

# APPENDIX 1

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<b>Goal 1 - Timely Access to Health Care</b>	<b>Location</b>
<b>Objective 1.1. Redesign and Standardize Screening and Assessment Processes at Reception/Receiving and Release</b>	
Action 1.1.1. By January 2009, develop standardized reception screening processes and begin pilot implementation.	Statewide Initiative
Action 1.1.2. By January 2011, implement new processes at each of the major reception centers.	Institutions
Action 1.1.3. By January 2010, begin using the new medical classification system at each reception center prison.	Statewide Initiative
Action 1.1.4. By January 2011, complete statewide implementation of the medical classification system throughout CDCR institutions.	Institutions
<b>Objective 1.2. Establish Staffing and Processes for Ensuring Health Care Access at Each Institution</b>	
Action 1.2.1. By January 2009, the Receiver will have concluded preliminary assessments of custody operations and their influence on health care access at each of CDCR's institutions and will recommend additional staffing, along with recommended changes to already established custody posts, to ensure all patient-inmates have improved access to health care at each institution.	Statewide Initiative
Action 1.2.2. By July 2011, the Receiver will have fully implemented Health Care Access Units and developed health care access processes at all CDCR institutions.	Institutions
<b>Objective 1.3. Establish Health Care Scheduling and Patient-Inmate Tracking System</b>	
Action 1.3.1. Work with CDCR to accelerate the development of the Strategic Offender Management System with a scheduling and inmate tracking system as one of its first deliverables.	Statewide Initiative
<b>Objective 1.4. Establish A Standardized Utilization Management System</b>	
Action 1.4.1. By May 2010, open long-term care unit.	Statewide Initiative
Action 1.4.2. By October 2010, establish a centralized Utilization Management System.	Institutions/Statewide
<b>Goal 2. Establish A Prison Medical Program Addressing The Full Continuum of Health Care Services</b>	
<b>Objective 2.1. Redesign and Standardize Access and Medical Processes for Primary Care</b>	
Action 2.1.1. By July 2009, complete the redesign of episodic care processes, forms, and staffing models.	Institutions
Action 2.1.2. By July 2010, implement the new episodic care system in all institutions.	Institutions
<b>Objective 2.2. Improve Chronic Care System to Support Proactive, Planned Care</b>	
Action 2.2.1. By April 2009, complete a comprehensive, one-year Chronic Care Initiative to assess and remediate systemic weaknesses in how chronic care is provided.	Institutions
<b>Objective 2.3. Improve Emergency Response to Reduce Avoidable Morbidity and Mortality</b>	
Action 2.3.1. Immediately finalize, adopt and communicate an Emergency Medical Response System policy to all institutions.	Institutions
Action 2.3.2. By July 2009, develop and implement certification standards for all clinical staff and training programs for all clinical and custody staff.	Institutions
Action 2.3.3. By January 2009, inventory, assess and standardize equipment to support emergency medical response.	Institutions
<b>Objective 2.4. Improve the Provision of Specialty Care and Hospitalization to Reduce Avoidable Morbidity and Mortality</b>	
Action 2.4.1. By June 2009, establish standard utilization management and care management processes and policies applicable to referrals to specialty care and hospitals.	Statewide Initiative
Action 2.4.2. By October 2010, establish on a statewide bases approved contracts with speciality care providers and hospitals.	Statewide Initiative
Action 2.4.3. By November 2009, ensure specialty care and hospital providers' invoices are processed in a timely manner.	Statewide Initiative

