



# University Correctional HealthCare

February 2009

## How Are We Doing Implementing Medical Services?

I am delighted to report that our initial, quarterly, quality improvement data supports a relatively smooth transition for the physical health services. This data includes patient grievances, hospitalization, emergency room trips, specialty clinics, and objective performance indicators. An area requiring special attention has been pharmacy costs.

### Grievances

From an inmate perspective, the initial transition of medical services was seamless. Likewise from visiting the sites, prison administrators had nothing but positive feedback. During the first two months the average number of monthly medical and dental grievances remained approximately the same, 357 per month compared to 363 during the first nine months of 2008. Going forward, our goal is to improve inmate service satisfaction with their overall care, thereby, reducing the risk of litigation. Remarkably, the number of mental health grievances continued to decline to an estimated 510 for 2008, compared to 687 in 2007 and 1,384 in 2005.

### Hospitalization

To further minimize impact from the transition, UCHC has been able to establish contracts with several existing providers including Mid-Jersey IPA and St. Francis Medical Center. This helped to assure a seamless transition for specialty services and hospital care. The utilization review process has, if anything, been strengthened by stringent medical oversight. Overall, hospital utilization has dropped about 10% from a monthly average of 391 bed days with CMS in the first half of 2008 to an average of 354.7 monthly bed days for the last quarter of 2008. Based upon the first 28 days of January, we anticipate approximately 280 bed days for the month of January, which is a continuation of this downward trend.

Though it may be too soon to know for sure, it appears that such actions are reducing days hospitalized.

### Emergency Room Trips

The total number of Emergency Room (ER) trips also reflected an approximate drop of

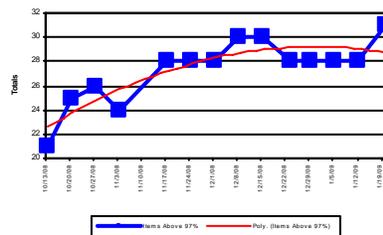
10% from an average of 64 for the first half of 2008 to an average of 58 for the final quarter of 2008. According to a CMS Client Report, they had averaged 73 ER trips per month in 2007 and 112 in 2006.

### Specialty Consults

UCHC medical leadership has established weekly utilization review conference calls with all practitioners. These calls provided a clinically sound decision making process for determining "medically necessary" specialty services when evidence-based medicine is not clear on the indications for such procedures. We have noticed a 9% decrease in the average number of consults during the last quarter of 2008 as compared to the previous nine months.

### Objective Performance Indicators

Overall, under the leadership of the regional nurse managers and site and regional medical directors, our medical staff has done well in meeting the increased compliance threshold for objective performance indicators. Approximately 80% of all indicators are now above the new 97% threshold and 94% are above a 90% threshold. The chart below highlights weekly improvement for those items above the 97% threshold.



### Pharmacy

Pharmacy has been an area that has required special attention. While the transition of pharmacy providers has been clinically seamless, the cost of these services exceeded our budget projections by almost 10%. UCHC medical leadership are taking pro-active steps to reduce costs by enhancing formulary controls and practitioner utilization, minimizing stock medications, and critically reviewing medications to assure that we are getting the

best prices based upon dosage and brands. UMDNJ leadership has also been actively pursuing the possibility of obtaining the 340B discount program, however, based upon recent feedback from the Center for Medicare and Medicaid Services Fiscal Intermediary, Highmark, inmates by definition, may not qualify.

Recent efforts taken to control costs include:

- Risperdal M and Risperdal Liquid will no longer be available. Nursing staff will crush medications if there is a concern as to whether or not medications are being ingested. The anticipated monthly impact is \$37,500 phased in over the next two months.
- Seroquel (quetiapine) has been removed from the formulary with physicians being directed to use Risperdal tablets. The anticipated monthly savings impact is \$8,500 phased in over the next two months.
- Switch from more expensive statin medications to less costly Simvastatin for an anticipated monthly impact of \$13,500.
- Depakote ER will be removed from the formulary with expected savings of \$22,800.
- Direct Maxor to switch dosage forms whenever such changes equate to better pricing for expected monthly savings of \$15,000.

