



University Correctional HealthCare

June 2009

Inmate Satisfaction with Medical Services

Measuring consumer satisfaction within the healthcare field has become a routine requirement. However, minimal attention has been given to patient satisfaction in the provision of correctional healthcare delivery. In corrections, the focus has been on complaints, grievances, and litigation. The long time goal has been to meet the inmates' constitutional rights to "adequate" healthcare during their incarceration. Typically however, correctional systems are overwhelmed with inmate complaints related to healthcare.

Mental Health Inmate Satisfaction Survey

University Correctional HealthCare (UCHC) introduced an assessment of patient satisfaction four years ago, aimed at meeting inmates' need for mental health services and exceeding their expectations. More specifically, the focus was to measure inmate satisfaction with mental health services and design strategies to improve the ratings. The dimensions measured have included: helpfulness of staff, politeness, attention to privacy, professionalism, addressing needs, availability, timeliness of response, wait for services, explaining treatment, helpfulness of the treatment and attention to confidentiality. The most recent scores averaged 3.8 (3 = "good," 4 = "very good") in the key areas. These composite scores were comparable to the average scores of mental health agencies participating in the Mental Health Corporation of America's Satisfaction Survey. With improved satisfaction scores, mental health grievances have been cut by approximately 60% (1,384 per year in 2005 to 510 in 2008). Also, we have seen only a few legal complaints per year. The experience is not the same in the medical arena where complaints have remained relatively high (approximately 4,000 grievances per year over the past four years) with over 150 active legal cases when the University of Medicine and Dentistry of New Jersey (UMDNJ) assumed responsibility for inmate medical care.

Medical Inmate Satisfaction Survey

Our goal going forward is to improve inmate healthcare satisfaction. With such improvement we would expect to also reduce medical grievances and legal complaints. Our first step toward this goal is to measure inmate satisfaction. With the assistance of our Ombudspersons at all the sites, 1,130 inmates completed Satisfaction Surveys. The average score was 3.19 (1 = "Poor;" 2 = "Fair;" 3 = "Good;" 4 = "Very Good;" 5 = "Excellent"), just

slightly better than "Good." The next step will be for each of the sites to design strategies aimed at improving their scores. A relatively simple strategy used in the past uses a dual approach.

Demonstrating Service Excellence

The first strategy is for staff to identify behavior that can demonstrate "Service Excellence" in the key dimensions being measured. For instance, at one site the staff selected the following behaviors to demonstrate "helpfulness of staff," and agreed to demonstrate this behavior during their interactions with patients:

- "I ask patients what they think they need to help them with their problem and seek to answer any questions they may have."
- "I explain to patients what they can expect (follow-up appointments, how medications work, when they should receive their medications, how they will hear about their laboratory results, etc.) and what we expect from them in our treatment partnership."
- I offer a "listening ear" to patients and try to maintain an open mind to their needs and accommodation requests.

In implementing this approach staff should get together, select three or four areas and define the activities that they believe will improve their ratings. Then they need to make a conscious effort to incorporate these activities in their daily patient interactions. Some potential target areas are:

- Helpfulness of Staff
- Courtesy Shown to You by Staff
- Concern of Staff
- Attention to Privacy & Degree of Confidentiality
- Professionalism and Availability of Staff to Speak with You
- Opportunity to Participate in Decisions about Your Treatment

We should encourage each other to use the identified behaviors to demonstrate proficiency in each area. Simple reminders posted in staff areas (at sign-in, computer documentation areas) may help serve as reminders. We've attached an exercise at the end of this newsletter (to be completed by medical staff

at each site) to help identify those behaviors that demonstrate excellence in healthcare provision. In brief, we will make a conscious effort to demonstrate specific behaviors that are associated with service excellence in our interactions with each of our patients.

Service Recovery

A second strategy focuses on "service recovery," where we view patient complaints as an opportunity to turn a dissatisfied customer into a satisfied customer. This involves the following steps:

- A lead person, such as a charge nurse, nurse manager or supervisor will **round** and meet with a patient who has voiced concerns or complaints in an effort to resolve any problems that surface.
- Our response to complaints will not be defensive. We won't give excuses. We will simply **apologize** and focus our attention on addressing the patients' medical needs.
- We will seek to **resolve complaints**. If the patient's wants are not consistent with what they medically need, we will take the time to explain the issues, limitations and constraints we have as healthcare providers.
- We will **follow-up** to make sure that the plan to address the patient's concerns has been accomplished.