<b>Goal 3. Recruit, Train and Retain a Professional Quality Medical Care Workforce</b>	
<b>Objective 3.1. Recruit Physicians and Nurses to Fill Ninety Percent of Established Positions</b>	
Action 3.1.1. By January 2010, fill 90% of nursing positions.	Institutions
Action 3.1.2. By January 2010, fill 90% of physician positions.	Institutions
<b>Objective 3.2 Establish Clinical Leadership and Management Structure</b>	
Action 3.2.1. By January 2010, establish and staff new executive leadership positions.	Statewide Initiative
Action 3.2.2. By March 2010, establish and staff regional leadership structure.	Statewide Initiative
<b>Objective 3.3. Establish Professional Training Programs for Clinicians</b>	
Action 3.3.1. By January 2010, establish statewide organizational orientation for all new health care hires	Statewide Initiative
Action 3.3.2. By January 2009, win accreditation for CDCR as a CME provider recognized by the Institute of Medical Quality and the Accreditation Council for Continuing Medical Education.	Statewide Initiative
<b>Goal 4. Implement Quality Improvement Programs</b>	
<b>Objective 4.1. Establish Clinical Quality Measurement and Evaluation Program</b>	
Action 4.1.1. By July 2011, establish sustainable quality measurement, evaluation and patient safety programs.	Statewide Initiative
Action 4.1.2. By July 2009, work with the Office of Inspector General to establish an audit program focused on compliance with Plata requirements.	Statewide Initiative
<b>Objective 4.2. Establish a Quality Improvement Program</b>	
Action 4.2.1. By January 2010, train and deploy existing staff -- who work directly with institutional leadership -- to serve as quality advisors and develop model quality improvement programs at selected institutions; identify clinical champions at the institutional level to implement continuous quality improvement locally, and develop a team to implement a statewide/systems-focused quality monitoring/measurement and improvement system under the guidance of an interdisciplinary Quality Management Committee.	Statewide Initiative
Action 4.2.2. By September 2009, establish a Policy Unit responsible for overseeing review, revision, posting and distribution of current policies and procedures.	Statewide Initiative
Action 4.2.3. By January 2010, implement process improvement programs at all institutions involving trained clinical champions and supported by regional and statewide quality advisors.	Institutions
<b>Objective 4.3. Establish Medical Peer Review and Discipline Process to Ensure Quality of Care</b>	
Action 4.3.1. By July 2008, working with the State Personnel Board and other departments that provide direct medical services, establish an effective Peer Review and Discipline Process to improve the quality of care.	Statewide Initiative
<b>Objective 4.4. Establish Medical Oversight Unit to Control and Monitor Medical Employee Investigations</b>	
Action 4.4.1. By January 2009, fully staff and complete the implementation of a Medical Oversight Unit to control and monitor medical employee investigations.	Statewide Initiative
<b>Objective 4.5. Establish a Health Care Appeals Process, Correspondence Control and Habeas Corpus Petitions Initiative</b>	
Action 4.5.1. By July 2008, centralize management over all health care patient-inmate appeals, correspondence and habeas corpus petitions.	Institutions/Statewide
Action 4.5.2. By August 2008, a task force of stakeholders will have concluded a system-wide analysis of the statewide appeals process and will recommend improvements to the Receiver.	Statewide Initiative
<b>Objective 4.6. Establish Out-of-State, Community Correctional Facilities and Re-entry Facility Oversight Program</b>	
Action 4.6.1. By July 2008, establish administrative unit responsible for oversight of medical care given to patient-inmates housed in out-of-state, community correctional or re-entry facilities.	Statewide Initiative
<b>Goal 5. Establish Medical Support / Allied Health Infrastructure</b>	

