

MAN DOWN!! WILL HE GET UP?

Nursing Care at Orange County's Jail Facilities

SUMMARY

Headlines of an October 2007 death at one of Orange County's jail facilities were followed by further reported allegations of inadequate care and response by the nursing staffs working for the Correctional Medical Services, a branch of the Orange County Health Care Agency. The 2007-2008 Grand Jury found that, overall, the inmates housed in Orange County Jails were receiving excellent medical care by the nursing staffs. However, it did find that staffing shortages and cuts in budgets have created an environment where good nurses are burning out or quitting, and where complaints about nursing conditions seemingly go unheeded.

REASON FOR INVESTIGATION

Southern California newspapers reported that on October 12, 2007, a 28 year-old inmate at the Orange County Central Men's Jail died after "deputies used a taser gun to subdue him when inmates said the man was banging his head against his cell bars."¹ He was described as resisting efforts of deputies who tried to calm him down and handcuff him. After being taken to a nursing station within the jail, the inmate "stopped breathing."² Subsequent articles in the Orange County Register reported that union representatives for nurses working for Correctional Medical Services criticized the level of medical care rendered to the inmate, the failure of life saving equipment, and the absence of supervisors at the scene of the incident.

The purpose of the study is not to investigate the circumstances of the death of this inmate³, but to examine the services, staffing, supervision and effectiveness of nursing medical care available within Orange County jails as administered by the County Health Care Agency. Orange County operates five jail facilities housing nearly all county inmates arrested for felony or misdemeanor offenses. These facilities include three located in Santa Ana and one each in Orange and in an unincorporated area near Irvine. Together they house approximately 6,500 detainees. To understand the nursing services provided it is necessary to first briefly describe the jail facilities and the organization and responsibilities of the County Health Care Agency.

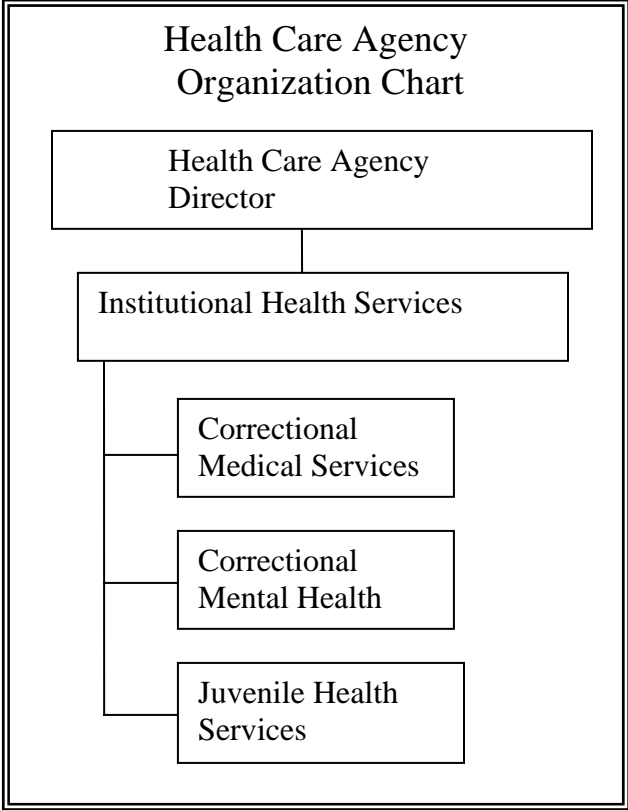
¹ The Orange County Register, 10/13/2007, [Taser incident recalls recent local death](#)

² OCRegister.com, 10/12/2007, [Inmate dies in O.C. Jail](#)

³ The circumstances surrounding this death are being investigated by the Orange County District Attorney's Office.