In brief, a lead person in the clinic will take responsibility for rounding, apologizing, resolving complaints and providing follow-up.

Challenge for Our Sites

These two simple strategies have been found to positively impact healthcare outcomes. Therefore, we challenge each of our sites to come up with specific behaviors in their patient interactions that will not only improve our overall inmate satisfaction scores, but also reduce medical grievances and the amount of time spent answering legal complaints. This can be a "win-win" for all of us.

Jeff Dickert, PhD
Unit Vice President

Lisa DeBilio
QI Director



Ask Mechele



Dear Mechele,

I've recently been informed that we're being asked by UCHC Administration to work toward improving the "patient satisfaction" of the inmates. I recognize that we are here to offer services to the inmates, and I think that we're doing a great job, but I also think that we're going way overboard talking about improving their "satisfaction." Have we lost track of who we're working with? These are INMATES not veterans. They've committed crimes over and over again for years. Sure, we should do our job, but this idea of satisfaction in my opinion, would be better directed to the paying public and those who've fallen on hard times, not criminals. We're being asked to improve services to whom? To a group who regularly play us to get high, to get single lock cells, to be around females/males, to do their time easy. At the same time, we're also being told to avoid undo familiarity, watch out for the con games. So how do we worry about their satisfaction while also being on the lookout for getting played? A lot of these inmates are getting better service than those of us who work for a living. Regularly I'm seeing friends and family struggle out there after having worked most of their lives and then listening to the complaints of individuals who've wreaked havoc to our neighborhoods and quite frankly, it is really frustrating. These inmates need to be grateful for what they're receiving and stop complaining.

They're Getting Enough

Dear They're Getting Enough,

Wow! I'm having a flashback about having spent the better part of an evening waiting for an x-ray of my injured foot only to discover that the entire radiology department had left for the night after telling me to take a seat and wait for someone to let me know the outcome of my injury. If an inmate had complained to me about how long he/she had waited in the clinic to be seen by the MD after that incident, I would have given him/her an earful. I have experienced up close and personal the righteous indignation and sense of entitlement of more inmates than I can count, so I can appreciate your point of view. I see where comparing the care of inmates with the struggling public (I had to limp home and back the next day on my broken foot to get those x-rays) can be frustrating and annoying. However, there are some realities we cannot deny. First, the mental health program we see now, was born out of litigation...inmates sued the NJDOC for not having an adequate level of care to meet their needs. Let's concentrate here on the word "adequate." I get from your letter that you think the inmates are getting adequate care and that should be enough. But I have to ask you in return, when has adequate anything ever been enough? If our aim is for adequate, what happens when we fall below that mark? Inadequate care is what brought us to this point. The aim of any service provider should never be adequate...we need to strive for excellence; sometimes we'll hit that mark, other times we won't. Sometimes, even when we do get there, the mark may change altogether, in

which case we may need to rethink our strategy and refocus our aim. But answer this, would you settle for a service that was advertised to be adequate? I doubt it, and neither would I.

And let's focus for a moment on the inmates. You are right, many of them are "frequent flyers" and have a history of re-offending, but should that be the measure by which we determine their level of healthcare? While it is the job of the criminal justice system to enforce sanctions for the crimes the inmates have committed, the job of healthcare providers is to offer service, not adequate service but excellent service. I don't consider myself to be an adequate psychologist and I'll bet you would take issue with anyone who considered you to be adequate in your chosen field. When we start to look at our clientele simply as criminals and determine that this classification warrants a certain type of care, we leave ourselves vulnerable to offering substandard treatment. Should the inmate accused of murder receive better or worse care than the one who's in prison for aggravated assault? Are the gang bangers more worthy of care than the arsonists? Where should the lines be drawn? Do you believe everyone outside prison walls to be innocent, upstanding, community minded citizens? Are CEO's who drain their companies of assets and bankrupt hundreds of employees more worthy of good healthcare than incarcerated drug dealers?