<b>Objective 5.1 Establish a Comprehensive, Safe and Efficient Pharmacy Program</b>	
Action 5.1.1. Continue developing the drug formulary for the most commonly prescribed medications.	Statewide Initiative
Action 5.1.2. By March 2010, improve pharmacy policies and practices at each institution and complete the roll-out of the GuardianRx® system.	Institutions
Action 5.1.3. By May 2010, establish a central-fill pharmacy.	Statewide Initiative
<b>Objective 5.2. Establish Standardized Health Records Practice</b>	
Action 5.2.1. By November 2009, create a roadmap for achieving an effective management system that ensures standardized health records practice in all institutions.	Institutions/Statewide
<b>Objective 5.3. Establish Effective Radiology and Laboratory Services</b>	
Action 5.3.1. By August 2008, decide upon strategy to improve medical records, radiology and laboratory services after receiving recommendations from consultants.	Institutions
<b>Objective 5.4. Establish Clinical Information Systems</b>	
Action 5.4.1. By September 2009, establish a clinical data repository available to all institutions as the foundation for all other health information technology systems.	Institutions
<b>Objective 5.5. Expand and Improve Telemedicine Capabilities</b>	
Action 5.5.1. By September 2008, secure strong leadership for the telemedicine program to expand the use of telemedicine and upgrade CDCR's telemedicine technology infrastructure.	Institutions
<b>Goal 6. Provide for Necessary Clinical, Administrative and Housing Facilities</b>	
<b>Objective 6.1. Upgrade administrative and clinical facilities at each of CDCR's 33 prison locations to provide patient-inmates with appropriate access to care.</b>	
Action 6.1.1. By January 2010, complete assessment and planning for upgraded administrative and clinical facilities at each of CDCR's 33 institutions.	Statewide Initiative
Action 6.1.2. By January 2012, complete construction of upgraded administrative and clinical facilities at each of CDCR's 33 institutions.	Statewide Initiative
<b>Objective 6.2. Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.</b>	
Action 6.2.1. Complete pre-planning activities on all sites as quickly as possible.	Statewide Initiative
Action 6.2.2. By February 2009, begin construction at first site.	Statewide Initiative
Action 6.2.3. By July 2013, complete execution of phased construction program.	Statewide Initiative
<b>Objective 6.3. Complete Construction at San Quentin State Prison</b>	
Action 6.3.1. By December 2008, complete all construction except for the Central Health Services Facility.	Statewide Initiative
Action 6.3.2. By April 2010, complete construction of the Central Health Services Facility.	Statewide Initiative





**RECEIVER'S TURNAROUND PLAN OF ACTION MATRIX  
ENTERPRISEWIDE PROJECT DEPLOYMENT as of December 31 2011**

STATEWIDE	Description	Status	Completion Date	
<b>Goal 1 - Timely Access to Health Care</b>				
<b>Objective 1.1 Redesign and Standardize Screening and Assessment Processes at Reception/Receiving and Release</b>				
	<b>Access to Care - Reception Center</b> <i>Action 1.1.1</i>	Develop standardized reception screening processes and begin pilot implementation.	<b>Completed</b>	<b>Jan-2009</b>
	<b>Access to Care - Reception Center</b> <i>Action 1.1.3</i>	Begin using the new medical classification system at each reception center prison.	<b>Completed</b>	<b>Jan-2010</b>
<b>Objective 1.2 Establish Staffing and Processes for Ensuring Health Care Access at Each Institution</b>				
	<b>Access to Care - Access Units,</b> <i>Action 1.2.1</i>	Preliminary assessments of custody operations and their influence on health care access at each of CDCR's institutions and recommend additional staffing.	<b>Completed</b>	<b>Jan-2009</b>
	<b>Nurse Staffing Assessment</b> <i>Action 1.2.1</i>	Fiscal approval of budget for recommended nursing positions (classification mix and volume) to provide constitutional care to persons in custody.	<b>Completed</b>	<b>Jan-2009</b>
<b>Objective 1.3 Establish Health Care Scheduling and Patient-Inmate Tracking System</b>				
	<b>Access to Care - SOMS</b> <i>Action 1.3.1</i>	Work with CDCR to accelerate the development of the Strategic Offender Management System with a scheduling and inmate tracking system as one of its first deliverables.	<b>In Progress with CDCR</b>	<b>(Target: Dec-2013)</b>
	<b>Access to Care - Health Care Scheduling System (HCSS)</b> <i>Action 1.3.1</i>	Schedule medical, dental, and mental health care appointments for offenders based upon mandated health care requirements, offender requests, referrals, medical orders, and on-going treatment plans.	<b>In Progress</b>	<b>(Target: Apr-2013)</b>
<b>Objective 1.4 Establish a Standardized Utilization Management System</b>				
	<b>Access to Care - Facility pilot</b> <i>Action 1.4.1</i>	Open long-term care units at one facility as a pilot project to assist in developing plans for other long-term chronic care facilities.	<b>Completed</b>	<b>May-2010</b>
<b>Goal 2 - Continuum of Health Care Services</b>				
<b>Objective 2.4 Improve the Provision of Specialty Care and Hospitalization to Reduce Avoidable Morbidity and Mortality</b>				
	<b>Specialty Care</b> <i>Action 2.4.1</i>	Establish standard utilization management and care management processes and policies applicable to referrals to specialty care and hospitals.	<b>Completed</b>	<b>Jun-2009</b>
	<b>CPHCS Medical Contracting</b> <i>Action 2.4.2</i>	Establish a Statewide basis approved contracts with specialty care providers and hospitals.	<b>Completed</b>	<b>Oct-2010</b>