METHOD OF STUDY

The Grand Jury has reviewed a number of newspaper articles which appeared in local publications. It has obtained procedural and statistical information regarding hiring, staffing, and management from Institutional Health Services. A cross-section of registered, licensed vocational, senior, and supervising nurses, as well as executive personnel from the administrative levels of the Division of Institutional Health Services were questioned about health care provided by Correctional Medical Services at Orange County jails. The Criminal Justice Committee of the Grand Jury also visited the Intake Release Center (IRC), Central Men’s Jail, Central Women’s Jail, the Theo Lacy Facility, and the James A. Musick Facility. Each medical treatment or triage area in the facility was observed in operation. Management level personnel of the Orange County Sheriff-Coroner Department responsible for the operation of jail facilities were interviewed. They also provided some statistical information.



HISTORICAL BACKGROUND AND FACTS

Orange County Jail Facilities

The Intake Release Center (IRC) is located in the Central Jail Complex next to the Sheriff’s Headquarters building in Santa Ana. The IRC and the Theo Lacy facility serve as the entry points for inmates who are placed into County detention. Both of these facilities are staffed with medical and mental health nursing personnel in a triage area who, prior to booking arrestees, thoroughly interview each one to obtain his/her past medical history and to assess his/her present medical and mental health status. This medical assessment is a primary factor in determining where each inmate should be appropriately housed.

Adjacent to the IRC is a treatment/dispensary area at the Central Men's Jail where additional nurses, dentists, doctors and other medical personnel are stationed to treat the day-to-day medical problems of inmates for all the Central Jail Complex and to provide a back-up for the triage nurses. Jail officials estimate that over 66,000 arrestees are processed through the IRC and Theo Lacy each year, with the majority being processed at IRC.

Critical care patients are not housed within the Central Jail Complex, but are sent to a special jail ward at a local hospital. Inmates brought to the IRC with serious medical problems which would require extensive medical care never enter the IRC. Instead they are sent directly to a hospital after a determination of their medical needs is made by the triage nurse or physician at the intake area. Medical treatment provided by the Correctional Medical Services, absent an emergency, is for "injuries or illnesses arising during incarceration."



The IRC contains Module L (Mod L) a large treatment/dispensary area one floor above the triage area and easily accessible by a direct stairwell, where inmates with mental health issues and others who require close monitoring are housed. Mod L is uniquely designed to give maximum visibility to the nursing and custodial personnel who monitor the inmates.



It provides 270-degrees of visibility for nurses and security personnel with two-story cell blocks enclosed in glass. The medical personnel are housed in the lower front section of Mod L with an outside area for treatment. An interior area, also behind glass for added security, is used by the nursing personnel and for the storage of drugs and medical equipment.



The Central Men's and Women's Jails are also located within the Central Jail Complex. Each of these facilities is staffed with additional nurses and other medical personnel for inmate medical care.





The Central Women's Jail, much smaller than either the IRC or the Central Men's Jail also has a treatment/dispensary area for nursing staff. Physicians from the Central Men's jail are on-call, as needed.



The Theo Lacy Facility, located in the City of Orange, is the largest correctional facility in Orange County. It has a housing capacity of over 3,100 inmates. Like the Central Jail Complex, it also has a dispensary/treatment area with nurses, physicians, and mental health, dental and nurse practitioner personnel.





This facility also houses Module O, which is similar in design to Mod L, but slightly larger. It primarily houses diabetics who have a frequent need for medication and treatment.



The James A. Musick Facility, known as “the Honor Farm,” is located adjacent to the City of Irvine. It houses over 1,200 inmates. Prisoners at Musick, both men and women, are considered low security risks. Since the “Farm” is primarily designed as a work facility where training is offered in gardening, poultry raising, carpentry, welding, kitchen work, and many other job-related programs, an inmate must be considered to be in good physical health prior to being assigned here.

Consequently, the medical facilities are smaller than at the other jails. There is a treatment/dispensary area staffed with



nursing personnel. Physicians are present two days a week. If needed at other times, they are on call from the Central Jail Complex. If a serious medical issue arises, 911 is called and a deputy accompanies an injured or seriously ill inmate to a local hospital. If the condition is less critical, the inmate is transferred to the Central Jail Complex.