The problem of Maxor not using the best dosage forms had been identified by Dr. Tony Tamburello and Janis M. Bokma, RN.

Going forward, we will face many challenges in our effort to provide effective, efficient, and integrated medical, dental, and mental health services. However, it is clear to me that by working together, our efforts toward this end will be realized.

Jeff Dickert, PhD  
Vice President

*We Care, We Heal, We Teach*



## Lessons Learned from our Customers

The secret to finding joy in our work is contained in one word, EXCELLENCE.

If it's true that to do something well is to enjoy it, how do we know when we are doing our work well? Someone once said, "Customer complaints are the schoolbooks from which we learn." Therefore, we listen and learn. We excel in our service, not because we are obligated as healthcare providers, but because we take pride in our work.

As we continue our journey with UCHC, settling into our positions, becoming more comfortable with our duties, let us not forget why we are here and the challenges we face as healthcare providers working within a correctional facility. While outside of the clinic environment our patients are referred to as inmates, to us they are also, and always will be, patients. Sometimes it is not easy to separate the two words but we must try to overcome these feelings and remember why we chose our profession and the promise we made to do no harm.

People complain in general whether they are happy or not. Inmate/patients are no different. They complain, many times without justification. It is especially at these times that we can become cynical and lose our focus. If along the way, however, there has also been recognition of the day-to-day struggles and praise for exemplary work, negativity can be held at bay. This type of balance will also help us as workers, to be more open to learning ways to improve.



And on this note, there has been huge improvement here at UCHC within the past month in the area of patient complaints. The key was documentation. For example, by simply documenting every time a patient receives a knee brace or a cane we can quickly investigate any problems and move on to a quick solution. In this aspect we have been doing a great job! Some other areas are coming along more slowly. Orders pending are getting better, but not great yet. Missing reports are also an issue so for now, we are continuing to count on staff to make every effort to call the hospitals and consulting providers to get these reports. Finally, after major complaints about not discussing test results with patients, we are now seeing marked improvement. After x-rays and/or lab work not only are our patients being informed, we have the supporting documentation to back us up.

So to all of our staff, thank you for your hard work. There is still much to accomplish and most likely the road will continue to be bumpy, but we are off to a wonderful start. Keep up the good work.

*Elizabeth Topol, MHA*  
*Statewide Ombudsperson*



## ***Ask Mechele***



*Dear Mechele,*

*One of the inmates on the unit where I work has been doing exceptionally well in both his group and individual therapy sessions. The treatment team agrees that he/she has made significant progress since admission to our unit. My problem is that as the time comes for this inmate to move on, I find myself feeling a sense of loss. I have really come to enjoy working with this individual and even seeing him/her each day that I'm at work. I admit that I even think about him/her when I'm not working and fear that I'm becoming obsessed. This is not the type of thing that you talk to your supervisor or team members about, I'm sure they'll think I'm nuts and I could lose my job. What should I do?*

*Caught Up*

Dear Caught Up,

I find the name you chose to identify yourself in this letter particularly poignant, because you literally are already, "caught up." No matter what you label your experience (crush, attraction, obsession), the literal term is insignificant. You're in serious trouble here!!!!!! I understand your discomfort in discussing this with your colleagues and supervisor, but by all means **talk to someone before it's too late**, a spiritual advisor, your own personal therapist, an outside friend...it doesn't matter who, just do it!

The inmates under our care, by the very nature of the time they have on their hands, are able to hone their social and communication skills in order to appear open, honest and trustworthy. And, who's to say that a significant number of them aren't, however, they are also in an environment where manipulation is often a necessary survival skill. But, and this "but" is huge, they are INMATES, and therefore, not available for friendships or relationships on any level. They are our patients/clients. Look outside prison for friends and relationships. As one of my favorite nurses told me, "I never get my honey where I make my money" not deeply philosophical, but oh so true.