You're absolutely right in that much is expected of you. Yes, you are expected to offer excellent services while also being aware that the same person in need of your care might easily try to put you in a position where you might not only lose your job, but your freedom as well. Don't we all have people in our lives asking, "Why in the world are you working in prison, are you crazy?" You might need to ask yourself that question. Maybe it's not worth it anymore, maybe all the complaining and struggling to negotiate this harsh, inflexible environment is really getting you down. Maybe this request to improve inmate patient satisfaction is the final straw. If so, a change of environment might be in order.

A vacation may do it or, try getting involved in something new, an exercise class, a new hobby, spending time with someone uplifting. The frustration may pass, but on the extreme end, you may want to take a long, hard look at what you're doing and ask yourself if you still find your work rewarding and fulfilling. If not, it's time for some serious soul searching because only you can ultimately decide what's best for you. Confide your concerns with someone you trust and ask for their input.

But ever the optimist, I think the large majority, including those who admittedly from time to time think, "They're Getting Enough," also relish the challenge of these particular clients in this uniquely challenging environment. Why? Because we truly believe that what we're doing is important and nobody could do it better.



SPOTLIGHT: MUSIC THERAPY

I am employed at Edna Mahan Correctional Facility for Women (EMCFW) in Clinton, New Jersey as a creative arts clinician in the capacity of Music Therapist. Specifically, I work with mentally ill female inmates classified under the category of special needs (SN). They reside on the inpatient Residential (RTU) and Transitional Care (TCU) Treatment units located in a maximum security area better known as C-Cottage, which is separate from the general prison population.

With 40 cells, C-Cottage provides structured therapy similar to an in-patient behavioral health unit – and the Intensive Outpatient Program (IOP), which is on the maximum security general population compound. On the IOP inmates receive intensive services without the need for inpatient placement. Groups are led three days a week and the women have regular individual therapy.

An average week will have me working with about 56 inmate/patients leading 10 group therapy sessions. The average number of attendees per group is eight. My supplies, while not extensive for my discipline, are substantial for a forensic environment and include: an electric keyboard, hand drums, percussion instruments, a xylophone, karaoke machine, guitars and a vast collection of CDs. This equipment is stored in a building basement and I transport what I need to various locations. We have designated group rooms, some more accommodating than others.

I am the first Board Certified Music Therapist to work at EMCFW and have been here for four years. While I am the only designated creative arts therapist (CAT), I work alongside an Occupational Therapist (OT). Currently, University Correctional HealthCare (UCHC) employs approximately 12 Occupational, Activities and Recreational therapists state-wide. By fall 2009 I hope to have our first graduate level music therapy student intern at the facility.

My goals for the inmates include: orientation to the here and now, healthy, creative self-expression, normalization, development of effective coping skills (particularly in stress management, relationship building and communication), community building, and increased awareness of self (particularly in the realm of emotional self-care). I have to admit that it took awhile to get a buy-in from the Department of Corrections (DOC), but the overall response is now one of interest and support.

Twice a year I direct a Talent Show where the C-Cottage women prepare a musical performance for their peers, DOC administration and UCHC staff. The whole RTU/TCU community is involved and the final product is an expression of pride, joy and enthusiasm, peppered with lots of laughter. The women are even given permission to wear choir robes over their prison issued khaki attire during the performance. Many have never experienced this type of event, even as youths. It has become a uniting force among the C-Cottage residents while giving a tremendous boost in self-esteem to those who are actively involved. Staff and administrators who've attended past productions were amazement since C-Cottage has often been viewed as a 'black hole' where the 'sickies' go, never to return. While we know this is not true, there are still many who equate mental illness with intelligence...or rather lack thereof, when clearly there is no correlation between the two. It is through the support of appropriate, healthy, self-empowering activities like the Talent Show that we provide small steps toward turning these women's lives around. It is so gratifying when they (and others as well), begin to envision themselves as having the capacity to become productive members of society, rather than non-contributing dependents.

Working in a prison setting can be extremely challenging. Many of the women at EMCFW have been victimized resulting in various issues requiring intervention. In addition, administrative and correctional dynamics require a significant amount of adjustment. However, in spite of these challenges the focus and heart of my work is in offering a little guidance and hope to those whose lives have, for the most part, been ...difficult. It may be hard to believe, but for many this time in prison is an oasis from the harsh cruelty of their real world. This oasis, even with its internal trials, can be a window of opportunity to plant a small seed. And perhaps, a few of these seeds will grow into something meaningful...one day.