Orange County Health Care Agency

Inmate medical care in Orange County is provided by the Health Care Agency. A Division of the Health Care Agency is Institutional Health Services which includes Correctional Medical Services (CMS) and Correctional Mental Health (CMH), the sections directly responsible for all medical, mental health, and dental care at the five jail facilities within the County. A Memorandum of Understanding⁴ signed in 2002 between the Health Care Agency and the Sheriff-Coroner Department provides in part:

- CMS provides 24-hour health screening of arrestees in a timely manner prior to booking at the IRC and Theo Lacy jails. Off the street bookings will be triaged within 15 minutes of arrival
- CMS treats injuries or illnesses arising during incarceration. This includes:
 - a. Clinical care rendered to an ambulatory patient with medical care complaints, which are evaluated and treated at “sick call” or by special appointment
 - b. Direct observation care provided by a registered nurse for an illness or diagnosis, which requires limited bed care observation and/or management

⁴ Memorandum of Understanding Between the Health Care Agency and The Sheriff-Coroner Department Regarding the Provision of Correctional Medical and Mental Health Services in Adult Jail Facilities

- CMS provides 24-hour nursing coverage at all but one of the correctional facilities⁵ and responds to medical emergencies
- CMS and CMH provide 24-hour nursing care for medical and mental health inmates housed in observation units of the central jails and in Module L of the Intake and Release Center

The Institutional Health Services Division is headed by an experienced and highly qualified manager who oversees Correctional Medical Services and three other health care sections, including Correctional Mental Health and Juvenile Health Services. This manager has also assumed the duties of the Correctional Medical Services Nursing Manager after funding for that position was eliminated in 2003. The adopted budget for Institutional Health Services Division for 2007-2008 provides for 188 staff positions. Of these only 114 are for nursing personnel and supervisors. The balance of the positions are secretarial, dental, public health, pharmacy, technicians and other program managers.

CMS staffs three core levels of on-duty nurses in each of the five jails:

- The Registered Nurse (RN, described in the budget as a Comprehensive Care Nurse) is the heart of patient care, taking histories, conducting examinations, determining case management of patients, administering prescribed drugs, drawing blood, obtaining cultures, and most importantly, responding to medical and psychiatric emergencies. RNs are generally assigned to the triage and dispensary/treatment areas.
- The Licensed Vocational Nurse (LVN) acts in concert and under the direction of the RN to prepare and administer medications as prescribed, to verify the accuracy of medications given from charts, to maintain records of nursing care, to be responsible for the sterilization of instruments and general sanitary care and to also respond to medical and psychiatric emergencies. LVNs generally work in the dispensary/treatment areas with RNs, but some have been assigned as the sole treating nurse in Mods L and O when no RN was available.
- The Senior Comprehensive Care Nurse (Senior Nurse) directs, evaluates, assigns and schedules the work of the RNs and LVNs, supervises charting, provides nursing care to patients, ensures adequate medical supplies are available, and confers with physicians about inmate care. Senior Nurses are in charge of multiple work areas and nursing staffs in some or all of the jail facilities, frequently with no other supervisor present.

⁵ The James A. Musik Facility has no nurse on site from 11 p.m. to 5:30 a.m.

Supervising Comprehensive Care Nurses (Supervisors), although trained as RNs, serve primarily as planners, schedulers, evaluators, and liaisons with other community programs. Only infrequently do they provide clinical care for patients. They are considered administrators by nursing personnel.

Nursing Care

In October of 2007, a local newspaper printed a series of articles reporting the death of an inmate in custody at the Intake Release Center facility. The Orange County Employees Association, as quoted in an OC Register article stating that it was speaking on behalf of several of the nurses working for Correctional Medical Services, “insisted that nurses working on the ...[inmate] did not make any mistakes,” but criticized the failure of life saving equipment and the absence of supervisors at the scene of the incident. In the following week, more articles appeared alleging additional complaints from Correctional Medical Services nurses working in the jail system, as well as from their union representatives. These complaints dealt with understaffing, malfunctioning and broken equipment, lack of training, and failure to retain experienced nurses on staff.

In the week following the inmate death, the Grand Jury informed the Health Care Agency that it would be conducting an investigation into the general level of health care provided by the medical nursing staff in the county jails and most particularly, it would be looking at the nursing response in “Man-Down” situations. Man-Down is the code phrase used to define an emergency response made to inmates, deputies or other persons working within jail facilities.