If you allow this to go on unchecked, you can bet losing your job may be the least of your worries, you may also face criminal charges. The New Jersey Administrative Code 10A in addressing Inappropriate Relationships clearly states, ***"An Inmate cannot give consent to an intimate relationship with any staff member, therefore, discovery of such a relationship is considered to be a sexual assault."*** I was present for just such a scenario, as a matter of fact it was an inmate who told me that a staff member was being terminated. While in the process of chastising him about gossiping, the phone call came in confirming that a colleague was being escorted off the premises. So, while it might be a stretch to say that your feelings will follow along these lines, know that what you've described fits the bill of how intimate relationships begin. Let's not wait until this attraction goes that far. Another resource, Cop-2-Cop (1-866-cop-2cop) is a 24 hour helpline for law enforcement and their families, and our work with the NJDOC more than qualifies us as family. They can objectively and confidentially help you find someone to talk to about this all important issue. So, good luck and please, seek out help **NOW!**



## Technology Corner



*with Leo Agrillo*

Since the last newsletter Telemedicine continues to march forward. Software evaluation, to make the job of scheduling easier, is underway. New equipment that will enable the Central Office staff to have additional access has been ordered and we are investigating the equipment requirements for adding medical specialties. In the midst of all this, the infectious disease clinics continue to be successful.

On the Technology front, electronic forms are in the development and testing stage. Having electronic forms should make life easier across the board. Data could be entered by typing not by hand, information could be submitted via email vs. fax, and we can virtually eliminate the need for data re-entry on the receiving end which would significantly decrease data entry mistakes. Basically, everyone wins, so be on the lookout for the forms and instructions via email once testing is completed.

We have received reports of computer and printer problems from many of the sites. In order to resolve problems with Department of Corrections (DOC) computers and printers, you **must** contact the DOC Office of Information Technology (OIT) help desk at 609-984-8288 or email [HELPDESK@doc.state.nj.us](mailto:HELPDESK@doc.state.nj.us). Whoever initiates the contact needs to be at, or in the immediate vicinity of, the computer/printer in question. Why? So that you can assist the help desk staff by answering any related questions and performing simple diagnostic tasks as directed. The help desk has the ability to take control of the computer in order to see exactly what the user is seeing and doing. **Not following these simple steps will greatly delay problem resolution.**

For example, a user called in to report that a printer was not working. By not physically being at the computer, the help desk was not able to identify that the problem was caused by a setting in the user's login profile (each user has a unique login profile). Had the user been at the terminal, the problem would have been fixed in a few minutes. Instead, they were assigned a ticket number and had to wait four days for what turned out to be a relatively simple solution. Remember, **it is imperative that users be available to help with problem diagnoses** as this case clearly illustrates. For those issues that are not rectified, it is important to contact the Nurse Manager or their designee for escalation to the Central Office management team.

Send your questions regarding technology to: [agrillo@umdnj.edu](mailto:agrillo@umdnj.edu) or [uchccorectsvcs@umdnj.edu](mailto:uchccorectsvcs@umdnj.edu)



Please join the UCHC family in offering heartfelt congratulations to Dr. Julio Del Castillo who we recently learned he had been nominated for a special Leadership Award at the prestigious Shining Light Outstanding Leaders for a Brighter Future for Hispanics Gala. The nomination goes on to highlight some of the amazing contributions of Dr. Del Castillo over the years including: Medical Director at Garden State Youth Correctional Facility, Assistant Medical Director & Clinical Psychiatrist of the forensic unit at Trenton Psychiatric Hospital, first Hispanic President of the Mercer County Medical Society and nine year member of the Publication Committee of the New Jersey Medical Society.

Anyone who has been privileged enough to know Dr. Del Castillo is aware of his having testified in multiple landmark criminal and civil cases and his uncanny photographic memory for details spanning a career well over 40 years. All of this, combined with his penchant for historical information, riveting storytelling and most of all, wisdom and cheer served with a continental charm, make him the favorite of both staff and inmate/patients alike. He continues to be noteworthy in the Hispanic community for his passion and commitment toward advancing mental health.

Congratulations Dr. Del Castillo, we are privileged to have you as our colleague.

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Kudos to Desjour'na D. George (Secretary 3, East Jersey State Prison) who we just learned completed her Master of Arts in Child Advocacy from Montclair State University this past August. When asked, "What's next?" Desjour'na quickly responded..."a PhD of course,"!

