas with no sinks, no privacy, no medical or IT equipment.
- Not enough space or staffing for clinical services.
- Unsanitary conditions for providing medical care.
- Broken systems in medical records, medical appeals, specialty care, lab and X-Ray. Huge backlogs and delays in care. (e.g. 200 specialty appointments, some over 2 years old)

### RECEIVER'S SAN QUENTIN PROJECT

The Receiver decided to put San Quentin under the microscope. Our San Quentin Project began July 5 2006. Working closely with the Warden and custody and medical leaders we have:

- Provided immediate relief – created 43 medical and clerical support positions.
  - Replaced the old emergency room (Triage and Treatment Area) with a new, expanded, clean, properly equipped and up to date clinical area for delivering life-saving services.
  - Restructured the medical appeals process to provide daily clinical review by RNs at first level of appeal.
  - Eliminated the back log of specialty appointments and streamlined that process going forward.
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- Brought in a team of UCSF physicians to deliver quality care and to develop a primary care workforce pipeline into SQ that has already resulted in three Nurse Practitioner applicants.
- Improved the caliber and stability of the medical provider staff.
- Raised medical staff salaries and improved on-site hiring processes, now able to make same-day hires.
- Reorganized nursing, hiring RNs and LVNs, reducing registry use.
- Inventoried medical equipment for the first time in eight years.
- Developed cleaning schedules and audit tools for clinics and kitchens.
- Made facilities maintenance improvements by hiring casual union labor to paint clinical space, patch holes in walls and ceilings and make needed, overdue repairs.
- Put health care managers in charge of their own budgets, and are holding them accountable for budgetary performance.
- Improved lab turnaround time. Laboratory blood draws now completed within 24 to 72 hours, v. 30 to 45 days in the past. Lab techs now go to lockdown units to draw blood, cutting down on escort, long waits and no-show appointments. Lab techs also assigned to Reception Center for blood screening of incoming inmates on day of arrival.
- Hired a Medical Records Director and trained staff to conduct routine chart audits. Expanded medical records hours from 6am to 10pm.
- Expanded lab, X-Ray and pharmacy hours to 8pm, formerly these services closed at 3pm.
- Developed medical, mental health and dental screening system for incoming inmates from 16 counties in Reception Center
- Plans to pilot programs started at San Quentin, such as: Patient Advocate, Health Care Access Unit, 24-hour Hiring Process
- CHALLENGES remain:
  - OLD PHYSICAL PLANT. San Quentin physical plant structure is old and not wired for computer use. As a result, many staff members do not have the computer equipment they need to do their jobs well.
  - Asbestos and lead-based paint in walls complicates and can delay construction plans.
  - CULTURE. Many of the changes the Project team is pursuing require significant shifts in work loads and performance expectations. This can be a difficult transition for staff, and requires time for adjustment.

## PHYSICAL PLANT CHANGES REQUIRED

Constitutionally adequate care cannot be delivered at San Quentin in the current conditions.

We are:

- **Renovating the on site emergency room. (DONE 6/07)**
- Building a new Central Health Services Center for medical, mental health and dental needs, including Reception Center screening. (4/10)
- Creating temporary space for physician, nursing and health care administrative offices, clinics and medical records (2007)
- Building nurse-line clinics in the housing areas (2008)

For more information about the Receiver's San Quentin project, read the Receiver's regular reports to Judge Henderson and see the San Quentin project information posted on our web site at [www.cprinc.org](http://www.cprinc.org).

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