Correctional Medical Services defines Man-Down in their Nursing Policy and Procedure #113.01 as any of the following situations:

- 1) Patient not breathing or in respiratory distress (difficulty breathing)
- 2) Loss of consciousness or change in level of consciousness
- 3) Uncontrolled bleeding
- 4) Seizure
- 5) Traumatic fall
- 6) Suicide/suicide attempt

To assist in this investigation, a cross-section of nursing personnel working at Orange County correctional facilities was interviewed. In these interviews nurses raised some of the same concerns voiced in the newspaper articles as well as additional complaints about a lack of communication with senior supervising staff members and executive personnel. Many of the nurses believe that most of the problems they encounter could be remedied if there were someone to whom they could point out deficiencies and problems and who had the authority to quickly deal with these issues.

Complaints raised by nursing personnel included:

- insufficient staffing at all levels
- insufficient number of senior nurses
- personnel assigned to duties out of classification
- lack of training, especially “hands-on” drills
- absence of senior and supervising nurses
- failure of some senior and supervising nurses to share the work burden
- poor communication with supervisors
- lack of response to complaints
- inability to obtain timely replacement of supplies and equipment
- inability to take vacation time when scheduled
- promotions of unqualified candidates to supervisory positions
- inordinate delays in the hiring process due to lengthy and cumbersome background checks
- few staff meetings
- no procedural manuals for LVNs
- excessive staff turnover
- inadequate training on new computer equipment
- outdated software for patient charting
- failure to achieve accreditation for jail medical facilities
- insufficient effort in recruitment

Staffing

From November 1, 2001, when additional staffing was added for the Theo Lacy facility, to date, there has been a reduction of RN budgeted positions and an increase in LVN positions. RN budgeted positions have been reduced by 12 with seven of these positions remaining unfilled as of November 30, 2007. This is a net loss of RN staffing of almost 25%. LVN staffing, however, has increased by 20%.

While the shift in staffing from RN to LVN positions may have helped Institutional Health Services stay within budget guidelines, the resulting deterioration of morale, the loss of on-site supervisors, and the attrition of skilled nursing positions may have exacted too high a price and may have been an unwise decision. The added duties placed on RNs and the demands on LVNs to assume responsibilities for which they have not been trained has resulted in a growing frustration and high stress level in the present nursing staff.

Several LVNs have described situations where they have been solely assigned to a Mod when the RN has not come on duty. Sitting in an isolated area surrounded by inmates and knowing that they have to provide emergency medical assistance without the education or training to do so is a frightening experience for many, and not one which encourages staff to remain as employees at Correctional Medical Services.

Staffing for Senior Comprehensive Care Nurses (Seniors) positions, the mainstay of nursing supervision, has been cut 50% from 16 to eight with only seven of these positions now filled. Senior Comprehensive Care Nurses should be providing training and direct supervision to a small staff directly under their control. Instead, they are spread out over several facilities, often located miles apart, with little direct contact with the nurses and LVNs whom they are supposed to supervise. One Senior Nurse stated that she spends half of her time trying to find replacement RNs and LVNs for those who have called in sick, are on vacation, or who have not shown up for work. This nurse would like to provide more hands-on emergency training, but has had no time to do so. There are too few Senior Nurses to competently cover all shifts, especially on weekends.

An increase in the number of Senior Nurses to cover every facility 24/7 could eliminate many of the complaints of the RNs and LVNs and lead to better direct communication. Medical and personnel issues could be solved by the presence of Senior Nurse supervision. The Senior Nurses could be in charge of hands-on training. They could also be a direct link to the Supervising Comprehensive Care Nurses who are tasked with developing training programs and assuring that necessary equipment and supplies are being provided.