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Willie Mae Kent, LCSW, Mental Health Clinician 3 at Southwoods State Prison, will publish her first novel, a work of historical fiction entitled, *Titanic: The Untold Story* this March. An avid history buff, Ms. Kent is already hard at work on her next novel.

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Elaine Policastro, Data Control Clerk I, has been selected as the A.C. Wagner Employee of the Month.



# General Information



## UCHC Leadership Staff



	Office	Cell	Pager
Jeff Dickert:	609-341-3093	732-580-1055	
Arthur Brewer:	609-292-6878	609-313-4185	609-229-0689
Rusty Reeves	973-465-0068 x4382	973-632-3194	
Rich Cevasco:	609-984-6474	201-407-3114	732-396-6768
Hesham Soliman:		609-238-0513	856-223-2262
Jon Hershkowitz:		732-570-5727	732-206-3157
Johnny Wu		609-238-0993	609-229-0675
Yasser Soliman:	609-943-4372	609-313-1980	609-229-0690
Magie Conrad:	609-341-3178	908-930-4025	732-302-6694

Lisa DeBilio:	609-341-9381		
Mechele Morris:	609-292-2252		
Man Lee:	609-777-1366	609-218-0697	
Kyle Mason:	609-292-1385	609-980-0845	609- 229-0219
Mitch Abrams		917-887-5206	732-396-6920
Marci Masker		201-407-3097	732-396-6767
Harry Green		732-512-8846	609-292-0688
Melody Massa:	609-341-3095	201-407-3144	
Sharry Berzins	609-341-9382		
Shirley Lee	609-341-3093		



### Utilization Review

Christine Bartolomei	609-292-2353
Patti Ford	609-984-1012
Jose Torres	609-292-6953
Eileen Hooven	609-984-5848
Patti Reed	609-777-1510
Dolcie Sawyer	609-984-5848

### Training Team

Stephanie Turner-Jones	609-292-2226
Denise Gould	609-292-1340



### Medical Records

Cindy Romano	609-292-1393
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### Pharmacy

Kyle Mason	609-292-1385
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### Regional Ombudsperson

Elizabeth Topol	609-943-4373
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### Infectious Disease

Elliot Famutimi	609-984-4102
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### Quality Improvement

Natalie Taranov	609-341-9384
Debbie Pavlovsky	609-341-9383

### Telemedicine

Leo Agrillo	609-984-1725
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## Dental Transitions to UMDNJ/UHC

It has been 6 months since the dentists have been working under the umbrella of UMDNJ/UHC. ( Due to contractual necessities, the dentists were about 2.5 months ahead of the rest of the Medical/Dental interests.)

The transition, although quite large in scope, has been, for the most part "Painless". The monumental task of processing all of the personal information, background information, individuals choices of health coverage etc... was handled in stride by the UMDNJ/UHC Human Resources Department.

As with anything new, there are things that, at first, seem strange or unfamiliar. The Dental Unit itself has been divided into three separate Regions (North, Central, and South). We have a new vendor, Benco Dental. There are new ways in which we report our work times, different ways in which we report off, new passwords, even new procedures to order our distilled water. All of these are minor little things that seem so big now, but will soon become routine to all of us.

There are also easier things that I think we've already adjusted to. For instance, we now have paid holidays, paid vacations and sick time, excellent health and retirement benefits, even personal days (floating holidays) that we can take when we need to.

During this transition there has been an unspoken cooperation by the UMDNJ/UHC team. Whenever there is a situation where clarification is indicated, or a response is needed, people are eager and willing to help us get the answers we need, or put us in touch with the right person to resolve the matter. Everyone has been patient and understanding during this transitional time. This is greatly appreciated.

We, as dentists, realize that patient care is of the utmost importance. We also realized that rendering that care within the confines of a correctional setting may be challenging. There is always a fine line that exists between "care" and "custody", but that line is more defined now with UMDNJ/UHC's history with the Department of Corrections.