	<b>Specialty Care</b> <i>Action 2.4.3</i>	Ensure specialty care and hospital providers' invoices are processed in a timely manner.	<b>Completed</b>	<b>Nov-2009</b>
<b>Goal 3 - Medical Care Workforce</b>				
<b>Objective 3.2 Establish Clinical Leadership and Management Structure</b>				
	<b>New Executive Leadership</b> <i>Action 3.2.1</i>	Establish and staff new executive leadership positions.	<b>Completed</b>	<b>Jan-2010</b>
	<b>Regional Leadership Structure</b> <i>Action 3.2.2</i>	Establish and staff regional leadership structure.	<b>Completed</b>	<b>Mar-2010</b>
<b>Objective 3.3 Establish Professional Training Programs and Clinicians</b>				
	<b>Statewide Clinical Orientation</b> <i>Action 3.3.1</i>	Establish statewide organizational orientation for all new health care hires and institution-specific clinical orientation through a nursing preceptor or proctoring program.	<b>Completed</b>	<b>Jan-2010</b>
	<b>Continuing Medical Education (CME) Accreditation</b> <i>Action 3.3.2</i>	Win accreditation for CDCR as a CME provider recognized by the Institute of Medical Quality and the Accreditation Council for Continuing Medical Education.	<b>Completed</b>	<b>Jan-2009</b>
<b>Goal 4 - Quality Improvement Programs</b>				
<b>Objective 4.1 Establish Clinical Quality Measurement and Evaluation Program</b>				
	<b>Quality Measurement, Evaluation and Patient Safety</b> <i>Action 4.1.1</i>	Establish a sustainable quality measurement, evaluation and patient safety programs.	<b>Ongoing</b>	<b>Continuous Review</b>
	<b>Audit Program</b> <i>Action 4.1.2</i>	Work with the Office of Inspector General to establish an audit program focused on compliance with Plata requirements. <b>Phase I</b> - Program Development & Pilot Implementation <b>Phase II</b> - Statewide Roll-Out & Implementation	<b>Phase I - Completed</b> <b>Phase II - Completed</b>	<b>Phase I - July 2009</b> <b>Phase II - July 2010</b>
<b>Objective 4.2 Establish a Quality Improvement Program</b>				
	<b>Quality Management</b> <i>Action 4.2.1</i>	Train and deploy quality improvement advisors to develop model quality improvement programs at selected institutions.	<b>Ongoing</b>	<b>Continuous Review</b>
	<b>Policy Unit</b> <i>Action 4.2.2</i>	Establish a Policy Unit responsible for overseeing review, revision, posting and distribution of current policies and procedures.	<b>Completed</b>	<b>Sep-2009</b>
<b>Objective 4.3 Establish Medical Peer Review and Discipline Process to Ensure Quality of Care</b>				
	<b>Peer Review Process</b> <i>Action 4.3.1</i>	Work with the State Personnel Board and other departments that provide direct medical services, establish an effective Peer Review and Discipline Process to improve the quality of care.	<b>Completed</b>	<b>Jul-2008</b>
<b>Objective 4.4 Establish Medical Oversight Unit to Control and Monitor Medical Employee Investigations</b>				
	<b>Medical Oversight Unit</b> <i>Action 4.4.1</i>	Fully staff and complete the implementation of a Medical Oversight Unit to control and monitor medical employee investigations.	<b>Completed</b>	<b>Jan-2009</b>
<b>Objective 4.5 Establish a Health Care Appeals Process, Correspondence Control and Habeas Corpus Petitions</b>				