Karen Anne Litecky, LPC, MA, MT-BC
Recreational Therapist



My Small Part

It's no secret that I covet my weekends, those hedonistic days where sleeping in, eating out and relaxing with family and friends allow me to maintain my sunny disposition. With this in mind, it was no small activity that drew me to volunteer to work on a Sunday, the day that I was taught by the nuns that even the Creator of heaven and earth took off. What, you might ask, lured me away from the Sunday Brunch at Prospectors? It's simple...I was given the unique opportunity to conduct Reconstitution sessions with New Jersey National Guard men and women returning home from deployment to Iraq and Afghanistan.

We as healthcare providers are well aware that significant numbers of our troops are returning stateside with serious emotional issues. To address their needs, UMDNJ, UBHC and the New Jersey Division of Military and Veterans Affairs entered into a partnership to provide much needed services to New Jersey soldiers of which the Reconstitution sessions are a small part.

I was pretty wired for this event. Having missed the in-person orientation I was sent materials and a training presentation on line. The package included pages of military acronyms, pictures of insignia and a pre-packaged speech. Now, I was panicked..."do they really expect me to memorize all this stuff...maybe this was a mistake." But it was too late; I had committed myself to the task, so I began to study...that didn't last long. So, I decided that I would just tell my interviewees that I was a civilian, and ask that they give me the remedial treatment. I calmed myself by repeating the mantra, "you work in prison, you work in prison. I've been known to say that if you survive maximum security (shout out to NJSP) you can work anywhere, so while I was still nervous, I knew I could handle it.

I tried to go to bed early (no way) and set my alarm for enough time to get me to Ft. Dix early. A 5:30 security alarm fiasco saw me sprawled on my bedroom floor nursing a bruised big toe and a contact lens mishap forced me to dig out my glasses. In spite of these minor annoyances I made it to Ft. Dix in plenty of time, and promptly got lost. I flagged down a kindly looking gentleman who proceeded to jog around my car while telling me he couldn't help, but early morning golfers got me to my assigned location. From that point an officer (a major, who's insignia I didn't recognize, so I just asked) laughingly tried to help me, to no avail. Finally, I knew I was in the right place when I spotted Flora DeFilippo (clinician supervisor, NJSP) on her way to the parking lot to escape the frostiness of the facility for a few minutes. Shortly thereafter, I was rescued by Chris Kossoff (our commander) who calmed my nerves by assuring me that I could use my own words in the interviews and would not embarrass UMDNJ by not being fluent in military language.

Our task would be to welcome each soldier home, thank them for their service and basically check in to see how they were doing. For the most part the sessions were brief and I believe we saw approximately 177 soldiers that Sunday. The majority of the soldiers I met with were fine, two returned home to broken engagements, one was coping well, one was not. Of course they missed their family and friends and one, a homeboy, was heading to Gino's in South Philly for one of their world renowned steak sandwiches just as soon as we cut him loose.

Other than coming real close to calling a code when one of my guys was observed to be holding a hand grenade (no one told me they were given stress balls in the shape of hand grenades) the Reconstitution sessions went off without a hitch. The special bonus was that and we were able to witness a different group of returning soldiers greet their families for the first time after a year away from home. There were babies in red, white and blue ribbons, toddlers in camouflage outfits, lots of American flag t-shirts and tears all around. I don't know how I was able to maintain my composure, but I was just so awestruck by the emotions happening all around me that I just forgot to cry. I am so grateful to have had this opportunity, as were all the volunteers I've discussed the experience with. To hell with Belgium waffles, my volunteer Sunday was FABULOUS!!

Mechele Morris, PhD
Director of Training



Revised

General Information

Revised

UHC Leadership Staff



	Office	Cell	Pager
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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
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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		
Rhonda Lyles	609-777-1660		

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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Infectious Disease

Elliot Famutimi	609-292-3365
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Regional Ombudsperson

Elizabeth Topol	609-943-4373
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Telemedicine

Leo Agrillo	609-984-1725
	609-413-6944 cell

Quality Improvement

Debra Crapella	609-341-9384
Debbie Pavlovsky	609-341-9383

Updated 6/09

Exercise for Our Site's Medical Team

"I embrace change. I know change is an unending process, which provides me the opportunity to be creative, productive and successful. I am an innovator."