So, as we move forward together, I'm sure our relationship will grow from that of transitional to one of unity and permanence. We greatly anticipate the opportunity to contribute to the effort of strengthening UMDNJ/UHC's presence both within the Department of Corrections and within the community as a whole.

Thomas Golden DMD  
Dentist

## Reflections from a Clinician-in-Training...



My experiences at South Woods State Prison (SWSP) have encouraged me to grow as a clinician-in-training in multiple ways. First and foremost, I have been exposed to the various roles held by a clinician in the prison environment including: individual/group therapy, status evaluations, assessments and detention rounds, to name but a few. In addition to this view of the forensic experience, I have participated in workshops and treatment team meetings which provided me an opportunity to work with several of the multidisciplinary employees within the facility. Also, I have had the benefit of experiencing all of these things with an experienced supervisor who continues to offer me the guidance and encouragement crucial for my overall clinical development. Most importantly, I have developed therapeutic relationships with inmate/clients who have so often been stigmatized by our society for their crimes. In summation, my work at SWSP has furthered my educational, emotional, and interpersonal experiences in ways that I personally and professionally could never have imagined.

*Pamela Dengrove  
Psychology Intern  
Widener University*

# General Information



Test your pager on a routine basis - any problems should be reported to Melody Massa at 609-341-3095



University Correctional HealthCare  
c/o NJDOC  
Colpitts Modular Unit  
P.O. Box 863  
Whittlesey Road  
Trenton, NJ 08625  
609-341-3093  
609-341-9380 - fax

ADDRESS



UCHC has an email mailbox.  
You can forward your newsletter articles to: [uchccorrectsvcs@umdnj.edu](mailto:uchccorrectsvcs@umdnj.edu)



## W-2 Hotline

For questions regarding your W-2 form the contact number to call is: 732-235-9217

Effective January 1, 2009 the mileage rate is \$.55 a mile



## New E-Process for Name Change

In collaboration with IS&T, Human Resources has launched its e-Name Change process on the My.UMDNJ Employee Self-Service channel. Log in to the portal and go to the Employee Self-Service channel - click on Personal Information and then Name Change, complete the Request Form and submit. Don't forget to print and fax to central office to update your personnel file. To protect your identity and ensure a secure transaction, you will need to enter your University ID A# and you are required to present your new Social Security card to your campus Human Resources Data Administrator within five (5) days of the submission, before the change will be applied in the system. If you miss the five (5) day window, the Request expires and you will need to resubmit.

Effective January 20, 2009, the Staff Information Adjustment Form (SIAF) will no longer be used for name change requests and will be eliminated.

Please see your administrative staff for forms and documentation needed to change in your name for DOC.

## SHBP Dependent Eligibility Verification Audit

The State Health Benefits Program (SHBP) is performing a Dependent Eligibility Verification Audit that is being conducted by Aon Consulting. Employees and retirees who have dependents covered under their health plans may receive a letter from Aon requesting legal documentation to validate that the dependents listed are eligible for coverage. Any new employee or eligible employee adding a dependent is required to submit proper legal documentation. For detailed information, visit the Human Resources Benefits web site at: <http://www.umdnj.edu/hrweb/benefits/index.htm#deva>

## SHBP Special Open Enrollment Announcement (February 1, 2009 to February 28, 2009)

Coordination of Benefits between NJ DIRECT15 and NJ DIRECT10

The State Health Benefits Commission recently voted and approved the Coordination of Benefits (COB) between NJ DIRECT15 and NJ DIRECT10 which is effective May 1, 2009. As a result, we are conducting a Special Open Enrollment through February 28, 2009 for SHBP members who are enrolled in Family or Member and Spouse/Partner coverage in either Aetna HMO or CIGNA Healthcare HMO. This Special Open Enrollment period began February 1, 2009.

During this period, our eligible employees will be allowed to transfer from their current HMO to NJ DIRECT15 if the member's spouse is a retiree or an active employee in local government covered under NJ DIRECT10. It is important to point out that employees will not be permitted to add dependents or make any changes to dental or prescription drug coverage during this Special Open Enrollment period.



**Submit your articles by March 23rd for the April newsletter**