Nursing personnel at every level strongly believe that the position of Correctional Medical Services Nursing Manager needs to be reinstated. Presently, there is a major disconnect between the day-to-day nursing staff and upper management, most particularly with the Supervising Comprehensive Care Nurses. Four of these nurses oversee all five jails, help with scheduling, originate training programs, and supervise supplies and equipment replacement. However, most of the RNs and LVNs who were interviewed had no idea what the responsibilities of the Supervising Comprehensive Care Nurses were. Most RNs and LVNs said they never see these supervising nurses, cannot reach them when they need to, cannot get responses from them when they need equipment, and complain that they are never available to assist when needed. There is a strong belief amongst RNs and LVNs that Supervising Comprehensive Care Nurses serve only as administrators who take no time to assist the nurses or help with nursing care. If the Supervising Comprehensive Care nurse positions are retained, then all scheduling responsibilities should shift to them, freeing the Senior Nurses to perform more training, direct supervision and patient care.

A Correctional Medical Services Nursing Manager could eliminate many of the present complaints of the nurses. He/she could act not only as the coordinator for medical needs, but serve as a buffer between on-site nursing staff and upper management, someone with whom the nurses could directly communicate about nursing issues.

The Grand Jury found the budgeted staff positions from 2001-2007 as shown in the following table:

CMS Organization Chart								
Budgeted Positions (shown in Fiscal Year)	2001- 2002	2002- 2003	2003 - 2004	2004 - 2005	2005 - 2006	2006 - 2007	2007 - 2008	<i>filled</i> <i>positions</i> <i>12/30/07</i>
Comprehensive Care LVN	40	41	33	34	38	41	48	48
Comprehensive Care Nurse II (RN)	61.5	66.5	46	56	58	56	54	47
Senior Comp Care Nurse (RN)	16	14	13	13	10	10	8	7
Supervising Comp Care Nurse (RN)	3	3	2	2	2	2	4	4
Correctional Med Services Nursing Manager (RN)	1	1	0	0	0	0	0	0

Daily Jail Population Average	NA	NA	5,245	5,842	6,388	6,365	6,545	
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While the nursing staff has been decreased, the jail population has gotten larger or remained constant.

Hiring

If the open nursing positions were filled, many of the complaints concerning lack of vacation, insufficient staffing, LVNs working out of classification, and lack of training could be eliminated.

Finding RNs and LVNs to fill positions as correctional nurses can be difficult. On the plus side, salaries seem to be commensurate with, and are sometimes greater than in private hospitals. Benefit packages are better than those offered by many private employers. However, fear of working in a correctional facility, surrounded by inmates is a deterrent for recruitment. Correctional Medical Services nurses who were interviewed state that their initial fears for their safety were quickly overcome because of the security provided by correctional officers who always accompany them when they are treating patients. They state that most inmates are appreciative, friendly and grateful to the nurses for their medical assistance. None stated that they had been harmed or threatened while working in the jails.

One major obstacle in filling open nursing positions seems to be the delay in the background checking process required for all employees working at Orange County jails.

The background check completed by Sheriff- Coroner personnel, requires potential employees to provide extensive information about their personal histories, past employment, and criminal involvement. The completion time for a background check can take from six weeks to six months. Sheriff-Coroner personnel state that most of the delay is caused by the failure of the applicants to provide all the required information in a timely manner. Some of the delay in the hiring process is because there are only two persons assigned to do all the background checks for all non-sworn personnel hired in Orange County. At present there is no priority system in place which would allow an agency with a greater need for employees to have preference. Nurses must just get in line with other applicants - cooks, custodians, etc.

The information required for a background check is exhaustive and may be a deterrent for some applicants. The required history portion of the application, alone, is 14 pages long. The present system for hiring nurses needs to be examined and streamlined to allow the hiring process to occur with less stringent and burdensome requirements, while still maintaining adequate security safeguards.

The Grand Jury found that recruitment for nurses is conducted mainly in the local nursing schools. No effort is being made to expand the search to all the major nursing schools in Southern California. A limited two-student nurse intern program from a local junior college has been started on a trial basis by Correctional Medical Services. This program should be expanded and assisted by expediting background checks by the Orange County Sheriff-Coroner's Department. Giving student nurses a first-hand look at correctional nursing is not only good training for them, but could also provide a deep pool for future recruits.