Helpfulness of Staff-Service Standard:

- Because receiving quality healthcare services may be a new experience for inmates and others, I convey information in a manner appropriate to their needs.
- I assure that the inmates and the DOC have the information they need for easy access to our services.

Behaviors Demonstrated:

- 1) _____
- 2) _____

Courtesy Shown to You by Staff-Service Standard

- Because circumstances and life experiences differ for each inmate and DOC staff and influence the actions and reactions one might have in a behavioral health setting, I make no judgments. Rather, I consistently recognize the dignity of each person through polite words and actions.
- Because it is important to make customers feel welcome, I introduce myself to them.
- Because the telephone is often the first contact customers have with UCHC, I practice effective telephone communication skills by identifying both my department/organization and my name.

Behaviors Demonstrated:

- 1) _____
- 2) _____

Concern of Staff-Service Standard

- Because inmate/patient complaints and concerns are a chance to make things right and serve as opportunities for improvement, I work to resolve them and help create an environment that makes it easy for patients to express concerns.

Behaviors Demonstrated:

- 1) _____
- 2) _____

Attention to Privacy & Degree of Confidentiality-Service Standard:

- Because recipients of health services deserve a healing environment, I treat each interpersonal encounter with discretion and sensitivity and assure that all confidential information will remain private.

Behaviors Demonstrated:

- 1) _____
- 2) _____

Professionalism and Availability of Staff to Talk with You-Service Standard:

- Because I want patients to feel confident in my professionalism, I maintain a clean, neat appearance.
- Because inmates and the DOC expect the same professional standard of service throughout the medical area, I show inmates and the DOC that I am part of a team on their behalf.

Behaviors Demonstrated:

- 1) _____
- 2) _____

Opportunity to Participate in Decisions about Your Treatment-Service Standard:

- Because inmates often feel a loss of control when receiving health treatment, I look for opportunities to give them an opportunity to participate in decisions about their treatment and choices in my interaction with them. Whenever possible, I adjust their preferences and anticipate their needs.

Behaviors Demonstrated:

- 1) _____
- 2) _____

General Information



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



ADDRESS

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Colpitts Modular Unit
P.O. Box 863
Whittlesey Road
Trenton, NJ 08625
609-341-3093
609-341-9380 - fax

Way to Go ADTC!



Read what Thomas Mullarney, RN Department Nurse Manager at Garden State Correctional Facility had to say about the staff of ADTC:

"This morning I was reviewing Mr. X's chart and wanted to commend your staff on a job well done. This gentleman was in cardiac arrest at ADTC and because of the swift and appropriate response of Felecia Epstein...and others I'm sure, he is sitting at Saint Francis Medical Center waiting for his cardiac cath in no distress. Amazing and Wonderful!"

DOC & UCHC, Perfect Together

Congratulations to Natalie Banks, MHC3, Lisa Little, clinician supervisor and Darlene Pipitone, LPN who, along with the other members of the Southwoods State Prison's Discharge Planning Committee (Ronnie Bartha, Erin Earnest, Christina DiPietropolo, Judith Manson, Kimberly Brickhouse, Linda Everett, Joanne Anderson, Freida Steward, Luz Torres, Michelle Crilley) will receive the New Jersey Public Service Recognition Award.

See what we can do with teamwork!

Oops!

Back in March, (better late than never) several UCHC staff were selected to participate in the NJDOC Methods of Instruction class. This intensive 49 hour block of instruction is the first step toward consideration for becoming a Police Training Commission Certified Instructor. Those selected for certification can teach at the Correctional Officer Training Academy in Sea Girt, NJ. Congratulations to the following staff for successfully completing the course:

Kim Bost, PsyD, MHC2, NSP
Lolita Brown, RN, Department Nurse Manager, CRAF
Maria Delgado, RN, Staff Nurse, NSP
Michael Jordan, PhD, MHC2, NJSP
Lisa Little, MA, Clinician Supervisor, SWSP
Giovanna Macrina, LSW, MHC3, EJSP
Karen Ortiz, RN, Staff Nurse, NJSP
Kathleen Penrose, RN, Staff Nurse, ACWYCF
Susan Spingler, RN, Infection Control Nurse, NJSP
Melody Wood, LCSW, MHC3, NJSP



Submit your articles by July 27th for the August newsletter