	<b>Health Care Appeals, Correspondence and Habeas Corpus Petitions</b> <i>Action 4.5.1</i>	Centralize management over all health care patient-inmate appeals, correspondence and habeas corpus petitions.	<b>Completed</b>	<b>Jul-2008</b>
	<b>Statewide Appeals Process Analysis</b> <i>Action 4.5.2</i>	A task force of stakeholders will have concluded a system-wide analysis of the statewide appeals process and will recommend improvements to the Receiver.	<b>Completed</b>	<b>Aug-2008</b>
<b>Objective 4.6 Establish Out-of-State, Community Correctional Facilities and Re-Entry Facility Oversight Program</b>				
	<b>Out of State Program</b> <i>Action 4.6.1</i>	Establish administrative unit responsible for oversight of medical care given to patient-inmates housed in out-of-state, community correctional or re-entry facilities.	<b>Completed</b>	<b>Jul-2008</b>
<b>Goal 5 - Medical Support Infrastructure</b>				
<b>Objective 5.1 Establish a Comprehensive, Safe and Efficient Pharmacy Program</b>				
	<b>Drug Formulary</b> <i>Action 5.1.1</i>	Continue developing the drug formulary for the most commonly prescribed medications.	<b>Completed</b>	<b>Continuous Review</b>
	<b>Pharmacy: Central Fill</b> <i>Action 5.1.3</i>	Consolidate orders, automate distribution of medications, reduce cost and waste while improving tracking of orders and increasing patient utilization.	<b>Completed</b>	<b>May-2010</b>
	<b>Pharmacy: eMAR</b> <i>Action 5.1.3</i>	Improve patient safety, efficient medication administration and documentation while increasing patient medication tracking, inventory control, patient utilization and compliance data.	<b>Project in Initiation Phase</b>	<b>Continuous Review</b>
<b>Objective 5.2 Establish Standardized Health Records Practice</b>				
	<b>Health Information Management (HIM)</b> <i>Action 5.2.1</i>	Contract for health records management and staffing functions to transition the current HIM operation to one based on industry best practices and standards applicable to the correctional environment.	<b>Completed</b>	<b>Nov-2009</b>
<b>Goal 6 - Facilities</b>				
<b>Objective 6.1 Upgrade administrative and clinical facilities at each of CDCR's 33 prison locations to provide patient-inmates with appropriate access to care</b>				
	<b>Complete Assessment for Upgraded and Administrative Clinical Facilities</b> <i>Action 6.1.1</i>	Complete assessment and planning for upgraded administrative and clinical facilities at each of CDCR's 33 institutions.	<b>In Progress</b>	<b>(Target: Jan-2010)</b>
	<b>Complete Construction Upgraded and Administrative Clinical Facilities</b> <i>Action 6.1.2</i>	Complete construction of upgraded administrative and clinical facilities at each of CDCR's 33 institutions.	<b>In Progress</b>	<b>(Target: Jan-2012)</b>
<b>Objective 6.2 Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.</b>				
	<b>Expand housing Facilities</b> <i>Action 6.2.1</i>	Complete pre-planning activities on all sites as quickly as possible.	<b>In Progress</b>	<b>Continuous Review</b>
	<b>Begin Construction at First Site</b> <i>Action 6.2.2</i>	Begin construction at first site.	<b>In Progress</b>	<b>(Target: Feb-2009)</b>

	<b>Phase Construction Program</b> <i>Action 6.2.3</i>	Complete execution of phased construction program.	<b>Delayed</b>	<b>(Target: Jul-2013)</b>
<b>Objective 6.3 Complete Construction at San Quentin State Prison</b>				
	<b>San Quentin Central Health Services</b> <i>Action 6.3.1</i>	Complete all construction except for the Central Health Services Facility.	<b>Completed</b>	<b>Dec-2008</b>
	<b>San Quentin Central Health Services Facility</b> <i>Action 6.3.2</i>	Complete construction of the Central Health Services Facility.	<b>Completed</b>	<b>Apr-2010</b>