Training

While newly-hired nurses have the basic skills required for graduation from nursing schools, they often are in need of more intensive emergency training for their work at correctional facilities. Although this training is initially offered by Correctional Medical Services, sufficient continuing education is not being provided. Nurses interviewed at every level, including those with much experience and many years on the job, requested more hands-on training, especially classes dealing with their "perishable skills⁶." Most thought there should be unannounced mock drills so that they could practice with new equipment and in unexpected situations. Institutional Health Services has instituted mandatory training fairs to give each nurse some hands-on training. However, several nurses thought that this training was perfunctory and ineffective. Since the initiation of this Grand Jury study, there has been some additional training. However, the nurses are requesting continuing and more frequent training.

⁶ Perishable skills are defined as those skills requiring constant use to allow a rapid and automatic response in an emergency situation.

Equipment and Supplies



Prior to this study, Correctional Medical Services had begun the process of ordering and replacing their “Man-Down” bags. A Man-Down bag contains all medications and equipment needed to respond to any potential emergency, including an oxygen tank and an AED (Automatic External Defibrillator) device. In early jail visits, the Grand Jury found that the contents of some of the Man-Down bags were incomplete, and some bags could not be found. During the last six months, however, the bags have been completely updated and are now placed in prominent positions for use in emergencies at each facility.

Some nurses complain that their requests for replacement or repair of essential equipment have gone unheeded for weeks. They blame Senior Comprehensive Care nurses for this failure. Senior Comprehensive Care nurses respond that they have been unaware of needed equipment replacement requests or that the equipment was supplied in a timely fashion. There should be no excuse for failing equipment as there are contracts with private companies to purchase needed supplies. There is also a contract with a major 24-hour drug store chain to deliver any medication needed which is unavailable in jail facility pharmacies.

The Grand Jury visited supply areas in the Central Jail Complex and in the Theo Lacy Facility. At Theo Lacy, Nurses stated that supplies were quickly provided and that supply personnel were responsive and helpful. The supply area at Theo Lacy was neat and well organized. However, at the Central Jail Complex there were several nursing complaints that supply personnel were not responsive to medical supply requests. They said that frequently no one answered the phone. When that happens they have been instructed to leave a message on the answering machine or place a written request in a designated box. Often these requests were ignored, sometimes for days. The supply area in the Central Jail was not well organized. When a specific item was requested during the Grand Jury inspection, it was ultimately found, but only after a considerable search. Neither supply area uses a computerized bar code inventory control system for inventory management and automated re-ordering.

Computerization

During inspections of medical areas, the Grand Jury found that while relatively new computers had been installed, the software for medical record keeping was outdated. Further, the Grand Jury learned that management personnel were attempting to better communicate with nursing staff by using email messaging. Unfortunately, the Grand Jury heard from some of the nursing staff that they were unfamiliar with computers and email messaging, and did not have the training necessary to access their computers. This is an unfortunate example of how an investment in technology to increase communication amongst staff was frustrated because of insufficient supervisory personnel available to conduct the necessary training.

CONCLUSION

The Grand Jury finds that while inmates at Orange County jail facilities are receiving excellent professional nursing care there is a major morale problem amongst all levels of non-administrative levels of nursing because of lack of staffing, insufficient numbers of senior nurses, and lack of responsive communication from direct supervisors. The nurses working within Correctional Medical Services are dedicated and most are highly motivated, but staffing at jail facilities, particularly at the supervisory level, is insufficient. A major contributing factor to inadequate staffing is an over-burdensome system of background checking for nurse employees.

COMMENDATIONS

Without exception, every nurse-employee interviewed in this investigation was professional, helpful, and above all, dedicated to providing the finest nursing care to inmates housed within the Orange County jail facilities. Executive management staff was likewise cooperative, caring, professional and devoted to providing the highest level of nursing care possible, given their present budgetary restraints and the system as it is presently organized.

All photos in this report were taken with the permission and supervision of the Orange County Sheriff-Coroner Department. The Grand Jury would like to acknowledge and thank Jerry Manson, Public Information Office, Sheriff-Coroner Department for the photography used in this report.

