both sides please

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MEMORANDUM

To: Mule Creek Inmate Advisory Committee Members
From: Steven Fama
Date: September 1, 2011

Subject: September 13, 2011 site visit at Mule Creek

I write because you are among the names of Mule Creek Inmate Advisory Committee or Men's Advisory Committee (IAC / MAC) members on A, B, and C yards that I received from the prison in March. As you may remember, I wrote and met with many IAC / MAC members that month, when I visited the prison to monitor medical care issues under the Plata case.

More specifically, I write because I am visiting Mule Creek again on September 13th, and have asked to have that day a group meeting with MAC / IAC members. The purpose of my visit is to check on the current status of whether prisoners who self-report urgent medical concerns are being seen or talked to by a registered nurse. As you may remember, problems were reported and observed regarding these matters during my March visit, with the specific problem being that LVNs or even correctional officers were stopping prisoners who reported an urgent concern from seeing an RN.

For your convenience, I have reproduced the paragraphs from my April 16, 2011 post-site visit letter regarding the urgent care issue. I look forward to meeting with you on September 13, and hope you can provide information about current circumstances at Mule Creek as they concern this issue.

Of course, I will also be interested in hearing about any other medical care concerns.

Excerpt from April 16, 2011 Letter regarding Mule Creek:

Failure to Comply With Policy/Procedure Requirements for Registered Nurse Triage of Prisoner/Patient Self-Reported Urgent/Emergent Medical Concerns

MAC executive committee members from all three main Mule Creek facilities (A, B, and C) universally and emphatically report that prisoners who report to yard clinics with self-described urgent/emergent concerns are almost universally not assessed, in person or on the phone, by a registered nurse, as required by policy/procedure. According to the MAC members, prisoners are assessed either by a correctional officer (who often tell a prisoner to fill out a sick call slip), or are seen by a LVN.

Conversations with yard clinic staff universally confirmed that LVNs almost always do the initial nursing assessment for walk-up self-reported urgent/emergent (taking vital signs and the subjective complaint) and then talk to a RN who may or may not see or talk with the prisoner, and that sometimes officers in fact act as gatekeepers (at least one office candidly described how he discerns which patients do not actually have an urgent/emergent condition, and which prisoners he permits to see a nurse).

These practices violate clear and long-established CPHCS policies, which provide that prisoner patients may self-describe an urgent/emergent medical concern at any time, and that all such patients – regardless of who obtains vital signs and other information – must be assessed, including either and in person or via a phone conversation – by a registered nurse or primary care provider. See Volume 4, Chapter 12. Specifically (all indented language below is quoted from 4:12, and underlining has been added for emphasis):

> An urgent/emergent health care request for immediate medical attention is based on the inmate-patient's or non-health care staff's belief that a medical condition, symptom, or sign requires immediate attention by staff trained in the evaluation or treatment of medical problems.
>
> Inmate-patients may request medical attention for urgent/emergent health care needs from any CDCR employee. The employee shall, in all instances, notify health care staff.
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> Direct contact with the inmate-patient by an RN or physician, either in person or by telephone, shall be provided for all inmate-patients requesting urgent/emergent medical attention or who are referred by staff.
>
> The RN or physician may direct the MTA or other licensed health care staff to obtain vital signs and other clinical data and report the information to the RN or physician. The gathering of this clinical information by the MTA or other licensed health care staff does not remove the requirement of the RN or physician from speaking directly to the inmate-patient or seeing him or her in the clinic or TTA to make a clinical assessment and disposition.