FINDINGS

In accordance with California Penal Code sections 933 and 933.05, each finding will be responded to by the government entity to which it is addressed. The responses are to be submitted to the Presiding Judge of the Superior Court. The 2007-2008 Orange County Grand Jury has arrived at the following findings:

- F-1 The nursing and executive staffs of Correctional Medical Services interviewed are highly professional, competent and dedicated to providing a high level of medical service to the inmates housed in Orange County jail facilities.***
- F-2 Staffing levels for Correctional Medical Services are inadequate, particularly at Senior Nurse levels, leading to low morale and complaints about lack of communication.***
- F-3 Background checks for new nursing employees are over-burdensome and take too long to complete, resulting in fewer applicants and a high drop-out rate for those who have applied.***
- F-4 Current outreach programs to recruit nurses focus primarily on local schools and fail to reach out to all nursing schools in Southern California; programs for student interns are inadequate and could be expanded to provide a deeper pool for future recruits.***
- F-5 On-going training for nursing staff is insufficient; few hands-on drills or mock emergency scenarios are presently offered.***
- F-6 Some computer programs are outdated or non-existent and new programs and training for nurses are needed.***
- F-7a The present system for communication between nurses and supply room personnel is inadequate and frequently nonfunctional.***
- F-7b Medical supply areas do not have computerized bar-code inventory control system.***

Responses to Findings F-1 through F-7 are requested from the Orange County Health Care Agency.

Responses to Findings F-1 through F-5 are required from the Orange County Board of Supervisors.

A Response to Finding F-3 is required from the Orange County Sheriff-Coroner.

RECOMMENDATIONS

In accordance with California Penal Code sections 933 and 933.05, each recommendation will be responded to by the government entity to which it is addressed. The responses are to be submitted to the Presiding Judge of the Superior Court. Based on the findings of this report, the 2007-2008 Orange County Grand Jury makes the following recommendations that:

- R-1 The nursing and executive staffs of Correctional Medical Services continue to provide professional, competent and dedicated quality medical service to the inmates housed in Orange County Jail Facilities.***
- R-2a Levels of Senior Nurse staffing be increased to those of 2001/2002, an increase of at least eight additional positions.***
- R-2b An outside consultant be hired to determine if present staffing levels in all areas are adequate for providing good medical care, and to analyze and potentially recommend the reorganization of “classification duties” for Senior Comprehensive Care Nurses and Supervising Comprehensive Care Nurses.***
- R-2c Develop a system in conjunction with nursing personnel from all levels to allow better communication between on-duty nursing staff and nursing administrators.***
- R-2d The position of full-time Correctional Medical Services Nursing Manager be re-instated.***
- R-3 Health Care and Orange County Sheriff representatives develop an expedited and streamlined process for checking backgrounds for nursing applicants.***
- R-4a Recruitment programs be expanded to seek qualified nurses from all Southern California area schools.***
- R-4b More intern programs be developed to provide academic credit and work experience for nursing students and to serve as a pool for future employees.***
- R-5 Additional regularly scheduled and mandated training programs be developed for all nursing staff with an emphasis on unannounced mock drills.***
- R-6 Up to date computer programs be purchased and training provided to allow better patient charting and communication between nurses and supervisors***
- R-7a A more direct communication system between nurses and supply personnel be developed which would replace the present request box and telephone messaging system now in place.***

R-7b Implement a computerized bar code inventory control system to more accurately track and order inventory.

Responses to recommendations R-1 through R-7 are requested from the Health Care Agency.

Responses to recommendations R-1 through R-7 are required from the Orange County Board of Supervisors.

A Response to recommendation R-3 is required from the Orange County Sheriff-Coroner.

REQUIRED RESPONSES:

The California Penal Code specifies the required permissible responses to the findings and recommendations contained in this report. The specific sections are quoted below:

§933.05

(a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall indicate one of the following:

- (1) The respondent agrees with the finding.
- (2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefore.

(b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:

- (1) The recommendation has been implemented, with a summary regarding the implemented action.
- (2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
- (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.
- (4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefore.